Provincial Scan of Smoking Cessation Services and Programs 2003

Health Unit Survey: Spring 2004

A Joint Project of:
The *Cessation Subcommittee of the Ontario Tobacco Strategy Steering Committee* and the *Ontario Tobacco Research Unit*

December, 2004

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Thanks as well to all of the public health unit respondents and their colleagues who generously gave their time to participate in the survey.

FOREWORD

This project is a collaborative effort between the Cessation Subcommittee of the Ontario Tobacco Strategy Steering Committee and the Ontario Tobacco Research Unit. Project team members are:

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EXECUTIVE SUMMARY

This report provides an overview of an environmental scan of smoking cessation programs and services as identified by health units across Ontario for the period January 2003 to December 2003. The collected information is intended to help inform provincial planning, programming and research as well as to potentially create and/or update compendia of smoking cessation services.

The environmental scan of health units was administered and conducted by staff of the Health Behaviour Research Group at the University of Waterloo. Members of the Cessation Subcommittee of the Ontario Tobacco Strategy Steering Committee and the Ontario Tobacco Research Unit worked together to develop a survey questionnaire. The questionnaire was divided into four sections in order to obtain: 1) general respondent information; 2) health unit smoking cessation programs and services data; 3) general information about community-based smoking cessation services (other than health unit); and 4) additional program information about health unit tobacco control programming.

Main findings from the four sections of the survey are as follows:

General Health Unit Information

- 36 of 37 health units returned a completed survey for a response rate of 97%.
- The majority of individuals who responded to the survey were front-line staff (23/36 or 64%).
- Of the 36 health unit respondents, all collaborated with their colleagues in order to complete the questions in the survey.
- Health units across Ontario varied greatly in terms of staffing allocated to tobacco control in general and smoking cessation in particular.

Health Unit Smoking Cessation Programming

- The majority of health unit respondents indicated a range of smoking cessation programs and services including, in order of highest to lowest: self-help resource material; telephone counselling; web-based resources; face-to-face counselling; group programs; workshops or other events; mass media campaigns; and Quit and Win contests.
- Seven of the 36 health units (19%) subsidized the cost of smoking cessation pharmacotherapy for clients.
- In terms of health unit capacity to deliver smoking cessation programs and services, on average, respondents rated their health units as falling between good and fair.
- Respondents provided feedback regarding perceived barriers affecting their health unit's capacity to deliver smoking cessation programs and services. Lack of human resources was the most common barrier reported. Respondents also recommended a variety of solutions for overcoming perceived barriers.

- Respondents suggested ways in which the Ontario Tobacco Strategy and the Ministry of Health and Long Term Care of Ontario might provide support for the development, implementation and evaluation of smoking cessation programming.

Community-based Smoking Cessation Services (other than Health Unit)

- Thirty-one out of 36 respondents (86%) identified smoking cessation programs in their region or district that were provided by individuals or organizations other than their health unit.
- All respondents (100%) indicated that they refer clients to specific community agencies for smoking cessation resources, programs or support. Frequency of referrals varied, ranging from Smokers' Helpline (100%) to hospital-based programs (25%).

Health Unit Programming in Tobacco Use Prevention, Protection and Tobacco Industry Denormalization

- In addition to smoking cessation, health units across Ontario implement tobacco use prevention, protection and tobacco industry denormalization programming. Below is a list of tobacco control initiatives in which health units were involved. The numbers of health units indicating involvement in a given initiative are presented in brackets.
  1. Local smoke-free by-law development, implementation and promotion (35)
  2. School-based prevention programs and activities such as health fairs, campaigns, and National Non-Smoking Week activities (34)
  3. Workplace smoke-free policy development, implementation and promotion (32)
  4. Encouragement or support of legislative changes at provincial and federal levels (31)
  5. Community-based prevention programs and activities such as public education campaigns and workshops (29)
  6. Denormalization of the tobacco industry and/or its products (28)
  7. Public education campaigns for smoke-free cars and homes (27)
  8. Enforcement of local smoke-free by-laws (26)
- Community compliance with tobacco control legislation, including the *Tobacco Control Act* as well as local smoke-free by-laws, was generally rated as being between good and very good.
- Recommendations were made as to how the province could support health units to develop, implement and evaluate tobacco control programs with a focus on prevention, protection or tobacco industry denormalization.

INTRODUCTION

A survey of Ontario public health units was developed to collect data on smoking cessation programs and services across the province. The collected information is intended to help inform provincial planning, programming and research and may potentially be used to create and/or update compendia of smoking cessation services.

METHODS

Questionnaire Development

Members of the Cessation Subcommittee of the Ontario Tobacco Strategy Steering Committee and the Ontario Tobacco Research Unit worked together to develop the survey questionnaire (Appendix A). The questionnaire was divided into four sections in order to obtain: 1) general respondent information; 2) health unit smoking cessation programs and services data; 3) general information about community-based smoking cessation services (other than health unit); and 4) additional program information about health unit tobacco control programming.

Survey Administration

The survey was administered and conducted by staff of the Health Behaviour Research Group at the University of Waterloo. Surveys were couriered to the attention of the Medical Officers of Health at each of the 37 health units in Ontario at the end of February 2004. Medical Officers of Health were asked to forward the survey to the appropriate staff person(s) for completion. Completed questionnaires were faxed (or e-mailed) back by respondents over the period of March 2nd to May 18th, 2004. Follow-up telephone interviews were conducted with respondents in order to ensure clarity of questions and responses.

Respondents

Thirty-six of 37 health units returned a completed survey for a response rate of 97%. The one non-respondent health unit chose not to participate in the survey due to other time priorities. (They indicated little involvement in cessation programming).

The majority of individuals who responded to the survey were front-line staff (23/36 or 64%). Twelve individuals were in management positions (33%). One Medical Officer of Health responded to the survey.

Of the 36 health units that responded, all collaborated with their colleagues in order to complete the questions in the survey. Extent of collaboration ranged from involving one other person to collaborating with eight other individuals. One respondent consulted with their local tobacco-free coalition in addition to other health unit staff. Consequently, their total number of

collaborators might have been higher. Program managers were cited most frequently as collaborators in completion of the survey (30/36 or 83%).

RESULTS

Health Unit Smoking Cessation Programming

Program Staffing Full-Time Equivalents (FTE)

Health units across Ontario varied greatly in terms of FTE staffing allocated to tobacco control in general and smoking cessation in particular.

Smoking Cessation Activities
The average staffing for smoking cessation was 1.37 FTE, with responses ranging from 0.02 to 12.00 FTE (n=35).

Total Tobacco Control Activities
Average staffing for health unit total tobacco control activities was 5.56 FTE, with a range of 0.90 to 44.50 FTE (n=35).

