

Appendix B
Province-wide Projects

Ontario Tobacco Research Unit

December 2004

Suggested Citation. Ontario Tobacco Research Unit. (2004, December). OTS Project Evaluations, 2003-04: A Coordinated Review. [Special Reports: Monitoring and Evaluation Series, 2003-2004 (Vol. 10, No. 2)]. Toronto, ON: Ontario Tobacco Research Unit.

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APPENDIX B: PROVINCE-WIDE PROJECTS, 2003-04

Project descriptions in this section were compiled by OTRU from material submitted by the projects describing their activities and accomplishments ending March 2004. The assessments that follow each description were prepared by OTRU, based on these materials.

While OTRU recognizes that projects have made further progress since that time, sometimes on issues raised in the assessments, it is simply not practical to update these reports to reflect activity during the current year. OTRU also acknowledges that response to these assessments cannot be retroactive to the previous April and may not be fully operational until new fiscal year has started.

B1. PUBLIC EDUCATION

Mass Media Campaign – Heart and Stroke Foundation of Ontario

Background

- Initiated Fall 1999 and funded annually since that time.
- Budget in 2003-2004: \$2,870,000
- Status in 2004-2005: Continuing, budget \$2,870,000

Since its inception, this project has used mass media in a continued attempt to “erode the permission to smoke so that tobacco use becomes increasingly socially unacceptable” among Ontario adults. Begun with advertisements acquired from other jurisdictions, for the past three fiscal years, including 2003-2004, the campaign has made use of two television advertisements (“Don” and Bernice”) created specifically to more accurately target key segments of the Ontario population. Both advertisements present true stories of individuals who have lost loved ones to smoking and who have themselves suffered health consequences from tobacco smoke.

In 2003-2004 the project also began investigating messages and strategies appropriate for young adults aged 16 to 24. It is hoped that advertisements targeting this group will be implemented in future fiscal years to support and create synergistic effects with the larger campaign.

Short-term Objectives for 2003-2004

1. To increase support for province-wide tobacco control measures.
2. To investigate the development of messages and media strategies targeting young adults aged 16 to 24 that will create synergies with the continuing adult campaign.
3. To provide consultation to OTS partners on mass media strategies.

Evaluation Strategies and Methods

Objective 1:

As in the past, outcome evaluation made use of telephone surveys of random samples of adult Ontarians. An initial survey of 1,200 adults was conducted in February of 2000 to provide baseline measures of attitudes toward tobacco and tobacco control initiatives. Since then, seven post-campaign surveys have been conducted, each following an iteration of the campaign. These surveys gauge message recall, and track change in relevant attitudes and support for tobacco control initiatives. Most recently, surveys were conducted in April 2003 and March 2004. Each had a sample size of 1,200, and a 95% confidence interval of $\pm 2.8\%$. Response rate for the March 2004 survey was 25% of households called.

Objective 2:

Formative evaluation was used in 2003-2004 to develop new messages including for young adults age 16-24. Message focus, content and concepts were tested via the Internet with members of an Ipsos-Reid panel. Advertisement options were shown to respondents, preceded and followed by a survey to assess key attitudes. Resulting data on attitude change and reactions to the advertisements were used to steer the further development of the strongest concept and the creation of a new advertisement to be implemented in 2004-2005.

Activities and Accomplishments for 2003-2004

Objective 1: To increase support for province-wide tobacco control measures.

Associated Activities

Two 30-second advertisements (“Don” and Bernice”) were aired from September 2003 to March 2004 on English-language television outlets in Toronto, Kitchener, London, Ottawa, Sudbury, Timmins, North Bay, Peterborough, Kingston, Barrie, Windsor, Kenora, and Thunder Bay. These were supplemented with 30-second French-language radio advertisements in Cornwall, Kapuskasing, Pentaguishine, and Sudbury. In addition to this, the television advertisements were also aired on the Professional Health Service Network. This Network provides television monitors free of charge to the waiting rooms of health care professionals.

Outputs and Outcomes

- Evaluation conducted in 2003-2004 suggest that awareness of the two television advertisements remains high. In this phase of the campaign, aided recall of the ad entitled “Don” increased from 52% in April 2003 to 71% after the broadcasts of March 2004. Over the same period, aided recall of the ad entitled “Bernice” increased from 58% to 72%. [table in Frank’s note, Nov ‘04]
- As in previous years, respondents continue to express favourable reactions to the advertisements. The majority of those who were aware of the ads reported they found them to be credible and believable and that their reactions to the ads were favourable.
- The post-campaign survey conducted in March of 2004 indicates that, since the 2000 baseline survey, the libertarian segment of the population (i.e., those who view smoking as socially acceptable to some extent) had shrunk while the pro-control segment of the population had grown (Table 7).

Changes in Profiles of Ontario adults age 18+, 2000-2004

Segment	Baseline 2000	Current 2004
Pro-Control	27%	40%
Libertarian	28%	22%
Anti-Control	30%	24%
Disenfranchised	15%	13%

- Research conducted in 2003-2004 suggests there may be a leveling of the attitude shifts that had been observed across earlier phases of the campaign. For example, earlier research had indicated that between February 2000 and December 2002, the proportion of respondents reporting they would sit in the smoking section of a restaurant had declined significantly from 49% to 38%. In March 2004, this proportion remained constant at 37%. Similarly, between February 2000 and December 2002, the proportion of respondents reporting they believed the decision to smoke was a personal choice and could not be legislated declined significantly from 70% to 57%. In March 2004, this proportion also remained constant at 58%.

Objective 2: To investigate the development of messages and media strategies targeting young adults aged 16 to 24 that will create synergies with the continuing adult campaign.

Associated Activities

As outlined above, activities revolved around the testing of creative concepts, messages and strategies to target young adults.

Outputs and Outcomes

- Based on the results of formative evaluations, a new advertisement has been created that is intended to address the changing state of tobacco control reform in Ontario and the Government's intention to introduce of Province-wide legislation. The new advertisement focuses on the issue of fairness to non-smokers has performed well in research with young adults aged 16 to 24. The ad's implementation is planned for 2004-2005.

Objective 3: To provide consultation to OTS partners on mass media strategies.

Associated Activities

As in past years, project staff continued, through participation in the OTS Coordinating Committee's Media Subcommittee (formerly the Media Roundtable), to provide support and expertise to ensure the coordination of tobacco control media activity in the province. In 2003-2004 HSFO again advised and assisted in the selection and purchase of media airtime for the Ontario Lung Association's "Clear the Air" campaign.

Outputs and Outcomes

- HSFO allocated just over \$165,000 to OLA to assist with the purchase of media airtime, and the conduct of post-campaign evaluation activities for the latter's "Clear the Air" campaign.

Networking

- As outlined above, HSFO has, in 2003-2004, maintained its cooperative relationship with OLA with respect to the latter's "Clear the Air" media campaign.
- Project staff have worked collaboratively with the OTS Steering Committee providing expertise and input on mass media and communication issues as required to inform the Committee's work.
- Project staff have played a leading role in the OTS Mass Media Subcommittee to ensure the coordination of media activities across the province and to maximize the potential for synergistic outcomes among initiatives.
- HSFO has also worked with Health Canada to share information and resources, and to help ensure coordination in matters related to tobacco control mass media activities.

Summary

As outlined above, media tracking activities in 2003-2004 provide some early indication that the positive shifts in attitudes that had been reported in the first four phases of the campaign may now be leveling off. This is, of course, inevitable in any social marketing initiative and may signal the need to refocus activities on appropriate next steps. Over the past two fiscal years, project staff have put considerable energy into the development of new

directions and creative materials that they hope will supplement and build on any gains made to date. New advertisements have been developed and are ready for implementation in 2004-2005. These ads target young adults and carry the message of “fairness to non-smokers,” a focus that project staff believe will be important to building support for and compliance with promised province-wide smoke-free legislation.



OTRU’s Assessment of the Mass Media Campaign

Project Progress

- a) For the 2003-2004 fiscal year

Activities and accomplishments toward Objectives 1 and 3 in the past year were similar to the preceding year, while there were some novel and useful techniques introduced to develop new campaign content (Objective 2).

Development of new campaign materials appear to be proceeding satisfactorily, and the internet testing used for this purpose late last year is an encouraging development with respect both to methods and results.

- b) Since inception of the project (if applicable and/or possible)

Awareness of “Don” and “Bernice” has grown since 2002, reaction to the ads is quite positive among those who have seen them, and there are data to suggest favorable trends in attitudes toward tobacco control and public smoking. In general, these trends are more pronounced for the period 2000-02 than for 2002-04, judging by the project's poll data. This would be consistent with the finding that 22% of respondents were getting tired of the two ads.

Changes between baseline in 2000 and 2004, as indicated by the decrease in libertarian views and anti-control views, and a 50% increase in pro-control views, are positive.

Data from 2002, reported recently, show that adults aware of the ads had attitudes more favorable to tobacco control than those not aware of the ads. These awareness-related differences were found among both smokers and non-smokers. Such differences were all in the expected direction, but were generally not statistically significant, perhaps due to the small samples involved. One encouraging finding that was significant was about disagreement with the statement, “There are too many rules about where people can and can’t smoke in my community:” 42% of smokers aware of the ads disagreed with this, contrasted to 27% of unaware smokers.

All of these trends are positive, even though many are modest in magnitude, and the evidence linking them to the campaign is generally not robust. In short, there are positive developments in the tobacco-control attitudes of Ontario adults, but it remains unclear how much credit for this should go to the MM Campaign, and how much is due to the myriad of other influences in the environment.

- c) For progress and expectations in relation to other projects of this type (if applicable)

OTRU noted last year that the “dose” of media messages provided by the MM Campaign may be too low, compared to other such campaigns, to reasonably expect much impact on public attitudes.

Other jurisdictions (e.g., California and Florida) have been able to evaluate their mass media campaigns by comparing attitude change in the exposed and unexposed segments of the population. The new data from the project suggest this is possible in Ontario, and we sincerely hope that such a comparison will be built into any new campaign from the outset.

Approach to Evaluation

- a) Adequacy of design and measures to produce evidence of efficacy and reach, and ways to improve these, if need be

With respect to the key objective (#1), telephone surveys are the accepted means for assessing both reach and efficacy of the campaign. Much relevant data have been collected over the years, at appropriate intervals, but the meaning of the trends has often been ambiguous. Comparing the attitudes of “exposed” and “unexposed” populations helps to identify the efficacy of this campaign in relation to all the concurrent tobacco control initiatives with similar objectives, and it is helpful to have such data for 2002. It would be even better to have such analysis for every year of the campaign. While campaign reach is reported to be very extensive, it is not universal. If the sample of 1200 is not adequate for the purpose of analyzing the “unexposed,” consideration should be given to increasing it. The current line of questioning could also be used to create a variable for exposure that has three levels, e.g., aware without prompting/aware only with prompting/unaware. (The feasibility of this would be clearer if the Campaign reported aided and unaided recall separately, not combined.)

While opinion polling is appropriate for assessing campaign reach and efficacy, we think some cautions are in order regarding the combination of response rate and response bias. While a response rate of 24% may not be much different from the industry norm, it is substantially lower than generally achieved by universities or government. The respondents do represent the population fairly well with respect to age and gender, but less well on education and region: the sample is relatively under-educated and concentrated in western and northern Ontario. When combined with the response rate, this raises concerns at OTRU about the extent to which the poll results can be applied to the population as a whole – i.e., whether Ontario adults really see the campaign the way the polling suggests. While response rates are difficult to raise, it should be possible to represent the regions of the province more closely by using telephone exchanges as part of the design and perhaps even building them into the quota sampling. Adding education to the sampling scheme could also be considered.

As for Objective 2, some more effort will be required to assess attainment of the promised “synergistic outcomes.” There is no apparent evaluation of the third objective. This might start with a third-party assessment of the relationship with local campaign organizers.

- b) Changes in the past year; responses to last year’s OTRU assessments, if applicable

We are pleased to see that the main concerns expressed by OTRU last year have started to be addressed. Despite the shortcomings due to sample size, there is some value in comparing the attitudes of persons who recall the campaign with those who do not. We continue to feel that CTUMS data on tobacco

control in other provinces would also be useful in providing some context and comparison for the results claimed by the MM Campaign.

It does appear that the MM campaign addressed the suggestion to collaborate with federal media campaigns.

c) Future expectations and directions regarding project evaluation

Before a new campaign reaches the point of saturation reported for the current adult campaign, organizers should consider a design that employs high-, medium, and no-exposure communities within Ontario; these could be supplemented with comparisons with provinces that do not have similar campaigns. At a minimum, it will be essential to develop a design with appropriate comparison groups that will permit more conclusive evaluation, and baseline data will be needed before the broadcasts begin.

Youth Tobacco Initiatives – The Ontario Lung Association

Background

- Initiated April 2001 and funded annually since that time.
- Budget in 2003-2004: \$350,000
- Status in 2004-2005: Continuing, budget \$350,000

Since it was begun in 2001, this project has involved two relatively distinct initiatives designed to both target youth and to engage them in tobacco control and advocacy. In 2003-2004 the first initiative involved the implementation of the Ontario Lung Association's (OLA) "Clear the Air" campaign in Northern Ontario. Specifically, the campaign targeted young people in North Bay, Timmins, Sudbury, Sault Ste. Marie, Thunder Bay, and Dryden and included a television-based media campaign and an in-school "content collection" component. The latter consisted of a presentation to students by former tobacco industry front-man Alan Landers, followed by an opportunity for students to express their views on tobacco and tobacco control via a "speaker's corner" video booth. Similar campaigns had been implemented in each of the two previous fiscal years in London and Ottawa.

The second initiative undertaken was a continuation of OLA's Youth Tobacco Team (YTT). As in the past, this initiative sought to engage a small number of young people from across the province to address tobacco issues that affect youth in Ontario and to work towards the development of the 2004 YTT Ministerial Report of Recommendations. In 2003-2004 the initiative also included the development of a community-based Youth Tobacco Team in Cornwall to raise awareness among youth of tobacco issues that affect their peers and to support local bylaw efforts in Cornwall's surrounding regions.

Objectives for 2003-2004

Clear the Air Campaign

1. To raise awareness among 12-19 year-old youth in targeted regions of Northern Ontario of issues around ETS through a youth-focused, peer-to-peer media campaign.
2. To positively influence knowledge and attitudes toward smoking among high school students, and to gather their input on tobacco-related issues via the in-school content collection component of the campaign (i.e., speakers corner video booth).

Youth Tobacco Team

1. To launch the YTT's 2003-04 Report of Recommendations and increase awareness of the report recommendations among OTS stakeholders, MOHLTC and the general public.
2. To implement The Youth Tobacco Team (YTT) for 2003-04 and engage 10 youth from across the province to address tobacco issues that affect youth in Ontario.
3. To develop a regional YTT pilot group in Cornwall, Ontario to raise awareness among local youth of tobacco issues that affect their peers within their region.

Evaluation Strategies and Methods

Progress and accomplishments related to objective one were assessed in two ways. First, Ipsos Reid conducted 300 telephone interviews with Northern Ontario youth between the ages of 14 and 18 in April 2004. The interviews made use of essentially the same evaluation tool that had been used in past iterations of the campaign to

determine advertising reach and recall and to assess respondents' reactions to the advertisements. New items were added to the Northern Ontario evaluation tool in an effort to gauge the possible impact of campaign messages on youth smokers' behaviour in the presence of non-smokers. In addition to this, media tracking was employed to determine the extent to which the campaign may have stimulated news media coverage.

Progress related to objective two was assessed using a pre- and post-presentation survey in six schools, one in each of the six target communities. In total, 1771 students from these six schools completed surveys at pre-test, and 1611 completed surveys at post-test, which was one to two weeks later. The purpose of the survey was to ascertain whether attendance at the "Winston Man" presentation and participation in the video booth had an effect on the knowledge and attitudes of students towards smoking. In addition, the post-test survey assessed students' perceptions of the presentation and video booth initiative. Both the pre- and post-test surveys collected information on the smoking status of students and their parents, knowledge and attitudes regarding environmental tobacco smoke, and knowledge and attitudes regarding the tobacco industry.

Progress toward objective three was assessed via media tracking to determine the extent to which the launch of the YTT report may have stimulated news media coverage. Additional process monitoring was used to document the report's dissemination.

The evaluation of progress toward objectives four and five involved the development and implementation of a process monitoring protocol and associated instruments. This included the development of YTT goal-setting objectives, facilitation procedures and a YTT Activity Tracking form. In addition, meeting evaluation tools were developed and completed by YTT members to complete following the first team meeting.

Activities and Accomplishments for 2003-2004

Objective one: To raise awareness among 12- 19 year old youth in targeted regions of Northern Ontario of issues around ETS through a youth-focused, peer-to-peer media campaign.

Associated Activities

A total of six 30-second "Clear the Air" campaign advertisements were aired on local television stations, MCTV in Sudbury, North Bay, Timmins and Sault Ste. Marie and TBT in Thunder Bay and Dryden at low to moderate frequency (80-100 Gross Rating Points) for a period of 13 weeks beginning in January 2004. This compares with 4 different ads run in London at high frequency (250 GRPs per week) for a period of four weeks and in Ottawa, also at moderate frequency (80-100 GRPs) for 12 weeks.

Outputs and Outcomes

- The aided recall of campaign advertisements among the target group was 69%. This represents a significant increase in aided recall over the 49% reported following the London campaign. This would seem to confirm the finding reported after the Ottawa campaign that the advertisements shown at a lower frequency over a longer period of time may be recalled more readily than advertisements shown at a greater frequency for a short period of time.
- The vast majority of young people surveyed (>90%) said they felt the advertisements were credible, that the message of the advertisements was clear, and that the advertisements made them think about the effects of second-hand smoke. A somewhat smaller majority (73%) said that the advertisements caught their attention more than most advertisements do.

- The survey results suggest that 46% of smokers who were surveyed strongly agreed, and 35% somewhat agreed that the advertisements had made them think about not smoking around non-smokers. In addition, 27% strongly agreed, and 31% somewhat agreed that they had reduced their smoking since seeing the advertisements because it made them feel guilty about smoking around non-smokers.
- Media tracking suggests the campaign generated a substantial amount of earned news media coverage in the targeted regions. From January to March, news media coverage appeared in outlets with a total circulation of just over 163,000.

Objective two: To positively influence knowledge and attitudes toward smoking among high school students, and to gather their input on tobacco-related issues via the in- school content collection component of the campaign.

