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2005 Qualitative Testing of First Nations and Inuit Tobacco Cessation Workers' Toolkit

Final Report

Prepared for:

Health Canada

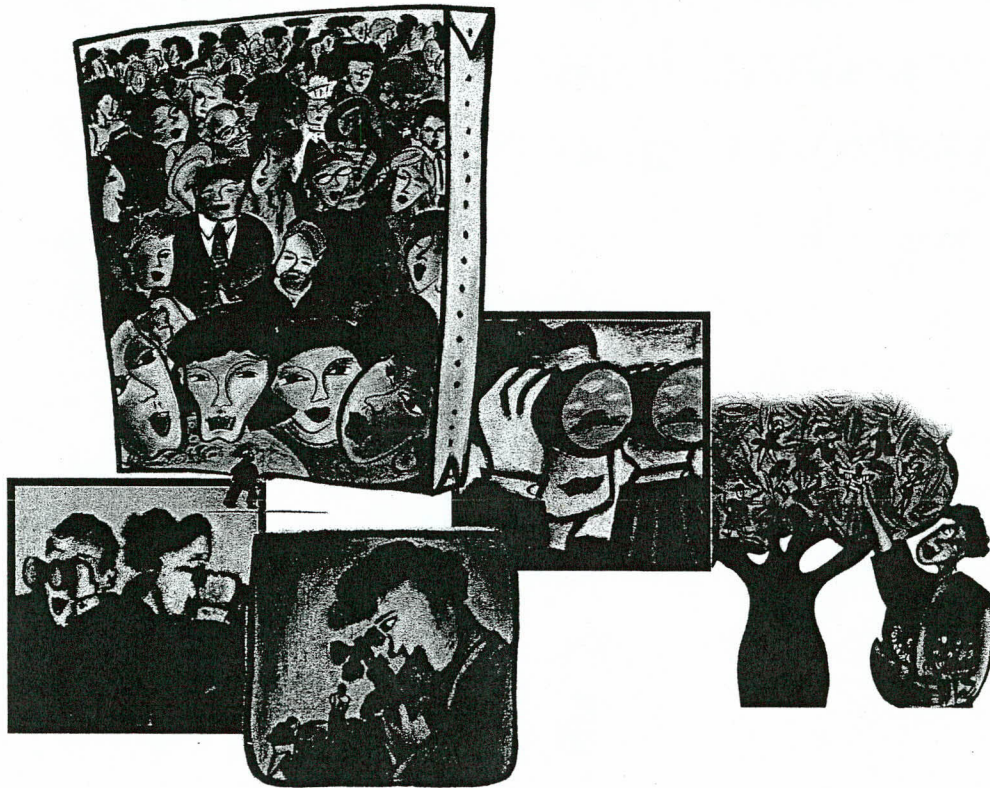
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Workers' Toolkit***

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Health
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Introduction

The Tobacco unit of the Mental Health and Addictions Division of the First Nations and Inuit Health Branch has developed a resource toolkit for cessation workers. The toolkit includes a presentation deck (One for First Nations and one for Inuit) and a facilitator's guide (One for First Nations and one for Inuit) and is intended to assist them in working with First Nations and Inuit smokers interested in quitting.

In order to ensure the toolkit is pertinent and useful to the target audience, the toolkit and its component pieces were tested through focus groups prior to being finalized and produced. More specifically, research was conducted to gather feedback on the content and message as well as product type, design and layout of the cessation worker's toolkit. This will assist in finalizing the material prior to full production.

The ultimate purpose of the study was to identify if the materials included in the toolkit are well suited to the target audiences. It was felt the materials should be culturally appropriate, credible, relevant and motivational. In addition, the toolkit must be seen as useful and helpful by the cessation workers if it is to be used.

The specific objectives of this research were as follows:

- Gather feedback on the proposed content of the material;
- Gather feedback on the proposed format of the toolkit, including product type, design and layout;
- Determine the resonance of the cessation material with the First Nation On-reserve and Inuit audience based on facilitator's opinions;
- Collect information on how cessation workers usually counsel smokers, e.g., the format of these sessions;
- Collect information on the counselling process in general; and
- Determine what other items/resources would be useful to cessation workers.

This report presents the detailed findings of the study, conclusions and recommendations drawn from the findings, an executive summary, and details with respect to the selected methodology. Working documents are appended to this report and include the moderator's guide (Appendix A) and exercise sheet (Appendix B). In addition, Appendix C presents comments made on various pages of the facilitator's guide and presentation. Finally, Appendix D includes all creative tested during the group discussion.



Research Methodology

In order to avail of the opportunity presented by meetings taking place in Yellowknife with Regional Facilitators on September 21, 2005, focus groups were conducted with the Regional Facilitators at that time. Two concurrent focus group sessions were held with 20 participants in total. Groups lasted approximately 2 hours.

During the sessions, participants reviewed the toolkit content as well as treatment options for the various components of the toolkit.

Context of Qualitative Research

Focus group discussions are intended as moderator-directed, informal, non-threatening discussions with participants whose characteristics, habits and attitudes are considered relevant to the topic of discussion. The primary benefits of focus group discussions are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions and attitudes related to the subject matter. The group discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Focus groups allow for a more complete understanding of the segment in that the thoughts or feelings are expressed in the participants' "own language" and at their "own levels of passion."

The focus group technique is used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures. Due to the inherent biases in the technique, the data should not be projected to any universe of individuals.



Executive Summary

The findings from this study indicate that the Tobacco Cessation Workers' Toolkit can be a good resource for cessation workers. It was viewed by most as having value, and this was particularly the case in areas where resources have been absent or are limited. That said, there are clearly opportunities to strengthen the toolkit.

In terms of content, the toolkit could be enhanced to become more culturally relevant by including statistics and facts pertaining to First Nations and Inuit populations. Participants felt it was somewhat lacking in this regard and made specific suggestions for improvement. By inclusion of more points specific to First Nations and Inuit communities, then the resource would be perceived as being more tailored to those audiences.

Furthermore, the credibility of the presentation component was somewhat problematic. This appears to stem from a few factors including overgeneralization to all First Nations communities, inclusion of a statistic regarding causes of death that appears to be more mainstream, and some confusion regarding the discussion of traditional and commercial tobacco. Clarification of these points could enhance credibility.

Participants also stressed the importance of equipping cessation workers with practical information to counsel. In particular, this included how to use the information (e.g., stages of change) and how to respond to a variety of scenarios that might arise. In essence, participants wanted more details and for those details to be culturally relevant in order for cessation workers to be well equipped to counsel people.

Apparent from participants' descriptions of current smoking cessation initiatives in various regions, community approaches are very important. To this extent, there is often involvement of others (e.g., elders) or attempts to increase the awareness and support networks in the community. Given this, suggestions on how to develop a community approach should also be included in the toolkit. Otherwise, participants made a number of detailed suggestions for clarification of wording or additional points to include that should be considered.

In terms of the toolkit visual treatment, reactions clearly indicated that changes are necessary. The illustrations were considered unappealing, somewhat stereotypical, and communicated a negative, disrespectful image. Participants preferred brighter colours with actual photographs. The size of the presentation easel was deemed appropriate by most, given that counselling often takes a group presentation format. From a language perspective, one language format was most preferred in those representing First Nations communities, while bilingual format was preferred representing Inuit communities. Finally, participants wanted the toolkit packaging to be durable and convenient, given that travel is often involved when doing presentations. They also would appreciate a toolkit enabling them to insert locally developed handouts. In this regard, a box that could hold the guide, presentation, and other resource material was preferred.



Sommaire

Les résultats de cette étude indiquent que la boîte à outils pour les intervenants en désaccoutumance au tabac peut s'avérer une bonne ressource. En fait, la plupart des participants, et surtout ceux des régions où les ressources sont inexistantes ou limitées, estiment qu'elle est utile. Cela étant dit, il ne fait pas de doute qu'elle pourrait être améliorée.

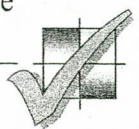
En ce qui concerne le contenu, on pourrait mieux adapter la trousse à la culture des Premières nations et des Inuits en y ajoutant des statistiques et des faits au sujet de ces populations. Les participants constatent des lacunes sur ce plan et ils proposent des améliorations précises. Avec l'ajout d'information propre aux collectivités inuites et des Premières nations, ces publics cibles percevraient la boîte à outil comme davantage adaptée à leur réalité.

En outre, les participants doutent de la crédibilité de la présentation de la boîte. Cette difficulté semble être attribuable à quelques facteurs, notamment une sur-généralisation à toutes les collectivités des Premières nations, la présence d'une statistique relative aux causes de décès qui semble relever davantage de la population générale que des publics cibles et une certaine confusion quant au débat sur le tabac traditionnel et le tabac commercial. La crédibilité de la trousse serait meilleure si ces éléments faisaient l'objet d'une clarification.

Les participants insistent sur l'importance de fournir aux intervenants des renseignements pratiques en matière de consultation. Plus particulièrement, il faudrait leur expliquer comment utiliser l'information (par exemple, les étapes du changement) et comment réagir aux divers scénarios susceptibles de se présenter. Essentiellement, les participants veulent plus de détails et ils souhaitent que ces détails soient culturellement adaptés afin que les intervenants soient bien outillés pour leur offrir des services de consultation.

D'après les descriptions des programmes régionaux de désaccoutumance au tabac fournies par les participants, la démarche communautaire revêt une grande importance. À cet égard, on privilégie souvent la participation d'autres personnes (par exemple, les aînés) ou on essaie de multiplier les efforts de sensibilisation et les réseaux de soutien au sein de la collectivité. Par conséquent, la boîte à outils devrait comprendre des suggestions relatives à l'élaboration d'une démarche communautaire. Par ailleurs, les participants proposent plusieurs nouvelles formulations pour clarifier le texte ainsi que des éléments supplémentaires à y ajouter.

Pour ce qui est de l'apparence physique de la trousse, les réactions des participants indiquent clairement que des modifications s'imposent. Selon eux, les illustrations ne sont pas belles, elles sont un peu stéréotypées et elles transmettent une image négative et irrespectueuse. Ils préféreraient des couleurs plus vives et de véritables photos. La plupart d'entre eux estiment que le chevalet est d'une bonne grandeur, étant donné que le



counselling est souvent offert en groupe. Du point de vue de la langue, les représentants des collectivités des Premières nations préfèrent qu'on utilise une seule langue tandis que ceux des collectivités inuites préfèrent un format bilingue. Enfin, les participants aimeraient que l'emballage de la trousse soit durable et pratique, car il faut souvent se déplacer pour faire les présentations. Ils aimeraient également pouvoir y insérer de la documentation produite au niveau local. À cet égard, ils préféreraient une boîte qui pourrait contenir le guide, la présentation et d'autre documentation.



Conclusions

The following conclusions are derived from the detailed findings of the Study.

- ***In smoking cessation counselling for First Nations and Inuit, there is a strong emphasis on cultural appropriateness and local significance.***

Group sessions, namely workshops and presentations, appear to be key ways in which smoking cessation counselling is delivered in First Nations and Inuit communities. In some cases, existing models have been adapted to fit the local areas. A number of communities are less structured as they do not have dedicated smoking cessation workers and have to rely on other health professionals. Cultural appropriateness and local relevance are important, but sometimes a challenge when it comes to existing smoking cessation programs. Community engagement also appears important, with different initiatives used to involve the community. This includes utilizing elders or other community members with experience, as well as rallying schools, health professionals, and local media. In addition to more general smoking cessation topics, there is an emphasis on increasing the understanding of traditional versus commercial tobacco use.

- ***While the toolkit is overall considered to be a good resource, there are a number of ways in which it can be further enhanced.***

Overall, the toolkit was considered well organized with a simple and straightforward format. Reactions indicated that the toolkit fulfills a void for some and it was well received in that regard. That said, there was a strong message that the resource needs to be more culturally relevant. There were a number of suggestions for improvements in this regard. There were also strong indications that the resource could be strengthened in terms of providing examples of how to address particular situations that might arise when counselling smokers and in providing suggestions for community involvement. More generally, there were also a number of suggestions for additional points to include, as well as clarification on certain points or terms used in the toolkit.

From a visual treatment perspective, key criticisms pertained to the unappealing illustrations. Participants clearly wanted visuals that portrayed a positive, respectful image and actual pictures were felt to be more effective in that regard. They also preferred brighter colours, albeit there was an issue with the visibility of the text on the layout of the brighter colour option.

