

Special Reports

Monitoring the Ontario Tobacco Strategy



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RESEARCH
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SUR LE TABAC
DE L'ONTARIO

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Monitoring Report

Part 2

**OTS Project Evaluations:
A Coordinated Review
2001/2002**

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OTS Project Evaluations: A Coordinated Review

Ontario Tobacco Research Unit

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PREFACE

This report by the Ontario Tobacco Research Unit (OTRU) is the third to summarize project activities and progress since the renewal of the Ontario Tobacco Strategy (OTS) in the fall of 1999. It covers the 12 months ending March 2002.

This report is part of a new series on monitoring and evaluation, initiated by OTRU in 2002. The series incorporates and expands upon the content of the two previous evaluation reports and the seven annual monitoring reports published to date. The objective of this reorganization is to provide more analysis and to do so in a more timely fashion. This is the second of four “modules” that will make up the annual series. The full series consists of:

No 1. Tobacco Control Highlights: Ontario and Beyond – a summary of developments elsewhere to help interpret tobacco control in Ontario (released August 2002)

No 2. OTS Project Evaluations: A Coordinated Review – a largely qualitative summary of accomplishments by OTS projects funded in the previous year (released August 2002)

No 3. Indicators of Progress – quantitative data from a variety of survey and other sources measuring progress in Ontario (to be released Fall 2002)

No 4. Annual Surveillance Report – a discussion of the results and implications of the findings in the other three modules (to be released November 2002).

ACKNOWLEDGMENTS

One of OTRU’s roles in the renewed Ontario Tobacco Strategy (OTS) 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 Working Group, which is chaired by Tom Stephens and includes all OTRU Principal Investigators, with staff support provided by Shawn O’Connor.

This report was prepared by Mike Hayes and Tom Stephens, with valuable contributions from Shawn O’Connor. Our thanks go to colleagues who provided information on their projects, completed the surveys on networking, and reviewed earlier versions of this report. Sonja Johnston at OTRU capably provided production assistance. The interpretation and opinions expressed in this report are the responsibility of the Principal Investigators of OTRU:

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EXECUTIVE SUMMARY

The previous report by the Ontario Tobacco Research Unit (OTRU) that reported on the evaluation of Ontario Tobacco Strategy (OTS) projects noted the following accomplishments from the fall of 1999 until the end of March 2001: “impressive numbers of Ontario smokers had quit or indicated their intention to do so, attitudes changed in favour of more effective tobacco control, and new measures were taken in communities to ensure protection for nonsmokers.” Projects funded in 2001-2002 extended most of these accomplishments by building on the capacity developed in this earlier period, and established new capacity for future tobacco control. Further, many of these past OTS projects were reviewed for their use of best practices.

Only six projects have been in place for the full 30 months since the OTS renewal was announced in 1999, and even these experienced some interruptions due to funding uncertainties and delays between fiscal years. Thus the total programming “dose” (of \$1.53 per capita in 2001-2002) has not been consistently available since the renewal of the OTS in 1999. Moreover, there were some noteworthy gaps in strategy activities during 2001-2002, notably the absence of any community-level projects. Partly as a consequence, there was relatively little attention to the OTS objectives of protection, or eliminating sales to minors and smoking by pregnant women.

Progress Toward Establishing Smoke-free Places

Protection was not the primary focus of projects in 2001-2002, but several made contributions toward the further establishment of smoke-free places:

- 12 weeks of new television advertisements were aired across Ontario. Ads were placed in campus newspapers to counteract tobacco industry messages.
- Local workshops were held to train intermediaries to implement smoke-free homes campaigns and an online database of news clippings was created to support campaigns for smoke-free places.
- 100% smoke-free policies were established for residences and other settings at several post-secondary institutions.

Progress Toward Eliminating Tobacco Sales to Minors

The reduction of tobacco sales to minors was not the principal focus of any of the projects in 2001-2002. One project developed and disseminated resources to counteract the influence of the tobacco industry’s Operation ID.

Progress Toward Reducing Youth Smoking

- Web-based approaches to cessation and prevention programming for young people were refined and tested. Community health organizations were recruited to link their websites to a tobacco portal on the Internet. Approximately 5000 young people joined and used a web-based smoking prevention and cessation resource.
- Smoking-prevention curricula for primary and secondary students were completed; tobacco knowledge increased for those completing the course.
- Health professionals and students were trained in cessation counseling and support. Nearly 2000 post-secondary smokers were recruited to cessation programs and services; about 13% reported quitting at 8 weeks and consumption decreased significantly.
- A Youth Tobacco Team was established to provide advice on tobacco control activities and a youth-oriented tobacco media campaign was developed.

Progress Toward Reducing Adult Smoking

- Cessation resources for self-help and for use by health intermediaries were produced and distributed.
- Health care professionals were trained to help smokers quit.
- Over 7,000 Ontarians were first-time callers to the Smokers' Helpline. Six-month quit rates were about 13% for those in preparation or action stages; 17% of Ontario smokers were aware of the toll-free helpline.

Progress Toward Reducing Smoking By Pregnant Women

While all prevention and cessation efforts will contribute to reduced smoking by pregnant women, no projects funded in 2001-2002 addressed pregnant women as a main focus of their activities.

Strategy Coordination and Partner Networking

Surveys of professionals working on the funded projects and Public Health Unit (PHU) staff around the province indicated fairly high levels of collaboration on tobacco control. Most of this was self-initiated and self-sustained. The contribution of the Ministry of Health and Long-Term Care (MOHLTC) to the development of a province-wide network of mutually reinforcing tobacco control activities was described by survey respondents as limited to the provision of funds for projects. The absence of any funds for community-level projects in 2001-2002 reduced, but did not eliminate, the participation of the PHUs in the developing network.

Strategy Coverage

- Although all nine projects were province-wide in scope, only four were focused directly on the population and five were concerned with developing the capacity of other agencies and individuals. This helps explain why there are relatively few outcomes at the population level in these early stages. However, these activities lay the vital groundwork for future gains at the population level.
- Young people were the direct targets of four projects and adults of two projects. Cessation and prevention were the main foci of attention. The absence of community projects explains part of the reduced emphasis on protection objectives.

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1. INTRODUCTION

1.1 Background of the Renewed OTS

In late 1998, the Minister of Health established an Expert Panel on the Renewal of the Ontario Tobacco Strategy (OTS) and directed it 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, but, in the absence of a comprehensive long-term plan to meet these objectives, questioned the validity of the quantitative target levels and dates for the objectives. Further, after careful review of the success of comprehensive tobacco control in Massachusetts, California, Oregon, and elsewhere, and considering the US Centers for Disease Control guidelines for comprehensive tobacco-control programs,² the Panel made 29 specific recommendations to move Ontario toward its goals for tobacco control.

In the spring of 1999, the Ministry of Health and Long-Term Care (MOHLTC) accepted many of the Expert Panel's recommendations and announced \$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 bringing annual funding to \$19 million;ⁱ funding was further renewed for the period April 2001-March 2002 at a level of \$18.2 million annually,ⁱⁱ or \$1.53 per person in Ontario.

Figure 1 shows the duration of all the projects funded under the renewed OTS since the fall of 1999, including some that were not funded in 2001-2002 and are not the subject of this report. In particular, it is worth noting that all the projects in the current report were province-wide in nature; there were no community-specific projects in the past fiscal year.

Table 1 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 18 months of the OTS renewal are described in two previous reports by Ontario Tobacco Research Unit (OTRU).^{3,4}

1.2 Evaluation Methods

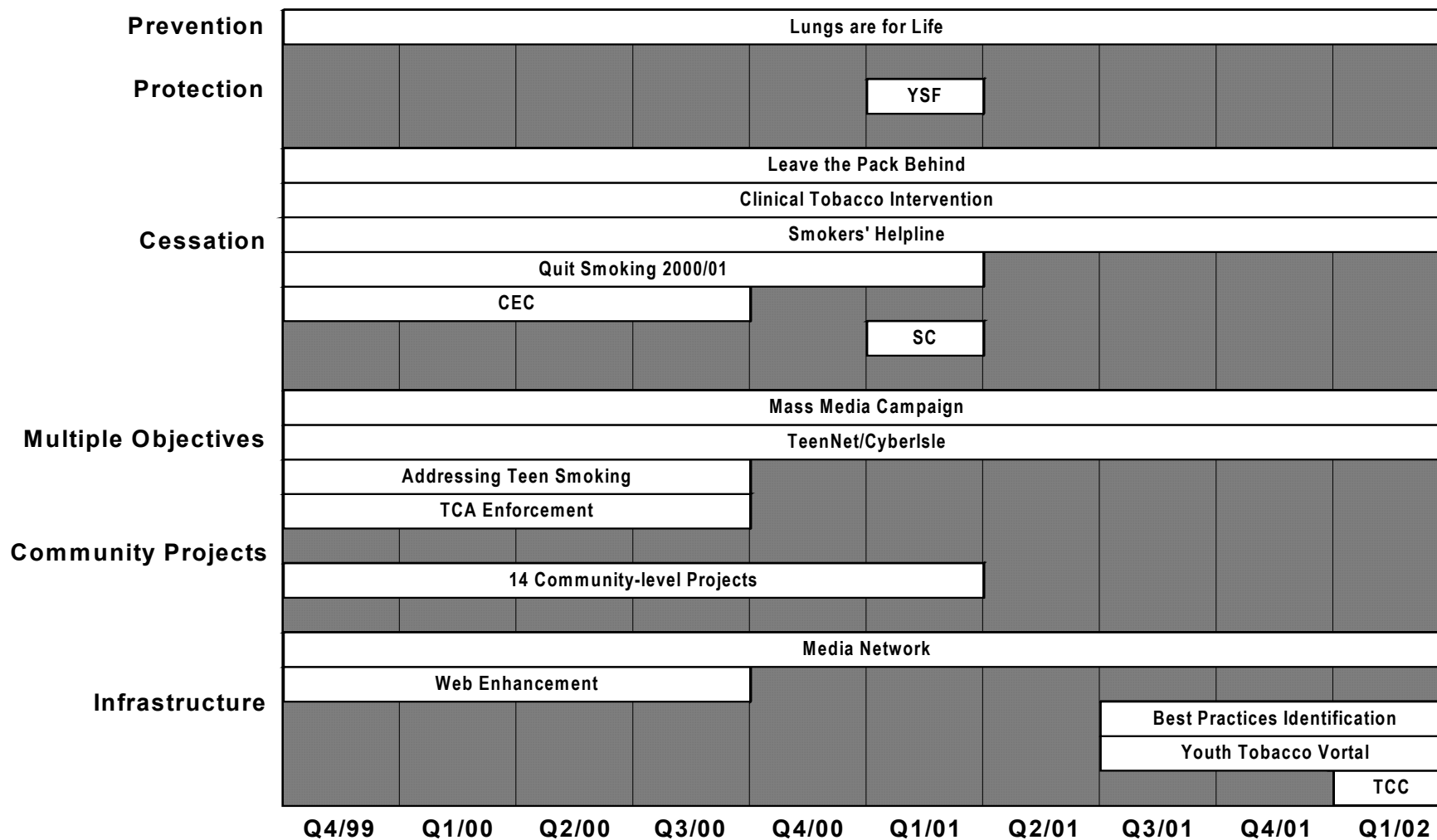
As a condition of funding, all projects were obligated to conduct their own evaluations, and the plans for these were developed in consultation with OTRU. A wide variety of techniques was used to evaluate progress, ranging from a review of administrative records to public opinion surveys. Data from these evaluations – collected, analysed, and provided by the project agencies – form the basis of this report. OTRU expects – and urges – that project evaluations will increasingly use objective third-party data, especially to document environmental and behavioural changes.

ⁱ According to the MOHLTC, the \$10 million in renewed funding was added to the existing support of \$4 million for OTS resource centres and a projected \$5 million for tobacco-control activities of the province's 37 health units.

ⁱⁱ \$400,000 of the \$18.2 million has been carried over to the 2002-2003 fiscal year.

Only six projects have been in place for the full 30 months since the renewal of the OTS in 1999, and even these experienced some interruptions due to funding uncertainties and delays between fiscal years. Thus, total programming "dose" has not been consistently available over this period.