Associated Activities

Eleven high schools in the six targeted communities were recruited to participate in the initiative. Students from each of these schools attended the “Winston Man” presentation and were subsequently given the opportunity to express their views via the “YouTV” video booth. The video booth remained in school locations for two days. Six of the 11 high schools were selected to participate in the evaluation. Teachers administered the pre-test questionnaire in-class prior to the presentation. The post-test questionnaire was again administered in-class one to two weeks after the presentation. The video booth was also deployed in mall locations in five of the six targeted municipalities to provide the general public an opportunity to voice their opinions on the issue of environmental tobacco smoke.

Video input gathered through the booth was compiled to produce a series of television advertisements that were subsequently aired on local television stations in the target regions.

Outputs and Outcomes

- At post-test, 89% of respondents rated the “Winston Man” presentation as good or excellent. In addition, 23% reported learning something new about the negative effects of smoking and 16% reported they had learned something new about the contents of cigarettes.
- Students perceived smoking to be much more common among their peers than may actually be the case. On average, respondents reported they believed that just over 50% of students smoke while reports of actual smoking behaviour suggest that perhaps less than 20% actually do.
- Of the students surveyed at pre- and post-test, 924 were matched using a self-generated identification code. Comparisons were conducted to identify changes in knowledge or attitude that had occurred and may be attributable to exposure to the initiative. Notable among the findings was the fact that 18% of students came to agree less with the belief that tobacco companies would stop selling cigarettes if they knew for sure that smoking hurts people. At the same time, however, 10% of students actually came to agree more with this belief. In addition, 33% of those surveyed had come to agree more with the belief that tobacco companies use advertising to influence young people to start smoking (6% agreed with this belief less at post-test). Finally, 24% of respondents reported that they felt smoking was less socially acceptable at post-test than had been the case at pre-test, while 15% reported that they found it more socially acceptable.
- Most students (83%) agreed that the video booth was a good way to collect responses from students on the issue of smoking.

Objective three: To launch the YTT's 2003 Report of Recommendations and increase awareness of the report recommendations among OTS stakeholders, MOHLTC and the general public.

Associated Activities

Youth Tobacco Team members from 2002-2003 conducted a media launch of their Report of Recommendations to the Ministry of Health and Long- Term Care and OTS Stakeholders on January 12, 2004. Media tracking was conducted to determine the extent to which the launch may have generated news media coverage.

Outputs and Outcomes

- According to media tracking, the launch of the report generated media coverage in outlets with circulations of 420,000. The majority of media attention focused on one or two recommendations made by the Youth Team, particularly a recommendation around tobacco use in film and placing a "Restricted" rating on films portraying tobacco use. Other elements included support of the government's plan for a province-wide ban of tobacco use in public places, but encouraged the Ministry to move this forward sooner.
- 2,500 copies of the YTT report were disseminated among secondary schools, youth groups, OTS stakeholders, and government.

Objectives four and five: To implement The Youth Tobacco Team (YTT) for 2003-04 and engage 10 youth from across the province to address tobacco issues that affect youth in Ontario. To develop a regional YTT pilot group in Cornwall, Ontario to raise awareness among local youth of tobacco issues that affect their peers within their region.

Associated Activities

New team members were recruited and an initial meeting was held in Toronto in January of 2004.

Outputs and Outcomes

- As outlined above, a process monitoring protocol was developed to assess the nature and quality of team activities. Data from this monitoring will be available at the end of the teams' term in November 2004.
- The development of the regional team's terms of reference, recruitment strategy and recruitment materials was completed based on the provincial YTT strategy. A selection committee was assembled to recruit members for the local YTT. The committee has representation from public health, education, and the OLA.

Networking

- Consultation with the Heart and Stroke Foundation of Ontario ensured that the youth campaign strategy was aligned with the overall provincial mass media project strategy. HSFO also consulted with the project throughout the media-buying process and allocated just over \$165,000 to OLA to assist with the purchase of media airtime.
- The YTT collaborated with the OTS Teen Vortal project in 2003-04.

- Collaboration with the Expose project of Ottawa Public Health and consultation with several public health units took place in the media campaign; Youth involvement via public health units took place in Dryden, Sault Ste. Marie and Timmins.
- Key members of the YTT were involved in regional bylaw deputations and letter- writing campaigns in several jurisdictions .

Summary

With their third iteration of the Clear the Air campaign, OLA has continued in its efforts to deploy and sharpen a strategy to raise awareness among young people of tobacco issues that affect them and those around them. At the same time, further development of the provincial Youth Tobacco Team, and perhaps most particularly efforts to develop a model for community-based Tobacco Teams, continue to work toward the goal of engaging young people in action for tobacco control. Pending its full implementation, the local Youth Tobacco Team pilot may provide important lessons for similar initiatives in communities across the province.

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OTRU's Assessment of the OLA Youth Initiatives

Project Progress

- a) For the 2003-2004 fiscal year

There is generally good evidence of activity consistent with the stated objectives of the project.

Objective 1: There appears to be pretty high awareness of the campaign and the comparison with London is useful since it appears that the prompting for awareness was similar in both London and the North. But since this is basically a very small experiment where n=2, it would be worthwhile knowing if there were any other significant activities in the communities that might have affected awareness. While this was apparently not assessed last time, it is a consideration for the future.

Objective 2: The results suggest positive change, but the absence of any comparison group makes it impossible to attribute this to the campaign unequivocally. The short period post-campaign provides some reassurance that the attitude change was related to the presentation, but there is the likelihood of considerable social desirability in these responses. The "Winston Man" presentation is likely insufficient to have much impact on permanent attitude or behaviour change. What activities were taking place before and after?

Objective 3: The launch of the YTT report clearly made an impact. It would be interesting to know if this was just temporary as regards the stakeholders or if, as may be the case, the Health Minister's new focus on youth was a partial result of this report. There is some evidence of awareness within the Ministry.

Objectives 4 & 5: With such a small number of youth involved and, it would appear, for a relatively short period, it would be important to understand more about their activities and how they are selected. In the case of the regional team, it would be important to know how the involved youth are perceived by their peers. Are they seen as role models, credible and 'cool', or as lower in peer group social status? Ten youth

from across the province were recruited, and preliminary work was conducted to set up the Cornwall pilot group, although it appears the team has not yet been formed.

- b) Since inception of the project (if applicable and/or possible)

Progress seems slow with respect to the Clear the Air campaign. This is appropriate if the experiences in Ottawa, London, and, now, the North are part of a deliberate and closely monitored effort to fine-tune the intervention before going province-wide. However, if this is the case, there are some important shortcomings in the evaluation design and measures that should be addressed in the current year.

Progress with the YTT, as evidenced mainly by the successful release of the high-profile report, is good – perhaps as good as it can be, given the low numbers involved and the turnover in membership. As mentioned last year: what has been learned from the evaluation that will change what is done in the future? It seems like the same activities are being conducted year after year (though in different jurisdictions), without any compelling evidence that the activities are having any positive impact. It is unclear how the reported activities amounted to \$350K per year. For this amount, one might expect much more to be accomplished under “youth initiatives” other than visiting 11 schools and airing ads in 6 communities., although we understand that mass media campaign development and implementation can be expensive.

Approach to Evaluation

- a) Adequacy of design and measures to produce evidence of efficacy and reach, and ways to improve these, if need be

Objective 1: the telephone survey approach is appropriate for assessing reach (awareness), and would be even more useful with a larger sample. Extending the survey to comparison communities (ones unexposed to this media campaign) would be very feasible and useful for overcoming ‘yay-saying’ and identifying what this campaign adds to other tobacco-control activities. OTRU appreciates the costs of this and a larger sample, but good data are essential before expanding the campaign further. An inexpensive measure, which ought to be part of any awareness campaign, would be to include some plausible but non-existent campaigns in the questionnaire.

Ideally, items from the Ipsos-Reid survey of 300 youth in the northern communities should be reported by smoking status. For example: Was the message more likely to be recalled by smokers or non-smokers? Have the non-smokers noticed less smoking around them since the ads have aired? The small number of smokers (n=45) limits the exploration of these issues -- which argues for a larger survey.

In the objective of raising awareness of issues around ETS, the target group is youth aged 12-19, but only those 14-18 were included in the evaluation. While logistical reasons are given for this discrepancy, it complicates the evaluation.

Additionally, the denominators may make for misleadingly positive results: the 90% who said the ads were credible is apparently based on those who *recalled* the ads, but the real issue is what percentage of *the entire target group* found the ads credible. Since 69% showed aided awareness and >90% of these persons found the ads credible, then something like 62% (69% x 90%) of *all* youth surveyed were aware of the ads *and* found them credible. This is still a positive outcome, but less than the 90% figure suggests.

Objective 2: the pre-post questionnaires on attitudes are the main evaluation of campaign efficacy, and

could be improved immensely at low cost by (i) selecting students from more schools per community, (ii) repeating the measure in 'control' schools, and (iii) repeating the post-presentation survey at a later date (e.g., 6 months) to assess the durability of any attitude change. There is a very strong likelihood of social desirability in reporting less smoking around others, making comparison groups critical.

The evaluation of the Winston Man video does involve some pre- and post-test measures that will allow an examination of change in attitude and behaviour. Unfortunately, the evidence is very strong that the very best we can hope for from isolated activities such as these are changes in knowledge that do not, on their own, lead to change in behaviour, and short term change in attitudes that may not be maintained without continued effort. A major weakness of the reported evaluation data is that these are not analyzed by smoking status. While changing non-smokers' attitudes may be beneficial, the program will not have much public health impact unless it changes smokers' attitudes (and even then, this attitude change is not enough). Again, we need information on what other activities were being held in conjunction with this initiative. It is not clear why the analysis of students' perceptions was singled out as interesting/important. This misperception on the part of youth is well known. Was the program designed to change this perception? (This same issue was raised last year.)

In the objective of influencing knowledge and attitudes, some of the methodology of evaluation is unclear, in particular, how there were 1770 in the pre-test, 1611 in the post-test, but only 924 in both. It seems like a high rate of attrition, and raises the question of whether there was selective bias in the dropping out. Although the changes in attitudes reported were modest, we cannot attribute them to the program without including a control group in the evaluation.

Data on knowledge as an outcome would be desirable.

Objective 3: media tracking is appropriate and efficient for assessing coverage of the YTT report, and the possibility of public awareness. This needs to be supplemented with measures to assess awareness among key stakeholders, such as the MOHLTC. It would be useful to know whether the report was read by staff in the Ministry and the Minister's office. Did the report have any impact on those responsible for policy or program initiatives (e.g. OTS stakeholders, and the MOHLTC?) Are there data from the general public to indicate even an awareness of the report and its recommendations? As mentioned above, the outputs (media coverage) do not directly relate to the objective of increasing awareness of the report recommendations.

Objectives 4 & 5: At this early stage, the measures seem appropriate. As noted above, it is important to know how the regional team is perceived by their peers. Objective 4 could be revised to include a measurable impact (i.e., what impact is expected from the YTT?). Objectives 4 and 5 are really process objectives with nothing substantive to evaluate.

b) Changes in the past year; responses to last year's OTRU assessments, if applicable

The objectives have been restated, but we don't see any response to some of important concerns expressed last year by OTRU, notably:

- OTRU feels a comparison group is highly desirable and finding one is feasible. Otherwise, it will be impossible to identify the unique contribution of this project. While youth in other communities would be exposed to many similar messages, the point of a comparison group is to identify the additional and unique contribution of these YTT activities and the media campaign.
- The data on the difference between actual and estimated levels of adolescent smoking is consistent with much of the literature on youth smoking. How will the program take advantage of this in the future?

- If increasing youth advocacy for tobacco control is an aim of the program, is there any evidence from the northern communities that youth are more engaged?
- Some reported outputs still are not clearly linked to the objectives (e.g., reports of news media coverage for the objective of raising youth awareness of ETS).
- Still no reported collaboration (or attempted collaboration) with other OTS projects focused on youth, the media campaign excepted.

c) Future expectations and directions regarding project evaluation

OTRU would like to see more convincing data with respect to awareness of the campaign and associated attitude and behavior change. The best way to accomplish this would be with some carefully selected comparison communities, larger samples and careful attention to the selection of schools and students who participate in the surveys.

Youth Tobacco Vortal – The Health Communication Unit

Background

- Initiated April 2001 and funded annually since that time.
- Budget in 2003-2004: \$100,000
- Status in 2004-2005: Continuing, budget \$100,000

This project was initiated as an attempt to encourage community-based organizations to develop or enhance tobacco-related websites targeting young people and to provide them a central site of resources to which they could link their own sites. Much of the project effort in 2003-2004 revolved around activities and supports to build the capacity of community-based affiliates to use internet-based resources, and ongoing development and efforts to promote the central SmokeFX website (www.smoke-fx.com) among young people and community practitioners working with young people.

Objectives for 2003-2004

1. To increase the number of visits to SmokeFX website and to increase the time spent on the site by visitors.
2. To increase the number and quality of affiliate websites.

Evaluation Strategies and Methods

Evaluation activities in 2003-2004 included the ongoing development of a project logic model and interviews with key stakeholders from affiliate sites to identify their interest, expectations and resource requirements. The former involved a review of project documentation and OTRU feedback, and led to the clarification of project objectives and the identification of new opportunities and approaches for evaluation in 2004-2005.

Activities and Accomplishments for 2003-2004

Objective one: To increase the number of visits to the SmokeFX website and to increase the time spent on the site by visitors.

Associated Activities

A new promotional plan was developed and implemented which included both online marketing and the distribution of promotional items. The latter were distributed largely to practitioners so that they might pass them along to young people. In addition to this, the SmokeFX site was enhanced in a number of ways in response to input from stakeholders regarding what they believed would be attractive and appealing to the young people with whom they work.

Outputs and Outcomes

- Visits for the four quarters in fiscal year 2003-2004 were 1663, 1326, 2091, 3718 for a total of 8798 visits. There was an overall increase throughout the year and evidence of responsiveness to heightened promotional efforts during the peak times of National Non-smoking Week and March Break. Web traffic data demonstrate a substantial increase in the number of visitors to the site in 2003-2004 over 2002-2003. In fact, the total number of visitors in 2003-2004 represents an increase of 19% over the total number of visitors in the previous 19-month period since the site's

launch. In addition, average length of stay increased from approximately six and a half minutes in 2002-2003, to nearly eight minutes in 2003-2004.

- Promotional materials (flyers & bookmarks) were included in delegate bags and circulated at The Kid's Health Conference held in October of 2003.
- Bookmarks were included in the "1st Aid Kit to Quit" that was distributed to all schools in Halton Region in September of 2003.
- 400 bookmarks were distributed to teachers, high school students and public health workers in the Ottawa area via workshops conducted by the Program Training and Consultation Centre in October and November of 2003.
- Promotional materials (flyers, bookmarks, highlighters) were manufactured in December 2003 and distributed to community-based affiliates from January to March of 2004.
- Banner ads for SmokeFX were placed on the home pages of several Internet service providers during National Non-smoking Week in January 2004 and again during March break 2004.
- Data on the links made between websites suggests there is substantial interplay between the main site (SmokeFX), community-based affiliate sites, and TeenNet/CyberIsle.
- Enhancements to the SmokeFX site developed and implemented in 2003-2004 include the addition of a news pop-up window, new homework and letter-writing sections, and an expansion of the information available on second-hand smoke.

Objective two: To increase the number and quality of affiliate websites.

Associated Activities

As in past years, supports to community-based affiliates were intended to encourage the development of their own websites and to build the capacity to do so effectively. Specific supports included the continued availability of Community Zero, a website where members can access resources, take part in discussions, post events on a calendar, and stay abreast of project activities. In addition, project staff distributed materials to affiliates and conducted group programs to address specific issues that faced affiliates.

Outputs and Outcomes

- Throughout the months of November and December 2003, all affiliates were invited to attend an online web marketing course which included 4 weeks of online courses, moderated chats, text book, etc. The course was attended by approximately 20 people, and involved four chat sessions as well as independent study. Participants reported high satisfaction with the course.
- Web-based newsletters were designed, developed and distributed to project affiliates in October 2003 and February 2004. These provided information and updates on the project, and communicated the project mandates and plans for 2003-2004.
- For affiliates without a website, a diagnostic process was developed to determine the kind of assistance they will require to develop their regional site.
- Project staff continued to respond to requests from affiliates for specific guidance or assistance. Technical support was provided where needed.

Networking

- A representative of the TeenNet project continues to sit on the project advisory committee to assist with site development and promotion issues, and to ensure the sites "cross-promote" in the most useful manner.

Summary

Increases in the number of visitors to the SmokeFX website and increased average length of visits, coupled with the evidence of movement of visitors among the main site, the affiliate sites, and Cyberisle suggests the project has enjoyed some success with respect to its longer-term goal of increasing the interaction that young people in Ontario have with online tobacco control resources.

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OTRU's Assessment of Youth Tobacco Vortal

Project Progress

- a) For the 2003-2004 fiscal year

Developing a needs assessment is commendable (but might have been expected sooner!). It would help us understand progress better to know something of the results.

Objective 1: The increase in the number and duration of SmokeFX visits over the year is very positive. It would be interesting to have the project's analysis of the timing of the increase in relation to the timing of promotion activities.

The web site itself makes use of decent graphics and would appear to be attractive to youth. The web-poll is rather trivial. The use of SSD for second-hand smoke disease might be confusing given other conventions such as SHS and ETS. This potential ambiguity might prevent some visitors from taking this link.

Objective 2: There is a brief description of activities to improve affiliates' websites, but progress here is more difficult to comment on. It would help to have some data on growth in the number of affiliate sites and some idea of how their quality is evolving. The links worked fine and did connect to interesting sites.

- b) Since inception of the project (if applicable and/or possible)

Progress appears to have been satisfactory, given the modest level of support for this project. Progress for the SmokeFX website is more apparent than for the consultation provided to affiliate sites, simply due to the nature of the data that have been reported.

- c) For progress and expectations in relation to other projects of this type (if applicable)

This is a novel project for which there are not well-established standards.

Approach to Evaluation

- a) Adequacy of design and measures to produce evidence of efficacy and reach, and ways to improve these, if need be

Objective 1: website statistics are appropriate, cheap, and objective. A user survey could provide a useful complement to these raw numbers to better understand satisfaction and use.

While the number of visitors has increased over the past year, there is no information given regarding how many of these were in the target group. The website does not ask for any data on those who have visited. (Their one-question “poll” suggests that about half are smokers, which, if accurate, would represent reasonable success).

The conclusion about youth access to on-line tobacco control activity is not justified by the data presented. We do not know how many of those accessing the website were youth, or how many accessed the website multiple times.

Objective 2: it should be possible to document the number of affiliates (the same 13 as last year?) and provide some statistics on the traffic among them and with them. Assessing their quality is more complex, but average length of visit, or some other such measure, could be used as an indicator of visitor interest and satisfaction.

