APPENDIX 12

GLACE BAY GENUINE PROGRESS INDEX
RESEARCH SOCIETY

FORMATION, DIRECTORS, ACTIVITIES &
PUBLIC MEETINGS

TABLE OF CONTENTS

Prepared by Stacey Lewis, Executive Director, Cape Breton Wellness Centre

1. Objectives

- To provide Glace Bay with community level data on a wide variety of indicators on progress and well being.

- To collect, analyze, and disseminate results of the GPI Glace Bay survey.

- To build partnerships between community, university, and potential funding partners.

- To be an advocate for information systems that would support local level planning and development.

- To be an advocate for regular follow up surveys to measure progress on identified priorities within the indicators.

Established May 27, 2003

Executive

Peter MacIntyre, President
Stacey Lewis, Vice President
Mel Clarke, Treasurer
Ken MacDonald, Secretary
Patricia McKinnon, Executive Member
Debbie Prince, Executive Member

2. Community Engagement in the Glace Bay GPI, April 2003 – September, 2003

Introduction

Over the past eighteen months community interest and ownership of the Glace Bay GPI project has grown significantly due, in part, to a number of factors including: 1) the participatory process of analysis, interpretation, and dissemination employed by the research team, 2) the development of data access guidelines that promote accessibility and community ownership, and 3) the formation of the Glace Bay GPI Society. This short report will describe the participatory process of dissemination, analysis and interpretation used in Glace Bay and some of the outcomes of that process. It will also describe the formation of the Glace Bay GPI Society and its objectives.

A Participatory Approach to Analysis, Interpretation and Dissemination

A key goal of the Glace Bay GPI project is to provide research results that are appropriate and that can be practically applied in policy and program decision-making. To this end, members of the research team have been experimenting with a participatory process of analysis, interpretation and dissemination. This has been particularly important in Glace Bay where, unlike Kings County, residents and community stakeholders were not engaged in a process of exploring core values and establishing priorities for indicators. This process helped to establish, in Kings, a sense of community ownership and anticipation around results that was largely lacking in Glace Bay.

The research team has hosted a series of workshops that bring together researchers, policy makers and practitioners to: 1) collectively review and interpret preliminary results, 2) identify further questions for analysis, 3) map existing programs, policies and services and 4) carry out a gap analysis based on survey results and the map of available resources. The research team has hosted a number of workshops: two on tobacco results, one on caregiving, and one on peace and security (summaries of three of these workshops are attached). The workshops integrate basic principles of adult education. The individual and collective experiences that people bring to the process are valued and play a key role in helping to make sense of the results and their potential application.

Each of the workshops in Glace Bay was organized and facilitated by the Cape Breton Wellness Centre. The format of the workshops varied, but always involved a variety of small group and plenary activities. Each workshop started with introductions, a warm-up activity, a brief background to the workshop, a review of the workshop purpose and agenda, and a quick overview of the Glace Bay GPI. This was followed by a presentation of preliminary results delivered by a member of the research team. Workshop participants were then asked to reflect on how the results measured up to their own experiences as either service providers or policy decision-makers. Participants were invited to question the results, and talk about any surprises, doubts, or concerns raised by the data. They were asked to help explain puzzling trends and patterns emerging from the data.

These discussions generated more questions and directions for further analysis and raised important questions to be considered for inclusion in future community GPI surveys. They also provided valuable information about the community context that has helped to explain some of the results. For example, participants in the peace and security workshop, particularly those who worked in the area of family violence, were very skeptical of the low rates of family violence and sexual assault reported by the research team. According to personnel from Cape Breton Transition House (the local shelter for battered women), Glace Bay has one of the highest rates of family violence in industrial Cape Breton. Family violence workers noted that residents of Glace Bay tend to want to take care of problems on their own and are less likely to go to the police. Victims of family violence are less likely to take referrals. All of this contributes to a "culture of under-reporting" which may partly explain the low family violence and sexual assault results.

An important part of the workshops was a mapping exercise that involved participants in a process of collectively "mapping out" the broad range of services, programs and policies (relevant to the workshop topic) in Glace Bay. This was particularly important for both the tobacco and caregiving workshops as cooperation and communication between invited agencies was somewhat lacking. For example, in the tobacco workshop, two agencies operating under the same organizational umbrella were relatively unaware of the tobacco-related services and programs offered by the other. The workshops were first-ever gatherings of such a broad cross-section of tobacco and caregiving stakeholders in Glace Bay. As for the peace and security workshop, a mapping exercise was not necessary; local community justice organizations, police, corrections, the courts, and social agencies tend to operate with better interagency cooperation and communication.