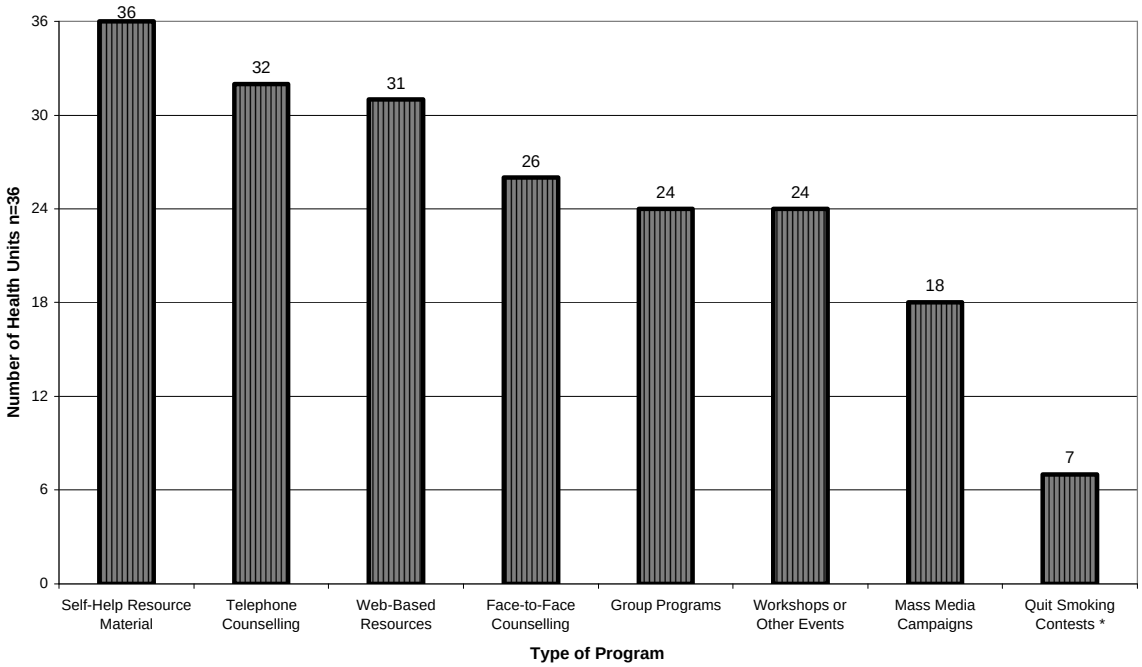
Smoking Cessation Activities as a Ratio of All Tobacco Control Activities
When calculated as a ratio of smoking cessation staffing to total tobacco control program staffing, responses ranged from 0.02 to 0.82 FTE with an average ratio of 0.26 FTE (n=35).

Undoubtedly, the ranges reported above are due, in part, to population and geographic variation between jurisdictions.

Health Unit Programs and Services

Health unit respondents were asked to provide detailed information about their smoking cessation programs and services for January to December 2003. Figure 1 below indicates the number of health units offering various types of cessation programs and services.

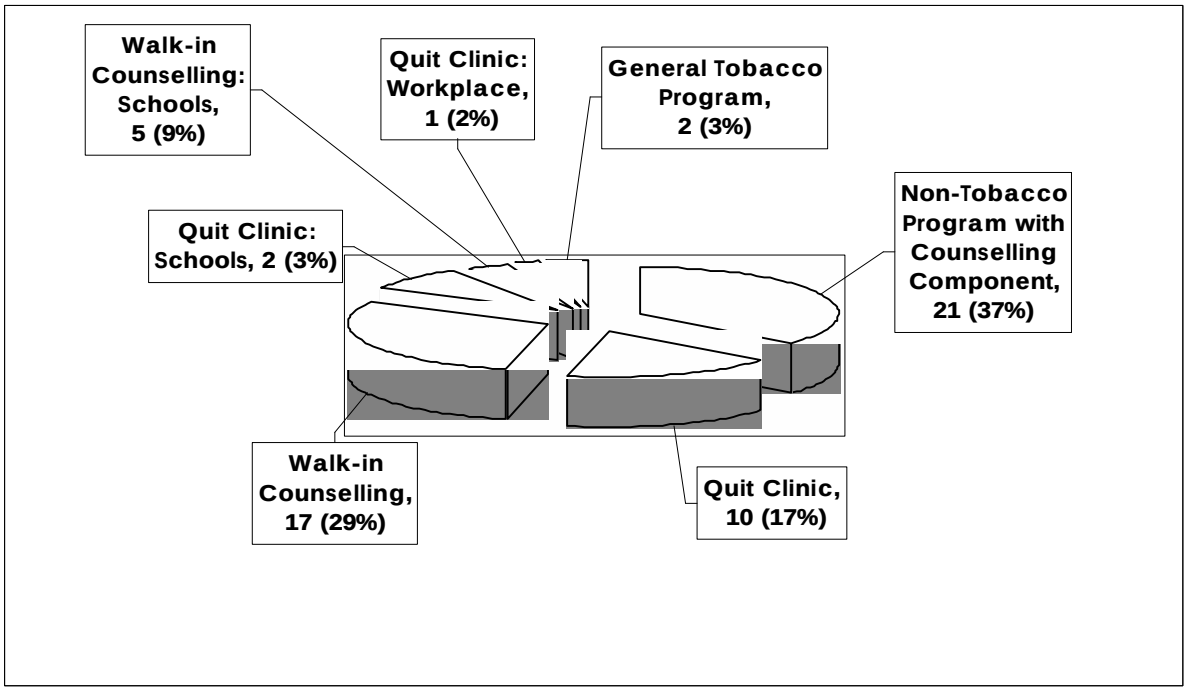
Figure 1: Health Unit Programs and Services Offered in 2003



***** Interpret results with caution. The Province initiated and funded "Quit and Win" contests in 2002 and 2004 but not in 2003.

Although widespread availability was reported for certain program types, these programs often differed in format, target audience served, intensity and the formality of the service delivered across the various health unit jurisdictions. Face-to-face counselling programs, for example, showed a great deal of variability. Twenty-six health units reported offering a total of 58 face-to-face counselling services or programs. Further categorization of the programs demonstrates their variability as shown below (Figure 2).

Figure 2: Face-to-Face Counselling Services



Most often, face-to-face counselling services were offered through *non-tobacco programs*, such as prenatal classes, where smoking cessation counselling was one component. *Walk-in counselling* at the health unit (i.e. without an appointment) was the next most frequently reported service offered. When *walk-in counselling services in schools* is added to this category, it ranks slightly higher than the *non-tobacco* program category. The g*eneral tobacco program* category identifies tobacco control program activities that include smoking cessation counselling as a supplementary component, not the primary focus.

Health Unit Subsidization of Smoking Cessation Pharmacotherapy

Seven health units (19%) reported that in 2003 they subsidized the cost of smoking cessation pharmacotherapy for clients. Each program varied in type and extent of coverage. These seven programs are briefly described below:

1. Four weeks of the patch or gum were offered at a reduced cost (time-limited program contingent on funding).
2. Nicotine Replacement Therapy (NRT) was available at no cost for one month to pregnant women as well as new mothers and fathers with infants up to six months of age.
3. Free samples of NRT were given to clients to start their quit program if needed.
4. NRT patch and gum were provided through the physicians and teams at several community health centres. Funding for the project was obtained through grants secured in partnership with their Heart Health Coalition.
5. Adult and teen clients were required to attend a program offered in conjunction with the health unit, contingent on having a completed medical note and a quit plan. Clients were then able to receive subsidized NRT on a weekly basis.
6. Pilot project provided subsidized nicotine gum for the first month of the program to show the quitter the value of the investment, after which they were required to pay for months two and three.
7. One week of patch/gum was offered to clinic clients assessed to have high addiction level. Prescription for bupropion was also available, based on the clinic physician's assessment.

One health unit respondent reported a subsidization program implemented in 2004. Through this program the patch is distributed for free from a Community Health Centre for four weeks per client. The patch is received in conjunction with smoking cessation counselling.