- b) Changes in the past year; responses to last year’s OTRU assessments, if applicable

One basic concern from last year is still relevant: “The evaluation needs to explore ways to more clearly document the impacts of project activities among health intermediaries and youth and to demonstrate the value added to affiliate sites that may be attributable to project efforts.”

- c) Future expectations and directions regarding project evaluation

OTRU’s hope and expectation would be to see some more (quantitative) indicators of project impact with regard to objective 2, and not simply a catalogue of relevant activities.

We hope that the youth groups can jointly fund a survey or other valid data collection to begin to answer the questions to determine what fraction of the target population (e.g. youth or those who work with youth) have accessed the websites, and whether these websites have made a difference to their programming efforts.

The project also reports some success in linking community groups to improve their own websites. However, this evaluation reports only activity and not an evaluation of the quality of the websites before and after the intervention. We strongly suggest that groups consider gathering and reporting data in a way that makes it clearer whether their initiatives are having impact.

B2. PROVIDING ASSISTANCE TO SMOKERS

Smokers' Helpline – Canadian Cancer Society, Ontario Division

Background

- Initiated Fall 1999 and funded annually since that time.
- Budget in 2003-2004: \$1,370,000
- Status in 2004-2005: Continuing, budget \$1,370,000

Begun in April of 2000, this project offers a toll-free telephone helpline to provide smoking cessation assistance and support to adult smokers, regardless of their current stage of change, as well as to those who may influence them, such as family members and friends. Helpline counselors react to callers' requests for assistance with self-help materials, support, information and referrals and can provide proactive follow-up calls to support clients' cessation efforts. The project's longer-term objectives include a desire to improve access to cessation assistance for Ontario smokers and to assist Ontarians who smoke to quit and/or to make progress toward quitting.^a

Additional Funding/Contributions

- \$114,156 was received from other CCS divisions to share and/or provide service elements.
- \$29,032 was received from the Centre for Behavioural Research and Program Evaluation to support evaluation activities including coordination with other provinces, analyst-programmer staffing, and participation in the Canadian Network of Smokers' Helplines and the North American Consortium of Quitlines.
- Approximately \$145,000 in services was received from Ontario Division of CCS to enhance the promotion budget. Also, the Society contributes significant resources in-kind through its human resources department and leadership staff time, as well as discounts on rent and equipment leases.

Objectives for 2003-2004

1. To increase service utilization to 13,000 incoming or reactive calls and 5,000 outgoing or proactive calls.
2. To achieve service reach that is demographically representative of the Ontario population.
3. To maintain high service quality ratings.
4. To contribute to smoking behaviour change with callers either quitting or progressing towards quitting.

Evaluation Strategies and Methods

Progress toward objectives 1 and 2 above is assessed through the analysis of the Helpline's centralized database. When a caller contacts the Helpline, the telephone counselor obtains information on type of caller (first-time caller, repeat caller, etc.), reason for calling, how clients heard about the Helpline, demographic characteristics, smoking history and current smoking behaviour. This information is entered directly into the database as the call proceeds.

Information on callers' perceptions of the quality of the service they received (objective 3) is gathered via a 30-day follow-up telephone interview. Further discussion of the evaluation methods is presented below. Interview items

^a Helpline staff provide similar services to smokers in several other provinces, on a contract basis. This description and evaluation concerns solely the Ontario situation, however.

consider perceptions and experiences regarding accessibility of the service, the Helpline counselor's knowledge and manner, use of and reactions to printed materials received, and client satisfaction.

Progress toward objective 4 (i.e., measures of the outcomes of service delivery) is gathered via 30-day and six-month telephone surveys that assess quit rates and progress toward quitting among Helpline callers. At the time of their initial call, callers are asked if they would be willing to participate in the project's evaluation. Those who agree are randomly assigned to participate in either the 30-day or the six-month follow-up. Sampling fractions are applied to achieve an annual sample of 400 completed 30-day evaluations and 900 completed six-month evaluations. Outcome measures include actions taken toward quitting since the initial Helpline call, and cessation rates. The latter are measured using seven-day point prevalence, 30-day point prevalence and 6-month prolonged abstinence.

Evaluation work for the project, including the conduct of follow-up interviews, was completed by the Centre for Behavioral Research and Program Evaluation (CBRPE).

Activities and Accomplishments for 2003-2004

Objectives one and two: To increase service utilization to 13,000 incoming or reactive calls (from approximately 9,200 the previous year) and 5,000 outgoing or proactive calls. To achieve service reach that is representative of the Ontario population.

Associated Activities

Database records were completed by counselors for each call received as well as for outgoing proactive or follow-up calls. In 2003-2004, promotional efforts continued to expand the reach of the project and to target groups and individuals who might refer smokers to the Helpline. These included health care providers, community organizations, workplaces and universities, and public health units. In addition, effort was directed toward the development of services to target smokers who are pregnant, planning pregnancy, or are post-partum.

Outputs and Outcomes

- Total incoming call volume during this period was 8010, down 13% from 2002-2003 (9196). Of these, 6673 (83%) calls were 'regular' service calls. Of these 6673 calls, 4578 (69%) were from first-time callers (3588 called for themselves, 627 for someone else, and 350 called from another institution). The remaining 2095 regular incoming calls were from repeat callers. In total there were 688 repeat callers making an average of three repeat calls each to the Helpline.
- Among clients calling for themselves, 71% were smokers and 28% were quitters. Among clients calling for someone else, 49% were nonsmokers and 40% were quitters. The majority of callers calling for themselves were in the preparation and action stages of change (87%).
- When regular, first-time callers were asked how they heard about the Helpline the most common response was they heard of it through a newspaper (24%) or a telephone directory (18%). Only 5% of callers said they had heard of the service from their physician, 6% said they had learned of it on the Internet, 7% said television, and 8% said a family member or friend.
- Helpline counselors placed 2758 outgoing follow-up support calls to smokers in preparation and action stages of change.
- Overall, the Helpline reached 0.16% of smokers in the province in 2003-2004.
- Reach is consistent across the province, although the more heavily populated regions of Toronto, Central-West and Central-East Ontario are somewhat under-represented among callers.

- Among first-time regular callers calling for themselves or someone else, 59% were female and 41% were male. In the previous year, 61% of callers were female and 39% were male. Females remain somewhat over-represented among callers in comparison to the total population of Ontario smokers where 45% are female and 55% are male.
- Nearly half of first-time regular callers calling for themselves (48%) were between the ages of 30 and 49 years. Another 21% were between 50 and 59 years of age. Only 16% of callers were younger than 30 years of age.
- Almost 99% of all callers to the Helpline spoke English. The remainder spoke French or both English and French.
- Just less than half of all first-time regular callers calling for themselves (43%) reported having post-secondary education. Thirty seven percent reported having completed high school while the remaining 20% reported having completed less than high school.

Objective three: To maintain high service quality ratings.

Associated Activities

In 2003-2004, efforts continued to enhance staff training procedures and materials to ensure the maintenance of high quality service delivery. Operational priorities included the integration of evaluation protocols into program design and delivery such that improvements and enhancements to service delivery can be undertaken on an ongoing basis.

Outputs and Outcomes

- Fifty-six percent of the 3588 callers eligible to participate in evaluation in 2003-2004 (i.e., first-time, regular callers, calling for themselves) agreed to participate. Of these, 503 were randomly assigned to be involved in the 30-day follow-up and 364 were actually surveyed. As outlined above, telephone interviews included items related to callers' perceptions of service accessibility, counselor knowledge and manner, general client satisfaction, and the quality and usefulness of printed materials received.
- The majority of callers surveyed at the 30-day follow-up (96%) were happy with the response time of the Helpline and felt the hours of the Helpline were convenient to their needs (82%). Of those who left a message, 80% felt their call was returned in a reasonable amount of time.
- Helpline counselors received high ratings from callers in the 30-day evaluation. Respondents found staff to be knowledgeable (93%), supportive (96%), and nonjudgmental (95%). They also felt that the counselors were able to understand (95%) and respond (95%) to their concerns. Both men and women responded favourably to the counselors.
- Most callers surveyed in the 30-day follow-up (89%) requested or were promised printed materials during their call. Eighty-five percent of the 30-day survey participants had read the materials and, of these, 93% found the materials to be highly useful. Ninety-three percent of 30-day participants indicated the information in the materials reinforced what they already knew, while 64% reported that it helped them learn something new. Four out of ten respondents reported that the materials actually helped them quit smoking. Though fewer men read the materials, men were more likely than women to report learning something new (73% vs. 59%) at 30-day follow-up.
- The majority of callers in the 30-day survey (69%) reported that almost all or most of their needs were met by the Helpline.

^b Calculated from: Monitoring and Evaluation Update. Smoking in Ontario, 2003: An Update. Ontario Tobacco Research Unit, June 2004.

- When asked about their overall level of satisfaction with the service, 90% of 30-day participants responded they were very or mostly satisfied. Ninety percent of the 30-day survey participants would call the service again and 94% would recommend the service to a friend or family member. Participants who accepted proactive service (i.e., follow-up calls from counselors) were slightly more satisfied than those who did not.

Objective four: To contribute to smoking behaviour change with callers either quitting or progressing towards quitting.

Associated Activities

As suggested above, in 2003-2004 Helpline counselors fielded 6673 regular incoming service calls and placed 2758 outgoing follow-up support calls. Ninety percent of regular service callers requested or were offered printed materials to help with their efforts to quit.

Outputs and Outcomes

- Fifty-six percent of the 3588 callers eligible to participate in evaluation in 2003-2004 (i.e., first-time, regular callers, calling for themselves) agreed to participate. Of these, 503 were randomly assigned to be involved in the 30-day follow-up and 364 were actually surveyed. Another 1511 were assigned to participate in the six-month follow-up and 818 were surveyed. Callers were surveyed at follow-up regarding actions they had taken to quit or alter their smoking behaviour since their initial call to the Helpline. Quit rates were calculated using 7-day and 30-day point prevalence quit rates, and six month prolonged abstinence for those callers in the six-month follow-up.^c Analyses indicate that those surveyed at follow-up were representative of the larger population of those eligible to participate in the evaluation and did not differ significantly on demographic or smoking behaviour dimensions.
- Eighty-eight percent of six-month participants took some form of action as a result of their call to the Helpline; they either set a quit date, reduced the amount they smoked, or made a serious quit attempt (i.e., one lasting more than 24 hours). In the 30-day follow-up, 83% of participants had taken action. A higher proportion of those who accepted proactive service calls indicated they took action after their call (92% in six months, 87% in 30 days).
- Quit dates were set by 49% of people in the 30-day evaluation and 57% of the six-month participants after their call to the Helpline. Fifty percent of 30-day participants and 63% of those in the six-month evaluation reported having made a serious quit attempt as a result of their call to the Helpline. On average, the 6-month participants who did not successfully quit went 27 days without smoking (men lasted an average of 31.6 days and women 24.3 days).
- Sixty-eight percent of those surveyed at 30-days and 71% of six-month evaluation respondents indicated they had cut-down on the amount they smoke since their call. The number of cigarettes smoked per day decreased from 19.8 to 15.0 among the 30-day participants and from 19.4 to 17.1 among the 6-month participants.

^c Definitions provided are as follows:

Seven-day point prevalence: at the time of the follow-up call, participants who did not smoke in the last 7 days were defined as quitters.

Thirty-day point prevalence: at the time of the follow-up call, participants who did not smoke in the last 30-days were defined as quitters.

Six-month prolonged abstinence: participants who did not do either of the following were classified as having quit for this measure: (1) smoked on seven consecutive days, or (2) smoked on at least one day a week during two consecutive weeks since their call to the Helpline.

- The table below shows quit rates at seven days, 30 days, and six months for all smokers and for those in preparation or action stage of change.

Quit rates at	All smokers (%)	In preparation or action stage when first call made (%)
7 days	13.1	14.0
30 days	11.2	12.1
6 months	7.4	7.9
6 months 2002-03	10.2	11.4

- Seven-day and 30-day point prevalence is lower for those who were eligible and agreed to receive proactive follow-up calls from counselors, while the six-month prolonged abstinence of this group is higher than those who were offered, but declined proactive service (7.3% vs. 5.7%).

Networking

- Project staff have participated in the Ontario Tobacco Strategy Steering Committee, as well as its Cessation and Mass Media Subcommittees. Activities have included knowledge sharing and the development of Strategy priorities.
- The project has continued to participate in Clinical Tobacco Intervention project's community-based training events for health care professionals. This coordination of efforts allows the Helpline increased exposure within the clinical practice setting and provides practitioners a referral option for their patients who smoke.
- Project staff continue to participate in the PREGNETS steering committee. This cooperative effort has allowed the project to share knowledge and participate in priorities and activities of the committee and receive expertise and training to enhance the Helpline's service for pregnant and post-partum women.
- In a cooperative effort, Leave the Pack Behind promotes the Helpline as a source of cessation support for post-secondary students while the Helpline has assisted Leave the Pack Behind with staff training.
- The Helpline continues to liaise with, and make program materials available to, Public Health Units to encourage mutual awareness and referrals.
- By mutually maintaining awareness of each others' activities, the Helpline and the Ontario Tobacco-Free Network seek opportunities to increase stakeholder understanding of the Helpline and promote it as a way to help people who may be exploring quitting as a result of the implementation of smoking limitations.
- The Helpline logo appeared on Quit Smoking Contest 2004 promotional materials and the project provided its brochures to be sent to each registrant.
- By participating in research activities in collaboration with the University of Waterloo, Smokers' Helpline benefits from having its intervention protocols studied by researchers in a practical setting and makes program decisions based on their findings. In 2003-04, the Helpline participated with the university in a study funded by the Heart and Stroke Foundation of Ontario to test various types of newspaper ads.
- Project staff participate as active members of the Canadian Network of Smokers' Helplines and the North American Consortium of Quitlines. Participation in the development of a Canadian Network of Quitlines has proven to be an important part of building an infrastructure for quitline development and sustainability. Participation in the North American Quitline Consortium was an unanticipated opportunity that has allowed Smokers' Helpline to benefit by learning about, and contributing to, the newly developing body of evidence for establishing minimum data sets for quitlines.

Summary

While there has been some decline in the total number of calls received by the Helpline in 2003-2004, there is evidence that service quality remains high and callers continue to report acceptable levels of success in changing their smoking behaviour over the follow-up period. There is also some evidence that the addition of proactive follow-up support may enhance the long-term outcomes for callers. Continued efforts to promote the Helpline to health care professionals and others who may be in a position to refer aspiring quitters will remain important.

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OTRU's Assessment of the Smokers' Helpline

Project Progress

- a) For the 2003-2004 fiscal year

Objective 1: Instead of increasing call volume the hoped-for 41% from the previous year, it actually fell 13%. The reason for this reduced demand is not clear, but presumably, it has more to do with low visibility of the Helpline than with declining need. While the relative importance of various sources of information about the SHL is similar to the previous year, there is not enough information provided on promotion to judge whether the volume of these activities declined significantly in 2003-04.

Overall, the Helpline reached 0.16% of smokers in the province. Strategies need to be developed, implemented and evaluated to increase reach.

Objective 2: Women smokers remain over-represented among SHL callers. The SHL may wish to consider whether this gender imbalance can be addressed through revised promotion methods.

Objective 3: The Helpline continues to provide excellent customer satisfaction. Quality ratings are high. This is clear not only from the follow-up interview data, but also from the volume of repeat calls.

Objective 4: Six-month quit rates fell in the past year from one year earlier, and are at about the same level as a major California trial.^d The reasons for this decline are not clear, but it may be that the rates of 2002-03 were too high to be sustained indefinitely, at least without some major modifications to the intervention, such as Oregon's more intensive counseling and free nicotine replacement.^e

- b) Since inception of the project (if applicable and/or possible)

Call volume grew slowly but steadily during the first three years of the project, before falling last year. Promotion of the service thus requires immediate and imaginative measures. Reaching only 0.2% of smokers severely limits the projects' public health impact (efficacy x reach).

^d Zhu SH, Anderson CM, Tedeschi GJ et al. Evidence of real world effectiveness of a telephone quitline for smokers. *New England Journal of Medicine* 2002 Oct 3;347(14):1087-93.

^e Hollis J, Fellows J, Aickin M, et al. Efficacy of six state-level telephone Quitline interventions. Presented to the Society for Research on Nicotine and Tobacco, February 2004.

Quit rates are down from 2002-03, and it is too soon to know what the long-term averages will be.

- c) For progress and expectations in relation to other projects of this type (if applicable)

The SHL 'net' rate (excess over spontaneous rate) last year was quite similar to the rate of 2.2 – 3.4% reported for California -- in the only randomized trial on quitlines published to date (Zhu et al., 2002). Although the Helpline's quit rates are only modestly above the 5% that might be expected spontaneously, there is still sufficient economic gain from the decreased smoking to justify the program.^f

At the current levels of participation and cessation, the public health impact (efficacy x reach) will be limited, and the contribution to reducing adult smoking in Ontario will be modest. If reach were substantially increased, to, say, 1% of Ontario smokers, health-care and productivity savings would increase five-fold.ⁱ

There may be more prospect for increasing the reach of the project than boosting efficacy, as more mature quitlines in the USA reach about 1.5% of smokers. As noted above, this speaks to the need to increase promotion, imaginatively and substantially. If every package of cigarettes carried the toll-free number for the Helpline, this would be a large step in the right direction.

Approach to Evaluation

- a) Adequacy of design and measures to produce evidence of efficacy and reach, and ways to improve these, if need be.

The means used to measure progress toward the first three objectives are generally satisfactory.

To assess success with respect to quit rates, it would be useful to indicate the expected "spontaneous" (non-aided) quit rates for 7 days, 30 days and 6 months.

On the more complex question of quit rates, we are pleased to note the participation of SHL evaluators in the North American Consortium, and the publication of findings from other quitlines employing randomization and control groups.

- b) Changes in the past year; responses to last year's OTRU assessments, if applicable

We have no outstanding concerns from last year with respect to the approach taken to evaluation.

OTRU did note a concern with promotion last year, and suggested that additional resources were needed to increase call volume. In the absence of new resources, more imagination may be needed.

'Piggybacking' on promotion for Quit and Win was appropriate, but necessarily of limited impact since that project was time-limited. Similarly, it is appropriate to work with CTI and to inform physicians of the Helpline's existence, but the penetration of the CTI is too modest to expect this to significantly increase call volume. Collaboration with the media campaign was apparently explored, but not encouraged.

As indicated in OTRU's assessment last year, thought and resources should be put into promotion to increase call volume and response. It looks like some activity was taken in this area, but call volume declined rather than increased.

