

**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 fourth to summarize project activities and progress since the renewal of the Ontario Tobacco Strategy (OTS) in the fall of 1999. It covers the 12-month fiscal year ending March 2003.

This report is part of a new series on monitoring and evaluation, initiated by OTRU in 2002 to provide more analysis. This is the second of four “modules” that will make up the annual series. The full 2002 series consists of:

**Number 1: *Tobacco Control Highlights: Ontario and Beyond*** – an overview of recent developments, providing context for what is happening in Ontario;

**Number 2: *OTS Project Evaluations: A Coordinated Review*** – a largely qualitative summary of accomplishments by OTS projects funded in 2002/2003;

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

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

## ACKNOWLEDGEMENTS

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

This report was prepared by Tom Stephens and Mike Hayes (body of the report and Appendices, respectively), with valuable contributions by Lori Diemert and Shawn O’Connor. Thanks go to project leaders and staff who provided information on their projects and reviewed earlier versions of their project write-ups. 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

## Purpose

This report forms part of the Ontario Tobacco Research Unit's (OTRU's) ninth annual review of progress in tobacco control. It is the second of four reports to describe the progress of the Ontario Tobacco Strategy (OTS) during the fiscal year ended March 2003. A product of OTRU's coordinated evaluation of the OTS, the report focuses on the projects that were funded by the Ministry of Health and Long-Term Care (MOHLTC) during the period, summarizes accomplishments, and assesses progress.

This report is complemented by others in Volume 9 that describe tobacco control outside Ontario, provide quantitative data on progress, and discuss the implications of all these findings for the challenge ahead.

## Background

Since the renewal of the Ontario Tobacco Strategy in October 1999, annual project funding of approximately \$10 million has supported 14 projects province-wide and 29 at the community level. Ten province-wide projects have been funded throughout the entire period, including the fiscal year ending March 2004.

To date, the emphasis has been on establishing cessation programs and building capacity for sustained tobacco control. Projects oriented to protection and prevention, as well as changing social norms about smoking, are also components of the Strategy. Additionally, Ontario's 37 health units play an important role in tobacco control, under the Mandatory Health Programs and Services Guidelines. Their activity, as well as those of the provincial resource centres involved in tobacco control, is not covered in this report.

## Activities in 2002-03

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

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

## Strategy Coordination and Networking

The past fiscal year was the first full year of operation of the OTS Steering Committee and its sub-committees. This is proving to be an effective mechanism for coordinated planning and an important complement to the many linkages among OTS projects in place at the operational level. Nevertheless, there are additional possibilities for coordination among projects that would increase their impact. In the same spirit, links to project websites from the MOHLTC website would provide a cost-effective means of raising the profile of many OTS projects and thus of the Ontario Tobacco Strategy itself.



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# 1. THE RENEWED ONTARIO TOBACCO STRATEGY

## 1.1 A Brief History

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.<sup>1</sup>

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 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 and Prevention comprehensive tobacco control programs,<sup>2</sup> 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) responded to the Expert Panel's recommendations by announcing \$10 million in new funding for the period January through October 2000. In September 2000, the Ministry announced that this renewed commitment would continue at least through March 2001 bringing annual funding to \$19 million;<sup>a</sup> funding was further renewed for the period April 2001-March 2002 at a level of \$18.2 million annually.<sup>b</sup>

For 2002-03, funding returned to \$19 million, or \$1.59 per Ontario resident.

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

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

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Only seven projects (of a total of 27) have been in place for the full 42 months since the renewal of the OTS in 1999, and even some of these experienced interruptions due to funding uncertainties and delays between fiscal years. Thus, total programming "dose" has not been consistent over this period, nor has it been as high as recommended by the Expert Panel or the US Centers for Disease Control and Prevention

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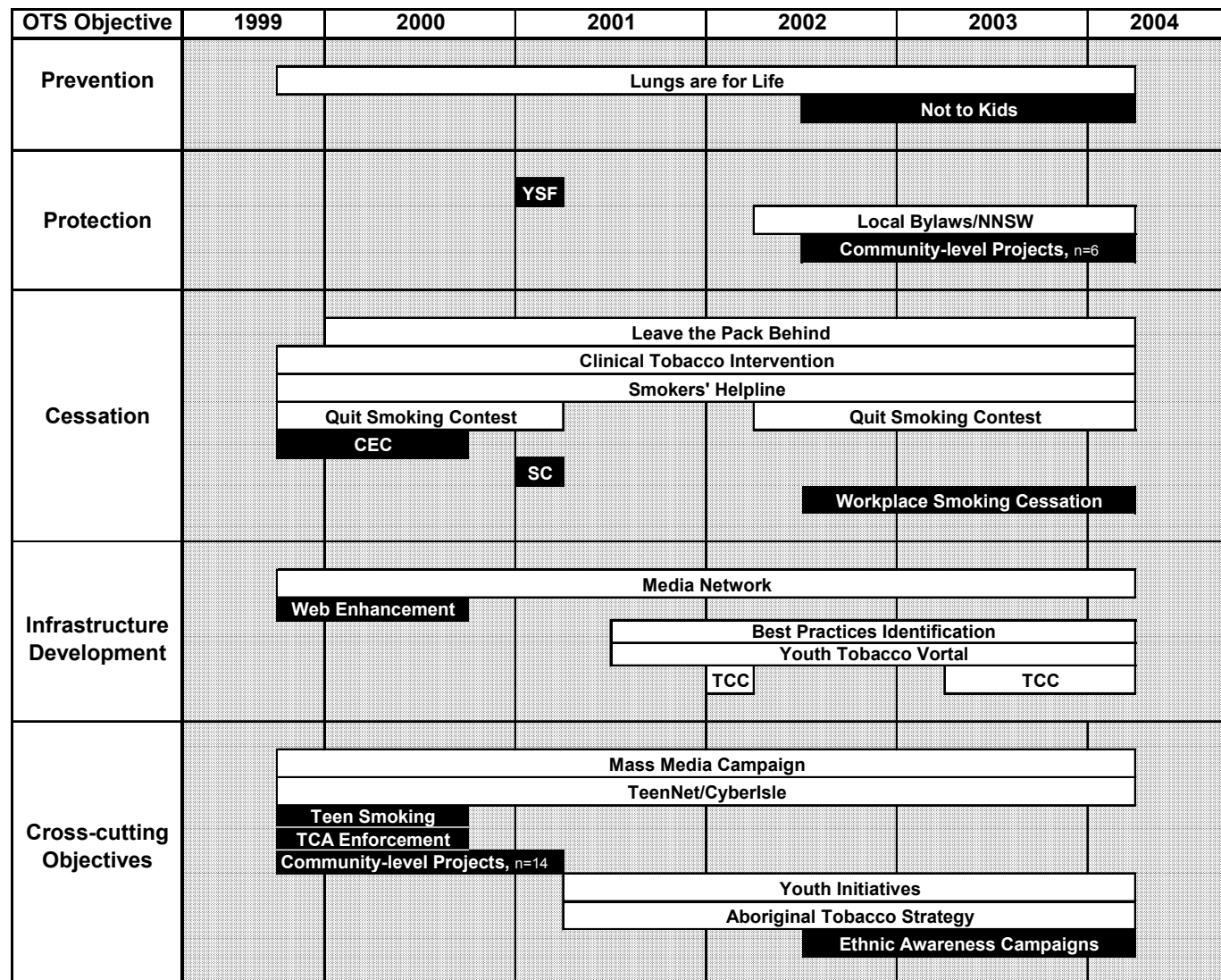
## 1.2 Evaluating the Projects

As a condition of MOHLTC funding, all OTS projects were obligated to conduct their own evaluations, the plans for which were developed in consultation with OTRU. OTRU has advised the projects on evaluation design and methods with the intent of achieving some consistency among projects (e.g., in how to define "former smoker"), and to increase the chances that valid conclusions can be drawn regarding program performance. However, these are all "real-world" experiments with complex ethical issues and evaluating them is not like conducting a randomized drug trial.

<sup>a</sup> As described by 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.

<sup>b</sup> \$400,000 of the \$18.2 million was carried over to the 2002-2003 fiscal year.

**Figure 1: Duration of OTS Projects Since Renewal, October 1999 through March 2004**



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

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

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

Caution must always be exercised when interpreting reports of change associated with program activities and implementation, in two ways: 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*; and, b) the observed change *may not be generalizable to the larger population of untreated or unexposed target persons*. This is the result of two challenges common to program 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.

While OTRU consults with project leaders on evaluation methods, the evaluations are primarily “internal” in execution and are the ultimate responsibility of the projects. Given that 3-1/2 years have elapsed since renewal of the OTS, it seemed appropriate for a more independent review of project progress and evaluation activity. This year such an assessment was conducted for the first time. These assessments are meant for review and constructive guidance, not for decisions about future funding.

The assessment methods used were as follows. The project descriptions in Appendix A were compiled by OTRU from year-end reports submitted by the projects. These were in turn reviewed independently by 3-5 reviewers drawn from OTRU's Principal Investigators and Monitoring & Evaluation staff.<sup>c</sup> Reviewers were instructed to provide brief, constructive observations under three headings:

- *Project progress*: the nature and scope of accomplishments to date, taking account of the size of the budget, the project's duration, and the challenges inherent in the area.
- *Approach to evaluation*: the adequacy of the design and the measures to produce good evidence of efficacy and reach, and suggest ways to improve these, if need be.
- *Opportunities for collaboration*: areas where this project could engage in additional networking/collaboration or benefit by adopting/adapting techniques used elsewhere.

The independent reviews were collated, edited, and then sent to the project lead for their review, to provide a chance to correct any misperceptions and matters of fact. Project descriptions were revised accordingly by OTRU and are in Appendix A. “OTRU Assessments,” based on these descriptions, will be discussed separately with each project and will be compiled into a separate report, for limited circulation.

### **1.3 Organization 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.

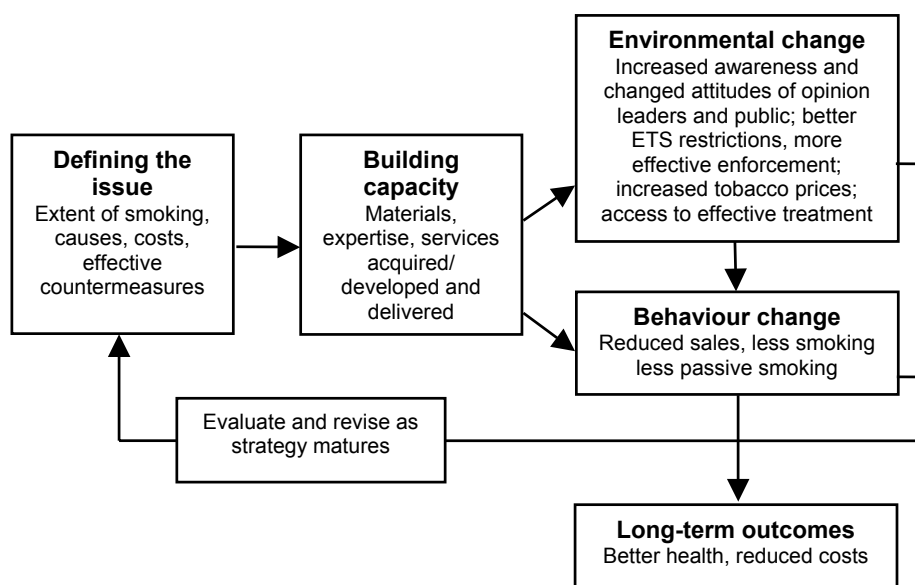
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<sup>c</sup> Community grant projects were not reviewed since they had completed only about six months of their 18-month grants.

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

Monitoring these developments as the Strategy matures – the purpose of OTRU's monitoring and evaluation report series – can guide adjustments and renewal. With time, positive outcomes can be expected in terms of health and productivity. It is widely recognized that a comprehensive tobacco control strategy requires some years to achieve the desired long-term outcomes, even in Massachusetts and California when efforts there were intensive.

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



The steps in this model of tobacco control are used in this report to describe the progress of projects for the period April 2002 - March 2003. At this stage of the Strategy, especially with the limited “dose” being administered to address the problem, the focus – appropriately – continues to be on building capacity, and this is the principal type of achievement reported in Section 2. However, there is also considerable evidence of environmental and behaviour change. The challenge at this time is to attribute these changes to specific interventions, even though they may flow logically from them.

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

- An example of a project devoted *primarily* to defining the issue is *Best Practices Identification*, while stages of other projects such as the *Mass Media Campaign* use focus-testing to test the potential impact of new messages as countermeasures.
- Projects focused on building capacity are: *Aboriginal Tobacco Strategy*, *Youth Tobacco Portal*, *Youth Initiatives*, *Lungs are for Life*, *Clinical Tobacco Intervention*, and the *Media Network*.
- Environmental (attitude) change is the objective of the *Mass Media Campaign*, *Not to Kids*, and *TeenNet/CyberIsle*. Environmental (regulatory) change is targeted by the *Bylaw/NNSW* project and the many community-level projects focused on bylaw adoption.
- Behaviour change is the goal of *Leave the Pack Behind*, *Smokers' Helpline*, and the *Quit Smoking Contest*.

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

## 2. PROGRESS TOWARD OTS OBJECTIVES

This section provides an overview of progress toward OTS objectives for the fiscal year ending March 31, 2003.<sup>d</sup>

Projects that were active province-wide in 2002-03 are summarized in Table 1. Project activities are described in more detail in Appendix A (province-wide projects) and Appendix B (community projects).

Tables 2 and 3 describe the status of tobacco control at the beginning of the renewal phase and summarize relevant developments in the past year that are the focus of this report. Developments during the initial 30 months of the OTS renewal were described in previous reports by OTRU.<sup>3,4,5</sup>

To summarize progress in the past year on prevention, protection, cessation, and industry denormalization, we focus on population-level indicators such as changes in the environment (regulations, attitudes, etc.) and in behaviour (purchasing, smoking, intentions to quit, etc.).

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

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

**Table 1: Province-wide OTS Projects in 2002-2003**

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



**Table 2: Tobacco control Activities at the Start of Renewal and Currently, Classified by Objective**

OTS OBJECTIVE	AT THE START OF THE OTS RENEWAL IN 1999-2000	ACTIVITIES IN 2002-2003
Make all schools, workplaces and public places smoke-free	<ul style="list-style-type: none"> <li>Schools required to be smoke-free indoors and on the grounds</li> <li>No province-wide restrictions on smoking privately in workplaces but voluntary restrictions for a majority of Ontario workers</li> <li>Some municipalities had effective restrictions on smoking in public places</li> </ul>	<ul style="list-style-type: none"> <li>Mass media campaign with local supplements to develop support for restrictions and understanding of dangers of second-hand smoke</li> <li>Bylaw campaigns in 32 municipalities or counties supported by community grants since mid-2002</li> </ul>
Eliminate tobacco sales to persons under age 19	<ul style="list-style-type: none"> <li>Statutory prohibition on sales to under-19s in Tobacco Control Act</li> <li>Vending machines and "kiddie packs" banned</li> <li>Variable and sometimes low compliance by tobacco vendors</li> <li>Generally low enforcement activity</li> <li>Price of cigarettes lowest in Canada and among border US states</li> </ul>	<ul style="list-style-type: none"> <li><i>Not to Kids</i> program underway since mid-2002 in 12 health units with a population of 7 million, focusing on social sources of cigarettes</li> </ul>
Reduce tobacco sales and use overall	<ul style="list-style-type: none"> <li>Price of cigarettes lowest in Canada and among border US states</li> <li>Average price of \$30.30 per carton of 200 cigarettes.</li> </ul>	<ul style="list-style-type: none"> <li>Federal-provincial tax increase of \$9 per carton.</li> <li>Average price of \$54.09 still cheapest in Canada/USA.</li> </ul>
Reduce proportion of 12- to 19-year-olds who smoke	<ul style="list-style-type: none"> <li>Vending machines and "kiddie packs" banned</li> <li>Price of cigarettes lowest in Canada and among border US states</li> </ul>	<ul style="list-style-type: none"> <li>Prevention initiatives through revamped elementary school curriculum and <i>Not to Kids</i> program</li> <li>Youth-focused cessation initiatives established on post-secondary campuses, through the internet, and as part of the Quit &amp; Win contest</li> </ul>
Reduce proportion of age 20+ who smoke	<ul style="list-style-type: none"> <li>Price of cigarettes lowest in Canada and among border US states</li> </ul>	<ul style="list-style-type: none"> <li>Toll-free telephone cessation <i>Helpline</i> established; supplemented by local cessation programs</li> </ul>
Eliminate tobacco use by pregnant women	<ul style="list-style-type: none"> <li>No measures specific to pregnant women</li> <li>Price of cigarettes lowest in Canada and among border US states</li> </ul>	<ul style="list-style-type: none"> <li>None province-wide</li> </ul>
Foster wider understanding that the tobacco industry is not a normal one	<ul style="list-style-type: none"> <li>No specific measures</li> </ul>	<ul style="list-style-type: none"> <li>Portions of <i>Leave the Pack Behind</i>, <i>TeenNet</i>, <i>Media Network</i>, and <i>Youth Initiatives</i> focused on the industry.</li> </ul>

*Note:* Column 2 is adapted from the report of the Expert Panel.<sup>1</sup> Column 3 is based on project reports for 2002-2003 (Appendices A and B).