Workshops also engaged participants in a form of gap analysis. Participants were asked to reflect on the survey results, the map of existing resources, and their own experiences and to identify any gaps or outstanding needs. Some examples of the types of gaps identified are as follows: participants in the tobacco workshop identified the need for services and programs tailored to the needs and circumstances of unemployed people; participants in the caregiving workshop identified the need for improved respite services for caregivers and the serious need for improved interagency cooperation and communication; participants in the peace and security workshop identified the need for enhanced crime prevention programs and programs that address the issue of vandalism.

At the end of each workshop, participants were asked to provide feedback via a meeting evaluation form. Participant feedback on the workshops has been very positive. Participants liked the broad cross-section of people and agencies represented at the workshops (a list of participants is included with each workshop summary). They found the presentations to be interesting and informative. They felt the discussions were engaging and appreciated a well facilitated process.

Feedback suggests that the workshops have helped to enhance participants' understanding of the issues; improve awareness of existing resources; enhance communication between agencies; and identify needs and gaps in programs, policies and services. The process has also yielded valuable contextual information that has helped the research team and community stakeholders make sense of the Glace Bay GPI results, and their potential application.

The workshops have played an important role in raising the profile of the Glace Bay GPI project. Most everyone who participated in a workshop had never heard of Glace Bay GPI prior to the session. Coming into the workshops, many were skeptical about the value of a mammoth undertaking like Glace Bay GPI. The workshops have helped people begin to see the relevance, value and power of community-level data.

Glace Bay GPI Society

In the spring of 2003, several members of the community and research team came together to form the Glace Bay GPI Society. The objectives of the Society are as follows: to provide Glace Bay with community level data on a wide variety of indicators of progress and well-being; to

collect, analyze and disseminate results of the Glace Bay GPI survey; to build partnerships between community, university and potential funding partners; and to be an advocate for information systems that support local level planning and development.

The issue of data ownership can be a source of tension in community university partnerships. Communities are concerned that researchers will "take the data and run". Often times it is difficult for communities to access data after it has been collected. Researchers, too, want to ensure that, after investing their time and energy into data collection, they will be able to use that data and generate publications. In this project, the development of data access guidelines and the establishment of the Glace Bay GPI Society paved the way for the community to take ownership of the data. Ownership of the Glace Bay data was officially transferred to the Glace Bay GPI Society over the summer months. The Society now controls access to the Glace Bay GPI data and will work to ensure that the data is widely accessible while at the same time safeguard confidentiality.

The Glace Bay GPI Society is interested in expanding its membership, building interest in the project, and encouraging use of the survey results. The Society will be hosting its inaugural meeting on October 29, 2003. The meeting will be open to the public; highlights of survey results will be shared, the objectives of the Society will be discussed, and new Society members will be recruited. Over the coming months, the Society will host more workshops; a workshop on employment and health results is expected to take place in November.

Conclusions

The workshops described above have helped to generate community interest and ownership of the Glace Bay GPI project. They helped people understand and learn from the results and identify implications for local policy and program development. The research team is interested in exploring how to maximize the effectiveness of this dissemination and analysis process and evaluating its usefulness as a strategy for enhancing uptake of research results. The newly formed GPI Society will provide another vehicle for disseminating results, building community support, and developing the kind of partnerships that will be required to ensure the on-going sustainability of the project.

3. Activities

Glace Bay GPI Caregiving Stakeholders Workshop, April 9, 2003

Welcome and Introductions

On behalf of the research team, Stacey Lewis (Cape Breton Wellness Centre) welcomed everyone to the meeting (a list of participants is attached). Following a round of introductions,

Stacey provided a brief background to the meeting and reviewed the purpose of the session which was as follows:

1) to share preliminary results from the caregiving section of the Glace Bay GPI survey
2) to discuss and to try to make sense of the results
3) to identify questions/issues to help guide further analysis of the Glace Bay GPI caregiving data

Overview of the Genuine Progress Index (GPI) and Glace Bay GPI

John Odenthal (GPI Atlantic) provided an overview of the genuine progress index, GPI Atlantic, and the Glace Bay and Kings County Community GPI projects.

Preliminary Caregiving Results

Deborah Kiceniuk (Dalhousie University) presented preliminary caregiving results from the Glace Bay GPI survey. Deborah Kiceniuk and Ron Colman answered questions about the survey and the results following the presentations.