^f Stephens T, Campbell S, Ghent A. A cost-benefit analysis of smokers' helplines. Presentation to the Ontario Public Health Association annual conference, Toronto, November 2004.

We understand that the use of comparison groups for evaluating helplines has been considered by the North America Consortium and found not to be practical. However, there has been at least one randomized trial of a helpline, which is very useful for understanding efficacy.

While there are no data on changes over time in client response, we understand that this will be added to next year's report.

c) Future expectations and directions regarding project evaluation

OTRU feels that the most significant issue is for the quitline to delve into the reasons for the decline in calls and quit rates. We hope that continued dialogue with other quitlines and evaluators will help shed some light on these fundamental issues.

At the same time, there could be some fruitful inquiry into the reasons for the apparently greater appeal of the quitline to women and northern residents. While the greater participation of women is consistent with the experience of other helplines, it may be important to know why men do not find this service as appealing. After all, they are more than half of all smokers.

Leave The Pack Behind – Brock University

Description and assessment for this project will be added at a later date.

B3. BUILDING INFRASTRUCTURE

Aboriginal Tobacco Strategy – Aboriginal Cancer Care Unit, Cancer Care Ontario

Background

- Initiated April 2001 and funded annually since that time.
- Budget in 2003-2004: \$250,000
- Status in 2004-2005: Continuing, budget \$250,000

Under the guidance of a Provincial Steering Committee comprised of community leaders, young people, elders, and community health workers, this project takes a community-based approach to increasing the capacity of Aboriginal communities to reduce the harmful effects of commercial tobacco use and exposure to commercial tobacco smoke.

Additional Funding/Contributions

- Project staff report having received in-kind contributions from Cancer Care Ontario in the form of office space, work facilities, and equipment.

Objectives for 2003-2004

- To engage Aboriginal leadership and youth in tobacco control.
- To promote community mobilization for tobacco control.
- To increase awareness and community readiness for tobacco control.
- To build capacity in Aboriginal communities for tobacco control.

Evaluation Strategies and Methods

Project staff report that as of March 31, 2004 the Aboriginal Tobacco Strategy was undergoing a comprehensive progress review. Progress in key elements of the strategy will be assessed via interviews with community project leaders and focus groups with participants as well as process measures of project activities in pilot communities. In addition, it is suggested that interviews with Steering Committee members and community leaders will help to steer the course of the project in the coming years. At the end of the year, a contract was in place to implement the existing evaluation framework during 2004-05.

Activities and Accomplishments for 2003-2004

Objectives one through four: To engage Aboriginal leadership and youth in tobacco control. To promote community mobilization for tobacco control. To increase awareness and community readiness for tobacco control. To build capacity in Aboriginal communities for tobacco control. (Note that project staff report all activities and accomplishments as having relevance to all project objectives.)

Associated Activities

Project activities for 2003-2004 included the identification and/or development and dissemination of culturally appropriate resources to Aboriginal communities, sponsorship and

technical support of community-based pilot projects, and the development of infrastructure to encourage and coordinate action on commercial tobacco use in Aboriginal communities across the province.

Outputs and Outcomes

- Pilot projects in four Aboriginal communities enlisted community-based leadership to plan and implement initiatives targeting both adults and young people in the areas of protection, prevention and cessation.
- A television-based Public Service Announcement (PSA) was developed to increase awareness of the hazards of commercial tobacco use, to support behavior change to quit smoking, to reduce children's exposure to second-hand smoke and to encourage the development and enforcement of community by-laws.
- An Aboriginal Tobacco Strategy Newsletter was created and disseminated to Aboriginal organizations and communities across Ontario. The newsletter created an opportunity to meet with representatives of the Diversity Branch of the Canadian Cancer Society to begin discussion of a potential collaborative relationship to develop appropriate resources for Aboriginal communities.
- The project sponsored the development and publication of a smoking prevention booklet for young mothers.
- Sacred Smoke Support Program, an Aboriginal smoking-cessation initiative, was piloted in one Aboriginal community.
- Certified Native American Basic Tobacco Intervention Skills Training Instructors provided cessation training to Aboriginal participants. This initiative led to the identification of the potential for a province-wide training initiative to be developed in collaboration with First Nations and Inuit Health Branch of Health Canada.
- The Aboriginal Tobacco Strategy was promoted at events in Aboriginal communities.

Networking

- Project staff collaborated with the First Nations and Inuit Health Branch of Health Canada and with the University of Arizona Health Sciences Center. The result was a plan to deliver training in intervention (Native American Basic Tobacco Intervention Skills Training) and treatment to Aboriginal community health workers in 2004-2005, along with plans for training trainers.
- Initial discussions have taken place with representatives of the Canadian Cancer Society regarding the possibility of a collaborative partnership on the development and dissemination of cancer prevention materials for Aboriginal communities.
- Project staff have collaborated with the National Association of Friendship Centres to gather baseline statistics on Aboriginal people and tobacco use.

Summary

This project continues to work toward the development of a comprehensive strategy to build the capacity in Aboriginal communities to react effectively to the problem of commercial tobacco use. When the project began, there was little guidance regarding the types of initiatives and resources that would work well in these communities. The project has begun to build on that knowledge and has started to form the platform from which Aboriginal communities can construct the types of initiatives that will address their particular needs and circumstances as they work toward the goal of reducing the harmful effects of commercial tobacco use.

OTRU's Assessment of the Aboriginal Tobacco Strategy

Project Progress

- a) For the 2003-2004 fiscal year

There has been more progress on the development of infrastructure and materials, and this is a necessary first step. A few questions occur to us: Is it realistic that the PSA serve so many different tobacco-control purposes? As described, it is very ambitious. We wonder about the outcome of the four community-based pilot projects targeting Aboriginal youth and adults in Feb-Mar 2003, and look forward to the results expected during the current year.

Progress over the past year fulfills the objectives for the year, namely to engage aboriginals in tobacco control, promote community mobilization, increase awareness and community readiness and build capacity. The project is described in detail and includes an array of relevant projects and activities.

However, it is difficult to assess progress as no process or outcome evaluation data have yet been reported. We understand that many activities are being evaluated during the current year and that the overall progress of the strategy is being assessed by a contractor.

- b) Since inception of the project (if applicable and/or possible)

The project seems to be making good progress, in terms of their objectives.

Development of the PSA was reported last year. OTRU is curious about its distribution and looks forward to information about both the efficacy and the reach of the PSA. Evaluation is underway but evaluation data were not yet available by March 2004.

- c) For progress and expectations in relation to other projects of this type (if applicable)

We wonder whether the ATS objectives are not too broad and ambitious for the small budget and the scattered nature of the target population.

Approach to Evaluation

- a) Adequacy of design and measures to produce evidence of efficacy and reach, and ways to improve these, if need be

OTRU wonders if the objectives are truly distinct, since all activities and accomplishments are presented as relevant to all project objectives. A clearer distinction between overall project objectives and specific fiscal objectives is advisable. Evaluation – and more importantly, progress – might come more easily if the objectives were distinct and a logic model linked activities to outcomes.

An evaluation framework was identified in 2002/2003 that included the 5 main objectives of ATS as well as the self identified community based pilot project objectives. The Progress Report for the period 2001-2003 will measure the 5 main objectives of the ATS - 1. To engage leadership 2. To engage youth 3. To mobilize communities. 4. To build community capacity. 5. To promote community readiness as well as the objectives of each of the pilot projects.

b) Changes in the past year; responses to last year's OTRU assessments, if applicable

In 2002-2003 ATS created a document that identified potential linkages. However, due to a shortage of resources (mainly human) and the need to prioritize workload, there has not been a strategic follow-up on the possibilities identified.

c) Future expectations and directions regarding project evaluation

We look forward to seeing plans to assess the efficacy and reach of the Sacred Smoke Support Program. We hope these evaluation plans will be implemented early in the current year, if they have not already begun, and suggest they include the prevention booklet.

There needs to be a more detailed plan for evaluation that includes specific outcome measures. Perhaps this has been done in the context of the progress review, but no information was presented.

Better Practices/Special Populations Outreach – Program Training and Consultation Centre

Background

- Initiated April 2001 and funded annually since that time.
- Budget in 2003-2004: \$200,000
- Status in 2004-2005: Continuing, budget \$200,000

As was the case in the previous fiscal year, in 2003-2004 this project involved two distinct initiatives. In the first, efforts continued to refine and apply a protocol to identify tobacco control resources and programs that represent better practices. The review protocol gives consideration to a number of dimensions of existing resources and programs including the nature and quality of evaluative methods that may have been used to assess outcomes, the measured outcomes achieved, and the plausibility that a resource or program will contribute to tobacco control objectives. Much of the effort in 2003-2004 also turned toward the development of web-based mechanisms for the dissemination of better practices. The long-term objective of this initiative is to enhance the capacity of community-based tobacco control practitioners by facilitating the uptake and implementation of better practices.

The second initiative, begun in 2002-2003, involved the continued development and/or adaptation of materials, resources, and training opportunities to meet the needs of tobacco control practitioners working within Francophone populations and/or with residents of Northern Ontario. The long-term objective of this initiative is to increase the capacity of these practitioners to plan, implement, and evaluate community-based tobacco control activities.

Objectives for 2003-2004

Better Practices Identification and Dissemination

1. To develop an online Toolkit and searchable database of recommended and promising interventions.
2. To increase community interest in the Toolkit as a tool to help with planning.
3. To identify at least eight new resources or programs worthy of inclusion in the Toolkit.
4. To review and fine-tune the better practices identification criteria and process.

Special Populations Outreach

5. To provide consultation services in French to at least 75 tobacco control practitioners.
6. To provide skill-building opportunities in French to tobacco control practitioners.
7. To provide networking opportunities for Francophone tobacco control practitioners.
8. To increase PTCC's capacity to provide high quality service to Francophones and practitioners in northern communities on a range of tobacco control issues.
9. To increase the quality and availability of French-language services across the Ontario Health Promotion Resource System.

Evaluation Strategies and Methods

Initial evaluation of the Better Practices website involved pilot testing the site with a small sample of tobacco control practitioners and PTCC staff. Prior to its launch in September 2003, changes were made to the site based on the feedback received from pilot participants. In addition, the website developer established evaluation metrics for the ongoing monitoring and analysis of traffic. Most recently, the specific objectives of the online Toolkit were

developed and formalized and an online evaluation form was developed and posted to the website to document patterns of use and satisfaction with the site. Data from this form will be available on an ongoing basis starting in 2004-2005 and will be used to tailor the website and the toolkit to maximize usability and uptake. Data from all these sources will help to document progress toward Objectives 1 and 2 of the Better Practices initiative. Progress toward Objectives 3 and 4 of this initiative was documented using internal process monitoring.

Evaluation of progress toward the objectives of the Special Population Outreach initiative made use of project activity reports, participant/intermediary evaluation forms, and informal focus groups.

Activities and Accomplishments for 2003-2004

Objective one: To develop an online Toolkit and searchable database of recommended and promising interventions.

Associated Activities

Four “recommended” and 16 “promising” practices have emerged through project efforts to date. Materials outlining and describing these practices, along with comments received from expert reviewers were assembled into a Toolkit. A website developer was contracted to create the Toolkit website and a searchable database of identified better practices.

Outputs and Outcomes

- The Toolkit website was launched in September 2003 at www.ptcc-cfc.on.ca/bpt/bpt.cfm. For each project included in the Toolkit there is a short implementation summary, a detailed project report outlining the project’s description and original implementation, reviewer’s comments and ratings, and links to resources and materials that had been developed as part of the project.

Objective two: To increase community interest in the Toolkit as a tool to help with planning.

Associated Activities

On September 4, 2003, email letters were sent to project contacts, PTCC’s Health Unit contacts, OTRUnet, Media Network, and the Heart Health Listserv to promote the website and direct practitioners to explore and use the site. In addition, an article was written and published on the OHPE Bulletin on September 5, 2003.

Outputs and Outcomes

- In its first month of operation, the website attracted 1,198 visitors. Individual pages on the site attracted 1,942 hits, suggesting that many visitors explored beyond the sites home page. By March 2004, this had risen to 2,015 visitors, with individual pages on the site attracting 3,087 hits. The table below shows the number of visitors and total page hits for each month from September 2003 to March 2004.

# Visitors	# Visitors	# Pages
Sept. 03 (Launch)	1,198	1,942
Oct. 03	913	1,461
Nov. 03	783	1,146
Dec. 03	1,481	2,421
Jan. 04	1,745	3,274
Feb. 04	1,525	2,577
Mar. 04	2,015	3,087

Objective three: To identify at least eight new resources or programs worthy of inclusion in the Toolkit.

Associated Activities

Project staff identified programs and resources to consider for review and possible dissemination. Internal team meetings were held to discuss the list of programs/resources and make initial decisions regarding those that should be reviewed. Program/resource contacts were approached to obtain their consent to be included in the review process and to provide project/resource materials.

Outputs and Outcomes

- An initial list of five province -wide OTS renewal projects and eight cessation and pregnancy resources were identified for possible review. All provided consent, and three OTS projects and six cessation and pregnancy resources went forward for review.

Objective four: To review and fine-tune the better practices identification criteria and process.

Associated Activities

Project staff reviewed CTCRI reports on better practices as well as documentation from other projects related to best or better practices. In addition, a review of the definitions and criteria employed in the review process was undertaken and input was sought from expert reviewers whom had been involved in the process in the past.

Outputs and Outcomes

- The effectiveness worksheet used in the review process was expanded to allow expert reviewers the opportunity to provide more comments.
- The definitions and plausibility criteria used in the worksheet were amended to reflect input received.

Objectives five, six, and seven: To provide consultation services in French to at least 75 tobacco control practitioners. To provide skill building opportunities in French to tobacco control practitioners. To provide networking opportunities for Francophone tobacco control practitioners.

Associated Activities

Consultations begun in 2001-2002 to identify the needs of francophones and residents of Northern Ontario provided the basis for the development and/or adaptation of training resources and materials to build the capacity of intermediaries working with these groups. In 2003-2004, consultation services were made available to intermediary organizations, primarily as problem solving interventions for those planning tobacco control initiatives. Where applicable, consultations were available either by phone or in person. The latter represent more extensive “guided process” consultations that require a project consultant to meet directly with staff from the client organization. In addition, French-language workshop were made available to meet the learning objectives of intermediaries with respect to specific tobacco control issues. Finally, activities were undertaken to facilitate the strengthening of network ties among francophone tobacco control practitioners.

Outputs and Outcomes

- In 2003-2004, 29 remote consultations (i.e., telephone) and four on-site consultations were completed. One of the on-site consultation projects led directly to the development of a pilot project to adapt and implement a community-based smoking cessation program for gay men. In total, 14 smokers participated in the 8-week program. Of these, 10 were not smoking at the end of the program, four of whom were not smoking at one-month follow-up. This pilot project led to pursuing and obtaining special project funding from Health Canada to further investigate smoking cessation approaches for the GLBT community.
- Four workshops conducted by project staff had a major French language component, or were conducted entirely in French. The first was held May 1, 2003 in Ottawa to train intermediaries to deliver smoking cessation support. Post-workshop evaluations revealed average ratings of 4.8 out of 5 with respect to participants perceptions of the quality of the presentation, and 4.9 out of 5 with respect to their perceptions of the potential usefulness of the workshop. In addition, 4 of the 13 workshop participants reported providing smoking cessation supports in the community after the workshop.
- Seven people attended a workshop addressing issues related to environmental tobacco smoke October 7, 2003 in New Liskeard. Evaluation ratings are not available for this event.
- Two workshops on youth advocacy were conducted in Ottawa, the first on October 30, 2003, and the second on February 19, 2004. Fifteen people attended the Oct 30 workshop. Average ratings were 4.7 out of 5 for perceived quality and 4.7 out of 5 for perceived usefulness. Twenty-three people attended the February 19 workshop. Post-workshop evaluations are not available for this event.

- Plans were developed for a networking breakfast for francophone tobacco control practitioners to be held in conjunction with the Ontario Tobacco Control Conference scheduled for May of 2004.

Objectives eight and nine: To increase PTCC's capacity to provide high quality service to Francophones and practitioners in northern communities on a range of tobacco control issues. To increase the quality and availability of French-language services across the Ontario Health Promotion Resource System.

Associated Activities

In an effort to promote the sustainability of the Special Populations Outreach project, steps were taken to incorporate the lessons, resources and developments that have emerged into the core activities of the PTCC as an Ontario Health Promotion Resource Centre. In addition, project staff have participated in the French Language Services Committee of OHPRS, OHPRS Forums, and the OHPRS Evaluation and Needs Assessment Committee in efforts to address the issues of French-language services across the Ontario Health Promotion Resource System.

Outputs and Outcomes

- Seven of the 29 consultants on PTCC's roster are bilingual and can provide services in French.
- One PTCC staff person has participated in the University of Massachusetts's Tobacco Treatment Specialist Certification Program.
- Five PTCC resources have been adapted and translated into French.
- PTCC has recently added a French language section to its website.
- Two additional French language on-site consultations were completed in New Liskeard and Timiskaming.

Networking

- Project staff have maintained a cooperative relationship with CTCRI's Better Practices Project to ensure the design of processes and criteria that are compatible. Nonetheless, the two projects are not duplicative, as the CTCRI project moves from a research perspective and draws practice implications, while PTCC's project moves from the perspective of practice and applies "effectiveness" and "plausibility" criteria to gauge the potential replicability of initiatives.
- Project staff have cooperated with the Ontario Heart Health Resource Centre in sharing relevant literature, resources, and learnings from each other's projects. The Heart Health Resource Centre is currently modeling the development of their own toolkits in heart health and diabetes after PTCC's Toolkit of Better Practices in Tobacco Control.
- Collaborated with OTRU on the development and refinement of review processes and criteria for projects nominated to undergo the better practices assessment. OTRU Investigators have served as reviewers for project assessments.
- As suggested above, project staff have made efforts to coordinate project activities with the activities of the Ontario Health Promotion Resource System.
- Project staff have nurtured and maintain a cooperative relationship with project leads from those OTS and non-OTS projects that have undergone the review process.
- Project staff participated in a graduate level course on Knowledge Exchange in Population Health.

Summary

Both elements of this project continue to make progress toward longer-term objectives and continue to contribute to the development of infrastructure and resources that promise to assist community-based tobacco control practitioners. Efforts in 2003-2004 continue to expand the better practices Toolkit, and facilitate its dissemination through the development of searchable web-based technology. Efforts within the Special Populations Outreach initiative have continued to provide resources to intermediaries who serve the needs of francophones and residents of Northern Ontario. The incorporation of these efforts and resources into the core functions of the Ontario Health Promotion Resource System promise to sustain and further expand the projects accomplishments.

