

OTS Project Evaluations, 2003-04:
A Coordinated Review

Ontario Tobacco Research Unit

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PREFACE

This report by the Ontario Tobacco Research Unit (OTRU) is the fifth to summarize project activities and progress since the renewal of the Ontario Tobacco Strategy (OTS) in the fall of 1999. It covers the 12-month fiscal year ending March 2004. This report is part of a series on monitoring and evaluation, initiated by OTRU in 2002 to provide more analysis. It is the second of four “modules” that make up the annual series.

The full series consists of:

Number 1: *The Tobacco Control Environment in Ontario and Beyond* – an environmental scan of policy and program initiatives across Canadian jurisdictions, which provides a context for what is happening in Ontario;

Number 2: *OTS Project Evaluations: A Coordinated Review* – a largely qualitative summary of accomplishments by OTS projects funded in 2003/2004;

Number 3: *Indicators of OTS Progress* – quantitative data from a variety of surveys and other sources measuring recent progress in tobacco control in Ontario; and

Number 4: *OTS Progress and Implications* – a discussion of the results and implications of the findings in the previous three reports.

ACKNOWLEDGEMENTS

One of OTRU’s roles in the Ontario Tobacco Strategy is to coordinate and assist with self-evaluations of OTS projects and to provide the Ministry of Health and Long-Term Care with information for making decisions about the future of the OTS. Evaluation of the OTS is conducted under the guidance of the OTRU Monitoring & Evaluation Working Group, which is chaired by Tom Stephens and includes all OTRU Principal Investigators, with staff support provided by Shawn O’Connor and Lori Diemert.

This report was written by Thomas Stephens and Michael Hayes. Lori Diemert, Kate Zinser and Shawn O’Connor helped with organizing the review of assessments while Bo Zhang and Kate Zinser supplied pertinent data. Sonja Johnston provided production assistance.

OTRU is indebted to the OTS project personnel who collaborated on the evaluation of their project, provided information on their activities, and reviewed earlier versions of their project write-ups.

The interpretation and opinions expressed in this report, including the project assessments, are the responsibility of the currently active Principal Investigators of OTRU:

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EXECUTIVE SUMMARY

Purpose

This report forms part of the Ontario Tobacco Research Unit's (OTRU's) tenth annual review of progress in tobacco control. It is the second of four reports to describe the progress of the Ontario Tobacco Strategy (OTS) during the fiscal year ended March 2004. A product of OTRU's coordinated evaluation of the OTS, the report focuses on the province-wide projects that were funded by the Ministry of Health and Long-Term Care (MOHLTC) during the period, summarizes accomplishments, and assesses progress.

This report is complemented by others in Volume 10 that describe tobacco control outside Ontario, provide quantitative data on progress, and discuss the implications of all these findings for the challenge ahead.

Background

Since the renewal of the Ontario Tobacco Strategy in October 1999, annual project funding of approximately \$10 million has supported 14 projects province-wide and 29 at the community level. Seven province-wide projects have been funded throughout the entire period, including the fiscal year ending March 2004. Community projects have been funded in two groups, for periods varying from 3-20 months.

To date, the emphasis has been on building capacity for sustained tobacco control, including establishing cessation programs. Projects oriented to protection and prevention, as well as changing social norms about smoking, are also important components of the Strategy.

Activities in 2003-04

The major activities and accomplishments in the past fiscal year were the following:

- Smoke-free bylaw campaigns in 32 municipalities or counties.
- A province-wide mass media campaign with local supplements to develop support for tobacco control and understanding of the dangers of second-hand smoke.
- Operation of a toll-free telephone cessation *Helpline*.
- Youth-focused cessation initiatives established on post-secondary campuses, through the internet, and as part of a province-wide quit-smoking contest.
- The *Not to Kids* program, focusing on non-retail sources of cigarettes, in 12 health units with a population of 7 million.
- Prevention initiatives through a revised curriculum for elementary and secondary schools.
- Infrastructure projects to train health professionals in cessation counselling, identify best practices in tobacco control, improve use of the media and the internet, and develop tobacco control capacities among First Nations.
- Coordination, planning and evaluation of the Strategy.

Strategy Coordination and Networking

The past fiscal year was the second full year of operation of the OTS Steering Committee and its sub-committees. This is proving to be an effective mechanism for coordinated planning and an important complement to the linkages among OTS projects in place at the operational level.

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INTRODUCTION

The Renewed Ontario Tobacco Strategy, in Brief

In late 1998, the Minister of Health and Long-term Care established an Expert Panel on the Renewal of the Ontario Tobacco Strategy (OTS), which was then six years old. The Panel was directed to identify components of the strategy that required change to achieve more effective tobacco control. In February 1999, the Expert Panel delivered its report to the Minister.¹

The Panel endorsed the OTS goals of prevention, protection, and cessation, and made 29 specific recommendations to move Ontario toward its goals for tobacco control. These recommendations were based on a careful review of the success of comprehensive tobacco control in Massachusetts, California, Oregon, and elsewhere, and considering the guidelines for comprehensive tobacco control of the US Centers for Disease Control and Prevention.²