Mapping of Programs Services and Policies that Support Caregivers in Glace Bay

The group spent the next fifteen minutes very quickly mapping out some of the services, programs, and policies that are in place to support caregivers in Glace Bay. The exercise was not meant to generate a comprehensive or exhaustive list; rather, it was intended to provide a basic overview of some of the supports that are in place for caregivers. The following services and programs were identified:

- Victoria Haven has 4 respite beds. There is a charge for these beds; however, in the case of a medical emergency, some assistance is available from the Nova Scotia Department of Health.
- Seaview Manor has 2 respite beds.
- Victoria Haven has a day program for seniors on Thursdays. This program is not being fully accessed.
- Victoria Haven offers a "Meals on Wheels" program on Fridays.
- Townhouse offers a "Meals on Wheels" program on Mondays and Wednesdays**.**
- Seaview Manor offers a night respite service.
- Home Care offers respite and personal care, if the family is not able to do it.
- Employees of Canada Post who have children with special needs can access the CUPW Special Needs Project. The project, funded by Canada Post, provides qualified families with financial assistance to access appropriate services.
- VON offers the SMART fitness program; it is not specifically designed for caregivers, but they could access it.

- Nova Scotia Department of Community Services provides financial assistance to families with children who have special needs (moderate to severe). This would cover nursing and respite care.
- VON has offered Care for the Caregivers workshops, but these have not been well attended.
- VON provides some in-home RN/LPN respite care (6 hours maximum). This is for people who have a medical need. Nova Scotia Department of Health will pay if the client meets the Department's criteria; otherwise, the service must be paid for privately.
- Seaview Manor offers a Caregivers Support Group on the last Thursday of every month; it has drawn mostly family members of Seaview Manor residents.
- VON offers the "Frozen Favourites" Meal Program ($5.00/meal).
- All Kids offers direct home service (home visits) and a variety of drop-in programs.

Reflecting on the mapping activity, several people commented that they had not been aware of many of the programs and supports in place for caregivers. For them, this demonstrated the need for better communication between agencies.

Small Group Discussion

Participants were assigned to small groups and asked to discuss two questions and then report back in a plenary. Key points raised in the report back are listed below.

1. As you listened to this afternoon's presentation on caregiving results, was there anything that stood out for you?

   - The number of caregivers.
   - There's no comparison for the caregiver's role i.e. caring for a person but having to leave to pick up grand kids for lunch.
   - Excellent return on survey.
   - Length of respite – 4 hours isn't enough.
   - Not only is the actual caregiver stressed. Everyone in the family may be stressed.
   - The number of caregivers who do not go for regular pap tests.
   - The lack of information on alcoholism/drug abuse.
   - How was health defined for people?
   - Was there a correlation between OPD visits and lack of family physicians?
   - Would like to see information on caregivers prior to them taking on the role of caregiver. Did they work, how has their economic status been affected?
   - Surprised that caregivers were able to volunteer after their day.
   - It was surprising the number of male caregivers –33% was high.
   - Review of the programs in the area. There's no compiled list. We tend to work in isolation.
   - Had expected that caregivers general health and stress levels would be different from non-caregivers, but they're actually not so different.
   - Didn't know that Townhouse houses the GPI office.

2. Based on your experience, and considering the GPI caregiving results and the preliminary mapping of programs, policies and services, what do you think needs to be done to support unpaid caregivers in Glace Bay?

- Provision of affordable respite.
- Increase public awareness about the number of caregivers.
- Something to support women and their unique role in the family.
- A volunteer home visiting program to help with respite.
- Increased financial assistance for caregivers.
- More respite – increase hours.
- Free medical offers to provide a getaway.
- Offer respite services outside the nursing home setting.
- Better communication between agencies; it's lacking.

Meeting Evaluation

One thing I LIKED about the meeting was . . .

- Meeting other service providers.
- The diverse group.
- Good cross-section of community representatives.
- It was well facilitated.
- The diversity of groups represented.
- The respect for time passing – presentations were on time; well handled.
- The speakers.
- Small group – comfortable to participate.
- Chance to learn about services available.
- The different information shared regarding services available in Glace Bay.

One thing I would suggest CHANGING. . .

- I would like to have read the entire survey prior to the session.
- Would have liked to see the actual survey before the meeting.
- It would have been helpful to have a copy of the survey prior to, or at, the meeting.
- The location. Hard for presenters.
- Hearing was difficult in this venue.
- More publicity to tell people about the topic.
- Smaller room – room was cold.
- Format – difficult listening to stats.
- Place of meeting.

One thing I LEARNED . . .

- Respite services provided by Manor and Victoria Haven.

- The number of caregivers in the area is higher than I had thought.
- What is available in community.
- What GPI stands for!
- A greater number of supports than I anticipated.
- Many good people are concerned with caregivers.
- We as health caregivers need to communicate more.
- All information was interesting – made aware of services that were available.
- Other caregivers have difficulty getting together.
- Nursing home programs other than Victoria Haven.

One QUESTION I have is . . .

- How do we get support in place for families for respite, etc.?
- When can Sydney be done?
- How similar is Kings Co., demographically, to Glace Bay?
- Was a question asked on the survey that would indicate that some caregivers are providing care to persons of different ages – e.g. parents and grandchildren?
- Where do we go from here?
- How do we reach caregivers?