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OTRU's Assessment of Better Practices

Project Progress

- a) For the 2003-2004 fiscal year

Objective 1: Launching the toolkit was a major milestone in the past year, and the logical culmination of previous years' efforts.

Objective 2: The Website looks great! It is easy to use and shows off good work across the Province. Interest has indeed been created in the website, as evidenced by the number of visitors, but not by the average number of pages viewed per visitor, which has remained consistent at 1.5- 1.6. The number of monthly visits has ranged widely, and it might be useful to the project to try to correlate this with promotion efforts.

Objective 3: New resources for review were identified, apparently on the basis of community need and the existence of multiple resources in the same area. These criteria are appropriate; consultation with the OTS Coordinating Committee might be useful for identifying community need.

Objective 4: It is good to see the process of ongoing review and refinement, and not simply assuming that a good product cannot be improved. This approach to 'quality improvement' could serve as a model for other OTS projects.

Objective 5 & 6: It's clear that a lot of consultation and skill-building opportunities were provided. It's not clear whether this reached the objective of 75 practitioners. Total numbers of new participants and total number of unique communities reached (health units by language, perhaps) would be better indicator of coverage.

Objective 7: Every face-to-face workshop provides a networking opportunity, which is worthwhile. It would be interesting to know if any other resource is anticipated, such as a French-language listserv, which would provide ongoing rather than episodic networking.

Objective 8: It appears that PTCC's French-language capabilities are good. We need more information to know if the present situation is an *increase* over the previous year, as was intended.

Objective 9: The provision of additional French-language materials and a French section on the website are both positive developments.

- b) Since inception of the project (if applicable and/or possible)

Toolkit: Considering the relatively short life of this project, progress has been excellent in developing both the toolkit contents and the website to disseminate it. The project review process has been adapted by the OTS secretariat for adjudicating future RFP submissions, a testament to the value of this aspect of the project.

Francophone Outreach: this activity has developed steadily and positively.

- c) For progress and expectations in relation to other projects of this type (if applicable)

Progress has been good, especially considering the modest resources devoted to this project. Precedents are hard to locate.

Overall, this initiative looks good. The staff have been productive as well as rigorous in their application of methods.

Approach to Evaluation

- a) Adequacy of design and measures to produce evidence of efficacy and reach, and ways to improve these, if need be

Toolkit: The methods are appropriate at this early stage. Website statistics are useful, and could probably be used to even greater advantage. We look forward to learning more about use of the searchable database and results of the online user surveys. Objective 2 would be more germane and easier to assess if “use” replaced “interest” as the outcome. It would help the credibility, and perhaps the value, of the Toolkit to know more about the criteria for assessing ‘potential worthiness,’ that is, for identifying the topical areas where resource materials will be sought.

Outreach: the documentation and sources are generally adequate for the purposes, and there are only minor questions unanswered, as noted above.

Project update is very clear and concrete with respect to describing activities and results (factual and quantitative results presented are highly appropriate).

There is a good number and range of intervention projects on the website and good annual growth.

- b) Changes in the past year; responses to last year’s OTRU assessments, if applicable

OTRU had no concerns last year that needed to be addressed. We are very pleased with the systematic development of this project and its generally thorough documentation.

What is very positive is the degree to which the program staff show responsiveness to making changes to their own evaluation forms – such as adding more areas for comment as desire for this was recognized.

c) Future expectations and directions regarding project evaluation

We are confident that the evaluation will continue to focus on process with selected outcome indicators as appropriate.

The style of presentation of results is highly appropriate and will lend itself to showing tangible benefits of the initiative. OTRU encourages Better Practices to report on coverage in a more complete manner and continue to identify areas (geographically and in sense of population) of unmet need.

Clinical Tobacco Intervention – Ontario Medical Association, Ontario Dental Association, Ontario Pharmacists’ Association

Background

- Initiated Fall 1999 and funded annually since that time.
- Budget in 2003-2004: \$400,000
- Status in 2004-2005: Continuing, budget \$400,000

Since its inception, this project has sought to recruit, mobilize and equip physicians, dentists and pharmacists to perform smoking cessation and prevention initiatives with their patients. The supports made available to practitioners include training events in communities across the province, education kits and related materials, and web-based resources and information. Recruitment efforts have included presentations at professional conferences, publications and updates in Association journals, and a dedicated newsletter.

Objectives for 2003-2004

1. To recruit physicians, pharmacists and dentists to perform smoking-cessation interventions with patients.
2. To train physicians, pharmacists and dentists to perform smoking cessation interventions with patients through the provision of educational materials and continuing education programs.
3. To maintain practitioner involvement in cessation activities through the provision of follow-up and support.

Additional Funding/Contributions

- Project staff report in-kind contributions from all three sponsoring Associations for executive staff and managerial support, legal services, financial and human resource services, and overhead expenses. The values of these contributions are not specified.

Evaluation Strategies and Methods

Much of the evaluation of progress toward objectives 1 and 2 involved the monitoring of process data and outputs including such things as number of practitioners trained, number of resources distributed, etc. In addition to this, the quality and usefulness of training events was evaluated using post-event evaluation forms distributed to all workshop participants. Finally, a questionnaire was developed and distributed to all practitioners who received a profession-specific education kit between September and December 2003. Respondents were asked to rate the quality and usefulness of the materials in the kit, and the extent to which these materials may have met their needs and expectations.

The evaluation of progress toward objective 3 primarily involved the monitoring of process data. Nonetheless, the survey of education kit recipients is also relevant to the assessment of progress here.

Activities and Accomplishments for 2003-2004

Objective one: To recruit physicians, pharmacists and dentists to perform tobacco cessation interventions with patients.

Associated Activities

In 2003-2004 a communication strategy that seeks to recruit and mobilize practitioners to perform clinical tobacco intervention was developed and implemented. The strategy involved the promotion of CTI at Association general meetings and conference, promotional mailings to practitioners, numerous articles and updates in Association journals, the inclusion of updates and material order forms in other Association mailings, and a special mailing of the CTI newsletter to all Association members.

Invitations to training programs are also used as a promotional vehicle for CTI. Forms to request education kits are included with the invitations. Training programs are also posted on the CTI website.

Outputs and Outcomes

- Two issues of the CTI Bulletin were developed and distributed in 2003/2004. “The Growth of CTI” was distributed in October 2003. “Tobacco Use in Pregnancy” was distributed in March 2004.
- CTI website, www.ctica.org, was kept updated with all scheduled training events as well as other tobacco-control initiatives that may be of interest to practitioners. CTI website was promoted through the distribution of post-it notes to practitioners and is linked by each Association’s website. In 2003-2004 the website had more than 6700 visits, up 31% from the 5100 visits reported in the last fiscal year.
- Education kit order forms were sent with invitations to CTI training events. Almost 1700 education kits were distributed to practitioners. This represents a slight decrease from the nearly 1900 distributed in the previous year. Nonetheless, the distribution of specific materials to practitioners increased substantially in 2003-2004. Nearly 28,000 copies of the booklet “Your Guide to a Smoke-free Future” were distributed, an increase of 53% over the number distributed in 2002-2003. Just over 1000 Quit Plan Pads were distributed. This represents an increase of 72% over the number distributed in the previous fiscal year.
- Approximately 475 dentists, 1100 physicians and 300 pharmacists were added to the CTI database because they had registered for a workshop, had requested project materials, or had otherwise expressed interest.

Objective two: To train physicians, pharmacists and dentists to perform tobacco cessation interventions with patients through the provision of educational materials and continuing education programs.

Associated Activities

In 2003-2004 the project continued to deliver CTI training workshops in communities across Ontario. A total of 23 workshops were delivered, including three teleconference events and four workshops conducted within academic programs. Education, support, and practice materials continued to be distributed.

Outputs and Outcomes

- A total of 921 health care professionals attended one of 23 training events held in 2003-2004. This compares to 1,250 attendees at 26 events the previous year – a drop of 26% in attendance. The specific breakdown of attendance in 2003-04 was: 98 physicians, 99 medical students, 104 dentists, 112 dental students, 165 pharmacists, 127 pharmacy students, 216 support staff.
- Post-event evaluation forms were completed and returned for 20 events by 594 of the 733 practitioners who had attended these training workshops (81%). Of those completed forms 110 were from dentists, 210 were from pharmacists and 107 were from physicians and/or specialists. Practitioners completed 72% of the evaluation forms, with the balance coming from support staff. In total, 92% of dentists, 91% of pharmacists, and 92% of physicians who completed the forms agreed (somewhat or strongly) that the workshop had been useful and informative. Approximately 77% of dentists and physicians agreed that the workshop was relevant to their practice, while 92% of pharmacists agreed it was relevant. Nearly 90% of practitioners from all three professions agreed that the workshop would help them improve their smoking cessation intervention skills. Finally, again nearly 90% of practitioners from all three professions agreed that the workshop had satisfied their expectations.

Objective three: To maintain practitioner involvement in cessation activities through the provision of follow-up and support.

Associated Activities

Project activities included the development and distribution of the bi-annual CTI newsletter, the proactive distribution of materials order forms to practitioners who have received training, distribution of the CTI Compendium of Cessation Services and Programs, updating and maintenance of the CTI website, publication and promotion in Association journals and at professional events, and the distribution of consumable materials and resources for patients and practitioners.

Outputs and Outcomes

- Volume 3, Issue 2 of the CTI Bulletin, “The Growth of CTI”, was distributed to CTI practitioners in October 2003.
- Volume 4, Issue 1 of the CTI Bulletin, “Tobacco Use in Pregnancy” was distributed in March 2004.
- The CTI website content was reviewed and updated during 2003/2004.
- Distribution of materials by association:
 - ODA
 - o 5,300 Guide Your Patient booklets
 - o 215 Quit Plan pads
 - o 2,900 ‘Quitting Tobacco’ pamphlet
 - o 2,900 ‘Tobacco and Your Health’ brochure
 - OMA
 - o 19,291 Guide Your Patient booklets
 - o 594 Quit Plan pads
 - o 7,580 ‘Conditions Caused by Smoking’
 - o 7,098 ‘The Why Test’
 - o 4,897 ‘Initial Assessment of Smoking’

- o 4,189 'Smoking Progress Notes'
- OPA
 - o 3,205 Guide Your Patient booklets
 - o 233 Quit Plan pads
 - o 3,585 'Frequently Asked Questions About Stopping Smoking'
 - o 3,265 'Stop Smoking Medications'
 - o 3,435 'Health Effects of Smoking and Tobacco Use'
- In March 2004, a questionnaire was distributed to physicians, pharmacists and dentists who had received an education kit from September through December 2003. Completed questionnaires could be returned by toll-free fax or direct mail. Questionnaire distribution was 169 for the ODA, 309 for the OMA and 177 for the OPA. Response rates were 18%, 15%, and 20% for the ODA, OMA and OPA respectively. Completed questionnaire results were tabulated by an independent market research firm. Overall, practitioners gave high ratings to the education kit. The majority of practitioners felt the amount of materials was just right (ODA 63%, OMA 56%, OPA 84%), would help them with their smoking cessation interventions (ODA 80%, OMA 69%, OPA 87%) and met their expectations (ODA 57%, OMA 69%, OPA 68%). A large proportion of respondents stated that the education kit materials, in fact, exceeded their expectations (ODA 37%, OMA 17%, OPA 24%). Only 5% or less of respondents indicated that the education kit did not meet expectations.

Networking

- CTI has maintained its cooperative relationship with Ontario public health units. CTI organizes the delivery of training programs for practitioners. Public health units may assist with on-site preparation and information dissemination about local tobacco control initiatives.
- CTI continues to invite Smokers' Helpline to present their service to practitioners at CTI training events. Smokers' Helpline information is also distributed with CTI education kits.
- Project staff sit on the OTS Steering Committee's cessation sub-committee to advance the development and coordination of cessation supports available to smokers in Ontario. In addition, staff have participated in and contributed to the Steering Committee's Cessation Scan initiative.
- CTI staff and member associations continue to participate on the steering committee of Pregnets project.
- CTI staff and member associations continue to participate in Health Canada's National Advisory Committee on Cessation.
- CTI presented "Promoting Clinical Tobacco Interventions to Physicians, Pharmacists and Dentists" at the National Conference on Tobacco or Health, December 2003, Boston, MA.
- CTI presented a poster, "Implementing Clinical Tobacco Intervention Distance Learning Education for Pharmacists, Physicians and Dentists", at the Ontario Tobacco Control Conference in May 2004.

Summary

Since January 2000, more than 4,100 health care professionals (including support staff) have attended a CTI training event. Over the same period, about 7200 CTI education kits have been distributed to practitioners throughout the province along with tens of thousands of practice resources and information and support materials for use by practitioners and their patients. As exposure of the CTI program increases, through both the website and conference participation, CTI has received several requests from other jurisdictions (e.g., New York State, Nunavut, Quebec, and Oregon) for information, resources and/or advice on how to bring together health care professions to deliver smoking cessation supports.

OTRU's Assessment of Clinical Tobacco Intervention

Project Progress

- a) For the 2003-2004 fiscal year

A lot of activity took place, including training of health professionals and support staff, updating and maintaining the project website, distribution of educational materials, production and distribution of two newsletters, maintenance of a database and so forth. It appears that overall "activity" might have been about the same as in the 2002-2003 fiscal year, with increases in some activities, such as website hits, the distribution of "Your Guide..." and Quit Plan Pads, and decreases in other activities, such as the number of professionals trained, the number of training events, and the distribution of educational kits.

However, it is not possible to gauge progress overall, or from year to year, in achieving the objectives, because the project data are not presented in a way that will permit this kind of assessment. Further, it would be useful to see actual 'recruitment', 'training' and 'continuing involvement' numbers (and relevant cumulative numbers) in relation to appropriate denominators.

It may be time to hone in specifically on priority groups that might be the most readily recruited, trained and involved. For example, with regard to physicians, residents in training programs (e.g. family practice, pediatrics, obstetrics, surgery) are 'captive' and localized. They are trainable, especially if the training is deemed 'core' to practice and subject to examination. Moreover, they will impact the system soon. Dental and pharmacy students might also be priority groups. We note that four programs were conducted in academic centers in 2003-04.

Objective 1: The increased number of visits to the website is positive, as is the distribution of materials. Whether this reflects increased recruitment depends on whether the website visitors were first-timers, and what the uptake of distributed materials was. This is not reported.

The numbers eligible for training are very large. This is especially so if students and support staff are included, and even larger, if training of staff in other settings, such as hospitals, were envisaged (which it is not, at present). The raw numbers suggest that the task is indeed a difficult one, especially in view of the limited resources currently available.

It appears that a specific communication strategy was developed and implemented in 2003-04 with regard to recruitment. However, no evaluation data specific to this initiative are presented, and it is not clear if and how this effort will be evaluated.

Objective 2: The decline in new trainees is fairly substantial, apparently reflecting a strategic decision to reach previously underserved areas of the province, with lower numbers to draw from and smaller groups to accommodate the use of teleconferences for training. While most post-training reactions from newly trained practitioners were positive, it is surprising that only 77% of dentists and physicians found the training *relevant* to their practice. Since the outcome of helping patients quit smoking is manifestly relevant, this raises questions about whether the specific outcome of the training, and subsequent use of the new skills, was seen as not *practical*. This calls for more analysis by CTI, starting with a closer look at the 'very' satisfied as distinct from the 'somewhat' satisfied.

Objective 3: There is obviously a good effort being made to keep trained physicians, pharmacists and dentists informed and supplied with appropriate materials. Since this appears to be largely a proactive

process on the part of CTI, it is not clear to what extent the trained professionals are currently using their skills to counsel patients.

- b) Since inception of the project (if applicable and/or possible)

By the end of its last year (March 2004), the project had apparently reached 22% of the province's 36,000 physicians, pharmacists, and dentists -- an impressive achievement in its own right. However, there is no recent evidence presented on the ultimate objectives for this project, that is, the ongoing use of CTI-provided skills to help patients quit smoking. A repetition of the post-training survey carried out in the previous year bears repeating.

Some of the evidence for assessing progress can be difficult to interpret. While an increase in requests for materials suggest more activity, it would help to know some more detail on the requests, e.g., how many practitioners did these requests represent, were they new recruits or repeaters?

This may be a good time to reassess the role and objectives of this initiative. Clinical training is very important, and it should not be abandoned, but it may need to be redirected with honing in on priority groups.

- c) For progress and expectations in relation to other projects of this type (if applicable)

As acknowledged previously by OTRU, it is notoriously difficult to recruit and train health-care professionals, and to keep them involved in the practice of their new skills. However, this is not a reason not to measure these outcomes. In particular, it would be helpful to know how much each intervention model (2As, 3As or 5As) is practiced by each type of clinician, and whether physicians still favour the full 5As.

Approach to Evaluation

- a) Adequacy of design and measures to produce evidence of efficacy and reach, and ways to improve these, if need be

Objective 1 & 2: Administrative records on numbers recruited are an appropriate source of data on progress; OTRU would like to see more detailed analysis of these numbers. For example, it would be important to know how many new *practices* were reached, not just individuals, as it is clear that many nurses and dental hygienists, etc, are included in the training along with the original target professionals. (The percentage of groups reached can only be assessed with reference to the *entire* population of professionals being trained, not just physicians, pharmacists, and dentists.)

It would be risky to evaluate any component based on response rates of less than 20% (as was achieved with regard to the educational kits). Response bias needs to be carefully considered before such data can be safely used and apparently these data were not so used.

Objective 3: This objective speaks to efficacy, yet process measures alone cannot adequately describe efficacy of the training. Post-training surveys help complement this information, but follow-up surveys a year or more after training have their own shortcomings with respect to response rates and possible response bias. It is normal to expect that follow-up questionnaires are more likely completed and returned by those who find their skills useful and practical. OTRU would like to see documentation of how well the respondents represent the non-respondents, and we encourage the use of other data sources to shed light

on project progress. In particular, CTUMS inquires about whether physicians and dentists ask patients about smoking. This not only allows for comparisons over time and to other provinces that do not have the equivalent of CTI, but it avoids any perception of response bias because the questions are asked of the patients, not the professionals.

- b) Changes in the past year; responses to last year's OTRU assessments, if applicable

OTRU hopes that last year's suggestions will be taken up. We still feel that process data, while relevant and convenient, are not adequate for assessing progress on recruitment and training.

- c) Future expectations and directions regarding project evaluation

Monitoring and understanding progress starts with clear objectives. For the year just ended, all three objectives are only broadly stated, especially for this stage in the project's life. Firm targets (e.g., % change in recruitment) would be preferable. It is also time to include assessment of the ongoing practices of previously trained practitioners and impact on patients, along the lines of the original proposal in 1999. We can only reiterate last year's conclusion: "Program targets and objectives should be assessed and modified annually to reflect achievement of objectives, growth and evolving program direction and available funding."

