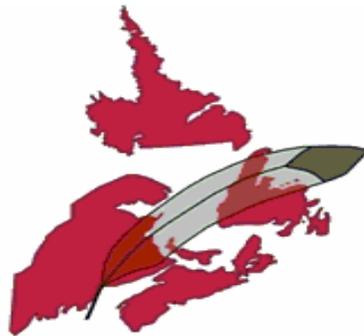


2012-2013



**ATLANTIC POLICY CONGRESS OF FIRST
NATIONS CHIEFS SECRETARIAT**

**CHRONIC DISEASE
PREVENTION AND
MANAGEMENT (ABORIGINAL
DIABETES INITIATIVE) REPORT**

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Atlantic Policy Congress of First Nations Chiefs Secretariat (APC)

Proposal for Hosting a Tobacco Strategy First Nations Engagement Session

Submitted to: Health Canada (Atlantic Regional Office)
Submitted by: Atlantic Policy Congress of First Nations
Chiefs Secretariat
Date: July 16, 2012
Contact Person: Amanda Peters
Phone Number: (902) 435-8021 (ext. 3402)
Fax Number: (902) 435-8027
Email: Amanda.peters@apcfn.ca

1. ORGANIZATIONAL OVERVIEW

The Atlantic Policy Congress of First Nations Chiefs Secretariat (APC) is a policy research organization that analyzes and develops culturally relevant alternatives to federal policies that impact on the Mi'kmaq, Maliseet, Passamaquoddy and Innu communities and people. In the health section of APC we work with First Nations and Inuit Health (Atlantic region), Atlantic First Nations communities and organizations to both ensure culturally appropriate health care services and to close the gap in health status between First Nations communities and Canadians.

APC Secretariat works closely with the Mi'kmaq, Maliseet, Passamaquoddy and Innu First Nations communities. APC Secretariat also works in partnership with several federal stakeholders, such as Health Canada, First Nation Inuit Health (FNIH) and Indian and Northern Affairs Canada, Health Canada (INAC). APC Secretariat also works closely with the various regional First Nations organizations such as The Confederacy of Mainland Mi'kmaq (CMM), Union of Nova Scotia Indians (UNSI), Union of New Brunswick Indians (UNBI), MAWIW and The Mi'kmaq Confederacy of Prince Edward Island (MCPEI).

2. PURPOSE OF THE TOBACCO STRATEGY ENGAGEMENT SESSION

The purpose of the engagement session is to start the discussion on how to allocate federal funding for First Nations in Atlantic Canada around the new Federal Tobacco Control Strategy. The Strategy will provide 25 million over the next 5 years for predominantly prevention and promotion activities based on

the World Health Organization Framework Convention on Tobacco Control (<http://whqlibdoc.who.int/publications/2003/9241591013.pdf>)

The Atlantic region will be hosting 5-6 projects (same as the other regions) with a value of approximately \$100,000.00 per year per project with the exception of the first year because projects won't be getting off the ground until probably January 2013 so they will have approximately \$30,000.00 for planning purposes.

Invitees to the engagement session would be the regional Health Technicians, the Co-chairs of the MMAHB Committees since tobacco is an issue for all three populations, youth representation, Elder representation and the MMAHB First Nations co-chairs, Chief Candice Paul and Chief Debbie Robinson. The purpose of the stakeholder engagement would be to review the information available on the Strategy, review the RFP that will be going out to the communities and Tribal Organizations and discuss next steps. Based on the advice of the stakeholder engagement, there will be a presentation to the Health Directors in September as well as the MMAHB.

3. BUDGET

Activity	Cost	Description	Total
Travel for participants	\$5,638.32	Mileage, Bridge and Cobequid Pass Toll	\$5,638.32
Accommodations for Participants	\$2,240.00	Hotel	\$2,240.00
Meals for Participants	\$1,073.90	Breakfast, Lunch and Supper	\$1,073.90
Incidentals for Participants	\$276.80	@\$ 17.30	\$276.80
Guest Speaker	\$575.00	Costs of travel and accommodations for speaker	\$575.00
Venue	\$1100.00	Venue to host the meeting, catering for nutrition breaks	\$1100.00
Total			\$10,904.02
Administration Fee	@10%		\$1090.40
TOTAL			\$11,994.42

Further Information Contact:

