



# **Youth Action Alliances in Underserved Neighbourhoods**

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## Executive Summary

This report presents the results of a case study of the implementation of the Youth Action Alliance (YAA) Program in Toronto, selected because of the unique approach taken to recruiting youth. Using key informant interviews and focus groups with Peer Leaders, we describe how the program has recruited youth from neighbourhoods identified in the Strong Neighbourhoods Report (2005) as underserved. We evaluate the challenges, successes, disadvantages and benefits to this approach, and describe the factors integral to the establishment and function of the group. While limited analyses of perceived impacts for both youth in the program and the communities they serve are provided, this is a formative evaluation of a program in development. The benefits of this approach include the generation of a rich description of a case study of YAAs in one area, which can then be used to inform the evolution of the programme. While the results of this evaluation are specific to the experience of Toronto and may not be easily applied to YAAs in other areas where populations have different needs and experiences, it is intended that this report will serve to further discussion and knowledge exchange on strategies for recruitment.

Toronto Public Health has successfully recruited passionate and motivated youth from neighbourhoods identified as underserved, to conduct tobacco control activities in these areas. Key factors in the perceived successes of this program include:

- The publication and uptake of the 2005 Strong Neighbourhoods Report among health and social service agencies in Toronto
- The creation of mutually beneficial partnerships with other youth agencies, facilitated by the employment of the first Youth Coordinator from the Toronto Department of Parks and Recreation
- The leveraging of resources through the support provided by Public Health Nurses to Peer Leaders and Youth Advisors
- Employment of Youth Advisors with experience in working with youth and community agencies in the recruitment neighbourhoods
- Reciprocal sharing of knowledge between youth, Youth Advisors, and Public health Nurses

Results of the evaluation suggest that youth are providing a positive role model to younger youth and youth in underserved communities who are linked through to community centres and youth clubs. Respondents reported positive uptake of the T-DOT brand, indicated by youth wearing T-DOT clothing and accessories. Challenges were identified in reaching some groups of youth, including those outside neighbourhoods identified in the Strong Neighbourhoods Report, youth who identify as Aboriginal, and youth over age seventeen. While T-DOT is concentrated in areas identified as underserved, high-risk youth who may be dealing with issues like lack of housing, school attendance,

drug use and violence were not a focus of the program, and it was emphasised that a concentration on such youth was beyond the capacity and intention of T-DOT.

It was clear that the events and activities conducted were likely to reach a sub-population of Toronto youth from neighbourhoods that were considered to be underserved in relation to need. In this way, T-DOT and Toronto Public Health (TPH) may be contributing to addressing inequities between neighbourhoods in the city - inequities that have been linked to both patterns in smoking behaviour and the wider social determinants of health.

## Introduction

### The Youth Action Alliance Program

Youth-led tobacco control movements have become an important part of tobacco control strategies. Literature suggests that youth-led groups can effectively translate the tobacco control message to other young people through branding, youth and community activities, earned media, and through supporting state-funded media campaigns. Like earlier groups in the United States including Florida (Bauer, Johnson, & Hopkins, 2000; Niederdeppe, Farrelly, & Thomas, 2007), and Minnesota (Dunn, Pirie, & Oakes, 2004, 2005), the Ontario Youth Action Alliance (YAA) funded under the Ministry of Health Promotion's Smoke-Free Ontario Strategy, is designed to empower youth to undertake prevention, cessation, and protection tobacco control activities in their communities.

An evaluation of the YAA program conducted in 2006-2007 found that it had been successfully implemented, with YAAs conducting a number of activities in their communities, that appeared to further the youth development goals of the program, and gained the perception of a positive impact on the sub-communities where activities were held (Fiissell, Schwartz, & Schnoll, 2008). Findings also suggested that Peer Leaders were usually doing well at school and were highly involved in extra-curricular activities – a similar pattern to that seen in other youth-led tobacco movements (Dunn, Pirie, & Oakes, 2005).

The formative evaluation of YAAs also suggested some variation in the implementation and experiences of the YAA program across Ontario, reflecting the unique circumstances in different geographies. This report presents the results of a case study of one model of the YAA program that has concentrated activities and recruitment in 'underserved neighbourhoods' in a large metropolitan city in Ontario. This is of particular interest because of an Ontario Ministry of Health Promotion directed change in the YAA program. As of May 2008, YAAs are encouraged to ensure that at least twenty-five percent of youth employed as Peer Leaders are from 'at-risk' neighbourhoods. At-risk has been defined as "neighbourhoods or communities that are predominantly: of low socio-economic status; with populations that are indigenous to Canada; and/or new immigrant, racial, ethnic, and linguistic minorities, and especially, youth whose parents or siblings smoke" (Ministry of Health Promotion 2008).

Characteristics of those in 'at-risk' neighbourhoods also have some overlaps with populations who have higher tobacco use. In Ontario, Canada, youth at higher risk of smoking are those who live with people who smoke, especially inside the home and perceive their family's financial situation to be below average (Centre for Addiction and Mental Health, 2007). Statistics also suggest that youth who identify as First Nations, Inuit or Métis have a higher risk for smoking (Health Canada 2002). However, the 2002 results of the Youth Smoking Survey showed that youth with minority language



status were less likely to smoke than the general population (Health Canada, 2002), and in Ontario, Ontario Student Drug Use and Health Survey (OSDUHS) results showed no significant difference in smoking outcomes by language status (Centre for Addiction and Mental Health, 2007). While there was no significant difference in smoking rates between youth born in Canada and those born in another country, the trend was towards a higher smoking rate among Canadian born youth; youth with both parents born in Canada were more likely to smoke than youth with one or more parents who had immigrated to Canada (Centre for Addiction and Mental Health, 2007). Analysis of data from the Toronto Youth Crime and Victimization Survey suggest that adolescents of Western, Eastern and Southern European ethnicity were more likely to be smokers (Asbridge, Tanner, & Wortley, 2005).

The re-direction of YAAs to ensure recruitment from a range of communities, and specifically those at-risk, makes it appropriate to conduct a case study of T-DOT (Toronto Don't Own Tobacco) and the approach taken by Toronto Public Health to recruitment. T-DOT is comprised of three YAAs, located in the East, West and Central areas of Northern Toronto. Each group is made up of six to seven Peer Leaders, and a Youth Advisor. The neighbourhoods that youth are recruited from were identified by the Strong Neighbourhoods Task Force as having inadequate services in relation to needs when compared to other regions in the city (United Way of Greater Toronto, 2005). The reallocation of resources and services, combined with local leadership and existing assets and capacities of residents in the neighbourhoods was seen by the Strong Neighbourhoods Task Force as a means to work towards correcting residential inequalities in Toronto.