Figure 1: Duration of OTS Projects Since the Fourth Quarter of 1999



Q = quarter/year; YSF = Youth & Smoke-free Living; CEC = Community Education Campaigns; SC = Standards for Counselors; TCA = Tobacco Control Act; TCC = Tobacco Control Conference

Table 1: Province-wide Activities in 2001-2002 Funded Under the Renewed OTS, Classified by OTS Objective

OTS OBJECTIVES	STATUS IN 1999/2000 AT THE START OF THE OTS RENEWAL ^{1,5}	RELATED ACTIVITIES DURING 2001-2002
Make all schools, workplaces and public places smoke-free	<ul style="list-style-type: none"> • Most schools were smoke-free: 84% of Ontario students were aware that smoking is not allowed on school property • 71% of those working outside the home reported complete restrictions on smoking at work • Some municipalities had effective restrictions in workplaces and public places 	<ul style="list-style-type: none"> • Province-wide mass media campaign, with local supplements, to develop understanding of dangers of second-hand smoke and support for restrictions
Eliminate tobacco sales to persons under the age of 19	<ul style="list-style-type: none"> • Statutory prohibition in TCA • 21% of retailers were willing to sell to minors • 5% of vendors were charged (1997) • Minority of underage smokers were asked for ID 	<ul style="list-style-type: none"> • None
Reduce tobacco sales and use overall	<ul style="list-style-type: none"> • Sales of 18.8 billion cigarettes, up from 14.3 billion in 1994 • Despite a tax increase in November 1999, cigarettes were still cheaper than elsewhere in Canada and the border US states, averaging \$30.30 per carton. 	<ul style="list-style-type: none"> • None
Reduce proportion of 12- to 19-year-olds who smoke	<ul style="list-style-type: none"> • 28% of students in grades 7-13 smoked >1 cigarette in the last year • 23% of students in grades 7-13 were daily smokers, up from 21% since 1997 • Vending machines and “kiddie packs” banned • Price of cigarettes lowest in Canada and border US states 	<ul style="list-style-type: none"> • Prevention initiatives province-wide through revamped school program • Youth-focused cessation initiatives established on post-secondary campuses and through the internet
Reduce proportion of age 20+ who smoke	<ul style="list-style-type: none"> • 28% of men and 23% of women aged 18+ smoked • No change since 1992 in cigarettes smoked per day • Price of cigarettes lowest in Canada and border US states 	<ul style="list-style-type: none"> • Province-wide toll-free cessation assistance established; local cessation programs in 8 locales
Eliminate tobacco use by pregnant women	<ul style="list-style-type: none"> • 16% to 23% of pregnant women smoked regularly 	<ul style="list-style-type: none"> • Possible surveillance methods for post-partum women in Ontario being tested

Note. Adapted from the report of the Expert Panel¹, and updated with data from the Sixth Monitoring Report of the Ontario Tobacco Research Unit⁵ (column 2) and project reports for 2001-2002, as summarized in Section 2 and detailed in Appendix C of this report (column 3).

In addition to these project reports, OTRU conducted two small surveys to assess awareness of the OTS, networking, and coordination (Appendices A and B). The results of these surveys are reported in Section 2.6.

The first survey was distributed to each of the nine organizations that had received funding in fiscal year 2001-2002 as OTS “Transfer Payment Agencies” and whose achievements are reported in Section 2. The survey was exploratory and was intended to provide a preliminary glimpse of how much these agencies interact and collaborate and the extent to which they had begun to form links with non-OTS organizations with an interest in tobacco control. Six of the nine organizations responded to the survey.

The second survey was distributed to key tobacco-control contacts at each of Ontario's public health units. It was intended to gauge awareness among all 37 health units of OTS province-wide initiatives, the extent and nature of collaboration that units might have had with those projects, and perceptions of the possible local impacts of province-wide OTS activities. Roughly half the health units (n=19) responded to the survey. Of those, 16 (84%) reported that their health unit had applied for OTS community grant funding at some point since renewal. Only five health units had ever received community grant funding and none of this was for the period 2001-2002.

The survey results, while interesting, may not fully reflect the views of a respondent's organization, and may be affected by a selective tendency to return questionnaires.

Finally, it should be noted that the results in this report are complemented by progress indicators that appear in separate reports by OTRU using sources external to the projects. In particular, these include provincial surveys that document population effects and national surveys that allow comparisons between Ontario and other provinces.⁶

Some limitations of evaluating natural experiments

As noted above, OTRU has advised the projects on evaluation design, and the goal has been to ensure some modicum of consistency among projects (e.g., in how to define “former smoker”), but, more basically, to increase the chances that valid conclusions can be drawn regarding program performance. However, these are all “real-world” experiments and evaluating them is not like conducting a randomized drug trial. Caution must always be exercised when interpreting reports of change associated with program activities and implementation.

There are two general cautions in these situations: a) some portion of the reported change may actually be due to influences *other than those that constitute a particular project's treatment or service as delivered*; and, b) the observed change *may not be generalizable to the larger population of untreated targets*. This is because of two common challenges to evaluation: a) there are extraneous influences, including but not limited to other tobacco-control programs, and b) most, if not all, program participants are volunteers, who may be unlike the general population in important ways.

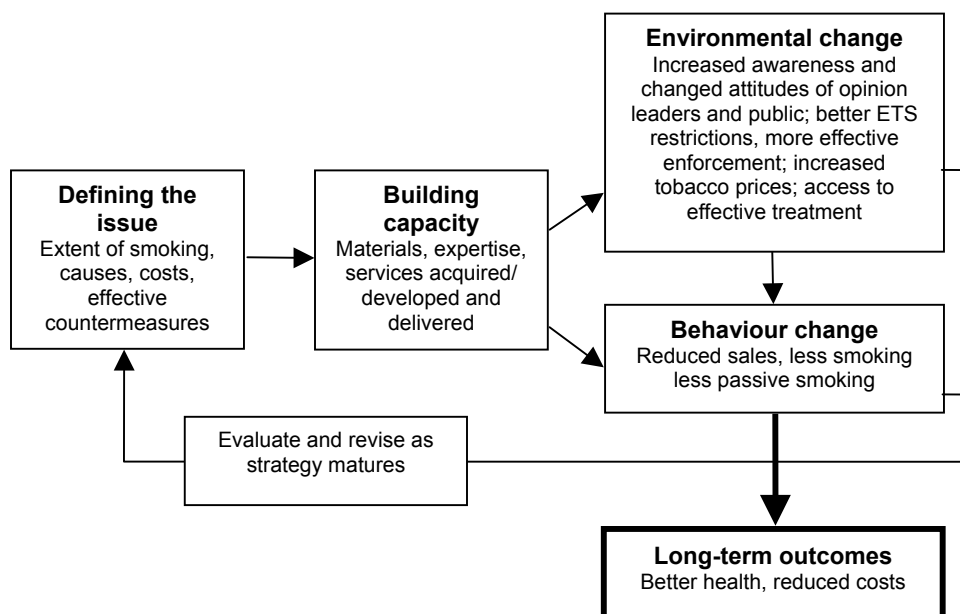
1.3 Structure of this Report

The structure used for describing project achievements in this report is based on Figure 2, which illustrates the principal steps in tobacco control.

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., *capacity building*). 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* that 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 series – can guide adjustments and renewal. With time, positive outcomes can be expected in terms of health and productivity. It is widely recognized that a comprehensive tobacco-control strategy requires some years to achieve the desired outcomes,⁵ even in California where the effort is intensive.⁶

The four steps in this model of tobacco control are used in this report to describe the progress of projects for the period April 2001 - March 2002. At this stage of the Strategy, especially with the limited “dose” being administered to the problem⁴ the focus – appropriately – is on building capacity, and this is the principal type of project achievement reported in Section 2. However, there is also considerable evidence from projects of environmental and even behaviour change.

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



Projects described in this report represent all stages in this model. Examples of projects devoted *primarily* to defining the issue are *Best Practices Identification and Diffusion* and the *Ontario Tobacco Control Conference*. Projects focused on building capacity are: *TeenNet/CyberIsle*, *Youth Tobacco Vortal*, *Youth Initiatives*, *Lungs are for Life*, *Clinical Tobacco Intervention*, and the *Media Network*. Environmental change is the main objective of the *Mass Media Campaign*, while behaviour change is the goal of *Leave the Pack Behind* and *Smokers' Helpline*. However, it is important to stress that each project has elements directed to other steps in the model, for example, building capacity (through diffusion) is an important objective of *Best Practices Identification and Diffusion*.

The goals and objectives of the renewed OTS are the prevention of tobacco use, protection from environmental tobacco smoke (ETS), and support for smoking cessation - *Ministry of Health and Long-Term Care, April 1999*.

2. PROGRESS TOWARD OTS OBJECTIVES

This section provides an overview of progress toward key OTS objectives for the fiscal year ending March 31, 2002. In addition to the explicit objectives of protection, prevention, and cessation, we report on the implicit objectives of the development of a tobacco control network and the coordination of Strategy activities. Progress on a project-by-project basis is described more fully in Appendix C.

2.1 Progress Toward Establishing Smoke-free Places

While protection was not the sole focus of any of the provincial projects funded in 2001-2002, several have made contributions toward the further establishment of smoke-free places. These include one project to identify best practices for dissemination to community professionals (*Best Practices Identification and Diffusion*), one that has provided media advice and consultation to community groups pursuing or supporting local bylaws (*Media Network*), and one that has made significant progress in helping to establish smoke-free spaces on post-secondary campuses (*Leave The Pack Behind*). These efforts have been complemented by a provincial media campaign that aims to reduce the glamour of tobacco use (*Mass Media Campaign*). The establishment of smoke-free spaces is also supported by the efforts of all provincial projects that pursue prevention and cessation and promise to reduce the number of smokers in Ontario.

These projects have contributed to:

Defining the issue

- Of the nature of youth and adult attitudes toward the regulation of smoking in public places and of the types of media messages that might influence those attitudes (*Mass Media Campaign*, *Leave The Pack Behind*);
- Of the nature and support for smoking bans on post-secondary campuses and the extent to which smoking remains normalized within the post-secondary culture (*Leave The Pack Behind*);
- Of the role and uses of local media in community efforts to create or support smoke-free spaces (*Media Network*).

Building capacity for tobacco control

- By delivering 12 weeks of fresh and readily-recalled television advertisements targeting all Ontarians, but particularly those who view tobacco products and their use as acceptable to some extent (Mass Media Campaign);
- By securing funding to develop and run advertisements in campus newspapers to counteract tobacco industry messages (Leave The Pack Behind);
- By distributing resources for smoke-free homes (Best Practices Identification and Diffusion);
- By offering local workshops to train and equip intermediaries to implement smoke-free homes campaigns (Best Practices Identification and Diffusion, Media Network);
- By offering a media-relations workshop for tobacco control practitioners, and creating advertising and media materials for use by community groups to educate the public and community politicians about smoke-free bylaws (Media Network);
- By creating an online, searchable database of news clippings that have relevance to those who are planning or implementing smoke-free places campaigns (Media Network);
- By reviewing past projects for best practices to be assembled into an “ETS Policy Development” toolkit (Best Practices Identification and Dissemination).

There were some noteworthy gaps in strategy activities during 2001-2002, notably the absence of any community-level projects. Partly as a consequence, there was relatively little attention to the OTS objectives of protection, or eliminating sales to minors and smoking by pregnant women.

Change in the tobacco control environment and smoking behaviour, as evidenced by

- The development of new 100% smoke-free policies for residences at four post-secondary institutions, new 100% smoke-free policies for outdoor courtyards at two post-secondary institutions, and by the development, supported by student referendum, of a 100% smoke-free policy for all pubs at one university (Leave The Pack Behind).

2.2 Progress Toward Eliminating Tobacco Sales to Minors

The reduction of tobacco sales to minors was not the principal focus of any of the provincial level projects funded in 2001-2002 (see Table 1). Indeed, only one project (Leave The Pack Behind) addressed the issue of sale and supply in any direct fashion and here only as a small part of larger efforts toward prevention and cessation among post-secondary students (only a small minority of whom would be under 19 years of age). Additional progress toward reductions in sales to minors may be supported to some extent by three projects (TeenNet, Youth Tobacco Vortal, Youth Initiatives/Lungs Are For Life) that pursued objectives of prevention and/or cessation among young people and might thereby promise some reduction in demand. This being said, one project (Media Network) made a substantial contribution to the development and dissemination of resources to counteract the potentially negative and influence of the tobacco industry’s Operation ID.

2.3 Progress Toward Reducing Youth Smoking

Four projects in 2001-2002 focused on the reduction of tobacco use among young people (TeenNet, Youth Tobacco Vortal, Youth Initiatives/Lungs Are

For Life, Leave The Pack Behind). All four involved some blend of prevention and cessation. These projects were complemented by two others that provided general support to prevention and cessation efforts (Mass Media Campaign, Best Practices Identification and Diffusion).