From a packaging perspective, participants were keen on the idea of having a single package with all the toolkit components within that package. Key considerations are durability and ease of transport. The presentation easel was considered an appropriate size given the audiences to which presentations are delivered. The package should also provide an opportunity to include additional locally developed resources and handouts.



Recommendations

The following recommendations are presented for consideration.

- 1. Participants' suggestions for improvement to the content should be taken into account, with a key emphasis on increasing cultural relevancy, inclusion of more detailed practical advice, and ideas for community involvement.**

A number of suggestions were made that can enhance both the facilitator's guide and the presentation. In particular, there were some suggestions for improving cultural relevancy. These include clarification of the discussion of the traditional versus commercial use of tobacco, clarification of the history of tobacco use, including some culturally relevant resources and statistics, and suggestions for engaging the community. There was also an emphasis on being able to help workers address various situations that might arise. In this regard, the guide could include a number of scenarios that a cessation worker might be likely to encounter in a First Nation or Inuit community. There was also talk of the importance of community involvement throughout the discussions and, given this, the guide could benefit from inclusion of a section on ideas on how to generate community involvement.

- 2. The visual treatment of the materials should be revised.**

Given the criticisms of the visual treatment, a number of revisions appear warranted. It is clear that there is a preference for actual pictures to be used reflecting a variety of First Nations and Inuit people and communities. At a minimum, any illustrations used should clearly be respectful and positive in nature. The brighter of the two treatment options presented was clearly preferred. The colours should be bright rather than dull, setting a more positive tone. Finally, the background should allow for clear presentation of the text.

- 3. Consideration should be given to packaging, including the guide, presentation, and additional materials in one box.**

While a toolkit format was deemed appropriate and convenient, participants generally preferred having it all in one box, rather than having the presentation separate, as currently proposed. This was the case even though they recognized the fact that the box would be bigger. Bottom line is that they wanted something that was easy to transport and durable, and having it all in one container would help fulfil this need. In addition, the package should allow for additional handouts to be included, based on what each region may have already developed.



Key Findings

General Counselling Practices

In smoking cessation counselling for First Nations and Inuit, there is a strong emphasis on cultural appropriateness and local significance.

Format and Content

Participants were asked about existing counselling practices in order to better understand what is currently being offered to First Nations and Inuit people. The most common formats in which cessation workers counsel First Nations and Inuit people appear to be group workshops or presentations, as well as community initiatives. Participants indicated they often use opportunities through existing groups or organizations to deliver workshops or presentations. For example, prenatal classes are used to reach pregnant women, while schools are used to reach youth.

"In a few [communities], they have the classic group that comes together once a week at the community centre for an hour and they work together as a group, almost like the AA model."

In some cases, participants use different means to reach a broader geographical area. A few participants mentioned delivering information through Telehealth, while another mentioned doing presentations through local radio and television programming. Other counselling practices, such as one-on-one sessions and support groups, were not mentioned as often by participants. One participant also noted their regional strategy on smoking cessation primarily relied on a social marketing campaign targeting youth and pregnant women, as well as working closely with the regional chapters of the Lung Association and the Cancer Society to support smokers wishing to quit.

There appears to be a mix of materials and approaches being used. Of note, several participants reported communities in their region have adapted the Arizona model to train cessation workers. The Arizona model is a Native American training model developed at the University of Arizona. Other initiatives mentioned to help counsel smokers included Quit for Life, Quit to Win Challenge, Lungs are for Life, and Breathe Easy Program.

"Some of us, we have taken intervention skills course from Arizona and we have adapted that from our own understanding of our communities."

Participants identified a mix of topics that are covered with respect to smoking cessation. A number mentioned that the traditional versus non-traditional use of tobacco is covered, as well as the difference in composition of the two. They explained that First Nations and Inuit people are not always aware of these facts and it is important to increase awareness in this regard.



"Where I come from there is a belief that tobacco is culture so it is our right to smoke but...really need to build awareness that tobacco that is used sacredly is not the same."

Other topics include: physical effects of smoking, chemicals in smoking, dangers of second-hand smoke, effects of smoking during pregnancy, and costs of smoking. Information on the choice and availability of nicotine replacement therapy programs (N RTP) is also provided in a few instances. Of note, participants indicated a number of presentations are focused on prevention, particularly in relation to children and youth.

Key Elements

Participants identified a number of key elements that are important when counselling First Nations and Inuit people. From a **delivery** perspective these included: consistency with core values (e.g., trust, respect, etc.); utilizing a positive approach; incorporating the related experiences of elders or the community; and providing smokers who quit with a structured follow-up support system. Discussions also indicate that the delivery has to be engaging and visual in order to both reach the target audience and appeal to smoking cessation workers given their varied education background.

"We learn by demonstration and by physically doing things, like our elders taught us to listen and to watch as they are doing it. If you try to get an aboriginal person to sit down and take notes, they don't seem to really absorb."

From a **content** perspective, various education/information components were identified including: distinguishing between sacred/non sacred use of tobacco; understanding cultural tobacco use today and how it can be part of a smoking cessation program; the reasons people smoke; effects of tobacco on health and an explanation of how it may impact individuals; dangers of second-hand smoke; side effects of quitting; and potential for relapse. It was noted that tools should also be developed as education material, to ensure health concepts are well understood.

"The response [to information] was that a lot of people weren't aware what traditional tobacco was made of as opposed to commercial tobacco and that they really are two separate products."

"People might hear emphysema, but they have no idea what emphysema means."

Clearly, participants viewed a smoking cessation program for First Nations and Inuit populations as a community event as there was much discussion of the importance of a community approach. Participants commented on the importance of generating awareness and interest within the community and for the community to take ownership of the initiatives. For example, one participant spoke of having a tobacco crime week where smokers could be 'arrested' and a fine paid for release. Another indicated the community has a wall of recognition for smokers who quit.



"One of the things we have is a wall of recognition where we highlight community people who have quit smoking and we post their picture and their story..."

Further, some participants stressed the importance of having community activities to engage people and serve as an alternative to smoking. They indicated that these alternatives would include both physical and other activities.

Additionally, adopting a leadership role in involving the community was deemed important. This would entail rallying key players, such as the Chief and the Council, as well as integrating the resources of schools, nurses, and community media. A community approach was also cited as providing a stronger follow up system to support smokers who recently quit. Adopting a team approach to smoking cessation is most important in some communities where the vast majority of adults smoke, making some programs developed for mainstream communities irrelevant.

"The other piece which I think is really different than mainstream is the social setting. We have a 'Quit to Win' contest in [community] and one of the requirements is that they have to have a non-smoking buddy. But none of the smokers knew of any non-smokers. So they ended up forming a group to serve that function."

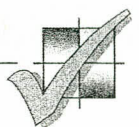
Challenges

A key challenge participants reported pertained to finding culturally appropriate material. They explained that much is adapted at the local level to make it more culturally appropriate. As such, a number of facilitators have taken the initiative to adapt existing material to create a resource they feel is more relevant to the various communities under their responsibility. Also along these lines, they take efforts to increase the local relevance. This includes involving elders or others in their communities.

"I utilize an elder...who I invite with me and bring along to the communities and I have one do a presentation at a treatment camp in the summertime."

It was noted that in some communities, especially those in northern regions, there are no smoking cessation workers whose responsibilities include counselling those who wish to stop using tobacco. In some instances, various health professionals, such as doctors, nurses, dentists, and pharmacists provide support and advice to smokers in their communities, even though this is not their core responsibility. The lack of dedicated frontline personnel in some communities is viewed as a challenge for smoking cessation programs or initiatives requiring proactive assessment and counselling as well as structured follow-up mechanisms.

"...we don't have cessation workers, there is no one trained for that. The clients have to go to the health centre and ask for gum or the patch to stop smoking. Not all of the nurses know enough about the NRTPs to counsel people who want to quit."



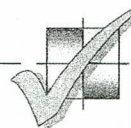
"...it may be the CHRs [Community Health Representatives] helping people stop smoking while in other communities it may be the doctors, dentists, pharmacists."

For the most part, facilitators in those regions suggested the counselling process is not currently structured and both counselling and training initiatives are left to each community.

"It [the counselling] is not really structured. It is very difficult to find [counselling initiatives]. They [communities] approach the counselling ad hoc."

It appears that it is sometimes a challenge to get people to attend sessions, as they do not see the value. Additionally, sometimes the emphasis is on other community issues such as drug and alcohol use, which supersedes concerns about tobacco. Moreover, sometimes those counselling smokers actually smoke themselves, which presents a unique challenge for counselling others.

"Some communities focus is on drugs right now. They don't even see tobacco being a problem in their community, because there is such a high risk for youth with drugs..."



Toolkit

While the toolkit is overall considered to be a good resource, there are a number of ways in which it can be further enhanced.

Overall Reactions

Overall reactions to the toolkit were mostly on the positive side, although there were some variations. Some participants were very positive and appreciated having such a resource. In some cases, especially for those representing Inuit communities, there was a sense that this toolkit fills a void. Those covering areas where there are no formal smoking cessation workers were also pleased with having access to a basic tool that could be used by various healthcare workers and caregivers (e.g., community health representatives, dentists, doctors, teachers, pharmacists, etc).

"It is pretty basic for somebody not used to working on cessation so it is a good tool for our communities where there are no cessation workers."

Some others, while considering the toolkit to be good, were not as enthusiastic, largely because they felt the toolkit needed to go further in terms of incorporating culturally appropriate material, specifically statistics pertaining to First Nations and Inuit populations. It was also felt that the presentation lacked guidance on how to deal with tobacco use within the context of traditional ceremonies. Selected facts about historical use of tobacco were also questioned as noted below in the section pertaining to the presentation. This was a sentiment echoed by participants overall.

It should also be noted that participants indicated they would like a resource that is tailored, or at least can be tailored, to each community or region. It appears that many resources are currently being adapted to the local level, both in terms of language as well as incorporating any community content. Therefore, there is an expectation that this resource could be adaptable as well.

"We have already used a similar toolkit like this when we used the Arizona model and adapted it to our communities."

It was also felt by some that the toolkit needed to better address specific demographics. It was mentioned that there are particular sensitivities around how to properly approach people. Youth, for example, might require a different approach, as do elders. More generally, they felt the toolkit would be more useful if it included advice on how to approach various situations.

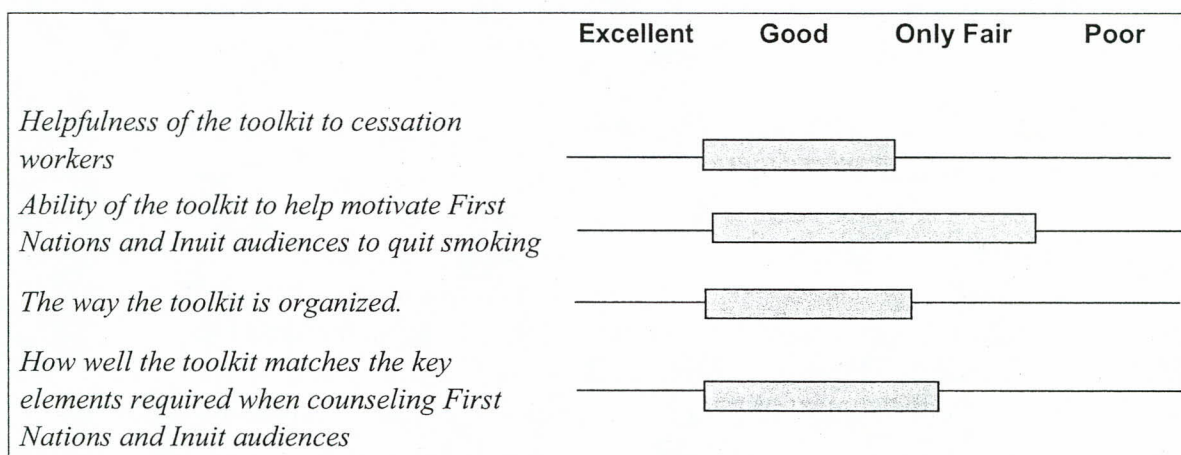
"It does not tell you how to talk to an elder, for example if you are 27 trying to help someone 56. It should maybe provide examples on how to approach elders or youth."



Moreover, some felt that a number of statements in the toolkit were too general and did not reflect the fact that there are variations across First Nations communities.