### **Research Questions**

This case-study explores the process of implementation of this approach and the perceived impacts on these communities. The questions posed in this evaluation focus on youth recruitment and the activities they conducted including:

- How has Toronto recruited youth?
- What are the successes, benefits, challenges and disadvantages of this approach?
- What are the perceived impacts on Peer Leaders and the communities where they conduct their activities?
- How does the peer to peer model work in this context?

The results of this evaluation will be specific to the experience of Toronto, and may not be easily applied to YAAs in other areas, especially those in rural settings. Despite this, it is intended that this report will serve to further discussion and knowledge exchange on the strategies for recruitment that could work in other areas. While Toronto was selected for this case study because of their unique approach to recruitment, it is possible that some observations of the Toronto YAA may have

similarities with the experiences in other areas. Further, other YAAs in Ontario may be adopting different strategies to ensure that youth from a range of backgrounds, including those from traditionally under-served communities, are included in the YAA program. The following section will describe the methodology used to conduct this case study. We then discuss the findings, looking first at the goals of the program, before discussing the recruitment process, youth in T-DOT and the importance of collaboration between the various agencies providing support. We briefly describe the activities undertaken by T-DOT before outlining some of the perceived impacts of the program described by youth and adults who participated in an interview or focus group. The findings are synthesised in the discussion section which includes with conclusions and recommendations.

## **Methodology**

### **Data Collection**

#### ***Interviews***

Key-informant interviews were held with nine adults who work closely with T-DOT as support to youth or in support or management positions to the program. Adult staff members outside of Toronto Public Health who work for partner agencies were also interviewed. Participants were selected based on recommendations from initial contacts at Toronto Public Health and all key-informants who were contacted agreed to take part. The interviews were semi-structured and followed an interview schedule (see Appendix A). Questions focused on the benefits and challenges of focusing on underserved communities; benefits and challenges for the program in general, for youth and for communities; the role of internal and external supports and partnerships; and the potential reach and impact of the program. Other relevant topics and themes raised by respondents were explored during the interviews and analysed as appropriate. Each interview was held at the participant's place of work, with the exception of one telephone interview, and interviews took close to an hour to complete. Audio-recordings were transcribed and sent back to participants, and notes were taken in interviews where participants preferred not to be recorded (n=1). Written consent was obtained with the understanding that it would be impossible to conceal the location of the study and that reference would be made to participants as 'key informants' in order to protect the identity of respondents (Appendix B). Ethics approval was obtained from Toronto Public Health.

#### ***Focus Groups***

Youth in the program, referred to as Peer Leaders, provided a second source of data. Peer Leaders from all three Toronto YAA clusters were invited to take part in one of two focus groups, with a total of fourteen out of a possible nineteen peer leaders attending. Timing of the focus groups coincided with high school exams, which may have explained the absence of some of the youth.

The focus groups were held on two different nights, at the usual group meeting times and youth from all clusters were invited to attend on the night most suited to them. As a result, each focus group consisted of a mix of youth from each of the three clusters. On advice from health unit staff, notes were taken during the focus groups rather than audio-recording responses. On completion of the focus groups, note-takers present at the focus group exchanged their notes in order to help validate each note-taker's interpretation and recording of material during the focus groups. On average, the focus groups lasted an hour and a half and were conducted in collaboration with KR Allison Research Consulting, the firm responsible for conducting a needs assessment for the Ontario Lung Association on Peer Leader Trainings of the Youth Advocacy Training Institute (YATI). This reduced the imposition on YAA meetings, Peer Leaders and Youth Advisors that would have

resulted had the focus groups been conducted separately. Youth who were under sixteen were required to bring parental consent. One Peer Leader who attended was under sixteen and did not bring a required parental consent form; while this person stayed for the meeting no notes were taken from their responses.

### **Data Analysis**

Thematic analysis was used to generate the evaluation results. This is a process of coding and categorising the data into analysable units, which can then be grouped under general headings and topics (Coffey & Atkinson, 1996). The transcripts of key-informant interviews and the notes from the focus groups were coded using qualitative software, NVivo 7. While using NVivo does not replace the need for in-depth analysis, it does facilitate the process. It allows the researcher to organise the data into categories based on responses to questions, and to identify themes emerging across the interviews. Increasing the organisation of data can enable a more comprehensive, rigorous, analysis.

Each interview was read and coded using an inductive process of identifying emerging themes (Pope, Ziebland, & Mays, 2000). A descriptive ‘node’ was allocated to each theme and used to categorise other instances of the same topic; for instance, discussion of opportunity recurred across interviews and was coded as such, under the broader heading of ‘benefits’. Analysis also looked at points of consensus and conflict within and across the interview texts. Excerpts from the interviews are used in this report to illustrate themes and provide transparency in the research process.

The initial findings of the analysis were presented to some of the participants in T-DOT as a way of re-analysing and validating the results. This process can increase the accountability of the evaluation and can also enable further learning and reflection for both participants and evaluators. The following section will present the results of this data analysis in order to evaluate the experience and implications of focusing the Toronto YAA program in underserved communities.

## Findings

### The Goals of T-DOT

Measures of success and challenges for T-DOT should reflect the specified goals of the program. Goals of the YAA program identified by participants in the interviews and focus groups generally reflect the goals expressed by the Ministry of Health Promotion; to engage youth in a development program, facilitate personal growth and enable youth to communicate the tobacco control message, and communicate that message to other youth. In T-DOT, the primary goal for recruitment was to employ youth from underserved communities through the provision of an honorarium. Perceptions of the importance of each of these goals varied. For a number of adult participants, youth engagement was the primary goal - the tobacco control element of the program was a means for youth development as well as an important health promotion message:

*Interviewer: What would you see as the goals of T-DOT?*

*Participant: Developing life skills and youth engagement. I think the tobacco control messages are actually secondary. (Interview 4)*

In contrast, youth in the focus groups identified the tobacco control goals as the primary objective of T-DOT; although they also commented on the skills they had gained in being a part of the program. A minority of the adult participants identified the tobacco control goals as the primary objective. It is important to identify these goals, in addition to the goals of the program identified by the Ministry of Health Promotion, because they provide direction for evaluating the extent that the program has succeeded or faced challenges.

