

How the National Lung Health Framework's Database Can Help You

Many programs and initiatives currently listed in the National Lung Health Framework's **Respiratory Resources Canada (RRC)** database promote strong partnerships, develop and apply best practices, and may be implemented in your area.

Educators and health care professionals are eager to cooperate by sharing their experiences. Your health region, organization, or program may benefit from the experience of others. By connecting with successful programs, children's programs can be established more quickly and more successfully than if they were developed in isolation.

- Canadian Inuit have the highest Lung Cancer rates in the world
- Asthma, chronic bronchitis and emphysema affect 20% of First Nations people
- Asthma affects 20% of Métis teenagers

The Challenge

Some people living in Canada are at heightened risk for respiratory illness because of the social, economic, environmental and/or cultural conditions in which they live. First Nations, Inuit and Métis are communities often identified as carrying the largest burden.

At greatest risk:

- In Atlantic Canada, 20% of First Nations people have respiratory problems
- The most commonly reported chronic condition of Métis teens aged 15 to 19 is asthma at 20%
- The death rate from lung cancer is almost four times higher for women in Inuit communities than for other women in Canada; for Inuit men, it is more than double the Canadian rate

And there are more numbers of great concern. About 14% of Métis (aged 15 years and older) have asthma – almost double the 8% in the Canadian population. The TB rate for Inuit is almost 23 times the overall Canadian rate. About 58% of Inuit adults smoke on a daily basis compared to the 19% national average. Environments that include crowded housing conditions create additional challenges when trying to protect others from the impact of TB and secondhand smoke.

The Response

The **National Lung Health Framework** is a Canadian initiative designed to improve lung health across the country by promoting collaborative and coordinated action among health care professionals, policy makers, researchers, clinicians, advocates and others.

Stakeholders know that the Framework's strategies and activities, when addressing First Nations, Inuit and Métis health issues, must aim to improve overall health outcomes. At the same time, we need to reduce the disparity between Aboriginal Peoples and non-Aboriginal people living in Canada in terms of prevalence of respiratory disease and quality of life.

Within the **National Lung Health Framework** as it relates to First Nations, Inuit and Métis health, we work together to achieve:

- A First Nations, Inuit and Métis directed action plan
- A reduction in exposure to environmental air contaminants
- A reduction in indoor/outdoor air contaminants; and
- Increased awareness, knowledge, and understanding of respiratory health issues.

HIGHLIGHTED PROGRAMS

First Nations, Inuit and Métis programs are available in various places in Canada. Here is a small sample of successful programs in action, from the **Respiratory Resources Canada** database:

Inuit Tobacco-free Network (ITN)

Program has 2 components:

1. Inuit specific web-based resources
 - Wide range of Inuit language and English resources links
 - Newly adapted and/or translated fact sheets and quizzes
 - Youth video project on quitting stories
 - Stories
2. Training for Inuit health personnel (March-May 2010)
 - Teleconferences and individual calls with instructors; self-directed; all trainees automatically part of network

Catherine Carry, Senior Program Officer, Inuit Tuttarvingat
National Aboriginal Health Organization
613-760-3515 1-877-602-4445 x252 (toll-free) ccarry@naho.ca

Smoke Screening pan territorial

Seventh annual *Smoke Screening* project. This is a pan-territorial media awareness and evaluation classroom activity for students in Grades 6 through 12.



- Students view 13 top tobacco education television ads from around the world including 2 French language ads, and vote on the ad they feel is most effective.
- Youth are encouraged to think seriously about the decision to smoke or chew.

Iqaluit Contact: Naila Ogbunke, Department of Health & Social Services, Nunavut
867-975-5746 nogbunke@gov.nu.ca

Don't Be a Butthead Northwest Territories

Don't be a Butthead is going undercover this year with a school presentation on a CSI crime prevention theme



- Program focuses on youth before they take up smoking; encourages them to remain smoke free for life
- When students make a promise to be smoke free for a year they receive a navy t-shirt or navy hoodie, and a chance to win monthly prizes.

Julie Coad, NWT Health and Social Services
1-866-353-0338 butthead@gov.nt.ca

Blue Light Project Manitoba

A grass-roots campaign that has made an impact on reducing second hand smoke in homes



- Originated in Cross Lake MB
- Homes where smokers go outside are provided with a blue CFC light bulb for their porch and acts as a visible sign to others in community
- In first year, about 379 of the 800 homes in community joined the project
- Expanded to several other communities in Manitoba

Cross Lake project:
Reginald Mercredi
rmercredi_69@live.ca

Other communities in Manitoba:
Manitoba Lung Association
www.mb.lung.ca for community contact information

No Butts to It Challenge southern Qikiqtaaluk (Baffin Island) communities of Nunavut and the First Nations communities of New Brunswick

Challenge entrants, aged 8-18, have to promise to stay smoke-free for 6 weeks (The start of the Challenge coincides with National Non-Smoking Week in Canada)

- The challenge is open to both smokers and non-smokers, with prizes for each group (iMac computers and iPods)

The Challenge seeks to:

1. Build awareness about the problems of smoking in Aboriginal communities, with a focus on youth
2. Motivate youth smokers to at least consider quitting smoking, or better yet, to take the crucial first step to quit smoking;
3. Encourage youth non-smokers not to start smoking; many are at high risk of becoming smokers in the future.

Rob Collins, Consultancy for Alternative Education (CAE) in Montreal in conjunction with National Indian & Inuit Community Health Representatives Organization (NIICHO)
514-457-4990

How You Can Make a Difference

If you would like to help make a difference and improve the lung health of Canadians there are things you can do.

Promote what is happening in your field and in your community. Share information about successful activities with others across Canada through the **Respiratory Resources Canada** database. The information will be seen by people across the country working in respiratory health.

Make it happen. Have you wanted to start a much-needed initiative in your community and were not sure where to get started or how to make it happen? Make use of **Respiratory Resources Canada**. It is a searchable database where you can find out what is happening all across Canada. You can also use the database to connect with individuals who can provide you with helpful information and share their own successes.

Go to www.lunghealthframework.ca for more information on the database and what it can do for you.

The National Lung Health Framework is chaired by and housed at The Lung Association, with the support of a multi-stakeholder Steering Committee.

Working Together Makes a Difference

- The Inuit rates of smoking are at 66% compared to 19% amongst all Canadians. Inuit tuberculosis rates are 90 times higher than among the non-aboriginal population born in Canada. Inuit Tapiriit Kanatami (ITK) hopes the implementation of the Framework will result in better lung health for Inuit in the near future. – Mary Simon, President, Inuit Tapiriit Kanatami*