Other Smoking Cessation Programs, Services or Resources Provided by Health Units

Thirteen of the 36 respondents (36%) indicated that they had implemented other smoking cessation programs, services or resources not previously identified in the survey. The self-reported responses are grouped and summarized below.

Resources

Video; tear sheets for physicians; in-patient workbook for nurses to use with clients; yearly mail -out to health professionals; business cards; resource packages delivered upon client request; and smoke-free home kits promoting cessation

Computer

Self-help quit smoking computer program (n=3)

Therapy

Acupuncture provided as complementary therapy by a qualified, trained clinic physician

Research

Investigating effectiveness of hospital-based smoking cessation programs

Displays

Large 8'x 8' display on smoking cessation used in workplaces, malls and at community events; "No Ifs, Ands or Butts" recruitment presentations and displays; "Just Say Moe" presentation offered to elementary schools

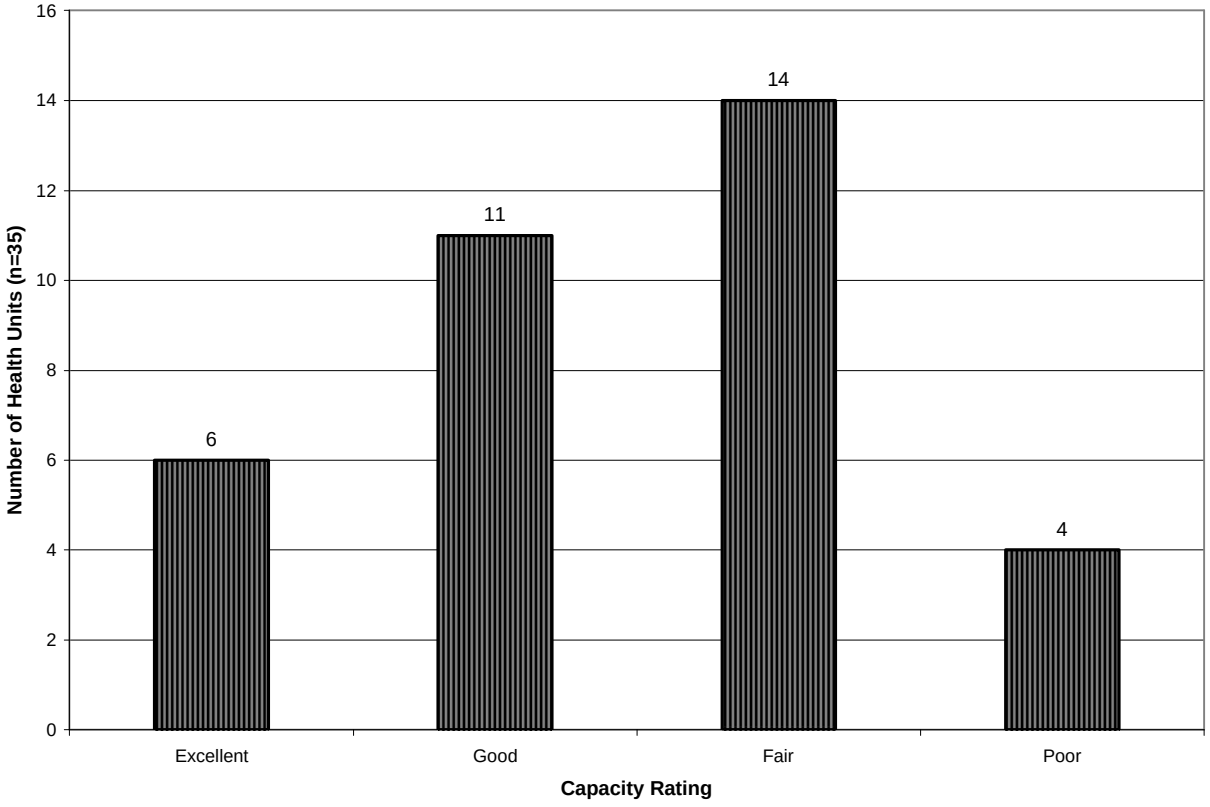
Training

Clinical Tobacco Intervention (CTI) pharmacist mentorship program

Health Unit Capacity to Deliver Smoking Cessation Programs and Services

On a scale from 1 to 4, where 1 is excellent and 4 is poor, health units on average rated themselves as falling between good and fair (2.46). The distribution of responses (n=35) are as follows: 1 excellent = 6 (17%), 2 good = 11 (31%), 3 fair = 14 (40%), 4 poor = 4 (11%).

Figure 3: Health Unit Capacity to Deliver Smoking Cessation Programs and Services



Specific Barriers that Affect Health Units' Capacity to Deliver Smoking Cessation Programs or Services

Thirty-four out of 36 (94%) of the respondents reported barriers that affected their capacity to deliver smoking cessation programming. Overall, respondents indicated that insufficient human and financial resources were the main barriers.

Table 1: Specific Barriers that Affect Health Units' Capacity to Deliver Smoking Cessation Programs or Services

Specific Barriers Affecting Health Unit Capacity to Deliver Smoking Cessation Programs	Frequency of Barrier Identification*
Lack of human resources (i.e., health unit staff)	24
Lack of financial resources (e.g., for general programming as well as specific interventions and resources)	15
Lack of research-based smoking cessation strategies or evidence of effectiveness	9
Size of municipality or type of geographic area (e.g., urban/rural)	9
Competing program priorities (i.e., cessation is given lower priority than other tobacco or non-tobacco health unit programs)	6
Inadequate training for staff (e.g., in topic areas such as cessation counselling, web-design, knowledge of population-based strategies, and public health tobacco control programming in general so that more health unit staff are able to provide tobacco programming coverage when needed)	6
Population not interested in smoking cessation (i.e., insufficient demand for programs)	5
Lack of material resources	3
Lack or poor use of population-based strategies (e.g., media campaigns, resource material, workplace wellness program)	2
Lack of clinic or office space	2
Low-income families having difficulty paying for NRT	2
Poor capacity for adequate follow-up for off-site programs	1
Lack of school health nurses	1
Lack of physician support	1
Diverse language and culture	1
Small town environment (i.e., no anonymity)	1
Issues with community partnerships (e.g., establishing community buy-in and ownership)	1
Tobacco farming population	1
Delivery of resources from other agencies is not always timely	1
Number of smokers in the region	1

* Responses are grouped and reported as frequencies i.e. number of times that type or category of barrier was reported. Health units may have provided more than one response per category.

Overcoming Barriers that Affect Health Units' Capacity to Deliver Smoking Cessation Programs or Services

A variety of solutions for overcoming perceived barriers were identified by 34 of the 36 respondents (94%). Responses have been grouped and are listed in order of frequency (highest to lowest) below. Frequencies (i.e., the number of times a given type or category of response was made) are reported in brackets. Overall, an increase in staffing and funding were the two most frequently suggested solutions for overcoming perceived barriers.

Increase availability of resources (total=46)

- Increase staffing (20). In most cases, respondents asked for general staffing increases. In some cases, however, specific examples were given for the type of staffing requested. Suggestions included:
  - More smoking cessation staff hired or allocated to the smoking cessation program;
  - Dedicated school liaison staff for each school;
  - More replacement staff in branch offices to provide better service to rural areas; and
  - Additional tobacco control program staff, in general, to implement programs.