Lungs Are For Life – Ontario Physical and Health Education Association and The Ontario Lung Association

Background

- Initiated Fall 1999 and funded annually since that time.
- Budget in 2003-2004: \$400,000
- Status in 2004-2005: Continuing, budget \$400,000

Begun in the fall of 1999, this collaborative effort involving the Ontario Physical and Health Education Association (OPHEA) and the Ontario Lung Association (OLA) has developed new Lungs Are For Life (LAFL) resources that satisfy both health and physical education provincial curriculum requirements and the Ministry of Health and Long-term Care's Mandatory Requirements for public health. New LAFL modules have been created for use in kindergarten through grade 12. Since that time, project efforts have been turned toward province-wide dissemination and promotion of the resources and the deployment of regional training teams to instruct educators and public health practitioners on the use of modules with young people.

Objectives for 2003-2004

1. To increase the dissemination of Lungs Are For Life by 25%.
2. To continue support of current Master Trainers and increase the number of Master Trainers in Ontario.
3. To update and complete the LAFL website (www.lungsareforlife.ca) for use by students, teachers, parents, public health professionals.
4. To investigate tobacco research methods in an effort to determine long-term program impact evaluation measures for LAFL and to identify a strategy based on current tobacco research methodologies.

Evaluation Strategies and Methods

The evaluation of progress toward objectives one through three was achieved largely through process monitoring and the ongoing documentation of project outputs. In addition to this, participants in regional training workshops completed evaluation forms to provide input regarding their perceptions of the quality and usefulness of the events. These data will not be available until July of 2004.

To date, there has been no evaluation of the fundamental question as to whether the new resources deter youth from smoking. Development of this strategy is underway.

Activities and Accomplishments for 2003-2004

Objective one: To increase the dissemination of Lungs Are For Life by 25%.

Associated Activities

Efforts to increase the promotion of LAFL to educators and public health professionals included the development and distribution of promotional materials, promotional mailings, distribution of an email newsletter, participation by master trainers at health fairs and related events, and further development of web-based promotion.

Outputs and Outcomes

- 500,000 promotional bookmarks were distributed to schools, libraries and youth clubs.
- Development of a LAFL mascot for use in promotional events.
- Information on LAFL was distributed to schools via two separate mailings and a half page article appearing in “News Canada.”
- A total of 16,879 LAFL modules were ordered and distributed in 2003-2004. This represents a 65% increase over the number of modules distributed in the previous fiscal year. Of the total distributed, 11% (1846) were French-language modules.

Objective two: To continue support of current Master Trainers and increase the number of Master Trainers in Ontario.

Associated Activities

The roster of eligible master trainers for 2003-2004 was established by offering “refresher” training to those who had received their original training in the previous fiscal year and by recruiting and training new individuals. Materials to support the work of master trainers was developed and disseminated.

Outputs and Outcomes

- A total of 62 of the 125 Master Trainers from the 2002-2003 roster participated in the “Refresher” training online. An additional 5 trainers were recruited and participated in a train-the-trainer online opportunity. Two trainers from the previous year were allowed to carry forward to the roster for 2003-2004 with refresher training because of special circumstances. Hence, the total roster of master trainers for 2003-2004 consisted of 69 individuals representing all health regions in the province except Toronto.
- 14 Lungs are For Life Master Trainer Tool Kits were created and disseminated in April 2004 to 14 Ontario Lung Association Community Offices (2 per health region) for use by LAFL Master Trainers. Each kit contained the following materials: an inflatable lungs comparison kit; an educational video entitled "Real People Talking About Tobacco"; a Spectrum Nasco Hands-On-Health catalogue, Lungs Are For Life English and French pens, highlighters, and post-it notes; lunch bags; bookmarks and 250 stickers.
- Master Trainers were provided with ongoing support for successful delivery of LAFL training. Four newsletters with project updates, celebrations and highlights were disseminated to trainers throughout the year.
- 48 formal training workshops were offered by master trainers and provided instruction to 873 participants. 32 of these workshops targeted the elementary school sector, 8 targeted the secondary school sector, and 2 targeted public health. A great many more received less formal instruction on resource use through venues such as health fairs, information sessions, etc. Because individuals in these circumstances did not complete evaluation forms, their number is unknown.

Objective three: To update and complete the LAFL website for use by students, teachers, parents, public health professionals.

Associated Activities

Teacher, parent and health professional sections of the web site were designed and developed. An online materials order desk was developed as well as a student section for grades 4-6. Ongoing development included updates to K-3, 7-8 and 9-12 sections of the web site.

Outputs and Outcomes

- All updates and additions to the website were completed and it was launched in September 2003. From launch to the end of March 2004, the site received 11,700 visitors.
- 2,398 orders for materials were placed through the online order desk between April 1, 2003 and March 31, 2004. Printed copies of LAFL modules were ordered by 1,848 clients (including 182 French language modules), while PDF copies were ordered by 550 clients (including 26 French language modules). Brochures, posters and bookmarks were ordered by 1,184 clients.

Objective four: To investigate tobacco research methods in an effort to determine long-term program impact evaluation measures for LAFL and to identify a strategy based on current tobacco research methodologies.

Associated Activities

The Health Behaviour Research Group at the University of Waterloo was consulted on the long-term impact evaluation process around LAFL.

Outputs and Outcomes

- As a result of meetings and consultations, a potential evaluation plan has been proposed. Further development and implementation will take place in 2004-2005.

Networking/Collaboration

Project staff participated as members of the OTS Coordinating Committee's Prevention Subcommittee. Information on LAFL was supplied to schools who participated in the Clear the Air campaigns and Youth Tobacco Team activities.

Summary

Project activities in 2003-2004 have contributed to a substantial increase in the number of LAFL modules being distributed to educators and public health professionals and it might be fair to presume this means that increasing numbers of young people are being introduced to LAFL. Given this, it is welcome news that plans are now in place to develop and implement the kind of long-term impact evaluation that will demonstrate how and to what extent LAFL may contribute to positive outcomes.

OTRU's Assessment of Lungs Are for Life

Project Progress

- a) For the 2003-2004 fiscal year
- Objective 1: There was an impressive increase in distribution this past year, far in excess of the objective.
 - Objective 2: Progress here has been good.
 - Objective 3: Progress establishing the website has been good, and it appears to be effective as a communications tool. It has received an impressive number of visits since its inception.
 - Objective 4: Progress developing firm plans for assessing efficacy has been slower than OTRU would like, although there was some important progress in the latter part of the year. While admittedly a difficult challenge and one that takes some time to act upon, evaluating the impact of the program is vital to the credibility of the sponsoring agencies and the OTS itself.

- b) Since inception of the project (if applicable and/or possible)

There have been some very real accomplishments in developing these programs, distributing them, and establishing a training system. Because of the potential for 100% reach and the small number of other projects oriented to prevention, the stakes for this project are particularly high.

There are encouraging data on teacher uptake and their acceptance of the program has been good – an essential step if the program is to have the desired impact.

There was no outcome evaluation as of March 2004, that is, no indication that the program actually prevents smoking. Establishing the efficacy of the programs remains the major challenge to be faced, and this is promised for 2004-2005.

- c) For progress and expectations in relation to other projects of this type (if applicable)

Progress with dissemination has been good. We look forward to getting a better sense of the efficacy of the intervention.

Approach to Evaluation

- a) Adequacy of design and measures to produce evidence of efficacy and reach, and ways to improve these, if need be.

Objectives 1-3: Administrative records and user surveys supply the required data and continued use of these is appropriate. The approach involves counts of orders, training sessions, workshops, hits to the website, trainee and user reactions, etc. Based on these counts, the project has enjoyed success in meeting its objectives surrounding dissemination and training.

Objective 4: While overdue in OTRU's view, the outcome evaluation begun in earnest last year is welcome. Starting after dissemination has progressed to cover 50% of the target group, however, complicates the task.⁹ We recognize that the initial focus of the LAFL evaluation was on reach, demand,

⁹ One complication is the difficulty of finding an unexposed comparison group. Another, more subtle, complication would be the (understandable) reluctance to recall or revise the resource if it fails to meet expectations

awareness and impact on teacher practice, followed by an evaluation of Master trainers. These are valid concerns; it is their timing, prior to understanding the efficacy of the resource, that we have questioned.

- b) Changes in the past year; responses to last year's OTRU assessments, if applicable.

We are pleased to note the recent planning to assess the efficacy of the program and look forward to further development of this aspect of evaluation.

Some observations by OTRU in last year's assessment bear repeating:

It would be useful to have more detail on issues such as the extent that LAFI is being used, for example, how many lessons have actually been delivered in the past year. It would also be helpful to have data on the context for adopting the resource: how voluntary is its adoption by individual teachers within a school? Are there alternatives?

- c) Future expectations and directions regarding project evaluation.

We look forward the detailed development of an outcome evaluation plan this year and the beginning of data collection. As part of this evaluation, we would like to see a systematic comparison with groups of students who are not exposed to the program. Preferably, the design will utilize formal control groups and random assignment. Outcome measures should be taken at several points in time, and include knowledge, attitudes, and intentions. Ideally, the plan would include measurement of smoking behavior over several years, although we recognize that this may not be practical.

Media Network – Cancer Care Ontario

Background

- Initiated Fall 1999 and funded annually since that time.
- Budget in 2003-2004: \$280,000
- Status in 2004-2005: Continuing, budget \$280,000 (plus \$150,000 for RFPs)

Since its inception, this project has sought to build the capacity of tobacco-control practitioners to use the media to strengthen their efforts. On behalf of its members, the Media Network monitors media activity that has relevance to tobacco control and prepares and disseminates background research and discussion on emerging issues. In addition, members have access to a database of media outlets in Ontario and to materials and resources to encourage and improve both paid and earned media coverage. The Media Network currently has over 340 members, the majority of whom represent Ontario public health units, non-governmental health agencies, and local tobacco-free coalitions.

Again in 2003-2004, a second major element of the project was the Local Media Campaigns initiative. Through this effort, community-based organizations have access to funding and consultation for the development and implementation of media campaigns to support their own tobacco-control activities. As in 2002-2003, the Media Network allocated \$150,000 to organizations from across the province through an RFP process.

The Media Network engages in media advocacy -- communicating with its target audiences through advertising, promotion and news media. Media advocacy attempts to persuade the public through the use of media. This is distinct from political advocacy, which contacts the political community directly. Political advocacy is the mandate of groups such as OCAT and OTN

Additional Funding/Contributions

- Project staff report in-kind contributions from the host organization of approximately \$51,000 for the Media Network and an additional \$27,000 for the Local Media Campaigns initiative. These contributions were in the form of donated office space and equipment.

Objectives for 2003-2004

Media Network

1. To maintain and expand the Media Network membership and system.
2. To coordinate network activities.
3. To provide research support and technical assistance to membership.
4. To maintain and facilitate communications with and among network members.

Local Media Campaigns

5. To coordinate and support local media campaigns in communities throughout Ontario.
6. To provide technical assistance to organizations funded to implement local campaigns.

Evaluation Strategies and Methods

Evaluation of progress toward all project objectives was monitored primarily through the ongoing collection of process dimensions including membership and participation in network activities, the delivery of project support activities, and the media activities of the network and of individual members. As in past years, media tracking continued to monitor change and development in media news coverage of tobacco control issues. Feedback was sought on an ongoing basis from members regarding their experience of network services and participation and their particular needs for future or additional support.

Activities and Accomplishments for 2003-2004

Objectives one through four: To maintain and expand the Media Network membership and system. To coordinate network activities. To provide research support and technical assistance to membership. To maintain and facilitate communications with and among network members.

Associated Activities

Project staff worked closely with network members to ensure information sharing and coordination of media activities in communities across the province. Member needs for support were met through individual consultations and through the development and dissemination of support, training, and technical documents. The Media Network website and other electronic communication media were a key mechanism for information dissemination and for the coordination of network activities.

Outputs and Outcomes

- Project staff maintained online directories of individuals committed to tobacco control and a membership list database to promote information sharing and coordination of media activities across the province. Media Network membership was extended by 14 in 2003-2004 to include a small number of national partners. These new members have provided fresh perspective on strategies and activities and have led to increased interest among membership to build partnerships that extend beyond Ontario. Network membership now stands at 349, up from 335 the year before.
- 12 teleconference meetings took place, with a total of 273 participants.
- Comprehensive news media tracking provided insight into emerging issues: 8,996 clippings were added to our news clippings database for a total of 35,192 at year-end. Information was shared with network members through ongoing electronic updates and through regular meetings and member teleconferences. This body of current knowledge helped members to understand the possible media needs of their area and the strategies that might be available to them.
- New backgrounders were produced on: *Taxation and Smuggling*, *Point of Sale Advertising* and *Tobacco Farming*, for a total of 31 backgrounders now on the web site, along with 8 media advocacy training/support documents.
- Throughout 2003-2004, requests for training and training materials increased. There was a total of 6,116 visits to the Media Network web site during the year.

Objectives five and six: To coordinate and support local media campaigns in communities throughout Ontario. To provide technical assistance to organizations funded to implement local campaigns.

Associated Activities

Again in 2003-2004, the Media Network's Local Media Campaigns initiative implemented an RFP process in collaboration with the Ontario Tobacco-free Network and the Ontario Campaign for Action on Tobacco to identify communities where media activities were needed, but where funding was unlikely to be available from other sources.

Outputs and Outcomes

- In total, 11 proposals for local campaigns met the objectives of the initiative and were provided funding and support for development and implementation. The local campaigns were intended to support the efforts of community practitioners to develop and/or implement smoke-free places regulations.
- The Media Network's calendar of media events reportedly helped to facilitate coordination and collaboration across communities and helped to avoid duplications in media activities at the provincial and local levels. Media Network staff worked closely with the coordinator of the Local Media Campaigns initiative to help ensure efficient and coordinated campaigns.
- Local campaign organizers were provided technical assistance regarding media-buying strategies as well as media relations techniques to maximize opportunities for concurrent earned news media coverage.
- Project staff worked with local organizers to develop campaign media messages and materials. Creative was produced to reflect local needs while at the same time being consistent with OTS priorities. Advertisements within the collective campaigns totalled 910 print, radio and television ads, as well as additional educational pieces, billboards and news conferences, highlighting tobacco control throughout the province.
- Local organizers, particularly those in Northern Ontario where specific training was provided, report increases in their ability and confidence to do advertising and promotion because of project guidance and input.
- Media messages and materials created for the campaigns were made available to all practitioners in Ontario via the Media Network website: www.media-network.org.

Networking

- Media Network staff coordinated their efforts with those of the Ontario Tobacco-free Network and the Ontario Campaign for Action on Tobacco to ensure a consistent and efficient response to the needs of community organizations involved in smoke-free initiatives. This included, among other things, collaboration on the conduct of the Local Media Campaigns RFP process.
- The Media Network collaborated with 23 health units across the province to produce creative advertising products for Phase II of the Breathing Space Campaign. This program was submitted and received funding from Health Canada for 2004-2005, and the number of participating health units was raised to 33.
- Project staff collaborated with Ontario Tobacco-free Network staff in delivering advertising and promotion training to practitioners in Northern Ontario.

Summary

In many respects, networking is the backbone of all Media Network efforts. Activities in 2003-2004 continued to build upon the strength and effectiveness of the relationships among tobacco control practitioners in Ontario as they relate to advertising and media relations. The materials, resources and supports available to community organizations continue to mount.

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OTRU's Assessment of the Media Network

Project Progress

- a) For the 2003-2004 fiscal year

Objectives 1-4: The Network evidently continued to provide a useful service to OTS partners. The directory, calendar, tracking and training are clearly worthwhile. There was a modest expansion of the (already large) network this past year, from 335 to 349. The membership of the Network now includes 25 members at the national level and 32 from other Canadian provinces.

Objectives 5 & 6: The support (including funds) and technical assistance provided to local campaigns were evidently appreciated.

- b) Since inception of the project (if applicable and/or possible)

Since 1999, the Network has clearly developed into a vital component of OTS infrastructure. It has built up a viable network and has done considerable work with local campaigns. There was considerable activity during the year.

- c) For progress and expectations in relation to other projects of this type (if applicable)

As this is rather a unique project and the progress indicators have been positive, if occasionally vague, over the years.

OTRU understands that the long-term plan to support Media Network members will be adjusted as circumstances change, e.g., as areas of expertise expand and as networking tools are developed and refined.

Approach to Evaluation

- a) Adequacy of design and measures to produce evidence of efficacy and reach, and ways to improve these, if need be

Objectives 1-4: Progress measures are appropriately focused on process and activities, but we wonder if the objectives are sufficiently distinct, and have measures to match. For example, do Objectives 2

(coordinating) & 4 (facilitating communication) differ in an important way, and do they add anything to Objective 1? Perhaps the development of a logic model for the project will help sort out the short-term objectives from the intermediate and long-term ones.

There is no detailed description of the research design, although there are some relevant data in the report with which to assess progress toward objectives. Such a design would be made easier by having clearly distinct objectives and associated indicators.

Objectives 5 & 6: Similar comments apply to these objectives as a set: the outcome indicators are not so much inappropriate as vague, and the objectives blur together. For example, it's not clear to us how providing technical assistance differs from coordinating and supporting local media campaigns.

b) Changes in the past year; responses to last year's OTRU assessments, if applicable.

There has been no apparent response to points raised by OTRU in last year's assessment. While not major issues, addressing them would strengthen the report. Last year, we noted:

- Progress would be more easily assessed with annual trend data on the key outcomes and activities reported above under "Outputs and Outcomes."
- The process measures for the local media RFP are still unclear, apart from the number approved. We wonder about the number of applicants and whether the quality of submissions is improving over time.

c) Future expectations and directions regarding project evaluation

OTRU would like to see:

- A smaller number of clearly distinct objectives and a more comprehensive evaluation plan.
- Outcome measures (and data) that are clearly tied to each objective, and more quantified than has been the case thus far.

We understand that objectives have been revised and updated for the current year, and believe these will be more conducive to evaluation than those of last year.

Ontario Tobacco-Free Network – Ontario Tobacco-Free Network

Background

- Initiated Fall 2000 and funded annually since that time.
- Budget in 2003-2004: \$525,000
- Status in 2004-2005: Continuing, budget \$525,000

The Ontario Tobacco-free Network functions to encourage and support community-based tobacco-control efforts through services and activities that are intended to build capacity among intermediaries to plan, implement, and evaluate initiatives. The primary targets for these activities are local tobacco-free coalitions, public health units, and local offices of the Heart and Stroke Foundation of Ontario (HSFO), the Ontario Lung Association (OLA), and the Canadian Cancer Society Ontario Division (CCS). Specific services include training and consultation, knowledge and information exchange activities, the development and implementation of infrastructure to support networking and coordination, , community education around municipal and provincial issues in tobacco control, and the provision of funding to support local initiatives.