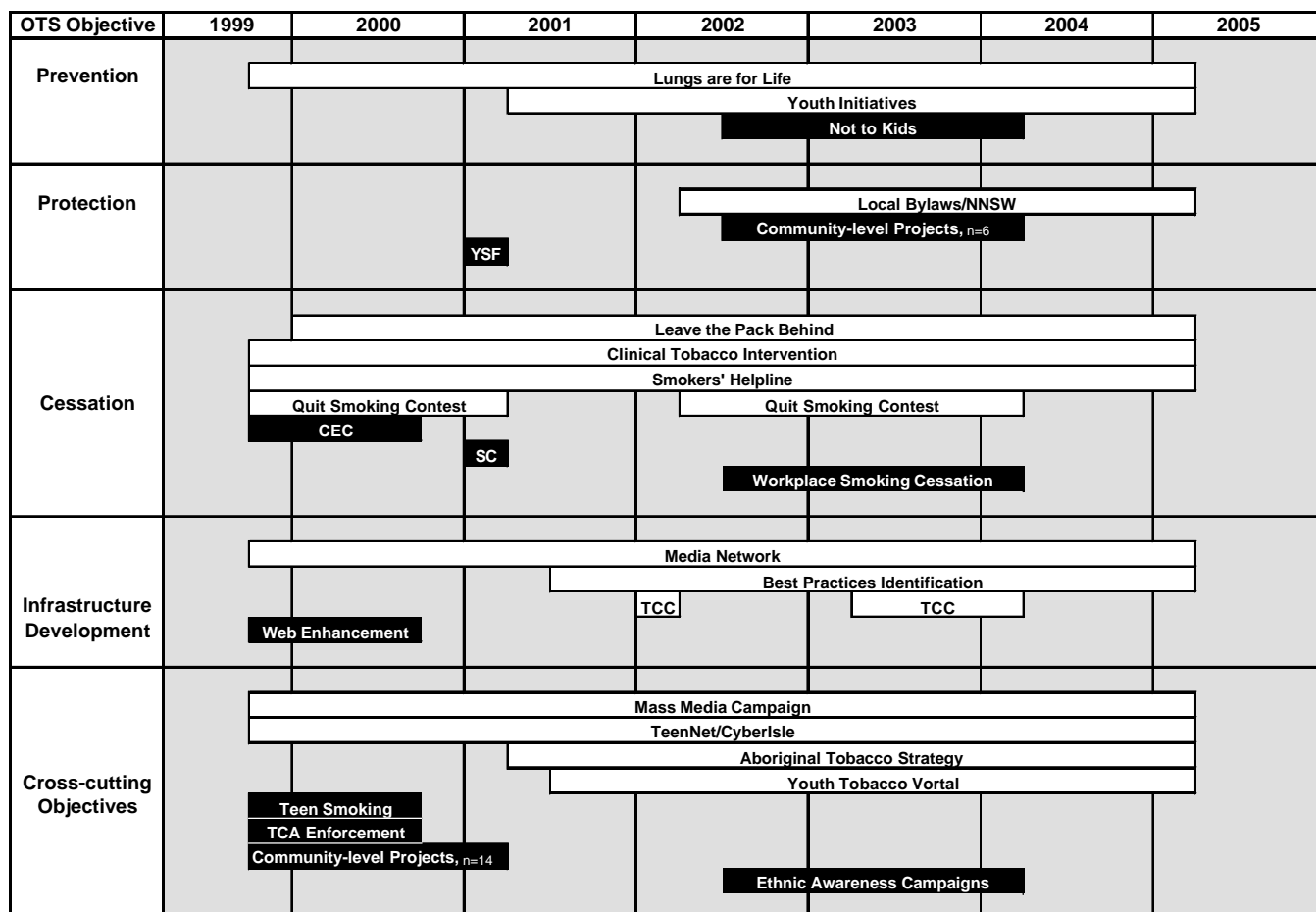
In the spring of 1999, the Ministry of Health and Long-Term Care (MOHLTC) responded to the Expert Panel's recommendations by announcing \$10 million in new funding for the period January through October 2000. In September 2000, the Ministry announced that this renewed commitment would continue at least through March 2001. Funding has been renewed each year since, at approximately the same dollar level.

Figure 2-1 shows the duration of all the projects funded under the renewed OTS since the fall of 1999, including some that are not the subject of this report, but have been reported on previously by the Ontario Tobacco Research Unit (OTRU).^{3,4,5}

All of the continuing projects are province-wide in scope; community-specific projects have not been funded every fiscal year.

Only seven projects out of a total of 43 have been in place without interruption since the renewal of the OTS in 1999.

Figure 2 - 1: OTS Projects, October 1999 through March 2005



Notes: White boxes denote province-wide projects; black boxes denote community projects.

YSF = Youth and Smoke-free Living
 NNSW= National Non-Smoking Week
 CEC = Community Education Campaign
 SC = Standards for Counsellors
 TCC = Tobacco Control Conference
 TCA = Tobacco Control Act.

The organization and full project name of all province-wide and community-level projects are listed in Appendices B and C, respectively.

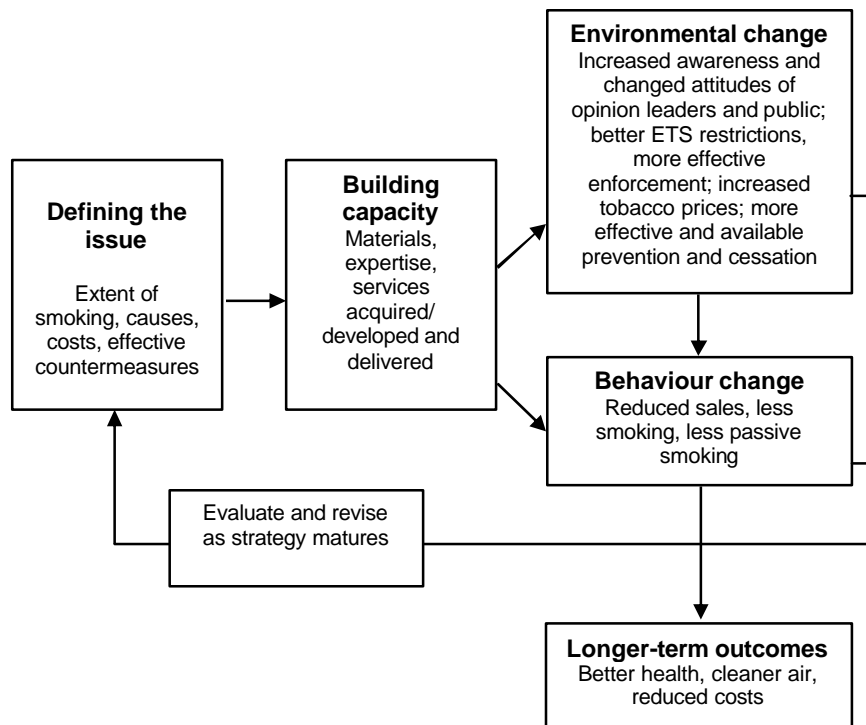
Organization of this Report

Figure 2-2 illustrates the principal steps in tobacco control and provides the structure used for describing project achievements in this report.

Defining the issue of tobacco control is the first step and has been part of OTRU's mandate since its inception in 1992. This mapping of the issue (and knowing what works elsewhere) is followed by establishing the infrastructure needed for an effective response (i.e., *building capacity*). The programs and services that are subsequently developed and delivered are intended to produce changes in individual awareness and attitudes and in regulatory and treatment environments (*environmental change*). These shifts enable and reinforce desired *behaviour change*, which may also be the direct outcome of programs and services.