- Increase funding for program resources and services (18) such as:
  - Intensive media campaign for program promotion;
  - Provision of programs "proven" to be effective;
  - Provincial programs for cessation;
  - Provincial campaigns to support local programs;
  - Provincial materials to support local efforts;
  - Best practice program or self-help material for teen cessation;
  - Grants to start up new programs and evaluations;
  - Support for non smoking aids;
  - Evening support programs;
  - Quit and Wins and other mass media campaigns;
  - Group programs;
  - Expansion of services;
  - Program promotion and delivery; and
  - Improved community level health status data.

- More money available to smoking cessation in general (8).

Enhance and implement provincial initiatives (9)

- Implement strong province-wide smoke-free legislation immediately.
- Subsidize NRT and provide other pharmaceutical support.
- Provide resources and funding for programs, campaigns and support materials (as cited above).
- Ensure equity in programming and funding across the province (e.g., no "anti-rural" bias).

Provide evidence-based research findings (4)

- Provide "best practices" research for youth cessation.
- Provide research to support clearly defined population-based interventions for cessation.
- Provide a summary of the literature and research findings.

Increase clinical services (3)

- Encourage addictions/mental health agencies to treat smoking as an addiction and to offer appropriate smoking addiction treatment programs.
- Gain management "buy-in" in regard to the necessity of a clinic to increase cessation rates.
- Offer clinical services to support tobacco control programming.

The following suggestions were each identified once:

- Increase community support and partnering to expand availability of smoking cessation services.
- Provide training and train-the-trainer programs for health unit staff and others (e.g., health care professionals, workplace personnel and service providers).
- Update the Mandatory Health Programs and Services Guidelines.
- Establish a community-based network of agencies and organizations for planning and provision of programs on a community-wide basis.

Additional Smoking Cessation Programs that Health Units Would Like to Implement

Thirty-three of 36 respondents (92%) provided suggestions for additional smoking cessation programs their health units would like to implement. The most common response was to implement quit smoking support groups or classes.

Table 2: Additional Smoking Cessation Programs that Health Units Would Like to Implement

Additional Programs Health Units Would Like to Implement	Frequency of Program Identification*
Support groups/classes	(Total= 30) General - 10 Pregnant women - 4 Youth - 8 Low SES - 4 Women - 1 Young adults - 1 Specific multi-cultural groups - 1 Heart attack patients - 1
Community clinics and services offering one-on-one counselling (includes partnerships with hospitals, community agencies and physicians)	10
Workplace Programs	9
Pharmacotherapy access/subsidy (e.g., NRT)	8
Training programs for health care professionals (including health unit staff), service providers and hospital staff	7
Expansion of existing programs and services (e.g., enhance display, increase number of mass media campaigns, increase telephone support and individual counselling)	4
Quit smoking contests	2
On-line smoking cessation program	1

*Responses are grouped and reported as frequencies because health units may have provided more than one response per category.

Provincial Support for Smoking Cessation Programming

Health units were asked to identify ways in which the Ontario Tobacco Strategy and the Ministry of Health and Long Term Care might provide support for the development, implementation and evaluation of smoking cessation programming. Thirty-five of the 36 respondents (97%) answered this question. Primarily, health units would like the province to provide support for best-practices research/effective cessation strategies as well as an adequate supply of up-to-date resources. (Table continues on next page).

Table 3: Provincial Support for Smoking Cessation Programming

Recommended Provincial Support for Smoking Cessation Programming	Frequency with which recommendation was made*
Provide support (research, training and updates) for best-practices and/or effective cessation strategies. Specific suggestions include: - Focus on teen cessation; - Identify other models for adult cessation (e.g., from other addiction treatment models); - Provide training for evaluation; - Provide information re: quit rates in existing clinics; and - Provide health status data at health unit level.	15
Provide/increase/update resources. Some specific resource suggestions were made for youth, low literacy, and bilingual populations. One respondent suggested producing a general smoking cessation manual that includes sections for different populations as well as “eye-catchy” program recruitment materials.	15
Fund mass media campaigns and develop campaign resources to be used locally.	10
Subsidize pharmacotherapy (e.g., NRT).	9
Increase general funding for cessation programming.	8
Increase funding for staff.	8
Provide/increase training opportunities for health unit staff and others involved in cessation counselling.	7
Ensure implementation of gold-standard province-wide smoke-free legislation (including workplaces).	5
Increase investment in, and focus on, smoking cessation (e.g., in Mandatory Health Programs and Services Guidelines; within the Ontario Tobacco Strategy; set meaningful goals and objectives)	5
Make money available to health units to develop local programs and resources for special populations, youth and aboriginals.	5

Recommended Provincial Support for Smoking Cessation Programming	**Frequency with which recommendation was made***
Support/increase funding for community-run programs (e.g., encourage hospitals to take a lead role in cessation; offer treatment programs in the community such as Centre for Addiction and Mental Health).	3
Establish and provide standardized guidelines (e.g., for support groups and special populations such as pre & post-natal women, men, and co-ed).	2
One-time responses: - Advocate for increased taxes on tobacco with money re-circulated to health units. - Tighten the *Tobacco Control Act* to include smokeless tobacco. - Require provincial transfer payment projects to show evidence of collaboration with local health units and to clearly indicate links to established provincial goals and objectives in their annual plans. - Standardize messaging for denormalization presentations to provide consistency between health units. - Conduct youth Quit and Wins. - Develop a plan to set up counselling sites within public health unit groups. - Conduct provincial evaluation, not regional.	1 per response

*Responses are grouped and are reported as frequencies due to the fact that health units may have provided more than one response per category.

Community-based Smoking Cessation Services (Non-Health Unit)

Community-Based Smoking Cessation Programs

Thirty-one of 36 health units (86%) indicated that there were smoking cessation programs in their region or district offered by individuals or organizations other than the health unit.