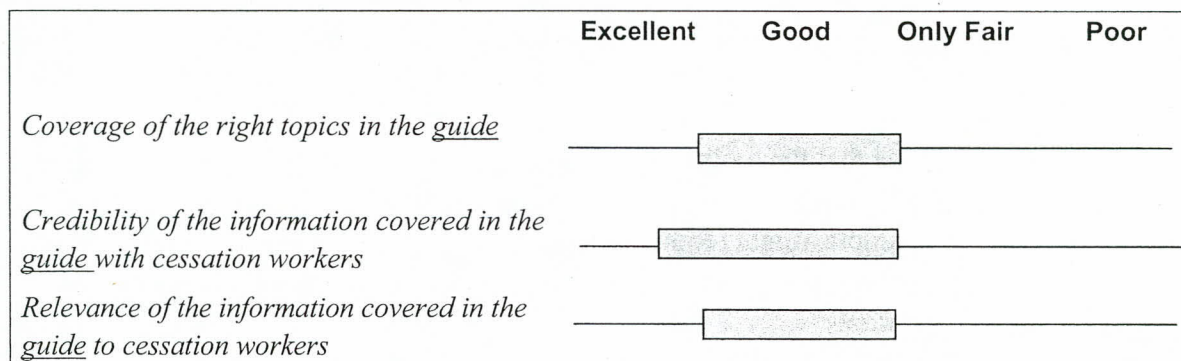
"I thought some of the statements were a little too general. When you're talking about traditional tobacco, you say it is highly valued by First Nations people but it is not highly valued by all First Nations people. Just some First Nations people use traditional tobacco, not all First Nations people."

The following illustration demonstrates the individual ratings participants gave for the general elements of the toolkit. These ratings confirm the generally positive perceptions of the toolkit. However, it also demonstrates there is some concern about the ability of the toolkit to motivate First Nations and Inuit audiences to quit smoking.



Facilitator's Guide

Overall reactions to the facilitator's guide suggest that it is a viable resource for cessation workers. Comments in the groups, as well as the individual ratings illustrated below, suggests that the guide covered appropriate topics and would generally be credible and relevant with cessation workers.



Participants appreciated the various components of the facilitator's guide. In particular, the 5 As (Ask, Advise, Assess, Assist and Arrange) were well liked as they provide a simple, effective tool to counsel smokers. A number of participants also noted its usefulness has been proven in the past.

"I really like the 5 As because people using it in the community really like it and they absorb it very well, regardless of their education level."

The Stages of Change approach was also well received by participants. It outlined how to determine what stage a client was at in the cessation process and what to do from there. It was noted that it is important that both the facilitator and the client understand that it is a process, with different stages, rather than a single step of quitting. However, a small number of participants were under the impression it was no longer used, as it had been deemed ineffective. They suggested further information on recent research initiatives with respect to the Stages of Change could be accessed by contacting Dr. Selby from the National Advisory Circle. This suggests there is merit in referencing how the approaches have been proven effective. Beyond this point, it was mentioned that an explanation or training on how to use the Stages of Change should be provided, to help those with limited experience in cessation counselling effectively utilise this tool.

"There might not be too many people familiar with the Stages of Change so it needs more information on how to work the Stages of Change into the cessation program, how to present on each one, and how to identify in which stage people are in by asking the right questions."

There was also some specific points under the Cessation Frontline Worker's Role that were deemed important. This included noting that frontline workers are well placed to help people. As one participant explained, a lot of frontline workers do not see how they can make a difference so it is important to reaffirm with them they can. Another point identified as important is that a lot of extra time is not required. This is particularly important in light of the heavy workloads some cessation workers may have.

"I like what you had about frontline workers are well placed to help people to quit. A lot of frontline workers don't really see that they can make a change or have an effect, like it always has to be doctors, so I think that is important."

Potential Improvements

Participants put forth a number of improvements based on their experiences that can be useful in further development of the guide.

- A number of participants suggested that the facilitator's guide present practical examples or scenarios addressing various situations that might take place when

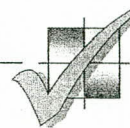


counselling smokers. Specific suggestions included how to counsel smokers when the cessation worker also smokes, how to advise smokers who might be using tobacco in a traditional context, how to counsel a smoker trying to quit that lives in a household with other smokers, how to better prepare smokers for withdrawal symptoms, how to deal with other mental health issues, and how to detect depression that might result from cessation. In essence, they indicated that material should be covered that helped coach cessation workers in how to respond to different situations. One participant noted the importance of knowing how to speak with people about their smoking habits without hurting their feelings, as there is particular sensitivity around hurting people's feelings in their culture.

- Some recommended the guide include more information on how cessation workers can take a community approach. This might address how cessation workers can become leaders on the issue, who they should contact, what role can each player have, etc. It could also provide suggestions or ideas for generating community interest. One participant also mentioned that the guide should emphasize the importance of asking communities what they want for a smoking cessation approach.
- Several participants noted stress needs to be addressed in the roadblocks to quitting. Along these lines, participants called for inclusion of practical tips for smokers to deal with stress.
- Some mentioned it is important that the guide be explicit in encouraging cessation workers to consider not only cigarettes, but also other forms of tobacco such as chewing tobacco. They explained these other forms may not necessarily be top-of-mind and suggested this must be reflected in wording throughout the guide and presentation, ensuring, where relevant, both smoking and tobacco use be mentioned together.
- A few participants proposed the facilitator's guide should clarify which smoking cessation aids (nicotine replacement therapy or medication) would be covered under insurance as well as be accessible in each community. They explained that not all cessation workers are aware of this information. The belief is that more informed cessation workers are better equipped to recommend the most suitable support system for each community.
- A number of participants questioned what 'intensive program' meant. They were not clear on what types of programs this encompassed. Moreover, some noted such programs may not be widely available in remote communities, therefore making the reference irrelevant. Thus, they suggested the referrals mentioned be expanded to include supports like groups and help lines, which may be more accessible at the local level. That said, it was noted that First Nations people are sometimes reluctant to use help lines and prefer in-person and that there was uncertainty regarding how familiar help line staff are with the unique issues facing First Nations people such as their stressors and traditional tobacco use.

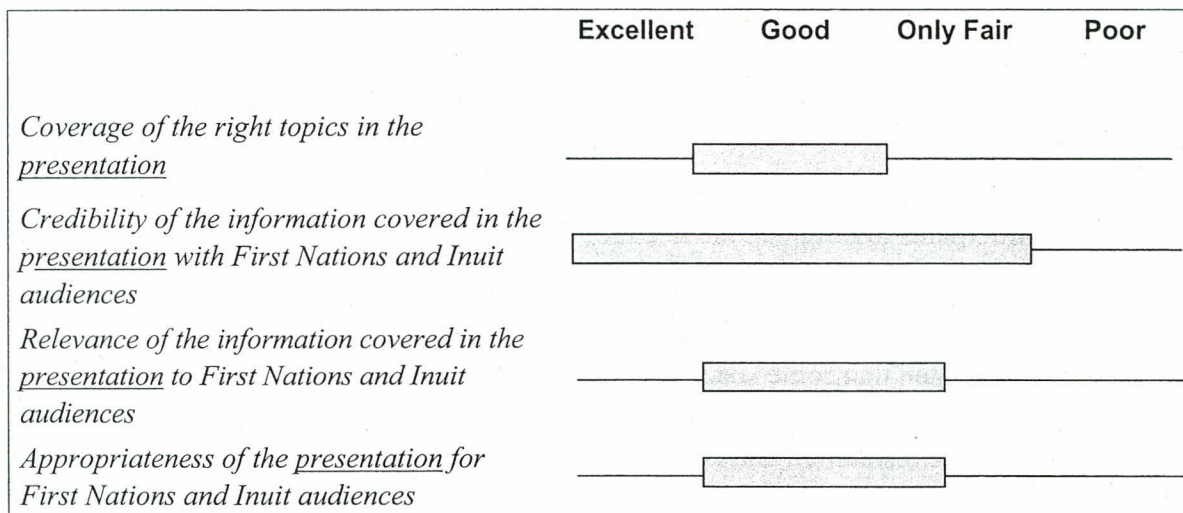


- Some participants were unclear what a “Z card” was, indicating the term needs to be clarified in the facilitator’s guide.
- In terms of the resources listed on the last page of the facilitator’s guide, a few participants pointed out these are general resources, not First Nations/Inuit specific. They considered it important to include some specific resources for First Nation and Inuit groups. That said, there was recognition that such resources may not be available in Canada. In addition, participants explained that for many First Nations and Inuit people, as well as some of the cessation workers, phone numbers are required as Internet access is not widespread or many do not use the Internet. Suggested national resources that may be relevant include the Assembly of First Nations, the Inuit Tapiriit Kanatami, and Pauktuutit. One participant also saw value in including contact information for local chapters of the Lung Association or the Canadian Cancer Society.
- Some participants highlighted the need for an action plan, including a timeline, to represent milestones in the quitting process and provide smokers with a tool to track their progress.
- Participants noted that some specific populations might have somewhat different requirements. In particular, participants felt that counselling youth requires specific strategies and information, and likewise for pregnant women and their support network. For example, providing suggestions on how to help pregnant women involve other adults in the household to support their quit smoking initiatives. This suggests some mention of specific approaches on dealing with different populations may be worthwhile.
- It was strongly suggested that the guide explains how to address the smoker’s environment in the cessation process.
- Other topics suggested include: preparation for quitting; how to involve others (family, workmates, etc.) in supporting an individual’s smoking cessation process; recognizing that it often takes several attempts to quit; relapsing (why it happens, how it should be approached, etc); further stressing the health impacts of second-hand smoke; better explaining the side effects of quitting and why they happen; and how to provide follow-up once someone stops smoking to ensure they do not start again.



Presentation

Overall, participants felt that the presentation covered a number of important topics. It was also largely seen as relevant and appropriate to First Nations and Inuit audiences but there is opportunity to improve standing in this regard. The greatest challenge with the presentation is increasing its credibility as perceptions are greatly mixed in this area. The suggestions in the next section provide some insight into how these improvements can be achieved.



Potential Improvements

Participants had a number of comments and suggestions for the guide that can be considered in its further development.

- The accuracy of the statistic about smoking being the leading cause of death was questioned. Participants explained that this might be the case in mainstream, but strongly felt it would not hold true for First Nations or Inuit communities where things like suicide and injury are top causes of deaths.
- Some participants called for more thorough discussion of the traditional use of tobacco and clarification that traditional tobacco use involves smoking a pipe. As stated, the point suggests that only men smoked commercial tobacco, not women. Furthermore, it was strongly felt there needed to be more coverage of the history of the transition from use of traditional tobacco to use of commercial tobacco.
- In addition, ways to incorporate traditional use of tobacco in a cessation program should be provided, as well as ways to respond to some of the questions smokers may have, such as: What is acceptable if attending a pipe ceremony? Am I still a smoker if I practice traditional tobacco use?



- It was suggested that the difference between traditional and commercial tobacco be more clearly defined. While both are discussed in a surrounding context, the presentation does not specifically define each and how they differ (e.g., additives in commercial tobacco).
- A few participants suggested the term “traditionally” in some slides be replaced by the term “historically.” They explained that traditional use still occurs today whereas the description was from a historical perspective. This indicates that there needs to be clarification of historical use versus current use as well as of traditional and non-traditional use. While these two discussions may overlap, there appears to be some confusion created. As an example, a small number of participants dealing with First Nations felt that statements such as “traditionally, only men smoke” were untrue and should be presented as, “historically, more men smoked.”
- A few participants felt more information should be presented on the reasons for higher smoking rates among First Nations/Inuit people (e.g., stresses of Aboriginal schools and foster care, etc.). Only presenting the fact that it is higher suggests the people are to blame for this situation. Including statistics relevant to aboriginal communities was viewed as the most effective way to engage First Nations and Inuit smokers in deciding to quit.
- It was also mentioned that the point regarding First Nations people smoking was somewhat out of place under ‘Commercial Tobacco’. It could better fit under ‘Tobacco Basics.’
- Some participants suggested inclusion of the costs of smoking. They explained this is sometimes covered when counselling smokers.
- A participant also suggested removing ‘in the north’ under tobacco basics, as this is the case with First Nations in urban areas as well.
- Another suggestion was to replace “drug therapy” with “nicotine replacement therapy” (NRT), which might be more familiar to cessation workers. That said, the expression needs to be further explained, as well as which therapy is available to First Nations and Inuit communities, what is the cost, and which ones are most appropriate based on the stages of quitting.
- There was some concern that certain statements were too general. For example, traditional tobacco would be valued by ‘some’ First Nations people, but not all.
- It was suggested that additional information about smoking during pregnancy should be provided, including addressing the various myths that currently exists. In addition, suggestion should be included on how to involve other adults living in the household in the smoking cessation program. A couple of participants also noted that babies’ low birth weight is not a problem in most Inuit communities, and stating that it is a consequence of smoking during pregnancy may entice those wishing to have a smaller baby to consider smoking or preventing others from quitting.