These projects have contributed to:

Defining the issue

- Of the attitudes of young people toward smoking, tobacco control, and the tobacco industry (Leave The Pack Behind, Youth Tobacco Vortal, Youth Initiatives/Lungs Are For Life, TeenNet, Mass Media Campaign);
- Of the types of technologies and applications that may hold promise for reaching a large number of young people (Youth Tobacco Vortal, Youth Initiatives/Lungs Are For Life, TeenNet);
- Of specific cultural influences that promote or support smoking among young people (TeenNet, Leave The Pack Behind).

Building capacity for tobacco control

- By further refining and testing web-based approaches to cessation and prevention programming for young people (TeenNet, Youth Tobacco Vortal);
- By training campus health professionals in Clinical Tobacco Intervention and training students to deliver telephone cessation support and prevention services (Leave The Pack Behind);
- By reviewing past projects for best practices to include in a “Prevention and Education for Youth” toolkit (Best Practices Identification and Dissemination);
- By recruiting community health organizations to link their websites to a tobacco vortal (Youth Tobacco Vortal);
- By convening a Youth Tobacco Team to provide advice on the relevance of tobacco control activities and by completing and field testing primary and secondary tobacco prevention curricula (Youth Initiatives/Lungs Are For Life);
- By developing a youth oriented tobacco media campaign (Youth Initiatives/Lungs Are For Life).

Change in the tobacco control environment and smoking behaviour, as evidenced:

- By attracting 5000 young people to join and use a web-based smoking prevention and cessation resource (TeenNet);
- By encouraging post-secondary institutions to include 'Zyban' in student health care plans (Leave The Pack Behind);
- By recruiting nearly 2000 post-secondary smokers to use cessation programs and services (Leave The Pack Behind). Of those followed-up at 8 weeks, about 13% reported quitting and self-reported tobacco consumption decreased significantly;
- Increases in overall student tobacco knowledge among those exposed to primary and secondary prevention curricula (Youth Initiatives/Lungs Are For Life).

2.4 Progress Toward Reducing Adult Smoking

Three projects in 2001-2002 had an immediate focus on reducing the prevalence of adult smoking through the provision of direct cessation support (Smokers' Helpline), the dissemination of cessation resources to health intermediaries (Best Practices Identification and Diffusion), and the training of health care professionals (Clinical Tobacco Intervention). These efforts were complemented by a provincial media campaign to reduce the appeal of tobacco use (Mass Media Campaign). Over the longer term, all projects that contribute to prevention objectives, or that contribute to the establishment and proliferation of smoke-free spaces, will come to make a major contribution toward reducing adult smoking.

These projects have contributed to:

Defining the issue

- Of recruitment strategies and service-delivery options (Smokers' Helpline);
- Of the cessation support needs of lower-literacy groups (Best Practices Identification and Diffusion);
- Of effective strategies for the mobilization of health care professionals for cessation advice and support (Clinical Tobacco Intervention).

Building capacity for tobacco control

- By collaborating extensively with other tobacco control initiatives, both within the OTS and beyond, to ensure accessibility to and the coordinated delivery of cessation supports (Smokers' Helpline, Clinical Tobacco Intervention);
- By producing and/or distributing self-help cessation resources to the public and resources for health intermediaries providing cessation support (Best Practices Identification and Diffusion, Clinical Tobacco Intervention);
- By enhancing the capacity of health care professionals and other health intermediaries through the provision of training (Clinical Tobacco Intervention, Best Practices Identification and Diffusion);
- By contributing to a collaborative effort to develop certification standards for cessation counselors (Best Practices Identification and Diffusion, Smokers' Helpline, Clinical Tobacco Intervention).

Change in the tobacco control environment and smoking behaviour, as evidenced by

- Population surveys that suggest 17% of Ontario smokers are aware of the toll-free helpline (Smokers' Helpline);
- Over 7,000 first-time callers to the Helpline. Six-month quit rates of about 13% for those in preparation or action stages, which compare favourably with rates reported by helplines in other jurisdictions (Smokers' Helpline).

2.5 Progress Toward Reducing Smoking By Pregnant Women

Given the high risk that smoking poses to fetuses and infants, this objective remains important to overall Strategy aims. While all prevention and cessation efforts will contribute to reduced smoking by pregnant women, no projects funded in 2001-2002 addressed this target group as a main focus of their activities. Nonetheless, there were projects that had the potential to contribute more immediately through the dissemination of cessation resources to health intermediaries (Best Practices Identification and Diffusion), and the training of health care professionals to counsel and advise their patients (Clinical Tobacco Intervention).

These projects have contributed to:

Building capacity for tobacco control

- By producing and/or disseminating resources for health care intermediaries involved in the delivery of cessation supports to women (Best Practices Identification and Diffusion);
- By producing and disseminating to physicians, dentists and pharmacists, information and resources on smoking and pregnancy (Clinical Tobacco Intervention);
- By collaborating with other organizations with a direct interest in the delivery of cessation support to pregnant women (Clinical Tobacco Intervention).

The renewed Ontario Tobacco Strategy (OTS) aims to support the coordination of tobacco use reduction activities at the provincial and local levels through collaboration with key health agencies and community organizations - *Ministry of Health and Long-Term Care, April 1999.*

2.6 Networking and Coordination

The coordination of tobacco control activities at provincial and local levels has always been an objective of the OTS. In past years, MOHLTC has taken active steps to bring Strategy partners together in hopes of encouraging and facilitating the development of networks and collaboration. Such was not the case in 2001-2002 with the cancellation of local-level grants. Nonetheless, the establishment of an OTS Steering Committee in late 2001 has provided a valuable opportunity to bring together key stakeholders for the purposes of crafting a more integrated vision of the future and direction of tobacco control in Ontario. In addition, individual partner projects have shown considerable initiative in collaboration and coordination.

To gain a better understanding of the nature and quality of the developing tobacco control network in Ontario, two surveys of relevant stakeholders were implemented in April of 2002. The first (OTS Network Survey) was administered to representatives of the organizations that had received OTS funding for 2001-2002. The second (Public Health Unit Tobacco Network Survey) was administered to key tobacco control staff in each of Ontario's 37 public health units. Survey instruments appear in Appendices A and B.

OTS Network Survey: Results

This brief survey was distributed to all nine organizations that had received funding in fiscal year 2001-2002 as OTS "Transfer Payment Agencies" (i.e., the organizations with projects described in Appendix C (excluding the Ontario Tobacco Conference). The survey provides a first glimpse of

collaboration among OTS-funded agencies as well as their links with other tobacco-control organizations. Six of the nine organizations responded to the survey.

Each organization was asked by OTRU to identify all OTS-funded *projects* (not agencies) with which their project had some contact, interaction, or collaboration in the past 12 months. Those responding reported they had, on average, contact with six of the other 11 funded projects. The minimum reported number of contacts was three other projects whereas the maximum number of reported contacts was nine.

Organizations also reported contacts with other projects or organizations, not funded by the OTS over the past year:

- All had at least six other key contacts, interactions, or collaborations;
- Five of the six responding organizations reported significant contact with a large number of public health units from across the province;
- Almost as common were reports of collaboration with several tobacco cluster organizations (e.g., Ontario Campaign for Action on Tobacco, Ontario Tobacco-free Network, Smoking and Health Action Foundation, Program and Training Consultation Centre, Ontario Tobacco Research Unit
- Three of the responding organizations reported significant contact with Health Canada and the Ontario Heart Health Network;
- Several NGOs – for example, Canadian Cancer Society, Ontario Lung Association, etc – were mentioned as significant non-OTS contacts;
- At least two organizations have had substantial contact with projects and organizations in other jurisdictions within Canada and beyond.

Among OTS-funded projects, the most common form of interaction appears to be the sharing of materials or resources that are produced or distributed by one project and used by another. These interactions tend to be non-reciprocal although there is one instance where two organizations report they made use of materials and resources produced or distributed by the other. Another common form of interaction among OTS-funded projects appears to be referral of people among projects and the promotion of each other's activities to other groups or organizations.

For reported contacts with non-OTS projects or organizations, the most common form of interactions again appears to be the sharing of materials or resources. Also common are reports that OTS projects have worked with non-OTS projects and organizations for the purposes of advocacy.

While many reported that their interactions with other projects or organizations are “important” to the accomplishment of their project objectives, few report they are “very important.” Not surprisingly, those interactions rated as “very important” tended to involve some relatively formal joint service delivery or collaboration.

Staff from OTS projects and the provinces public health units indicate fairly high levels of collaboration on tobacco control. These survey respondents describe the role of the Ministry of Health and Long-Term Care's involvement in the development of a province-wide network of tobacco control as limited to the provision of project funding.

Agencies reported particular organizations or groups that played a part in “encouraging or facilitating” their collaborations or interactions with other projects or agencies. MOHLTC, Program Training and Consultation Centre, Ontario Campaign for Action on Tobacco, Ontario Tobacco-free Network, and OTRU all received roughly equal and repeated mention. A number of the responding organizations suggested that “encouragement” and “facilitation” needed to be separated. Specifically, it was suggested that while MOHLTC did a great deal to encourage collaboration, Program Training and Consultation Centre, Ontario Campaign for Action on Tobacco, Ontario Tobacco-free Network and OTRU did more to facilitate it.

Public Health Unit Survey: Results

Although none of Ontario’s 37 Public Health Units (PHUs) had been funded by the OTS in 2001-2002, key tobacco contacts at each health unit were asked to respond to our PHU survey.

Just over half of the health units (n=19) responded, which makes the interpretation of results perilous. Of those who responded, 16 (84%) reported that their health unit had applied for OTS community grant funding at some point since renewal. Only five health units, however, had ever received community-grant funding.

Seventeen of the 19 health units reporting were aware of at least half of the province-wide projects that had received funding for the fiscal year 2001-2002. All of these units reported that they had occasion to collaborate or interact with at least one of these projects in the past 12 months. Not surprisingly, the OTS projects that were most readily recognized were generally those that encouraged or pursued local collaborations as a key feature of their service-delivery strategy and/or those that offered some form of direct service or service coverage to community members.

Table 2: Awareness of OTS Projects

OTS Project (ordered by frequency)	Number of Health Units Aware (max=19)
Smokers' Helpline	17
Media Network	17
TeenNet	17
Clinical Tobacco Intervention	16
Best Practices Identification/Dissemination	16
OTS Coordinated Evaluation	16
Mass Media Campaign	15
Youth Initiatives/Lungs are for Life	12
Leave the Pack Behind	12
Youth Vortal	9
OTS Coordinating Committee ^a	9
Aboriginal Needs Assessment	2

^a not a conventional OTS project but included in the survey for comparison purposes

The most common types of collaborations for the public health units were:

- using materials or resources that were produced or distributed by an OTS project;
- referring people or groups to an OTS project or otherwise promoting the activities of the OTS project;
- receiving training or consultation from an OTS project;
- working with OTS projects for the purposes of advocacy (e.g., for smoke-free bylaws).

Almost without exception, the PHUs rated these collaborations as either important or very important to the accomplishment of their own tobacco control objectives.

Health units were asked to report organizations or groups that played a part in “encouraging or facilitating” interactions with OTS projects. Program and Training Consultation Centre, Ontario Campaign for Action on Tobacco, Ontario Tobacco-free Network, and OTRU all received roughly equal and repeated mention. All were mentioned as having played a role by more than 12 of the 17 health units that had reported collaborations. MOHLTC was mentioned by 8 of the 17 units.

Responding health units clearly supported the idea that province-wide OTS projects have had positive impacts within their communities. All units (n=19) agreed or strongly agreed that province-wide projects had helped create momentum for local efforts and that province-wide projects had helped build capacity for local efforts. A substantial majority of reporting PHUs also agreed or strongly agreed that province-wide projects had:

- helped to increase support for tobacco control among the general population in their community (15/19);
- helped to increase support for tobacco control among policy makers and government officials in their community (14/19);
- provided ideas for local initiatives (17/19);
- increased the visibility of tobacco control in their community (16/19);
- provided direct services to members of their community (12/19).

Table 3: Collaboration of Public Health Units with OTS Projects in 2001-2002

OTS Project ^a	Number of Health Units that have Collaborated/interacted (max=19)
Media Network	17
Smokers' Helpline	16
Clinical Tobacco Intervention	9
Best Practices Identification/Dissemination	8
Mass Media Campaign	7
OTS Coordinating Committee	5
OTS Coordinated Evaluation	5
Youth Vortal	4
TeenNet	3
Leave the Pack Behind	3
Youth Initiatives/Lungs are for Life	2
Aboriginal Needs Assessment	0

^a Ordered by frequency of collaborations/interactions.