What further analysis of the data would you like to see (questions, comparisons, themes, issues)?

- How can we challenge others to get involved?
- Respite provision.
- Employment stats. – drug and alcohol use.
- Employment status and alcohol-drug abuse. I would like to know what the comparison between Kings County and Glace Bay is. Are there any similarities or are they like apples/oranges?
- Alcohol/substance abuse numbers.
- Pre/Post caregiving family income.
- All of those mentioned – as well as variety of suggestions for help for caregivers.
- All information quite valuable.

Other comments . . .

- It was very interesting. Thanks very much!

List of Meeting Participants

Diane Desveaux, New Waterford Homemaker Services
Margie Wadden, Continuing Care
Gail Holdner, CUPW Special Needs Project
Myrtle Turnbull-Campbell, community advocate
Marie McPhee, Victoria Haven Nursing Home

Thelma Talbot, Victoria Haven Nursing Home
Carmie MacIntosh, community advocate
Elizabeth MacDonald, VON
Marie MacSween, VON
Lisa Brewster, Cape Breton Family Place Resource Centre
Valerie Donovan ALLKIDS Early Intervention
Margaret Ann Green ALLKIDS Early Intervention
Betty Nearing, East Cape Breton Community Health Board

GPI Team Members

Stacey Lewis, Cape Breton Wellness Centre
Peter MacIntyre, University College of Cape Breton
Leonard Poetschke, Kings GPI
Ron Colman, GPI Atlantic
John Odenthal, GPI Atlantic
Deborah Kiceniuk, Dalhousie University

Glace Bay GPI Peace and Security Stakeholders Meeting, April 10, 2003

Welcome and Introductions

On behalf of the research team, Stacey Lewis (Cape Breton Wellness Centre) welcomed everyone to the meeting. Following a round of introductions (a list of attendees is attached), Stacey provided a brief background to the meeting and reviewed the purpose of the session which was as follows:

1. to share preliminary results from the peace and security section of the Glace Bay GPI survey
2. to discuss and try to make sense of the results
3. to identify questions/issues to help guide further analysis of the Glace Bay GPI peace and security data

Overview of the Genuine Progress Index (GPI) and Glace Bay GPI

Ron Colman (GPI Atlantic) provided an overview of the genuine progress index, GPI Atlantic, and the Glace Bay and Kings County Community GPI projects.

Preliminary Peace and Security Results

Peter MacIntyre (UCCB) presented preliminary results from the Glace Bay GPI survey, including some comparisons to provincial and national trends. He gave three presentations: 1) Peace and Security in Glace Bay, 2) Crime Victimization in Glace Bay, and 3) Business Losses Due to Crime in Glace Bay. Peter MacIntyre and Ron Colman answered questions about the survey and the results throughout the presentations.

Discussion of Results

Following the presentations, Stacey Lewis facilitated a group discussion on the results. The following questions guided the discussion; key points raised during the discussion are recorded below.

1. As you listened to this morning's presentation on peace and security results, was there anything that stood out for you? Were there any surprises? Did it raise any questions?

- Sexual assault numbers seem low
    - Not sure that people understand what sexual assault is; this could be affecting the number of reports.
- According to Transition House statistics, Glace Bay has one of the highest rates of family violence files in the area.
- Difference between survey results and actual cases might have something to do with how people approach the survey. Survey respondents might be answering according to the "way they want things to be" as opposed to the way things really are. There's probably some element of denial.
- Much of the survey rang true.
- Perception of the norm vs. the exception - depends on where you are coming from
- Given the nature of childhood sexual assault, victims tend to compartmentalize and choose not to report. There needs to be a certain level of comfort/safety to be able to admit to being a victim of childhood sexual assault. It takes a lot of support and counseling to bring people to the point where they feel safe disclosing abuse. A victim would probably not disclose on a survey.
- Concerns about confidentiality and reporting would also affect the stats.
- It's concerning if cases don't show up in the stats. We need more prevention programs and services.
- There's a mindset specific to Glace Bay among men. It becomes evident during men's group sessions. Not sure if it has to do with the culture of a mining town. Many men have been abused, themselves (were victims of family violence as children).
- In Glace Bay, victims of family violence are less likely to take referrals.
- There would appear to be a culture of un-reporting for a variety of crimes. People take care of problems on their own and don't always go to the police.
- Researchers might want to consider including the following question in any future survey: "What do you consider assault?"

- There's always the issue of definition vs. perception (the difference between how a crime is actually defined and what people understand it to be); for example: robbery vs. theft

2. The results suggest that Glace Bay is different than the national and provincial profile; residents feel safer and crime rates would appear to be significantly lower than in the rest of Nova Scotia and Canada. What do you think explains this difference?