**Table 3: Indicators of Progress on Tobacco Control, Classified by OTS Objective**

OTS OBJECTIVE	STATUS AT THE START OF THE OTS RENEWAL (1999-2000)	STATUS IN 2002
Make all schools, workplaces and public places smoke-free	<ul style="list-style-type: none"> <li>• Most schools were smoke-free</li> <li>• 71% of those working outside the home reported complete restrictions on smoking at work</li> <li>• Some municipalities had effective restrictions on smoking in public places</li> </ul>	<ul style="list-style-type: none"> <li>• Most schools were smoke-free; some were exempt from prohibiting smoking on school grounds</li> <li>• 76% of those working outside the home reported complete restrictions on smoking at work</li> <li>• Municipalities accounting for 60% of the provincial population had effective restrictions on smoking in public places, including restaurants</li> </ul>
Eliminate tobacco sales to persons under the age of 19	<ul style="list-style-type: none"> <li>• 21% of retailers were willing to sell to minors</li> <li>• 5% of such vendors were charged (1997)</li> <li>• Most (88%) underage smokers were asked for ID</li> </ul>	<ul style="list-style-type: none"> <li>• 26% of retailers were willing to sell to minors</li> <li>• 72% of underage smokers were asked for ID</li> </ul>
Reduce tobacco sales and use overall	<ul style="list-style-type: none"> <li>• Sales of 19.3 billion cigarettes and equivalents (2087 per capita)</li> </ul>	<ul style="list-style-type: none"> <li>• Sales of 16.7 billion cigarettes and equivalents (1702 per capita)</li> </ul>
Reduce proportion of 12- to 19-year-olds who smoke	<ul style="list-style-type: none"> <li>• 21% of students in grades 7-12 were daily smokers</li> </ul>	<ul style="list-style-type: none"> <li>• 13% of students in grades 7-12 were daily smokers (2003)</li> </ul>
Reduce proportion of age 20+ who smoke	<ul style="list-style-type: none"> <li>• 28% of men and 23% of women aged 18+ smoked</li> <li>• 18.5 cigarettes smoked per day (daily smokers), unchanged since 1992</li> </ul>	<ul style="list-style-type: none"> <li>• 26% of men and 20% of women aged 18+ smoked</li> <li>• 17.2 cigarettes smoked per day by daily smokers</li> </ul>
Eliminate tobacco use by pregnant women	<ul style="list-style-type: none"> <li>• 16% to 23% of pregnant women smoked regularly</li> </ul>	<ul style="list-style-type: none"> <li>• 14% of women age 20-44 and pregnant within past 5 yr smoked daily (CCHS, 2001)</li> </ul>

*Note:* Column 2 on Status in 1999-2000 is adapted from the report of the Expert Panel,<sup>1</sup> and updated with data from the Sixth Monitoring Report of the Ontario Tobacco Research Unit.<sup>6</sup> Column 3 uses data to appear in OTRU's Monitoring and Evaluation Series Volume 9, Number 3 (in press).

## 2.1 Progress Establishing Smoke-free Places

Protection was the immediate focus of several community projects during 2002-03. The enactment or strengthening of municipal bylaws was the objective of activities in Algoma; Brantford; Haldimand-Norfolk; Leeds, Grenville and Lanark; Niagara; and Porcupine. All of these projects were new in 2002-03, which represents an important change from the previous year when none had protection as their principal objective.

Several province-wide projects continuing from the year before made contributions toward establishing smoke-free places. These include the *Media Network* and part of the Ontario Tobacco-free Network (OTN) project, which supported smoke-free bylaw campaigns, *Leave the Pack Behind*, and *Best Practices Identification*. These efforts were complemented by the *Mass Media Campaign*, which aims to reduce the social acceptability of smoking.

Among the major accomplishments and relevant indicators reported for the past year:

- *Leave The Pack Behind (LTPB)* helped establish new smoke-free spaces on seven campuses, mostly in pubs.
- The OTN provided ongoing support to tobacco-free coalitions working to achieve 100% smoke-free legislation. This support included speakers, advice and a total of \$160,000 in financial support awarded through an RFP process.
- Significantly fewer adults in Ontario would sit in the smoking section of a restaurant if a seat in the non-smoking section was not available (38% in December 2002 vs. 49% in February 2000, *Mass Media Campaign*).
- Two-thirds of Ontario adults said they would support a bylaw that would make all public places 100% smoke-free (68% in December 2002 vs. 58% February 2000, *Mass Media Campaign*).

## 2.2 Progress Eliminating Tobacco Sales to Minors

The reduction of tobacco sales to minors was not the principal focus of any province-wide projects in 2002-03. Only *LTPB* directly addressed the issue of sale and supply as a small part of larger efforts toward prevention and cessation on post-secondary campuses. Reductions in sales to minors was supported indirectly by *TeenNet*, *Youth Tobacco Portal*, *Youth Initiatives*, and *Lungs Are For Life* as they pursued prevention and/or cessation among young people.

While the major focus was not directed at the sale of cigarettes to minors, *Not to Kids* was a major initiative in 2002-03 concerned with the supply of cigarettes to minors by “social” sources (friends, family, etc.). The health units participating in *Not to Kids* account for almost two-thirds of the Ontario population.

## 2.3 Progress Reducing Youth Smoking

Five province-wide projects in 2002-03 focused on the reduction of tobacco use among young people: *TeenNet*, *Youth Tobacco Vortal*, *Youth Initiatives*, *Lungs Are For Life*, and *Leave the Pack Behind*. All involved some mix of prevention and cessation. These projects were complemented by two others that provided general support to prevention and cessation efforts - the *Mass Media Campaign* and *Best Practices Identification*.

Among the major accomplishments and relevant indicators reported for the past year:

- More than 13,000 visitors signed in to *TeenNet*'s "Smoking Zine". (This figure includes only youth under the age of 24 who consented to be part of project research.)
- *TeenNet*'s Youth Advisory group created a website to educate young people about the tobacco industry: [www.globalyouthvoices.org/tobacco](http://www.globalyouthvoices.org/tobacco). Youth reported being highly engaged by the youth-driven approach of *TeenNet*, which allows them to define and address issues on their own terms.
- Three months after completing the *LTPB* cessation course, 19% of the participants who completed the evaluation protocol had successfully quit smoking.
- *LTPB* reported direct contact with more than 10,000 post-secondary students, and the project website averaged 2000 hits per month. Campus surveys suggested that it is known to about 54,000 students. Almost three-quarters of regular student smokers and 44% of non-smokers spontaneously identified *LTPB* as a source of support for quitting.
- 10,205 *LAFI* modules were ordered during the year, mainly by elementary teachers, reaching an estimated 284,000 students. Many of the remaining modules went to health units. To ensure effective implementation, 95 trainers were prepared and equipped for disseminating the curriculum.
- The new youth *Quit Smoking Contests* drew 2,400 registrants, 82% of whom registered for the "Don't Start" contest and 18% for the "Quit" contest.

## 2.4 Progress Reducing Adult Smoking, Including Among Pregnant Women

Several projects had an immediate focus on reducing the prevalence of adult smoking in 2002-03, however, none of these specifically targeted pregnant women.<sup>c</sup>

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<sup>c</sup> *Clinical Tobacco Intervention* and others are participating in the *Pregnets* steering committee, which aims to develop and disseminate cessation information for pregnant and post-partum smokers and their families, as well as their health care providers. OTRU also continued with a research project to improve the quality of data on smoking by pregnant women.

The *Quit Smoking Contest* motivated smokers to try quitting, the *Smokers' Helpline* provided broad cessation support with toll-free telephone assistance, and *Leave the Pack Behind* provided cessation services at colleges and universities. These activities were complemented by the dissemination of cessation resources to health intermediaries (*Best Practices Identification*), the training of health care professionals in cessation techniques (*Clinical Tobacco Intervention*), and the 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 also make a major contribution to reducing adult smoking.

Among the major accomplishments and relevant indicators reported for the past year:

- There were more than 9000 calls including over 7000 first-time callers to the *Smokers' Helpline*, a 2% increase over the previous year. In three years, call volume has increased by 18%.
- 89% of respondents to the 28-day follow-up of the *Helpline* and 81% of respondents to the 6-month follow-up indicated they would call again. Similarly, 94% and 89%, respectively, suggested they would recommend the *Helpline* to others.
- The 6-month quit rate for the *Helpline* was 10%, which compares favourably with other helplines offering proactive service.
- 1,250 dentists, pharmacists, physicians and their support staff participated in 26 *CTI* training programs. Over 1,800 health care practitioners received education kits and there were more than 5,100 visits to the *CTI* website.
- There were over 15,000 registrations for the adult *Quit Smoking Contest* – a 52% increase from 2001. This is about 1% of all smokers in Ontario.

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Over the longer term, all projects that contribute to prevention objectives, or that contribute to the establishment and proliferation of smoke-free spaces, will also make a major contribution to reducing adult smoking.

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## 2.5 Progress Denormalizing the Tobacco Industry and Its Products

Denormalization – demonstrating that the tobacco industry is not simply a normal industry that manufactures and sells a typical consumer product – is not a Ministry objective. However, denormalization is recommended by the OTS Steering Committee (see text box on page 12), and is thus reported on here.

With the exception of one OTRU research project,<sup>7</sup> there were no projects in 2002-03 that focused on denormalization, presumably because it is not a government-supported objective. However, industry behaviour was addressed in at least four projects – *TeenNet* / “Smoking Zine,” *Youth Initiatives*, *Leave the Pack Behind*, and the *Media Network*. In each case, denormalization messages were part of larger education and awareness initiatives.

The Ontario Tobacco Strategy Steering Committee is committed to **de-normalizing the tobacco industry and its products** by ensuring that:

- deceptive tobacco industry practices are fully exposed,
- the public understands the full extent of the harm caused by the tobacco industry and its products,
- policy makers recognize the addictive and hazardous nature of tobacco products and regulate them accordingly,
- connections between the tobacco industry and arts, health, educational and other community agencies are severed,
- the tobacco industry pays the full cost of the harm inflicted by its products.

*Vision Statement and Principles*, OTS Steering Committee, November 2002

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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.*

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## 2.6 Progress in Networking and Coordination

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

Established in late 2001, the Steering Committee brings together key stakeholders for both strategic and tactical planning of tobacco control in Ontario. The Committees' first full year of operation was in 2002-03, during which they met regularly and developed a multi-year plan for the OTS. The "Tobacco Cluster" also provides a forum for coordination.<sup>f</sup>

Many projects that fall into the "infrastructure" category (Table 1) contribute directly to OTS coordination by developing mechanisms and resources for joint action.

Among the major accomplishments and relevant indicators reported for the past fiscal year:

- *Best Practices* completed independent reviews of past OTS projects, rated three as "recommended" and 13 as "promising," and made these available for wider adoption as an electronic "toolkit" on the website of the Program Training and Consultation Centre (PTCC).
- Consultations by PTCC sought to identify the tobacco control needs of francophones and residents of northern Ontario, while the *Aboriginal*

<sup>f</sup> Formerly known as the OTS Resource Centres Working Group, the Tobacco Cluster provides training and technical support to communities and partners in the OTS and linkage to the Ontario Health Promotion Resource System, which in turn has representatives from all the provincially funded resource centres.

*Tobacco Strategy* convened community leaders and health care professionals from across Ontario to steer the strategy's development and implementation.

- The *Youth Tobacco Portal* was further enhanced to assist organizations with tobacco-related websites that target youth.
- The *Media Network* provided daily tobacco control news updates to its 335 Network members and maintained its comprehensive database of over 20,000 news clippings and other records.
- The *OTN Bylaw/NNSW* project maintained a website with information on the *Go for Gold! Become 100% Smoke-free!* bylaws map, listings of all of the tobacco-free coalitions across the province, and links to other tobacco control organizations.

In 2002-03, there was much more joint activity among funded projects than in previous years, and a considerable amount of contact between the projects and the province's health units. Some projects, notably *TeenNet*, *Smoker's Helpline*, and *CTI*, continued to have contacts and share ideas with agencies and colleagues working along parallel lines outside Ontario. Table 4 summarizes the extensive coordination and networking contacts of all province-level projects.

**Table 4: Collaboration Among Province-wide OTS Projects and Networking with Others, 2002-03**

	<i>Media Campaign</i>	<i>TeenNet/CyberIsle</i>	<i>Smokers' Helpline</i>	<i>Quit Smoking 2002</i>	<i>LTPB</i>	<i>Best Practices</i>	<i>Youth Tobacco Vortal</i>	<i>Youth Initiatives</i>	<i>LAFL</i>	<i>CTI</i>	<i>Media Network</i>	<i>Bylaws/ NNSW</i>	<i>ATS</i>
<i>Media Campaign</i>													
<i>TeenNet/CyberIsle</i>													
<i>Smokers' Helpline</i>													
<i>Quit Smoking 2002</i>			●										
<i>Leave the Pack Behind</i>			●										
<i>Best Practices</i>													
<i>Youth Tobacco Vortal</i>													
<i>Youth Initiatives</i>	●												
<i>Lungs Are for Life</i>													
<i>Clinical Tobacco Intervention</i>			●	●				●					
<i>Media Network</i>													
<i>Bylaw/ NNSW Activities</i>											●		
<i>Aboriginal Tobacco Strategy</i>											●		
<i>OTS Coordinating Committee</i>	●		●		●	●			●	●	●	●	
<i>Other OTS partners (e.g. health units)</i>	●	●	●	●	●	●	●		●	●	●	●	
<i>Jurisdictions outside Ontario</i>		●	●							●			●
<i>National/international conferences</i>		●		●						●			

*Note:* Entries listed below the thick line are not OTS projects but other tobacco control actors and venues with which some OTS projects reported contacts.



### 3. OTRU'S ASSESSMENT OF PROVINCE-WIDE PROJECTS, 2002-03

#### 3.1 Project Progress

Table 5 shows OTRU's perception of the relative effort expended on each OTS goal. While social norm change is not an explicit goal, it is the focus of several projects and so appears here with the other, more official, objectives.

Table 5: Effort Expended on OTS Goals by Projects in 2002-2003

<b>Main Strategy</b> Project*	<b>Tobacco Control Goals</b>				
	<b>Protection</b>	<b>Prevention</b>	<b>Cessation</b>	<b>Industry Denormalization</b>	<b>Social Norm Change</b>
<b>Public Education</b>					
<i>Mass Media Campaign</i>	○				●
<i>Not to Kids</i>		⊙			●
<i>TeenNet</i>		⊙	⊙	⊙	
<i>York Chinese/Italian Awareness</i>	○	○	⊙		●
<b>Assistance to Smokers</b>					
<i>Aon Workplace Cessation</i>			●		
<i>Leave the Pack Behind</i>	○	○	●	○	
<i>Quit Smoking Contest</i>			●		
<i>Telephone Helpline for Smokers</i>			●		
<b>Regulation</b>					
<i>6 community-based projects to establish/strengthen bylaws</i>	●				
<b>Infrastructure Development</b>					
<i>Aboriginal Tobacco Strategy</i>		●	●		●
<i>Clinical Tobacco Intervention</i>			●		
<i>Lungs are for Life</i>		●			
<i>Media Network</i>	⊙	⊙	○	⊙	
<i>Ontario Tobacco-Free Network</i>	●	○	○	○	
<i>Youth Initiatives</i>		⊙		⊙	
<i>Youth Vortal</i>		●	○	○	

○ = minor focus (0-24% of effort) ⊙ = moderate focus (25-59% of effort) ● = major focus (60-100% of effort)

\* Due to the cross-cutting nature of Best Practices Identification and OTRU's Monitoring and Evaluation, they have been omitted from this table.

The extent to which most projects addressed more than one OTS goal is striking. Cessation is unique among the goals in having several projects that address this goal exclusively or nearly so. Whether or not this dilutes or reinforces the attainment of objectives is worth considering by each project.

OTRU's assessment of each province-wide project will appear in a limited-circulation supplement to this report. Generally, these assessments are positive, noting progress in defining issues, establishing services and materials, and, in many instances, starting to achieve attitudinal and behavioural change.

If OTRU's assessments are tempered, it is generally because of the challenges of acquiring definitive evidence of cause-and-effect relationships in messy real-world situations. It is always difficult and sometimes impossible to establish the unique contribution of each project to attaining OTS goals, yet the evaluation reports and other evidence from independent sources suggests that there is genuine progress in tobacco control in Ontario.<sup>9</sup>

Three common issues affect virtually all of the province-level projects reviewed in this document:

1. ***Life cycles and budgets.*** Projects have natural "life cycles" and these vary in nature and duration from project to project. For instance, implementation phases last longer for some projects and cost more (or less) than other phases of the project; evaluation costs may be higher in some years than others, and consume a greater proportion of the budget for some projects than others. This suggests funding needs to be responsive to evolving project needs over the course of the project life cycle, yet the continuing province-wide projects have almost all had flat budgets over the four budget cycles since renewal in 1999. The appropriateness of this is an issue for the OTS Steering Committee and MOHLTC to discuss.
2. ***Apparently constant budgets are not actually constant.*** The budgets described in Appendix A for almost all continuing projects that are apparently identical over several years are in fact falling as inflation is not taken into account in each new cycle. At what point will the overall OTS budget be increased, or the existing budget distributed differently to ensure that at least some projects have the resources to meet their objectives? This is another issue for the OTS Steering Committee and MOHLTC.
3. ***Once objectives have been met.*** The OTS was renewed four budget cycles ago and some projects have apparently reached, or are close to reaching, their objectives. If so, two options appear open: (a) the project ceases functioning and Ministry money is reallocated or (b) the project continues to receive funding but changes its objectives or focus. It is the latter that has generally characterized the renewed OTS to date, although there are only a few such cases. OTRU would argue for a more systematic approach whereby maturing projects would be subject

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<sup>9</sup> See Part 3 of this year's Monitoring and Evaluation Series (in progress).

to a periodic needs assessment. This would give projects the opportunity to modify their objectives to reflect the changing environment in tobacco control and achievement of their initial objectives. Should a needs assessment reveal that there is no unmet need, then funding should cease.