3. OBSERVATIONS AND CONCLUSIONS

In this section, we assess the larger picture that has emerged from reviewing OTS spending on partner projects. While these observations are generally restricted to the projects that were active in 2001-2002, the fourth module in this evaluation series, to be released in November 2002, will assess the Ontario Tobacco Strategy as a whole, including the nature – or absence – of policy measures to discourage tobacco use in the province.

3.1 Strategy Coverage

Several aspects of strategy coverage are important for impact: the population targeted and reached by the projects, the strategies used, their duration, and intensity or “dose.”

Table 4 identifies the nature and size of the *target populations* for the projects funded over the past fiscal year. Although all projects were province-wide in scope, only four were focused directly on the population whereas five were concerned with developing the capacity of other agencies and individuals for effective tobacco control. While this pattern is appropriate for the early stages of comprehensive tobacco control, it also explains why there may be relatively few outcomes at the population level in these stages.

Young people were the direct targets of four projects. Two of these were concerned with the further development of web-based prevention and cessation resources (TeenNet, Vortal), one involved the continued provision of cessation and prevention services to post-secondary students (Leave the Pack

Behind), and one involved finalizing and implementing smoking-prevention curricula for all levels of elementary and secondary students, developing a youth media campaign, and mobilizing young people to participate in tobacco control (Lungs Are for Life). While youth seem to have received their fair share of the attention in 2001-2002, we suggest that they share a tobacco-control strategy that is still too modest overall to have any measurable impact at the population level.

Table 4: Target Populations of OTS Projects in 2001-2002

Project/Main Strategy	Target Population and Estimated Size
Public Education	
Mass Media Campaign	2,775,000 Ontarians who view tobacco products as socially acceptable to some degree
TeenNet	533,000 youth aged 12-18 with regular Internet access
Assistance to Smokers	
Leave the Pack Behind	108,500 college/university student smokers
Telephone Helpline for Smokers	2,103,000 adult smokers (age 18+) in Ontario
Infrastructure Development	
Best Practices	OTS partner agencies, PHUs, MOHLTC
Youth Vortal	OTS partner agencies, PHUs, others
Youth Init./Lungs are for Life	2,096,000 students in JK to Gr. 12 and their teachers
Clinical Tobacco Intervention	Primary: 34,000 physicians, dentists, pharmacists Secondary: 25% of patients who smoke
Media Network	OTS partner agencies
Tobacco Control Conference	OTS partner agencies, PHUs, MOHLTC

Two projects in 2001-2002 targeted adult Ontarians directly, one for the purposes of reducing the social acceptability of tobacco use (Mass Media Campaign) and one for the purposes of providing cessation support (Smokers' HelpLine). The Clinical Tobacco Intervention has adult smokers as its *indirect* target.

In keeping with the strong emphasis on capacity-building, health agencies and health care professionals remained the target population for a large number of projects (under *Infrastructure Development* in Table 4).

Table 5 identifies the OTS objectives to which this past year's projects were directed. The primary focus was on cessation and, secondarily, prevention. Only two projects directed major attention to protection (excluding the Tobacco Control Conference). The absence of community-level projects in this fiscal year explains part of the reduced emphasis on protection objectives.

As in past years,^{3,4} a considerable proportion of project effort continued to be directed toward building capacity for effective tobacco control. Specifically,

capacity building centred on activities that lay the groundwork for future gains at the population level.

In comparison to past years, the accomplishments for 2001-2002 suggest that more effort was directed toward applying that capacity to deliver more direct prevention and cessation services (see Sections 2.1 through 2.5 and Appendix C). It appears that, as the strategy matures, efforts are shifting – appropriately – toward making positive changes in the tobacco control environment and achieving behaviour change. Nonetheless, significant future gains at the population level will depend on a comprehensive multi-year plan to put capacity into action at both the provincial and community levels.

Table 5: OTS Objectives Addressed by OTS Projects in 2001-2002

Project/Main Strategy	Protection	Prevention	Cessation	Denormalization
Public Education				
Mass Media Campaign	●			●
TeenNet		●	●	
Assistance to Smokers				
Leave the Pack Behind	○		●	
Telephone Helpline for Smokers			●	
Infrastructure Development				
Best Practices	●		●	
Youth Vortal		●		
Youth Init./Lungs are for Life		●		○
Clinical Tobacco Intervention			●	
Media Network	○			●
Tobacco Control Conference	●	●	●	○

● = major focus

○ = secondary focus

As previously mentioned, Figure 1 shows the duration of all projects since the inception of the renewed OTS. While the current report is focused on the most recent fiscal year, it is worth noting that, as of March 2002, only six projects had been in place for the full 30 months since the OTS renewal was announced, and even these experienced some interruptions due to funding uncertainties and delays between fiscal years. Thus the total programming “dose” (\$1.53 per capita in 2001-2002) has not been consistently distributed among communities or types of project since the renewal of the OTS in 1999. As of August 2002, it appears that all of these province-wide projects will continue until at least March 2003. Moreover, a new round of community grants will fund local tobacco control through March 2004, although the locations of these projects and the amount of the funds have not yet been finalized.

3.2 Conclusions

While these observations apply specifically to projects funded during fiscal 2001-2002, many of the accomplishments documented in this report are the result of consistent effort since the fall of 1999. By implication, the payoff from these projects will be enhanced with the future certainty and continuity provided by a comprehensive tobacco-control plan and multi-year funding.

1. Many of the province-wide projects described in this report continued to **build capacity** for tobacco control and to **provide support** to community. With the absence of OTS funding for community projects in 2001-2002, however, the contribution of the renewed Strategy to local progress on tobacco-control objectives was indirect, at best, and far weaker than it could be. A reintroduction of community funding at levels sufficient to increase the real “dose” of local efforts should increase the rate of progress on all OTS objectives.
2. There has been substantial progress toward the development of a variety of resources and strategies to address issues of **prevention and cessation among young people**. These may well come to form the backbone of a comprehensive program of tobacco control for Ontario's youth, in concert with meaningful tobacco-tax increases.
3. In 2001-2002, several funded projects contributed to increased understanding of attitudes toward tobacco use and **support for the creation of smoke-free spaces** among young people and adults in Ontario. Still, there is little evidence that the OTS contributed directly to any broad-based proliferation of effective policies or bylaws. With no community project funding, and no significant movement toward policy measures at the provincial level, any progress that did occur across the province on the development of smoke-free spaces occurred largely independent of the OTS, with the exception of bylaws on a select few post-secondary campuses.
4. Accomplishments reported for 2001-2002, coupled with those accumulated since renewal, suggest a substantial increase in the **accessibility of cessation supports for Ontario smokers**. The development and dissemination of resources, the training and mobilization of large numbers of health intermediaries and health care professionals, and the delivery of direct support to aspiring quitters combine to help ensure more smokers consider quitting and, for those who do, that they receive the sorts of support needed to increase their probability of success.
5. There has been little formal effort on the part of the MOHLTC to encourage awareness of OTS activity and direction among non-funded tobacco control organizations, agencies, and practitioners (i.e., among non-partners) or to encourage **collaborations and coordination of tobacco control** effort beyond the boundaries of the OTS. Nonetheless, the renewed OTS has emerged to some extent as a point of focus among tobacco control practitioners who see it as an early foundation for what might develop in Ontario. There is evidence of considerable effort on the

Although all nine funded projects were province-wide in scope, only four were focused directly on the population whereas five were concerned with developing the capacity of other agencies and individuals. This helps explain why there are relatively few outcomes at the population level at present. These activities, however, lay the vital groundwork for future population gains.

part of particular OTS partner projects, and on the part of many community practitioners, to nurture the kinds of partnerships that will bring about a more rational and coordinated application of tobacco control activities. It remains to be seen how these relationships might be further enhanced by the active participation of the Ministry and the province's Public Health Units.

APPENDICES

Appendix A: OTS Network Survey

The OTS Network Survey was distributed to nine organizations that had received funding in fiscal year 2001-2002 as OTS “Transfer Payment Agencies.” The survey was intended to provide a preliminary look at the extent to which these agencies interact and collaborate.

The Public Health Unit Survey was distributed to key tobacco-control contacts at each of Ontario's 37 public health units. It was intended to gauge awareness of province-wide OTS initiatives, the extent and nature of collaboration that units have had with those projects, and perceptions of possible local impacts.

Appendix B: Public Health Unit Survey

The Public Health Unit Survey was distributed to key tobacco-control contacts at each of Ontario's 37 public health units. It was intended to gauge awareness of province-wide OTS initiatives, the extent and nature of collaboration that units have had with those projects, and perceptions of possible local impacts.

Appendix C: Project Reports

This section provides a description of the principal accomplishments of projects funded under transfer payment agreements for the fiscal year ending March 31, 2002. There were no community grant projects during this period. For this reason, all projects reported here are considered province-wide in scope.

Projects are classified by the *principal* strategy employed: public education, providing assistance to smokers, and building infrastructure. This should not obscure the fact that some projects employ multiple strategies. For example, the Clinical Tobacco Initiative is building the infrastructure (skills and knowledge among health professionals) to provide assistance to smokers; similarly, the Media Network provides the infrastructure for other agencies to participate effectively in public education.

Note: Cancer Care Ontario's Aboriginal Cancer Care Unit was funded in 2001-2002 to conduct a needs assessment within Ontario's Aboriginal population. At the time of writing, the final report of that needs assessment was not yet available. As a result, accomplishments of this project are not included in this report.

Appendix A: OTS Network Survey

Project Name: _____

A. Interactions with OTS funded projects

1. Indicate all OTS-funded projects with which your project has had some contact in the past 12 months.

- ☐ 1. Smokers' Helpline (CCS)
- ☐ 2. Media Network (CCO)
- ☐ 3. TeenNet (U of T)
- ☐ 4. Clinical Tobacco Intervention (OMA, ODA, OPA)
- ☐ 5. Mass Media Campaign (HSFO)
- ☐ 6. Youth Initiatives/Youth Tobacco Team (OLA)
- ☐ 7. Leave the Pack Behind (Brock University et al)
- ☐ 8. Youth Vortal (THCU)
- ☐ 9. Best Practices Identification and Dissemination (PTCC)
- ☐ 10. Aboriginal Needs Assessment (CCO)
- ☐ 11. OTS Coordinating Committee (CCO)
- ☐ 12. OTS Coordinated Evaluation (OTRU)

2. For each project that you checked above, what was the nature of the relationship? (The numbers 1 through 12 at the top of the columns correspond to the numbers assigned each project above. Check as many of the lettered descriptors as apply.)

Nature of interaction/relationship	1	2	3	4	5	6	7	8	9	10	11	12
a. We shared funding and responsibility for a project initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We have contributed staff time to their project activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. They have contributed staff time to our project activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. We used materials that they produce and/or distribute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. They used materials that we produce and/or distribute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. We referred people to them or promoted their activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. They referred people to us or promoted our activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. We worked together for the purposes of advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. We have worked together to develop funding proposals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. We have received training or consultation from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. They have received training or consultation from us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. We have staff that sit on one or more of their committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. They have staff that sit on one or more of our committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. For each project with which you have had working relationships or interaction, how important would you say that relationship has been to accomplishing your project objectives? (The numbers correspond to the OTS projects in Q1.)

1	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
2	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
3	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
4	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
5	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
6	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
7	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
8	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
9	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
10	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
11	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
12	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important

4. Did any of the following organizations or groups play a part in encouraging or facilitating your collaborations or interactions with these projects?

- | | | | |
|---|------------------------------|-----------------------------|---------------------------------|
| a. The Tobacco Strategy Unit at MOHLTC | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| b. Other Public Health Branch staff | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| c. Ontario Heart Health Network | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| d. Program Training and Consultation Centre | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| e. OTS Coordinating Committee | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| f. Ontario Tobacco Research Unit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| g. Ontario Tobacco-free Network | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| h. Ontario Campaign for Action on Tobacco | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| i. Other (Specify: _____) | | | |

B. Interaction with other projects/organizations

5. Apart from the OTS projects above, list any other projects or organizations with which your project has had contact related to tobacco control in the past 12 months (e.g. other NGO's or NGO projects, other provincial tobacco control agencies such as OCAT, SHAF, OTN, PTCC, other Ontario Health Promotion Resource Centres, projects funded through other government initiatives such as Heart Health or the Stroke Strategy, Public Health Units, other community groups or organizations, etc.)

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

6. For each project/organization listed above, what is the nature of the relationship? (Numbers at the top of each column correspond to the numbers assigned each project in question 5. Check as many of the lettered descriptors as might apply.)