- Suggestions were also made to include a few slides about smoking reduction in preparation for smoking cessation. This is viewed as a useful tool to encourage those not ready to quit but thinking about it.
- Other topics suggested included: additives to commercial tobacco to make it more addictive and health status of people before beginning commercial tobacco use.

Additional comments on individual pages of the guide and the presentation can be found in Appendix C.

Treatment

Participants were generally pleased to see the information presented in a visual format. That said, there was some criticism of the creative presented. Although participants like to see visuals as part of any creative developed, they did not find these particular illustrations appealing. The young male was described as a 'gangster' because of his sunglasses, long hair, and t-shirt and participants classed this as a disrespectful, negative, and inappropriate image. This particular illustration was further criticized because the young male looked overweight and, therefore, portrayed an unhealthy image.

"Why does this guy have to look so rough? Not all native men look rough. This one looks like a junkie. He looks drunk."

"We want to be proud of who we are."

The image of the woman was criticized because she appeared to present the negatives of being unhealthy and perhaps intoxicated. Some also felt she looked too old to be pregnant. In addition, those working with Inuit populations felt the visuals too stereotypical, showing an Inukshuk on a t-shirt and the woman in a traditional outfit that would normally be worn by a woman wishing to carry her child with her.

Participants clearly preferred the use of actual pictures. They recommended a number of images portraying First Nations or Inuit people that should be positive in nature. They also indicated images should be diversified, not only illustrating individuals, but also families and communities, again confirming the appreciation of the community approach to smoking cessation. Furthermore, it was suggested these images could be taken of First Nations communities across Canada. It was also suggested that a First Nations artist could be commissioned to work on the design of a logo for the toolkit.

"We should be using images from people in the community. Real-life people. People you can relate to instead of stereotyping."

There were mixed opinions with respect to the sample presentation preferred. While the bright colours of the format with an orange/blue background were well liked, the vertical



line separating the two colours is positioned in such a way as to split the text, making it difficult to read. The format without lines was easier to read with the text on a consistent background. However, it was criticized by some participants for its dark colours, which further reinforce the impression left by the images of a negative, depressing environment. Some participants felt this tone was not conducive to a positive presentation of smoking cessation. While neither of the versions presented would work as is, these reactions suggest benefit in brighter colours to portray a positive feel, clear text not split across backgrounds, and positive, non-stereotypical images.

"Does it have to be so dark blue? It looks negative and does not encourage you to quit."

Most participants representing the First Nations said they preferred a unilingual format, indicating they most often deal in one language. In addition, those participants suggested that showing only one language per page allowed for an increase in the font size and made each page less visually cluttered. On the other hand, those working with Inuit populations were more inclined to select the bilingual option. In fact, selected material targeting Inuit is currently presented in four different languages. Suggestions were made to include only one language per page but to print two languages on each sheet, one on one side and the other on the reverse side. It was felt that such format would work well if using the presentation easel.

From a packaging perspective, most participants judged the presentation easel as appropriate and properly sized and weighted. They did comment, however, that it had to be packaged in a case that is durable, weather resistant, and easy to carry. This is most important given that many cessation workers travel to remote communities to counsel smokers. One participant suggested including a CD as well as overhead slides to allow workers more flexibility in presenting the information live or using other means (e.g., Internet).

"It needs to be in a sturdy bag, enough to sit out in the snow on a runway."

"To me that [presentation easel] is a good size because we travel a lot in small planes. And also if it gets any bigger, it is going to be too heavy and we have to pay for our freight."

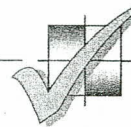
Participants generally felt the format of the guide was appropriate. Most preferred the page showing the illustration and highlighting an important point using larger font and colour blocking. Visually appealing material is clearly important to encourage cessation workers to consult and use it.

"Too much wording makes it look like something I would want to put away."



Many participants preferred to have the toolkit packaged all in one box (including the presentation), even if it meant having a bigger box. Again, ease of transportation was key. A number of participants suggested the box, as presented, offered a good tool in which to include handouts and additional support material of a local nature, further complementing the toolkit.

At a glance and although not specifically tested within these focus groups, some participants suggested the handouts lacked visual appeal, but they were deemed useful as they cover topics of importance. Suggestions were made to include material covering other topics, such as tips to help someone quit; tips on how to reduce tobacco consumption to prepare someone who is not yet ready to quit; harm reduction tips for smokers to ensure they reduce their contribution to second-hand smoke; and healthy alternatives to smoking, namely what activities might help a smoker ease into quitting (e.g., nutrition and physical exercise tips).



Appendix A: Moderator's Guide

Moderator's Guide
POR-05-34

Introduction & Warm-up:

10 minutes

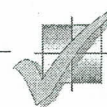
- Introduction*
- Introduce self and function of a moderator – to get your opinions; ensure everyone participates.
 - Give background on topic: review of the tobacco cessation toolkit. The toolkit, developed by the Tobacco Control Strategy of the First Nations and Inuit Health Branch, is intended to assist cessation workers in working with First Nations and Inuit smokers interested in quitting smoking. The workshop has presented the opportunity to discuss the toolkit as a group to find out how well it is suited to cessation workers and to First Nations and Inuit people seeking to quit smoking. We are here to gather your feedback on the toolkit and opportunities for improving it.
 - Role of focus group discussions (all opinions are important; look for a variety of opinions; important to understand how you agree as well as disagree; no right or wrong answers).
 - Explain room set-up; taping; confidentiality, names will not appear in any reports; others in the room who are from Marketing and Communications - have no vested interest in the product as they weren't part of the development
 - Participant introduction: including first name, and geography they cover, and target audience of cessation workers (e.g. Inuit or First Nations communities) that they work with

Counseling Process

20 minutes

Before we get into the tobacco cessation toolkit, I'd like to better understand how the cessation workers you work with usually counsel First Nations or Inuit people who smoke.

- 1, abc*
- **Format:** Based on what you know, how do cessation workers usually counsel smokers? What are the formats of the sessions or discussions?
o Workshops, presentations, counseling? *1c*
 - 2* • **Size:** Are they 1 on 1s, group sessions?
 - 3* • **Approaches:** Do they follow any particular approaches, models, or guidelines?
 - 4* • **Information:** What information do they discuss or present?
 - 5ab* • **Resources used:** What types of resources or materials do cessation workers currently use? *5a*
o How useful are they? *5b*
 - 6ab* • **Resources missing:** What resources are missing? What else would be helpful? *6a* *6b*
 - 7abc* • **Key elements:** What would you consider to be the key elements when counseling First Nation or Inuit people who smoke? *7a* Moderator lists responses on flip chart (if available)
o What works? *7b*
o What doesn't work? *7c*



For the rest of our discussion, I would like to get your thoughts on the toolkit that has been developed. I'm going to give you a copy of the toolkit to review. It includes two pieces: a facilitator's guide for the cessation workers that provides them with ideas and suggestions. The other is a presentation cessation workers could use when counseling First Nations or Inuit people who smoke. Keep in mind that the guide's audience is cessation workers, while the presentation's audience is smokers being counseled. Note that there are two slightly different presentations; one directed at First Nations communities and the other developed for Inuit communities. You will each review the presentation that is most relevant to your cessation workers' target audience. These materials are in plain format only, without any formatting or visuals. We will be reviewing some mock-ups later to give you an ideal of what the final materials might look like.

I would like you to take 15 minutes to review the toolkit. While you do so, highlight with the highlighter provided anything in the guide or the presentation that is confusing; anything that lacks clarity.

Distribute toolkits based on whether they work with First Nations or Inuit populations. Give out highlighter. Allow 15 minutes for review.

Before we get into the discussion, I would like you to complete a brief questionnaire individually. Then we will discuss as a group.

Distribute and allow 5 minutes to complete questionnaire

Overall Reaction

- 8 • **Overall:** Overall, what do you think of the toolkit?
- 9 • **Use:** How do you think cessation workers will use the items included in the toolkit?
- 10 • **Strengths:** What do you consider to be its strengths?
- 11 • **Weaknesses:** What are its weaknesses?

Facilitator's Guide

I would now like to review the two major components of the toolkit separately. First, we'll start with the **facilitator's guide**, which is intended to provide cessation workers with ideas and suggestions.

- 12 abc • **Useful/helpful:** How useful is the information covered in the facilitator's guide for cessation workers to use in counseling smokers?
 - o What's most useful? What's least useful?
- 13 abc • **Relevant:** Does the facilitator's guide cover the right information to help cessation workers in counseling First Nations or Inuit people?
 - o What, if anything, is missing? What, if anything, should not be there?
- 14 ab • **Credible:** How credible do you think the information covered is to cessation workers?
 - o If not: Why is it not credible?
- 15 a → d • **Culturally appropriate:** How culturally appropriate is the material covered in the facilitator's guide for working with First Nations and Inuit audiences?
 - o If not appropriate: what is inappropriate? Where are the problem areas?
 - o What could help make it more culturally appropriate?
- 16 a → d • **Wording:** Is the wording appropriate/not appropriate? Are the words easy to understand?
 - o If not: what is not appropriate? What is not easy to understand?
- 17 a b • **Clarity:** Is there anything confusing/anything you highlighted? How could clarity be improved?
- 18 ab • **Resources:** Are there other resources you believe should be included on the last slide?
 - o What kind of additional information would you seek from the resources mentioned?
- 19 • **Motivational:** How well do you feel that the information covered in the facilitator's guide would help cessation workers motivate those they counsel to stop smoking?



Presentation

Next we'll review the presentation.

- 20ab • **Useful/helpful:** How useful is the information covered in the presentation for First Nations/Inuit people who are smokers? 20a
 - What's most useful? What's least useful? 20b
- 21 • **Length:** What do you think about the length of the presentation, considering it would be used by cessation workers to counsel smokers?
- 22abc • **Relevant:** Does the presentation cover the right information to be relevant to First Nations or Inuit people? 22a
 - What, if anything, is missing? 22b What, if anything, should not be there? 22c
- 23ab • **Credible:** How credible do you think the information covered is to First Nations or Inuit people? 23a
 - If not: Why is it not credible? -23b
- 24a → d • **Culturally appropriate:** How culturally appropriate is the material covered in the presentation for the First Nations and Inuit audiences? 24a, 24b, 24c
 - If not appropriate: what is inappropriate? / Where are the problem areas?
 - What could help make it more culturally appropriate? -24d, 25a, 25b
- 25a → d • **Wording:** Is the wording appropriate/not appropriate? Are the words easy to understand?
 - If not: what is not appropriate? 25c What is not easy to understand? 25d
- 26ab • **Clarity:** Is there anything confusing/anything you highlighted? 26a How could clarity be improved? 26b
- 27 • **Motivational:** How well do you feel that the information covered in the presentation would help motivate First Nations and Inuit people to quit smoking?

Look and Feel

I would now like to share with you some mock-ups of what the final version of the toolkit will look like. We'll go through the various pieces.

Comparison of Presentation Treatments:

First, I am going to show you two different ideas for the look of the presentation. Take a moment to consider both.

- 28 • **Appeal:** Which one do you find most appealing overall?
- 29 • **Appropriate:** Which format is most appropriate for the audience?
- 30ab • **Colour:** How do they compare in terms of colour? Which one is better? 30a, 30b
- 31a → d • **Images/illustrations:** How do they compare in terms of images and illustrations? Which one is better? Any visuals you believe are missing? 31a, 31b, 31c
 - Probe on size of illustrations. 31d
- 32abc • **Text:** How do they compare in terms of text? Which one is better?
 - Probe on text size. 32c, 32a, 32b
- 33abc • **Format:** How do they compare in terms of format? Which one is better?
 - Probe on bilingual versus unilingual. 33a, 33b, 33c

Sample presentation mock-up:

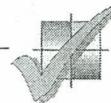
This is a sample of the presentation format, which demonstrates what the size of the pages would be and the approximate number of pages.

- 34ab • **Size:** What do you think of the number of pages? Too many, too few, just right?
- 35ab • **Format size:** What do you think of the format size? Is it too big, too small or just right? 35a, 35b

Comparison of Sample Guide Layouts:

These are two samples of the layouts for the facilitator's guide - both show a cover page and inside page.