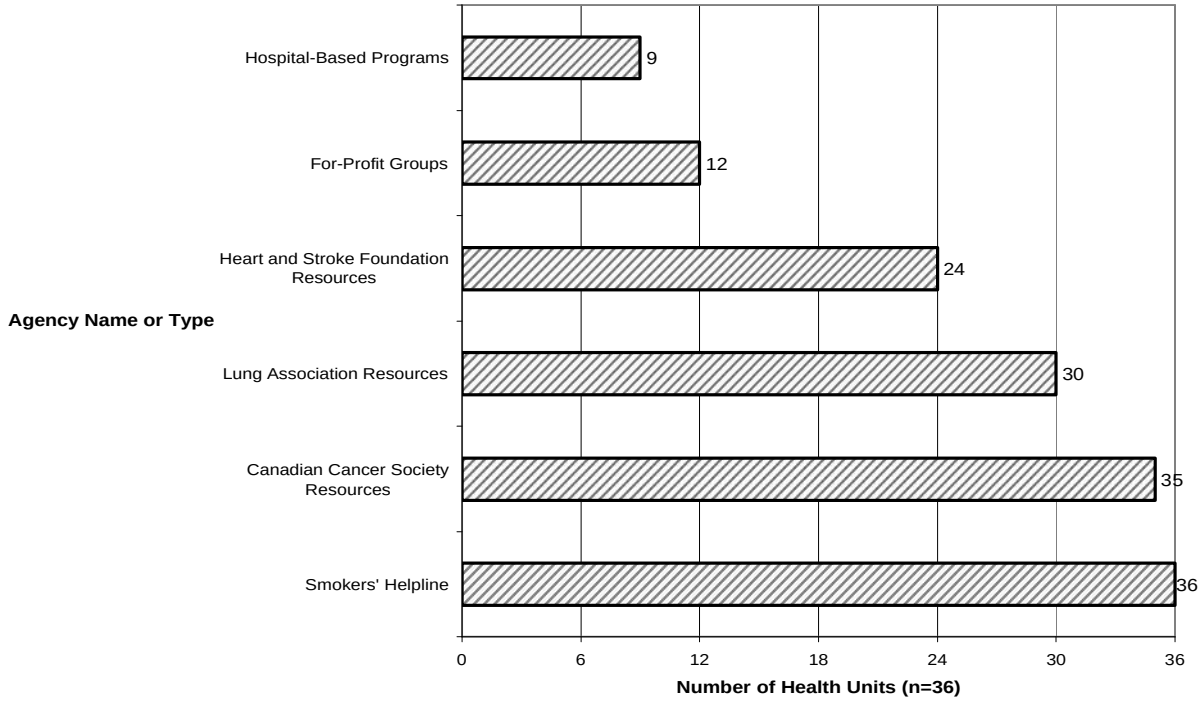
A number of programs/agencies were identified by more than one respondent. For example, the Canadian Cancer Society was mentioned 22 times. The Lung Association was identified 13 times and the Heart and Stroke Foundation was identified 4 times. In total, these three agencies accounted for 39 of the 135 (29%) programs identified. Of the references to Canadian Cancer Society programs and services, *Smokers' Helpline* was identified 15 times and *One Step at a Time* was identified 9 times (twice it was recognized as a service provided by an organization other than Canadian Cancer Society). *Get on Track* was the resource identified in all but one reference to the Lung Association.

The remaining community-based smoking cessation programs identified by respondents have been grouped by type of program, service or resource and are listed below:
- Hospital programs (19/135, 14%)
- Alternative therapies such as hypnosis, laser therapy and acupuncture (17/135, 13%)
- Community health centre programs (12/135, 9%)
- Addictions Services (10/135, 7%)
- Privately owned or operated businesses or programs (10/135, 7%)
- Pharmacy-based cessation counselling (6/135, 4%)
- Community Centre programs (4/135, 3%)
- Websites/on-line resources (4/135, 3%)
- Church Programs (3/135, 2%)
- Health Canada self-help resources (2/135, 1%)
- Canadian Mental Health Association programs (2/135, 1%)
- Workplace programs (2/135, 1%)
- Heart Health Coalition programs (2/135, 1%)
- University program (1/135, 1%)
- Tribal Council program (1/135, 1%)
- Herbal Magic (cessation pills) (1/135, 1%)

Health Unit Referrals to Other Agencies for Smoking Cessation Resources, Programs or Support

Respondents were asked to indicate whether or not they referred clients to specific community agencies for smoking cessation resources, programs or support. All health unit respondents made referrals to the Smokers' Helpline and almost all made referrals to Canadian Cancer Society.

Figure 4: Health Unit Referrals to other Agencies for Smoking Cessation Resources, Programs or Support



Respondents were also asked to identify any other agencies or services they referred clients to for smoking cessation resources, programs or support. Sixteen health units provided (self-reported) responses that have been grouped as follows:

1. Group programs including Nicotine Anonymous, community groups, Seventh Day Adventists, Smokers Anonymous, and local addictions organization (7 of 16, 44%).
2. Websites including www.gosmokefree.ca , www.pregnets.org www.canadianhealthnetwork.ca (5 of 16, 31%).
3. Pharmacies for NRT (3 of 16, 19%).
4. Family physicians and other health care professionals (2 of 16, 13%).
5. Heart Health Coalitions (2 of 16, 13%).
6. Private individual counselling (1 of 16, 6%).
7. Neighbouring health unit (1 of 16, 6%).

Health Unit Programming in Tobacco Use Prevention, Protection and Tobacco Industry Denormalization

Health Unit Involvement in Tobacco Control Initiatives other than Smoking Cessation – January to December 2003

In addition to smoking cessation, respondents were asked to provide information about health unit programming in tobacco use prevention, protection as well as tobacco industry denormalization. As shown in Table 4, initiatives in each of these broad areas occurred in most health units.

Table 4: Health Unit Involvement in Tobacco Control Initiatives other than Smoking Cessation

Tobacco Control Initiative	Health Unit Activity (n=36)
Local smoke-free by-law development, implementation and promotion	35 (97%)
School-based prevention programs and activities such as health fairs, campaigns and National Non-Smoking Week activities	34 (94%)
Workplace smoke-free policy development, implementation and promotion	32 (89%)
Encouragement or support of legislative changes at provincial and federal levels	31 (86%)
Community-based prevention programs and activities such as public education campaigns and workshops	29 (81%)
Denormalization of the tobacco industry and/or its products	28 (78%)
Public education campaigns for smoke-free cars and homes	27 (75%)
Enforcement of local smoke-free by-laws	26 (72%)

Community Compliance with Tobacco Control Legislation

Respondents were asked to rate compliance in their health unit jurisdiction with respect to two sections of the *Tobacco Control Act* as well as local smoke-free bylaws where they exist.

Selling or Supplying Tobacco to Persons Under 19 Years of Age

On average, health units rated community compliance with this provision of the *Tobacco Control Act* as good to very good (i.e., 2.39) on a scale of 1 to 5 where 1 is excellent and 5 is poor compliance (n=36).

Prohibition of Smoking on School Property

Community compliance with this provision of the *Tobacco Control Act* was also rated as being between good and very good with an average rating of 2.51 (n=35).

Local Smoke-free By-laws

Community compliance with by-laws was similarly rated as good to very good, with an average of 2.19, n=31 (five of the 36 respondents did not include a rating because their communities did not have a smoke-free by-law in place).

Additional Tobacco Control Programs Health Units Would Like to Implement

The majority of responses to this open-ended question were youth-focused in nature. Responses are summarized and grouped in the following table.

Table 5: Additional Tobacco Control Programs Health Units Would Like to Implement

Desired Tobacco Control Initiatives	Frequency of program identification*
Youth-focused programming: - "Not to Kids" - Retailer education - Lungs are for Life - Curriculum development - Youth Tobacco Strategy - Mass media campaigns re: youth access - Tobacco Free Sports - Youth advocacy programs - General	24
Denormalization programming (some youth focused as well)	8
By-law and/or provincial legislation implementation	8
Environmental Tobacco Smoke (ETS) campaigns (e.g., Breathing Space)	2
By-law enforcement	1
Increased focus on elementary school-aged children	1
Follow-up evaluation to determine impact of a grade seven program	1
Increased taxes on tobacco products and direction of funds to public health et al.	1
Increased physician outreach	1
Advocacy and implementation of provincial legislation to ban power walls in variety stores	1
Strengthening of TCA (e.g., to make it illegal to possess tobacco for under 19 year olds; third party supply initiative)	1
Linkage of tobacco control offenders with health unit cessation programs as an alternative to fines	1

*Responses are reported as frequencies due to the fact that health units may have provided more than one response per category. Thirty-two of the 36 health units (89%) responded to this question.

