

## **New Brunswick Anti-Tobacco Coalition – Steering Committee**

### **Terms of Reference: June 2017**

#### **PURPOSE**

Lead and coordinate activities that contribute to the NB Anti-Tobacco Strategy through the following:

- Maintain awareness of anti-tobacco activities and opportunities in schools, communities, workplaces and province.
- Minimize duplication of effort.
- Maximize alignment of efforts (e.g. consistent messaging, linked initiatives, etc).
- Leverage existing resources (including but not limited to funding), knowledge and expertise of SC members to contribute to activities.
- Actively seek out additional resources and opportunities.
- Coordinate review and update of NB Anti-tobacco Strategy.
- Update Progress report.

#### **MEMBERS**

Steering Committee members represent a blend of government and non government stakeholders. Members include those who play a key role in anti-tobacco activities or have influence in policy development and decision making.

##### **I. Standing Members**

- Canadian Cancer Society New Brunswick
- Department of Health: Office of the Chief Medical Officer of Health
- Department of Health: Chronic Disease Prevention and Management Unit
- Department of Social Development
- Heart and Stroke Foundation of New Brunswick
- Horizon Health Network
- New Brunswick Anti-Tobacco Coalition (Coordinator)
- New Brunswick Cancer Network
- Réseau de santé Vitalité Health Network
- Tobique First Nation
- Department of Public Safety Contraband Enforcement Unit

##### **II. Working Group Representatives**

##### **III. Funded Projects (when appropriate)**

##### **IV. Ex-officio members**

- Health Canada

#### **ROLES AND RESPONSIBILITIES OF SC MEMBERS**

- Participate in and contribute to the purpose of the Steering Committee.
- Coordinate actions that will advance the New Brunswick Anti-Tobacco Strategy.
- Provide presentations during stakeholder events as appropriate.
- Champion the NB Anti-Tobacco Strategy and NBATC within each members' respective organization as well as to others.
- Use NBATC Implementation Principles (see Appendix I) to ensure coordinated and successful action on tobacco.
- To approve Term of References (TOR) for any working groups (a group that is set up to accomplish a specific tasks and includes at least one person from outside of the SC members). Working groups must have a TOR and must include a list of principles on how the group agrees to work together. These principles should reflect the bullet #1 in the attached SC TOR Appendix I and define the expectations of members.

#### **FREQUENCY OF MEETINGS**

Annually a minimum of three in person meetings and three teleconferences will be held. Additional In person meetings or teleconferences will be scheduled as required.

#### **RESOURCES/BUDGET**

This committee is supported by in-kind contributions from members, for example:

- Members are responsible for their own travel and accommodation expenses.
- Meeting space is provided on a rotating basis by Steering Committee members.
- Secretariat support is provided by NBATC Coordinator (supported by funding to NBATC from Wellness Strategy, WCS).

## Appendix I

### Implementation Principles

The New Brunswick Anti-Tobacco Coalition is committed to “braiding” our efforts utilizing partnerships and evidence-based information to maximize impact and sustainability. To attain an effective, coordinated, and integrated New Brunswick Anti-Tobacco Strategy, Steering Committee members agree to actively support the following principles:

1. Base relationships on partnership principles, where parties agree to work cooperatively towards shared/compatible objectives. In a partnership there is:
  - Shared authority, responsibility and management;
  - Shared investment of resources; such as time, work, funding, material, expertise, and information;
  - Acknowledgement/respect for any or all contributions of partners;
  - Shared risk-taking and accountability;
  - Collaboration; and
  - Mutual benefits, for example, commitment, maximized resources, and sustained effort.
2. Build capacity within the NBATC through partnerships to leverage financial and in-kind support for anti-tobacco initiative. Shared investment of resources such as:
  - Time;
  - Work;
  - Funding;
  - Material;
  - Expertise; and
  - Information.
3. Involve stakeholders to ensure their attitudes and beliefs are integrated into any actions undertaken to support implementation of this strategy (i.e., smokers, youth, parents, business owners, etc).
4. Encourage the use of tobacco-related performance indicators by stakeholders within their internal planning and monitoring mechanisms.
5. Recognize that one of the best ways to reach children and youth is to change the social environment in which adults smoke, therefore, strategies should focus on multiple issues, and not just youth.
6. Develop a coordinated, comprehensive approach incorporating effective anti-tobacco actions that support and enhance each other and utilize the strategic directions the National Tobacco Control Strategy and provincial strategies (e.g. *Live Well, Be Well: New Brunswick's Wellness Strategy*).
7. Utilize a community development approach to:
  - Build capacity among a wide range of individuals and organizations to take action on tobacco control;
  - Broaden public understanding of the serious nature of tobacco products/industry to increase support for action.
8. Prepare for opposition – develop solid counter arguments for new initiatives to help pave the way for public/private support.
9. Focus energy on achievable actions that are realistic and build onto existing opportunities by linking new actions with existing programs or activities whenever possible.
10. Use existing materials/programs that have been positively evaluated wherever possible.
11. Recognize the need to demonstrate “better practices” without overlooking the value of creativity and innovation.
12. Encourage use of provincial and local data (e.g. Student Wellness Survey data) to inform development and implementation of activities.
13. Evaluate progress utilizing recognized monitoring tools (e.g. Canadian Tobacco Use Monitoring Survey, legislation compliance monitoring) or promoting the development of mechanisms to address data gaps, (e.g. inventory of smoke-free places).