- The culture of under-reporting in Glace Bay.
- Strong social supports
- Social cohesion
- Strong volunteer sector
- Culture of pulling together in tough times
- There's a real willingness among residents to help out and a desire to get involved

The results of the survey will be useful at budget time, when we have to defend/preserve community programs and services and prevention initiatives (Cape Breton Regional Police Services). They're usually the first thing to go.

Meeting Evaluation

One thing I LIKED about the meeting was . . .

- Although there were many presentations, the presenters took questions throughout.
- The optimism and the tool used – GPI – positive vs. negative perspective.
- Informal good information – lots of time for questions.
- Well organized – handouts/power point excellent!
- Very informal – great information
- Good discussions
- The presentations were very well presented and interesting.

One thing I would suggest CHANGING. . .

- Nothing, it was great.
- Nothing – Well facilitated. Having the key people attend, plus the media attending took well coordinated planning.
- More defining of assault, robbery, etc. Recognition in media release of difference between perception and actual stats.
- Room not the most comfortable or warm. Definitions of topics.
- Longer presentation – include elected reps.
- Nothing.

One thing I LEARNED . . .

- How important it is to have youth programs for crime prevention.

- Interesting data.
- That maybe more education of general public is still necessary.
- Citizen issues of priority concerns.
- The nice low of percentages. Positive step.

One QUESTION I have is . . .

- Where will this material surface in the next few years?
- How will these stats be used?

What further analysis of the data would you like to see (questions, comparisons, themes, issues)?

- More detail on family violence issues.
- Domestic violence and/or violence specific.
- Definition of terms – what is . . . as we discussed.
- More comparisons with the nation's average or Eastern Canada.

Other comments . . .

- I hope the data is available to communities to use now and in the future.
- Thank you!
- Excellent presentation.

List of Meeting Participants

Darlene Whiting, Victim's Service
Helen Morrison, Cape Breton Transition House
Rick Chabassol, Correctional Services
Miles Burke, Cape Breton Regional Police Services
Karen Swan, Department of Justice Canada
Sylvia Dearing, Island Community Justice Society
Ms. Shauna Wilson, N.S. Department of Justice

GPI Team Members

Stacey Lewis, Cape Breton Wellness Centre
Peter MacIntyre, UCCB
Ron Colman, GPI Atlantic
Leonard Poetschke, Kings GPI
John Odenthal, GPI Atlantic

Glace Bay GPI Tobacco Reduction Stakeholders Meeting, May 16, 2002

Welcome

On behalf of everyone involved in the Community GPI project, Stacey Lewis welcomed people to the tobacco reduction stakeholders meeting. She reviewed the objectives for the meeting:

1) provide a brief overview of the Glace Bay GPI project,
2) provide a preview of some preliminary findings on smoking trends in Glace Bay,
3) enlist participants' help in identifying questions that will guide in-depth analysis of the Glace Bay GPI tobacco data.

Stacey explained that the research team is exploring ways to share survey results with the broader community and engage people in data analysis. Today's meeting is somewhat of an experimental process which may serve as a template for future efforts to share results and involve the community in data analysis.

Overview of Glace Bay GPI

Following an ice-breaker, Ron Colman, Director of GPI Atlantic provided a brief overview of the Community GPI project (presentation notes attached in Appendix II).

Preview of Preliminary Data on Smoking Trends in Glace Bay

Peter MacIntyre provided an overview of the Glace Bay GPI survey. Seventeen hundred surveys were completed by Glace Bay residents (aged 15 years and over). All survey respondents were randomly selected. The survey is detailed and covers a variety of topics including health, care-giving, time use, employment, voluntary work, peace and security, income, and environmental issues. It took 2 hours, on average, for people to complete the survey. The response rate in Glace Bay (82%) was very good considering the length of the survey.

Both Peter MacIntyre and George Kephart emphasized that the data analysis is very much a "work in progress". The data is being double-checked and it is not yet adjusted or weighted according to age. Data analysis, at this stage in the data processing, can show general trends but firm numbers are not yet available. Findings are subject to change and must be viewed as very preliminary.

Preliminary data on smoking trends in Glace Bay were presented. A first sweep of the data revealed a number of interesting trends:

- The smoking rate among both males and females appears to be higher in Glace Bay than it is in the rest of Cape Breton, Nova Scotia, and Canada.