Monitoring these developments as the Strategy matures – the purpose of OTRU's monitoring and evaluation report series – can guide adjustments and renewal. With time, positive outcomes can be expected in terms of health and productivity. Such gains can follow behaviour change quite swiftly.

Figure 2 - 2: Simplified Model of Major Steps in Effective Tobacco Control



The steps in this model of tobacco control are used in this report to describe the progress of projects for the period April 2003 - March 2004. At this stage of the Strategy, especially with the limited “dose” that has been administered to address the problem of smoking, the focus – appropriately – continues to be on building capacity, and this is the principal type of achievement reported in Section 2. However, there is also considerable evidence of environmental and behaviour change. The challenge at this time is to attribute these changes to specific interventions, even though they may seem to flow logically from them.

Projects described in this report represent all stages in this model:

- An example of a project devoted *primarily* to defining the issue is *Better Practices Identification*, which seeks to identify effective counter-measures, while the *Mass Media Campaign* uses focus-testing to test the potential impact of new messages.
- Projects focused on building capacity are: *Aboriginal Tobacco Strategy*, *Clinical Tobacco Intervention*, the *Media Network* and *TeenNet/CyberIsle*.
- Environmental (attitude) change is the objective of the *Mass Media Campaign*, *Youth Initiatives*, and the *Youth Tobacco Portal*.
- Environmental (regulatory) change is targeted by the community-level projects focused on bylaw adoption as well as *Leave the Pack Behind*.
- Behaviour change is the goal of *Smokers' Helpline* and *Leave the Pack Behind*.

However, each province-wide project has elements directed to other steps in the model, for example, building capacity (through diffusion) is an important objective of *Better Practices Identification* while *TeenNet/CyberIsle* seeks to reach not only young people but also to build awareness among health intermediaries.

PROGRESS TOWARD OTS OBJECTIVES

This section provides an overview of progress toward OTS objectives for the fiscal year ending March 31, 2004.^a For this purpose, we use, for the first time, the new OTS goals and long-term objectives adopted by the OTS Steering Committee during the past year. The logic models for the Strategy as a whole and for the three goal areas are in Appendix A. Although these revised objectives were not articulated at the time that work plans were developed for the 2003-04 year, using them in this report should help with planning the Strategy in the Fall of 2004.

... we use, for the first time, the new OTS goals and long-term objectives adopted by the OTS Steering Committee.

Projects that were active province-wide in 2003-04 are summarized in Table 2-1. Project activities are described in more detail in Appendix B (province-wide projects) and Appendix C (community projects).

Table 2-2 describes the status of tobacco control at the beginning of the renewal phase and summarizes relevant developments in the past year that are the focus of this report. Developments during the initial 3 ½ years of the OTS renewal have been described in previous reports by OTRU.^{3,4,5,6}

We also report on the development of a tobacco control network and the coordination of Strategy activities.

^a The fourth module in this evaluation series assesses the Ontario Tobacco Strategy as a whole, including the nature – or absence – of policy measures to discourage tobacco use in the province, the adequacy of the programming “dose” and the public health impact of the Strategy.

Table 2 - 1: Province-wide OTS Projects in 2003-2004

Main Strategy Project	Description/Objectives	Target Population
Public Education		
Mass Media Campaign	Provides media coverage to produce positive changes in attitudes and smoking behaviour; supports other community-based and province-wide tobacco control initiatives.	Adults, especially those who view tobacco products as socially acceptable to some degree
Ontario Lung Association – Youth Initiatives	Encourages youth to engage in tobacco-control initiatives and advocacy, increasing their awareness regarding the health effects of smoking and tobacco industry practices.	Youth 10-19 years old and youth workers
Youth Vortal	A website housing tobacco information targeting youth. Focused on promoting additional organizations and users to link to the Vortal.	Youth 10-19 years old and youth workers
Assistance to Smokers		
Telephone Helpline for Smokers	Offers and promotes a toll-free helpline to provide smoking cessation materials and assistance to adult smokers and influential members in their social networks.	Adult smokers
Leave the Pack Behind (LTPB)	Engages post-secondary students in a range of initiatives focussing on cessation services and information about the health risks associated with smoking and exposure to ETS.	College and university students who smoke or are at risk of smoking
Infrastructure Development		
Aboriginal Tobacco Strategy	To build tobacco control capacity, educate and mobilize leaders.	Aboriginal people
Better Practices Identification	A research initiative examining OTS renewal projects to identify and recommend effective programs, as well as guide future efforts, and adapt resources for special populations.	MOHLTC, other agencies funding and implementing tobacco control
Clinical Tobacco Intervention (CTI)	Trains physicians, dentists and pharmacists to promote the incorporation of cessation counselling into daily practice.	Physicians, pharmacists and dentists and their staff
Lungs are for Life (LAFL)	Encourages educators to use, and provides them with, classroom curriculum to prevent tobacco use among youth.	Public health professionals and K-10 teachers
Media Network	Works to enhance local and province-wide media coverage on tobacco control issues in Ontario, supports local media campaigns, and provides information to the news media.	Tobacco-free coalitions, public health units, CCS, OLA, HSFO community offices, volunteers
Ontario Tobacco-Free Network	Supports Ontario communities to implement local smoke-free bylaw initiatives and other tobacco-control activities, including participation in National Non-Smoking Week.	Tobacco-free coalitions, public health units, CCS, OLA, HSFO community offices, volunteers
TeenNet	Creates, promotes and refines web-based approaches to deliver smoking cessation and prevention programming to youth.	Youth 12-19 years old

Table 2 - 2: Tobacco-control in Ontario at the Start of OTS Renewal and Current Policies and Projects