Recommended Provincial Support for the Development, Implementation and Evaluation of Tobacco Control Programs with a Focus on Prevention, Protection or Tobacco Industry Denormalization

Thirty-two of the 36 respondents (89%) answered this open-ended question. As shown in Table 6, the most frequently made recommendation was for the province to increase funding for overall programming and staffing. (Table continues on next page).

Table 6: Provincial Support for Tobacco Control Programs with a Focus on Prevention, Protection or Tobacco Industry Denormalization

Recommended Provincial Support for Tobacco Control Programming other than Cessation	Frequency of recommendation*
Increase funding for overall programming and staffing: - To enforce smoke-free by-laws; - To make "Not to Kids" available across the province; - For 100% provincial funding for Tobacco Use Prevention program and staff; - To increase staffing for protection; and - To subsidize the cost of education and traveling.	25
Implement and promote provincial smoke-free legislation.	12
Provide consultation, training and in-services: - With regard to denormalization; - At a regional level; - As a northern-based conference; and - With regard to recruitment and retention training for youth prevention.	10
Fund/conduct media campaigns re: social supply of tobacco, denormalization, "Breathing Spaces" and TCA.	8
Provide resources.	7
Revise TCA: - To include prohibition of chewing tobacco; - To provide a regular source of signs; - With regard to smoking on school property; - With regard to making it illegal for minors to possess tobacco; - With regard to G1 licensing tampering by youth (Communicate with the Ministry of Transportation); and - To update TCA protocols.	7
Provide more project funding.	5
Establish provincial network of tobacco control specialists to share resources, increase collaboration of efforts, ensure consistent messaging and avoid duplication.	3
Provide recommendations and/or a tobacco clearinghouse of best practices.	3

Recommended Provincial Support for Tobacco Control Programming other than Cessation	Frequency of recommendation*
Revise the Mandatory Health Programs and Services Guidelines and enforce their requirements.	2
Enact legislation to ban power walls.	2
Increase taxes on tobacco.	2
Increase Ministry support to health unit initiatives.	1
Increase emphasis on ETS.	1
Increase smokeless tobacco awareness.	1
Increase emphasis on prenatal/postnatal protection.	1
Recognize supply of tobacco to underage youth as a real problem.	1

*Responses are reported as frequencies due to the fact that health units may have provided more than one response per category.

Additional Comments

A number of additional comments were made by respondents at the conclusion of the survey. Comments that reiterated or reinforced responses from other sections are not included below. The remaining responses centred on three main areas: *Smoking Cessation Programming and Funding*; *Provincial Planning and Funding for Tobacco Control in General*; and *Survey Administration*.

Smoking Cessation Programming and Funding

- Cessation is best done through hospitals.
- It is cessation that suffers in health unit tobacco programming: other areas are priorities and cessation is very labour intensive.
- Quit and Wins are great. It is better for health promoters to spend time on cessation during times of provincial quit smoking contests.
- Quit and Wins should be funded realistically.

Provincial Planning and Funding for Tobacco Control in General

- Better coordination between provincial and federal tobacco enforcement agencies is needed.
- Greater transparency in Ontario Tobacco Strategy decision-making process regarding budget allocation is needed.

Survey Administration

- Advance notice of requested information would have been helpful so it could have been collected ahead of time and more easily retrieved.
- "Turn around time" was too short for a survey of this depth.
- Ongoing maintenance of this type of cessation program and service information is desired.

CONCLUDING REMARKS

In summary, this report indicates that from January to December, 2003 a variety of smoking cessation programs and services were available to the public through health units as well as other community agencies across the province of Ontario. All surveyed communities had access to telephone counselling services (i.e. Smokers' Helpline) as well as self-help resources. Most communities had access to local telephone counselling and some form of face-to-face counselling. Group smoking cessation programs were also available in many communities in addition to web-based resources, workshops, and mass media campaigns. Quit smoking contests were most likely to be conducted when initiated and funded by the province. Although widespread availability was reported for certain program types, these programs often differed in format, target audience, intensity and formality of the service delivered across the various health units. Extensive analysis of these differences was not included in this report.

A variety of community-based smoking cessation programs and services offered by agencies other than health units were also available across the province. Those most frequently named by health units included the Canadian Cancer Society (Smokers' Helpline and One Step at a Time resource); hospital-based programs; and alternative therapies such as hypnosis, laser therapy and acupuncture.

Health units across Ontario also implemented a variety of tobacco control initiatives other than smoking cessation. The two most frequently identified initiatives were: 1) local smoke-free by-law development, implementation and promotion; and 2) school-based prevention programs and activities. Youth-focused programming was frequently identified as an additional area of non-cessation tobacco control activity that health units would like to engage in. Community compliance with tobacco control legislation, including the *Tobacco Control Act* and local smoke-free by-laws, was generally rated as being between good and very good.

Barriers affecting health unit capacity to deliver smoking cessation programming and services were most commonly perceived to be a result of lack of resources; both human and financial. Not surprisingly therefore, suggestions most frequently made for enabling health units to overcome perceived barriers included increasing the availability of resources for staffing as well as for programs and services.

Based on the results of this environmental scan, progress towards the Ontario Tobacco Strategy goal of cessation may best be achieved by increasing public health access to research and training in effective cessation strategies and increasing the availability of up-to-date cessation resources across the province. Results from this scan also suggest that, overall, tobacco control initiatives including cessation, prevention, protection and tobacco industry denormalization would benefit from increased funding for programming and staffing.

APPENDIX - A

Survey

Provincial Scan of Smoking Cessation Services and Programs
HEALTH UNIT SURVEY
For the Ontario Tobacco Strategy
February, 2004

Respondent Information

Name: _____

Position: _____
(e.g., Public Health Promoter, Public Health Nurse, Public Health Inspector, Program Manager)

Phone Number And Extension: _____

Health Unit: _____

Date: _____

Thank you for agreeing to participate in this survey. As discussed, we have attached a survey that will form the basis for the upcoming telephone interview. We would ask that you complete the attached survey by **March 12, 2004** and fax a copy to us at the number identified below. After we receive your survey, we will call you to schedule a telephone interview.

The survey itself is divided into four sections:

A. General Information
B. Health Unit Smoking Cessation Programs and Services
C. Community-based Smoking Cessation Programs and Services (other than Health Unit)
D. Health Unit Tobacco Control Program Information

We encourage you to collaborate with your colleagues to complete the questions in this survey. We realize that this may require some additional time. However, input from others will give a complete picture of existing and available cessation programs and services in your region or district.

You may decline to answer any questions and you may withdraw from the project at any time without penalty. Thank you again for your involvement in this survey. Your participation is greatly valued and appreciated!

Please fax a copy of the completed survey to:

Wendy Cressman Zehr
Health Behaviour Research Group
University of Waterloo
Phone: (519) 888-4567 ext. 3354
Fax: (519) 746-8171

Unless otherwise requested, please answer all of the questions based on this past calendar year i.e. January-December, 2003.

Section A: General Information

1. With whom did you collaborate to collect the information for this survey? (Check all that apply.)

		Yes	No
1.1	Ministry of Health		
1.2	Medical Officer of Health		
1.3	Health Unit Director		
1.4	Program Manager		
1.5	Public Health Nurse(s)		
1.6	Public Health Inspector(s)		
1.7	Health Promotion Officer/Specialist(s)		
1.8	Other(s) Please list:_____ _____		
1.9	No one		

2. At your health unit, how much time is allocated, <u>in total</u>, to **smoking cessation activities** including program development, promotion, implementation and evaluation? (Please respond in terms of Full Time Equivalents ie FTE).