### 3.2 Project Reach

The *reach* of a project is vital for understanding its public health impact, and is thus of considerable interest to OTRU. Reach – the extent to which a project successfully engages its intended target group – interacts with project *efficacy* to produce public health impact.<sup>8,9</sup>

Table 6 describes the target groups for ongoing province-wide projects and their reported reach to date. Expressed as a percentage of the target group, reported reach varies widely, but this should not be taken as a simple measure of success. By its nature, “reach” will have very different meanings for different projects, and the values in Table 6 refer to different levels of engagement of the target group. The meaning of reach ranges from an estimate of the number of people potentially exposed to a message or service by virtue of the delivery methods employed (e.g., the *Mass Media Campaign’s* reported exposure level), to a firm count of the number of persons enrolling in a service or program (e.g., *Quit Smoking Contest*).

OTRU will seek more consistency in the definition and estimation of reach in future evaluations.

**Table 6: Target Populations for Ongoing Province-wide Projects and Reported Reach to Date**

	<b>Intended Target Population</b>	<b>Estimated Size</b>	<b>Proportion Reportedly Reached</b>
<i>Mass Media Campaign</i>	Ontarians who view tobacco products as socially acceptable to some degree	2,775,000	90% exposure 65% recall
<i>TeenNet</i>	Ontario youth 12-19 years old	1,207,811	10%
<i>Leave the Pack Behind</i>	Post-secondary students who smoke or are at risk of smoking	100,050	54%
<i>Quit Smoking Contest</i>	Adult smokers	2,103,000	1.8%
<i>Smokers' Helpline</i>	Adult smokers	2,103,000	1%
<i>Clinical Tobacco Intervention</i>	Ontario physicians, pharmacists and dentists	36,000	10%
<i>Lungs Are For Life</i>	Public health professionals and teachers (K-10)	37 public health units/ 80,681 teachers	50%
<i>Media Network</i>	Coalitions, health units and other health organizations involved in tobacco control media campaigns	600	50%
<i>Youth Initiatives</i>	Ontario youth 12-19 years old	1,207,811	unknown
<i>Media Network Local Media Campaigns</i>	Coalitions, health units and other health organizations involved in tobacco control media campaigns	120	21%
<i>Ontario Tobacco-free Network</i>	Coalitions, health units and other health organizations involved in tobacco control media campaigns	75 coalitions, 37 health units, others undetermined	100% of coalitions and units, others undetermined
<i>Youth Tobacco Vortal</i>	Ontario youth between 10-19 years old and youth workers	1,510,00	5%
<i>Aboriginal Tobacco Strategy</i>	Aboriginal communities and their leadership	142 First Nations	unknown

### 3.3 Approaches to Evaluating the OTS Projects

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

1. the difficulty of identifying the unique contribution of an OTS project operating in an environment rife with other tobacco control programs, influences, and trends
2. a disconnect between project objectives and the indicators reported as evidence of progress.

With respect to the first of these issues, at least for evaluating interventions, OTRU encourages designs that include systematic comparison of “exposed” vs. “unexposed” groups. In an ideal world, at least from the perspective of research evidence, individuals would be assigned randomly to the intervention and control groups. But most social interventions rely on volunteers and this is not realistic.

Comparison of “exposed” and “unexposed” groups is often possible, and always desirable. Some prime examples are comparison of:

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

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

- attitudes toward smoking bans in each province (CTUMS) and over time in Ontario (CAMH-M).
- awareness of smoking cessation aids and programs (CAMH-M).
- the rate at which physicians and dentists advise their patients to quit or reduce smoking (CTUMS).
- rates of smoking by pregnant women in each public health unit area (CCHS, biennially).
- quit rates and intentions by province (CTUMS) and quit rates by PHU (CCHS, biennially).

Such data, which often appear in OTRU's Monitoring and Evaluation Series, can also be exploited as part of project evaluations. Beyond these sources, OTRU is planning a survey that will start in April 2004 for the express purpose of collecting data to evaluate projects and the Strategy.

Comparison groups are useful for both issues that plague evaluation – the exposure of project participants to the influences of other tobacco control measures, and the self-selected nature of program participants. If appropriate comparison groups cannot be found in existing population surveys, OTRU urges that serious consideration – and the necessary resources – be devoted to creating such groups for evaluation purposes.

Regarding the frequent disconnect between project objectives and indicators, OTRU encourages:

- an annual comparison of current vs. original project objectives, and clear communication with the MOHLTC and OTRU regarding any changes and the reasons for them.
- the development and regular review of a logic model that links project objectives, activities, and indicators in a systematic way.
- undertaking a needs assessment once initial objectives have been met.

### **3.4 Opportunities for Collaboration**

Table 4 summarizes the ongoing collaboration among projects described in Appendix A. This collaboration is extensive and, although not examined in detail by OTRU, appears to be appropriate and likely beneficial to all parties involved.

There are additional opportunities for collaboration that have apparently not yet been fully realized. They are described for each project as part of "OTRU's Assessment," to be released as a separate document. Some of the more promising possibilities include:

- For the *Mass Media Campaign* to add the *Smokers' Helpline* telephone number to broadcast and print materials.
- For the *Mass Media Campaign* and the *Media Network* to collaborate on evaluation strategies for mass media campaigns.
- Collaboration among federal and provincial mass media campaigns, to maximize synergy and reduce "noise."
- A linkage between *Teen,Net*/"Smoking Zine" and the *Youth Vortal*
- Use by PHU staff of *Teen,Net* materials for prevention/cessation classes in schools.
- Referral of patients to the *Smokers' Helpline* and *LTPB* by MDs, dentists and pharmacists who do not provide cessation services themselves.
- More youth involvement in provincial and local media campaigns on bylaw adoption.

In a related vein, OTRU's review of collaboration concludes that there should be links from the MOHLTC website to all relevant projects, notably the *SHL*, *LTPB*, *CTI*, *LAFL*, *TeenNet*, *Vortal*, PTCC's electronic toolkit, and OTN's 'Go for Gold' map. This would not only raise the profile of these projects among those who visit the MOHLTC website, but would also help to identify the Ministry as an active partner in the OTS, a funder that endorses the projects that it supports financially.





## **APPENDIX A: PROVINCE-WIDE PROJECTS, 2002-03**

Project descriptions in this section were compiled by OTRU from material submitted by the projects describing their activities and accomplishments during 2002-03. The variation in length and detail that appears here is simply a reflection of the amount of information provided by the projects.

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## **A1. Public Education**

### **Mass Media Campaign – Heart and Stroke Foundation of Ontario**

#### *Objectives*

- To produce positive change in attitudes regarding tobacco use among Ontarians who view smoking as a socially acceptable behaviour.
- To build public support for other community-based and province-wide tobacco control initiatives.
- To contribute to changes in smoking behaviour.
- To move smokers in the pre-contemplation and contemplation stages of change to the next behavioural stage.

#### *Background*

- Initiated Fall 1999 and funded annually since that time.
- Budget in 2002-2003: \$3,000,000
- Status in 2003-2004: Continuing, budget \$2,870,000

Begun with advertisements acquired from other jurisdictions, the project has since created two new television advertisements. These messages were believed to more accurately target key population segments than had the earlier messages. Both advertisements (“Don” and “Bernice”) present true stories of individuals who have lost loved ones to smoking and who have themselves suffered health consequences from tobacco smoke. First used in 2001-2002, and then repeated in 2002-2003, these messages were proposed as a continued attempt to “erode the permission to smoke so that tobacco use becomes increasingly socially unacceptable.”<sup>h</sup> Heart and Stroke Foundation of Ontario, Canadian Cancer Society and the Ontario Lung Association logos are tagged at the conclusion of the advertisement.

The two 30-second television advertisements were aired for 12 weeks through September, October, and November of 2002 in Toronto/Hamilton, Ottawa, Kitchener/London, Sudbury/Timmins/North Bay, Barrie, Peterborough, Kingston, Windsor, Kenora and Thunder Bay markets. The same advertisements were aired for an additional 9 weeks through January and February 2003 in the same markets. These advertisements were supplemented with 30-second French language radio advertisements that aired over the same two periods in Cornwall, Hearst, Kapuskasing, Pentanguishene, and Sudbury markets. Over these periods a total of 380 radio spots were aired in these markets.

In addition to this, the project has continued in 2002-2003 to provide support and expertise to other OTS partner organizations with an interest in using media messages to further specific tobacco control objectives. Project staff participated in and provided input to the OTS Media Roundtable and provided media consultation and funding for data collection and analyses to the Ontario Lung Association’s OTS-funded *Youth Initiatives* project.

#### *Evaluation Methods*

Formative evaluation activities in 2002-2003 included the use of focus groups to research and assess campaign messages and materials directed toward efforts to raise awareness of the practices of the tobacco industry. Focus groups were conducted in Toronto and Sault Ste. Marie with groups composed of the general population and the specific target group, complacent libertarians. The purpose of the groups was to assess reactions to existing

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<sup>h</sup> 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.

advertisements that sought to raise awareness of industry practices.

Since its inception, outcome evaluation has used telephone surveys of random samples of adult Ontarians. An initial survey of 1,200 adults was conducted in February of 2000 to provide baseline measures of attitudes toward tobacco and tobacco control initiatives. Since then, post-campaign surveys have been conducted following each iteration of the campaign. Each of these surveys has employed a new random sample of the adult population. The surveys gauge message recall, and track and assess change in relevant attitudes and support for tobacco control initiatives (primarily smoke-free spaces bylaws). A survey of 600 adult Ontarians was conducted in December of 2002. The approach does not include design elements such as control groups, or analytic techniques that would allow for the attribution of any observed change to campaign efforts.

#### *Networking and Collaboration*

- The Heart and Stroke Foundation of Ontario (HSFO) collaborated with the Ontario Lung Association (OLA) on the latter's *Youth Initiatives* project. Specifically, HSFO advised and assisted in the selection of television airtime in Ottawa for OLA's Clear the Air campaign. In addition, HSFO assisted in the development and implementation of a post-campaign quantitative telephone survey on OLA's behalf. Results of this survey were not yet available at the time of writing.
- HSFO representatives have participated and contributed to the OTS Coordinating Committee's Media Roundtable activities. This has centred on efforts to ensure the coordination of tobacco control media activity in the province, and the facilitation of community-based media campaigns in support of municipal smoke-free bylaws.

#### *Environmental and Behaviour Change Accomplishments*

- After the Fall 2002 campaign, 10% of respondents were able to describe the "Don" ad without prompting and 6% were able to describe the "Bernice" ad without prompting. When the ads were described to respondents, 65% said they recalled seeing the ad entitled "Don" and 65% said they recalled seeing the ad entitled "Bernice." The latter represents a significant increase from the 51% of respondents who recalled having seen the "Bernice" ad after it aired in the spring of 2002.
- As in previous years, respondents continue to express favourable reactions to the ads. This survey indicates that 82% of respondents report they feel the ads were credible and believable and 87% report they reacted somewhat favourably or very favourably to the ads.
- The following table tracks selected attitudinal measures since the campaign began, (but, as noted below, the evaluation design does not allow attribution of these changes to the campaign).

#### *Issue-definition Accomplishments*

- Focus groups were conducted to assess reactions to existing advertisements that sought to raise awareness of tobacco industry practices. It was found that none of the seven advertisements tested was likely to perform well with the individuals involved. More specifically it was found that messages regarding industry deception were not particularly influential among participants and some even found the tone and message too severe when directed toward an industry the "sells a legal product." Similarly, many felt that smoking was a personal choice and the advertisements put too much responsibility on the industry.

Table 7: Public Attitudes Toward Tobacco Control, Ontario Adults, Feb. 2000 – Dec. 2002

	Proportion Agreeing			
	Dec. 2002 Margin of error $\pm$ 4	May 2002 Margin of error $\pm$ 3.1	June 2001 Margin of error $\pm$ 3.1	Feb. 2000 Margin of error $\pm$ 2.8
Government should regulate smoking in public places to protect non-smokers.	68%	70%	64%	65%
Smoking has become a socially unacceptable behaviour.	58	56	54	--
It is a personal choice whether someone chooses to smoke or not - it cannot be legislated by the government.	57*	59*	63	70
I would sit in the smoking section of a restaurant if a seat in the non-smoking section is not available.	38*	44	47	49
Would strongly support a bylaw that would make all public places 100% smoke-free.	49*	47*	45	41

\* statistically significant change from February 2000. (Others are not statistically significant.)

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

### *Objectives*

- To positively influence smoking behaviour, behavioural intentions and resistance to smoking initiation among young people, using a web-based program.
- To determine effective strategies to promote the “Smoking Zine” youth smoking prevention and cessation intervention.
- To encourage health professionals to introduce the “Smoking Zine” to young people and to incorporate it into clinical practice.
- To determine whether there is a need to provide translated or culturally-adapted versions of smoking prevention and cessation resources for youth with various levels of acculturation.
- To implement and evaluate a model (EIPARS) and best practices for engaging youth in tobacco control action.

### *Background*

- Initiated Fall 1999 and funded annually since that time.
- Budget in 2002-2003: \$250,000
- Status in 2003-2004: Continuing, budget \$250,000

*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. Since its inception, the project has maintained an overriding research orientation. For 2002-2003, *TeenNet* continued to implement, refine, and evaluate the web-based “Smoking Zine.” Specific activities included implementation of a single session intervention of the “Smoking Zine” in Toronto schools and the further dissemination of the “Smoking Zine” on the web. The school-based study represents the largest randomized controlled trial to date of a web-based behaviour change intervention. For the study, written support materials such as workbooks and exercises were developed, as was a group-based motivational counselling protocol. Dissemination initiatives included attempts to sharpen search engine strategies as well as efforts to develop strategies to encourage current Zine visitors to increase the number or depth of their visits.

In addition, *TeenNet* implemented and evaluated a model for engaging youth in action for tobacco control using information technologies. This involved the recruitment of members to form two youth action groups and the provision of support to facilitate their movement through *TeenNet*'s six-stage model for youth action. The intention of the youth action initiative is to develop and disseminate models, guidelines and best practices that can be used by community-based organizations or groups to increase youth involvement in their organization's tobacco-related activities, and increase youth participation in tobacco action.

### *Evaluation Methods*

- The school-based study is being evaluated using a pre- and post-test design with controls. The measurement tools used in the evaluation assess changes in behavioural intentions, readiness to change, perceived importance of change, stage of change, affect, willingness to change, and self-efficacy as well as absolute rates of smoking among the population. Almost 1500 students from 14 schools throughout Toronto participated in the study and were assigned to one of two conditions. Exposure to the web-based “Smoking Zine” represented the experimental condition. The control condition was a web literacy program where students reviewed and assessed three websites dealing with global warming. Outcome measures were taken at pre-test, post-intervention, and again at a three-month follow-up. A six-month follow-up will be completed by July 2003. Data analysis will take place in the fall and winter of 2003.

- Evaluation of activities to promote and disseminate the “Smoking Zine” was accomplished by examining the number of people visiting the website.
- The youth action initiative is being evaluated through participant observation and interviews with youth participants and youth workers. In addition, an extensive participatory outcome evaluation was added to the youth action initiative to capture the learning of participating youth and youth workers. Expected outcomes include the character of resulting youth action plans, impressions of engagement through the six-stage process, sustainability of action beyond the project period, and interest by youth and community organizations in continuing with the initiative.

#### *Networking and Coordination*

- *TeenNet’s* “Smoking Zine” was integrated into Halton’s *Quit Smoking Contest*. The contest ran from April 9-16th, 2002.
- *TeenNet* conducted a training workshop with PTCC to support Kids Help Phone and the Parent Help Line.
- *TeenNet* met with the *Vortal Project* (THCU) and the Coordinator of the Youth Tobacco Team (OLA) to discuss possible collaboration. *TeenNet’s* Youth Assistant was one of the original members of the Youth Tobacco Team and remains connected with the team as a past member.
- *TeenNet* partnered with Toronto Public Health’s Tobacco Team and the YMCA Youth Substance Abuse Program (YSAP) on its school-based intervention. In particular, three public health nurses were seconded to assist with delivery of the intervention.
- *TeenNet* was a member of the following boards/committees in 2002-2003:
  - *Vortal Project* Advisory Board
  - OTS Prevention Sub-Committee
  - Youth Tobacco Team Selection Committee
- *TeenNet* participated in workshops conducted as part of PTCC’s Youth Advocacy for Tobacco Control project. In these workshops, *TeenNet* presented findings on how technology could be used to support youth action and advocacy.
- As part of its Youth Engagement in Tobacco Control initiatives, the project has made connections with the following:
  - TakingITGlobal (TIG) (<http://www.takingitglobal.org>), an international organization that uses technology to connect young people in more than 190 countries for collaboration on concrete projects addressing global problems and creating positive change.
  - The Guelph International Resource Centre (GIRC, a non-profit, global education centre and production company that was founded by CIDA in 1980 to engage the Canadian public in international social justice issues. GIRC has been documenting the Smoke Free World youth group as they develop their action plans.
  - Essential Action, Global Partnerships for Tobacco Control: an organization mandated to help support and strengthen international tobacco control activities at the grass roots level. Essential Action pairs groups in the United States and Canada with groups in Asia, Africa, Latin America, Central and Eastern Europe, and the former Soviet Union, and assists them in initiating meaningful shared activities.