OTS OBJECTIVE	AT THE START OF THE OTS RENEWAL IN 1999-2000	ACTIVITIES IN 2003-04
Protection: To eliminate involuntary exposure to environmental tobacco smoke	<ul style="list-style-type: none"> Schools are required to be smoke-free indoors and on the grounds. No province-wide restrictions on smoking in private workplaces but voluntary restrictions exist for a majority of Ontario workers Some municipalities have effective restrictions on smoking in public places. 	<ul style="list-style-type: none"> Campaigns in 32 municipalities or counties seek to enact or strengthen clean-air bylaws Clean-air provisions on some college and university campuses stimulated by Leave the Pack Behind No projects are directed to reducing ETS in homes, vehicles, other private spaces
Prevention: To prevent smoking initiation and addiction among children, youth, and young adults	<ul style="list-style-type: none"> Price of cigarettes is the lowest in Canada and among border US states: average price of \$30.30 per carton of 200 cigarettes. Vending machines and “kiddie packs” are banned Tobacco Control Act prohibits sales to under-19s Generally little activity occurs to enforce TCA . 	<ul style="list-style-type: none"> Federal-provincial tax rises \$5.00 per carton (\$2.50 in each of Nov '03 and May '04) → average price of \$66.23. Ontario's price the second lowest in Canada. Lungs are for Life – revamped K-12 school curriculum -- is disseminated Not to Kids, focusing on social sources of cigarettes, is in 12 health units with a population of 7 million No projects are directed at reducing industry marketing to children and youth.
Cessation: To reduce smoking in Ontario	<ul style="list-style-type: none"> Cessation programs of varying efficacy are available in some public health units and other varied locales Average price is \$30.30 per carton of 200 cigarettes 	<ul style="list-style-type: none"> Toll-free telephone cessation Helpline is operating and supplemented by local small-group cessation programs Youth-focused cessation initiatives exist on post-secondary campuses and through the internet Mass media campaign seeks to develop support for tobacco control. Average price is \$66.23/carton of 200 cigarettes

Note: Column 1 uses the OTS goals from the logic models developed for the OTS Steering Committee in early 2004. Column 2 is adapted from the report of the Expert Panel.¹ Column 3 is based partly on project reports for 2003-04 (Appendices B and C).

Networking and Coordination

Because the Ontario Tobacco Strategy is delivered by non-governmental agencies, coordination of tobacco control activities at provincial and local levels is crucial for maximizing the impact of the OTS budget. The principal mechanism for coordination is the OTS Steering Committee, its Coordinating Committee, and various sub-committees (e.g., for protection, prevention, and cessation) and working groups (e.g., Media Roundtable, Evidence-based Decision-making).

Established in late 2001, the Steering Committee brings together key stakeholders for both strategic and tactical planning of tobacco control in Ontario. The Committees' first full year of operation was in 2002-03, during which they met regularly and developed a multi-year plan for the OTS.

The "Tobacco Cluster" also provides a forum for coordination. Formerly known as the OTS Resource Centres Working Group, the Tobacco Cluster provides training and technical support to communities and partners in the OTS and linkage to the Ontario Health Promotion Resource System, which in turn has representatives from all the provincially funded resource centres.

Table 2-3 summarizes the bilateral interaction of province-level projects. Cooperation (ad hoc mutual support) and coordination (shared plans for activities conducted separately) were much more common than collaboration (activities jointly planned and executed), but there was extensive collaboration not shown in the table in the execution of many projects involving multiple agencies. Further, many projects that fall into the "infrastructure" category (Table 2-1) contribute directly to OTS coordination by developing mechanisms and resources for joint action.

Table 2 - 3: Levels of Interaction between Province-wide OTS Projects and with Other Agencies on Tobacco Control, 2003-04*

	Media Campaign	Youth Initiatives	Youth Vortal	Smokers' Helpline	LTPB	ATS	Better Practices	CTI	LAFL	Media Network	OTN	TeenNet
Media Campaign												
Youth Initiatives	⊙											
Youth Vortal												
Smokers' Helpline												
Leave the Pack Behind				○,●								
Aboriginal Tobacco Strategy												
Better Practices												
Clinical Tobacco Intervention				○,⊙,●								
Lungs Are for Life												
Media Network					○							
OTNetwork				○	●					○,⊙,●		
TeenNet			⊙		○							
Unspecified OTS projects				○			○					
Health units and community groups				○		●		○				○,⊙,●
Other OTS partners	○				⊙	○	○,⊙,●			⊙	○,⊙,●	
Health Canada	⊙					●		○				

- cooperation – ad hoc mutual support
- ⊙ coordination – shared plans for separate activities
- collaboration – activities jointly planned and executed

* Table entries show “bilateral” interaction, as reported by the projects, and do not include activities of the OTS Coordinating Committees and sub-committees.

EVALUATION AND ASSESSMENT OF PROJECTS

... changing social norms receives 40% of province-wide funding and cessation receives 31%. Relatively modest amounts go toward prevention (16%) and protection (9%), while industry denormalization receives only 3% of funds.

Public education is the best-funded strategy (44%), followed by infrastructure development (33%). Assistance to smokers receives 23% of province-wide funds....

In this section, we consider the province-wide projects. We summarize the focus and reach of the projects in place last fiscal year, and consider some issues in evaluation of the projects.

For the second year, OTRU conducted independent assessments on the evaluation evidence that the projects have submitted, and we describe this process. The assessments themselves appear with the detailed project descriptions in Appendix B. Appendix C describes the community-grant projects in place from mid-2002 through March 2004.

Project Focus

The relative effort expended in the past year on each OTS goal is shown in Table 2-4. This distribution is as reported by the projects themselves. It is noteworthy that fewer than half the projects are focused on only one or two goals.

On average, and *considering all projects to be of equal magnitude*, most effort is directed to cessation and prevention (about two thirds of the total), while industry denormalization receives hardly any effort at all.

A more rigorous way to summarize focus across goals and strategy types is to weight the effort reported in Table 2-4 by the size of project budgets as found in Appendix B. This calculation shows that changing social norms receives 40% of province-wide funding and cessation receives 31% (Table 2-5). Relatively modest amounts go toward prevention (16%) and protection (9%), while industry denormalization receives only 3% of funds. Public education is the best-funded *strategy* (44%), followed by infrastructure development (33%). Assistance to smokers receives 23% of province-wide funds.^b

Whether or not this allocation of resources is appropriate and effective for reaching the Strategy's goals is a question that the OTS Steering Committee should consider. The new emphasis on youth that has been articulated by the Minister of Health and Long-term Care, and the prospect of province-wide legislation banning smoking in work places and public places, suggests that this allocation may change.

^b If the community-grant projects were included in this calculation, it would modestly boost the proportion of funding directed at protection. However, since the community projects are short-term and can change in focus from one RFP competition to the next, we have chosen to concentrate on the ongoing province-wide projects to provide a sense of the overall direction of the Strategy.