_____FTE

3. At your health unit, how much time is allocated, in total to your **overall tobacco control program** including cessation, TCA enforcement, prevention, protection and tobacco industry denormalization programming (Please respond in terms of Full Time Equivalents ie FTE)

_____ FTE

Section B: Health Unit Smoking Cessation Programs and Services

We are interested in knowing what smoking cessation services and programs are available throughout your region or district. We understand that there are programs that you provide through your health unit as well as those that you are aware of in your region or district that are provided by other organizations. In this section, we are seeking detailed information about your **health unit** smoking cessation programs and services.

Unless otherwise requested, please answer all of the questions based on this past calendar year i.e. January-December, 2003.

Please complete the charts below with as much detail as possible

4. Individual Smoking Cessation Counselling provided by your health unit (This does not include other agencies' helplines such as the *Smokers' Helpline*). Chart continues on next page.

Name or Type of Service List all services. If not offered, check box below.	**Target Audience** e.g. youth, pregnant women, etc	**Setting** e.g. school, workplace, health care setting	**Program Participation** Number of contacts in the year 2003	**Additional Program Information** e.g. fee for program; language(s) program is available in; hours of service	**Contact Information** Identify key contact, address, phone & email	**Offering in 2004?** Yes / No / Unsure
4a FACE-TO-FACE COUNSELLING SERVICES Not offered: ☐						
1.						
2.						
3.						
4.						
5.						
4b TELEPHONE COUNSELLING SERVICES: Not offered: ☐						
1.						
2.						

Name or Type of Service List all services. If not offered, check box below.	**Target Audience** e.g. youth, pregnant women, etc	**Setting** e.g. school, workplace, health care setting	**Program Participation** Number of contacts in the year 2003	**Additional Program Information** e.g. fee for program; language(s) program is available in; hours of service	**Contact Information** Identify key contact, address, phone & email	**Offering in 2004?** Yes / No / Unsure
3.						
4.						
5.						
Other: please specify						

5. Group Programs or Group Counselling for Smoking Cessation provided by your health unit

Please identify whether the program is 1) **C**reated by your health unit (C); 2) **A**dapted from a program or programs developed by an organization outside of your health unit (A); or 3) an **E**xisting program created by another organization and implemented by your health unit (E). If you do not know whether the program is "created", "adapted" or "existing" please indicate that you are **U**nsure (U).

Check box if group programs not offered ☐.

Name and Type of Program **C**reated program **A**dapted program **E**xisting program **U**nsure	**Target Audience** e.g. youth, pregnant women, etc	**Setting** e.g. school, workplace, health care setting	**Program Participation** e.g. number of participants in the year 2003	**Additional Program Information** e.g. fee for program; language(s) program is available in; duration of program	**Contact Information** Identify key contact, address, phone & email	**Offering in 2004?** Yes / No / Unsure
Example: *"Kick Butt for 2"* - (E)	Pregnant teens and young single parents	health unit	22	Fee: none Language: English, French Duration: 8 weeks– (8 one hour sessions) Other: accessibility support (babysitting, transportation)	Main Health Unit at (123)555-5555 and Branch office at 22 Main St., Town, ON A1B 2CD (123)456-7890	Yes
1.						
2.						
3.						
4.						

6. Self-help Smoking Cessation Materials distributed by your health unit

A self-help intervention includes any structured manual, program or resource aimed at an individual smoker trying to quit without intensive contact from a health professional, counsellor or support group. Self-help interventions may take the form of printed materials but may also include video, audiotapes or computer programs. For the purpose of this survey, we have created two categories for self-help interventions: a) resource material such as booklets, pamphlets, videos and audiotapes; and b) web-based material such as general information or interactive programs.

Please identify whether the resource is 1) **C**reated by your health unit; 2) **A**dapted from a resource developed by another organization; or 3) an **E**xisting resource created by another organization and implemented or distributed by your health unit. If you do not know whether the resource is "created", "adapted" or "existing" please indicate that you are **U**nsure (U).

Check box if resources not offered ☐

6a Self-help Resource Material (chart continues on next page)

Name and Type of Resource **C**reated resource **A**dapted resource **E**xisting resource **U**nsure	**Target Audience** e.g. youth, pregnant women, etc	**Distribution outlets** (list all that apply)	**Program Participation** Number of resources distributed in the year 2003	**Additional Program Information** e.g. fee for resource; language(s) resource is available in	**Contact Information** Identify key contact, address, phone & email	**Resource Available in 2004?** Yes / No / Unsure
Example *"One Step at a Time"* (E) Booklet	Adults	health unit; workplace; Home Show display	300 booklets	Fee: none Language: English, French	Main health unit at (123)555-5555	Yes
1.						
2.						
3.						

Name and Type of Resource **C**reated resource **A**dapted resource **E**xisting resource **U**nsure	**Target Audience** e.g. youth, pregnant women, etc	**Distribution outlets** (list all that apply)	**Program Participation** Number of resources distributed in the year 2003	**Additional Program Information** e.g. fee for resource; language(s) resource is available in	**Contact Information** Identify key contact, address, phone & email	**Resource Available in 2004?** Yes / No / Unsure
4.						
5.						
6.						
7.						
8.						
9.						
10.						

6b Web-based Resources on Smoking Cessation developed by your health unit

Check box if not offered ☐.

Type of resource e.g. Health Unit web page, tobacco specific teen site, interactive quit smoking program	**Target Audience** e.g. youth, pregnant women, etc	**Program Participation** Number of hits/site in the year 2003	**Additional Program Information** e.g. language(s) of site, Please indicate if the site is **interactive** or if it provides **information only**	**Web-site Address** Please provide Uniform Resource Locator (URL)
1.				
2.				
3.				
4.				
5.				

7. Mass Media Campaigns on Smoking Cessation launched by your health unit

Mass media campaigns are interventions delivered through television, radio, newspapers, billboards, and posters that are intended to reach large numbers of people. Quit Smoking Contests will be considered separately from mass media campaigns in this survey.

We are interested in your health unit's role, if any, in federal, provincial, regional (e.g. central east, central south, central west, east, north, southwest and Toronto) and local campaigns. Please identify whether the campaign was 1) **C**reated by your health unit (C); 2) **A**dapted from a campaign developed by an organization outside of your health unit (A); or 3) an **E**xisting campaign created by another organization and implemented by your health unit (E). If you do not know whether the campaign was "created", "adapted" or "existing" please indicate that you are **U**nsure (U).

Check box if no campaign(s) launched ☐.

Name of campaign **C**reated **A**dapted **E**xisting **U**nsure	**Type of Format** e.g. radio, TV, billboard, newspaper, leaflet, bus shelter	**Target Audience** e.g. youth, pregnant women, etc	**Collaboration** Was this campaign launched federally, provincially, regionally, locally or in some other partnership?	**Program Reach** Intended geographic coverage	**Additional Campaign Information** e.g. language(s), duration of campaign, number and frequency of ads, months during which the campaign ran
1.					
2.					
3.					
4.					
5.					