### The Strong Neighbourhoods Report

There was general consensus that recruitment focused on the thirteen neighbourhoods identified as underserved in the Strong Neighbourhoods Report (United Way of Greater Toronto, 2005). T-DOT began as an innovative program around the time that the Strong Neighbourhoods report was released, and later received funding under the Smoke-Free Ontario Strategy as a YAA. The Strong Neighbourhoods Report had a profound influence on the allocation of resources:

*Toronto is focusing tons of programs on these strong communities .... the school programs are all servicing the strong communities so I mean it's kind of a theme. T-DOT is not unique; T-DOT is one of many, many.... I mean that report was really circulated wide and broad. You know, hopefully, in five years it'll make a difference. (Interview 8)*

Toronto Public Health's focus on the thirteen underserved neighbourhoods is part of a city wide concentration of resources on the identified areas. The Youth Challenge Fund, a public/private partnership initiative, allocated 3.5 million dollars in 2006 to youth agencies and continues to concentrate its resources in the thirteen priority neighbourhoods (Youth Challenge Fund, 2006). In this way, T-DOT complements a wider concentration of work being done with and for youth and communities from underserved neighbourhoods in Toronto.

## **The Recruitment Process**

Using the Strong Neighbourhoods Report to identify areas of need, recruitment was directed to specific geographic areas in Toronto. To further support this approach, partnerships were also made with Toronto Parks, Forestry and Recreation (Parks and Recreation) who were already working with youth from those neighbourhoods. Community centers and youth outreach workers associated with Parks and Recreation were described as integral to recruiting youth from underserved communities, as was the employment of the first Youth Coordinator from Parks and Recreation for the then Toronto Youth Smoking Intervention Program (TYSIP); a program that later evolved into the YAA. Parks and Recreation provided places to meet, a pool of youth for recruitment, and support in interview preparation for youth applying to be Peer Leaders. Parks and Recreation Youth Outreach Workers (YOW) shared their knowledge and experience in working with youth with Toronto Public Health. Most events and activities were held by youth from T-DOT in their home neighbourhoods and were focused around local community centers. Youth engaged with Parks and Recreation programs were the audience for recruitment drives and presentations, and were also often attendees at events where recruitment could be advertised. In this way recruitment could be seen as focusing, though not exclusively, on youth who were already engaged with youth and community centers or Parks and Recreation events.

The process of recruitment was described as an opportunity for engaging and developing youth. One participant felt that youth could benefit from the process of applying to T-DOT:

*Anyone that comes to discussions, they're walking away with something. It could be as simple as - for example - we have a lot of new applicants who had never applied for a job, did not have a resume, had never gone through an interview; this was their first time in an interview, they didn't even know what to do, how to dress, how to prepare for an interview at all. So for us, it was our opportunity to work with those organizations to say, okay, kind of prepare them a system, support them. (Interview 2)*

Originally all applicants were given an interview and were invited to go to workshops on resume writing and interviewing; however, an increase in applications has meant this is no longer feasible. The interview process was scored and once the program had been underway for a period of time,

existing Peer Leaders were also part of the interview panel. Generally, it was felt that high standards were set for youth to be a part of the programme. One participant spoke of wanting youth with passion who could show commitment and motivation by answering a set of questions based on content from the T-DOT website. Another participant was critical of the interview process and felt that use of a panel of interviewers, despite including youth, and the scored interview process could inhibit youth who would likely benefit from joining the program:

*They have a set number of questions and it's usually a two to three panel interview and some of these youth have never had an interview in their lives so... are you automatically maybe discounting some youth that would benefit from a lot of the life skills enhancement and sort of the peer development and youth development?*

(Interview 4)

Expectations about youth joining the program appeared to be high. Youth were expected to “earn their position” (Interview 2), and in this way T-DOT provided an opportunity to youth with ambition and direction and a desire to do well. While most of the recruitment drive occurred through the community centers, T-DOT events, and advertisements in places identified by Peer Leaders, word of mouth also played a part:

*Currently we're doing recruitment to hire on more Peer Leaders and, being out there, they're listening, they're aware. T-Dot's been around going on its third year and they're like, 'Hey, I know who you guys are. You guys did this and this at this event, I want to be involved' and 'Some of my friends from school are on it' [...]. Or they [Peer leaders] will remember certain community festivals or community-related events that we've partnered with, or gone to and met other youth from there, or other youth-serving agencies and youth groups, or youth workers and will say, 'Okay, you remember that person, let's try to connect with them.'* (Interview 5)

Youth told their friends and family members about the program, which in one or two cases resulted in young people from the same family or schools being recruited. This process could be seen as a way of youth involvement in the recruitment process, and demonstrates the importance of social networking, and the profile of T-DOT among youth. While all youth were from the areas identified for recruitment, there were concerns about recruiting youth through friends and family - it was thought to be less than ideal and an issue that needed to be resolved through more pointedly recruiting from the neighbourhoods identified in the Strong Neighbourhoods Report (Interview 1). A summary of the recruitment process summarised from interviews with participants is given below:

## **A Summary of the Recruitment Process**

Priority given to youth from underserved communities, six places allocated for youth outside these zones.

1. Recruitment outreach:
  - a. Advertise: youth identify locations for advertisement.
  - b. Present: Youth present to young people at community outreach centers, located in underserved neighbourhoods
  - c. Word of Mouth: Youth work through social networks – both Peer Leaders and youth applying to the program.
  - d. Outreach workers from Parks and Recreation encourage youth who could benefit from taking part to apply
2. TPH and Parks and Recreation assist with interview and application process through training and support
3. Peer Leaders help interview applicants
4. Interview is scored, priority given to youth from underserved communities who demonstrate passion and commitment
5. Expectations of success: you get what you put in.