Table 2 - 4: Proportion of Effort Expended on OTS Goals in 2003-04, as Reported by Province-wide Projects^c

Main Strategy Project	Tobacco Control Goals & Objectives				
	Protection (%)	Prevention (%)	Cessation (%)	Countering Industry Influences (%)	Changing Social Norms (%)
Public Education					
Mass Media Campaign	--	--	--	--	100
Youth Vortal	20	20	20	20	20
Youth Initiatives	25	75	--	--	--
Assistance to Smokers					
Telephone Helpline for Smokers	--	--	100	--	--
Leave the Pack Behind	20	10	50	20	--
Infrastructure Development					
Aboriginal Tobacco Strategy	20	30	40	--	10
Clinical Tobacco Intervention	--	--	100	--	--
Better Practices	33	33	33		
Lungs are for Life	--	100	--	--	--
Media Network	35	35	--	10	20
Ontario Tobacco-Free Network	50	20	15	15	--
TeenNet	--	40	40	20	--

^c The columns in this table, and in Table 5, reflect the older set of OTS goals, which was the basis on which the projects were asked to report their relative effort.

Table 2 - 5: Allocation of Funds (Province-Wide Projects), by Goals and Strategy, 2003-04

Main Strategy (see Table 2-4 for individual projects)	Tobacco Control Goals					
	Protection \$000	Prevention \$000	Cessation \$000	Countering Industry Influences \$000	Changing Social Norms \$000	All Goals \$000
Public Education	107.5	282.5	20.0	20.0	2,890.0	3,320.0 (44%)
Assistance to Smokers	70.0	35.0	1,545.0	70.0	--	1,720.0 (23%)
Infrastructure Development	529.0	897.5	745.8	171.8	111.0	2,455.0 (33%)
All Province-Wide Projects	706.5 (9%)	1,215.0 (16%)	2,310.8 (31%)	261.8 (3%)	3,001.0 (40%)	7,495.0 (100%)

(based on reported effort, Table 2-4, and individual budgets in Appendix B, excluding amounts received from other sources)

Project Reach

Public health impact is the result of both project efficacy and reach – the extent to which a project successfully engages its intended target group.

Reach – the extent to which a project successfully engages its intended target group – interacts with project *efficacy* to produce public health impact.^{7,8} Table 2-6 describes the target groups for ongoing province-wide projects and their cumulative reach to date, as reported by the projects.

Expressed as a percentage of the target group, reported reach varies widely, but this should not be taken as a straightforward measure of success. By its nature, “reach” has very different meanings for different projects, including an estimate of the number of people potentially exposed to a message or service by virtue of the delivery methods employed (e.g., the *Mass Media Campaign’s* reported exposure level), to a firm count of the number of persons enrolling in a service or program (e.g., *Smokers Helpline*). At the same time, the size and nature of the target groups vary enormously, from a small number of precisely defined intermediaries to the entire Ontario adult population. In most cases, however, there is growth apparent in the reach of most projects since the prior year.

Table 2 - 6: Target Populations for Ongoing Province-wide Projects and Reach as of March 2004, as Reported by Projects

	Intended Target Population	Estimated Size (previous year in parentheses, if different)	Proportion Reached (previous year in parentheses)
Mass Media Campaign	Adults, especially those resistant to tobacco control	5,800,000 adults (2,775,000 resisters)	85%
Youth Initiatives	Youth 12-19 years old	1,207,811	unknown
Youth Tobacco Vortal	Youth 10-19 years old (and youth workers)	1,510,00 youth	5%
Smokers' Helpline	Adult smokers	2,103,000	2% (1%)
Leave the Pack Behind	College and university students who smoke or are at risk of smoking	180,000 (100,050)	60% (54%)
Aboriginal Tobacco Strategy	Aboriginal people	357,000 (142 First Nations)	unknown
Better Practices	Coalitions, health units and other health organizations involved in tobacco control	75 coalitions, 37 health units, others undetermined	unknown
Clinical Tobacco Intervention	Physicians, pharmacists and dentists (and their staff)	36,000 professionals	22% (10%)
Lungs Are For Life	Public health professionals and K-12 teachers	37 public health units, 80,681 teachers	50%
Media Network	Coalitions, health units and other health organizations involved in tobacco control	600	65% (50%)
Local Media Campaigns (Media Network)	Coalitions, health units and other health organizations involved in tobacco-control media campaigns	120	30% (21%)
Ontario Tobacco-free Network	Coalitions, health units and other health organizations involved in tobacco control	75 coalitions, 37 health units, 100 affiliated organizations	100%
TeenNet	Youth 12-19 years old	1,207,800	10%

Evaluating the Projects and Assessing the Evaluations

As a condition of MOHLTC funding, all OTS projects are required to evaluate their progress. The plans for these evaluations are developed in consultation with OTRU, sometimes broadly and sometimes in considerable detail. However, there is no obligation for the projects to take OTRU's advice on evaluation.

While OTRU consults with project leaders on evaluation methods, the evaluations are primarily "internal" in execution. To supplement the projects' progress reports, OTRU conducted an external assessment of the province-wide projects in the spring of 2004. These assessments are meant for constructive guidance and are included in this report in the spirit of continual improvement (see Fig. 2).

There is genuine progress in tobacco control in Ontario, but it remains very difficult to attribute this change to specific OTS projects.

The assessment methods used were as follows. The project descriptions in Appendix B were compiled by OTRU from year-end reports submitted by the projects. These were in turn reviewed independently by two or more of OTRU's Principal Investigators. Reviewers were to provide brief, constructive observations under two headings:

- *Project progress*: the nature and scope of accomplishments to date, taking account of the size of the budget, the project's duration, and the challenges inherent in the area.
- *Approach to evaluation*: the adequacy of the design and the measures to produce good evidence of efficacy and reach, and suggest ways to improve these, if need be.

The independent reviews were collated, edited, and then sent to the project lead for their review, to provide a chance to correct any misperceptions and matters of fact. Project descriptions were revised accordingly by OTRU and are in Appendix B. "OTRU Assessments" follow each project description.

It is important to note that these descriptions and assessments apply to the status quo as of March 2004. OTRU acknowledges that there has been progress since that time and in many cases, it deals with issues raised in the assessments. Nevertheless, we feel it is worthwhile to have these progress reports and assessments on the record annually.

If the enthusiasm in these assessments seems sometimes restrained, it is because of the lack of definitive evidence of cause-and-effect relationships. Evidence suggests that there is genuine progress in tobacco control in Ontario, *but it remains very difficult to attribute this change to specific OTS projects.*

In the individual project assessments, OTRU notes two recurring issues:

1. The difficulty of identifying the unique contribution of an OTS project operating in an environment overflowing with other tobacco control programs, influences, and trends
2. The challenge of generalizing project results to persons or settings outside the project in question.