- 36a → f • **Appeal:** What do you think of the look and feel of the sample guide? Is it appealing/not appealing? What about the format? Colour? Text? Images? 36a, 36b, 36c, 36d, 36e, 36f
- 37ab • **Treatments:** Which version do you like better? Why? 37a, 37b



Sample Tab Card:

These are two samples of the tab cards or dividers for the toolkit.

- 38ab • **Appeal** – What do you think of this format? 38a
◦ Would another format be more appropriate? If so, why? 38b
- 39ab • **Treatments:** Which version do you like better? Why?
39a 39b

Sample Container Box:

There are two samples of what container box for the toolkit would look like. The container would hold the facilitator's guide and other materials that make up the toolkit.

- 40abc • **Appeal:** What do you think of the toolkit container box? Is it appealing/not appealing?
◦ Probe on the toolkit box size and that it is not able to hold the presentation. — 40c
- 41ab • **Treatments:** Which version do you like better? Why?
41a 41b

Additional Resources

The toolkit will also include a number of fact sheets and handouts. [Present list]

- 42ab • Are there any fact sheets or handouts not listed that should be in the toolkit? If so, which ones?
42a 42b

Key Elements

43 **Match:** Thinking back to the key elements you identified as important when counseling First Nations/Inuit how well does this toolkit match these key elements? *Moderator refers back to the list on flip chart*

- 43ab • Which ones are not addressed properly with this toolkit? How could those elements be included in the toolkit?
43a 43b

Final

44 Any final suggestions?

Thanks & Closure:

Thank you for your participation. The input obtained today will be reviewed and changes incorporated to the extent possible.



Introduction et amorce

10 minutes

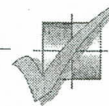
- Présentez-vous et expliquez le rôle d'un modérateur : connaître les opinions; s'assurer que tout le monde participe.
- Présentez le sujet : l'examen de la boîte à outils de désaccoutumance au tabac. La boîte à outils, conçue dans le cadre de la stratégie de lutte contre le tabagisme de la Direction générale de la santé des Premières nations et des Inuits, est destinée à aider les intervenants en désaccoutumance au tabac à travailler avec des fumeurs inuits et des Premières nations intéressés à cesser de fumer. L'atelier donne l'occasion de discuter en groupe de la boîte à outils afin de savoir dans quelle mesure elle convient aux intervenants en désaccoutumance au tabac ainsi qu'aux Inuits et aux membres des Premières nations qui tentent de cesser de fumer. Nous sommes ici pour recueillir vos commentaires sur la boîte à outils et sur les possibilités d'amélioration.
- Rôle des discussions des groupes de consultation (toutes les opinions sont importantes; la recherche d'une gamme d'opinions; l'importance de comprendre dans quelle mesure vous êtes d'accord ou en désaccord; pas de bonne ou de mauvaise réponse).
- Expliquez la disposition de la salle; l'enregistrement sur bande; la confidentialité, l'anonymat des commentaires; la présence dans la salle d'observateurs qui travaillent en commercialisation et en communications (ils n'ont aucun intérêt direct à l'égard du produit puisqu'ils n'ont pas participé à sa conception).
- Présentation des participants : leur prénom, leur région géographique et le public cible des intervenants en désaccoutumance au tabac (p. ex. collectivités inuites ou des Premières nations) avec lesquels ils travaillent.

Processus de consultation

20 minutes

Avant d'examiner la boîte à outils de désaccoutumance au tabac, j'aimerais mieux connaître la façon dont les intervenants en désaccoutumance au tabac avec lesquels vous travaillez conseillent habituellement les fumeurs inuits et des Premières nations.

- **Formule** : d'après ce que vous savez, de quelle façon les intervenants en désaccoutumance au tabac conseillent-ils habituellement les fumeurs? Quelles sont les formules des séances ou des discussions?
 - Ateliers, présentations, consultations?
- **Dimension** : travaillent-ils à l'aide d'entrevues particuliers, de séances de groupe?
- **Approches** : suivent-ils des approches, des modèles ou des lignes directrices en particulier?
- **Information** : de quelle information discutent-ils? Quels renseignements présentent-ils?
- **Ressources utilisées** : quels types de ressources ou de matériel les intervenants en désaccoutumance au tabac utilisent-ils actuellement?
 - Dans quelle mesure sont-ils utiles?
- **Ressources manquantes** : quelles sont les ressources manquantes? Qu'est-ce qui serait également utile?
- **Éléments clés** : selon vous, quels seraient les éléments clés lors de consultations auprès des fumeurs inuits et des Premières nations? *Le modérateur note les réponses sur un tableau de conférence (s'il y en a un).*
 - Qu'est-ce qui fonctionne?
 - Qu'est-ce qui ne fonctionne pas?



Durant le reste de notre discussion, j'aimerais avoir votre avis sur la boîte à outils qui a été conçue. Je vous donnerai un exemplaire de la boîte à outils afin que vous l'examiniez. Elle comprend deux éléments : un guide de l'animateur pour les intervenants en désaccoutumance au tabac, qui leur donne des idées et des suggestions, et une présentation que les intervenants en désaccoutumance au tabac peuvent utiliser lors de consultations auprès des fumeurs inuits et des Premières nations. Notez bien que les destinataires du guide sont les intervenants en désaccoutumance au tabac, tandis que les destinataires de la présentation sont les fumeurs en consultation. Notez également qu'il y a deux présentations légèrement différentes : une qui s'adresse aux collectivités des Premières nations et une autre conçue pour les collectivités inuites. Vous examinerez la présentation qui est la plus pertinente pour le public cible de vos intervenants en désaccoutumance au tabac. Le matériel vous est présenté en format brut seulement, sans aucun formatage ni élément visuel. Plus tard, nous examinerons quelques maquettes afin de vous donner une idée de ce à quoi le matériel final pourrait ressembler.

J'aimerais que vous preniez 15 minutes pour examiner la boîte à outils. Pendant votre examen, surlignez, à l'aide du surligneur fourni, tout élément dans le guide ou la présentation qui est confus ou qui mériterait un éclaircissement.

Distribuer les boîtes à outils selon que les participants travaillent avec les Premières nations ou les Inuits. Distribuer les surligneurs et accorder 15 minutes pour l'examen.

Avant de commencer la discussion, j'aimerais que vous remplissiez individuellement un bref questionnaire. Nous discuterons ensuite en groupe.

Distribuer le questionnaire et accorder 5 minutes pour le remplir.

Réaction générale

- **Globalement** : dans l'ensemble, que pensez-vous de la boîte à outils?
- **Utilisation** : comment pensez-vous que les intervenants en désaccoutumance au tabac utiliseront les éléments compris dans la boîte à outils?
- **Points forts** : selon vous, quels sont ses points forts?
- **Points faibles** : quels sont ses points faibles?

Guide de l'animateur

J'aimerais maintenant examiner séparément les deux principaux éléments de la boîte à outils. Nous commencerons d'abord par le **guide de l'animateur**, qui vise à donner des idées et des suggestions aux intervenants en désaccoutumance au tabac.

- **Utilité** : dans quelle mesure l'information présentée dans le guide de l'animateur est-elle utile pour les intervenants en désaccoutumance au tabac dans le cadre de consultations auprès des fumeurs?
 - Qu'est-ce qui est le plus utile? Qu'est-ce qui est le moins utile?
- **Pertinence** : le guide de l'animateur possède-t-il la bonne information pour aider les intervenants en désaccoutumance au tabac dans le cadre de consultations auprès des membres des Premières nations ou des Inuits?
 - Quelle information, s'il y a lieu, est manquante? Quelle information, s'il y a lieu, ne devrait pas être présentée dans le guide?
- **Crédibilité** : selon vous, quelle est la crédibilité de l'information présentée pour les intervenants en désaccoutumance au tabac?
 - En cas d'incrédibilité : pourquoi l'information n'est-elle pas crédible?
- **Conformité culturelle** : dans quelle mesure le contenu présenté dans le guide de l'animateur est-il conforme culturellement pour travailler avec les membres des Premières nations et les Inuits?
 - En cas de non-conformité : qu'est-ce qui ne convient pas? Qu'est-ce qui pose problème?
 - Qu'est-ce qui pourrait aider à améliorer la conformité culturelle?



- **Formulation** : la formulation est-elle appropriée ou inappropriée? Les mots sont-ils faciles à comprendre?
 - Dans la négative : qu'est-ce qui n'est pas approprié? Qu'est-ce qui n'est pas facile à comprendre?
- **Clarté** : y a-t-il des éléments qui manquent de clarté? Les avez-vous surlignés? Comment pourrait-on les rendre plus clairs?
- **Ressources** : selon vous, la dernière diapositive devrait-elle comprendre d'autres ressources?
 - Quel type d'information supplémentaire rechercheriez-vous à partir des ressources mentionnées?
- **Motivation** : selon vous, dans quelle mesure l'information présentée dans le guide de l'animateur aiderait-elle les intervenants en désaccoutumance au tabac à motiver les personnes qu'ils conseillent à cesser de fumer?

Présentation

Maintenant, nous examinerons la **présentation**.

- **Utilité** : dans quelle mesure l'information contenue dans la présentation est-elle utile pour les fumeurs inuits et des Premières nations?
 - Qu'est-ce qui est le plus utile? Qu'est-ce qui est le moins utile?
- **Durée** : que pensez-vous de la durée de la présentation, étant donné qu'elle serait utilisée par les intervenants en désaccoutumance au tabac pour conseiller les fumeurs?
- **Pertinence** : la présentation couvre-t-elle de l'information pertinente aux Inuits ou aux membres des Premières nations?
 - Quelle information, s'il y a lieu, est manquante? Quelle information, s'il y a lieu, ne devrait pas faire partie de la présentation?
- **Crédibilité** : selon vous, à quel point l'information présentée est-elle crédible pour les Inuits ou les membres des Premières nations?
 - En cas d'incrédibilité : pourquoi l'information n'est-elle pas crédible?
- **Conformité culturelle** : dans quelle mesure le contenu de la présentation est-il conforme culturellement pour les Inuits et les membres des Premières nations?
 - En cas de non-conformité : qu'est-ce qui ne convient pas? Qu'est-ce qui pose problème?
 - Qu'est-ce qui pourrait aider à améliorer la conformité culturelle?
- **Formulation** : la formulation est-elle appropriée ou inappropriée? Les mots sont-ils faciles à comprendre?
 - Dans la négative : qu'est-ce qui n'est pas approprié? Qu'est-ce qui n'est pas facile à comprendre?
- **Clarté** : y a-t-il des éléments qui manquent de clarté? Les avez-vous surlignés? Comment pourrait-on les rendre plus clairs?
- **Motivation** : selon vous, dans quelle mesure l'information contenue dans la présentation aiderait-elle à motiver les Inuits et les membres des Premières nations à cesser de fumer?

Aspect

J'aimerais maintenant vous montrer quelques maquettes de ce à quoi la version finale de la boîte à outils ressemblera. Nous passerons en revue les divers éléments.

Comparaison des traitements de la présentation

D'abord, je vais vous montrer deux idées différentes pour l'apparence de la présentation. Prenez un moment pour les examiner.

- **Attrait** : laquelle trouvez-vous la plus attrayante en général?
- **Pertinence** : quel format convient le mieux aux destinataires?
- **Couleur** : que pensez-vous des couleurs? Quelle version convient le mieux?
- **Images/illustrations** : que pensez-vous des images et des illustrations? Quelle version convient le mieux? Manque-t-il des éléments visuels selon vous?
 - Approfondir sur la taille des illustrations.



- **Texte** : que pensez-vous du texte? Quelle version convient le mieux?
 - Approfondir sur la taille du texte.
- **Format** : que pensez-vous du format? Quelle version convient le mieux?
 - Approfondir sur le bilinguisme par rapport au monolinguisme.

Exemple de maquette de présentation

Voici un exemple de format de présentation qui montre la taille qu'auraient les pages ainsi que le nombre de pages approximatif.

- **Taille** : que pensez-vous du nombre de pages? Y en a-t-il trop, pas assez, suffisamment?
- **Format** : que pensez-vous du format? Est-il trop grand, trop petit ou convenable?

Comparaison des exemples de mise en page du guide

Voici deux exemples de mise en page pour le guide de l'animateur. Chacun montre une page couverture et une page intérieure.

- **Attrait** : que pensez-vous de l'aspect de l'exemple de guide? Est-il attrayant ou non? Que pensez-vous du format? De la couleur? Du texte? Des images?
- **Traitements** : quelle version préférez-vous? Pourquoi?

Exemples de carte d'indexage

Voici deux exemples de carte d'indexage ou d'intercalaire pour la boîte à outils.