Amanda Peters
Senior Health Policy Analyst
Atlantic Policy Congress of First Nations Chiefs
153 Willowdale Drive, Dartmouth, NS B2V 0A5
Phone: 902-435-8021
Cell: 902-452-4722
Fax: 902-435-8027
email: amanda.peters@apcfnc.ca
web: www.apcfnc.ca



ATLANTIC POLICY CONGRESS OF FIRST NATIONS CHIEFS SECRETARIAT

Tobacco Strategy Stakeholder Engagement Session

Monday, August 27, 2012

Millbrook First Nation, Glooscap Annex

10:00am – 3:00pm

10:00 – 10:15	Meet and Greet
10:15 – 10:30	Welcome, Opening Prayer and Introductions
10:30 – 11:15	Federal Tobacco Control Strategy <i>Brenda Roos and Heather MacDonald, First Nations and Inuit Health Branch</i>
11:15 – 12:00	Elsipogtog Tobacco Control Strategy <i>Bev Smith, Elsipogtog First Nation</i>
12:00 – 1:00	Lunch
1:00 – 2:30	Review of the Request for Proposals (RFP) and General Discussion on the process of informing communities and organizations.
2:30 – 2:45	Establishment of the RFP Review Committee. Thoughts and considerations
2:45 – 3:00	Closing Comments and Closing Prayer.



ATLANTIC POLICY CONGRESS OF FIRST NATIONS CHIEFS SECRETARIAT

Federal Tobacco Control Strategy First Nations Engagement Session

August 27, 2012

Millbrook First Nation, Truro Nova Scotia

Attendees: Chief Candice Paul, Chief Debbie Robinson, Elder John Joe Sark, Elder Edward Perley, Rosanne Sark (MCPEI), Claudia Simon (MAWIW Proxy), Peter Simon (MMAYC), Sally Johnson (Child and Youth Co-chair,UNSI), Susan Ross (PHC/PH Co-Chair), Charmane Kay (Wellness Co-Chair), Janet Pothier (CMM, Wellness Co-Chair), Bev Smith (Elsipogtog), Amanda Peters (APC)

Agenda Items	Notes	Actions
1. Welcome, Opening Prayer and Introductions	Elder John Joe Sark provided the opening prayer. The assembled guests introduced themselves and the facilitator outlined the purpose of the meeting and the outlined the agenda.	None
2. Federal Tobacco Control Strategy – <i>H. MacDonald and B. Roos</i>	Heather MacDonald, Clinical Nurse Specialist for Chronic Disease with FNIHB and Brenda Roos, Regional Nurse Manager, Adult Health, FNIHB presented on the new Federal Tobacco Control Strategy. Some issues and concerns raised included: <ol style="list-style-type: none">1. Why are these programs not available to First Nations living off reserve? Communities still provide services to their people when they need it regardless of residence.	FNIHB representatives will take this concern back to national office but it would be out of their mandate and do not expect anything to change i.e. the programming will remain for FN on-reserve only

Agenda Items	Notes	Actions
	<p>2. With recent funding cuts to other organizations ie. Lung Association, how are First Nations supposed to partner and build relationships when the resources are not there to do so?</p> <p>3. How are the projects supposed to demonstrate sustainability? What would a sustainable program look like? Sustainable program would be one where it leverages other programs such as the provinces/DHAs as well as pooling of resources with programs not under FNIHB. i.e. Focusing on implementing no smoking in pre-natal programs. It would simply become part of the program.</p> <p>There will only be 5-6 projects in Atlantic Canada at approximately \$100,000.00 per year per project until 2017. FNIHB is looking at ways it may be able to support other good ideas coming from the communities.</p> <p>Data Collection. If data collection is meant to be a significant part of these projects, FNIHB must support the communities/organizations in developing the means to collect this data</p> <p>The National Criteria are set by headquarters in Ottawa but the regions have flexibility in defining Asset Criteria (i.e. identifying strengths in the community to allow projects to succeed)</p> <p>The funding that is not used this year due to a late start on the projects (approximately \$60,000.00) will be applied to future years until 2017. It will not be lost.</p>	
<p>3. Elsipogtog Tobacco Control Strategy – <i>Bev Smith</i></p>	<p>Bev Smith presented on the Health Canada (not FNIHB) funded project that they have established that focuses on promoting culture as a deterrent for children and youth to keep them from smoking.</p> <p>Bev stressed the importance of partnerships and linkages with outside organizations to the success of the program.</p>	
<p>4. Review of the Request</p>	<p>The participants were given 10-15 minutes to review the draft RFP</p>	