Examples of projects where extraneous influences are relevant are: *Mass Media Campaign*, *Lungs Are for Life*, *Youth Initiatives*, and *Youth Vortal* – each with a heavy educational component. Generalizability is relevant to those projects that rely upon volunteering or other methods that amount to self-selection – *Smokers Helpline*, *Leave the Pack Behind*, *Clinical Tobacco Intervention*, and *TeenNet*.

With respect to the first of these issues, at least for evaluating interventions (as distinct from some of the infrastructure projects), OTRU encourages designs that include systematic comparison of “exposed” vs. “unexposed” groups.

Random assignment to “intervention” and “control” groups is the ideal, but this is often unattainable. However, comparison of “exposed” and “unexposed” groups is often possible. Some prime examples are comparison of:

- The attitudes of persons who recall the *Mass Media Campaign*’s messages with those who do not.
- The quit rates of smokers who have used the *Helpline* or *Leave the Pack Behind* vs. those using other methods and programs.
- The smoking intentions of youngsters exposed to *Lungs are for Life* compared to no smoking-prevention program.
- Cessation skills of health professionals who have completed the *CTI* training with those who have not.

Finding appropriate comparison groups is seldom easy, and even if they exist, there are almost always questions about how comparable they really are, especially given the fact that individuals tend to sort themselves into groups in a non-random manner. One way to overcome this is to find comparison groups within population surveys, such as the CAMH Monitor (CAMH-M), Health Canada’s Canadian Tobacco Use Monitoring Survey (CTUMS), Statistics Canada’s Canadian Community Health Survey (CCHS), and the Rapid Risk Factor Surveillance System (RRFSS) of Ontario’s public health units. Such surveys can provide relevant and timely data on:

- Attitudes in each province toward smoking bans (CTUMS) and changes over time in Ontario (CAMH-M)
- Awareness of smoking cessation aids and programs (CAMH-M)
- The rate at which physicians and dentists advise their patients to quit or reduce smoking (CTUMS)
- Rates of smoking by pregnant women in each public health unit area (CCHS)

- Quit rates and intentions by province (CTUMS) and quit rates by PHU (CCHS).

Such data, which often appear in OTRU's Monitoring and Evaluation Series, can also be exploited as part of project evaluations. Beyond these sources, OTRU is planning a new adult survey, to start in 2005, for the express purpose of collecting data to evaluate projects and the Strategy.

Issues of generalizing results are not easy to overcome with social interventions, but at least the extent of the problem can be documented. For example, it is useful for both evaluators and program planners to know how the groups they reach differ from their target in terms of age, gender, education, smoking status and other relevant dimensions that are routinely measured by population surveys.

Issues Arising from Maturation of the Strategy

... it is useful for both evaluators and program planners to know how the groups they reach differ from their target in terms of age, gender, education, smoking status.

As noted above, it has been almost five years since the renewal of the Strategy was announced in mid-1999. A considerable amount has been accomplished since that time to put in place an infrastructure for real progress in tobacco control, measurable at the population level. At the same time, the policy environment has evolved considerably since the Report of the Minister's Expert Panel.

These conditions suggest that it is time to again review the Strategy. Such a review should take account of three issues that affect virtually all of the province-level projects reviewed in this document:

1. *Real budgets are declining.* Almost all the projects that have been ongoing since 1999 have had the same nominal budget every year. These budgets were eroded 11.1% by inflation between 1999 and 2003. Furthermore, 7% growth in the population means a further decline in spending power for those projects that target the general population. Overall, per-capita expenditure by the OTS fell 17.5% from 1999 to 2003, in constant 1999 dollars.
2. *Life cycles and budgets.* Projects have natural "life cycles" and these vary in nature and duration from project to project. For instance, implementation phases last longer for some projects and cost more (or less) than other phases of the project; evaluation costs may be higher in some years than others, and consume a greater proportion of the budget for some projects than others. This suggests funding needs to be responsive to evolving project needs over the course of the project life cycle, yet the continuing province-wide projects have almost all had flat budgets over the four budget cycles since renewal in 1999. The appropriateness of this remains an issue for the OTS Steering Committee and MOHLTC.

3. *Once objectives have been met.* The OTS was renewed five budget cycles ago and some projects have apparently reached, or are close to reaching, their objectives. If so, two options appear relevant:
 - (a) The project revises its objectives or focus and continues to receive funding, or
 - (b) The project ceases functioning and Ministry money is reallocated to other priorities.

The former approach has generally characterized the renewed OTS to date, and this has the advantage of keeping experienced agencies and individuals involved. OTRU would argue for a revised approach whereby maturing projects would be subject to a periodic independent needs assessment. This would give projects the opportunity to modify their objectives to reflect the changing environment in tobacco control and achievement of their initial objectives. Should an independent needs assessment reveal that there is no unmet need, then funding should cease.

4. *New OTS objectives.* As noted in several places in this report, new objectives and logic models have been developed for the OTS. While the overall goal and the long-term objectives for the Strategy are essentially unchanged, there are many short-term and intermediate objectives that are new (Appendix A). Since these objectives flow from the logic models, it is timely to identify those that have received little or no attention to date, at least on a province-wide scale.

OTRU looks forward to each project developing its own logic models and detailed objectives, and using these actively for both planning and evaluation.

The principal short-term objectives that lack matching project activities are as follows:^d

- Prevention:
 - To increase awareness of the risks associated with tobacco use among children, youth and young adults
 - To increase awareness among children, youth, young adults, parents, and policy-makers of the determinants of smoking initiation, such as tobacco industry marketing, price, and social environments
 - To increase local evidence-based prevention policy and programs
 - To increase enforcement of laws limiting youth access to tobacco
- Protection:
 - To increase public awareness of the health risks of ETS
 - To expose the tobacco industry's role in propagating myths

^d Several other objectives requiring policy and legislative action remain to be effectively addressed. These will be identified in Volume 10, Number 4.

- regarding ETS
 - To increase support for voluntary bans on smoking in homes and private vehicles
- Cessation:
 - To increase the proportion of smokers contemplating/preparing/ attempting to quit
 - To increase awareness of the health risks associated with smoking and the health benefits of quitting
 - To increase awareness of the adverse effects of smoking during pregnancy and child-rearing
 - To increase awareness of deceptive tobacco-industry marketing practices
 - To target cessation initiatives at low SES and other high-risk populations
 - To increase awareness among the public and policy-makers of policies that promote cessation.