Nature of interaction/relationship	1	2	3	4	5	6	7	8	9	10	11	12
a. We shared funding and responsibility for a project initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We have contributed staff time to their project activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. They have contributed staff time to our project activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. We used materials that they produce and/or distribute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. They used materials that we produce and/or distribute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. We referred people to them or promoted their activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. They referred people to us or promoted our activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. We worked together for the purposes of advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. We worked together to develop funding proposals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. We have received training or consultation from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

k. They have received training or consultation from us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. We have staff that sit on one or more of their committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. They have staff that sit on one or more of our committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other (specify:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. For each project/organization listed above, how significant is the relationship to achieving your project objectives?

1	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
2	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
3	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
4	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
5	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
6	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
7	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
8	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
9	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
10	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
11	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
12	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important

8. Did any of the following organizations or groups play a part in encouraging or facilitating your collaborations or interactions with these projects or organizations?

- | | | | |
|---|------------------------------|-----------------------------|---------------------------------|
| a. The Tobacco Strategy Unit at MOHLTC | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| b. Other Public Health Branch staff | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| c. Ontario Heart Health Network | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| d. Program Training and Consultation Centre | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| e. OTS Coordinating Committee | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| f. Ontario Tobacco Research Unit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| g. Ontario Tobacco-free Network | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| h. Ontario Campaign for Action on Tobacco | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| i. Other (Specify:) | | | |

Thanks for your help.

Appendix B: Public Health Unit Survey

1. As you probably know, MOHLTC funds a number of province-wide tobacco control projects through the Ontario Tobacco Strategy (OTS). Please indicate which of these projects you are aware of.

- ☐ 1. Smokers' Helpline (CCS)
- ☐ 2. Media Network (CCO)
- ☐ 3. TeenNet (U of T)
- ☐ 4. Clinical Tobacco Intervention (OMA, ODA, OPA)
- ☐ 5. Mass Media Campaign (HSFO)
- ☐ 6. Youth Initiatives/Youth Tobacco Team (OLA)
- ☐ 7. Leave the Pack Behind (Brock University et al)
- ☐ 8. Youth Vortal (THCU)
- ☐ 9. Best Practices Identification and Dissemination (PTCC)
- ☐ 10. Aboriginal Needs Assessment (CCO)
- ☐ 11. OTS Coordinating Committee (CCO)
- ☐ 12. OTS Coordinated Evaluation (OTRU)

2. Has your health unit had occasion to collaborate or interact with any of these projects in the past 12 months?

- ☐ Yes
- ☐ No.....(go to Question 7)
- ☐ Unsure....(go to Question 7)

3. If yes, please indicate which projects.

- ☐ 1. Smokers' Helpline (CCS)
- ☐ 2. Media Network (CCO)
- ☐ 3. TeenNet (U of T)
- ☐ 4. Clinical Tobacco Intervention (OMA, ODA, OPA)
- ☐ 5. Mass Media Campaign (HSFO)
- ☐ 6. Youth Initiatives/Youth Tobacco Team (OLA)
- ☐ 7. Leave the Pack Behind (Brock University et al)
- ☐ 8. Youth Vortal (THCU)
- ☐ 9. Best Practices Identification and Dissemination (PTCC)
- ☐ 10. Aboriginal Needs Assessment (CCO)
- ☐ 11. OTS Coordinating Committee (CCO)
- ☐ 12. OTS Coordinated Evaluation (OTRU)

4. Did any of the following organizations or groups play a part in encouraging or facilitating your collaborations or interactions with these projects?

- | | | | |
|---|------------------------------|-----------------------------|---------------------------------|
| a. The Tobacco Strategy Unit at MOHLTC | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| b. Other Public Health Branch staff | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| c. Ontario Heart Health Network | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| d. Program Training and Consultation Centre | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| e. OTS Coordinating Committee | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| f. Ontario Tobacco Research Unit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| g. Ontario Tobacco-free Network | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| h. Ontario Campaign for Action on Tobacco | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| i. Other (Specify:) | | | |

5. For each project that you checked in Question 3, what was the nature of your interaction or relationship?
(Check as many of the lettered descriptors as apply.)

Nature of interaction/relationship	OTS Project											
	Smoker's Helpline	Media Network	TeenNet	Clinical Tobacco Intervention	Mass Media Campaign	Youth Tobacco Team	Leave the Pack Behind	Youth Vortal	Best Practices Identification	Aboriginal Needs Assessment	OTS Coordinating Committee	OTS Coordinated Evaluation
a. We shared funding and responsibility for a project initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Our unit has contributed staff time to their project activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. They have contributed staff time to our activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. We have used materials that they produce and/or distribute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. They have used materials that we produce and/or distribute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. We have referred people to them or promoted their activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. They have referred people to us or promoted our activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. We have worked together for the purposes of advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. We have worked together to develop funding proposals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. We have received training or consultation from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. They have received training or consultation from us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. We have staff that sit on one or more of their committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. They have staff that sit on one or more of our committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other (specify:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. For each project with which you have had some interaction or relationship, how important would you say that relationship has been to accomplishing your health unit's objectives?

Smoker's Helpline	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
Media Network	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
TeenNet	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
Clinical Tobacco Intervention	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
Mass Media Campaign	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
Youth Tobacco Team	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
Leave the Pack Behind	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
Youth Vortal	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
Best Practices Identification	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
Aboriginal Needs Assessment	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
OTS Coordinating Committee	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important
OTS Coordinated Evaluation	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not very important

The remaining questions are about the possible impacts that these province-wide projects may have had in your community. Please indicate the extent to which you agree with each statement of impact.

7. Province-wide projects have helped to increase support for tobacco control among the general population in our community.

- ☐ Strongly agree
- ☐ Agree
- ☐ Unsure
- ☐ Disagree
- ☐ Strongly disagree

8. Province-wide projects have helped to increase support for tobacco control among the policy makers and government officials in our community.

- ☐ Strongly agree
- ☐ Agree
- ☐ Unsure
- ☐ Disagree
- ☐ Strongly disagree

9. Province-wide projects have helped to create momentum for local efforts.

- ☐ Strongly agree
- ☐ Agree
- ☐ Unsure
- ☐ Disagree
- ☐ Strongly disagree

10. Province-wide projects have helped to build capacity for local efforts.

- ☐ Strongly agree
- ☐ Agree
- ☐ Unsure
- ☐ Disagree
- ☐ Strongly disagree

11. Province-wide projects have provided direct services to members of our community.

- ☐ Strongly agree
- ☐ Agree
- ☐ Unsure
- ☐ Disagree
- ☐ Strongly disagree

12. Province-wide projects have provided ideas for local initiatives.

- ☐ Strongly agree
- ☐ Agree
- ☐ Unsure
- ☐ Disagree
- ☐ Strongly disagree

13. Province-wide projects have increased the visibility of tobacco control in our community.

- ☐ Strongly agree
- ☐ Agree
- ☐ Unsure
- ☐ Disagree
- ☐ Strongly disagree

14. Has your health unit ever applied for OTS funding?

- ☐ Yes
 - ☐ No
 - ☐ Unsure
-

We would like to thank you for your time and assistance with this.

Appendix C: Project Reports

C.1 Public Education

Mass Media Campaign - Heart and Stroke Foundation of Ontario

Status in 2001-2002: Continuing (Initiated Fall 1999), Budget \$3,000,000

Status in 2002-2003: Continuing, Budget \$3,000,000

Background and Objectives

Experience with comprehensive tobacco control in key US jurisdictions has suggested the importance and potential impact of a broad umbrella of media coverage to support, reinforce, and interact with other initiatives. With OTS renewal, this campaign was initiated to promote norm change through a targeting of “complacent libertarians,” Ontarians who may be conditionally accepting of tobacco use, but whose attitudes may be susceptible to influence or change. The project continues to build on work begun in earlier fiscal years. The stated objective for this phase of the campaign is to “erode the permission to smoke so that tobacco use becomes increasingly socially unacceptable.”ⁱⁱⁱ Specific initiatives included the continued development and launch of new campaign advertisements, and continued efforts toward the development of a base of knowledge upon which to build messaging for young people.

Evaluation

As with any media campaign, much early effort was directed toward issue definition and capacity building activities. While this remains a continued focus, the campaign is expected to contribute, in 2001-2002 and beyond, to changes in attitudes toward restrictions on public smoking. OTRU’s hope is that evaluation will allow such changes to be attributable to campaign materials.

Evaluation activities have included the use of focus groups to research and assess campaign messages and materials. Evaluation has centred on pre- and post-test surveys of separate random samples of adult Ontarians, without controls, to assess changes in attitudes toward tobacco and tobacco control initiatives. Persuasive evidence of the impact will come from documenting the campaign’s reach and different attitudes between exposed and unexposed members of the target population. If apparent exposure is very high, appropriate controls may have to be sought in another province that has no comparable campaign.

Issue-definition Accomplishments

- Heart and Stroke Foundation of Ontario Tobacco Creative (i.e., campaign material) testing involved eight focus groups conducted across four Ontario communities. Results indicate that legislation may still be a contentious issue in the anti-smoking debate. Nonetheless, the idea that non-smokers are too tolerant of smokers, especially indoors, was widely supported in the focus groups, even among smokers.
- An internet study of smoking bylaw advertisements was conducted. In all, 202 members of an established internet panel were shown advertisements that considered the impact of ETS on bar and restaurant staff. Overall reactions to the advertisements were positive and the majority felt the ads would make them more supportive of legislation against smoking in public places.

ⁱⁱⁱ OTRU does not consider this “denormalization,” a term that is properly reserved for changing public attitudes toward the tobacco industry as normal commercial activity, rather than attitudes toward smokers or the act of smoking.

- A survey of 305 high school students conducted in December of 2001 revealed the following:
 - ♦ 29% agree that there are too many rules about where people can and can't smoke
 - ♦ 46% admit that the price of cigarettes has an impact on their smoking
 - ♦ 51% agree it is not their business if someone chooses to smoke around them
 - ♦ 62% support a bylaw that would make all public places 100% smoke-free
 - ♦ 76% agree that the tobacco industry wants kids to smoke
 - ♦ 82% agree that the decision to smoke is a personal choice
 - ♦ 87% agree that government should regulate where people can and can't smoke
 - ♦ 96% agree that tobacco smoke also hurts non-smokers
- A pre-test survey was conducted with a random sample of 1,200 Ontario adults in January 2002 to precede the first airing of new media advertisements. Analyses seem to suggest that attitudes regarding the social acceptability of tobacco use continued to be mixed. Specific findings include the following. 63% agree it is irresponsible for smokers to expose non-smokers to cigarette smoke in public places. The same percentage agree it is a personal choice if someone chooses to smoke and the decision can not be legislated. 75% are comfortable being around smoke at a park or walking down the street, but only 44% are comfortable being around smoke inside a friend's house. Finally, 71% support a dedicated tax being added to the cost of a carton of cigarettes

Networking and Collaboration

- Significant collaborations exist with the Canadian Cancer Society's Smokers' Helpline and Cancer Care Ontario's Media Network.
- Additional collaborations have involved public health units, Ontario Campaign for Action on Tobacco, the Ontario Lung Association, Health Canada, and the Centers for Disease Control Advertisement Library.

Environmental and Behaviour Change Accomplishments

- The Youth Survey suggests that young people differ from adults in the following ways:
 - ♦ they are 18 percentage points less likely to agree that smokers are outcasts in their social group (21% versus 39% respectively)
 - ♦ they are 18 percentage points less likely to agree that when their friends get together, those who smoke always have to leave the group to smoke (46% versus 64% respectively)
 - ♦ they are 30 percentage points less likely to agree that smoking has become a socially unacceptable behaviour (44% versus 74% respectively)
 - ♦ they are 10 percentage points more likely to sit in the smoking section if a seat in the non-smoking section is not available (64% versus 54% respectively).
- The Youth Survey included a small number of behavioural questions. 66% said they would ask a person smoking inside a friend's house to put out their cigarette. 51% said they would ask if the smoking took place on school property. 40% said they would ask if they were waiting for a bus, at a park, or walking down the street. 61% reported they had actually asked someone to put out their cigarette at some point.
- A survey conducted in April 2001 asked the same questions of a random sample of 1,000 Ontario adults. 43% said they would ask a person smoking inside a friend's house to put out their cigarette. 24% said they would ask if they were waiting for a bus, and 16% said they would ask if they were at a park, or walking down the street. 61% reported they would ask a friend to put out their cigarette if the smoke bothered them, while 37% said they would ask a stranger.