## **Recruitment and Equity**

A common theme in the interviews was the idea that T-DOT was a means of extending opportunities to youth who might not ordinarily receive these benefits. This might also be interpreted as a way of increasing equity of access, and potential benefits associated with youth engagement across neighbourhoods in Toronto. The sense of providing opportunity was extended to include the benefits to the neighbourhoods in general. The excerpts below reflect the general consensus among participants that focusing the Toronto YAA in underserved neighbourhoods was a way of addressing inequities in opportunity:

*It's absolutely important and the reason why I think it is important is that I've worked in areas that were underserved and areas that have appropriate funding -and you see the inequities (Interview 2).*

*Well it's generally supported in Toronto, access and equity. As long as I've been in Public Health they've pushed a focus on strong...such as where the nearest priority is. So that was just, I think, natural (Interview 4).*

Not all respondents lauded the targeting of underserved neighbourhoods. One participant was more ambivalent about the approach, though noted the potential benefits to the youth and communities:



*To me, it didn't matter if we worked in a priority neighbourhood or not. You're just getting the youth to come out, whoever wants to be involved in the project. But I can see why they go in those 'priority neighbourhoods' because you're just trying to give youth who may not have those opportunities, as I said, who may...their parents aren't rubbing shoulders with the councilors where they are able to get anything. (Interview 6)*

This participant highlighted how T-DOT provided an opportunity for youth to establish connections within their communities, a point illustrated by others in stories of youth from T-DOT hosting a local politician and engaging with others in positions of power, for instance in playing foosball with the Mayor of Toronto. However, youth in the focus groups did mention they found it hard to directly contact politicians. There was also consciousness of the potential for further stereotyping of the neighbourhoods – many of the participants identified that these areas were often associated in the media and in public perceptions with violence, despite the occurrences of positive events and the sense of community that could be present. Language use was important and a recommendation was made by some participants to move away from the idea of 'priority' neighbourhoods towards speaking about building strong neighbourhoods. Others felt that focusing on underserved communities could mean an eventual over-investment of resources:

*Priority areas have been around for so long. They're now almost over-served. (Interview 7)*

The Strong Neighbourhoods Report identified the cycles that urban areas go through, and the necessity of updating and reanalysing needs and services in Toronto; a necessity implied by the above respondent. For others, the definition of the neighbourhoods in the report hadn't gone far enough and had excluded some areas where participants felt need was high, but their exclusion from the identified neighbourhoods meant they were losing out. One example given was Regent Park, a neighbourhood identified as having high needs but undergoing urban renewal. Often this frustration in targeting specific neighbourhoods came down to a balance between wanting to address wider needs in Toronto while having to manage a limited pool of resources:

*There's always going to be some winners and some losers and some communities I think are short changed a bit. That's the downside, but that wouldn't be just for T-DOT, that's every program. (Interview 8)*

*We came from a model of 'All Youth Are at Risk' but you have to also be realistic in how you target your resources. For us, it was very realistic to target our resources in the strong neighbourhoods because in Toronto's population we would definitely need a lot more clusters than we currently have to meet the needs of the youth in those communities. But it's a good starting point. (Interview 2)*

*I mean my viewpoint on priority neighbourhoods is very...to me every youth is at risk, regardless of whether you lived in a “priority area” or you don’t - you know - because smoking and tobacco reaches everybody, not just these priority areas. (Interview 7)*

The downside of targeting resources to specific communities was raised by these three respondents, although the importance of allocating scarce resources to underfunded communities was also noted. The concern that all youth are ‘at-risk’ becomes problematic for the goal of tobacco control when there are patterns in smoking uptake that suggest that some youth are more at risk than others (Health Canada, 2002). While recruitment is focused on the Strong Neighbourhoods, six spaces are allocated to youth who might live outside of the identified areas. Though these are yet to be filled, they do provide an opportunity for TPH to recruit youth who may contribute to the program and benefit from being involved in T-DOT from outside of the thirteen areas

Five of the nine respondents described wanting to do more to recruit youth from Aboriginal communities, with some identifying the need for another YAA made up of youth who identified as Aboriginal. An attempt had been made to recruit Aboriginal youth but it had not worked out:

*I guess it was about, I don’t know, a year or so ago, we were able to recruit a couple of Aboriginal youth. But then I don’t think they really necessarily stayed...I’m not sure why they didn’t end up staying with the program but I think a lot of it had to do with... maybe it was a little too mainstream for them. (Interview 1)*

Discussion of recruitment in the interviews often highlighted the importance of focusing on underserved communities, but also reflected a sense that there were other populations and youth who could be involved, for instance LGBT youth, youth from the downtown core, and youth from other neighbourhoods thought to be underserved but not identified as such.

*We can reach key people, because we can’t reach everybody, but we can reach key people in an area that probably needs to be reached. (Interview 1)*

Despite the issues raised with the identification of key communities to be included, the process of recruitment was thought to be a good place to start, consistent with public health goals and the appropriate allocation of limited resources. The recruitment process was also facilitated by the involvement of youth outreach workers and community centers at Parks and Recreation. The Strong Neighbourhoods Report encouraged the coordination of efforts across local government and community agencies; this coordination was reflected in the collaboration between Parks and Recreation and Toronto Public Health for the Toronto YAA.

## Youth in T-DOT

As a result of this recruitment process, youth from thirteen underserved communities were engaged as Peer Leaders and given an honorarium to work in three clusters; East, Central and West. Like Peer Leaders across Ontario, youth from the Toronto YAA were described as having a desire to do well, and were generally thought to be achieving that goal. A number of adult participants identified the youth as leaders within their communities; others felt they were not all leaders, which was seen as a desirable mix. Discussion of characteristics of the youth reflects the difficulty in generalising about a group of young people who are, as one participant stated, “a whole bunch of kids who are different”.

Youth participants described being from different backgrounds but coming together with the same views about tobacco, a point raised in Interview 1. Both the youth and their neighbourhoods were thought to benefit from the skills and knowledge gained from being a part of T-DOT. One participant described how a graduate of T-DOT had come back to one of the Parks and Recreation centers and set up a youth program, while another participant felt the program was training and gave youth more opportunities to do well, which could then have positive ramifications for their communities. More tangible benefits for youth included having opportunities to travel outside Toronto and to set up social networks with youth from other areas around Ontario, in addition to getting to know youth from other schools and neighbourhoods closer to home.

Adult participants and Peer Leaders suggested that being a part of the YAA program had enhanced the young people’s capacity to excel. While all the youth in the program might not be ‘A’ students, they were thought to have ambition and enthusiasm, be involved in sports and generally be “articulate.... and doing well for themselves” (Interview 3).

*Our youth [...] want to have good grades in school, they want to pursue post-secondary education, and they want to get the scholarships to be able to do it because for some of them, the reality is without a scholarship they’re not going to be able to do it. They are involved in extracurricular activities. (Interview 5)*

Youth in T-DOT were also seen to be building capacity for youth programming in the public health unit in areas outside of tobacco, and for this reason were thought to be important assets to the unit. The peer leaders were described as being well regarded by other health unit staff as a source of information and new perspectives, and were seen as people to consult with on other youth projects:

*Because they’re so exciting, they come up with promo items and it’s just...it kind of jazzes up any type of traditional Public Health thing. (Interview 1)*

Generally, there was support for the youth recruitment process for T-DOT. However, one participant felt that the emphasis on recruiting youth who were able to display passion and commitment in the scored interview process excluded youth who may have also benefited from the program but may have “frozen” in the interview. While feeling that youth with mid-level confidence had been recruited, this participant described how there was more work to be done in recruiting youth with lower confidence levels. Later in the interview this participant also described the change seen in youth who had been shy on entry to T-DOT, illustrating that not all youth were outgoing and skilled in public speaking, and that the program was a way of enabling youth to extend and acquire new skills.

