

# Northern Saskatchewan Tobacco Reduction Initiative Newsletter

Keeping our stakeholders informed

August 2012

## Northern Health Authorities receive \$250,000 to support a Northern Saskatchewan Tobacco Reduction Initiative

Saskatchewan Ministry of Health awarded the Population Health Unit (PHU) \$250,000 on behalf of the three northern health authorities to assist development and implementation of the Northern Saskatchewan Tobacco Reduction Initiative. This funding will assist PHU in developing capacity within the health authorities through the development of a screening and intervention program for frontline service professionals working with pre and postnatal clients, and a youth cessation program.

### What's this initiative all about?

This targeted initiative aims to reduce tobacco use and exposure for youth and in the preconception, prenatal and postpartum periods of young women and their circles of influence.

#### Target Audience:

- Frontline service professionals working with pre and postnatal clients
- Youth (ages 12-29)

#### Deliverables:

- Develop and implement a maternal screening and intervention program that will build capacity of frontline service professionals.
- Develop and implement a youth tobacco cessation program.
- Develop and implement a public awareness campaign.
- Develop a northern tobacco reduction resource website for professionals and northerners to access.
- Encourage organizations to review and update their tobacco policies.

#### *Leading this initiative are:*

*Dr Moliehi Khaketla, Clinical Lead,  
TJ Biemans, Coordinator, and  
Holly Hallikainen, Youth Facilitator*

#### Inside this issue

Why the need for action?.....	2
Plan moving forward.....	3
How to get involved.....	3
Update on phase 1.....	4

#### Important Dates

09/05	Northern Tobacco Strategy Meeting
09/06	Early Years Coalition Meeting
09/07	Babies, Books and Bonding meeting
09/12	Kids First North Meetings

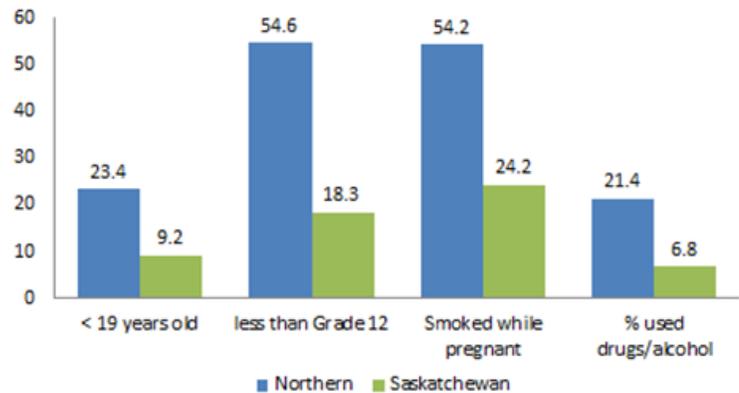
**POPULATION HEALTH UNIT**  
Northern Saskatchewan



## Why the need for action?

The most recent In-hospital Birth Questionnaire data (right) reflects the high smoking rates among young and prenatal women in Northern Saskatchewan.

## In-Hospital Birth Questionnaire Data (Nov 07 – Mar 10)



Source: Saskatchewan Ministry of Education, Early Childhood Development and Integrated Services, 2011

***The smoking rate during pregnancy in northern Saskatchewan is more than double the Saskatchewan average.***

***Overall smoking rates among off-reserve northern youth are higher in comparison to the rest of the province and are also among the highest in comparison to other northern Canadian regions.***

Tobacco use is a major public health issue globally and in Canada, and remains the leading cause of preventable death. It is a risk factor for diseases such as cancer, cardiovascular disease, diabetes and chronic lung disease, amongst others.

The harmful effects of smoking during pregnancy are also known, yet we continue to see high smoking rates among prenatal women in Saskatchewan—especially the north. Smoking increases the risk of complications such as:

- \* Sudden infant death syndrome (SIDS)
- \* Premature rupture of membranes
- \* Preterm labor
- \* Low birth weight (small baby)
- \* Still birth
- \* Neurological and developmental disabilities
- \* Reduced neonatal lung function

***Smoking is the single most important modifiable risk factor related to adverse pregnancy outcomes.***

## Plan moving forward

### Phase 1—Assessment (July—September)

- ⇒ To better understand what is working well, we need to engage our professionals who work with clients in our target audience.
- ⇒ Engage regional, provincial and national stakeholders.
- ⇒ Review best practices literature.
- ⇒ Environmental scan of existing or similar programs both locally and around the world and gather existing resources.

### Phase 2—Analysis (July—October)

So we have all this information, resources and data....now what?

### Phase 3—Plan (October—December)

Build on the assessment and analysis to produce our final products.

### Phase 4—Implement (January—March)

Roll out our deliverables.

Process Evaluation

If you or your organization works with pre and postnatal clients or youth and would like to get involved with this process please contact

TJ Biemans  
work 1-306-425-8529, cell 1-306-420-9949, or  
tj.biemans@mcrha.sk.ca

## Update on phase 1

### Report from TJ

What's most exciting so far, is frontline service providers are willing to share their experiences, resources and strategies they use with clients. It is a great learning opportunity for myself and hopefully others down the road. The idea behind this initiative is to build on the strengths of what is already happening in the north and sharing best practices with all providers.

Some highlights from the review of literature and existing programs:

- Public awareness, brief Intervention (the 5 A's approach) and referral/follow-up are keys to a successful program.
- Use a woman-centered approach rather than fetus-centered.
- Postpartum relapse is 60-90% within one year.
- Address the importance of a social support network on their journey to quitting and maintenance.

### Report from Holly

I'm looking forward to working with youth in the planning of our project, to ensure that the youth capacity building opportunities and awareness campaign reflect their ideas and needs.

Based on what we have learned so far, we will try to incorporate discussions about concepts like healthy decision making, goal setting and critical thinking into our sessions with youth.



Population Health Unit (PHU) is a collaboration of Mamawetan Churchill River, Keewatin Yatthe and Athabasca Health Authorities.

PHU provides support and expertise and specialized programs in collaboration with the three northern health authorities to preserve and enhance the health of the population.

[www.populationhealthunit.ca](http://www.populationhealthunit.ca)