- Post-test research involving a random sample of 1,000 adults following the recent flight of new campaign creative suggests that overall about 75% of adult Ontarians were aware of the television advertisements (this includes both unaided and aided recall). Eleven percent of respondents were able to describe the new campaign advertisements with no prompting. When ads were described to respondents, 63% said they recalled seeing the ad entitled “Don,” while 51% said they recalled seeing the ad entitled “Bernice.” This research also suggests that the following trends have begun to emerge over the project's two years and two waves of campaign creative (although, in the absence of a control group, it is not possible to attribute these gains to the campaign).
 - ◆ the proportion of Ontario adults who believe that smoking is a personal choice and can not be legislated by government has dropped from 70% in 2000 to 59% in 2002.
 - ◆ the proportion who suggest they are willing to tolerate smoking around them even though they don't like it has dropped from 48% in 2000 to 40% in 2002.
 - ◆ the proportion who say they are comfortable being around cigarette smoke in a bar has decreased from 52% in 2000 to 45% in 2002.
 - ◆ the proportion who agree with banning smoking in any public place or on any public property, whether indoors or outdoors, has increased from 27% in 2000 to 37% in 2002.
 - ◆ the proportion of “libertarians” who support a 100% smoke-free bylaw for public places has increased from 30% in 2000 to 43% in 2002.
 - ◆ the proportion of “libertarians” who agree they would sit in the smoking section of a restaurant if the non-smoking section was full has decreased from 51% in 2000 to 31% in 2002.
 - ◆ the proportion of “libertarians” who agree that it is irresponsible for smokers to expose non-smokers to smoke in public places has increased from 60% in 2000 to 72% in 2002.

Implications

An earlier phase of the campaign achieved very high levels of message recall and provided indications that it may have begun to contribute to increased salience and momentum for tobacco control (c.f., OTRU, 2002). The development of new advertisements designed specifically to address the complacent libertarian promises to continue these gains with fresh and appropriate messages. Substantial formative research has created a promising base of information from which to build efforts that address issues of tobacco use among young people.

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

Status in 2001-2002: Continuing (Initiated Fall 1999), Budget \$250,000

Status in 2002-2003: Continuing, Budget \$250,000

Background and Objectives

TeenNet represents a continuing effort to create, promote and refine web-based approaches to the delivery of smoking cessation and prevention programming to young people. This year's activities included the creation of a stand-alone version of the Smoking Zine (www.smokingzine.org), and continued research activities to better understand the factors that affect the use and potential impact of web-based resources that target youth. TeenNet also hosts the Smoking-fx website for the Youth Tobacco Vortal project discussed below. These two projects will collaborate in the coming year to implement a website evaluation tool.

Evaluation

A large measure of project accomplishment to date has revolved around research to understand patterns of internet use among young people and development of the capacity to offer relevant web-based resources for cessation and prevention. Work in 2002-2003 will begin to uncover the project's potential to produce environmental and behaviour change among youth.

Project staff are currently completing preparation work for a large-scale randomized control research study that will evaluate the impact of the Smoking Zine on youth smoking behaviours (stopping, cutting down and not starting). The study will be run in Toronto-area high schools in the fall of 2002 and should provide important knowledge about young people's use of the Internet for accessing health information and programs and on the impacts that these resources may have on uptake and cessation.

Capacity-building Accomplishments

Materials and Programs

- As part of developing the evaluation study, TeenNet reviewed its research proposal with members of the Smoke-Free School Zone Committee, including representatives from Toronto Public Health (TPH), Toronto District School Board, and Toronto Catholic District School Board. From these discussions, it became clear that in order to run the intervention in the high schools, a stand-alone version of the Smoking Zine would be needed that was independent of other health websites and did not include information on other health-related issues. As this large-scale study of the Smoking Zine is an essential step to ensuring that evidence-based youth smoking prevention and cessation resources are available, TeenNet agreed to create a stand-alone Smoking Zine. This required a diversion of effort and resources that slowed progress on other project initiatives.
- By completing the stand-alone Smoking Zine in the spring, TeenNet ensured the research applications submitted to the school boards for a fall 2002 study were complete. Another reason for completing the stand-alone Smoking Zine in the spring was so that it might be used as part of the Halton "Quit and Don't Start" Contest for youth.
- In addition to the new stand-alone website, extensive work was done on the evaluation measures and processes over the past year:
 - ◆ Study design was refined to include a 3- and 6-month follow-up
 - ◆ Study instruments (surveys) were refined using data collected as part of the survey validation process.
 - ◆ Evaluation process was converted to electronic format

- Data analysis processes to determine website usage patterns were developed using existing web server files. The program logic to convert the Website Evaluation Tool into electronic format was created.
- TeenNet is increasingly asked to send Smoking Zine promotional material to community organizations, conferences and youth events. Dissemination of Smoking Zine material has resulted in over 5000 users of the Smoking Zine.
- TeenNet has undertaken a great many service, recruitment, and research initiatives to focus and improve efforts to use web-based technologies to deliver health messages to young people. Among these are:
 - ♦ Youth Action Teams
 - ♦ Virtual Recruitment
 - ♦ Targeted Email
 - ♦ Youth Voices Pilot and ongoing work
 - ♦ Youth HotTalk Moderators

Networking and Coordination

- TeenNet continues to run practitioner focused workshops on the Smoking Zine both nationally and internationally, including:
 - ♦ International Congress of Health in Adolescence. Salvador, Brazil. May 13 -17, 2001
 - ♦ Canadian Public Health Association Annual General Meeting, Saskatoon, Saskatchewan, October, 2001
 - ♦ United States National Conference on Tobacco or Health, New Orleans, LA, November, 2001
 - ♦ Town Youth Participation Strategies, T.Y.P.S. Conference 2001. Smiths Falls, Ontario, March 2002.
- Feedback from practitioners participating in these workshops indicates they are keen to identify resources for use with youth for smoking prevention and cessation.
- TeenNet regularly provides consultation to community organizations around youth smoking prevention, cessation and tobacco advocacy.
- TeenNet is a member of the Program Training and Consultation Centre's Youth Advocacy Advisory Board, the Ontario Lung Association's Youth Team Selection Committee, The Health Communication Unit's Vortal Advisory Board, and the OTS Prevention Subcommittee.

Environmental and Behaviour Change Accomplishments

- TeenNet staff have disseminated project lessons through dozens of conference presentations, workshops, poster presentations, publications and manuscripts.
- To date over 5000 youth have joined and used the Smoking Zine.
- The upcoming evaluation of the Smoking Zine will allow an assessment of its impact on youth smoking behaviours (stopping, cutting down and not starting).

Implications

This project continues to blend efforts at youth engagement and service provision with quality research projects that have and will make substantial contributions to our understanding of the uses and utility of web-based technologies for health promotion. The creation of a Smoking Zine that stands apart from other TeenNet/CyberIsle content and resources will allow a large-scale evaluation of its ability to contribute to behaviour change among young people.

C.2 Providing Assistance to Smokers

Leave the Pack Behind - Brock University and Others

Status in 2001-2002: Continuing (Initiated Fall 1999), Budget \$350,000

Status in 2002-2003: Continuing, Budget \$350,000

Background and Objectives

Until recently, post-secondary students had received very little attention in tobacco control efforts. In the years since renewal of the OTS, Leave The Pack Behind (LTPB) has done a great deal to shed light on the extent and nature of tobacco use among this population in Ontario. Efforts in the past year represent the continuation of an established partnership that reaches across a number of university and college campuses in Ontario. The project continued to provide a comprehensive blend of activities and initiatives to educate students about the health risks associated with smoking and ETS exposure, and to provide a range of cessation interventions specifically designed to meet the particular needs of this population.

Evaluation

Since this project was begun, considerable research effort has been directed toward understanding tobacco use among post-secondary students and developing strategies to address that use. The bulk of reported accomplishments early in the project's development involved contributions toward defining the issue and building capacity. As the project has matured, and certainly throughout 2001-2002, more evaluative effort has been turned toward assessing the efficacy of services and programs made available to this population. This has included follow-up with students who have received cessation services and support and the documentation of campus-based policy developments that are attributable to project efforts and influences. It would be expected that future evaluation plans would continue to seek out and document environmental and behaviour change attributable to project initiatives.

Issue-definition Accomplishments

- Project surveys indicate that upon arriving on campus about 10% of students start smoking for the first time. Social and regular smokers both increase the amount they smoke. Project studies also suggest that about 40% of post-secondary students smoke; half are social (less than daily) smokers. Social smokers are less aware of the risks of smoking than are regular smokers.
- All smokers in this population perceive ultra light cigarettes to be significantly less harmful than light cigarettes, which are in turn, perceived to be less harmful than regular cigarettes.
- Campus (student) newspapers continue to carry full-page tobacco ads.
- The majority of students who smoke, males and females, smoke *DuMaurier* cigarettes.
- Most campuses permit smoking in all outdoor locations and allow limited smoking in residence halls and student pubs.
- Most campuses allow the sale of tobacco, but none sells NRT products on campus.
- Few campuses cover 'Zyban' in student health plans.
- These findings and others have been reported in several recent publications in scientific and professional journals. Campus health services need ongoing support to regularly implement Ask-Advise-Assist-Arrange.
- Post-secondary administrators rarely identify tobacco use as a health issue for students.

Capacity-building Accomplishments

Materials and Programs

- Resource development
 - ◆ 2nd annual *Let's Make A Deal!* contest was implemented at all campuses.
 - ◆ www.LeaveThePackBehind.org was updated and expanded
 - ◆ staff training manual was developed
- Resource dissemination
 - ◆ 16,920 students visited LTPB displays, offices, presentations
 - ◆ 2,000 *One Step At A Time* self-help programs were distributed
 - ◆ 868 contestants entered the 2nd annual *Let's Make A Deal!* contest
 - ◆ 4,200 information brochures were disseminated
 - ◆ 5,000 posters were displayed, along with 350 print and electronic ads
- Establishment of services
 - ◆ 52% of 500 students surveyed (across all campuses) identified LTPB as a source of support for smoking cessation
 - ◆ all campus health services have medical personnel trained in Clinical Tobacco Intervention (Flagging charts; using Ask-Advise-Assist-Arrange)
 - ◆ proactive telephone support offered to 680 smokers

Skill Development

- Staff training / train-the-trainer
 - ◆ 7 Ontario Medical Association approved 'Clinical Tobacco Intervention' training sessions were held, attended by 62 campus medical professionals
 - ◆ 77 graduate and undergraduate students were trained in tobacco use prevention/cessation (includes several workshops, and one-on-one training)
 - ◆ 20 students were trained to administer proactive telephone support to LTPB service users

Infrastructure

- Development of funding opportunities
 - ◆ funding secured from Health Canada to develop smoking cessation program specifically for post-secondary social/regular smokers
 - ◆ funding secured from Cancer Care Ontario/Media Network to run counter-advertising ads in student newspapers
- Management Information System development
 - ◆ data tracking forms streamlined (for baseline, 4-week, 8-week data collection procedures)
 - ◆ *Let's Make A Deal!* contestant information, registration, and rules forms

Networking and Coordination

- Interagency collaboration
 - ♦ agreement with OMA-CTI Coordinator to provide continuing medical education credits for LTPB-hosted training sessions
 - ♦ LTPB staff from Brock University and Niagara College worked with Niagara Regional Public Health Dept to support by-law (petitions, and oral presentations at Regional Council's public forum)
 - ♦ LTPB staff from Queens University worked with the Kingston, Frontenac and Lennox and Addington Public Health Department to support by-law
 - ♦ Cancer Care Ontario/Media Network developed counter-advertising ads for student newspapers
 - ♦ Health Canada is supporting LTPB expansion to 3 more campuses
 - ♦ The Canadian Cancer Society's Smoker's Helpline provides resources to LTPB, and
 - ♦ tracks student calls
 - ♦ campus health services refer smokers to LTPB (62 referrals)
 - ♦ LTPB co-directors are members of two OTS strategic planning sub-committees