The youth recruited to T-DOT can be seen as one component of the reach of the program. The success of this process should be measured against the desired goal of Toronto Public Health, which was to recruit youth from the underserved neighbourhoods. As discussed, participants expressed slightly different objectives about the characteristics of youth recruited, though it was generally agreed that the Peer Leaders should be passionate, committed, and enthusiastic. It would appear that there has been success in following this recruitment strategy. The recruitment process was also facilitated by the involvement of Parks and Recreation; a contribution that will be explored further in the following section.

## **Collaboration and Connection**

### ***Parks, Forestry and Recreation***

The Department of Parks and Recreation was thought to have played a pivotal role in recruiting youth and in supporting and facilitating Toronto Public Health’s work in youth programs. The first Youth Coordinator employed to co-ordinate T-DOT came from Parks and Recreation, enabling a close working relationship between the departments and the sharing of information. Subsequent Youth Advisors also have experience at Parks and Recreation and strong ties with the youth, communities, and youth outreach workers they previously worked with. The community centers run by Parks and Recreation were described as a “hub” for activities, for meetings, recruitment, and advice. Toronto Public Health drew from the experience that Parks and Recreation have in working with youth, as well as the use of their networks:

*Now that the Youth Advisors, they’re on board, I mean they have their own existing networks as well from previous referral from Parks & Recreation. So there’s a natural...they’re in the community all the time with Parks & Recreation so there was a bit of a natural extension. (Interview 4)*

*It could be...if we need support, if we need volunteers, the agencies are there to give us the volunteers. If we need resources, if we need space, they give us the space. If we need staff time, they give us the staff - like we had issues in the past where we couldn't do something unless we had Parks & Recreation. (Interview 2)*

One participant described how staff from Parks and Recreation also benefited from the collaboration and could use the knowledge and skills acquired to address other public health and wellbeing issues with youth:

*You've got a different perspective, you've got information... because they're very specified in regards to tobacco, so I've learned a lot through the workshops and trainings that I've attended in regards to information about the cause, information about tobacco itself, how the marketing and advertising strategies are used. It gave me a really good outlook on how to look at other things even if it's about sexual health or if it's about pregnancies - or whatever the case is. (Interview 7)*

Working with Parks and Recreation had enabled the development of new partnerships with Toronto Public Health on other public health issues (Interview 3), and had also provided Toronto Public Health with links to a wider network of agencies working with youth:

*One thing that's good is that once you're a Youth Worker in a specific area, and you're part of that network of Youth Service Providers, they very much tend to refer you to other groups: 'Do you know of anybody who can do this or that', or 'We need some volunteers like a place for youth to volunteer' - like 'What do you suggest', and that referral process from professional colleagues in the communities is always a fabulous thing. (Interview 5)*

*It makes us [Public Health] more connected to the community, which would be logical, for us to work more in the community. (Interview 9)*

### **Other Youth Agencies and Social Networks**

Participants also described linking to other community agencies including the Boys and Girls Club, Scarborough Storefront – which coordinates community services, and Tropicana - a community service agency that runs youth development and employment activities and trainings (Tropicana Community Services, 2002). As a result, youth were thought to be extending their networks and involving existing circles of friends in T-DOT:

*Most of the events I've seen started primarily with outreach to community centers in those areas, but it has changed. A lot of the youth are now bringing in their personal circles, which is good because that means they're actually talking to youth. Then in addition to the community centers in the area, and now even in addition to Parks and Rec', there's the Boys and Girls Club or other organizations outside of the city that they're now connecting with so they're getting almost the best of three worlds.*

(Interview 7)

Collaboration with community centers included sharing information about events and activities conducted by T-DOT; community service agencies also informed T-DOT of events they could use to promote their messages. The importance of having existing networks for working with youth in the community was highlighted by the difficulties experienced in reaching out to neighbourhoods or communities where no prior relationship existed.

*The good thing with our Youth Advisors, they all have a Parks & Rec. background so they already have pre-existing relationships with a lot of those community centers, but the ones that we aren't cracking are the ones that they don't have the pre-existing relationships with - but we really are trying to work on them.* (Interview 1)

The expertise and connections that Youth Advisors and community outreach workers have in working with youth, described in this section, was complemented by the Public Health Nurse's experience in health promotion.

### **Support of Public Health Nurses**

Public Health Nurses provide considerable support to the youth and youth advisors in T-DOT and were seen as integral to the initial set up of T-DOT and the continued function of the program. Only one Youth Coordinator was involved in T-DOT when it was first established. The large number of youth involved, coupled with the single Youth Coordinator, meant that the support of the Public Health Nurses was crucial to the function of the program. Though each of the three groups of youth now has an associated Youth Advisor, the support of Public Health Nurses has continued. When T-DOT was first established, Public Health Nurses were described as mentors and confidants to whom the youth could go to with concerns, and experts who could provide the youth and Youth Advisors with public health support beyond tobacco use:

*Public Health itself is a little convoluted and complicated so each of the clusters has an assigned Public Health Nurse who doesn't attend all the meetings but certainly it's a person that the Youth Advisors can talk to... they go to 80% of the meetings.*

(Interview 8)

*She has great extensive knowledge, she's very open and very welcoming and it's just someone that they can sort of...it's another sort of role model or parenting type person that they [the youth] can go to. (Interview 1).*

The Youth Advisors employed at Toronto Public Health (TPH) were highly skilled and experienced in youth development, but had a limited knowledge of public health issues and practices of documenting any issues that arose with individual youth or the group. Public Health Nurses were able to provide support to the Youth Advisors related to tobacco control and public health issues, and were also able to familiarise Youth Advisors with the process of documenting any issues that arose with the group or Peer Leaders. Their expertise in health complemented the expertise the Youth Advisors had in working with youth.

