

## **SCHEDULE 14 – HEALTH PROMOTION PROGRAMS**

### **PART A – PROGRAM DESCRIPTIONS**

#### **Indigenous Tobacco Program**

Cancer Care Ontario (CCO) recognizes the need to ensure that Ontario's First Nation, Inuit, Métis and urban Indigenous (Indigenous) populations have equitable access to safe, high quality cancer prevention, screening, palliative services and care. At the level of population health outcomes, the rates of some cancers are rising much faster in Indigenous populations compared to the rest of Ontario. There is an urgent need for action to prevent cancer and other chronic diseases such as diabetes, heart disease and respiratory diseases among Indigenous populations. Even though Indigenous populations engage in healthier behaviours than the general Ontario population with respect to some indicators, significant gaps still exist between their present levels of physical activity, healthy eating, commercial tobacco use and alcohol consumption, and the levels recommended in chronic disease prevention guidelines.

CCO needs to demonstrate a targeted commitment to support Indigenous communities in their journeys to address challenges associated with modifiable risk factors. There is a need to continue education and raising awareness about the adverse health effects of commercial tobacco use, alcohol, physical inactivity and diet; there is a great need for direct community support and the provision of tools, resources and training for community health staff in order to build local capacity to programming which supports individuals and communities to live healthy lives and take ownership of their health; and it is vital to build productive relationships with Indigenous leadership, communities and organizations, as well as other non-Indigenous service providers, agencies and organizations, to address chronic diseases in Indigenous communities together. It is vital that we adopt a wholistic approach to addressing all risk factors and consider the social determinants of Indigenous health, in undertaking such programming.

Operating within the Indigenous Cancer Care Unit (ICCU) at CCO, the Indigenous Tobacco Program (ITP) provides front-line services to improve individual and community health, through three front-line workers (Tobacco-Wise Leads). The ITP works primarily to reduce the high smoking rates amongst Indigenous populations and reduce chronic diseases such as cancer, diabetes and respiratory diseases. The ITP works to improve health outcomes by building capacity and empowering communities with the skills and tools needed to address commercial tobacco use, and adopt approaches to increasing physical activity, reducing alcohol intake and eating healthy through direct, front-line service provision at the community level.

While the primary objective of the ITP is to support Indigenous communities to address commercial tobacco use, the ITP takes a wholistic approach to enhancing health and wellness in Indigenous communities addressing other risk factors concurrently, including the social determinants of Indigenous health, which is essential if we are to achieve concrete results, and continue to develop a health system which is truly responsive to person-centred needs. The ITP offers front-line service provision to communities across an inter-related spectrum of factors which affect individual and community health. Crucially, the Tobacco-Wise Leads address these areas from a strength-based approach. Workshops are grounded in traditional knowledge and values, and include a profound understanding of Indigenous histories, cultures and values which ensure information, tools, resources and front-line services are provided in a culturally relevant fashion. This, in turn, leads to meaningful impact at the community level, and improved health outcomes for Indigenous community members.

The ITP ensures its objectives are met by carrying out the following activities:

1. **Front-line support to Indigenous community members and health staff:** Ensure Indigenous communities are supported, in a culturally relevant and respectful way, with the knowledge, tools and resources they need to improve individual and community health, and reduce chronic diseases such as cancer, diabetes and respiratory diseases, through 3 dedicated front-line workers (Tobacco-Wise Leads).
2. **Partnership Development and Collaboration:** Build and maintain productive relationships, and collaborate with, Indigenous communities and service providers to develop and deliver customized initiatives and programs which address the high rates of commercial tobacco use, and other chronic disease risk factors, among Indigenous populations.
3. **Program Performance and Evidence-Informed Recommendations:** Establish a performance management framework which allows for regular monitoring and reporting on the work of the Indigenous Tobacco Program, both to the Ministry of Health and Indigenous communities.
4. **Smoke Free By-Laws and/or policies:** Upon community request, work with First Nations communities to discuss and share information on smoke free by-laws and/or policies, and upon request, support the development of smoke free by-laws and/or policies which will help create smoke-free communities.

**PART B – FINANCIAL/PERFORMANCE AND REPORTING OBLIGATIONS**

Dedicated Funding Envelopes	Funding Branch/Division	TP Parent/Cost Centre
Indigenous Tobacco Program (ITP)	Accountability and Liaison Branch, Office of Chief Medical Officer of Health, Public Health	Vote: 1406-04 Cost Center: 529683

Activities	2018-19 Opening Base	2018-19 Incremental Base	2018-19 One Time	2018-19 Total Allocation	2019-20 Opening Base	2019-20 Administrative Efficiency	2019-20 Incremental Base	2019-20 One Time	2019-20 Total Allocation	2019-20 Deliverables
	A	B	C	D = A + B + C	E	F	G	H	I = E+F+G+H	
<b>Indigenous Tobacco Program (ITP)</b>										
Salaries, Wages and Employee Benefits	\$312,693	\$3,368		\$316,061	\$316,061	(\$7,269)	\$14,272		\$323,064	Refer to Work Plan
Travel and meeting expenses	\$121,000	(\$11,835)		\$109,165	\$109,165	\$0	\$4,023		\$113,188	
Communication Expenses	\$7,375	\$460		\$7,835	\$7,835	\$0	(\$1,000)		\$6,835	
Program Materials and Supplies	\$7,732	\$7,768		\$15,500	\$15,500	\$0	(\$14,115)		\$1,385	
Professional Development, Web Site Development, Computer Lease, Storage	\$46,200	\$239		\$46,439	\$46,439	(\$1,736)	(\$3,180)		\$41,523	
Corporate Operations and Strategic Initiatives	\$5,000	\$0		\$5,000	\$5,000	\$0	\$0		\$5,000	
<b>Fiscal Grand Total</b>	<b>\$500,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$ 500,000</b>	<b>\$500,000</b>	<b>(\$9,005)</b>	<b>\$0</b>		<b>\$490,995</b>	
<b>Grand Total Rounded</b>	<b>\$500,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$ 500,000</b>	<b>\$500,000</b>	<b>(\$9,000)</b>	<b>\$0</b>		<b>\$491,000</b>	

**PART C – REPORTING FORMAT**

**INDIGENOUS TOBACCO PROGRAM  
CANCER CARE ONTARIO**

	<b>Name of Report*</b>	<b>Due Date</b>
1	2nd Quarter Project Activity Report	October 31
2	3rd Quarter Project Activity Report	January 31
3	4th Quarter (Final) Project Activity Report	May 31

\*Report details and templates will be provided by the MOH.

**Financial Reporting:**

Reports to be submitted as outlined in Part E of the Reporting Schedule included in the Ministry of Health (MOH) – Cancer Care Ontario (CCO) Accountability Agreement.

## PART D – PAYMENT SCHEDULE

For the purposes of this Schedule **“Funding Period”** means a period of approximately 2 weeks as follows:

- (a) a period beginning on the 1<sup>st</sup> day of a month and ending on approximately the 15<sup>th</sup> day of the same month; and
- (b) a period beginning on approximately the 16<sup>th</sup> day of a month and ending the last day of the same month;

and **“Funding Periods”** shall have the corresponding meaning.

The Province shall provide:

- (a) the first installment of Funds for the period commencing on the Effective Date and ending on the last day of the Funding Period that immediately precedes the date on which the Province provides the first installment of Funds;
- (b) all other installments of Funds in equal amounts over future Funding Periods.