THE ONTARIO UNITÉ TOBACCO DE RECHERCHE RESEARCH SUR LE TABAC JNIT DE L'ONTARIO

enerating knowledge for public health

# **EVALUATION NEWS**

Volume 8, Issue 4 March 2015

## **OTRU Knowledge and Evaluation Support Team Newsletter**

Welcome to the fourth in our series of 2014-2015 newsletters from OTRU's Knowledge and Evaluation Support Team! We are excited to be sharing information about our activities and progress this year.

### Knowledge and Evaluation Support Team Reach

As our fiscal year draws to a close we would like to share some summary statistics about the scope and reach of the project and highlight some of our work in 2014-2015.

### Volume and Type of Requests

This fiscal year (April 1, 2014 to March 31, 2015), OTRU has been able to help with 70 requests from across the province. Fifty-one requests were from TCANs or PHUs and 19 requests OTRU's Knowledge and Evaluation Support Team continues to respond to the knowledge needs, evaluation and research requests from Ontario's Public Health Units (PHUs), Tobacco Control Area Networks (TCANs), and other Smoke-Free Ontario Transfer Payment Agencies (TPAs) across all three pillars in tobacco control.

came from other stakeholders (see Table 1). This is an increase in the number of requests received in 2013-2014 (n=60).

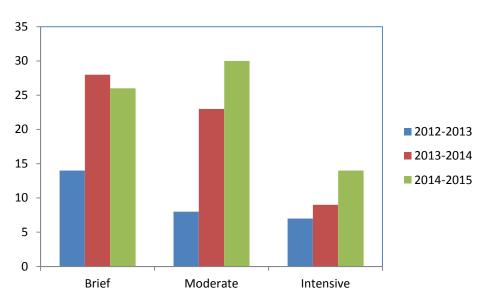
TCAN	РНО	# of Requests	Total Requests	
North East	Algoma	1	5	
	TCAN wide	4	5	
North West	Thunder Bay	2	- 5	
	TCAN wide	3		
East	Ottawa	1		
	Hastings and Prince Edward Counties	1	7	
	TCAN wide	5		
Toronto	TCAN wide	5	5	
Central East	Haliburton-Kawartha-Pine Ridge	1		
	Peterborough County-City	1	-	
	Peel	3	9	
	York Region	1	-	
	TCAN wide	3	-	
Central West	Haldimand Norfolk	1		
	Halton	1	8	
	Niagara	2		

#### Table 1: Number of Requests for Knowledge & Evaluation Support Received in 2014-15



	Wellington-Dufferin-Guelph	1		
	TCAN wide	3		
Southwest	Elgin St. Thomas	1		
	Oxford County	1	9	
	Windsor-Essex County	1	9	
	TCAN wide	6	]	
All TCANs		3	3	
TPAs	Ontario Lung Association	3		
	Ontario Coalition for Smoke-Free Movies	3		
	Canadian Cancer Society	1	12	
	Health Nexus	1	12	
	Smoke-Free Niagara	1		
	SHAF (Non Smokers' Rights Association)	3		
Knowledge Exchange Advisory Group		7	7	
TOTAL			70	

From 2012-2013 to 2014-2015, the number of brief requests remained about the same (28 to 26), while the number of moderate requests increased (from 23 to 30), and there was an increase in intensive requests (from 9 to 14). In 2014-2015, 26 requests were brief, nearly 30 requests were of moderate intensity, and the remaining 14 requests were classified as intensive. Over the last three years there has been a steady increase in the number of moderate and intensive requests that the Team has been receiving (see Figure 1).



#### Figure 1: Number of Requests by Complexity



We have provided support throughout the lifecycles of many projects, from the review and development of evaluation plans to report writing and dissemination of results (see Table 2).