8. Quit Smoking Contests launched by your Health Unit

Please provide information about any Quit Smoking Contest(s) you have launched or participated in this past year (i.e. 2003). Please identify whether the contest was 1) **C**reated by your health unit (C); 2) **A**dapted from a campaign developed by an organization outside of your health unit (A); 3) an **E**xisting campaign created by another organization and implemented by your health unit (E) or 4) a provincial or regional campaign that you **L**aunched locally (L). If you do not know whether the campaign was "created", "adapted", "existing" or a provincial campaign launched locally, please indicate that you are **U**nsure (U).

Check box if contest(s) not offered ☐.

Name of campaign **C**reated **A**dapted **E**xisting **L**aunched locally **U**nsure	**Type of Format** e.g. radio, TV, billboard, newspaper, leaflet, bus shelter	**Target Audience** e.g. youth, pregnant women, etc	**Collaboration** Please identify other agencies you collaborated with to launch this campaign	**Program Participation** e.g. number of participants; number of successful quitters	**Additional Program Information** e.g. language(s), duration of campaign,
1.					
2.					
3.					
4.					
5.					

9. Smoking Cessation Workshops, Seminars or other Special Events provided by your health unit

These events are different than group cessation or support meetings. They may be co-sponsored events with guest speakers for example. Workshops and seminars such as these are designed to promote and provide information about smoking cessation. These events might, for example, be intended for health care professionals, school teachers or the general public.

Please identify whether the workshop was 1) **C**reated by your health unit (C); 2) **A**dapted from a workshop that was developed by an organization outside of your health unit (A); or 3) an **E**xisting workshop created by another organization and implemented by your health unit (E). If you do not know whether the workshop was "created", "adapted" or "existing" please indicate that you are **U**nsure (U).

Check box if not offered ☐.

Name or Type of Workshop **C**reated **A**dapted **E**xisting **U**nsure Please also indicate name of sponsor if applicable e.g. drug company	**Target Audience** e.g. health care professionals, teachers, youth, pregnant women	**Setting** e.g. health unit, school, workplace, community, health care setting	**Collaboration** List any agencies you may have collaborated with to implement this event	**Program Participation** Number of participants	**Additional Program Information** e.g. fee for workshop; language(s);number of times workshop was held
1.					
2.					
3.					
4.					
5.					

10. Does your health unit subsidize the cost of smoking cessation pharmacotherapy for clients? This includes nicotine replacement therapies (oral, transdermal and/or nasal) as well as Bupropion.

Yes/No/Unsure (please circle one)

If you circled yes, please describe your health unit's subsidy program:

_____
_____
_____

11. Are there other smoking cessation programs, services or resources that your health unit provides that have not been identified in the previous questions?

Yes/No/Unsure (please circle one)

If you circled yes, please list and describe any additional smoking cessation programs, services or resources that your health unit provides. Please include specific contact information if different from that of the main health unit address and phone number.

_____
_____
_____
_____
_____

12. Please rate your health unit's capacity (e.g. resources, time, expertise) to deliver *smoking cessation programs or services* on a scale from 1 to 4 where 1 is excellent and 4 is poor.

1	2	3	4
Excellent	Good	Fair	Poor

13. Are there specific barriers that affect your health unit's capacity to deliver *smoking cessation programs or services*?

Yes/No/Unsure (please circle one)
If yes, please describe:

_____
_____
_____
_____

14. What would enable your health unit to overcome these barriers?

_____
_____
_____
_____

15. What, if any, additional *smoking cessation programs or services* would your health unit like to implement?

_____
_____
_____
_____

16. In what ways can the Ontario Tobacco Strategy and the Ministry of Health and Long-term Care support your health unit in developing, implementing and evaluating smoking cessation programming? Please list the top 3.

1. _____
2. _____
3. _____

Section C: Community-Based Smoking Cessation Programs (Not Health Unit)

In this section we ask that you provide general information about smoking cessation programs available in your region or district provided by individuals or agencies other than your health unit. We are particularly interested in the name and/or type of program and the agency offering the program. Any additional details you can provide about the program such as contact information, is nice to have but not critical for you to provide.

Unless otherwise requested, please answer all of the questions based on this past calendar year i.e. January-December, 2003.

17. Community-Based Smoking Cessation Programs

Name and/or Type of Program	**Agency Offering Program or Service**	**Target Audience** e.g. youth, pregnant women, etc	**Setting** e.g. hospital, clinics, private business, non-profit organization	**Additional Program Information** e.g. contact information, languages available in, hours of service
Example: *Get on Track* Self-help program plus telephone counselling	Lung Association	General public	Non-profit organization	Telephone support service accompanied by mailed guide on cessation. For individual smokers who want to quit themselves. Local Lung Association Office – (123)456-7890
1.				
2.				
3.				
4.				
5.				

18. Does your health unit refer clients to <u>other agencies</u> for smoking cessation resources, programs or support? (Please circle one response for each of the following)

a) Hospital-based programs Yes No Unsure

b) Smokers' Helpline (Canadian Cancer Society) Yes No Unsure

c) Lung Association resources Yes No Unsure

d) Heart and Stroke Foundation resources Yes No Unsure

e) Canadian Cancer Society resources Yes No Unsure

f) For-profit groups e.g. Smoke-enders Yes No Unsure
If yes, please list: _____

_____

_____

g) Other
Please specify: _____

_____

_____

Section D: Health Unit Tobacco Control Program Information

Because comprehensive tobacco control programming involves more than just smoking cessation activities, we are also interested in gathering some information about programming in tobacco use prevention and protection as well as tobacco industry denormalization.

Unless otherwise requested, please answer all of the questions based on this past calendar year i.e. January-December, 2003.

19. Please indicate which of the following tobacco control initiatives your health unit has been involved in for the year 2003. (Please check all that apply)

___ Local smoke-free by-law development, implementation and promotion
___ Enforcement of local smoke-free by-laws
___ Encouragement or support of legislative changes at provincial and federal levels
___ Workplace smoke-free policy development, implementation and promotion
___ Public education campaigns for smoke-free cars and homes
___ Denormalization of the tobacco industry and/or its products
___ School-based prevention programs and activities such as health fairs, campaigns, National Non-Smoking Week activities
___ Community-based prevention programs and activities such as public education campaigns, workshops

20 Enforcement of Tobacco Control Legislation

How would your health unit rate compliance with the following tobacco control legislation in your health unit region or district, where 1 is excellent compliance and 5 is poor compliance? Please circle your response. If your jurisdiction does not have local smoke-free by-laws in effect, please circle "not applicable".

a) **Tobacco Control Act** – Selling or supplying to persons under 19 years of age

1	2	3	4	5
excellent		good		poor

b) **Tobacco Control Act** – Prohibition of smoking on school property

1	2	3	4	5
excellent		good		poor

c) **Local Smoke-free By-laws –** public adherence to local legislation

1	2	3	4	5	Not Applicable
excellent		good		poor	

21 What, if any, additional tobacco control programs with a prevention, protection or tobacco industry denormalization focus, would your health unit like to implement?

_____
_____
_____
_____

22 In what ways can the Ontario Tobacco Strategy and the Ministry of Health and Long-term Care support your health unit in developing, implementing and evaluating tobacco control programs with a prevention, protection or a tobacco industry denormalization focus? Please list the top 3.

1. _____
2. _____
3. _____

23 Do you have any additional comments?

_____
_____
_____
_____

Thank you so much for taking the time to participate in this survey.