OTRU looks forward to each project developing its own logic models and detailed objectives, and using these actively for both planning and evaluation as the OTS moves forward.

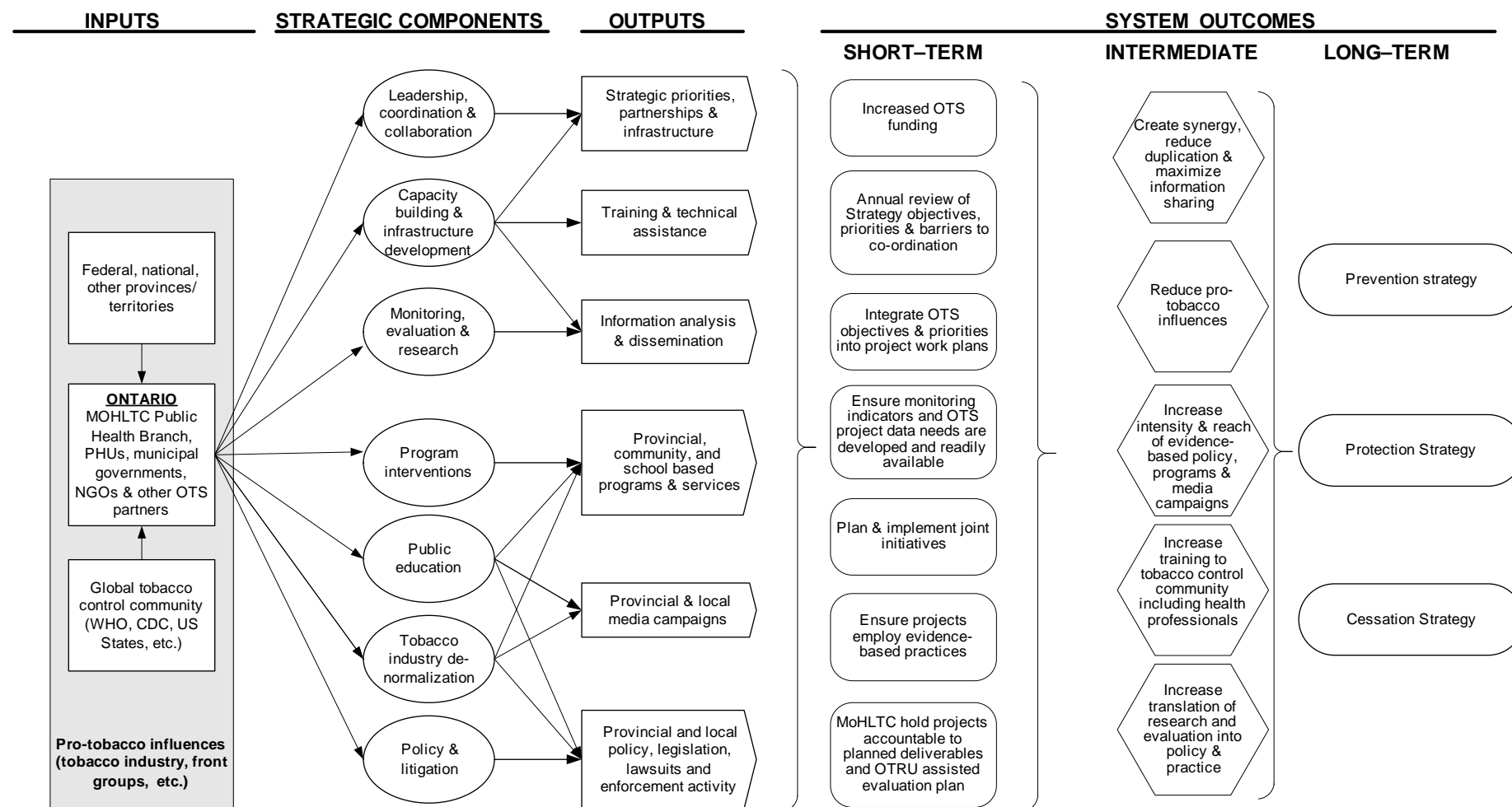
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APPENDIX A: LOGIC MODELS