#### *Environmental and Behaviour Change Accomplishments*

- To March 31, 2003 there was a total of 13,461 visitors who signed in to the “Smoking Zine”. This figure includes only study group members (i.e., youth under the age of 24 who consent to be part of project research).
- A pilot study using qualitative methods was conducted with five practitioners at the Substance Abuse Day Treatment Program at the Division of Adolescent Medicine, Hospital for Sick Children. It was found that training practitioners how to use the “Smoking Zine” website did increase their willingness to use and

recommend the website to their patients. The practitioners felt the “Smoking Zine” fit within the Day Treatment Program, and that the Zine was a good tool to capture the interest of the patient and could be supplemented with group motivational counseling. In particular, the “Smoking Zine” was felt to be appropriate for and helpful to patients in terms of becoming motivated, identifying when they were ready to change, and highlighting options to help reduce the number of cigarettes smoked weekly. The practitioners all stated they would continue to recommend and use the “Smoking Zine” in the future.

- Preliminary analysis of the process evaluation data from the youth engagement project indicates that interactive components such as website development and popular theatre are highly effective ways of engaging youth in action on tobacco issues. Results also indicate that youth are highly engaged by the youth-driven approach that allows them to define and address issues on their own terms.

#### *Issue-definition Accomplishments*

- *Teen.Net* initiated a study that focused on evaluating the feasibility and effectiveness of recruiting study subjects using virtual routes. It was found that the response rate to an email invitation to participate in an online study was very low despite the provision of \$20 to \$30 incentive. With the proliferation of unsolicited email and deceptive email on the Internet, it was felt that potential participants might not have recognized that “Smoking Zine” is a legitimate research study. Personalization of the sender email address emerged as an important consideration to enhance response rate by increasing the legitimacy of an incoming email. Snowball sampling (email sent from a friend’s address) can be adopted to enhance response rates through personalization.

#### *Development of Skills and Materials*

##### Materials and Programs

- Prior to implementing the randomized evaluation of the “Smoking Zine”, extensive review and testing was conducted on the website programs, surveys and associated resources. To allow for greater usability, refinements were made to the Zine’s support tools and quizzes. *Teen.Net*’s youth advisors provided feedback on the redesign as it evolved.
- *Teen.Net* developed an online program called CyberHealthLiteracy (<http://www.cyberhealthliteracy.org>) to help youth evaluate the quality of health information obtained on the Internet. The program takes youth through different aspects of an online information source to develop a quality rating.
- *Teen.Net* teamed with the YMCA’s Youth Substance Abuse Program to develop a group-based motivational counseling protocol used in the school-based study. The protocol was pilot-tested with youth from the Scarborough Towne Centre Youth Centre and findings assisted in the further refinement of the technique.
- *Teen.Net*’s Youth Advisory group consists of nine members between the ages of 14 and 19. For their action project, the youth chose to focus on industry denormalization through an international approach. The group named themselves Smoke Free World and began looking at the issues related to tobacco and globalization. As their action project, Smoke Free World developed an interactive workshop to educate youth on the global actions of tobacco companies. Smoke Free World gave this workshop at three youth conferences and for one youth-serving organization in 2002-2003. Smoke Free World also created a website to educate young people about these issues. A preliminary version of the website can be found at <http://www.smokefreeworld.org>.
- The Davenport Youth Group consists of eight members between the ages of 12-14. For their action project, the group chose to create a popular theatre workshop to educate local young people about healthy decision-making in relation to tobacco.
- As part of their work, the Smoke Free World youth identified the need to form linkages with young people and groups from different parts of the world in order to access diverse perspectives and experiences around tobacco. In an effort to build this connection, the group has begun an online discussion series with youth



from Nairobi, Kenya, in collaboration with the Kenyan NGO JamiiBora Trust.

- Throughout 2002-2003, the project continued to disseminate lessons through conference presentations across North America and through publications. Project staff and researchers presented on topics related to the use of web-based technologies to engage young people at more than two dozen conferences.

#### Skill Development

Process evaluation of the Smoke Free World youth group indicates that a global approach to tobacco advocacy builds skills and knowledge related to global education and world issues. It was also found that a global approach inspires youth with passion and a desire to take action on behalf of those who are marginalized. Based on feedback from attendees at the Smoke Free World workshops, a global approach appears to have good potential for increasing the number of Ontario youth engaged in tobacco control and related local action.

## **A2. Providing Assistance to Smokers**

### **Smokers' Helpline – Canadian Cancer Society, Ontario Division**

#### *Objectives*

- To improve access to cessation assistance for Ontario smokers.
- To improve the acceptability of cessation assistance to Ontario smokers.
- To assist Ontarians who smoke to quit.
- To contribute to the ongoing development of cessation materials and services that are effective and efficient.
- To contribute to the ongoing development of promotional and recruitment strategies that will increase the reach of cessation services.

#### *Background*

- Initiated Fall 1999 and funded annually since that time.
- Budget in 2002-2003: \$1,370,000
- Status in 2003-2004: Continuing, budget \$1,370,000

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 are thinking about quitting, those who have quit but want support, and those who enjoy smoking and do not want to quit. For 2002-2003, the *Helpline* continued to provide toll-free cessation assistance to Ontario smokers and others. Additional activities included the development and implementation of promotional strategies to increase service reach and recruitment.

#### *Evaluation Methods*

Since its launch, the *Helpline* has concentrated much of its effort on 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. Specifically, process monitoring utilizes intake data and follow-up surveys of users to determine reach, service demand and client characteristics, as well as elements of service quality (e.g., accessibility, acceptability, quit specialist performance and service coordination.) Impact assessment utilizes 28 day and 6-month follow-up interviews, without controls, to determine the short- and long-term cessation outcomes experienced by callers. For follow-up, random samples of callers are generated from the project database. In total, 58% of those sampled had agreed to participate in the evaluation.

#### *Networking and Coordination*

- The project has collaborated extensively with other OTS projects. In 2002-2003, the project partnered with the *Clinical Tobacco Intervention* project to deliver five training events to health care professionals. The project also partnered with *Leave the Pack Behind* to promote *Helpline* services among post-secondary students. In addition, project staff have participated in the OTS Coordinating Committee. As in past years, project staff continue to offer advice and consultation to other jurisdictions wishing to develop similar services.

*Environmental and Behaviour Change Accomplishments*

- There were 7,182 first time callers and 9,196 total calls to the *Helpline* between April 1, 2002 and March 31, 2003. Total call volume reported for fiscal year 2002-2003 represents an increase of 2% over that reported for the previous fiscal year. In the three years the project has been established, yearly call volume has increased by 18%. Among first time callers, 70% were female and 30% were male.
- Among clients calling for themselves, 74% were smoking at the time of their call.
- 40% of follow-up respondents report they had found out about the service via the telephone directory or through the newspaper.
- 96% of callers surveyed at the 28-day follow-up reported they were happy with the amount of time it took *Helpline* staff to respond to requests for information and 82% felt the hours of operation were convenient. In addition, 94% reported they found staff to be knowledgeable, 97% found them supportive, and 95% said they were non-judgmental.
- 94% of respondents to the 28-day follow-up felt they received the information or assistance they were looking for, either completely or partially. Twenty-two percent of respondents suggested there was certain information that the *Helpline* was unable to provide, such as more specific information regarding cessation treatments.
- 89% of respondents to the 28-day follow-up and 81% of respondents to the 6-month follow-up indicated they would call the service again. Similarly, 94% and 89%, respectively, suggested they would recommend the service to a friend or family member.
- The 6-month prolonged abstinence quit rate for callers in preparation or action stages was 11.5%. The overall quit rate was 10.2%. This compares favourably with other helplines offering proactive service. There is no significant difference in the prolonged abstinence quit rates of men and women (10.2% and 10.3%, respectively). Smokers aged 60 and over are more successful in quitting (15.7%) than those 20 to 39 years old (11.2%) as well as middle-aged smokers (8.0%).

## Quit Smoking 2002 Contest – Quit Smoking Contest Planning Team

### *Objectives*

- To motivate Ontario smokers to quit.
- To generate increased awareness of cessation and the steps required to quit.
- To increase the capacity of local councils.

### *Background*

- Initiated Fall 1999 and funded annually since that time, except in 2001-2002.
- Budget in 2002-2003: \$400,000
- Status in 2003-2004: Continuing, with funding by Health Canada, \$250,000

This project involved the implementation of Ontario's third province-wide *Quit Smoking Contest*. Smokers entering the contest make a pledge to quit for one month in exchange for a chance to win prizes. The contest was planned and implemented by a coalition of health agencies comprising the Simcoe County District Health Unit, the Peterborough County City Health Unit, the Halton Regional Health Department, and the Industrial Accident Prevention Association. As has been the case with past contests, local tobacco-free councils and health units played a key role in contest promotion and registrations. Simcoe County District Health Unit acted as the administrative lead for the project.

New for this fiscal year was the addition of a youth contest to be implemented in eight pilot regions and involving 68 schools. Participating regions included Simcoe County, the Region of Halton, the Northwestern Region, Thunder Bay and District, Peterborough County, Region of York, Wellington Dufferin, and Brant County. The youth initiative involved both a "quit" contest and a "don't start" contest. Staff and students in participating schools played a primary role in the planning and implementation of their own contests.

### *Evaluation Methods*

Evaluation methods for both the adult and youth contests revolved around strategies for the collection of process information as well as input from participating organizations and individuals regarding their perceptions of outcomes and effectiveness. Data sources for the evaluation of the adult contest included the registration database, a report from and debriefing with planning committee members, and reports from participating local councils. For the adult contest, organizers indicated that the main evaluation priorities were to acquire additional information on the effectiveness of adult quit and win contests and the desire to identify and assess impacts other than quit attempts and long-term cessation. Evaluation methods in 2002-2003 did not include follow-up with contest registrants to determine quit rates.

Data sources for the youth contests included the registration database, a report from the planning committee, reports from and debriefings with youth pilot organizers, and post-contest youth focus groups. With respect to the latter, 11 focus groups were conducted with a total of 78 students representing 10 schools from seven different pilot sites. The focus groups were an attempt to understand the relevance and suitability of contests for young people. The evaluation priority for the youth contest was said to be the desire to provide a thorough assessment of implementation and participation rates in the youth contest pilots, and to examine impacts in a preliminary way.

### *Networking and Coordination*

- Halton Region Health Department, having run two youth contests in the past, provided guidance and advice to local organizers.

- The Central Planning Team provided on-going guidance and advice to local councils throughout the contest period. It played a lead role in coordinating contest implementation by securing prizes, producing and distributing resources to participating councils, and implementing an on-line registration system.

### *Environmental and Behaviour Change Accomplishments*

#### Adult Contest

- There were 15,365 registrations for the contest. This represents a 52% increase in registrations from 2001. The participation rate for the province overall was about 1% of all smokers.
- Of the 41 local councils that submitted reports, 36 said they would participate in another contest, and four said ‘maybe’ (mostly on the condition of sufficient time to prepare). The most common suggestion for improving the contest was to provide more lead-time and to increase promotions.
- Contest promotion was successfully linked with workplace health and safety initiatives. For instance, participating councils reported linkages with activities such as the development and enforcement of smoke-free bylaws, the promotion of smoke-free homes, and the promotion of specific cessation services.

#### Youth Contests

- The youth contests drew a total of 2,412 registrants. Of these, 1,974 (82%) registered for the “Don’t Start” contest and 438 (18%) registered for the “Quit” contest.
- A total of 11 focus groups were held during February and early March 2003. A total of 78 young people from four categories participated in the groups: smokers who entered the contest, smokers who did not enter, non-smokers who entered the contest, and non-smokers who did not. Results suggest that smokers who entered the contest felt it provided a good opportunity to try to quit. Only one group of smokers expressed negative reactions to the contest suggesting they felt it was demeaning. Three groups of smokers who had entered the contest reported it helped them to convince friends and family members to attempt quitting. Registrants from the “Don’t Start” contest reported the experience helped them to encourage others to quit, increased their commitment to non-smoking, and increased the social acceptability of not smoking.
- 35% of Quit contestants participating in the focus groups were smoke-free 3 months after the contest quit period. Of those who were smoking, 65% reported an intention to quit in the next six months, and 24% planned to quit in the next month. While this is encouraging, sampling bias may mean that outcomes for focus group participants are not representative of the outcome experienced by the larger population of contest registrants.
- Contest organizers mentioned largely the same benefits as focus group participants. Specifically, organizers suggested the contests increased awareness of the tobacco issue and encouraged and motivated quit efforts by students entering the quit contest. In addition, many mentioned the benefits of leadership and ownership for those students who participate in organizing the contest.
- Findings from the youth focus groups also provide some evidence of fostering a supportive environment. Youth perceived that the contest – both the Quit and Don’t Start components – successfully delivered the message that smoke-free environments and being smoke-free are meaningful, healthy goals, and that individuals will be supported in their efforts to remain smoke-free or to quit smoking.
- Input from pilot organizers suggest synergistic effects of the youth contests. Specifically, it was suggested the youth contests can motivate young people to encourage parents and others to consider quitting and links well with the adult contest in this regard. It was also suggested the contests can be complementary to efforts directed toward the development of bylaws for smoke-free public places.

*Development of Skills and Materials*

Material and programs

Adult Contest

- A media kit was developed and distributed to councils to help promote the contest. The kit included media templates and graphics. Each participating council received \$1,600 for local contest activities such as the distribution of contest materials.
- Over 230,000 entry forms were distributed to a variety of community locations. The most popular locations for distribution were workplaces and grocery stores.
- On-line entries jumped from 30% of all entries in 2001 to 76% in 2002. The remaining 24% of entries were by a combination of fax, mail or telephone.
- In total there were 1,872 30-second radio ads run in all of Ontario, except the Northwest. The Northwest did a separate buy and had 336 30-second ads. Radio ads were funded through Health Canada's Mass Media Strategy.
- Just under \$115,000 was spent on a province-wide television media buy. An additional \$90,000 in airtime was donated.
- Contestants received a mailing containing cessation support information. The mailing included a cover letter, a newsletter with cessation tips, smoke-free homes brochure from the PTCC, and a *Smokers' Helpline* business card.

Youth Contests

- The Planning Committee supported implementation of the youth contests through the provision of:
  - Posters and entry forms which could be used as is, or adapted with additional creative;
  - Fact sheets and Question & Answer document;
  - Three conference calls – scheduled at the beginning, middle and end of the contest period to share information and problem-solve with all pilots; and
  - Telephone and email support from the Project Manager.

## Leave the Pack Behind – Brock University and Others

### *Objectives*

- To generate a tobacco control initiative with self-sustaining components on university/college campuses.
- To reach as many post-secondary students as possible with the communication campaign.
- To ensure uninterrupted access to appealing, effective smoking cessation interventions (ranging from self-help to clinical tobacco interventions).
- To involve students and staff in a meaningful way that contributes to their knowledge and skill development.
- To disseminate the results of the initiative.

### *Background*

- Initiated February 2000 and funded continually since that time.
- Budget in 2002-2003: \$350,000
- Status in 2003-2004: Continuing, budget \$350,000

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 post-secondary students in Ontario. In 2002-2003 the project continued to provide 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. Activities for 2002-2003 were primarily concerned with improving recruitment to cessation programming made available to smokers on the ten participating campuses and increasing the effectiveness of those services through improved training to student-staff. In addition, efforts were made to expand the services and training available to campus administrators and health care professionals. While the main thrust of the project remains cessation, efforts with campus administrators were intended to encourage and facilitate the development and implementation of campus policies that create or expand smoke-free spaces. Increases in recruitment are hoped to emerge from the expanded reach of the project's communication campaign. This campaign made use of multiple media including campus radio and print advertisements, and the dissemination of print resources, pamphlets and promotional items. Objectives of the media campaign were to denormalize the tobacco industry and promote *LTPB* programs and services. A substantial portion of the budget for 2002-2003 was dedicated to efforts to disseminate the lessons and experiences of the project through conferences and published materials.