- The large majority of Glace Bay residents report their health as being good, very good or excellent.
- Fewer Glace Bay residents report their health as being very good or perfect compared to the rest of Cape Breton, Nova Scotia, and Canada. More residents of Glace Bay report having moderate to severe health problems compared to the rest of Cape Breton, Nova Scotia, and Canada.
- The number of smokers is highest among 25-44 year-olds.
- Within the population aged <=19-34, the smoking rate is higher among men than women. However, within the population aged 35-64, the smoking rate is higher among women than men. Among the 65+ population, more men than women smoke.
- Among smokers aged <=19 – 44, males smoke more cigarettes per day than females; however, among smokers ages 45+ the trend reverses and women tend to smoke more cigarettes per day than men.
- The smoking rate is considerably higher among the unemployed than it is among employed and retired persons, homemakers, and students.
- Smokers who are unemployed or homemakers, tend to smoke more cigarettes per day than smokers who are employed, retired or students.
- The relationship between smoking and level of educational attainment varies: smoking rates are lowest among people who have a university degree; however, the smoking rate appears to be higher among people who have completed grades 9-12 or a community college education than it is among people who have completed grades primary-8.
- Among those who smoke, people with a university degree smoke the lowest number of cigarettes per day; however, smokers with grades 9-12 or a community college education tend to smoke more cigarettes per day than smokers with grades primary-8.
- Compared to smokers in the rest of the province and country, more smokers in Glace Bay are inclined to smoke their first cigarette of the day within 5-30 minutes of waking up. Using this data and data on the number of cigarettes smoked per day, researchers are exploring whether smokers in Glace Bay are more dependent on nicotine than smokers in the rest of Nova Scotia and Canada.

Small Group Discussion

Following the presentation of preliminary results, participants worked in small groups to discuss a number of questions. A volunteer recorder took notes on each small group discussion. Transcribed notes are included below:

1. What was your reaction to the preliminary data on smoking trends in Glace Bay?

Group 1:

- Very precise
- Not surprised, for ex: unemployment & smoking
- Surprised at the initial age to start smoking
- When data is age-adjusted it may not be so surprising or even more surprising, in fact it may be worse or better

- Interesting that in some age categories, men smoke more or smoke less than women. What is it that makes some start during mid-life, and others quit? Perhaps there are differences due to masculinity and femininity. Might be due to change in family structure - empty nest syndrome,
breadwinner (coal miner) now unemployed.
- I wonder if high levels of 2nd hand smoke are connected to smoking rate (i.e. what are the implications of 2nd hand smoke and youth smoking?)
- The fact that K-8 educated smoked less than 9-12 is surprising although the numbers are small (171 vs. 844) to draw conclusions
- Very surprised at how soon people reach for that first smoke in the a.m.

Group 2:

- The number of cigs smoked each day by respondents in the survey was seen by our group members as low (no more than 20?? or so). The question which came from this observation was where are the "pack-a-day plus" smokers?
- The age at which smokers reported starting smoking for the first time was considered by our group members as high at age 16. This raised the question - why is the age so much higher than the national and provincial average of 12.7 years?
- Group members were generally surprised that the GPI study was reporting smoking rates higher among respondents with higher than grade 8 education compared to respondents with less than grade 8 education.
- Group members suggested that more existing data on youth smoking trends could be tied into the GPI study

Group 3:

- It mirrored gender, education, location, employment. It gave us more concrete data on Glace Bay. It did compare us to other areas.
- Nobody was shocked.
- We were wondering if sample site was larger under 19 years would be larger percentage of smokers.
- Methodology design - did it reach the young people.

2. In-depth analysis of the smoking data in the Glace Bay GPI survey will soon be carried out. The research team needs your input into questions to guide further analysis. What additional data on smoking trends in Glace Bay would you find useful?

Group 1

- Smoking during pregnancy
- We already have good data on smoking during pregnancy

- Would be nice to capture the positive (for ex: the high rates of voluntarism) to balance out in
  the media
- Action planning around protective factors as they relate to smoking. These need to be brought out and supported. i.e. the role of exercise
- Curious to learn how many "walkers" are non-smokers or ex-smokers
- Interesting to know more about how people define/see health in relation to how they rate their own health
- Survey in Sydney (Tarponds) indicated differences in how smokers respond to perceived health concerns (vs. non-smokers)
- Be careful how the survey is released; we don't want to take away what pride is left in the community
- Unemployed smoke more and they want to quit but need help; can't afford NRT (patch), or even the nominal fee. Yet, some people say "if you can afford to smoke, you can afford the patch..."
- The value of the survey is that it looks at indicators of health, captures a lot of assets
- The media has tremendous influence and there needs to be not an over-emphasis on the negative
  report that people are doing their best under trying circumstances

Group 2

Did not have enough time to answer question.

Group 3

- District Health Authority needs more information on smoking and health related problems. Did illness, etc./age/smoking/gender relate to chronic disease?
- Obesity/diabetes and health – how does this relate to the smoking trends?
- Lifestyle/physical activity and smoking trends
- Community availability and smoking trends
- How do communities build more healthy communities, which may lead to less smoking (ex: soccer programs).