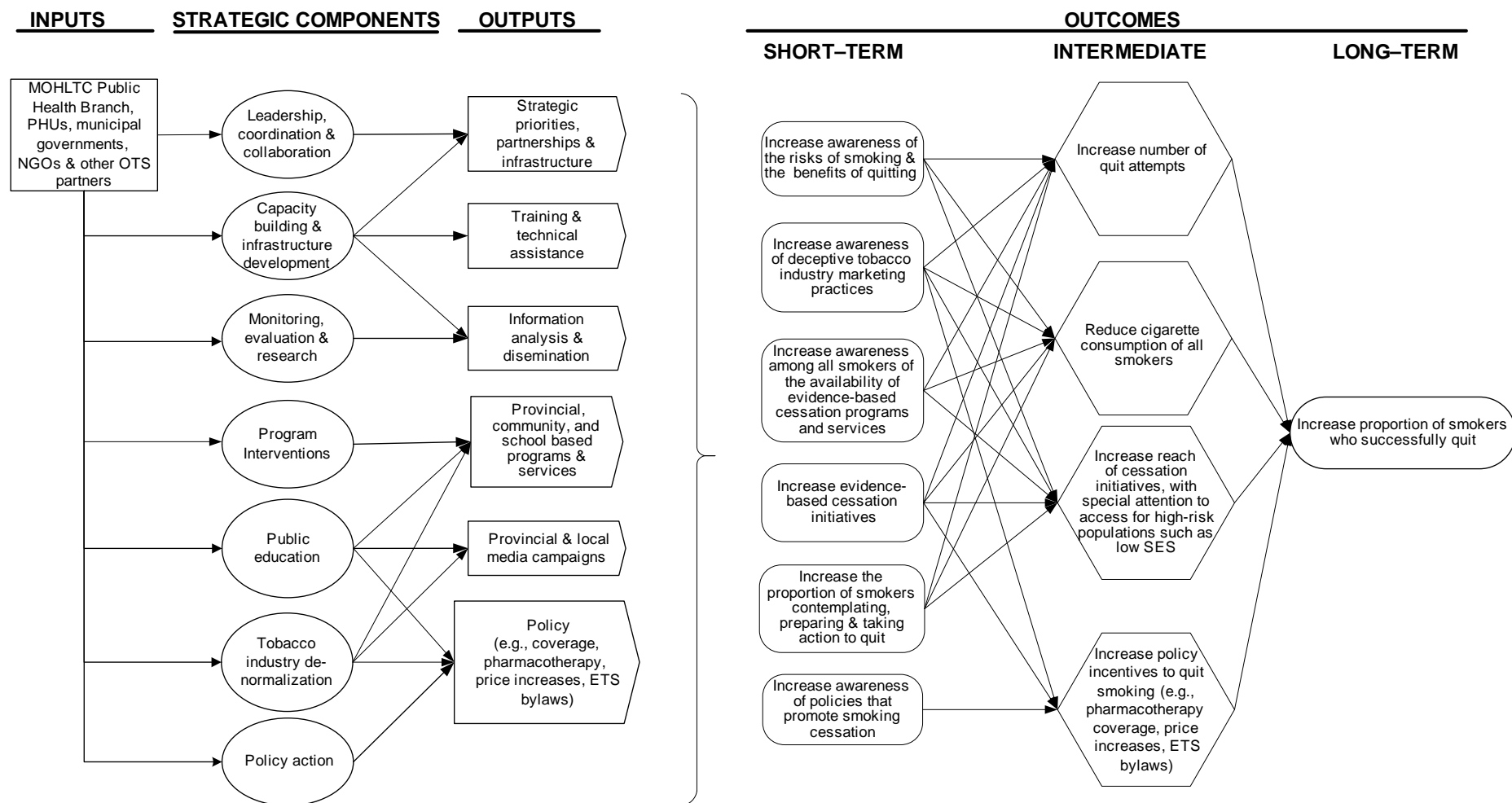
OVERALL SYSTEM LOGIC MODEL OF THE ONTARIO TOBACCO STRATEGY

STRATEGY GOAL: To Eliminate Tobacco Related Illness and Death



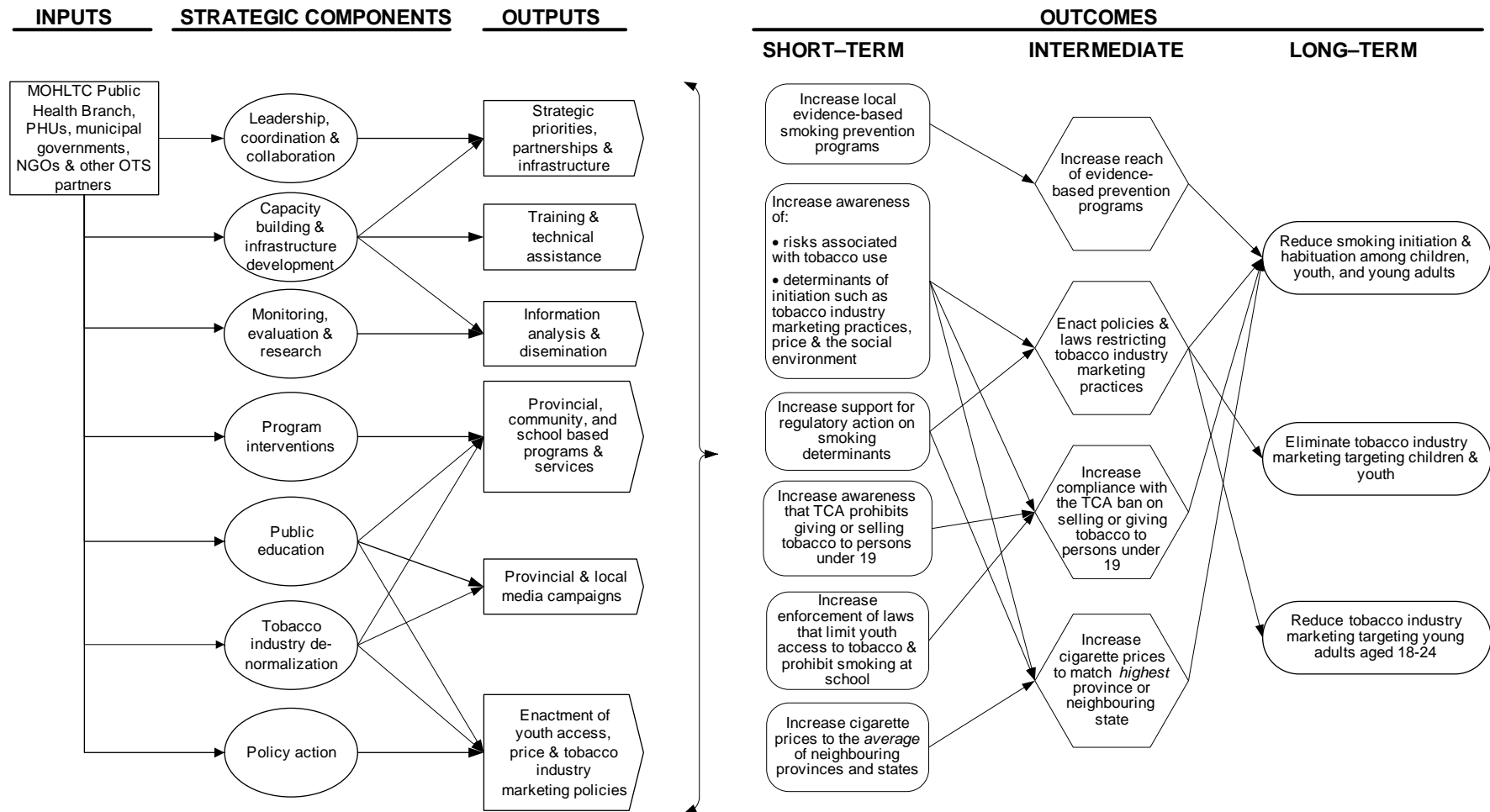
CESSATION LOGIC MODEL OF THE ONTARIO TOBACCO STRATEGY

GOAL: Reduce Smoking in Ontario in order to Eliminate Tobacco Related Illness and Death



PREVENTION LOGIC MODEL OF THE ONTARIO TOBACCO STRATEGY

GOAL: Prevent Smoking Initiation and Habitual Use among Children, Youth, & Young Adults in order to Eliminate Tobacco Related Illness and Death



PROTECTION LOGIC MODEL OF THE ONTARIO TOBACCO STRATEGY

GOAL: Eliminate Involuntary Exposure to Environmental Tobacco Smoke (ETS) in order to Eliminate Tobacco Related Illness and Death