### **Youth Advisors**

The ability to work well with youth, and an understanding of the issues that young people face were thought to be crucial to the role of Youth Advisor:

*Youth are at this level to work with us on a tobacco control program, but when you're working with youth you have to know that they're dealing with money issues, they're dealing with trying to pursue post-secondary education, maybe balancing three jobs, maybe being pregnant, maybe dealing with their brother who just got stabbed, maybe being the parent in their house to parent the other children that live there and that you can't ignore these factors. (Interview 5)*

In this excerpt, the respondent highlights the importance of understanding and working with youth on tobacco control issues, while keeping in mind the issues that youth could be facing in other areas of their lives. This is relevant to all youth, but could be especially important for youth living in neighbourhoods or communities that are required to meet and overcome more challenges than others. The potential for youth to disclose these issues to their Youth Advisors has led to discussions within Toronto Public Health about appropriate courses of action associated with disclosure and the training of Youth Advisors, in addition to exploration of how interactions with youth are documented.

In summary, there appears to be a strong network of adult support and expertise in tobacco control and youth work within the Public Health Department that contributes to the running of T-DOT. The following section briefly describes the activities and events undertaken by T-DOT, and discusses the perceived reach and impact of the program.

## Activities and Events

Activities and events are conducted in the underserved neighbourhoods where T-DOT operates and recruits youth. The goals of T-DOT activities fall largely in the prevention and protection areas of tobacco control and have included: smoke-free movie nights; a bowling night; booths at community events like the annual Jane and Finch Basketball tournament; and presentations in schools and community centers. For the first time, the three groups have also identified core goals for their work programs - smoke-free bus shelters, smoke-free playgrounds, and smoke-free areas around malls and shopping centers. These goals are primarily in the protection area and have a community and advocacy focus. Planned activities include a presentation to Toronto Mayor David Miller and the Toronto Transit Commission board, the generation of media, a collaborative initiative with a mall, as well as the creation of art and artistic murals supporting smoke-free playgrounds.

Each summer, a large Area Youth Coalition community event is held. 'Countdown to Meltdown' is a youth focused social event where Toronto bands, dance groups and speakers perform. A number of games and competitions are also held and the event is attended by youth involved with Parks and Recreation, youth clubs, and the friends and social networks of the Peer Leaders. The 2008 focus will be on the dangers of second-hand smoke. An annual mural competition 'Breaking the Industry' invites youth in community centers, clubs and schools to create a visual display with the message that 'Tobacco Don't Own Toronto'.

As these activities suggest, the core audience for T-DOT is drawn from community centers and clubs, as well as the friends and social networks of Peer Leaders. Youth outside of these clubs and centers may be reached by online media including a Facebook profile and website; though the potential success of this outreach remains unmeasured. Media attention from local newspapers and radio stations could also extend the reach of the group, as could the production of a Public Service Announcement posted on YouTube. As Peer Leaders in the focus groups noted, youth in the community have to know to search for these sites or be provided with a link; these websites can be a channel for youth to express interest in becoming involved in T-DOT and to find out about events.

## Perceived Impacts

Perceptions about the reach of activities conducted by T-DOT reflected the concentration of work in community centers, and the partnerships made with other youth organisations. The focus on community centers meant that YAAs in locations with fewer centers had a greater challenge in outreach, and youth subsequently felt that T-DOT was not as well known in those areas. Peer Leaders had noticed youth around Toronto neighbourhoods with T-DOT bags and dog-tags (SWAG) and perceived this to be evidence of the uptake of the T-DOT brand. This was especially thought to be the case in the West region because a higher number of community centers are located in the West than in the Central regions.



### **Role Models to Younger Youth**

Peer Leaders described the youth who came along to events as being of a similar age to the youth in the program, though possibly a little younger. Peer Leaders described how it could be harder to get youth over age 17 to come along to events and activities. The importance of Peer Leaders as positive role models to younger youth was emphasised by this participant:

*Tobacco certainly is the major piece, but I think the derivative benefits around being able to engage other youth with a message is far more important and that's what youth in T-Dot are doing. They come back to the community, they meet with their peers, they meet with the younger children, they share with them what they've been learning, what the benefits are, they share with them where they've been. (Interview 3)*

This participant also described how youth in T-DOT were perceived to be part of a group that gave them a high status as youth who were doing well, were well spoken and succeeding. It was felt that there was a strong desire to be a part of T-DOT among youth who were exposed to the group. One participant felt that the status of Peer Leaders was 'cool' and role models would make a difference (Interview 9); the theme of status was also identified in Interview 3 and in the excerpt from Interview 5 below:

*I think that youth outside the community who are not a part of T-Dot, when they see their peers doing something and promoting it so well, it's good. Whenever we're at an event we always have everyone wanting to come to us because the youth thoroughly enjoy getting themselves out there. (Interview 5)*

It is perceived that the energy and enthusiasm of the Peer Leaders would work to inspire other youth to get involved in the program, further reinforcing the idea that T-DOT is well regarded among youth in the audience it reaches.

### **Perceived Impacts: Youth Who Smoke and the Denormalisation of the Tobacco Industry**

There were mixed feelings about the ability of T-DOT to reach youth who smoke or were likely to smoke compounded by the observation that this was not something that had ever been measured (Interviews 1, 2, 3, 9). One participant felt that the concentration on underserved communities could detract from identifying communities who were most likely to smoke, including specific cultural and ethnic groups. Some youth felt that young people going along to the community centers probably weren't smokers, and adult participants were unsure if the youth they were reaching would have smoked if they hadn't been exposed to T-DOT's message. Challenges were described by one Peer Leader in reaching out to peers who smoked. This Peer Leader described presenting to a class where many of the youth were thought to smoke, and feeling that the response was unsupportive.

Youth in the focus groups were asked if they thought they were reaching youth who were likely to smoke. They responded by emphasising the importance of the tobacco industry denormalisation message. Adult participants also reinforced this message:

*Well, it's very important [to reach youth who smoke] but it's not supposed to be the focus. Like 'I smoke' it's not the focus of T-DOT to say "Oh you should stop smoking, you're going die and your health and all" but it is to show that person that the big tobacco companies don't have your health first and foremost in mind, or your well being or your social acceptance. (Interview 7)*

In this way, T-DOT's prevention messages to youth were perceived to be related to tobacco-industry denormalisation.