3. How might the Glace Bay GPI survey data help you with program development and evaluation?

Group 1

- By-law support
- Reducing smoking is good for the healthcare system
- Raising the price is a deterrent
- Show cost-benefits of cessation support vs. treatment
- There should be direct coverage or a top-up for those on EI
- Need to consider the social context; smoking has a social element
- Need to look at alcohol; there is a nest of addictions

- Need to address youth/children, with greater cooperation with education system and schools
- Not necessarily; the Dept. of Education has an excellent curriculum, it falls down during the implementation. We need to look at how we can support the system and the curriculum.

Group 2

Did not have enough time answer question.

Group 3

- How do I target homemakers/unemployed?
- How do unemployed get access to replacement therapy?
- What can I put in my program to help people through the first half hour of their day? (Buddy System may not work.)
- Building partnerships to build better program facilitation.
- Population health research - might be able to use survey for more community, family methodology design compared to individual design.
- GPI has allowed research capacity building in the community.
- Will help to target programs (which people to target?). Canadian data versus local data.

4. Are there any additional questions on smoking that you would like to see included in future community GPI surveys?

Group 1

Did not have enough time to answer question.

Group 2

Group 2 organized their answers to this question into three categories: questions for smokers, questions for former smokers and general comments.

Questions for Smokers:
- Why did you start smoking?
- Why do you continue to smoke?
- What would it take to make you quit smoking?
- What do you need to help you quit?
- Do you agree with strong smoking legislation? Why?
- If you were ready to try to quit smoking what public smoking policies do you think would help you in your efforts to quit?
- What level of tax (how much of a dollar value) increase would put the price of a package of cigs out of reach so that you could not afford to buy them?
- What other activities would you like to do with your leisure time to help you lead a healthier lifestyle away from smoking?

Questions for Former Smokers:
- Why did you start smoking?
- Why did you quit?
- What was the defining moment in your life that brought you to the realization that, no matter what, you knew you were ready to try to quit for good?
- Do you agree with strong smoking legislation? Why?
- What other activities would you like to do with your leisure time to help you lead a healthier lifestyle away from smoking?

General Comments:
- It was felt by group members that data collected from specific focus groups would be helpful in putting a different perspective on the results of the survey. Suggested focus groups could comprise Families (of traditional and non-traditional varieties), youth, professionals, etc....

Group 3

- Help with program development - cessation program - what works and what doesn't?
- What may help to keep people smoke-free (one week, one year)?
- Smoking By Law – Did it work? Did people cut down on smoking? What is public opinion?
- What community supports were used?
- What community supports were participants aware of in the community?

Report Back-and Wrap-Up

Each group briefly reported on their discussion. Stacey indicated that the questions and suggestions raised throughout the meeting would be incorporated into the next stage of data analysis. A follow-up meeting will be organized in the fall to report on the results of the in-depth analysis of tobacco data.

On behalf of the research team, Stacey thanked everyone for their participation and input. Participants were encouraged to complete meeting evaluation forms (results of evaluations are included in Appendix III).

Appendix I - Agenda

1. Welcome and Introductions

2. Overview of Glace Bay GPI Project

3. Presentation of Preliminary Data on Smoking Trends in Glace Bay

4. Small Group Discussion

(i)   What was your reaction to the preliminary data on smoking trends in Glace Bay?

(ii)   In-depth analysis of the smoking data in the Glace Bay GPI survey will soon be carried out. The research team needs your input into questions to guide further analysis. What additional data on smoking trends in Glace Bay would you find useful?

(iii) How might the Glace Bay GPI survey data help you with program development and evaluation?

(iv)   Are there any additional questions on smoking that you would like to see included in future community GPI surveys?

5. Report-Back and Wrap-Up

Appendix II - Meeting Evaluation

One thing I LIKED **about the meeting was…**

- Great location and atmosphere, lovely mix of professionals and champions – GREAT!!
- Upbeat, positive
- Good cross-section of participants
- Meeting other stakeholders involved in tobacco reduction strategy and discussing utilization of info. that was collected and owned by Glace Bay.
- Great location, very friendly/open atmosphere
- Very organized and diverse perspective even within the smoking field
- Bringing a focused group together
- The diversity of persons @ meeting
- Slide presentation update
- Participants
- Presentation/approach
- Awareness of project
- Networking!!
- The chance to meet so many other people from various backgrounds all with a interest in helping address these problems.