Additional Funding/Contributions

- Project staff report having received in-kind contributions from affiliate agencies (i.e., HSFO, OLA, CCS, and OCAT) to support administrative, managerial, and operating expenses. The estimated value of these contributions is \$50,000.

Objectives for 2003-2004

1. To increase communication and networking opportunities between affiliate agencies, and to increase communication and collaboration among and within local tobacco-free coalitions.
2. To increase tobacco-free council participation in tobacco-control issues, and to increase affiliate agency participation in community tobacco-control initiatives at the community level.
3. To increase community and volunteer participation in tobacco-control action.
4. To increase knowledge and awareness of tobacco-control issues among targets.

Evaluation Strategies and Methods

Evaluation activities assessing progress toward objectives one and two were largely informal and involved feedback provided by representatives of local coalitions and affiliate offices. The project advisory board provided the venue for much of this communication. Specific events that were intended to contribute to objective one were evaluated using post-event feedback forms.

Much of the evaluation of accomplishments related to objective three was also informal, but did include a more formal evaluation of the “Go for Gold” smoke-free bylaws initiative. Specifically, an evaluation contractor was secured to conduct an anonymous survey of stakeholders who had received “Go for Gold” materials to determine the extent to which these materials may be meeting their needs and interests.

The evaluation of accomplishments related to objective four involved the monitoring of process indicators and service delivery statistics.

Activities and Accomplishments for 2003-2004

Objective one: To increase communication and networking opportunities between affiliate agencies, and to increase communication and collaboration among and within local tobacco-free coalitions.

Associated Activities

Project staff conducted regular Advisory Board meetings to encourage province-wide communication and networking among community-based organizations. This was supplemented and supported by the maintenance of the OTN listserv as a mechanism to facilitate communication across and among communities. Staff also facilitated teleconferences to encourage and support communication and collaboration at the local level between Non-Governmental Organizations (NGOs), local tobacco-free coalitions and public health units. Eight regional retreats were held across Ontario to bring practitioners together to update provincial developments and to discuss issues of concern to local tobacco-control efforts.

Outputs and Outcomes

- Through providing channels for communication and networking, these various activities increased the opportunities for collaboration among the local tobacco-free coalitions, as well as between the affiliate agencies.
- Evaluation data are available for the eight retreats in which a total of 158 practitioners took part. Retreats as a whole, and individual agenda items from the retreats, received universally high ratings by participants. Almost without exception, participants rated the retreat and agenda items as “very good” or “excellent.”
- As an unanticipated outcome, a number of communities have undertaken activities based on projects and activities that they learned of from speakers at the various retreats. Most notable among these is that some municipalities now have youth groups and youth group activities underway that were inspired by the speakers.

Objective two: To increase tobacco-free council participation in tobacco-control issues, and to increase affiliate agency participation in community tobacco-control initiatives at the community level.

Associated Activities

Project staff provided support and information to tobacco-control practitioners for World No Tobacco Day (WNTD) and National No Smoking Week (NNSW) activities. As in the past, OTN provided funding and support to local coalitions through an RFP process focusing on local bylaw development, and other tobacco-control activities at the community level. In 2003-2004, just over \$151,000 was awarded through the Local Project Funding Process to coalitions and organizations in 58 communities. An additional \$64,000 was awarded to 10 communities through the Bylaw Funding Support Process. Project staff also prepared and provided backgrounders and supporting documentation for councils and NGOs to encourage their involvement in tobacco-control activities. Finally, project staff distributed existing OTN community-based project resources to tobacco-control practitioners (Tobacco-free Film Resource Kit, Hands Across the North).

Outputs and Outcomes

- Project staff prepared sample press releases and Letters to the Editor for use in local campaigns and activities to support smoke-free bylaw development and implementation. OTN also developed an awards system to recognize municipalities that had adopted 100% smoke-free bylaws.
- In communities where smoke-free bylaw development and implementation work was being carried out, community stakeholders had suggested informally that OTN's facilitation and support contributed to increasing the participation and effectiveness of local tobacco-free councils, and of the affiliate agencies in local tobacco-control work.
- With the Local Project Funding Process, funding was used to support the community-based initiatives including youth programs and activities, smoke-free bylaw development, Quit Smoking Contests, media campaigns, smoke-free poster contests, postcard and placemat campaigns, Breathing Space programs, smoke-free vehicle campaigns, cessation-support initiatives, and the Not to Kids program.
- With the Bylaw Funding Support process, funds were used solely to support the passage of 100% smoke-free bylaws.

Objective three: To increase community and volunteer participation in tobacco-control action.

Associated Activities

Project staff facilitated volunteer recruitment for community offices of affiliate agencies and provided information support and volunteer training. In addition, the OTN facilitated the development of project ideas for implementation by volunteers. Two updates of the "Go for Gold, Become 100% Smoke-free!" bylaw map were developed and distributed to coincide with World No Tobacco Day and National Non-smoking Week. There was considerable effort in volunteer mobilization to prepare for Tobacco Education Day, held in May.

Outputs and Outcomes

- The OTN's work with each of the affiliate agencies increased the participation of volunteers as well as staff of the agencies in community tobacco-control work.
- A formal evaluation of the "Go for Gold! Become 100% Smoke-free!" bylaws map was conducted through an outside agency. This evaluation involved an anonymous survey distributed via email to all of the key stakeholders of the OTN. The objectives of the survey were to determine the usefulness and effectiveness of the map for community stakeholders and to obtain input into how the OTN might improve the layout, content and format. In total, the survey was sent to 157 stakeholders with 82 completed surveys being returned. When asked how they would rate the usefulness of the map, 36% of respondents said they would rate it as good and 41% said they would rate it as excellent. The majority of respondents rated the format, content, and layout of the map highly. Nonetheless, substantial input was received regarding how the initiative may be improved to be even more useful and appealing.
- Project staff report that use of the "Go for Gold! Become 100% Smoke-free!" bylaws map generated media coverage in many communities.
- There were 76 local councils, compared to 75 the year before.

Objective four: To increase knowledge and awareness of tobacco-control issues among targets.

Associated Activities

Project staff provided information, support and training to community stakeholders through the further development of the OTN website, the distribution of on-going e-mail information, and response to on-going requests for phone, fax, e-mail consultations. In addition, the OTN developed and supported agency NGO-sponsored tobacco-control events, provided support and information to facilitate participation in local tobacco-control meetings, and conducted media relations for affiliate agencies. Staff also developed agency-specific tobacco-control messaging for use in community-based initiatives and contributed to the development of internal NGO tobacco-control plans.

Outputs and Outcomes

- For 2003-2004, the OTN website received on average 6500 hits per month. This compares with 5000 hits per month in the year before.
- Project staff provided 653 consultations to community stakeholders either by phone, fax, or email.
- Community stakeholders report informally that OTN's activities have contributed to increases in knowledge and awareness of tobacco-control issues within the target groups and have helped to facilitate opportunities to conduct tobacco-control activities within the communities.

Networking

- In 2003-2004, OTN staff have shared information with the Program Training and Consultation Centre, Cancer Care Ontario's Media Network, the Smoking Health Action Foundation, the Ontario Tobacco Research Unit, the National Clearinghouse on Tobacco and Health, and the Ontario Campaign for Action on Tobacco.
- OTN and PTCC worked collaboratively to plan and conduct a bylaw enforcement workshop in Stratford.
- OTN, OCAT and the Media Network combined funding and administrative responsibilities to conduct a Bylaw Support Funding RFP with local tobacco-free coalitions. OTN and the Media Network also combined resources to work together on a smoke-free bylaw testimonial project, wherein proprietors across the province were contacted for input on the issue of smoke-free bylaws. This initiative contributed to the "100% Smoke Free: The Only Protection Against Second-Hand Smoke" OCAT press conference during NNSW 2004.
- OTN and OCAT worked cooperatively to ensure that relevant and timely tobacco-control information was distributed to local tobacco-free coalitions.

Summary

Begun in the fall of 2000, the OTN continues with its efforts to encourage community-based action for smoke-free living, to build capacity among tobacco-free coalitions, health units, and community offices of affiliate agencies to plan and implement effective initiatives, and to provide the infrastructure for information-sharing and coordination across the province. In many respects, the project is moving toward becoming an important point of access for community stakeholders who are concerned with issues of smoke-free living or the development and implementation of smoke-free bylaws.

OTRU's Assessment of the Ontario Tobacco-Free Network

Project Progress

- a) For the 2003-2004 fiscal year

Objective 1: The activities reported are clearly appropriate to this objective and the retreat feedback is very positive. Perhaps it is time to move beyond the objective of “increasing ... *opportunities*” (which is documented well enough), and assess “increasing communication and networking.” The retreat data start to do this.

Regarding objective 1, the group has maintained routine activities such as board meetings. No specific process data were reported about the reach or volume of material exchanged through the listserv. Number of subscribers to the listserv should be monitored as well as ‘new’ representation. Signs of concern that the OTN should watch for would include people asking to be dropped from the listserv when staff change at various agencies but a new contact person does not ask to join. Similarly, if the subscriber in a community changes positions but does not pass along the listserv contact to the new person with a tobacco-related mandate, then the listserv wouldn’t be operating at its best. A sample period might be studied to determine the breadth of actual contributors to the listserv, and evidence that the outgoing messages are being responded to or re-forwarded.

Eight retreats were held, attended by 158 individuals. This is a good number and the attendees reported the retreat favourably. Additional data should include whether these participants represent an expansion of individuals involved in tobacco control, and could clarify that the attendees are largely the ‘converted’ who attend similar workshops annually.

Objective 2: Again, the activities are appropriate. It’s difficult to know if they were all effective or if the money distributed was worthwhile. The feedback (presumably informal) is positive with respect to bylaws.

The large number of communities receiving awards for coalition support is impressive. It would also be of interest to know the total number of coalitions offered a chance to submit an RFP and the acceptance/rejection rate. How many of the coalitions submitted for the first time? A list of newly involved versus returning NGOs etc. would be worth studying.

Objective 3: We are told that there was an increase in the participation of volunteers as well as staff of the agencies in community tobacco-control. However, there are no data offered to support this assertion. The evaluation of the Go for Gold map is commendable and undoubtedly useful – but it’s not clearly relevant to this objective.

The ‘Go for Gold’ map was a major focus under this objective. The map and related dissemination activities were clearly a huge hit with OTN stakeholders. The write-up indicates that advice was received as to how to make the initiative more useful, but no specifics were provided (nor whether these suggestions are going to be acted upon). Although it was stated that media coverage was generated in some communities, it is of interest to know if attempted media events were those already happening or specially launched. How many attempted earned media events resulted in media coverage and was the coverage positive? Was there any response to media coverage from policy-makers or newly involved community groups?

Objective 4: The number of web hits and consultations to community stakeholders is impressive. Staff have clearly worked hard. The 30% increase in website traffic is encouraging. It would be nice to know how average visit times are changing, and, if possible, where the visitors are coming from.

- b) Since inception of the project (if applicable and/or possible)

Although the quantitative data are not extensive, it is apparent that the OTN has been effective in its support of local councils. The Go for Gold map has become the most visible initiative, and one might well ask what the next step will be, in the face of province-wide legislation that will supersede much of these local efforts to establish clean air.

- c) For progress and expectations in relation to other projects of this type (if applicable)

There are not a lot of clear precedents for this project, although, in some respects, the Ontario Heart Health Network might be one. While the OTN has not evaluated its success with capacity building to the same extent as the OHHP, it is clear that the OTN has made considerable progress since its inception four years ago.

Objectives 1 through 3 speak of increasing networking and collaboration activities without quantifying what current levels of increased targets are. The fourth objective speaks to increasing knowledge. This vagueness makes it difficult for anyone to know if progress is taking place!

Approach to Evaluation

- a) Adequacy of design and measures to produce evidence of efficacy and reach, and ways to improve these, if need be

Objective 1: It would be good to see something more about the listserv: number of subscribers, number and nature of postings (e.g., announcements, questions, answers), and changes over time in these indicators. In other words, how do we know if the resource is being well used? The evaluation of the retreats is satisfactory from OTRU's perspective.

Objective 2: With the possible exception of reactions from communities receiving bylaw assistance, there is not much hard data provided on the impact of the activities undertaken and funds used. But there are so many varied activities and the funds for each so modest, it does not make sense to evaluate every activity every year. Thus we recommend that OTN focus on assessing one type of activity in more depth each year (see [c], below). The past year's assessment of the Go for Gold map is an example.

A fair bit of evidence of activity was provided, however, it was less clear if the activities of this year are part of a progression of activities that is scaled and adjusted to respond to progress made in various communities. Taking a cue from the show of continuing progress in the Go-for-Gold map, the OTN is encouraged to lay out a systematized 'triage' plan. What parts of the province are ahead of the game? What lessons can be learned from them and fostered elsewhere? Are the most progressive communities hampered by by-laws that were radical in their day but now lag behind (e.g., loopholes)? What communities have next to nothing going on, and are there untapped community groups there, or 'up a level' in geographical aggregation, on whom special attention can be fostered to bring stakeholders on board?

b) Changes in the past year; responses to last year's OTRU assessments, if applicable

We noted last year that it might help establish the contribution of this project to systematize and summarize the reports received from local coalitions regarding their involvement in local tobacco-control issues and how support from OTN increases their activities in tobacco control. A model for this is the recent evaluation of the Ontario Heart Health Program, which thoroughly documented capacity building at the local level in response to OHHP support.

c) Future expectations and directions regarding project evaluation

We would like to see a multi-year plan for a more detailed assessment of the principal ongoing activities, one or two per year, e.g., NNSW, retreats, media assistance, Breathing Space, Quit contests, Local Project Funding Process, etc. As noted, it does not make sense to try to evaluate every initiative every year.

Some further analysis of website traffic (average visit duration, pages most often read, origin of visitors) would be desirable and useful, as would a bit more on use of the listserv. User surveys could be easily implemented for both.

TeenNet/CyberIsle – University of Toronto, Department of Public Health Sciences

Background

- Initiated Fall 1999 and funded annually since that time.
- Budget in 2003-2004: \$250,000
- Status in 2004-2005: Continuing, budget \$250,000

Since its inception, this project has made considerable contributions to our understanding of how web-based resources might best be used to promote health among young people. Through the development, implementation, refinement and evaluation of the “Smoking Zine,” the project provides an accessible web-based smoking prevention and cessation intervention that specifically targets young people. In 2003-2004, the project continued to pursue its long-term objective to positively influence smoking behaviour, behavioural intentions and resistance to smoking initiation among young people. In addition to this, efforts continued to pursue the development and evaluation of methods and mechanisms to engage young people in tobacco control.

Additional Funding/Contributions

- Project staff report receiving additional funding for their activities from the Canadian Institutes of Health Research (\$364,357) and Wellesley Central Health Corporation (\$75,000) for the period 2002-2005.

Objectives for 2003-2004

1. To increase the number of youth involved in tobacco control through developing, evaluating and disseminating models, guidelines and best practices to youth-serving organizations and those who work with youth.
2. To implement and evaluate innovative methods for engaging youth in tobacco control advocacy.
3. To determine the effectiveness of the Smoking Zine as a smoking prevention and cessation intervention in schools.
4. To evaluate the feasibility of conducting a virtual study via the Internet with youth.
5. To determine the usability of the Smoking Zine for young adults aged 18-24 enrolled in post-secondary institutions.
6. To determine the need for translated or culturally adapted versions of smoking prevention and cessation resources for youth with various levels of acculturation.
7. To encourage health professionals to introduce the Smoking Zine to young people and to incorporate it into clinical practice.
8. To disseminate research findings and resources to community and academic audiences.

Evaluation Strategies and Methods

Progress toward objective 1 was assessed in three ways. First, a process evaluation was conducted on the implementation of TeenNet’s youth engagement model wherein interviews and focus groups were conducted with 22 young people involved in two study groups. The aim was to measure youth engagement and satisfaction at different stages of the model, as well the extent to which involvement may influence indicators such as community connectedness, political efficacy, critical thinking, etc. Second, outcome assessment involved a participatory research design to capture the main outcomes, particularly the overall success of the model to create connection and empowerment among youth and group facilitators. This participatory research was conducted by participating youth. The youth evaluation team conducted face-to-face interviews with six of the youth participants and two of the facilitators, conducted a focus group with two of the youth members, and implemented

a telephone interview with the third facilitator. Finally, a feedback form was developed to allow participants the opportunity to provide input into how the youth engagement model may have made a difference to the success of their group activities.

To assess progress toward the second objective, the youth engagement team developed a feedback form to be completed by young people to whom they presented an in-school workshop. In all, 386 of the over 600 young people who had seen the presentation completed feedback forms. The overall intent of the form was to provide insight into how team members might improve the content and presentation style of the engagement workshop.

Objective 3 involved the continuation and completion of a school-based controlled trial of the "Smoking Zine." The measurement tools used in the evaluation assess changes in behavioural intentions, readiness to change, perceived importance of change, stage of change, affect, willingness to change, and self-efficacy as well as absolute rates of smoking among the population. Almost 1500 students from 14 schools throughout Toronto participated in the study and were assigned to one of two conditions. Exposure to the web-based "Smoking Zine" represented the experimental condition. The control condition saw students review and assess three websites dealing with global warming. Outcome measures were taken in 2002-003 at pre-test, post-test, and again at a three-month follow-up. A six-month follow-up was conducted in 2003-2004.

Objective four involved the continuation of a pilot project to determine the feasibility of various methods of recruiting project participants on-line. Comparisons were made of the effectiveness of various sampling techniques and differing incentives for participation.

Objectives five and six involved the pilot testing of the Smoking Zine with samples of college and university students. With respect to objective five, seven post-secondary students participated in focus groups and completed surveys regarding their experiences with and reactions to the Smoking Zine. Input was sought regarding how the Zine might be adapted to better meet the needs and preferences of participants' peers. With respect to objective six, two versions of the Chinese language Smoking Zine, one a straight translation of the English Zine and the other a culturally adapted version, were assessed by seven post-secondary students. Participants were asked to explore the two websites and then complete and return a self-administered questionnaire regarding their experiences and preferences. A larger sample of 22 bilingual young adults (Chinese and English) were also asked to explore the two versions of the Chinese Zine and were subsequently surveyed to determine the extent to which level of acculturation may influence preferences and experiences.