### **Youth from At-Risk Neighbourhoods vs. High-Risk Youth**

A clear distinction was made between youth from at-risk neighbourhoods and youth who displayed high-risk behaviour. Respondents emphasised that the focus of T-DOT was not on youth traditionally identified as 'high-risk' who could be dealing with issues of housing, school attendance, drug use and violence (Edwards, Mumford, & Serra-Roldan, 2007). As respondent 3 describes below:

*I mean....they're used to the sort of the street life. Sometimes a family environment is not very conducive, they may not be doing very well in school and there may be issues around attendance, there may be issues around literacy; so anything that looks like T-DOT becomes a bit too far away from them and they find that they may not be able to reach that stage, or that they're not entitled to it or they may not be able to get near it. (Interview 3)*

There were suggestions that trying to work with or reach high-risk youth in this sense was beyond the scope of what T-DOT could be expected to do; it was noted that engaging high risk youth could be logistically and emotionally challenging even for trained youth outreach workers.

**Summary**

The results of this case study describe the recruitment process, the youth included in T-DOT, the importance of collaboration, and the perceived reach and impacts of activities. Threaded through these results are reflections on the successes and challenges of the program in achieving the original articulated goals. The table below summarises the key findings from this report as they relate to the successes and challenges in the approach taken by Toronto Public Health in the implementation of the YAA program.

**Table 1: Perceived Successes and Challenges**

<b>Perceived Successes</b>
Recruitment of passionate and ambitious youth from underserved communities
Contribution to reducing the inequities identified in the Toronto Strong Neighbourhoods Report
Outreach to youth engaged in community centers in underserved communities
Perception of adoption of the T-DOT brand among youth in specific neighbourhoods
Provision of role models for younger youth in underserved communities
Perception of adoption of the T-DOT brand among youth in specific neighbourhoods
Partnership with community agencies
Increased capacity within health unit, youth and community agencies to engage in public health and youth work
<b>Perceived Challenges</b>
Reaching youth from underserved communities outside of the ‘Strong Neighbourhoods’
Reaching older youth (age 17+)
Reaching youth outside of community centers, clubs, and social networks
Demonstrating impacts

## Discussion

The similarities between T-DOT and the characteristics of YAAs across the province described in the YAA formative evaluation (Fiissell, Schwartz, & Schnoll, 2008) appear greater than the differences. However, as this evaluation shows, differences are apparent. This case study shows how the context and history in which a program is established can determine the shape that it takes. For instance, the establishment of T-DOT prior to the introduction of the YAA funding for Toronto, and the decision to focus on underserved communities has created unique characteristics. Stated simply, the path to recruiting youth from underserved communities involved:

1. Action: Identify the target population
2. Process: Generate support and connect with other youth agencies
3. Outcome: Youth are recruited from underserved or 'at-risk' neighbourhoods, community and organisational partnerships are enhanced enabling future collaboration.

However, closer examination of the story of T-DOT demonstrates that this was not a spontaneous decision; contextual and institutional factors, like the Strong Neighbourhoods Report, were central to how the program developed. The identification of a target population was facilitated by the Strong Neighbourhoods Report and the leadership of the local government. Establishment of the T-DOT group as part of an innovative grant before gaining funding meant that one youth coordinator was employed to work with a large group of youth; this made the support of Public Health Nurses a crucial and necessary component for the program to work.

The employment of a Youth Coordinator at TPH who came from Parks and Recreation meant that T-DOT developed in partnership with Parks and Recreation, enabling Toronto Public Health to benefit from their expertise and networks with youth. Traditionally, TPH Chronic Disease Prevention had conducted much of their youth focused work within the school environment, while Parks and Recreation has worked with youth in their local communities. The partnership between TPH staff supporting T-DOT and Parks and Recreation youth outreach workers helped to build community capacity.

It is difficult to draw conclusions from this evaluation on the workings of the peer to peer model utilised in YAAs. However, the evaluation results suggest that Peer Leaders were acting as role models to younger youth. It would be useful to explore this finding further with youth who attend T-DOT events, or those who have heard of the program. Participants also observed that it was hard to know conclusively whether they were reaching smokers, another area for further evaluation. Other potential impacts to be evaluated include changes in local attitudes and beliefs about the tobacco industry among the target population, attitudes that have been linked to intentions to quit amongst young adults, as well as lower smoking behaviour (Leatherdale, Sparks, & Kirsh, 2006; Ling,

Neilands, & Glantz, 2007). T-DOT's focus on local policy on smoking in public places might also shape future assessment of impacts and outcomes.

There are factors in Toronto that make it unique. It is a large metropolitan city with networks of community and youth agencies that are able to draw on partner resources and expertise.

Additionally, elements of the definition of 'at-risk' communities and neighbourhoods identified in the new Scopes of Service fit well with the profiles of underserved neighbourhoods identified in the Strong Neighbourhoods Report.

It is important to note that the two criteria for participation in T-DOT were residence in an underserved neighbourhood and the expression of passion and motivation for work in tobacco control. No specific goals were made to recruit youth who fit other aspects of the definition of 'at-risk', though there was some suggestion of the need to reassess which youth might benefit from being part of T-DOT, beyond the recommendations of the Strong Neighbourhoods Report.

Evidence of a need to continue to diversify the populations targeted is shown in the unanimous desire to work more with urban Aboriginal networks. While rural areas in Ontario may face greater challenges in targeting recruitment by neighbourhood, they may have advantages in recruiting youth who are at higher risk of smoking, for instance by partnering with Aboriginal health services or communities to establish YAAs. The experiences of First Nations YAAs in Ontario may be able to provide some directives and knowledge on how this might be achieved.

## Conclusions

In conclusion, this evaluation has described and analysed the unique implementation of the YAA program in Toronto. Results suggest that this model has led to the successful recruitment of motivated young people from underserved communities as Peer Leaders. While we are unable to identify their relative importance, key factors in the success of this project appear to include:

- The publication and uptake of the 2005 Strong Neighbourhoods Report among health and social service agencies in Toronto
- The creation of mutually beneficial partnerships with other youth agencies,
- Leveraging of resources through the support provided to Peer Leaders and Youth Advisors by Public Health Nurses
- Employment of Youth Advisors with primary experience in working with youth and with professional and social networks in the neighbourhoods from where youth were recruited
- Reciprocal sharing of knowledge between youth, Youth Advisors, and Public Health Nurses
- Enhancement of community and youth capacity for public health and youth development work.

While we are unable to draw substantial conclusions about the reach or impact of the program or the implementation of the peer to peer model, we can describe the perceived effects expressed by participants. The activities and events conducted by T-DOT are focused around the community centers in underserved communities and thus appear to reach youth who are engaged with Parks and Recreation programs, youth clubs and community agencies. Youth from T-DOT were thought to act as role models to younger youth and to be well-respected and admired in the areas where they worked. The respect afforded to T-DOT, especially among younger youth, could aid in the adoption of the T-DOT tobacco control message and the goal of prevention of tobacco use; although further evaluation would be needed before conclusions could be drawn.