### *Evaluation Methods*

Evaluation of extended recruitment efforts involved the collection of process data from the implementation of the communication campaign and the use of intercept interviews (n=590) to determine levels of awareness of project activities and resources among students. The effectiveness of available cessation supports was assessed via baseline and follow-up interviews with clients at one and three months following treatment. A convenience sample of 725 students from seven participating campuses was recruited to participate in the evaluation. Sixty percent of the sample was lost to three-month follow-up because the period extended beyond the end of the school year. It is reported that the 290 remaining participants did not differ significantly from those lost to follow-up in terms of smoking behaviours, past quit attempts, intention to quit, self-efficacy, or smoking patterns of people they live with. The evaluation allowed for the comparison of quit rates achieved by four different cessation interventions. Reactions to three different self-help resources were independently assessed via structured telephone interviews with 300 students who had received one of the three resources.

### *Networking and Coordination*

- Canadian Cancer Society's *Smokers' Helpline* provided resources to each campus, provided a speaker for the

annual *LTPB* Staff Workshop, and implemented a joint advertising campaign for January and February 2003 in campus papers. As a result, a substantial increase in the number of hits on the *LTPB* website was observed in the month of January. When compared to last year's statistics, there was an 18% increase in phone calls to *Smokers' Helpline* from 18-29 year olds in January.

- PTCC, in association with *LTPB*, held a *Peer Support for Young Adults in Smoking Cessation Workshop* in September, 2002.
- *LTPB* worked in partnership with the *Clinical Tobacco Intervention (CTI)* project to deliver training events to health care professionals working on 9 of the 10 partner campuses. The *CTI* project has provided participants with continuing medical education credits for the events. Health care practitioners on all 9 of these campuses now use *CTI* materials and strategies for counseling students who smoke.

#### *Environmental and Behaviour Change Accomplishments*

- Intercept interviews conducted with 590 randomly recruited students across all participating campuses suggest that 54% of students spontaneously identified *LTPB* as a source of support for quitting smoking. With some 84,000 full-time university students and 16,500 college students represented on these campuses, the findings suggest that *LTPB* is known to about 54,000 post-secondary students. When smoking status was taken into account, 73% of regular smokers and 44% of non-smokers spontaneously identified *LTPB* as a source of support for quitting. It was also determined that 54% of students saw a *LTPB* display centre on their campus. Of those who saw a display, 51% had visited it, and among this group of students 62% knew that Carbon Monoxide testing was offered, 39% knew that One Step At A Time was offered, and 42% knew that other resources were available.
- Evaluation of the Smoke/Quit resource was conducted. Structured telephone interviews were conducted with 300 smokers who received one of the following resources: a Quit Kit (containing Heart and Stroke's *Stress and Coping* booklet, smoking-related pamphlets, chewing gum, and small objects to handle instead of smoking); the Canadian Cancer Society's One Step At A Time booklets; or *LTPB's* Smoke/Quit booklets. Interviews occurred 4 weeks after participants received the materials and were part of the standard proactive, peer-to-peer telephone support provided by *LTPB* to all smokers who use its programs and services. Similar proportions of participants receiving Smoke/Quit (87%), a Quit Kit (85%), or One Step At A Time (85%) thought the design and layout of materials was 'just right.' On the other hand, more of the Smoke/Quit participants (75%) than the Quit Kit (67%) or One Step At A Time participants (67%) thought the amount of text was 'just right.'
- More than 4,100 self-help resources were distributed to students. A convenience sample of 725 university students representing seven of the 10 participating campuses was recruited for the program evaluation, 40% (290) of whom responded to the three-month follow-up. Nineteen percent of the participants who completed the evaluation protocol had successfully quit smoking based on the 7-day point prevalence measure assessing total abstinence from smoking. This represents 7% of the entire sample of 725 students. It is suggested that even if all participants who were lost to follow-up are considered to be still-smokers, a satisfactory quit rate was achieved. Using the seven-day point prevalence measure, the *Quit Smoking Contest* produced the most quitters (29%), followed by the Smoke/Quit resource (25%), One Step At A Time (15%) and the Quit Kit (12%). Among the participants who did not quit smoking, a number of positive changes in behaviours were observed. First, the average number of cigarettes smoked in the past week fell from 52.2 at baseline, to 36.4 at 3-month follow-up, with all interventions producing equivalent reductions. Second, 51% of these smokers reported that they had attempted to quit in the past three months, with most quit attempts (59%) lasting under two weeks. Third, about one-fifth of these participants indicated that they were "trying to quit smoking right now" and had abstained from smoking for the past 24 hours.
- During the year, more smoke-free spaces were attained:
  - The Board of the student pub at the University of Guelph voted to make it smoke-free by May 2002
  - Queen's University made the campus pub smoke-free as of May 1, 2003



- o Brock University dismantled the 'power wall' of tobacco products at one campus store
- o Brock University made a new courtyard a smoke-free area
- o Mohawk College made a campus pub smoke-free as of November 29, 2002
- o University of Windsor made a campus pub smoke-free as of April, 2003
- o Niagara College made a pub smoke-free with no sale of cigarettes as of June 1, 2003

### *Development of Skills and Materials*

#### Material and programs

- Resource development
  - o A new 2-booklet self-help smoking cessation program for post-secondary students was developed, subjected to extensive formative evaluation and rigorously evaluated. The Smoke/Quit booklets were designed to reflect life experiences of young adult smokers who have no immediate plans to quit (Smoke) or who are contemplating/attempting to quit and remain smoke-free (Quit). Focus testing of the booklets with four separate focus groups revealed that smokers in the pre-contemplation and contemplation stages of change greatly preferred Smoke to Quit. Smokers in the later stages of change found both booklets equally appealing, and appreciated the more detailed information in Quit. All smokers were very interested in the information about "light and mild" labels, felt they had learned something new, and expressed some resentment toward the tobacco industry about being misled into believing these cigarettes were 'healthier.' Only the smokers most committed to quitting agreed that they would fill in the self-assessments.
  - o French translation of many *LTPB* materials has been completed.
- Resource dissemination
  1. Materials distributed include:
    - o 4,590 self-help resources
    - o Nearly 9,000 pamphlets, brochures and informational resources
    - o More than 15,000 promotional items including magnets, stickers and bookmarks
  2. Promotional activities included:
    - o 3,713 *LTPB* posters on campuses
    - o 427 paid and unpaid campus paper and radio ads
    - o 31 electronic bulletins
    - o 117 articles and interviews about *LTPB*
    - o 64 in-class announcements
    - o 30 residence presentations
    - o 2,000 hits per month on the *LTPB* website
  3. Dissemination of lessons included:
    - o Ontario College Health Association's annual conference, May 15, 2002, Keene, Ontario.
    - o Canadian National Conference on Tobacco or Health, December 2002, Ottawa
    - o US National Conference on Tobacco and Health, November 2002, San Francisco
    - o Society for Research on Nicotine and Tobacco, 9th Annual Meeting, February 2003, New Orleans
- Establishment of services
  - o interactive display centers were deployed on 291 occasions
  - o 10,339 individuals had contact with *LTPB* student staff at display centers and 2,373 carbon monoxide tests were done

### **A3. Building Infrastructure**

#### **Best Practices Identification and Special Populations Outreach – Program Training and Consultation Centre**

##### *Objectives*

- To identify and disseminate emerging best practices for tobacco control.
- To identify the resource needs of Francophones and residents of Northern Ontario.
- To develop and/or adapt resources for these special populations.

##### *Background*

- Initiated April 2001 and funded annually since that time.
- Budget in 2002-2003: \$200,000
- Status in 2003-2004: Continuing, budget \$200,000

The purpose of this project is to systematically examine tobacco control projects for the purposes of identifying emerging best practices for dissemination to tobacco control practitioners. The project started with OTS renewal projects, developed a methodology to assess these, and intends to use the same approach to examine other programs, resources and initiatives in tobacco control. Particular interest has been paid to projects that might be useful to those developing community-based interventions. The review protocol gives consideration to a number of dimensions of past projects including the nature and quality of evaluative methods, the outcomes achieved, and the plausibility that a project will contribute to tobacco control. The review process yields a judgment of “recommended,” “promising,” or “not recommended” for each project reviewed. Results of this review are being compiled to form web-based toolkits of recommended and promising practices.

In 2002-2003, the project was also concerned with identifying the need for tobacco control resources for use with Francophones and residents of Northern Ontario. Following consultations with members of these populations, activities involved the development and/or adaptation of materials and training events to support tobacco control among these groups.

##### *Evaluation Methods*

By its nature, this project has focused exclusively on building capacity for community-based tobacco control. As a result, evaluation has centered on the monitoring of project processes and activities, and upon steps to ensure that methodologies and protocols for those activities reflect acknowledged best practice.

##### *Networking and Coordination*

Preparations have been extensive for an electronic “toolkit” using the PTCC website, implemented in Spring 2003. This will be the principal means for disseminating the results of this project and communicating best practices in these project area to practitioners.

##### *Development of Skills and Materials*

##### **Material and programs**

- Two independent reviewers examined the 23 prior OTS projects selected for inclusion.

- Four of the projects reviewed were rated as “recommended”, 15 as “promising,” and 4 as “not recommended.” Short implementation summaries and abstracted reviewer comments have been prepared for all of the 19 “recommended” and “promising” projects.
- Complete information for 10 of the 19 projects identified as promising or recommended were sent to a web technician for incorporation into an electronic toolkit, including project information, short implementation summary, detailed project report, abstracted reviewer comments, and reviewer recommendation. (The remainder are to be completed by the spring of 2003.)
- All 19 project contacts have provided their consent to have information about their projects posted in a web-based toolkit.
- The collection of resources to support these recommended and promising practices has been completed. Where possible, resources are being uploaded to the PTCC website, or web links are made to other sites where the resources are housed.
- The electronic toolkit has been designed, pilot tested and revised, and is backed by a searchable database of project names, descriptions and links to resource materials.
- The toolkit is to be made public in April of 2003, as soon as the first 10 projects are uploaded and all links are checked.

#### Special Populations Outreach

- Consultations begun in 2001-2002 to identify the needs of francophones and residents of northern Ontario continued. The results of these consultations provided insight into the development and/or adaptation of materials and training events to support tobacco control for these groups.
- Nine consultations were completed in French in 2002-2003, most by telephone. In addition, 8 presentations/workshops were held in French and 8 activities related to information and knowledge exchange were completed.
- A French translation of the “Clearing the Air in Workplaces” resource binder was completed.
- PTCC identified that there was no French equivalent of the “Winston Man tour” and wished to make something available to French communities. Based on a successful tour of the French musical “In Vivo” in the Ottawa area (not a PTCC activity), PTCC obtained funding from Health Canada to repeat the tour in other Eastern Ontario Locations. PTCC worked with the City of Ottawa to bring this French musical play about smoking to 4 schools in Plantagenet, Cornwall and Ottawa. A total of 3,488 Grade 9-12 students saw the play. Two of these schools were in rural locations in Eastern Ontario. Both schools arranged to have students from nearby schools attend.

## Youth Tobacco Vortal Project – The Health Communication Unit, Centre for Health Promotion, University of Toronto

### *Objectives*

- To build the capacity of health intermediaries (i.e. affiliate sites) to use internet-based resources to deliver tobacco control messages to young people.
- To promote the use of the youth tobacco vortal sites (SmokeFX as well as the affiliate sites and CyberIsle) by youth and by community groups that work with young people.

### *Background*

- Initiated April 2001 and funded annually since that time.
- Budget in 2002-2003: \$100,000
- Status in 2003-2004: Continuing, budget \$100,000

The *Youth Tobacco Vortal* ([www.smoke-fx.com](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). Activities in 2002-2003 included the continued upgrading of the SmokeFX website based on stakeholder input and information from past evaluations. In addition, effort was directed toward “community mobilization.” This involved activities to support existing community affiliates to develop local sites, as well as to promote local and provincial websites.

### *Evaluation Methods*

This project concerned itself primarily with building the capacity of participating health intermediaries to use internet-based resources for health communication. Consequently, evaluation activities included the collection and analysis of stakeholder input regarding priorities, expectations and accomplishments. This was supplemented with an analysis of web traffic data to determine the relevance and acceptability of web content and future directions.

### *Networking and Coordination*

- There are twelve affiliate members in the *Youth Tobacco Vortal Project* and they are primarily affiliated with health units. Affiliates were invited to become members of Community Zero, a website where members can post or retrieve files, find out about meetings, take part in chat discussions, and note or post events on calendars. Membership provides access to information that helps practitioners with their youth and tobacco-related websites.
- In addition, affiliates are supported in many ways including access to design wizard and design elements to assist in website construction, technical support related to technology and content, marketing and promotion, and evaluation, and access to a variety of promotional materials for local use.
- Websites that appear as links within the *Youth Tobacco Vortal* include the following:
  - Algoma Butts Out (Algoma Health Unit)
  - Breathing Space (Community Partners for Smoke-free Homes)
  - Durham Youth in Action (Durham Region Health Department)
  - Halton Region Health Department
  - Kingston, Frontenac, Lennox and Addington Health Unit
  - *Leave the Pack Behind*
  - Regional Niagara Health Department
  - Ottawa Kicks Butt (Ottawa Council on Smoking and Health)

- o Peterborough County-City Health Unit
- o Simcoe Speaks (Simcoe County Health Unit)
- o Smoke-free Peel Region (Peel Region Health Department)
- o Smoke This! (Middlesex-London Health Unit)
- o YouthEscape (Leeds, Grenville and Lanark District Health Unit)

*Development of Skills and Materials*

- Affiliate members attended a one-day Workshop in November 2002 which focused on Smoke-Fx development, evaluation methods, youth participation, promotion and marketing plans.
- Attempts were made to involve youth in the central administration of the *Vortal Project* in some capacity, however, there were numerous barriers such as competing activities, distance and transportation, and time availability. Nonetheless, the advisory committee is still exploring opportunities for youth involvement in such areas as website objectives, design, and content. More significantly, the project expects high levels of youth involvement at the local level.
- While promotional activity and web traffic monitoring is continuous throughout the year, more concentrated promotion campaigns were implemented during National Non-Smoking Week (NNSW) and the month of March. These campaigns focused on banners and buttons on Sympatico, MSN Messenger, AOL, and the websites of two radio stations, as well as spots on these two radio stations. In addition, an email campaign was conducted, and posters and bookmarks were distributed by affiliate members. The Sympatico Banner during NNSW successfully drew 869 visitors to Smoke-Fx, while the MSN button available for two weeks in March drew 873 visitors. At the time of writing, it was not known if this increase in traffic would be sustained without buttons and banners.

## Youth Initiatives – Ontario Lung Association

### *Objectives*

To engage young people in tobacco control and advocacy.  
To increase awareness among young people of the health effects of smoking.  
To increase awareness among young people of tobacco industry practices.

### *Background*

- Initiated April 2001 and funded annually since that time.
- Budget in 2002-2003: \$350,000
- Status in 2003-2004: Continuing, budget \$350,000

Since its inception, this project has involved a number of initiatives designed to both target youth and to engage them in tobacco control and advocacy. Project activities for 2002-2003 revolved around the implementation and evaluation of the “Clear the Air” campaign in Ottawa. This campaign involved a presentation to students from four city secondary schools by the former Winston Man and use of the YouTV video booth. The booth uses a “Speaker’s Corner” format wherein students are invited to provide their views on issues of tobacco control and their reactions to the presentation. In addition, a television-based media campaign was undertaken in Ottawa wherein four advertisements aired on a major network affiliate for 12 weeks ending March 28, 2003. The Ontario Lung Association’s Youth Tobacco Team participated in the campaign launch on February 6, 2003 in Ottawa.

### *Evaluation Methods*

Evaluation of the “Winston Man” segment of the campaign involved a pre- (n=1513) and post-test (n=1366) survey of random samples of students in the four secondary schools involved in the project. The purpose of this survey was to determine whether attendance at the “Winston Man” presentation and participation in the ‘YOUtv’ video booth had an effect on the knowledge and attitudes of students toward smoking and the tobacco industry. The television media campaign is to be followed by a post-flight only survey of campaign targets in April 2003. The purpose of this survey is to determine levels of advertisement reach and recall.

### *Environmental and Behaviour Change Accomplishments*

- With respect to the “Winston Man” tour, evaluation highlights include the following.
  - The Winston Man presentation was well received by students. 95% of respondents rated it as either good or excellent.
  - 30% reported they had learned something new about the negative effects of smoking.
  - 27% reported they learned something new about the contents of cigarettes.
  - Only 11% reported they had not learned anything new.
  - Grade 7/8 students showed clear improvements from pre-test to post-test in their understanding of key areas before and after.

### *Development of Skills and Materials*

- Four commercial ads aired in Ottawa at slightly lower daily rate than last year’s campaign in London, but for a longer period of time (12 weeks vs. 4 weeks). At the time of writing, post-flight testing of the target group via telephone interviews had not been completed. This is expected to be completed in April of 2003.
- A media launch was held on at Hillcrest Secondary School, one of the schools involved in the Clear the Air campaign. A member of the Youth Tobacco Team hosted the launch.

*Issue Definition Accomplishments*

- Research undertaken as part of the project revealed that only 13% of young people believed most young people who smoked could quit anytime. In addition, students perceived smoking among their peers to be much more common than may actually be the case. Students surveyed following the Winston Man event had a mean estimated rate of smoking of about 45% while only about 17% actually reported smoking.

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

### *Objectives*

- To revise and disseminate *Lungs are for Life (LAFL)* curricula.
- To support educators' efforts to implement new curricula.