- **Attrait** : que pensez-vous de ce format?
 - Un autre format serait-il plus approprié? Si oui, pourquoi?
- **Traitements** : quelle version préférez-vous? Pourquoi?

Exemples de contenant

Il y a deux exemples de contenant pour la boîte à outils. Le contenant contiendrait le guide de l'animateur ainsi que d'autres éléments qui composent la boîte à outils.

- **Attrait** : que pensez-vous du contenant de la boîte à outils? Est-il attrayant ou non?
 - Approfondir sur la taille du contenant de la boîte à outils et sur le fait qu'il ne peut pas contenir la présentation.
- **Traitements** : quelle version préférez-vous? Pourquoi?

Ressources supplémentaires

La boîte à outils comprendra également un certain nombre de fiches de renseignements et de documents. [Présenter la liste]

- Y a-t-il des fiches de renseignements ou des documents qui ne figurent pas dans la liste et qui devraient être compris dans la boîte à outils? Si oui, lesquels?

Éléments clés

Correspondance : si vous repensez aux éléments clés que vous avez désignés comme importants lors de consultations auprès des membres des Premières nations ou des Inuits, dans quelle mesure diriez-vous que la boîte à outils correspond à ces éléments clés? *Le modérateur renvoie les participants à la liste sur le tableau de conférence.*

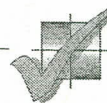
- Lesquels ne sont pas abordés convenablement dans la boîte à outils? De quelle façon ces éléments pourraient-ils être intégrés dans la boîte à outils?

Fin

Avez-vous des suggestions finales?

Remerciements et clôture

Je vous remercie de votre participation. Les commentaires recueillis aujourd'hui seront examinés et les modifications seront apportées, dans la mesure du possible.



Appendix B:
Focus Groups Exercise Sheet

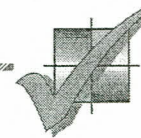
1. Please rate the toolkit on the following factors.

	Excellent	Good	Only Fair	Poor
a. Helpfulness of the toolkit to cessation workers.....	☐	☐	☐	☐
b. Coverage of the right topics in the <u>guide</u>	☐	☐	☐	☐
c. Coverage of the right topics in the <u>presentation</u>	☐	☐	☐	☐
d. Credibility of the information covered in the <u>guide</u> with cessation workers	☐	☐	☐	☐
e. Credibility of the information covered in the <u>presentation</u> with First Nations and Inuit audiences	☐	☐	☐	☐
f. Relevance of the information covered in the <u>guide</u> to cessation workers.....	☐	☐	☐	☐
g. Relevance of the information covered in the <u>presentation</u> to First Nations and Inuit audiences.....	☐	☐	☐	☐
h. Ability of the toolkit to help motivate First Nations and Inuit audiences to quit smoking	☐	☐	☐	☐
i. The way the toolkit is organized	☐	☐	☐	☐
j. Look and feel of the toolkit.....	☐	☐	☐	☐
k. Appropriateness of the <u>presentation</u> for First Nations and Inuit audiences	☐	☐	☐	☐
l. How well the toolkit matches the key elements required when counselling First Nations and Inuit audiences.....	☐	☐	☐	☐

2. What do you consider to be the **strengths** of this toolkit?

3. What do you consider to be the **weaknesses** of this toolkit or areas that could be improved?

Thank You!



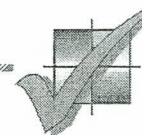
1. Veuillez évaluer la boîte à outils selon les facteurs suivants.

	Excellent	Bien	Convenable	Faible
a. Utilité de la boîte à outils pour les intervenants en désaccoutumance au tabac	☐	☐	☐	☐
b. Couverture des bons sujets dans le guide	☐	☐	☐	☐
c. Couverture des bons sujets dans la présentation.....	☐	☐	☐	☐
d. Crédibilité de l'information présentée dans le guide pour les intervenants en désaccoutumance au tabac .	☐	☐	☐	☐
e. Crédibilité de l'information contenue dans la présentation pour les membres des Premières nations et les Inuits	☐	☐	☐	☐
f. Pertinence de l'information présentée dans le guide pour les intervenants en désaccoutumance au tabac .	☐	☐	☐	☐
g. Pertinence de l'information contenue dans la présentation pour les membres des Premières nations et les Inuits	☐	☐	☐	☐
h. Capacité de la boîte à outils d'aider à motiver les membres des Premières nations et les Inuits à cesser de fumer	☐	☐	☐	☐
i. Disposition de la boîte à outils.....	☐	☐	☐	☐
j. Aspect de la boîte à outils.....	☐	☐	☐	☐
k. Pertinence de la présentation pour les membres des Premières nations et les Inuits.....	☐	☐	☐	☐
l. Dans quelle mesure la boîte à outils correspond-elle aux éléments clés requis lors de consultations auprès des membres des Premières nations et des Inuits.....	☐	☐	☐	☐

2. Selon vous, quels sont les **points forts** de la boîte à outils?

3. Selon vous, quels sont les **points faibles** de la boîte à outils ou les éléments qui pourraient être améliorés?

Merci!



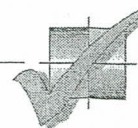
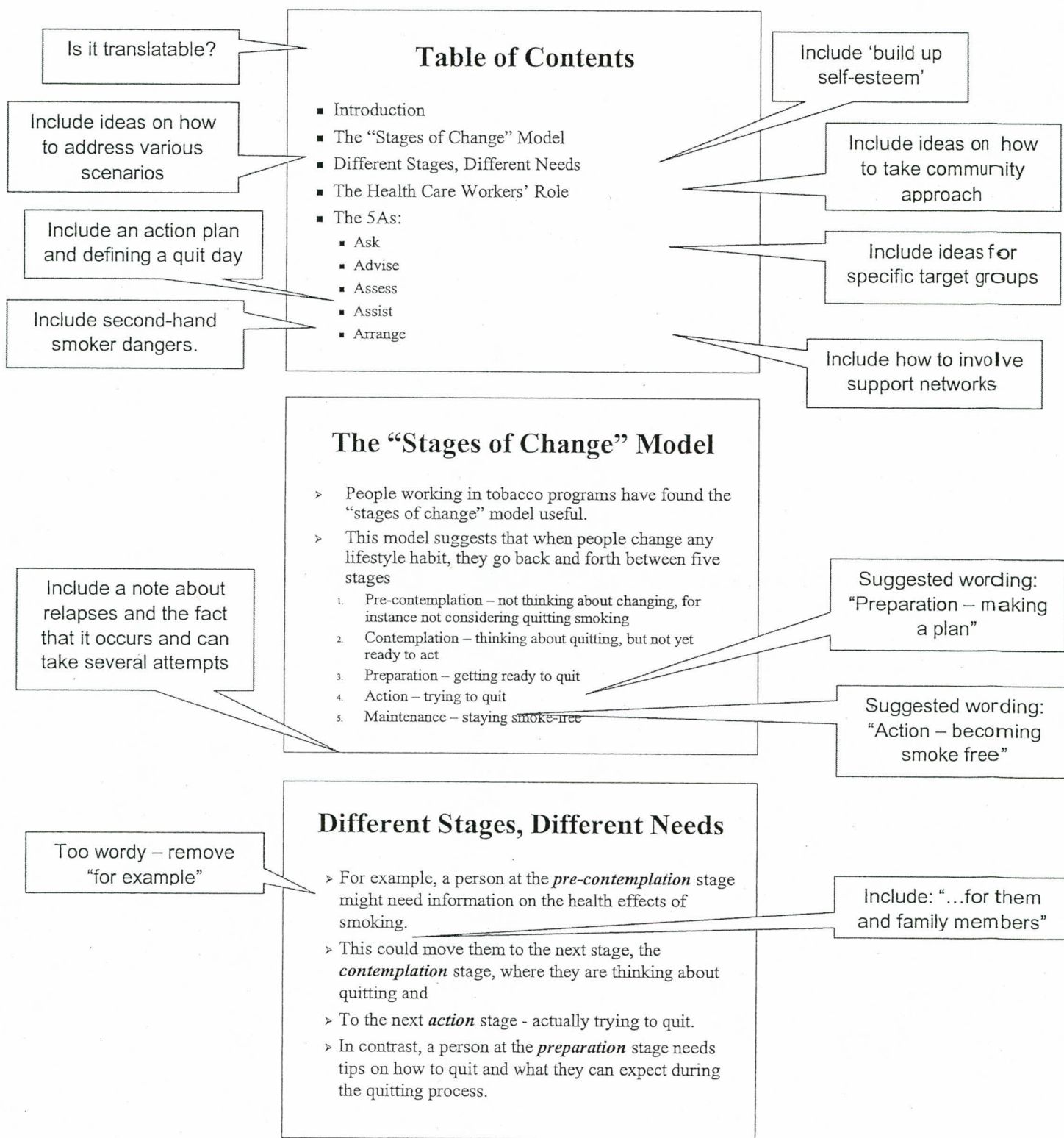
Appendix C:

Comments on Toolkit

Appendix C

The following presents selected pages from the facilitator's guide and presentation on which comments were made. These include all the individual suggestions.

Facilitator's Guide



The Cessation Frontline Workers' Role

Refer to health workers for communities without cessation front line workers

Cessation frontline workers see the ill effects of tobacco all the time. But they are also well placed to encourage people to quit and to help them to do so.

Refer to Telehealth

- Besides motivating people to think about quitting, health workers can increase the chances that they will succeed.
- Approaches that involve contact between people (in groups, one-on-one, or by telephone) are known to work. The more contact there is and the longer it lasts, the better the results. But, even sessions that last just a few minutes are known to help.
- As health care workers, you can use the 5A's to help more people live smoke-free (see next slide)

Include discussion of insured/non-insured health benefits

1. Ask about tobacco use
2. Advise the person to quit
3. Assess: Is person ready to quit?

Suggest using this method every time they see their client until they have quit

- Ready
4. Assist
 - Help with quit plan
 - Provide practical advice
 - Show support
 - Help person get outside support
 - Offer drug therapy
 - or
 - Refer person to an intensive program (if available)
 5. Arrange follow up
- Not ready
Offer information

ASK

Screening for Tobacco Use

- Make it a habit to ask.
- Health workers should make a practice of asking every client if they use tobacco, and offering help if they do. This can be as simple as asking
 - "Do you smoke?"
 - "Do you chew tobacco?"
 - "Would you like to stop smoking?"

Include: 'Do you use tobacco?' or 'Do you chew tobacco?'

Include another question: 'Have you ever thought about quitting?'



ASK

Screening for Tobacco Use

- It is important to have a system, so that asking about tobacco is routine and simple for you.
- Open-ended questions ("How much do you smoke?") are recommended. Let the person know that asking is part of your job, and that you do it because you care about their health.

Provide an example of a question asked in a close-ended manner and open-ended manner to show the difference

ADVISE

Encouraging People Who Use Tobacco to Quit

RISKS – what risks are important to this person?

- Examples might include:
 - immediate risks like being short of breath, heart problems with asthma, problems during pregnancy, or impotence
 - long-term risks like heart attacks, strokes and/or cancer
 - risks to others from second-hand smoke, for example: middle ear infections in children, asthma and allergies, pneumonia and lung disease for Elders and others

Has bad connotation – guilt, judgmental; perhaps 'be a good role model for others'

List benefits in descending order of importance.

Clarify 'elders and others.'

ADVISE

Encouraging People Who Use Tobacco to Quit

ROADBLOCKS – what barriers to quitting does this person face?

- Common roadblocks can include
 - withdrawal symptoms
 - fear of failure
 - enjoying tobacco
 - fear of gaining weight
 - lack of support and feeling apart from family/friends who smoke
 - feeling depressed

Cutting back not addressed

Provide examples of symptoms

Add 'stress'



ASSESS

Is The Person Ready To Quit?

- You should ask every tobacco user if he or she is ready to try quitting – say in the next 30 days.

If not, set a later date to reassess the client

ASSIST

The Person is Ready To Quit

If the person wants to try quitting, you can offer them support and tools.

- **Support:**
 - Assist them yourself – and/or;
 - Refer them to someone who has successfully quit – and/or;
 - Refer them to an intensive program (if they are willing and if an intensive program is available).