While it was unclear whether T-DOT was reaching and influencing youth who smoke or were likely to smoke, it was clear that the events and activities conducted were likely to be reaching a sub-population of youth in Toronto from neighbourhoods that were considered to be underserved in relation to need. In this way, T-DOT and Toronto Public Health may be contributing to addressing inequities between neighbourhoods in the city - inequities that have been linked to both patterns in smoking behaviour and the wider social determinants of health.

## Implications

The following implications can be used in the development of Youth Action Alliances:

1. The Youth Action Alliance Program can be implemented in a way that successfully engages youth from at-risk neighbourhoods. The engagement of youth from targeted communities and neighbourhoods may be facilitated by:
  - the employment of youth advisors who are ‘insiders’ to the communities and neighbourhoods where work is targeted
  - The formation of community partnerships in targeted neighbourhoods and communities
2. There may be a need to explore alternative models of youth development if there is a desire to engage high risk youth. This case study suggests that engaging high risk youth will require specialised adult support to be successful.
3. Public health nurse expertise and time can be leveraged to enhance the function of the YAA program, through support to youth advisors and peer leaders in tobacco control and other health promoting behaviours.

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## **Appendix A: Interview and Focus Group Guide**

### **Interview Guide for Key Informant Interviews**

#### **Introduction:**

These are all quite general questions and are intended to find out what it is that makes T-Dot work – things that are both unique to being in Toronto, and things that other YAAs could possibly get insight from. We're interested in the drivers of the program and your experience in being involved with T-DOT

#### **The first question is really to get an idea of the work that you do:**

1. Can you tell me briefly about your position in TPH?
2. How long have you, personally, been involved with T-DOT?

#### **Relationship with T-DOT**

3. Can you tell me about how you are involved with T-DOT? Probes: get a good explanation of how they support T-DOT.
  - a. What do you enjoy about this role?
  - b. What has been challenging?
4. What do you see as the goals of T-DOT?

#### **Youth from T-DOT**

5. How familiar are you with the youth who are a part of T-DOT? (If quite familiar then proceed to Q.5, if not then go on to Q 6.)
6. In the previous evaluation we found that T-DOT youth could generally be described as fairly high achievers, who were involved in other activities in their communities, without close friends who smoke, and living in neighbourhoods identified by the Strong Neighbourhoods Task Force as underserved relative to need.
  - a. Thinking about youth who lead T-DOT now; how accurate/true is this description?
  - b. What would you change or add?

## **Recruitment**

7. We've found that T-DOT takes a different approach to recruitment to some of the other YAA groups, in that they focus on underserved communities. Can you tell me more about this?  
How was this decision made?
8. How successful has this been?
9. What do you think are the challenges of recruiting from underserved neighbourhoods?
10. What do you think are the benefits of concentrating the T-DOT programme in underserved neighbourhoods?
11. What are the disadvantages?

## **Involvement of other agencies**

12. Can you tell me about the other agencies and people outside of TPH/Parks and recreation you work with in the context of T-DOT?
  - a. What roles do they play in T-DOT?
13. Is there wider support in Toronto for the approach you've taken in concentrating on underserved neighbourhoods?

## **Reach**

14. Who do you feel is reached by the activities that T-DOT conducts?
  - a. Who isn't reached?
  - b. Are there youth you would you like to see the activities reaching? Who?
15. Are there youth you would you like to see involved in the programme as peer leaders or volunteers? Who?
16. How important is it that T-DOT reaches youth who are likely to smoke? Why? (if important)  
How well do you think they are able to do this?
17. What is your opinion on what youth outside of T-DOT think of T-DOT activities?
18. What is your opinion on what youth outside of T-DOT think of T-DOT as a group?

*Give a summary of your impression so far, key themes etc.*

19. Is there anything you'd like to add?

## YATI/OTRU T-DOT Questions - May 22

### Part A/ YATI

#### Training

1. What makes someone a good Peer Leader (*i.e. what skills do they need; a Peer Leader should be able to....*)?
2. In what ways does the training help develop those skills (*probe: public speaking, use of media, team development, developing action plans, advocacy strategies*)? What recommendations do you have for how it could prepare Peer Leaders better for working with youth in the City of Toronto?
3. What topics are covered during the training that you don't feel are required in the work you do? (*probe: policy making, legislative process, community resources, partnerships*)
4. How does the Peer Leader II training build upon Peer Leader I? Peer Leader II was not rated as useful as Peer Leader I – why do you think that is? (*probe: repetitive information, boring, too much information*)
5. What additional topics would you like training provided in? (*possible training modules: chew and spit, community mobilization, cultural context of tobacco, communication and presentation skills, creative ways to advocate, tobacco industry in Canada, global tobacco, the industry and Hollywood, public policy, target marketing, history of tobacco and the industry and youth volunteering*)

#### Resources

6. What resource material are Peer Leaders provided with to do their role (*e.g. resource booklet – do you refer to this after training*)? What could be done to make this material more useful?
7. What resources do you feel Peer Leaders need for their work with youth that they don't have?

#### Support

8. Most Peer Leaders indicated that they seek information and support from their Youth Advisor approximately once a week -- what type of information and support do Peer Leaders usually need? What type of information and/or support do you not have access too?
9. What opportunities are there to receive information and support from other Peer Leaders?

## **Part B/ Ontario Tobacco Research Unit:**

### **Perceptions of T-DOT**

1. What does it mean to you to be a part of T-DOT?
2. What are the benefits of being part of T-DOT?
3. What are the challenges?
4. What do you see as the goals of T-DOT?

### **Youth perception and awareness of T-DOT activities**

1. What are some of the activities you and other peer leaders have done lately?
2. Who comes along to those events? (*e.g. school kids, young people who play basketball, smoking status, age, gender, where they live*)?
  - a. *Probes: Who do you think you aren't reaching? Who would you like to be reaching?*
3. What response have you received from your peers to the activities you do?

### **Youth perception and awareness of T-DOT**

4. Do you think the youth in your community are aware of T-DOT?
  - a. *Probes: who do you think is? Who isn't?*
5. What do you think youth in your (however they define their community e.g. neighbourhood or school) think of T-DOT?
6. What responses have you had from your peers about T-DOT as a group? (*Could be covered above*)
  - a. *What about youth who use tobacco?*