### *Background*

- Initiated Fall 1999 and funded annually since that time.
- Budget in 2002-2003: \$400,000
- Status in 2003-2004: Continuing, budget \$400,000

Since the fall of 1999, the Ontario Lung Association (OLA) and the Ontario Physical and Health Education Association (OPHEA) have collaborated in the review, revision, and drafting of *LAFL* curricula. For 2002-2003, project plans revolved around efforts to establish regional training teams to assist educators in the implementation of *LAFL* curricula. Train-the-trainer sessions were conducted with five regional teams. In addition, efforts to promote *LAFL* among educators continued and included website enhancement, outreach workshops, and presentations at professional conferences. Project staff also continued to work toward the development and implementation of a long-term impact evaluation plan.

### *Evaluation Methods*

Throughout 2002-2003, OPHEA's Curriculum and School-Based Health Resource Centre continued to work on the development of long-term impact evaluation plans. Implementation of these plans is scheduled to begin in 2003-2004. For this fiscal year, evaluation activities involved the tracking of project processes and outputs, and the development and implementation of satisfaction surveys to gauge the reactions of classroom instructors to the kindergarten to grade 3 and grade 9 to 12 *LAFL* modules. Survey questions assess the perceived usefulness and quality of resources, factors that may facilitate or impede implementation, and user satisfaction. Results of the survey will be available in the summer of 2003.

### *Networking and Coordination*

- OPHEA has collaborated with the Ontario Lung Association's Youth Tobacco Team to plan for a promotional event scheduled to coincide with World No Tobacco Day.
- Project representatives have participated in the OTS Coordinating Committee's Prevention Subcommittee.

### *Development of Skills and Materials*

- From April 1, 2002 to March 31, 2003 10,205 *LAFL* modules were ordered. The majority, 7,916 of these were ordered by teachers. Many of the remainder went to health units in the province, and other health promotion intermediary organizations. In total, an estimated 284,491 students were reached by the program.
- Regional training teams were recruited from interested public health professionals. Team members attended training sessions in Toronto, London, Kingston, Sudbury and Ottawa to prepare them to deliver workshops to teachers on the use and implementation of *LAFL* curricula. In total, 95 trainers have been prepared and equipped to implement workshops in their communities.
- OPHEA's Curriculum and School-Based Health Resource Centre has continued efforts to determine appropriate measures and methods for data collection for short- and long-term impact evaluation of *LAFL*



curricula. Long-term impact planning and implementation will continue to be a part of 2003-2004 activity plans.

- Plans were developed for the conduct of outreach workshops, to be facilitated by Training Teams, to increase awareness and understanding of *LAFI* curricula among educators. Implementation of these workshops will begin in May 2003.
- *LAFI* was promoted at OPHEA's Kid's Health Conference, the Ontario Principal's Conference, the Ontario School Counselors Conference, and a Toronto District School Board teacher training session. In addition, a half page advertisement appeared in March 2003 edition of "Professionally Speaking" magazine.
- The *LAFI* website has been enhanced to provide increased support for curricula implementation. The enhanced site will offer greater interactive opportunities for teachers, parents, and students. In addition, the website will provide assess and contact information for members of regional training teams. The site can be found at [www.ophea.net](http://www.ophea.net).

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

### *Objectives<sup>i</sup>*

- To recruit and mobilize physicians, pharmacists and dentists to perform tobacco cessation and prevention interventions with their patients.
- To increase the number, and extent, of cessation interventions performed by practitioners.
- To maintain practitioner involvement in cessation activities over the long term through the provision of follow-up and ongoing support.

### *Background*

- Initiated Fall 1999 and funded annually since that time.
- Budget in 2002-2003: \$400,000
- Status in 2003-2004: Continuing, budget \$400,000

In 2002-2003 this project continued to deliver *CTI* training events to physicians, dentists and pharmacists across Ontario. Education kits and training programs were used to increase the recruitment of practitioners performing cessation interventions with patients. Activities also included the implementation of a practitioner teleconference to assess its use as a training medium.

### *Evaluation Methods*

Evaluation continues to revolve around the documentation of project implementation and assessment of the nature and quality of the process employed in service delivery. In 2002-03, performance and accomplishments were monitored through follow-up surveys with training event registrants and practitioner teleconference participants. In addition, a post-training questionnaire was sent to a total of 283 physicians, dentists, and pharmacists who had attended a *CTI* training program between March 2002 and November 2002. Eighty-four completed surveys were received, representing a response rate of 30%. The objective of the questionnaire was to assess the impact of the *CTI* training programs on practitioners’ activity levels and use of resources.

In addition to this, data on the broader outcomes of project activities were collected via a survey of a random sample of physicians, dentists, and pharmacists in Ontario. Questionnaires were distributed to 2000 physicians, 1500 dentists, and 1300 pharmacists. The purpose of the survey was to provide follow-up to a baseline survey of *CTI* activity conducted in 2000. Response rates were 19% for physicians, 29% for dentists, and 23% for pharmacists.

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<sup>i</sup> The original *CTI* proposal in 1999 contained a number of fairly specific objectives:

1. To establish “operating programs at each of the three major participating professional associations.”
2. To develop pharmacist and dentist databases to “facilitate in long-term recruitment and follow-up.”
3. To train “an additional 750 health care professionals from all three associations.”
4. To “increase to 2500 the number of health care professionals practicing *CTI*.”

Stated long-term objectives included:

1. To further mobilize training “so that by 2002, 70% of family practice physicians, 20% of physician specialists, 20% of pharmacists, and 10% of dentists regularly practice *CTI*.”
2. To have health care providers “intervene with 25% of their smoking patients.”
3. To achieve a quit rate of 10% with these patients.

*Networking and Coordination*

- Project staff participated in Health Canada's National Advisory Committee on Cessation, which is working toward the development of a national framework for cessation activities.
- The OMA Program Director participated in the selection committee for the Ontario Lung Association's Youth Tobacco Team.
- *CTI* and member associations are currently participating in the Pregnets steering committee. Pregnets aims to develop and disseminate cessation information for pregnant and post-partum smokers and their families, as well as their health care providers.
- *CTI* made promotional and information presentations at the:
  - Cancer Care Ontario Preventive Oncology Seminar, Toronto, May 2002.
  - National Conference on Tobacco or Health, San Francisco, November 2002.
  - Third National Conference on Tobacco or Health, Ottawa, December 2002.
- *CTI's* conference participation, website and other promotional activities have increased exposure for the Program. As a result, numerous jurisdictions from outside Ontario have approached *CTI* for information, resources and advice about establishing similar programs. These regions include Alberta, Manitoba, Nova Scotia, Quebec, British Columbia, Ohio, Washington, Balkans Region.
- Training events in 2002-2003 were provided in collaboration with local health units, *Smokers' Helpline*, and the Centre for Addiction and Mental Health (CAMH). Five training events in 2002-2003 were held at academic centres.

*Environmental and Behaviour Change Accomplishments*

- The post-training questionnaire suggests that all dentists and the majority (93%) of physicians who responded reported that they ask patients about smoking status. Sixty-two per cent of pharmacists reported asking patients about smoking status. Pharmacists become more involved in the advising, assessing and assisting stages once a smoker has been identified. Dentists' results indicate they are more active with patients in the asking and advising stages. Physicians' results indicate their interventions with patients are consistent at each of the stages. Results indicate that the majority of responding physicians (88%), pharmacists (71%) and dentists (68%) who attended a *CTI* training program increased their level of *CTI* activity. None of the respondents reported that they had decreased their level of activity. When compared to levels of tobacco intervention activities reported in ODA, OMA, and OPA surveys conducted in 2000, there would seem to be indications of increased activity among all three professional groups. (However, generalizing these findings requires assuming that the 30% who responded represent the 70% who did not.)
- The follow-up survey of a random sample of practitioners from the three professional groups suggests an increased interest in *CTI* among the professions and an increase in certain key *CTI* activities since 2000. For example, a significantly greater proportion of responding physicians report 'advising users to quit' than was the case in 2000 (88% versus 80%), and 'asking all patients about tobacco use' (76% versus 63%). A significantly greater proportion of responding dentists report 'congratulating non-smokers' than was the case in 2000 (81% versus 65%) and 'asking users if they are ready to quit' (45% versus 37%). Among pharmacists, there are observed increases between 2000 and 2003 in the proportion of respondents reporting they discuss stop-smoking medications with patients (88% in 2003 versus 78% in 2000), the proportion reporting they discuss a quit date with patients (54% versus 29%), and the proportion reporting they refer patients to cessation programs (22% versus 11%). In addition, more pharmacies report offering smoking cessation clinics currently (31%) than was the case in 2000 (17%). While observed increases may be attributable to many factors and developments over the three-year period, it is noteworthy that survey respondents who report having received training also report more *CTI* activity.

### *Development of Skills and Materials*

#### Material and programs

- There were more than 5,100 visits to the *CTI* website in 2002/2003, and more than 12,500 visits since the website was launched in March 2001. Increased usage at various points has been correlated with promotion activities, including the distribution of post-it note pads with the web address to physicians, pharmacists and dentists.
- Two issues of the *CTI* Bulletin were developed and distributed to *CTI* practitioners. Mailings included order forms to remind and encourage practitioners to supply materials and resources for their patients and practices. The bulletin is intended to provide continuing information and updates to trained practitioners.
- Education kits were distributed to over 1,800 practitioners in 2002/2003. A total of 5,500 kits have been distributed since January 2000.
- The planning, development and delivery of a pilot *CTI* training program via teleconference was a major activity for the program this year. The objectives of the practitioner teleconference pilot program were to reach physicians, pharmacists, and dentists in northern Ontario where access to *CTI* training programs is limited, to build on the strength of the multidisciplinary approach of *CTI*, and to focus on knowledge transfer of *CTI* principles to participants. Health care practitioners participating expressed high levels of satisfaction with the teleconference. As such, this may come to represent a valuable method for reaching health care practitioners in isolated regions of the Province.

#### Skill development

- 26 *CTI* training programs were delivered to dentists, pharmacists, physicians and their support staff. Invitations to these programs were extended to support staff members as a teamwork approach has been demonstrated to increase the practice of clinical tobacco interventions. 1,250 health care professionals attended a *CTI* training program in 2002-2003. The breakdown of attendees is as follows:

physicians	133
nurses	30
medical students	193
dentists	131
dental staff	67
dental students	184
pharmacists	348
pharmacy staff	62
other	102

## Media Network – Cancer Care Ontario

### *Objectives*

- To enhance relationships of OTS partners with the news media at the provincial and local levels.
- To provide credible and timely information to the news media.
- To promote awareness among the general population of tobacco and tobacco control issues.

### *Background*

- Initiated Fall 1999 and funded annually since that time.
- Budget in 2002-2003: \$280,000
- Status in 2003-2004: Continuing, budget \$280,000

This project was established at the time of OTS renewal to support the development of tobacco control in general in Ontario through efforts to enhance quantity and quality of media coverage of tobacco control issues. In 2002-2003, the *Media Network* continued activities begun in past years. Efforts to attract new members continued, including efforts to recruit a select number of national partners. Work also continued to coordinate and encourage local media campaigns as well as to monitor media activity with relevance to tobacco control and prepare and disseminate background research and discussion on emerging issues.

The *Media Network* currently has 335 members, 301 of whom are from Ontario. The remaining members are from Alberta (17), Quebec (6), Newfoundland (3), Saskatchewan (2), Nova Scotia (2), Manitoba (2), New Brunswick (1), and British Columbia (1). The majority of members represent health units (156) and non-governmental health agencies (105). The remainder represent local tobacco-free councils, government agencies and departments, educational institutions, and the media.

### *Evaluation Methods*

Evaluation included the ongoing collection of process dimensions including project activities, membership and participation, and media activities of both the network as a whole and individual partners. Media tracking continued to monitor change and development in media coverage of tobacco control issues over time. Evidence of outcome was examined through the use of network member surveys and case studies of service/consultation episodes that had been delivered to support the media activities of member organizations.

### *Networking and Coordination*

- As part of its “Local Media Campaigns” project, the *Media Network* teamed with the Ontario Campaign for Action on Tobacco (OCAT) and the Ontario Tobacco Free-Network (OTN) to develop and implement a simple RFP process to identify areas that should receive funds for local media campaigns. Through this mechanism, the *Media Network* allocated \$150,000 for media placements to support local media campaigns in communities across the province (These are OTS-funded dollars that were received in addition to their own budget.)
- Since OCAT is in a unique position to support and offer resources for direct advocacy, the *Media Network* decided to collaborate with, and to provide assistance to OCAT in the restructuring and redesign of their website.
- Conducted a joint tobacco industry denormalization workshop for community tobacco control practitioners with PTCC and SHAF (November 2002). The *Media Network* addressed using local media for industry denormalization.
- Conducted a joint pre-conference workshop with PTCC, OCAT, Ottawa Council on Smoking & Health,

and City of Ottawa, Public Health Branch at the National Conference on Tobacco or Health (December 2002). This workshop dealt with the strategic use of the media and bylaw development.

- Collaborated with the North Bay & District Health Unit and provided media relations support for the North Eastern Ontario Tobacco Summit.
- *Media Network* staff have played an important role in the development and efforts of the OTS Coordinating Committee.

### *Development of Skills and Materials*

#### Material and programs

- Provided technical assistance to members of the *Media Network* working on local media campaigns.
- Produced advertisements 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.
- On-going daily tobacco control news updates sent to *Media Network* members (available online and via e-mail). These updates include summaries of breaking news as well as relevant documentation, talking points and Internet links.
- On-going development and maintenance of a comprehensive database of news clippings. The database now has over 20,000 records and is used to produce various media analyses to help identify trends in tobacco control news coverage in the province.
- Maintenance of electronic communication network and on-going monthly conference calls, toll-free, for all members of the network.
- On-going production of background information and key talking points dealing with tobacco control and media advocacy. All these documents are available on the *Media Network* website)

### *Infrastructure*

- A new section was added to the *Media Network* website in order to showcase tobacco control advertising creative developed for Network members. Efforts are being made to use this as a depository of all free advertisements available to NGOs and community groups in Ontario. This website can be found at [www.media-network.org](http://www.media-network.org).

## Bylaw and NNSW Activities – Ontario Tobacco-free Network

### *Objectives*

- To support community coalitions in their local tobacco control activities.
- To facilitate collaboration, networking and knowledge exchange among tobacco control stakeholders.

### *Background*

- Initiated Fall 2000 and funded annually since that time.
- Budget in 2002-2003: \$525,000
- Status in 2003-2004: Continuing, budget \$525,000

Again this year, OTN issued an RFP for the purposes of allocating local project funding and implemented a process for funding local bylaw initiatives. Both of these initiatives target local tobacco-free coalitions and offer limited funding to assist with local efforts. The OTN awarded a total of \$215,000 in local project and bylaw support to 56 tobacco-free coalitions. Although the average size of each award was only \$2000, the OTN was able to assist some coalitions with a larger amount to help pass a 100% smoke-free bylaw. These funding mechanisms are independent of MOHLTC's Community Grant Projects funding.<sup>j</sup>

In addition, OTN continued with efforts to encourage and facilitate local coalition participation in *NNSW* activities and updated and disseminated materials to encourage action on bylaws to coincide with *NNSW*. Chief among these materials is the "Go For Gold" map that illustrates the status of smoke-free bylaws in communities across the province. This project seeks to increase understanding of standards of second-hand smoke exposure, facilitate networking, and enhance capacity for community-based tobacco control.

### *Evaluation Methods*

Coalitions receiving funding for local initiatives are required to submit final reports to OTN outlining how money was spent and an assessment of the success of local activities that were made possible. Overall impact of the funding process was to be determined through feedback from participating coalitions. Progress with the "Go For Gold" map was monitored through feedback received from councils regarding their use of the map in local efforts to encourage, develop and strengthen smoke-free bylaws.

### *Networking and Coordination*

- There are now 75 tobacco-free community coalitions that are part of the OTN.
- The OTN is represented on three Sub-committees of the OTS Steering Committee. These include the Cessation, Prevention and Mass Media Sub-committees. OTN representatives are active contributors to these sub-committees, providing a perspective on behalf of the provincial tobacco-free coalitions.
- In partnership with the *Media Network* and the Ontario Campaign for Action on Tobacco (OCAT), the OTN conducted an RFP with local tobacco-free coalitions, providing funds needed for local smoke-free bylaw campaigns.
- The OTN organized a series of regional retreats to provide a region-specific networking and learning opportunity for smoke-free coalition members.
- The OTN conducts quarterly Advisory Board meetings, seeking input on its plans and activities and receiving feedback from tobacco-free coalition regional reps, HSFO, CCS, OLA, ALPHA, and MOH.

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<sup>j</sup> OTN RFP funds have been used to support MOHLTC-funded projects including Hands Across the North, *Quit Smoking Contest*, *Not to Kids*, and *Breathing Space*.