Environmental and Behaviour Change Accomplishments

- Student health plans at Brock University and Niagara College will now cover 'Zyban.'
- 100% smoke-free policy for residences implemented at *all* Queens, McMaster, Brock, and Niagara residences.
- 100% smoke-free policy for *outdoor* courtyard implemented at Brock and Niagara College.
- 100% smoke-free policy for *all* pubs at Guelph University (as a result of student referendum).
- Sale of tobacco has been banned in cafeteria and campus stores at the University of Windsor.
- Discussions have been initiated at University of Toronto to cover 'Zyban' in student health care plans.
- Brock University and University of Toronto medical services' standard procedures now include cueing patients' charts for smoking cessation.
- *One Step At A Time* smoking cessation program is now available at all participating campus health clinics.
- LTPB office space (with regular hours) on all campuses.
- 111 articles and interviews have appeared in campus and local media.
- Free advertising space has been awarded to LTPB on some campuses.
- Among the 1,781 post-secondary smokers using LTPB programs and services:
 - ♦ 42% of precontemplators advanced at least one stage by the 8-week follow-up
 - ♦ 36% of smokers in contemplation advanced at least one stage by the 8-week follow-up (49% held steady)
 - ♦ 12% of smokers in preparation advanced one stage by the 8-week follow-up (39% held steady)
 - ♦ for each stage, the proportion of smokers advancing and/or holding steady was greater than the proportion regressing
 - ♦ overall, 26% of smokers advanced at least one stage by the 8-week follow-up
 - ♦ a sizable proportion of social smokers are ex- regular smokers
- Among 1,781 post-secondary smokers using LTPB programs and services:
 - ♦ most smokers (62%) accessing LTPB are regular smokers
 - ♦ a greater proportion of regular smokers (74%) than social smokers (66%) plan to quit
[$\chi^2(1, N=1564)=7.8, p<.01$]

- Among the 447 LTPB service-users followed up at 4 weeks:
 - ♦ 16% reported they had quit smoking
 - ♦ 12% reported a temporary reduction in their smoking or that they had quit temporarily.
 - ♦ 30% reported a sustained reduction in their smoking
 - ♦ self-reported tobacco consumption decreased significantly, from 48.7 to 41.6 cigarettes per week. [$t(369)=3.3, p<.005$]
 - ♦ more quitters (18%) than continuers (9%) saw a medical professional for assistance ($p<.001$)
 - ♦ more quitters (50%) than continuers (16%) were contestants in Let's Make A Deal! contest ($p<.01$)
- Among the 272 LTPB service-users followed up at 8 weeks:
 - ♦ 13% reported they had quit smoking
 - ♦ 4% reported a temporary reduction in their smoking or that they had quit temporarily
 - ♦ 34% reported a sustained reduction in their smoking
 - ♦ self-reported tobacco consumption decreased significantly, from 54.4 to 43.2 cigarettes per week. [$t(231)=4.1, p<.001$]

Implications

Through a blend of service provision, research, and evaluation, this project continues to make significant contributions to our understanding of tobacco use among post-secondary students and to the available arsenal of relevant and effective intervention strategies. As momentum continues to build, the emerging comprehensive blend of approaches, activities, and initiatives seem to interact to form the kind of “presence” within the post-secondary culture that may hold considerable promise to erode the social acceptability of tobacco use. Indeed it would seem that these efforts are becoming something more than just a “special project.” This may suggest considerable movement toward sustainable action.

Smokers' Helpline - Canadian Cancer Society, Ontario Division

Status in 2001-2002: Continuing (Initiated Fall 1999), Budget \$1,370,000

Status in 2002-2003: Continuing, Budget \$1,370,000

Background and Objectives

This project offers a toll-free telephone helpline to provide smoking cessation assistance and support to adult smokers and those who may influence them such as friends and family. Launched in April of 2000, early efforts saw the development of new computer software and systems to facilitate service provision, data tracking, and evaluation. Quit Specialists (counselors) offer self-help materials, support, information and referral for smokers who want to quit, those who are thinking about quitting, those who have quit but want support, and those who enjoy smoking and do not want to quit. Since its inception, the Helpline has received considerable attention as a model and prototype from jurisdictions throughout Canada and beyond.

Evaluation

Since its launch, the Helpline has concentrated much of its effort on accomplishments related to environmental change (e.g., increased accessibility to quality cessation supports) and behaviour change (e.g., movement toward cessation and sustained quits). Evaluation of these efforts has involved the development and implementation of a caller database, and long term follow-up with callers receiving various forms of cessation support and/or resources. Through collaborations with researchers from the University of Waterloo, research efforts have also continued to contribute to defining the issue and building capacity (e.g., studies addressing issues of recruitment and the matching of service options to smoker characteristics).

Capacity-building Accomplishments

- Project staff have responded to requests from other Canadian and international jurisdictions for guidance and assistance in the development and implementation of helplines.

Networking and Coordination

- The project has collaborated extensively with other OTS projects including the Media Network, Clinical Tobacco Intervention, Leave The Pack Behind, the OTS Coordinating Committee, and the OTS Coordinated Evaluation. Other collaborations have included the following:
 - ♦ Centre for Behavioural Research and Program Evaluation
 - ♦ Ontario Tobacco-Free Network
 - ♦ The Program Training and Consultation Centre
 - ♦ Public Health Units
 - ♦ Cancer Care Ontario Prevention Networks
 - ♦ Ontario Breast Screening Program
 - ♦ Ontario Heart Health
 - ♦ Ontario Lung Association
 - ♦ The Ontario Quit Smoking Contest
 - ♦ Breathing Space
 - ♦ Victorian Order of Nurses

Environmental and Behaviour Change Accomplishments

- There were 7127 first time callers and 8987 total calls to the Helpline between April 2, 2001 and March 28, 2002. There were 657 repeat callers (they called an average of 3.0 times each). Among first time callers, about 60% were female and 40% were male.
- Among clients *calling for themselves*, about 80% were smoking at the time of their call.
- The 6-month quit rate for callers in preparation or action stages was 13.7% between April and the end of September and 11.9% between October and the end of March. The overall quit rate was 12.2% and 11% respectively for the two periods. This compares favourably with other helplines offering proactive service.
- Population surveys suggest that 17% of current smokers are aware of the telephone helpline and .5% of Ontario smokers have called the Smokers' Helpline.
- About 28% of callers indicated that they heard about the Helpline from a newspaper advertisement. An additional 15% said they learned of the Helpline from the telephone directory.

Implications

Evidence is beginning to emerge to suggest that Ontario smokers are becoming increasingly aware of the Helpline and more are making the call. Total call volume reported for fiscal year 2001-2002 represents an increase of 16% over that reported for the previous year. In addition, as long-term follow-up becomes available, quit rates compare favourably to those reported for similar projects elsewhere.

C.3 Building Infrastructure

Best Practices Identification and Diffusion - Program Training and Consultation Centre

Status in 2001-2002: New, Budget \$200,000

Status in 2002-2003: Continuing, Budget \$200,000

Background and Objectives

This project was intended to further assess a number of resources that had been developed or identified by Program and Training Consultation Centre during earlier rounds of OTS funding, and to systematically examine past OTS renewal projects for the purposes of identifying emerging best practices for dissemination to tobacco control practitioners. With respect to the former, efforts to March 31, 2002 included the completion of a report and recommendations regarding certification of smoking cessation counselors and the further development, dissemination and evaluation of resources that address issues of smoking cessation for lower literacy groups and smoke-free homes promotion. With respect to the identification of emerging best practices, the project developed a methodology and protocol for the review of 18 of 30 past OTS projects deemed to have the potential to provide guidance to future efforts. Results of this review will be compiled to form toolkits of recommended and promising practices.

Evaluation

By its nature, this project has focused exclusively on defining the issue and building capacity. As a result, evaluation has centered on the monitoring of project processes and activities, and upon steps to ensure that methodologies and protocol for those activities reflect acknowledge best practice.

Issue-definition Accomplishments

- Determined elements of several OTS renewal projects that meet criteria for “best practices”. To date, 21 projects/subprojects have been reviewed. These projects have been divided into two groupings: “ETS and policy development – general population” and “Prevention/Education – youth”. Toolkit of recommended, promising, and not recommended practices is under development in each of these two areas.
- Determined that the lower literacy version of One Step at a Time, identified as “promising” in earlier efforts, is unlikely to provide added value to efforts directed toward this target population.
- Identified a need for resource development for very low literacy groups (less than Grade 5 reading level)
- Identified a need for more research on smoking and quitting habits of moderate and low literacy groups (do they want to quit, will they access supports? what kinds of supports would they access?)
- Testing and research reinforced the need to develop a self-help quit smoking audio resource for lower literacy, older males (or gender-neutral)

Capacity-building Accomplishments

Materials and programs

- Expanded efforts to produce and disseminate many existing materials helped to remove cost barriers that may have reduced the accessibility of these materials.
- 1151 booklets and 249 kits (booklet plus video) of the self-help resource “How Not to Smoke” distributed in the year.

- 31 binders and 12 videos of the facilitator's guide "Stop Smoking: A Program for Women" distributed in the year.
- 143 information booklets "Women and Smoking" distributed in the year.
- Made additional, new materials available. Distributed 213 sets of "Quit Smoking Resources for Young Men" and over 90,000 smoke-free homes pamphlets with window clings. Various numbers of ancillary materials were also distributed.

Skill development

- Enhanced capacity of 43 intermediaries to implement smoke-free homes campaigns via two skill-building workshops.
- Worked with stakeholders and intermediaries to obtain input and commitment to the idea of certifying smoking cessation counselors in Ontario, and developed recommendations to move forward.

Networking and Coordination

- Work on the certification standards for smoking cessation counselors is being completed jointly with OTRU.

Implications

Through this project, Program and Training Consultation Centre has continued to identify, refine, and disseminate resources to tobacco control practitioners and others in Ontario. Indicators of resource dissemination suggest that a great many groups, organizations, and individuals are coming to benefit from the availability of more defensible guidance. Recommendations for the certification of cessation counselors will fit well with emerging strategies for the broader provision of cessation support.

*Youth Tobacco Vortal Project - The Health Communication Unit, Centre for Health Promotion,
University of Toronto*

Status in 2001-2002: New, Budget \$100,000

Status in 2002-2003: Continuing, Budget \$100,000

Background and Objectives

The Youth Tobacco Vortal (<http://www.smoke-fx.com>) was developed as a result of an earlier OTS project that assisted organizations to enhance tobacco-related websites that target youth (for more information on the earlier project, "Website Enhancement Project," see OTRU 2000). Several organizations involved in that project expressed a desire for a resource that could be linked to their own websites and would save them the effort and expense of creating their own tobacco-related page. Given this the vortal was intended to provide brief information and appropriate links. This project was intended primarily to update and upgrade the vortal and to recruit additional organizations to link with the site. New recruits were provided site design options and advice as well as support as they developed their youth and tobacco sites. Finally, the project was intended to promote Smoke-Fx to potential users.

Evaluation

This project concerned itself primarily with building the capacity of health intermediaries to use internet-based resources for health communication. In 2001-2002, evaluation revolved around the documentation of project process and preliminary indicators of increased capacity.

Issue-definition Accomplishments

- Project development and evaluation activities continue to provide insight into the types of web-based design and content that will attract and engage young people.
- Identified some of the possible limitations of prototype websites.
- Provided insight into the effectiveness of banner advertising on high-traffic websites that target youth.

Capacity-building Accomplishments

- Updates and upgrades to the website were assessed by young people who rated the new Smoke-Fx site significantly higher than the original on dimensions of content, design, relevance, and access.
- Eight new affiliate organizations were recruited to link to Smoke-Fx. It is anticipated that there will soon be a total of 13 organizations, primarily health units and local councils on smoking and health, linked to the vortal.
- Tracking indicates that banner advertisements increased traffic to the website.
- Marketing kits were developed for use by affiliate organizations.

Implications

This project has carried on from earlier efforts to forge collaborations and partnerships in efforts to contribute to the refinement of web-based approaches to tobacco-related health communication. With the growing importance of the internet to learning and communication, perhaps particularly among young people, this project contributes to more general understandings of how to tap the considerable potential of the world wide web.

Youth Initiatives - Ontario Lung Association

Status in 2001-2002: New, Budget \$350,000

Status in 2002-2003: Continuing, Budget \$350,000

Background and Objectives

This project involved a number of initiatives designed to both target youth and to engage them in tobacco control and advocacy. A Youth Media Campaign was intended to deliver messages to young people and gather their reactions and input via a “Speaker's Corner” format. A Youth Tobacco Team was convened to provide young people an opportunity to be represented in tobacco control activities in the province.

Evaluation

Activities of the “Youth Initiatives” project were directed primarily toward issue definition and capacity building accomplishments. Evaluation centred largely on the collection of process indicators that document project activities and development. Preliminary efforts involving a small sample of secondary schools assessed young peoples' response to media campaign messages.

Issue-definition Accomplishments

- Development of the Youth Media Campaign involved consultation with the British Columbia Ministry of Health Services and an investigation of their Critic's Choice program. The decision was made to explore a media campaign in keeping with the strategy developed by the Heart and Stroke Foundation of Ontario.
- Research conducted on behalf of Heart and Stroke Foundation of Ontario's mass media campaign was utilized in the development of a youth-focused media campaign. Focus group research conducted with 14 to 18 year old smokers and non-smokers in the Greater Toronto Area assisted in structuring the framework for an effective youth campaign.
- YOUtv Inc was consulted on the campaign approach and the development of a unique medium of “Speaker's Corner” kiosks through which to gather the input and reactions of young people.