Progress toward objective seven, and the potential to encourage health care professionals to adopt the Smoking Zine in their work with young people was assessed in two settings; a community health clinic and a teen clinic in a high school. Levels of adoption by and satisfaction with the Smoking Zine among health care professionals was assessed via key informant interviews and through a case-based interviewing technique that assists practitioners to recall the nature and process of their clinical decision making vis-à-vis their use of the Smoking Zine.

Progress toward objective eight was assessed through the monitoring and documentation of conference and workshop presentations and articles published. Monitoring of web traffic was used to gauge the extent of information sharing and dissemination through the project's websites.

Activities and Accomplishments for 2003-2004

Objective one: To increase the number of youth involved in tobacco control through developing, evaluating and disseminating models, guidelines and best practices to youth-serving organizations and those who work with youth.

Associated Activities

Twenty-two young people from two youth groups were involved in an assessment of the “EIPARS” youth engagement model (Engage, Identify, Plan, Act, Reflect/Research, Sustain). As outlined above, process, outcome and impact assessments were conducted to assess participants’ reaction to and satisfaction with the model, to identify the main engagement outcomes, and to assess what impacts participation may have had.

Outputs and Outcomes

- Process evaluation confirms the ability of the EIPARS Model to authentically engage youth to take action in their community. It indicates that the model’s use of multimedia technology stimulates and motivates youth and that the process enables youth to better understand their community, and through the identification and discussion of issues, develop empathy and respect for others’ opinions and experiences. The analysis also indicates the capacity-building impact of the Model. Skill developments identified related to media literacy, technology, public speaking, political efficacy, critical thinking, writing, personal expression, and group work. The analysis also indicates that the Model’s process facilitates feelings of authentic participation in the group and a sense of ownership of their projects. Overall, the youth felt that their work would be able to make a difference on some level.
- The outcome evaluation suggested several themes that emerged as outcomes of the application of the engagement model. These included the development of a comfortable, friendly group process, increased awareness of the damage that the tobacco industry and smoking has done, and increased personal skills and strengths that were transferable to other activities. (Results of the impact evaluation of the model are presented below under objective two.)
- As a result of the evaluation of the application and outcomes of the model, the “reflect/research” stage was added to what had originally been a five-stage model. This grew out of the participants’ emerging understanding of the importance of evaluating action and adjusting accordingly. The analysis also guided the development of the EIPARS Workbook for community organizations. A series of key checklists and guidelines were developed as appendices for the workbook from the facilitator notes, and process and outcome results.

Objective two: To implement and evaluate innovative methods for engaging youth in tobacco control advocacy.

Associated Activities

The Smoke Free World (SFW) youth group (6-10 Toronto youth between the ages of 15- 19) continued to meet weekly on how to engage Ontario youth in tobacco control by focusing on the global actions of tobacco companies. Feedback from past group presentations was used to improve the content and style of the group’s workshop that targets school-aged young people. In October 2003, Toronto Public Health’s Not to Kids Program had the Smoke Free

World group present their workshop to four schools across the City of Toronto. In total, 455 grade 6, 7, and 8 students saw the presentation. Of these 386 completed the feedback forms.

Outputs and Outcomes

- Based on the analysis of feedback, it would appear that the impact of peer-to-peer presentations and the approach (global effect of the tobacco industry) may be an innovative, engaging and effective approach to tobacco denormalization and smoking prevention and cessation.
- Ninety-two per cent of the respondents reported that the presentation was very or somewhat interesting and helpful. Only 7% indicated that they did not find the presentation interesting or helpful.
- When asked if coming to the presentation affected their views of the tobacco industry, 48% said that the presentation very much affected their views of the tobacco industry. Another 37% agreed that the presentation somewhat affected their views of the industry. Only 13% indicated that the presentation did not affect their views of the industry.
- When asked to indicate potential actions they would take as a result of attending the presentations 83% said they would think twice about smoking, 36% said they would talk to friends about the tobacco industry tactics/advertising, 35% said they would talk to friends about laws in Canada around tobacco and 24% said they would get involved in youth tobacco initiatives.

Objective three: To determine the effectiveness of the Smoking Zine as a smoking prevention and cessation intervention in schools.

Associated Activities

As outlined above, almost 1500 students from 14 schools throughout Toronto participated in a randomized study of the effectiveness of the Smoking Zine and were assigned to one of two conditions. Exposure to the web-based "Smoking Zine" represented the experimental condition. The control condition saw students review and assess three websites dealing with global warming. Outcome measures were taken in 2002-2003 at pre-test, post-test, and again at a three-month follow-up. By the end of June 2003, TeenNet had completed the third and final follow-up for the study. Multilevel modelling was used to assess the impact of the Smoking Zine intervention and account for variation at both the individual and social/contextual levels.

Outputs and Outcomes

- In total, 1402 students (753 Boys / 649 Girls) in grades 9, 10 and 11 from 14 Toronto-area schools participated in the study. Of these, 214 (15%) were smokers at baseline. Retention rates were high with 89% of participants sampled at baseline being successfully followed to three months and 87% followed to 6-months.
- Overall, The Smoking Zine was found to have greater influence with boys than girls and with students in grade 10 more than other grades at reducing smoking-related intentions and behaviours. In addition, the study suggests that *The Smoking Zine* is more effective as a prevention tool for non-smokers than as a cessation resource for smokers. However, because use of *the Smoking Zine* by participating students was limited to one class session, most smokers did not have time to complete the fifth phase of the intervention that involves developing a quit plan.
- Specific findings of the study include the following:
 - For non-smokers:

- o All boys in all grades and all grade 10 girls who completed the Smoking Zine lowered their intention to smoke throughout the entire six-month study, compared with those in the control group.
- o Girls in grades 9 and 11 lowered their intention immediately after completing the Smoking Zine, but did not have lower intentions at three or six-month follow-up compared to the control group.
- o All smoking boys in all grades who completed the Smoking Zine reported lower cigarette consumption than the control group at three-month follow-up and boys in grade 10 maintained this lower level of cigarette consumption throughout the entire study period.

For smokers:

- o Grade 9 boys who completed the Smoking Zine lowered their intention to smoke immediately afterwards, but did not maintain this lower intention relative to the control group at follow-up.
- o Boys in the Smoking Zine condition reported higher levels of cigarette use at three months than their counterparts in the control group, but not at six-months.
- o Both boys and girls in the Smoking Zine group reported lower resistance to smoking post-intervention, however, resistance scores were comparable to the control group at three and six month follow-up.

Objective four: To evaluate the feasibility of conducting a completely virtual study via the Internet with youth.

Associated Activities

As had been done in 2002-2003, a study was conducted to determine the feasibility of recruiting participants to research activities with web-based discussion boards and forums. Here, recruitment messages were posted on six discussion boards or forums for 24 days. When potential participants entered the study site, they were automatically randomized into either the higher incentive group (\$15 Amazon eGift certificate for completing the five stages of the Smoking Zine and an online questionnaire plus \$10 for providing email address for up to five friends) or the lower incentive group (\$5 Amazon eGift certificate for completing the five stages of the Smoking Zine and an online questionnaire plus \$10 for providing email address for up to five friends).

Outputs and Outcomes

- Within the 24 days of posting, 15 participants had been recruited to participate. Only five subjects were recruited from the general Internet community. The remaining ten participants were recruited through referrals from the snowball sampling. With the growing awareness of online safety, using Web discussion boards and forums alone is an inefficient approach to recruit study participants.

Objective five: To determine the usability of the Smoking Zine for young adults (18-24).

Associated Activities

TeenNet conducted two focus groups with seven youth to determine the adaptability of the English Smoking Zine for college and university age youth. The participants completed demographic and web-use survey questions, and then explored the Smoking Zine website while answering survey questions about their experience. Participants then took part in a short focus

group discussion to reflect on their experience with the Smoking Zine, and if and/or how the Smoking Zine could meet the needs of their cohort.

For the evaluation of the Chinese language Smoking Zine, seven University of Toronto students (six female and one male) were asked to evaluate their preference between two versions of the Chinese Smoking Zine; a culturally adapted version and a straight translated version. Participants were asked to complete and mail back a 40-question self-administered paper-based questionnaire after they had explored the two websites.

Outputs and Outcomes

- Both the survey results and the focus group analysis suggest the participants found the English language Smoking Zine attractive and easy to use, but felt that it was designed for someone much younger than themselves. Changes (for example, type of graphics, and depth of feedback) would therefore be required to make the website relevant for college and university age youth.
- Overall, the culturally adapted version of the Chinese Smoking Zine appeared to be more acceptable to post-secondary Chinese Canadian students than the straight translated version. Findings from this study provide information for further improving the relevance of the Chinese Smoking Zine for this population.

Objective six: To determine the need for translated or culturally-adapted versions of smoking prevention and cessation resources for youth with various levels of acculturation.

Associated Activities

TeenNet continued to refine its process of cultural adaptation of web-resources using Chinese Smoking Zine as a working model. A full version of the culturally adapted Chinese Smoking Zine was implemented for use in a user preference and experience study. The study was conducted with 22 bilingual Chinese-Canadian youth to evaluate their preference between the two versions of the Chinese Smoking Zine and the association that may exist between user experiences and reactions and the level of acculturation.

Outputs and Outcomes

- To develop a list of website attributes to guide modification of website design in the cultural adaptation process, TeenNet identified a number of commercial sites that have global web presence and compared the characteristics of their design for audiences in different countries or regions. Project staff chose 14 sites in English and 14 sites in Chinese consisting of sites from four genres. These 28 sites were compared on a number of attributes including: the use of pop-up windows, use of Flash technology, number of animations, type of imagery, color and style of hyperlink, page size, and number of images. Results from comparative analyses indicated that websites in Chinese are significantly different from those in English in the use of pop-up windows, Flash, and animation. Sites in Chinese have significantly larger page size, more images, and more external links. Results of the analyses were used to create the culturally adapted version of the Smoking Zine.
- The Chinese Smoking Zine, graphically adapted to the Chinese culture, was found to be highly acceptable to Chinese Canadian youth who are proficient in Chinese language and frequently exposed to Chinese media. Cultural adaptation of online resources is an iterative process as youth and web cultures are fluid and dynamic. Findings from this study provide valuable information

for further improving the acceptability and relevance of the Chinese Smoking Zine for use with this population.

Objective seven: To encourage health professionals to introduce the Smoking Zine to young people and to incorporate it into clinical practice.

Associated Activities

Project staff provided training to health care professionals in a Community Health Centre and a school-based clinic regarding the use of the Smoking Zine with young people. As suggested above, levels of adoption by and satisfaction with the Smoking Zine among health care professionals was assessed via key informant interviews and through a case-based interviewing technique that assists practitioners to recall the nature and process of their clinical decision-making vis a vis their use of the Smoking Zine.

Outputs and Outcomes

- The training session on how to use the Smoking Zine was well received by all of the 12 health care practitioners from the community health centre. The vast majority rated the content as one that met program objectives and was appropriate for the audience. Eleven of the 12 participants thought the program was well organized and credible, and will be useful in their practice. However, seven of the participants would have preferred to have more time during the workshop dedicated to motivational interviewing and to practicing their interviewing skills. Over half of the participants are planning to use motivational interviewing techniques in upcoming encounters with patients.
- All of the health care practitioners rated the Smoking Zine as an excellent resource for both teens and health care practitioners for addressing smoking with youth. All were pleased to be able to refer youth to the Smoking Zine, and all were planning to encourage youth to visit the website. Moreover, 10 of the health care practitioners reported they are more likely to discuss smoking cessation with youth as a result of this training workshop and because of increased awareness about the Smoking Zine and 11 of the practitioners reported they are intending to integrate the Smoking Zine into health care visits with youth.

Objective eight: To disseminate research findings and resources to community and academic audiences.

Associated Activities

Throughout 2003-2004, project staff continued to disseminate the Smoking Zine as a multilingual smoking prevention and cessation resource to Ontario youth and those who work with them. In addition, efforts continued to disseminate the Smoking Zine research programs and results in academic and community settings.

Outputs and Outcomes

- In 2003-2004, project staff had five publications appear in refereed journals.
- Staff made 11 presentations at conference and workshops throughout North America including the 2003 National Conference on Tobacco or Health in Boston, the Second International Conference on Urban Health in New York, and the Web-Assisted Tobacco Intervention Workshop in Toronto.

Networking

- Project representatives sat as members on the OTS Prevention and Cessation Subcommittees.
- Continued efforts to coordinate activities with the Youth Tobacco Vortal project include TeenNet representation on the Vortal Advisory Board. In addition, both projects promote the other's website on their own sites.
- The project collaborated with Toronto Public Health, the YMCA's Youth Substance Abuse Program, and 14 Toronto high schools in the implementation of TeenNet's Randomized Control Trial of the Smoking Zine.
- Leave The Pack Behind staff participated in a usability study of the Smoking Zine for college-age youth.
- Pinecrest Community Health Centre and the Teen Clinic at Woodroffe High School (both in Ottawa) served as sites for TeenNet's study examining implementation of the Smoking Zine in Primary Care Settings.

Summary

This project has blended efforts at youth engagement and service provision with research projects that have made contributions to our understanding of the uses and utility of web-based technologies for health promotion. The youth engagement model, and the guides and resources associated with it, shows promise as a mechanism to encourage and guide youth action on tobacco control. While the reported outcomes of exposure to the Smoking Zine in a randomized study may seem modest, it is important to remember that exposure was limited to one in-class session. Additional research would seem to be required to determine if more extensive exposure produces sustained changes related to prevention and cessation.



OTRU's Assessment of TeenNet

Project Progress

For the 2003-2004 fiscal year

There is evidence of considerable activity and progress with this project. It is a complicated project with multiple objectives. The team is committed to the project as evidenced by the additional funds obtained from granting councils to conduct the work.

Objective 1: It appears that there was encouraging progress with development of the model. This is one of only a few projects funded by the OTS that has attempted to examine smoking outcome measures.

Objective 2: The results regarding reactions to Smoke-free World are encouraging. (No doubt project organizers are well aware of the social desirability bias that may influence some of the responses, particularly with respect to smoking intentions.)

Objective 3: The Smoking Zine results are generally positive, but there are some curious negative results uncovered as a result of the careful analysis. OTRU will be interested to see where this development heads, but the effect on prevention appears to be fairly impressive, given that the intervention consisted of

only one session.

The results of the evaluation are disappointing, especially with respect to the impact on smokers of the web based program. It is surprising that there is no reflection on what these results might mean for the future of the project. In fact, there was no conclusion or summary of the randomized evaluation, which should be provided and appropriately reviewed.

Objective 4: the conclusion is disappointing but seems valid, although the ‘high-incentive’ condition was not especially generous.

Objective 5: We wonder if this conclusion applies broadly to 18-24 year-olds, just to those in post-secondary education, or even just those at U of T? The conclusion seems rather too general for the sample that was used.

Objective 6: The research on Chinese language websites was innovative and apparently productive.

Objective 7: The results from the CHC are encouraging, but should not be over-generalized to “health professionals.” However, these clinicians were presumably well acquainted with the target group of youth, and thus perhaps better qualified than most to comment on the Zine’s appropriateness. We would be interested in the results from the school-based clinic as well.

Objective 8: Good. Keep it up!

Since inception of the project (if applicable and/or possible)

Progress has been good overall, with steady and thoughtful development from year to year.

For progress and expectations in relation to other projects of this type (if applicable)

This is an innovative and multi-faceted project, and it is almost impossible to compare to others or to have precise expectations for it. However, overall progress – and evaluation of this progress – is very satisfactory.

Approach to Evaluation

- a) Adequacy of design and measures to produce evidence of efficacy and reach, and ways to improve these, if need be

This project uses a mixed methods approach and this seems suitable for the range of activities being evaluated. It is difficult from the summary to determine the relative level of activity in each area.

Objectives 1 & 2: The process-oriented assessment of the first objective seems more appropriate to the second objective, whereas there is no indication of simply counting the number of youth involved, which would be a simple and appropriate indicator of progress on Objective 1.

Objective 3: The randomized trial used to assess effectiveness of the Smoking Zine is exemplary, as we have noted before. Randomization and multiple follow-up measures are commendable. Many other OTS projects would do well to emulate this design.

Unfortunately, the results of the website evaluation are somewhat disappointing. We do need more detail

on the numbers of subjects in each of the reported groups and the actual differences noted before we can evaluate reported results. In general, the results for both non-smokers (note a reference to lower consumption for non-smokers) and smokers are disappointing. There is the issue that the intervention was too short and this is a reasonable concern. However, the larger concern of how you would implement this as a program over the longer term (i.e. how do you engage students and teachers so that they return to the site) is not being addressed. In addition, there is ample evidence that youth initiatives need to be integrated. What else was happening at the same time? Were these students receiving any other school-based programs? Was there any community programming in place? Intervene in isolation may not be warranted and we should not expect much long-term success from isolated initiatives.

Objective 4: The evaluation seems appropriate.

Objective 5: The methods are appropriate at this stage, although a sample of seven seems rather small, even for a focus group. Presumably, this will be increased in the coming year. More important, the sample of U of T students (presumably) is not adequate for assessing the views of all post-secondary students, let alone all 18-24 year-olds.

Objective 6: The evaluation seems to have started appropriately, although more elaborate testing will undoubtedly be needed for this complex question. As the project description rightly notes, this is a fluid area and no answer will be valid indefinitely.

We question the wisdom of developing culturally relevant versions when there is no solid data that would suggest this general approach is warranted. We would suggest focusing activity to determine how to make this work with the current target group before launching into translation, training, etc.

Objective 7: The methods are reasonable, but the conclusions may be restricted to these types of youth-friendly clinics, at best, and maybe that is acceptable to the project organizers. However, having both test sites in a city (Ottawa) with progressive tobacco-control policies may limit generalizability to other communities.

Objective 8: OK.

- b) Changes in the past year; responses to last year's OTRU assessments, if applicable.

The project has clearly reached a point where data that are more conclusive are available for the many objectives, and this is most welcome.

Objectives have been restated and are generally more realistic for this stage in the project's life. We anticipate an eventual return to the broader objectives of promoting prevention and cessation. Regarding TeenNet's Smoke Free World, we continue to see this as an exciting development from the point of view of engaging youth. We still wonder whether it will produce enduring change in audiences of the presentation.

- c) Future expectations and directions regarding project evaluation

OTRU would be happy to see a consolidation of objectives, as there appears to be overlap among them. This is not merely editorial; objectives frame the evaluation. For example, an increased number of involved youth (Obj 1) may be nothing more than an indicator of having successfully implemented methods to engage youth (Obj 2). (Given the indicators offered for each objective, it is apparent that the first objective is about *development*, not *increasing numbers*.)