*Development of Skills and Materials*

Material and programs

- The OTN updates the Go for Gold! Become 100% Smoke-free! bylaws map, produces 1000 copies per printing, and distributes it to tobacco-free coalitions and NGO offices across the province for *MNSW* and WNTD. The map has been used as an effective tool for standardization of smoke-free bylaws. The catch phrase “Go for Gold” has now become a goal for many municipalities.
- The OTN also provided coalitions with a sample press release highlighting *MNSW* and WNTD. The coalitions had a tool with which to highlight *MNSW* and WNTD in their community.
- The OTN distributed a total of \$160,000 to local tobacco-free coalitions to support their local tobacco control activities. The majority of these funds were used for local smoke-free bylaw activity, and helped to contribute to the success of many communities in passing smoke-free legislation. Other tobacco-free coalitions used the funds to develop tobacco control resources for their community.
- The OTN provided on-going support to tobacco-free coalitions across the province, as they worked to achieve 100% smoke-free legislation. This included financial support through the RFPs, arranging for deputation speakers, consultative advice regarding smoking statistics and recommending speakers for local meetings.
- The OTN provided on-going support to local community offices of the Canadian Cancer Society, the Lung Association and the Heart and Stroke Foundation, helping to facilitate their involvement in local tobacco control issues. With this on-going support from the OTN, the local NGO offices were able to become more involved with local tobacco control issues.

Infrastructure

- The OTN maintains a website with information on the Go for Gold! Become 100% Smoke-free! bylaws map, listings of all of the tobacco-free coalitions across the province, and links to other tobacco control organizations. The website receives an average 5000 hits per month.
- The OTN maintains an active listserv, ensuring that the tobacco-free coalitions receive current and relevant information.



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

### *Objectives*

- To build tobacco control capacity in Aboriginal communities for the reduction of the harmful effects of the non-traditional use of tobacco.
- To mobilize communities for tobacco awareness and control.
- To develop and pilot a community smoking cessation initiative.
- To engage Aboriginal leadership in efforts to reduce the harmful effects of non-traditional use of tobacco.
- To develop and disseminate to Aboriginal communities educational materials and resources that are culturally sensitive.
- To develop an Aboriginal Media Network.

### *Background*

- Initiated April 2001 and funded annually since that time.
- Budget in 2002-2003: \$250,000
- Status in 2003-2004: Continuing, budget \$250,000

Growing out of a needs assessment conducted in 2001-2002, this project takes a multi-faceted, community-based approach to reducing the harm of the non-traditional use of tobacco among Ontario's Aboriginal population. A Provincial Steering Committee was established, comprising an elder, youth members, community workers, health promotion directors and other community leaders interested in promoting the health of their communities. Activities in 2002-2003 revolved around a review of existing cessation programs targeting Aboriginal populations, and the development and implementation of pilot projects. Aboriginal communities were invited to submit proposals for pilot projects. Four capacity-building projects targeting young people were selected for implementation. Project staff and Steering Committee members developed and refined appropriate media messages for use in Aboriginal communities. The messages were intended to begin eroding the social acceptability of smoking in these communities. In addition, ATS initiated the process of connecting Aboriginal communities to the *OTS Media Network*

### *Evaluation Methods*

Much of the effort in 2002-2003 was directed toward the development and implementation of key elements of an Aboriginal tobacco strategy. As such, evaluation during this period involved documenting project activities and the outputs of those activities. More extensive evaluation of the outcomes and accomplishments of the strategy is planned for 2003-2004. This will include assessments of capacity building, cessation support, and educational aspects of the project.

### *Networking and Coordination*

- Project staff convened a committee of community leaders and community health care professionals from across Ontario to steer the strategy's development and implementation.
- Linkages have been made with other Aboriginal tobacco harm reduction initiatives.
- The committee developed ties with representatives of Health Canada's *Aboriginal Tobacco Strategy*.

### *Issue-definition Accomplishments*

- The development and implementation of pilot projects underscored the need for the development of community capacity for tobacco control.

*Development of Skills and Materials*

- The project supported the development of four community-based cessation projects targeting Aboriginal youth, focusing on raising awareness and building capacity for harm reduction. Implementation of these projects began in February and March of 2003.
- A culturally sensitive and appropriate public service announcement was developed.

## **APPENDIX B: COMMUNITY PROJECTS, 2002-03**

This section describes the accomplishments of Community Grant projects funded through an RFP process conducted in April of 2002. All of these projects were funded for 2002-2003 and 2003-2004. As a result, many of the projects had not, at the time of writing, conducted any formal evaluation activities and had actually been funded for only about six months.

For these projects, the reports provided here represent activity updates and preliminary reports of developmental or capacity-building accomplishments. For all projects, accomplishments are reported to March 31, 2003.

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Smoke-free Living Project – Haldimand-Norfolk Health Unit .....	62
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## **Hands Across the North; Going for the Gold – Algoma District Health Unit**

Combined Budget for 2002-2003 and 2003-2004 - \$44,300

### *Background and Objectives*

This project represents a collaborative effort of the Algoma Health Unit, the Sudbury and District Health Unit, and the Thunder Bay and District Health Unit. The overall purpose is to contribute to the development of greater support for 100% smoke-free bylaws in municipalities across the region. While many of the project's activities have been and will be directed toward the general population, primary targets have been identified as elected officials/municipal policy makers, and the parents and grandparents of young children and teens.

The project has two objectives:

- To increase the visible support from community role models for 100% smoke-free bylaws, and
- To increase the visible support from youth for 100% smoke-free bylaws.

Project activities have been divided into two components. The first involves a signature ad campaign involving local health care providers who are being asked to add their signature to a statement on second hand smoke and the need for bylaws. The list of signatures forms the raw material for full-page print ads in 15 newspapers across the region. In addition, four health care professionals from each health unit area are to be recruited to participate in radio endorsements to be aired across the region. The second project component involves efforts to collect the signatures of young people on a youth statement on second hand smoke.

### *Evaluation*

Process monitoring has documented activities and outputs throughout the development and implementation of the campaigns. In addition, perceptions and attitudes regarding smoke-free bylaws before and after the campaigns will be assessed among community members in sample communities.

### *Capacity-building Accomplishments*

- A committee of 13 youth leaders from the three participating regions and 4 public health members was established in October 2002. Four teleconference meetings have been completed.
- Members of the youth committee collaboratively developed radio messages which aired over the weeks leading up to and during *National Non-Smoking Week* and a press release that was distributed through their region announcing the campaign kick-off to *NNSW*. Extensive print media coverage was generated from the press release. Youth spokespersons served as media contacts during the campaign.
- The signature campaign involving students from grade 4 - OAC has been implemented. Students from across all three regions were asked to sign traced or cutout hands in support of smoke-free public places. A total of 5,586 signatures were collected across the 3 regions. The signed hands were joined together in a chain and presented by members of the youth committee to municipal councils in all three regions.
- Work has begun on efforts to secure commitments from four health care professionals from each region who will serve as role models and participate in radio ads supporting smoke-free places. The radio advertisements for this phase of the project have been developed.

### *Implications*

This project has begun to mobilize interest and action toward the development of smoke-free bylaws among young people and health care professionals across the three participating regions. Activities to date will contribute to increased visibility for municipal councilors of existing community support.

## **Clean Air Bylaw Community Education Campaign – Brant County Health Unit Brantford**

Combined Budget for 2002-2003 and 2003-2004 - \$160,000

### *Background and Objectives*

Effective June 1, 2002 the City of Brantford implemented a 100% smoke-free bylaw that encompasses all restaurants, bars, public halls, bingo halls, billiard halls, bowling alleys, and indoor golf facilities. The purpose of this ongoing project is to support that implementation through a media campaign targeting the general population and the owners/operators of establishments. In general terms, the objective of the campaign is to increase levels of support for, and compliance with the bylaw among members of the public and owners/operators. Specifically, the campaign seeks to build and assure support for the bylaw through efforts to:

- Increase awareness among adult residents of the City of Brantford and the County of Brant of the risks associated with exposure to ETS,
- Increase awareness among owners/operators and employees of establishments of the risks associated with exposure to ETS,
- Increase awareness and knowledge among adult residents of the City of Brantford and the County of Brant of the requirements of the bylaw, and
- Increase awareness and knowledge among owners/operators and employees of establishments of the requirements of the bylaw.

### *Evaluation*

Evaluation plans included monitoring of process data related to capacity building and resource development as well as service or message delivery. For the purposes of evaluating outcomes, baseline data are available regarding levels of knowledge among the target populations of the risks of exposure to ETS and attitudes toward smoke-free bylaws. These are being followed-up by the administration of a telephone survey of a sample of adult residents of the City of Brantford and a mailed questionnaire to all owners/operators in the city.

### *Capacity-building Accomplishments*

- To date, project activities have revolved around the development of campaign messages and their incorporation into materials and media for dissemination. This has involved review of materials, evaluation reports and recommendations regarding bylaw development and implementation from other areas that have implemented bylaws. In addition, information from past surveys of area owners/operators was incorporated into message and material development. Materials were focus tested.
- The following materials have been deployed in the community:
  - 7 Advertorials prepared and printed in local papers
  - Billboard advertisements
  - Direct Mail postcard created
  - Display for use at community events/locations
  - Newspaper Banner Ads in local paper
  - Street Banner
  - Advertisement in Tourism magazine
  - Window Clings for owners/operators of establishments
- A web page has been created to support the project.

*Environmental Shift and Behaviour Change Accomplishments*

- A public opinion survey of 1002 respondents was conducted in January 2003, six months after the implementation of the smoke-free bylaw in Brantford. A similar survey had been conducted in January 2002. Highlights of the survey results include the following:
  - In a survey conducted in 1997, 70% of respondents supported making all public places smoke-free. In January 2002 it was found that 71% of respondents supported the Brantford Clean Air Bylaw. In January 2003, 73% of respondents support the Brantford Clean Air Bylaw. Support appears to have remained constant.
  - In January 2002, 64% of respondents reported they were concerned about exposure to second-hand smoke. In January 2003, 67% of respondents were concerned about exposure.
  - 76% of respondents to the January 2003 survey reported getting information about the bylaw from newspaper advertisements. 2% of respondents reported receiving their information from the health unit.
  - Most household respondents felt that implementation of the bylaw had made no difference in how often they visit restaurants, bars, pubs, clubs, bowling alleys, or bingo halls. However, 27% of post-bylaw respondents reported they would visit restaurants more often, now that the bylaw is in place.
- A telephone survey of 169 owners/operators of establishments was conducted in January of 2003. Fifty-five percent of owner and operators indicated they supported the Brantford Clean Air Bylaw. Sixty-nine percent of respondents from within the city of Brantford indicated they received their information about the bylaw from the Brant County Health Unit. Sixty-five percent of respondents from outside Brantford reported they received their information from newspaper ads. Thirty-five percent of owners/operators surveyed indicated they have become more informed about the effects of second-hand smoke in recent months. Among those saying they have become more informed, 59% indicated they were now more concerned about the effects of second hand smoke. Owners/operators saw themselves as able to enforce the bylaw. Most indicated their own ability to enforce the bylaw was excellent.

*Implications*

As this project continues to provide support for the smoke-free bylaw in Brantford, it provides increased profile and momentum that may carry over into other jurisdictions in the region. While support for the bylaw may not have increased significantly since its implementation, neither has it been eroded. It is indeed plausible that messages and resources developed for this campaign have “shored up” the considerable support that existed six months before the bylaw was enacted.

## Smoke-free Living Project – Haldimand-Norfolk Health Unit

Combined Budget for 2002-2003 and 2003-2004 - \$200,000

### *Background and Objectives*

Tobacco farming in Norfolk County has made tobacco control activity a challenge that requires sensitive programming. The underlying hypothesis would be that perceptions of and attitudes toward tobacco use and public policy to address smoke-free places may be very different in this region than in many other parts of the province. As a result, this project began from the premise that any activity in these areas must be built upon an understanding of these differences and must be designed to be sensitive to community norms.

This project involves two phases. The first phase involved research into existing attitudes, perceptions and behaviours around smoking and smoke-free public policies among adults and young people in the region. Data was collected from adults via a telephone survey of those living in Haldimand and Norfolk Counties. The investigation of youth perceptions and attitudes was conducted through focus groups with young people in community and school settings.

The second phase of the project will involve using data from these two sources to plan two pilot projects that will be implemented and evaluated during 2003-2004. The intention is that one project would be a youth-based initiative that would seek to prevent or reduce tobacco use among young people. It is suggested that young people would be involved in planning, decision-making, and implementation of the project and that it would include complementary community efforts to target the influences on youth tobacco use. The second pilot project is intended to begin the work toward public policy with the initiation of a smoke-free public places campaign.

### *Evaluation*

Evaluation has and will involve activities designed to document change in the following performance indicators:

- Increases in understanding of community attitudes toward smoke-free places.
- Increases in understanding of the extent and nature of youth smoking in the region.
- The development of appropriate resources that target the needs of residents of the region.
- Movement toward policy change (private or public).
- Increases in knowledge and awareness among the population of the health benefits of smoke-free policies.
- Changes in attitudes toward smoking and smoking in public places.
- Reduced smoking in the home, workplace and public places.

### *Issue-mapping Accomplishments*

- A telephone survey of a random sample of adult residents of Haldimand and Norfolk counties was conducted in February of 2003. The purpose of the survey was to assess levels of knowledge regarding the health effects of second-hand smoke, to assess attitudes regarding and support for bylaws that would create smoke-free places, and to document what smoking respondents feel would help them quit. Highlights of the findings include the following.
  - more than 80% of respondents from both counties believe that people who do not smoke have the right to a smoke-free environment in any public place.
  - 94% of respondents in Haldimand County, and 90% of those in Norfolk County believe that second-hand smoke is harmful to non-smokers. At the same time, more than 60% from each county report weekly exposure to second-hand smoke.
  - More than 8 out of 10 survey respondents from Haldimand and 7 out of 10 survey respondents from Norfolk said that the community should enact by-laws to restrict smoking to protect non-



- smokers and children.
- o A strong majority of residents in Haldimand support 100% smoke-free public places (Arenas - 83%, Bars/Pubs/Taverns - 62%, Billiard Halls - 66%, Bingo Halls - 71%, Bowling Alleys - 77%, Community Centres - 82%, Restaurants - 80%, and Workplaces - 77%). A strong majority of residents in Norfolk support 100% smoke-free public places (Arenas - 73%, Bars/Pubs/Taverns - 53%, Billiard Halls - 57%, Bingo Halls - 66%, Bowling Alleys - 67%, Community Centres - 72%, Restaurants - 71%, and Workplaces - 70%).
- o Survey respondents stated that they would likely continue to patronize, and in many cases, increase their patronage, of public places that had more smoke-free areas. Depending on the type of public place, between 28 and 54% of survey respondents in Haldimand, and 22 and 43% of respondents in Norfolk, said that they would be more likely visit public places (arenas, bars, billiard halls, bingo halls, bowling alleys, community centres and restaurants) that had more smoke-free areas more often.
- o Almost one out of every two smokers surveyed in Haldimand and Norfolk counties report seriously thinking about quitting smoking right now.
- o More than one-third of smokers surveyed in Haldimand and Norfolk have tried to quit smoking at least once in the past 12 months.
- o Among survey respondents, the most helpful types of assistance for quitting smoking were: help to pay for quit smoking pharmaceutical aids (74%), advice from your doctor or other health professionals (66%), one-to-one addiction counselling from people who want to quit (50%) and a group program for people who want to quit (45%).
- Four focus groups were conducted with young people. The focus groups allowed the Health Unit to explore youth attitudes regarding smoke-free places and programming options for tobacco use prevention and tobacco cessation. Highlights of the findings include the following.
  - o Focus group participants were asked to identify which area they believed the Haldimand Norfolk Health Unit should address through the third phase of the project, the pilot program. Preventing youth from starting to smoke in the first place was the top priority identified by participants. Assisting youth to quit smoking and smoke-free places had similar support from participants. The key findings and recommendations are presented in the priority order recommended by participants.
  - o Most participants believe that the transition from grade eight to grade nine is a critical time for youth. Most participants believe that the number of grade nine students who smoke is higher than 14% and that there are more grade nine students smoking than grade 11 students. Some participants believe that grade nine students begin smoking as a way to meet people, make friends, and fit in at their new school. A few participants suggested that grade nine is the period when the transition provides youth with more freedom to explore new things.
  - o Most participants indicated that parents have a strong influence on youth decisions about smoking. Some participants indicated that they did not start to smoke because of parental rules and consequences for smoking. Other reasons for not starting to smoke included: non-smoking parents as role models, and disliking exposure to second-hand smoke from parents. A few participants indicated that having parents for whom smoking was “no big deal” influenced their decision to begin smoking.
  - o Some participants suggested that making smoking cessation information and pharmaceutical aids available at an accessible location (school nurse) and at an accessible cost would help teenagers to quit smoking. A few participants emphasized the importance of having support as well as the pharmaceutical aids.
  - o Some participants indicated that existing legislation that mandates smoke-free school environments (Tobacco Control Act) is not enforced throughout all Haldimand and Norfolk County secondary schools. Students reported that smoking occurs in a variety of areas within the school building during school hours and dances, and on school property outside. A few

participants suggested that reducing smoking in the school and on the school property would also help youth to quit smoking.

*Capacity-building Accomplishments*

- The results of the adult survey and youth focus groups are to be presented to county councils in the late spring of 2003. It is hoped that this will provide encouragement and evidence to spur the development of 100% smoke-free bylaws.