Agenda Items	Notes	Actions
<p>for Proposals – <i>Amanda Peters facilitated</i></p>	<p>that was developed by FNIHB with the assistance of APC. Some issues discussed included:</p> <ol style="list-style-type: none"> 1. How much time is needed for the communities / organizations to prepare a proposal? Consensus was that minimum 4 weeks but ideally 6 weeks to develop a proposal. 2. Are the Inuit included in the funding for Atlantic? Yes they are, they will be given the opportunity to submit proposals as well. 3. Will the criteria be based solely on the merits of the proposal or will some consideration be given to regional representation? It would be beneficial to review the language in the original RFP that was used for the Mobile Mental Wellness Teams; they had strict and clearly defined criteria and rating scale. 4. Can the RFP be targeted at only the Tribal Organizations? This would allow all communities to potentially be serviced by this tobacco strategy. If the RFP is based on the communities, there could potentially be communities left un-serviced. The consensus of the group was to have the RFP go out to the Tribal Organizations. This recommendation will be taken to the MMAHB for support. 5. Is there any way that the funds not utilized in this fiscal year (2012-13) of approximately \$60,000.00 could be used to support the Tribal Organizations in the development of their proposals i.e. Stakeholder engagement sessions, hiring of a short term consultant to facilitate the sessions etc. 6. Section on Data Collection: this needs to be more explicit in how the data is collected and what they project evaluators are looking for. We don't want to repeat the issues associated with the previous Tobacco Strategy. 	<p>FNIHB will look at the Mobile Mental Wellness Team Rating Scale and Wording from the original RFP</p> <p>FNIHB staff will look into whether this is possible from the national level.</p> <p>This will be presented to the MMAHB as the preferable option at the September 19-20 meeting</p> <p>FNIHB will look into this to understand if national will allow. There are technically no O&M funds but they will ask.</p>
<p>5. Establishment of the RFP Committee</p>	<p>IS there a need for an RFP Review Committee if the RFP is only going out to the Tribal Organizations. There may be need to review, revise and suggest possible ways to strengthen the proposals. This question will be revisited once MMAHB and the All Chiefs have the opportunity to with recommend the Option presented by this group or</p>	<p>Amanda will send out an email update and request after the MMAHB and All Chiefs meeting if required.</p>

Agenda Items	Notes	Actions
	another option.	
6. Closing Prayer and Comments	Closing Prayer by Elder John Joe Sark. Thank you to the group for meeting in August and for the valuable discussion.	



ATLANTIC POLICY CONGRESS OF FIRST NATIONS CHIEFS SECRETARIAT

Federal Tobacco Control Strategy First Nations Engagement Session

Evaluation Report

Millbrook First Nation, Truro Nova Scotia

August 27, 2012.

1. Overall, how satisfied were you with this meeting?

Very Dissatisfied – 0 Dissatisfied - 0 Neutral – 1 Satisfied- 4 Very Satisfied - 3

Comments: *Good information; It was wonderful to see the leadership/youth engaged – Chiefs rep APC; Good mix of people for discussion.*

2. How was this meeting useful to you and the communities you represent?

Comments: *it shows progress and effectiveness; information was good; it would have been useful to include the Inuit in the consultation; From FNIHB perspective very useful to get direction and recommendations; it was good; great to hear different ideas and perspective - great discussions; Very useful. Will communicate info. to staff and Chief and Council; The Elsipogtog F.N. is an example of what F.N. can accomplish when it is Aboriginal driven!!; information.*

3. How could this workshop have been improved?

Comments: *Different ways to get information presented such as speakers, videos, evidence; can't think of it right now; Good location – good group. Thanks; It was great.*

4. Overall Comments: *Cultural teaching seems more effective; I appreciate the work of Elsipogtog as it relates to their program – I would have preferred not to hear it. You want people to be unbiased; Good location! Central. Food was good! A/C loud; Thank you; we definitely need more discussion; The need projects (F.N. Driven) supported and federal programs F.N. driven to include all First Nations people and benefit those most affected.*