One thing I would suggest CHANGING…

- Nothing, great job
- Two hours was far too short to get the background to really address the 4 questions.
- Make it longer
- Would have been nice to network with others in attendance
- Good job

- Well done!
- You did a great job!
- A little chilly
- More time (as you already know)
- More time please

One thing I LEARNED…

- Smoking problem much bigger and complicated then what's indicated. We truly need to get focused and, as a community, do something! Very happy to hear that it (study) won't be left on the shelf – very useable study
- Great to know we're going beyond lifestyle risk factors and making other linkages (deeper).
- That there are a lot of people within the Glace Bay community that are willing to commit to address this issue of smoking and to develop programs and resources to assist with this
- Contextual information about Glace Bay
- Even smoking stakeholder meeting
- The broader determinations of health are always being brought up, e.g. "nothing to do in Glace Bay for kids, so they smoke", also, the personal testimony of the effect of the by-laws and smoking ban in the high school.
- Current data soon available
- Research resources in the area (i.e. Peter)
- Great support for the need (critical need) for local data
- Commonality of views "all on the same page"!
- That there are so many varied groups working on this

One QUESTION I have is …

- How will you guarantee that this will have a positive spin? (When it hits the press?) Clients are already very negative about their situation – I would hate for the press to have a field day.
- What's next and when?
- The effect of environmental policies on individual smoking practices, e.g. smoke free by-laws.
- When is the next meeting?
- will there be a further meeting

How would you like to be kept informed of the Glace Bay GPI results?

- More updates like today. Great presentations. Need this style to keep all of us grounded. Big, very big problem, and seeing and hearing what others are doing is a great way of not duplicating energies.
- All day session by your group to fully discuss the meaning and implications of the final report/date.
- E-mail, fax, mail out

- Updated session once report is available for launching. Could session allow time for a Q/A period?
- Meetings like this; mailed results
- Would like to be active partner (agency)
- Any way I can!
- Very much so

Other comments…

- Thank you for a productive day. It was great!
- The temperature of the room was too cool.
- Perhaps a question relating to community resources you access, and which ones you would access, if they were available (perhaps qualitative rather than quantitative).
- Stakeholder partnerships for longitudinal follow-up, as this will strengthen findings over time and gives opportunity to evaluate any intervention strategies.
- Thanks – great session!
- Thanks for the opportunity to be part of this excellent initiative!!

Appendix III - List of Meeting Participants

Vince Steele, Tobacco Reduction Coordinator, Public Health
Larry Maxwell, Health Educator, Public Health Services
Christa Rajani, Public Health Nurse, Glace Bay
Mary Lou O'Neill, Director Population Health and Research, DHA 8
Noreen Rowe, Canadian Cancer Society – Eastern Region
Marie Aucoin, Nurse, Glace Bay Youth Health Centre
Mary Passerini, Vice Principal, Glace Bay High
Mike Gallivan, Glace Bay physician
Eileen Woodford, Director, Public Health Services
Kelly MacIsaac, Glace Bay Health Promotion Clinic
Pat Steele, Nurse, Chest Clinic - Cape Breton Health Care Complex & Lung Assoc.
Judy MacInnes, Program Coordinator, Cape Breton Family Place Resource Centre
Ron Gillis, Addictions Services
George Kephart, Population Health Research Unit
Alison James, Population Health Research Unit
Marie Palmer, GPI Atlantic
Trisha MacKinnon, Glace Bay GPI
Debbie Prince, Glace Bay GPI
Ron Colman, GPI Atlantic
Deborah Kiceniuk, Healthy Balance Research Program
Peter MacIntyre, University College of Cape Breton
Stacey Lewis, Cape Breton Wellness Centre
Steven Samis, Canadian Population Health Initiative
Heather Dunn, volunteer, Canadian Cancer Society – Eastern Region
Ed Michalik
Cecilia Driscoll

Regrets:

Catherine Cote, Program Coordinator, Addictions Services
Lee Easterly, Assistant to the CEO, DHA 8
Everett Harris, Director, Addictions Services
Jack Ettinger, Principal, Glace Bay High
Mel Clarke, Chair, East Cape Breton County CHB
Mary Beth LeBlanc, Coordinator of Cape Breton Youth Health Centres
Donald Ferguson, Chair, DHA 8 Board
Gordie LeDrew, member, East Cape Breton County CHB
Josie Steel, President, local chapter of NS Heart and Stroke Foundation
Bea MacInnes, Prevention Coordinator, Community Services

Broadening the Definition of Health: Conference 20 June 2003

This conference, held at UUCB was attended by approximately 150 faculty, MDs, health professionals and interested community members. The GPI session was to an overflowing room of more than 50 People. The short presentations included and overview of the GPI project, Core Values, Crime Victimization, and Chronic Conditions and Tobacco Use.

The more detailed papers and presentations on these subjects are set out in Appendices 5, 6, and 8. The presentations to the conference are available on the website (Presentations to the Community) found at:

<div align="center">

http://discovery.uccb.ns.ca/glacebay_gpi/presentcomm.html

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