*Implications*

This project has provided important information on the beliefs and attitudes of adults and young people living in the counties of Haldimand and Norfolk. Apart from any influence this information may have on efforts to develop and implement smoke-free bylaws it will form the basis for the development of two pilot projects to be implemented in 2003-2004.

## **Tobacco Bylaw Campaign – Leeds, Grenville and Lanark Health Unit**

Combined Budget for 2002-2003 and 2003-2004 - \$200,000

### *Background and Objectives*

Of the 24 municipalities in this area, Brockville is the only one that currently has a bylaw that outlines smoking restrictions (and it is weak and outdated). The purpose of this project is to work toward the development and implementation of bylaws for 100% smoke-free public places in all 24 municipalities. The campaign involves the use of media to educate the public about the harmful effects of ETS and encourage their support for the development of bylaws, community activities and media messages to advocate for the development of bylaws and to mobilize community groups, organizations, health care professionals, and the public to work together for development and implementation, and the establishment of an appropriate enforcement plan for the resulting bylaws.

### *Evaluation*

Evaluation revolves around the development and use of process monitoring instruments to track and document campaign activities and the outputs of those activities. Indicators include measures of resource development and dissemination, interagency collaborations, and the development of community-wide network support.

For the purposes of outcome assessment, the clearest indicator will be the number of municipalities that implement, or move toward the implementation, of bylaws over the course of the project. To comment further on the specific contributions of the campaign, a random telephone survey of residents of the area will be conducted to follow-up on an earlier survey that had been conducted in December of 2001. The purpose of the follow-up will be to determine if changes have occurred over the campaign in knowledge of the health effects of ETS and attitudes toward smoke-free bylaws.

### *Capacity-building Accomplishments*

- Advertisements were placed in newspapers serving area communities to educate the public about the seriousness of the health hazards related to exposure to second hand smoke, and to raise awareness of the need for municipal smoke free bylaws.

### *Environmental Shift and Behaviour Change Accomplishments*

- Newspaper advertisements produced the following outcomes.
  - Generated letters to the editor in area newspapers.
  - Generated editorials from different area newspapers.
  - Generated requests for information from the public.
  - Generated requests for advocacy measures from local individuals concerned with raising the issue of smoke free bylaws with their municipal councils.
  - Generated letters of support from various groups, individuals and agencies.
  - Generated request from council members or their staff for information.

### *Implications*

In the original proposal, this project presented a well-conceived, rational and systematic plan to mobilize support to encourage the development of municipal bylaws for smoke-free spaces. However, it is reported that no municipal councils within the area have yet moved to give serious consideration to such a move. Continued activities in 2003-2004 will seek to change this.

## Smoke-free Bylaw Education and Communication Campaign – Niagara Regional Public Health Department

Combined Budget for 2002-2003 and 2003-2004 - \$200,000

### *Background and Objectives*

This project was developed to support the implementation of a strengthened smoke-free bylaw that will take effect in May 2003 in the Regional Municipality of Niagara. Project activities are multi-faceted and include the following:

- The development and dissemination to tourism and hospitality operators, workplaces and bingo halls, information and resource materials that will support implementation and compliance.
- The development and dissemination to the general population of mass media messages and materials designed to educate, build support, and ensure compliance.
- The development of a youth coalition within the region's schools to support bylaw implementation and compliance.
- The promotion and distribution of cessation resources within the region.

### *Evaluation*

Evaluation here involves monitoring activities that will be used to track project activities and their outputs. In addition, focus groups have been used in the formative stages of the project to develop and test project resources and materials. A pre-test post-test survey and RRFSS data will be used to track changes in attitudes over time.

### *Issue-mapping Accomplishments*

- Focus Group Session was conducted with representatives from the hospitality sector to determine what resources might help to educate about the bylaw and help them to ensure compliance. Conflicting results were found. Some restaurants and bars did not want any resources, while some requested posters, coasters, and tent cards.
- Similar focus group session was conducted with representatives from area workplaces to determine what resources may be needed. Workplaces requested pay cheque inserts, newsletter inserts, posters, magnets, tear off sheets, information packages with a countdown theme, and question and answer sheets.

### *Capacity-building Accomplishments*

- Project staff located and gathered existing resources from other Ontario municipalities that had been used to educate target groups about bylaws and support compliance.
- Branding artwork was created to accompany all project resources.
- A Resource Package was developed for Workplaces, Restaurants, Bars, Bingo Halls, Private Clubs. The package included:
  - Copy of the By-law
  - By-law Overview
  - Fact Sheet specific to establishment
  - DSR fact sheet
  - Enforcement fact sheet
  - Tobacco Hotline Business Card
- Approximately 5,000 establishments informed of the by-law. There has been a substantial increase in the number of calls to the Tobacco Hotline and a substantial increase in the number of requests for by-law resources.

- 1/3 page ads were displayed in Niagara's three major dailies during the week of implementation (circulation of approx. 65,000)
- 1/2 page ads were displayed in Niagara's 9 weekly papers (circulation of 70,700)
- 1/2 ads were also placed in the Senior's Review monthly and the Farmer's Review monthly (circulation approximately, 40,000)
- Banner ads placed in the Niagara Falls Review and St. Catharines Standard, the Wednesday following implementation (circulation 50,291)
- Full page ad in the Heart Niagara insert, which was circulated to 75,000 area homes - mid February
- 1/4 page ad in the Spring Festival insert, which was circulated to 75,000 area homes - mid May
- Six billboards throughout the region were rented for 4-6 weeks (average number of impressions per day, per billboard, 10,100). Images on these posters were similar to those used throughout the print media campaign.
- Bus Ads were circulated in the Region's three largest municipalities, St. Catharines, Niagara Falls, and Welland.
- Transit shelter ads were on display in the Region's three largest municipalities, St. Catharines, Niagara Falls, and Welland for eight weeks preceding by-law implementation (average number of impressions per day, per shelter 9,900)
- Lamp post signage was created and posted at 5 area malls and are on display for one year (average traffic flow per sign, per year, 2,000,000)
- Informational postcards were delivered to every mailing address in the Niagara Regional Niagara (193,000)
- Approximately 150 secondary school students attended a one-day conference.
- Coasters, tent cards and tear-off sheets were created and distributed to area workplaces and hospitality establishments.

### *Implications*

This project has continued to build on the lessons and experiences of other jurisdictions to create resources to educate key community groups in support of bylaw implementation.

## **Tobacco Bylaw Public Education Campaign – Porcupine Health Unit**

Combined Budget for 2002-2003 and 2003-2004 - \$200,000

### *Background and Objectives*

This project involves a public education campaign to support smoke-free bylaws that will come into effect on May 31, 2003, in Timmins and Kapuskasing. The objectives of the campaign are to:

- Educate the public, municipal leaders, and proprietors about the health effects of second-hand smoke.
- Raise awareness in all groups of the coming bylaw.
- Educate proprietors and the public about the requirements of the bylaw.

In addition to this, the project will seek to build partnerships beyond Timmins and Kapuskasing to encourage the development of smoke-free bylaws in municipalities across the region.

### *Evaluation*

Early plans suggest that they will administer two separate pre-test post-test telephone surveys to evaluate the outcomes of the education campaign. The first will target the general public while the second will target proprietors (presumably they mean restaurant owners/operators). All surveys will be administered in Timmins, Kapuskasing, and Iroquois Falls. The latter will serve as a comparison community. Pre-test surveys will be carried out in January of 2003 and post-test surveys in October 2003. The proposal provides no further design or sampling details. It is proposed that a separate questionnaire be administered to municipal representatives in the nine communities in the region to monitor attitude change over the course of the project. A pre-test is to be carried out in January of 2003, with a post-test coming in October 2003.

### *Capacity-building Accomplishments*

- Materials have been developed for education sessions to be held in Timmins and Kapuskasing to educate the general public and proprietors about second-hand smoke and the smoke-free bylaw requirements.
- Post cards and 100% smoke-free stickers have been developed for dissemination. 24,000 post cards and 500 stickers were produced for distribution in the spring of 2003.
- A guide was produced to assist seven high schools to plan and implement a washroom poster contest. 400 posters were produced from the winning design.
- Planning and production was completed on Bylaw Information Kits to increase knowledge of the bylaws in Timmins and Kapuskasing and to encourage compliance.
- Billboard, newspaper and radio advertisements were created.
- Billboard ads were placed in 11 locations in Timmins and Kapuskasing.
- Fourteen newspaper ads were run in five different newspapers in the region.
- Radio ads were aired on six radio stations servicing the region.
- A tobacco information line was established late in 2002-2003. A uniform data sheet has been created to track calls.

### *Environmental Shift and Behaviour Change Accomplishments*

- Since the project has begun to disseminate messages, the health unit has experienced an increased number of calls regarding information on smoking cessation classes and resources. In addition, they have already begun to receive requests for smoke-free bylaw information kits.

*Implications*

This project has begun to develop and disseminate messages and resources to support recently enacted bylaws in Timmins and Kapuskasing. These resources, and the experiences and momentum produced by the project may have important implications for the development and/or strengthening of smoke-free bylaws in other communities across the region.

## Not To Kids – Select Public Health Units

Combined Budget for 2002-2003 and 2003-2004 - \$501,700

### *Background and Objectives*

This project represents a collaboration between the following 12 health units.

- Simcoe County District Health Unit
- Durham Region Health Department
- Halton Region Health Department
- City of Hamilton
- Kingston, Frontenac and Lennox and Addington Health Unit
- North Bay and District Health Unit
- City of Ottawa Public Health
- Regional Municipality of Peel Health Department
- Peterborough County-City Health Unit
- Toronto Public Health
- York Region Health Service Department
- Regional Niagara Public Health Department

Growing out of Toronto Public Health's *Not to Kids* project, OTS funding for 2002-2003 and 2003-2004 is dedicated to a community media campaign across the 12 regions. The overall goal of the project is stated as the desire to reduce youth access to tobacco through social sources. With this in mind, the current project is built on three campaign objectives:

- To increase awareness among 19 to 24 year old community members about the TCA regulations regarding the supply of tobacco to minors,
- To educate 19 to 24 year olds about TCA regulations relating to the supply of tobacco to minors,
- To begin to stimulate a shift in attitudes among 19 to 24 year old suppliers that it is socially unacceptable to supply tobacco to minors.

### *Evaluation*

Formative evaluation has been used to aid in the development of media messages and materials that are relevant, meaningful, and acceptable to the targeted 19 to 24 year old group. This has taken the form of focus groups with "potential suppliers," primarily smokers within the targeted age category. Summative evaluation activities include five elements. Process monitoring via the implementation of uniform tracking sheets across the 11 areas document levels of implementation, effort, and service delivery performance. Outcome evaluation involves a community telephone survey of 500 households throughout the participating health units. This will be augmented by efforts to track possible changes across time using the Youth Access items of the Rapid Risk Factor Surveillance System. Outcome evaluation also includes follow-up focus groups with samples of the target population from selected health units.

### *Issue-mapping Accomplishments*

- Approximately seven million people live with the jurisdiction of the *Not to Kids (NTK)* Coalition. Over 846,000 are youth ages 12-19 years old. The Canadian Tobacco Use Monitoring Survey data (2002) smoking rate in Ontario has been indicated to be 18.8% for youth 15-19 years of age. The Ontario Student Drug Use Survey 2001 data indicated that 23.6% of students in Grade 7 to OAC used cigarettes. Therefore, there are approximately 200,000 adolescent smokers in our regions. Research has shown that youth access



tobacco most often from their friends. Data collected as part of this project suggest that 80% of youth sampled attribute peers and friends as the most influential motivator to start smoking.

*Capacity-building Accomplishments*

- Within the communities involved in the coalition, *Not to Kids* resources have been distributed to tobacco retailers, secondary schools and community at large during 2002 to raise awareness of youth access to tobacco, primarily through illegal retail sales.
- More than 3000 radio spots were aired throughout March 2003 in coalition communities.
- Radio advertisements were created out of information collected through the conduct of focus groups with young people who smoked. Ads were created to begin to stimulate a shift in attitudes among 16 to 20 year old suppliers that it is socially unacceptable to supply tobacco to youth.
- Follow-up research will be conducted in 2003-2004 to determine advertising reach and impact.

*Implications*

Since OTS renewal, this project has done a great deal to build upon our knowledge of the sources of supply that exist for young smokers and the sorts of activities that may erode that supply. Enthusiasm for the approach and the materials and resources that have been created is witnessed by the growth in project partners.

## York Region Chinese and Italian Tobacco Awareness Campaigns – York Region Public Health

Combined Budget for 2002-2003 and 2003-2004 - \$494,000

### *Background and Objectives*

This project involves two distinct tobacco awareness campaigns. Each involves a number of television and radio advertisements around topics of second hand smoke, youth and smoking, smoke-free workplaces, smoke-free public places and cessation. The first campaign targets the Chinese population in the region while the second targets the Italian community. The Chinese campaign also involves the development and implementation of a Chinese Workplace Cessation Program based on the Stages of Change model, AHCPR Smoking Cessation Clinical Practice Guidelines, and CDC best practices for cessation and a tobacco retailer education program for Chinese vendors. The materials for this initiative include a translation of retailer materials developed for the *Not to Kids* campaign.

### *Evaluation*

Evaluation activities revolve primarily around assessments of the media campaign. For this purpose, telephone surveys have and will be conducted with samples of Italian and Chinese members of the community. The pre-test sample included 400 Chinese and 400 Italian respondents. For the post-test sample, project staff hope to re-contact the original respondents and supplement the sample with an additional 800 respondents split evenly between the two groups. Steps are being taken to over-sample younger adults.

### *Capacity-building Accomplishments*

- A project coordinator was hired to manage the project.
- An advisory committee comprised of members drawn from the Chinese and Italian communities was convened to oversee the project.
- Survey target group (adults) and methodology (phone survey) were identified. The survey tool was developed by York University's Institute for Social Research.
- Between February and March 2003 a pre-survey of the Chinese and Italian communities was conducted. There were a total of 800 respondents.
- Media firms were recruited and media messages identified.
- The media campaigns for both the Italian and Chinese communities were developed and launched in March of 2003.
- A tobacco cessation initiative was developed. The target for the initiative was the Chinese healthcare community, specifically physicians, dentists and pharmacists. An educational event was conducted in collaboration with the *Clinical Tobacco Intervention* program. The *CTI* presentation was supplemented with culture specific module to address the specific needs of the Chinese community. The event was held in March 2003.
- The "*Not to Kids*" Binder was translated into Chinese for distribution to tobacco retailers. Pre- and post-distribution compliance checks will be used to evaluate outcomes.

### *Implications*

Past research has consistently indicated a lack of tobacco prevention and cessation programs that have been developed specifically for ethnic communities. This project has contributed to the development of resources designed specifically to address the needs of Chinese and Italian communities. Research conducted in 2003-2004 will provide evidence of the potential effectiveness of these resources.

## **Workplace Smoking Cessation – Aon Consulting**

Combined Budget for 2002-2003 and 2003-2004 - \$400,000

### *Background and Objectives*

For this project Aon Consulting has partnered with Addiction Management Systems Inc. (AMS), to deliver smoking cessation services within selected pilot workplaces. In the early stages of the project smokers within pilot workplaces will be recruited to participate in smoking cessation workshops delivered onsite by AMS. Spouses of employees will also be eligible to participate.

For the remainder of the project term, Aon will track employees who had participated in the workshops to monitor and document:

- Changes in attitudes toward smoking
- Reduced smoking rates and cigarettes consumed
- Increased quit attempts and sustained quits
- Reduced smoking at work.

In addition to this, Aon will track other dimensions that they hope will help to build a “business case” for workplace cessation efforts. Specifically, they propose to examine the extent to which these efforts may contribute to changes in:

- Employer health care expenditures
- Patterns of drug claim utilization
- Rates of absenteeism
- Patterns of short-term disability claims (they acknowledge the timeframe may be too short for changes here)
- Productivity

### *Evaluation*

Evaluation will make use of three data sources. Surveys of program participants will be conducted prior to cessation workshops, and again at “various intervals” throughout the project period. The initial survey is to examine attitudes toward smoking, smoking behaviour, and “motivation and intention” to quit. Follow-up surveys will also examine quit attempts, relapses, sustained quits, and perceived improvements to health. Employer surveys are proposed to give supervising managers in the workplace an opportunity to comment on the impacts of smoking in the workplace prior to the project. Managers will be asked to track productivity changes among participants over the course of the project. Finally, health and drug claim data, and casual absentee statistics will be monitored throughout the project to determine aggregate-level health outcomes that may be attributable to cessation.

### *Capacity-building Accomplishments*

- A review of literature has been completed to inform project development.
- An evaluator has been contracted to work with the project team.
- Received commitment to project participation from two large employers at five separate worksites. Initial presentations and project launch has been completed at four of these five worksites. A project launch at the fifth worksite will take place in May 2003.
- A partnership with *Smokers’ Helpline* has been negotiated to support project participants.
- A communication plan has been developed along with communication resources and materials to be used at worksites.
- Data collection instruments have been created for baseline and follow-up research.

- A custom data base has been created to manage information related to project activity and evaluation.

*Implications*

Having successfully secured commitments to participate from major employers, this project has potential to shed light on the impact of workplace recruitment to smoking cessation. In addition, ongoing data collection promises to contribute to the “business case” for workplace health promotion in general, and cessation support in particular.

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