Wordy – remove 'an/or'

Clarify 'intensive program'

Add 'NRTs'; 'support groups'

Include: 'See an elder'

ASSIST

The Person is Ready To Quit

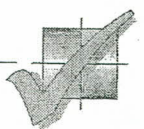
- When you can assist them yourself
 - Help them with their quit plan
 - Help them fill out their Z-card – my reasons for quitting, my trigger situations, my replacement behaviours
 - Handouts entitled *Choosing to Quit*, *Getting Ready to Quit*, and *Tips to Help You Quit* can provide ideas
 - Provide practical advice
 - Show support
 - Help the person get outside support
 - Family member or friend who has quit and remains smoke-free and/or an intensive program (if available)
 - Offer drug therapy

What is 'Z-card'?

Provide examples of practical advice

Define 'drug therapy'

Add 'NRTs'



ASSIST

The Person is Ready To Quit

> Tools:

- > Handouts
 - > *Health Effects of Smoking*
 - > *Benefits of Quitting*
 - > *Choosing to Quit*
 - > *Getting Ready to Quit*
 - > *Tips to Help You Quit*
- > Z-Card that each person can personalize
- > Quit Line telephone numbers (see the *Tips to Help You Quit* handout)
- > Web addresses (see *Choosing to Quit* handout)

Add 'Seeking spiritual guidance'

Include telephone numbers, addresses, and fax numbers for communities with no Internet access

ASSIST

The Person is NOT Ready To Quit

- > If the person is not ready to think about quitting at this time ...
 - > Do not pressure them. They may be ready to quit the next time you see them.
 - > Let them know that you will be available when they do decide to quit.
 - > Offer them handouts and other materials that may lead them to consider quitting.
 - > e.g. *Health Effects of Smoking* and *Benefits of Quitting* handouts

Let them know you will ask them again next time you see him/her

Limit number

ARRANGE

For the Person who is Ready To Quit

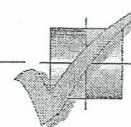
- > Schedule a follow-up visit
- > If possible, organize a community support group that meets regularly
- > Refer them to someone who has successfully quit and remains smoke-free
- > Refer them to an intensive program (if available)

Have a timeline

Define 'intensive program'

Include things to do before quitting

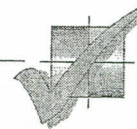
Refer them to a smoker's helpline



Include more culturally
appropriate material/
aboriginal sites

Resources

- www.GoSmokefree.ca
 - booklet *On the Road to Quitting*
 - for people under 19, visit Quit4Life in the youth section
- www.cancer.ca or 1-888-939-3333
 - booklet *One Step at a Time*



Presentation

Traditional Tobacco

Should read:
'Tobacco has
always been
valued by First
Nations people'

Traditionally, tobacco is highly valued by First Nations people.

Too general;
Insert 'some'

> To receive a gift of tobacco was and remains a high honour.

> First Nations people still give gifts of tobacco when asking for or receiving guidance.

Gift of tobacco not
only for receiving
guidance. Should
read: '...for many
purposes'

'Still' not clear

> Traditional Tobacco is a powerful and sacred medicine.

> Tobacco was traditionally never inhaled into the lungs.

Traditional Tobacco

Distinguish between
traditional and
commercial.

> Traditional tobacco is

> used in prayer by First Nations peoples, often by leaving the tobacco un-smoked at the place of the prayer.

> offered to mother earth, wind and fire. The offering is in the four directions to show respect and give thanks for mother earth's gift of life.

> traditionally used to communicate with the spirit world for ceremonial and medicinal purposes.

> used in and around the Pow Wow circuit.

> Drum groups may rub or sprinkle tobacco on their drums to bless them and their singing.

> Dancers may smoke tobacco before they compete, offering up prayers, or may sprinkle tobacco on or in their moccasins.

Include more hard
facts on health of
people pre
commercial tobacco

Add 'Involve elders'

Contradicts the last
statement on the
previous page

Include details on the
transition from traditional
to commercial use

Commercial Tobacco

Define commercial
tobacco; includes
additives/addictive

> Commercial tobacco is a for-profit industry in the manufacturing of commercial tobacco products.

> Many First Nations peoples began to smoke and chew commercial tobacco products and became addicted to nicotine, the powerful drug contained in commercial tobacco.

> Commercial tobacco is highly addictive, more addictive than cocaine or heroin.

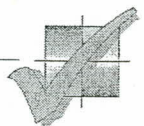
Question whether
true for First
Nations/Inuit

> Commercial tobacco products kill more people in a year than AIDS, alcohol, car accidents, fires, illicit drugs, murders and suicides combined.

Relevant to some
First Nations, not all

Move to tobacco
basics

Insert: '...but
you can quit'



Commercial Tobacco

- Commercial tobacco and second-hand smoke contain more than 4,000 harmful chemicals. At least 50 are known to cause cancer, and 200 are poisonous. Some are:
 - Formaldehyde: used to preserve animal bodies and human beings after death
 - Cyanide: used to kill people in gas chambers
 - Carbon Monoxide: gas contained in car exhaust
 - Nicotine: used as an insecticide
 - Arsenic: found in rat poison
- Second-hand smoke also creates health risks, especially in the vulnerable i.e. Elders, ~~infants and~~ children

Couple thought 'to kill' too strong, but others disagreed

Question whether traditionally appropriate word or if it is historically

'Especially in the vulnerable' unclear; replace elders with elderly

Tobacco Basics

- Traditionally only men smoked.
- Today, First Nations women are as likely to smoke as men.
- The proportion of First Nations peoples who smoke is almost triple the Canadian average: 59% compared to 21% (March 2004)
- Some children in the north begin smoking as young as five years of age.

Note health status prior to commercial tobacco

Include reasons why rates higher

Add 'the pipe' and clarify traditional tobacco

Quote the source

Include: 'and chewing'

Include: 'Inuit women have the highest rate of cancer in the world'

Remove 'in the north' as is applicable in other areas as well

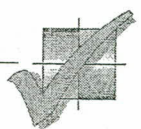
Health Effects of Tobacco

- Using tobacco - whether smoking, chewing or taking snuff - puts a person at increased risk for a long list of health problems, for example:
 - Heart disease, stroke and other circulatory problems
 - Respiratory illnesses such as colds, flu, bronchitis, pneumonia and emphysema
 - Cancers of the lung, mouth, throat, bladder, cervix, pancreas and other areas
 - Dental problems like caries, gum disease and worn-down teeth
 - Other smoking-related health effects are wrinkles, reduced sense of smell and taste, cataracts, osteoporosis and ulcers

Too wordy

'Caries' not understood by all

Add 'eye problems'



The Quitting Process

Add 'Takes several attempts before a person stays quit'

- Many smokers would like to quit.
- Eight in ten who are current smokers have tried to quit at least once (March 2004).
- **Where are you in the quitting process?**
 1. I am not thinking about quitting
 2. I am thinking about quitting
 3. I am getting ready to quit
 4. I am trying to quit
 5. I have quit and am staying smoke-free

Stage 1

I am not thinking about quitting

Second bullet on this page exact repetition in Stage 2

- If you decide to quit, help is available at your health centre
- Here is some information about:
 - Health Effects of Smoking, and
 - Benefits of Quitting

Help is not always available – should read 'may be'

Include: '...or nursing station'

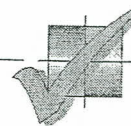
Stage 3

I am getting ready to quit

Question of whether resources culturally appropriate

- Where can you get ideas and support?
 - At your health centre
 - From a family member or friend who has quit and remains smoke-free
- Here is some information about:
 - Choosing to Quit,
 - Getting Ready to Quit, and
 - Tips to Help You Quit

Include: NRTPs



Stage 4

I am trying to quit

Discuss role/use of traditional tobacco when quitting

- It is common for people to have setbacks.
- Many people try five or six times before they succeed.
- This is normal and does not mean that you are doing anything wrong.
- Remember - Nicotine is highly addictive, more addictive than heroin or cocaine!
- Here is some information about
 - Tips to Help You Quit

Include: 'Relapse is common'

Include: NRTPs

Smoking and Pregnancy

- Women who smoke when they are pregnant take a big risk.
- Their babies may be
 - born prematurely,
 - have a low birth weight,
 - at risk of Sudden Infant Death Syndrome (SIDS)
 - suffer from learning disabilities

'Take a big risk' can cause guilt

Add 'lung/asthma'

If they are not prepared to quit, encourage them to cut back

Cover second-hand smoke

Address myths about smoking and pregnancy

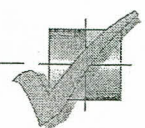
Benefits of Quitting

- Within 12 hours after quitting, oxygen levels in the blood go back to normal, the airways relax and it is easier to breathe
- Within 2 to 3 days, the senses of taste and smell improve
- Within 3 months, lung capacity improves by up to 30% and circulation improves, making it easier to walk and do other types of exercise
- Within 1 year, a person's risk of heart attack caused by smoking is cut in half

Include the social aspect

Include costs/savings/

Include another benefit: Being a good role model in your community



Appendix D: Creative

I am trying to quit

- It is common for people to have setbacks.
- Many people try five or six times before they succeed.
- This is normal and does not mean that you are doing anything wrong.
- Remember- Nicotine is highly addictive, more addictive than heroin or cocaine!
- Here is some information about tips to help you quit.

800.451.2266

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- [illegible]

Kicking the Addiction

Canada



Health Santé
Canada Canada

STEP 4

I am trying to quit

- It is common for people to have setbacks.
- Many people try five or six times before they succeed.
- This is normal and does not mean that you are doing anything wrong.
- Remember- Nicotine is highly addictive, more addictive than heroin or cocaine!
- Here is some information about tips to help you quit.

L'étape 4

J'essaie de cesser

- C'est commun pour les gens d'avoir des revers.
- Beaucoup de gens essaient cinq ou six fois avant qu'ils réussissent. Ceci est normal et ne signifie pas que vous faites n'importe quoi mal. Se rappeler- la nicotine est extrêmement comme une drogue, plus de additice que l'héroïne ou la cocaïne!
- Est ici quelque information des pointes pour aider vous cesse.

**Kicking
the
Addiction**

Canada

SMOKING & PREGNANCY

Women who smoke when they are pregnant take a big risk.

Their babies may be:

- born prematurely,
- have a low birth weight,
- at risk of Sudden Infant Death Syndrome (SIDS),
- suffer from learning disabilities.

FUMER & LA GROSSESSE

Les femmes qui fument quand ils sont enceintes prennent un grand risque.

Leurs bébés peuvent être ::

- né prématurément,
- avoir un poids bas de naissance,
- au risque de Syndrome de Mort Petit Soudain (SIDS),
- souffrir de l'évolution d'incapacités.



Canada

Facilitators Guide

Helping People To Live Smoke Free in First Nations Communities

First Nations and Inuit
Tobacco Control Strategy
October 2005

Table of Contents

- Introduction
- The “Stages of Change” Model
- Different Stages, Different Needs
- The Health Care Workers’ Role
- The 5As:
 - Ask
 - Advise
 - Assess
 - Assist
 - Arrange

Introduction

- This guide is a companion document to the *Helping People to Live Smoke-Free* presentation. It is designed to provide you with ideas and suggestions for your presentation.

The “Stages of Change” Model

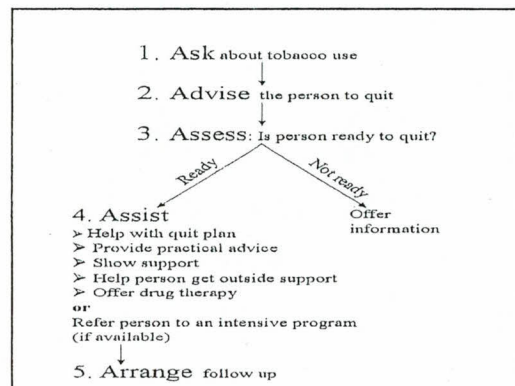
- People working in tobacco programs have found the “stages of change” model useful.
- This model suggests that when people change any lifestyle habit, they go back and forth between five stages
 1. Pre-contemplation – not thinking about changing, for instance not considering quitting smoking
 2. Contemplation – thinking about quitting, but not yet ready to act
 3. Preparation – getting ready to quit
 4. Action – trying to quit
 5. Maintenance – staying smoke-free

Different Stages, Different Needs

- For example, a person at the *pre-contemplation* stage might need information on the health effects of smoking.
- This could move them to the next stage, the *contemplation* stage, where they are thinking about quitting and
- To the next *action* stage - actually trying to quit.
- In contrast, a person at the *preparation* stage needs tips on how to quit and what they can expect during the quitting process.