Capacity-building Accomplishments

- Four London-area schools were secured as data collection sites to assess the media campaign utilizing the Speaker's Corner format. Data-collection targeted the students in each school to determine interest in the topic, responses at the Speaker's booth, changes in knowledge, attitudes, etc.
- Nine young people from across Ontario were recruited to form the Youth Tobacco Team. The Team met in November 2001 and again in January 2002 for their in-person meetings. Members were educated on Ontario's tobacco control policies, best practice youth-based programs in North America, leadership and team building, community-based youth initiatives, youth access programming, tobacco industry tactics/programs (e.g., Wise Decisions, Operation I.D./School Zone) and media training. Post-meeting evaluations were conducted following the sessions.
- Team members participated in a media launch with Minister Tony Clement in November, 2001. Media Advisories were targeted at provincial media and the local media of each member's community. Media tracking for one month following the event indicated coverage in 56 media articles.

Implications

Through its ongoing efforts, the Ontario Lung Association continues to build on the knowledge and resources required to address tobacco use prevention among Ontario's youth. Project efforts to engage young people in tobacco control and advocacy may hold important keys to the development of effective and sustainable initiatives.

Lungs Are For Life - Ontario Lung Association and Ontario Physical and Health Education Association

Status in 2001-2002: Continuing (Initiated Fall 1999), Budget \$450,000

Status in 2002-2003: Continuing, Budget \$400,000

Background and Objectives

Since the fall of 1999, the Ontario Lung Association and the Ontario Physical and Health Education Association have collaborated in the review, revision, and drafting of Lungs Are For Life (LAFL) curricula. For 2001-2002 the project involved the completion and field testing of primary and secondary school components of LAFL curricula.

Evaluation

Activities of the Lungs Are For Life project have moved beyond the developmental stages that characterized earlier project efforts and are therefore directed more toward environmental and behaviour change accomplishments. Evaluation in 2001-2002 included the implementation of LAFL curricula in nearly 300 classrooms and the collection of preliminary data on their reception possible impacts. Persuasive evidence of impact would require that curricula be evaluated using more rigorous research designs that allow for comparisons of relevant dimensions between those exposed and not exposed to the curriculum.

Capacity-building Accomplishments

- From April 1, 2001 to March 31, 2002 4,696 of the Grade 4 to 8 modules were distributed to Ontario schools – 3,894 were English, 1,005 were French. In total, 127,174 students were involved in the program. Future plan for the initiative at Ontario Lung Association include a longer-term comprehensive impact evaluation of the LAFL program.

Environment and Behaviour Change Accomplishments

- An evaluation plan and instruments were developed to field test the LAFL *secondary* program in Ontario classrooms. Over 150 English and French secondary classrooms were recruited to field test the two secondary program components (lesson plans for Grades 9 & 10 and resource materials for Community Involvement and Teacher-Advisor Program) during the month of October. Teacher and student feedback was received from 84 classrooms, representing 49 schools. Feedback from the teacher evaluations indicated that teachers and students responded favourably to the newly revised LAFL program components. Over 90% of the respondents rated the program as good or excellent and an overwhelming majority indicated they would use the program again. The student component of the field test assessed tobacco knowledge as well as smoking environments, beliefs and behaviours. Over 2,500 students participating in the Grade 9 and 10 program completed a questionnaire before and after participating in the LAFL program. Overall student tobacco knowledge in both Grades 9 and 10 increased significantly after participation in the program. More stable attributes such as beliefs and behaviour that generally take somewhat longer to change were not affected by the program in this pilot.
- An evaluation plan and instruments were developed to field test the LAFL *primary* program in Ontario classrooms. Over 140 English and French primary classrooms were recruited to field test the primary program during the month of February and teacher and student data was received from 72 classrooms, representing 40 schools. As with the secondary component, evaluations indicated that both teachers and their young students responded favourably to the revised LAFL primary program. Nearly 90% of the respondents rated the program as good or excellent and 86% of teachers indicated they would use the program again. The student component of the field test assessed tobacco knowledge as well as smoking environments, beliefs and behaviours. Approximately 1,600 students completed a basic questionnaire, appropriate to their

development level, before and after participating in the LAFL program. As above, evaluation of the primary component of Lungs Are For Life suggests that overall student tobacco knowledge among all grades significantly increased after participation in the program. Again, more stable attributes such as beliefs and behaviours were not affected by the program.

Implications

The creation of LAFL curricula that target all elementary and secondary students and are consistent with provincial education requirements holds considerable promise for an increase in the proportion of Ontario students who receive quality in-class tobacco education.

Clinical Tobacco Intervention - Ontario Medical Association, Ontario Dental Association, Ontario Pharmacist Association

Status in 2001-2002: Continuing (Initiated Fall 1999), Budget \$400,000

Status in 2002-2003: Continuing, Budget \$400,000

Background and Objectives

It has long been recognized that health care professionals represent a unique and valuable resource for the delivery of health promotion messages and interventions. This results partly from the level of contact that they have with large segments of the population and partly from the credibility that they are accorded in matters of health and well-being. This project carries forward from past efforts to train and equip physicians, dentists, and pharmacists to incorporate tobacco intervention into their daily practice. During this past fiscal year, activities revolved around the continued delivery of Clinical Tobacco Intervention (CTI) training events across the province as well as the development and dissemination of practice tools and resources.

Evaluation

This project remains primarily concerned with building capacity for tobacco intervention among health care professionals. As such, evaluation continues to revolve most clearly around the documentation of project implementation and assessment of the nature and quality of the process employed in service delivery. Future evaluation results could include research into patterns of practice among these health care professionals and perceived barriers to increased tobacco intervention activity.

Issue-definition Accomplishments

- Two issues of the *CTI Bulletin* were developed and distributed to CTI practitioners. The bulletin is intended to provide continuing information and updates to trained practitioners.

Capacity-building Accomplishments

Materials and Programs

- New materials developed include Quit Plan pads (a resource for practitioners and patients), Pregnancy FAQ sheet (a resource for practitioners), and an Inter-professional Communication Form (a resource for practitioners).
- The *Compendium of Smoking Cessation Programs and Services* was distributed regularly with kits to physicians, pharmacists, and dentists, and at training programs.
- CTI Plaques were distributed to all CTI-trained physicians, pharmacists, and dentists.
- Ongoing maintenance, promotion, and updating of CTI website (www.omacti.org). CTI Website post-it notes distributed with association journals and at professional events.
- Regular promotion of CTI Program at trade shows, professional meetings, conferences and articles in professional association journals.
- Promotion efforts to encourage all CTI practitioners to reorder patient handout materials.
- More than 750 material reorders were received during 2001/2002.

Skill Development

- In total, 22 multi-disciplinary training programs were delivered throughout the province in 2001/2002. More than 700 health care professionals received training.
- More than 1,400 CTI education kits were distributed to health care professionals.
- A Train-the-trainer session resulting in 10 new trainers representing all three professional groups.

Networking and Coordination

- Presentation/communication with other jurisdictions: Canadian Pharmacists' Association Annual Conference – May 2001, Eastern Canada & New England States 2001 Tobacco Control Conference – September 2001, Joint poster with Smokers' Helpline at Ontario Respiratory Care Society Annual Meeting – February 2002, Society of Behavioral Medicine 23rd Annual Meeting (Washington D.C.) – April 2002. Sample of CTI kits have been provided to groups in Nova Scotia, New Brunswick, Chile, and Australia.
- Collaborations with public health units continued to play a key role in the planning and implementation of local training events. Additional collaborations involved the coordination of service delivery efforts among the Canadian Cancer Society Smokers' Helpline, the Centre for Addiction and Mental Health, Pregnets and Leave the Pack Behind Project.

Implications

This project continues to stimulate interest and action among growing numbers of health care professionals in Ontario. In many ways the project has become the driving force behind a collaborative effort toward the community mobilization of a valuable tobacco control resource. Health care professionals have considerable potential to bring a great many to consider quitting and to match or refer them to appropriate resources. As the number of trained professionals increases, the project therefore comes to represent an important method of recruitment to cessation support.

Media Network - Cancer Care Ontario

Status in 2001-2002: Continuing (Initiated Fall 1999), Budget \$280,000

Status in 2002-2003: Continuing, Budget \$280,000

Background and Objectives

Past experience in several US jurisdictions has suggested that effective use of the media is an essential ingredient in successful tobacco control. Hence, this project was established to support the development of tobacco control in general in Ontario through efforts to enhance media coverage of tobacco control issues. This fiscal year saw a continuation of initiatives intended to enhance the relationship between all OTS partner projects and the news media and provide credible and timely information. This was supplemented by an initiative to support local media initiatives.

Evaluation

Since its inception, this project has been largely concerned with issues of capacity building. Given this, evaluation has and continues to focus primarily on the monitoring of dimensions of project process. In past years this has included the gathering of relevant input from project partners. This type of information, gathered on an ongoing basis, could be invaluable to the shaping of project direction and activities.

Issue-definition Accomplishments

- Produced a resource CD to help fight Operation ID (The Truth about Operation ID) presented as a poster session at the Ontario Tobacco Control Conference.

Capacity-building Accomplishments

Materials and Programs

- Project staff participated as members of the Ontario Tobacco Control Conference Organizing Committee.
- Provided daily tobacco control news updates to Media Network members (available online or via e-mail).
- Maintained comprehensive database of news clippings & produced various media analyses (database available to be queried online).
- Provided technical assistance to members of the Media Network working on local media campaigns.
- Invested over \$140,000 in media placements to support local media campaigns across the province.
- Produced various advertisements, advertorials, etc., to be used by our members in local media campaigns.
- Developed creative materials to educate the public and local politicians about smoke-free bylaws. This helped to support local efforts toward the development of bylaws in Thunder Bay, Ottawa, Cornwall, Brant County, Simcoe County, and Hamilton.

Skill Development

- Organized a media relations training workshop in Kingston for tobacco control practitioners (February 20, 2002).
- Collaborated with Program and Training Consultation Centre to organize a Smoke-Free Homes workshop in New Liskeard (January 23, 2002).

Infrastructure

- Upgraded and updated the Media Network website (now fully bilingual and with searchable online directories & databases).

Implications

The project continues to disseminate resources to member organizations and others to support efforts to use media effectively for tobacco control. As it has matured it has also come to take an increasingly active and direct role in advocating for tobacco control and against tobacco industry influences.

Ontario Tobacco Control Conference

Status in 2001-2002: New, Budget \$200,000

Status in 2002-2003: No activity

Background and Objectives

The Ontario Tobacco Control Conference 2002 was held in late March. Conference objectives included the following: to profile tobacco control progress and issues in Ontario since the renewal of the Ontario Tobacco Strategy; to profile leading international tobacco control initiatives and best practices; to increase the profile of the tobacco control issue on the agenda of health intermediaries, government, and the media; to link research, program and policy, and; to strengthen the tobacco control network in Ontario.

Evaluation

By its nature, this project was concerned largely with the development of increased capacity for tobacco control in Ontario. Evaluation involved the collection of input from registrants regarding the extent to which they believed the conference had accomplished each of its objectives and their insight or recommendations regarding direction for possible future events.

Issue-definition Accomplishments

- The conference outlined recent lessons and experience with 20 poster displays and 62 concurrent sessions as well as plenary sessions and keynote speakers.
- Of those who completed conference evaluation forms, 38% agreed and 61% strongly agreed that the conference provided them with useful information.
- 37% agreed and 59% strongly agreed that the conference did a good job of profiling tobacco control progress and issues in Ontario.
- 67% agreed and 22% strongly agreed that the conference will help to increase the profile of tobacco control on the agenda of health intermediaries, governments, and the media.

Networking and Coordination

- 43% agreed and 53% strongly agreed that by bringing together a diverse group of people and experiences, the conference helped to link current research, programs and policy in ways that will benefit tobacco control efforts in Ontario.
- 53% agreed and 40% strongly agreed that the conference has helped to strengthen the tobacco control network in Ontario.
- 61% said that if the conference became an annual event, they would definitely come again. A further 29% said they would probably come again.

Implications

As tobacco control gains momentum across Ontario, there is a growing need to share the lessons of experience. Drawing practitioners, researchers, and policy makers together for this purpose can only help to bolster enthusiasm and ensure a coordinated and efficient response to the issues at hand.

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