The Cessation Frontline Workers’ Role

- Cessation frontline workers see the ill effects of tobacco all the time. But they are also well placed to encourage people to quit and to help them to do so.
- Besides motivating people to think about quitting, health workers can increase the chances that they will succeed.
- Approaches that involve contact between people (in groups, one-on-one, or by telephone) are known to work. The more contact there is and the longer it lasts, the better the results. But, even sessions that last just a few minutes are known to help.
- As health care workers, you can use the 5A’s to help more people live smoke-free (see next slide)



ASK

Screening for Tobacco Use

- Make it a habit to ask.
- Health workers should make a practice of asking every client if they use tobacco, and offering help if they do. This can be as simple as asking
 - "Do you smoke?"
 - "Do you chew tobacco?"
 - "Would you like to stop smoking?"

ASK

Screening for Tobacco Use

- It is important to have a system, so that asking about tobacco is routine and simple for you.
- Open-ended questions ("How much do you smoke?") are recommended. Let the person know that asking is part of your job, and that you do it because you care about their health.

ADVISE

Encouraging People Who Use Tobacco to Quit

- The best way to provide advice about tobacco use is to relate to the person's current health, their priorities, or their living situation
- **RISKS** – what risks are important to this person?
- **REWARDS** – ask the person to identify the benefits they would get if they quit.
- **ROADBLOCKS** – what barriers to quitting does this person face?

ADVISE

Encouraging People Who Use Tobacco to Quit

RISKS – what risks are important to this person?

- Examples might include:
 - immediate risks like being short of breath, having problems with asthma, problems during pregnancy, or impotence
 - long-term risks like heart attacks, strokes and/or cancer
 - risks to others from second-hand smoke, for example: middle ear infections in children, asthma and allergies, pneumonia and lung disease for Elders and others

ADVISE

Encouraging People Who Use Tobacco to Quit

REWARDS – ask the person to identify the benefits they would get if they quit.

- Benefits can include:
 - feeling better about yourself
 - feeling healthier, being more able to do physical activities
 - saving money
 - having food taste better
 - setting a good example for the children around them
 - protecting others from second-hand smoke
 - fewer wrinkles
 - skin, clothes and home smell better

ADVISE

Encouraging People Who Use Tobacco to Quit

ROADBLOCKS – what barriers to quitting does this person face?

- Common roadblocks can include
 - withdrawal symptoms
 - fear of failure
 - enjoying tobacco
 - fear of gaining weight
 - lack of support and feeling apart from family/friends who smoke
 - feeling depressed

ASSESS

Is The Person Ready To Quit?

- You should ask every tobacco user if he or she is ready to try quitting – say in the next 30 days.

ASSIST

The Person is Ready To Quit

- If the person wants to try quitting, you can offer them support and tools.
- **Support:**
 - Assist them yourself – and/or;
 - Refer them to someone who has successfully quit – and/or;
 - Refer them to an intensive program (if they are willing and if an intensive program is available).

ASSIST

The Person is Ready To Quit

- When you can assist them yourself
 - Help them with their quit plan
 - Help them fill out their Z-card – my reasons for quitting, my trigger situations, my replacement behaviours
 - Handouts entitled *Choosing to Quit*, *Getting Ready to Quit*, and *Tips to Help You Quit* can provide ideas
 - Provide practical advice
 - Show support
 - Help the person get outside support
 - Family member or friend who has quit and remains smoke-free and/or an intensive program (if available)
- Offer drug therapy

ASSIST

The Person is Ready To Quit

- **Tools:**
 - Handouts
 - *Health Effects of Smoking*
 - *Benefits of Quitting*
 - *Choosing to Quit*
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 - *Tips to Help You Quit*
 - Z-Card that each person can personalize
 - Quit Line telephone numbers (see the *Tips to Help You Quit* handout)
 - Web addresses (see *Choosing to Quit* handout)

ASSIST

The Person is NOT Ready To Quit

- If the person is not ready to think about quitting at this time ...
 - Do not pressure them. They may be ready to quit the next time you see them.
 - Let them know that you will be available when they do decide to quit.
 - Offer them handouts and other materials that may lead them to consider quitting.
 - e.g. *Health Effects of Smoking* and *Benefits of Quitting* handouts

ARRANGE

For the Person who is Ready To Quit

- Schedule a follow-up visit
- If possible, organize a community support group that meets regularly
- Refer them to someone who has successfully quit and remains smoke-free
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Resources

- www.GoSmokefree.ca
 - booklet *On the Road to Quitting*
 - for people under 19, visit Quit4Life in the youth section
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Facilitators Guide

Helping People To Live Smoke Free in Inuit Communities

First Nations and Inuit
Tobacco Control Strategy
October 2005

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- Introduction
- The “Stages of Change” Model
- Different Stages, Different Needs
- The Health Care Workers’ Role
- The 5As:
 - Ask
 - Advise
 - Assess
 - Assist
 - Arrange

Introduction

- This guide is a companion document to the *Helping People to Live Smoke-Free* presentation. It is designed to provide you with ideas and suggestions for your presentation.

The “Stages of Change” Model

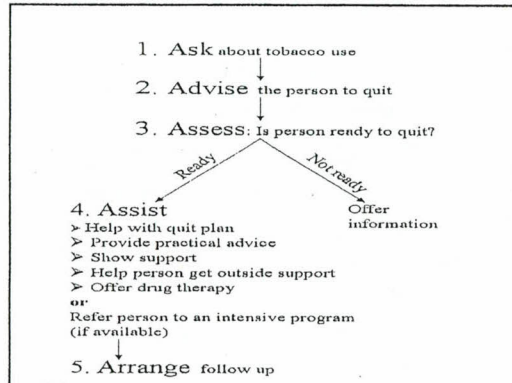
- People working in tobacco programs have found the “stages of change” model useful.
- This model suggests that when people change any lifestyle habit, they go back and forth between five stages
 1. Pre-contemplation – not thinking about changing, for instance not considering quitting smoking
 2. Contemplation – thinking about quitting, but not yet ready to act
 3. Preparation – getting ready to quit
 4. Action – trying to quit
 5. Maintenance – staying smoke-free

Different Stages, Different Needs

- For example, a person at the *pre-contemplation* stage might need information on the health effects of smoking.
- This could move them to the next stage, the *contemplation* stage, where they are thinking about quitting and
- To the next *action* stage - actually trying to quit.
- In contrast, a person at the *preparation* stage needs tips on how to quit and what they can expect during the quitting process.

The Cessation Frontline Workers’ Role

- Cessation frontline workers see the ill effects of tobacco all the time. But they are also well placed to encourage people to quit and to help them to do so.
- Besides motivating people to think about quitting, health workers can increase the chances that they will succeed.
- Approaches that involve contact between people (in groups, one-on-one, or by telephone) are known to work. The more contact there is and the longer it lasts, the better the results. But, even sessions that last just a few minutes are known to help.
- As health care workers, you can use the 5A’s to help more people live smoke-free (see next slide)



ASK

Screening for Tobacco Use

- Make it a habit to ask.
- Health workers should make a practice of asking every client if they use tobacco, and offering help if they do. This can be as simple as asking
 - “Do you smoke?”
 - “Do you chew tobacco?”
 - “Would you like to stop smoking?”

ASK

Screening for Tobacco Use

- It is important to have a system, so that asking about tobacco is routine and simple for you.
- Open-ended questions (“How much do you smoke?”) are recommended. Let the person know that asking is part of your job, and that you do it because you care about their health.

ADVISE

Encouraging People Who Use Tobacco to Quit

- The best way to provide advice about tobacco use is to relate to the person’s current health, their priorities, or their living situation
- **RISKS** – what risks are important to this person?
- **REWARDS** – ask the person to identify the benefits they would get if they quit.
- **ROADBLOCKS** – what barriers to quitting does this person face?

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**Helping People To Live
Smoke Free
in First Nations Communities**

First Nations and Inuit
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- Traditional Tobacco
- Commercial Tobacco
- Tobacco Basics
- Health Effects of Tobacco
- The Quitting Process
- Stages of Readiness
- Smoking and Pregnancy
- Benefits of Quitting

Traditional Tobacco

- Traditionally, tobacco is highly valued by First Nations people.
- To receive a gift of tobacco was and remains a high honour.
- First Nations people still give gifts of tobacco when asking for or receiving guidance.
- Traditional Tobacco is a powerful and sacred medicine.
- Tobacco was traditionally never inhaled into the lungs.

Traditional Tobacco

- Traditional tobacco is
 - used in prayer by First Nations peoples, often by leaving the tobacco un-smoked at the place of the prayer.
 - offered to mother earth, wind and fire. The offering is in the four directions to show respect and give thanks for mother earth's gift of life.
 - traditionally used to communicate with the spirit world for ceremonial and medicinal purposes.
 - used in and around the Pow Wow circuit.
 - Drum groups may rub or sprinkle tobacco on their drums to bless them and their singing.
 - Dancers may smoke tobacco before they compete, offering up prayers, or may sprinkle tobacco on or in their moccasins.

Commercial Tobacco

- Commercial tobacco is a for-profit industry in the manufacturing of commercial tobacco products.
- Many First Nations peoples began to smoke and chew commercial tobacco products and became addicted to nicotine, the powerful drug contained in commercial tobacco.
- Commercial tobacco is highly addictive, more addictive than cocaine or heroin.
- Commercial tobacco products kill more people in a year than AIDS, alcohol, car accidents, fires, illicit drugs, murders and suicides combined.

Commercial Tobacco

- Commercial tobacco and second-hand smoke contain more than 4,000 harmful chemicals. At least 50 are known to cause cancer, and 200 are poisonous. Some are:
 - Formaldehyde: used to preserve animal bodies and human beings after death
 - Hydrogen Cyanide: used to kill people in gas chambers
 - Carbon Monoxide: gas contained in car exhaust
 - Nicotine: used as an insecticide
 - Arsenic: found in rat poison
- Second-hand smoke also creates health risks, especially in the vulnerable i.e. Elders, infants and children

Tobacco Basics

- Traditionally only men smoked.
- Today, First Nations women are as likely to smoke as men.
- The proportion of First Nations peoples who smoke is almost triple the Canadian average: 59% compared to 21% (March 2004)
- Some children in the north begin smoking as young as five years of age.

Health Effects of Tobacco

- Using tobacco - whether smoking, chewing or taking snuff - puts a person at increased risk for a long list of health problems, for example:
 - Heart disease, stroke and other circulatory problems
 - Respiratory illnesses such as colds, flu, bronchitis, pneumonia and emphysema
 - Cancers of the lung, mouth, throat, bladder, cervix, pancreas and other areas
 - Dental problems like caries, gum disease and worn-down teeth
 - Other smoking-related health effects are wrinkles, reduced sense of smell and taste, cataracts, osteoporosis and ulcers

The Quitting Process

- Many smokers would like to quit.
- Eight in ten who are current smokers have tried to quit at least once (March 2004).
- **Where are you in the quitting process?**
 1. I am not thinking about quitting
 2. I am thinking about quitting
 3. I am getting ready to quit
 4. I am trying to quit
 5. I have quit and am staying smoke-free

Stage 1

I am not thinking about quitting

- If you decide to quit, help is available at your health centre
- Here is some information about the
 - Health Effects of Smoking, and
 - Benefits of Quitting

Stage 2

I am thinking about quitting

- Here is some information about the
 - Health Effects of Smoking, and
 - Benefits of Quitting

Stage 3

I am getting ready to quit

- Where can you get ideas and support?
 - At your health centre
 - From a family member or friend who has quit and remains smoke-free
- Here is some information about
 - Choosing to Quit,
 - Getting Ready to Quit, and
 - Tips to Help You Quit

Stage 4
I am trying to quit

- It is common for people to have setbacks.
- Many people try five or six times before they succeed.
- This is normal and does not mean that you are doing anything wrong.
- Remember - Nicotine is highly addictive, more addictive than heroin or cocaine!
- Here is some information about
 - Tips to Help You Quit

Stage 5
I have quit and am staying smoke-free

Congratulations!

- Would you like to share your story?
 - Why did you decide to quit?
 - How do you feel?
 - What were some of your challenges?
 - What has worked for you?

Smoking and Pregnancy

- Women who smoke when they are pregnant take a big risk.
- Their babies may be
 - born prematurely,
 - have a low birth weight,
 - at risk of Sudden Infant Death Syndrome (SIDS)
 - suffer from learning disabilities

Benefits of Quitting

- Within 12 hours after quitting, oxygen levels in the blood go back to normal, the airways relax and it is easier to breathe
- Within 2 to 3 days, the senses of taste and smell improve
- Within 3 months, lung capacity improves by up to 30% and circulation improves, making it easier to walk and do other types of exercise
- Within 1 year, a person's risk of heart attack caused by smoking is cut in half

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