#### **Table 2: Types of Support Provided**

Types of Support	
Review/development of evaluation plan (logic models, key evaluation questions, performance measurement indicators, etc)	
Reviewing data collection instruments (e.g. surveys, focus group/interview guides)	20
Data analysis	27
Data collection	
Development of data collection instruments (e.g. surveys, focus group/interview guides)	
Report writing	
Knowledge exchange (e.g. presentations, webinars)	
Literature scan	
Preparation and submission of ethics protocols	
Literature review	3

Requests include multiple components; totals do not add up to 70

### Knowledge and Evaluation Support Team's Success Factors

#### An increasingly proactive approach to collaborating with tobacco control colleagues

The Team attended meetings or teleconferences with all seven TCANs and became involved in project planning by:

- Reviewing work plans
- Suggesting areas in which evaluation support could be helpful
- Identifying similar projects happening across different regions

This helps to facilitate collaborative opportunities among PHUs, TCANs and other TPAs to further improve coordination of tobacco control evaluation and knowledge generation efforts occurring throughout the province. Feedback from TCANs who have engaged OTRU in this proactive process indicates that this engenders increased appreciation for the role of evaluation and more successful partnerships.

#### Engagement with a broader range of stakeholders

- In 2014-2015, 6 PHUs used OTRU services for the first time (Haliburton-Kawartha-Pine Ridge, Haldimand-Norfolk, Halton, Niagara, Elgin-St. Thomas, Oxford )
- First time requests also came from three TPAs: Canadian Cancer Society, Health Nexus and Smoke-Free Niagara



Once again this year, OTRU received a significant number of requests for knowledge and evaluation support. This reflects the perceived effectiveness of our support, the shift toward more proactive approaches to evaluation, and the great partnerships between OTRU's Team and colleagues in the tobacco control community. Forty-five are earmarked for the team in 2014-2015. This includes 37 ongoing requests and 8 new requests that will be initiated in our 2014-2015 fiscal.

### **Evaluation of the Amended Toronto Smoke-Free Bylaws: Summary of the Baseline Assessment**

The health risks of secondhand smoke (SHS) are well established. There is no 'safe' level of SHS exposure. With the implementation of the *Smoke-Free Ontario Act* and local smoke-free bylaws, indoor exposure to secondhand smoke inside public places and workplaces has nearly been eliminated. Outdoor SHS exposure, however, continues to be a public health concern. The City of Toronto recently amended its bylaws to prohibit smoking nine meters from public building entrances (Municipal Code 709); and within the boundaries of and nine meters surrounding sports fields, beaches that permit swimming, specific park amenities and other outdoor areas (Municipal Code 608).

OTRU has been working with Toronto Public Health to evaluate the amended bylaws. The purpose of the evaluation is to assess the:

- Implementation and enforcement of the bylaws
- Effectiveness of the bylaws at restricting smoking and protecting the public from secondhand smoke exposure in the outdoor spaces affected by the bylaws
- Impacts on the use of outdoor spaces affected by the bylaws
- Impacts on smoking behaviour

This is a two-phase evaluation. The first phase was conducted before enforcement of the amended bylaws began. It included a street intercept survey of smokers and non-smokers and air quality measurements outside public building entrances. The second phase will be conducted this summer and will include:

- Key informant interviews with staff involved in the implementation and enforcement of the amended bylaws
- Analysis of administrative data to assess compliance with the amended bylaws
- A second street intercept survey
- Follow-up air quality measurements



### **Methods**

Real-time levels of particulate matter with a diameter of 2.5µm or less (PM<sub>2.5</sub>; standard measure of environmental tobacco smoke) were measured in 30 minute sessions in May and June 2014 outside the entrances to 30 public buildings across the City of Toronto. Street intercept surveys were conducted with 150 smokers and 150 nonsmokers in June and July 2014 at 14 venues that were affected by the bylaws across the City of Toronto. The surveys assessed smoking behaviour, exposure to secondhand smoke in outdoor public spaces, and the impact of the bylaws on future smoking behaviour.

Both the air quality measurements and street intercept surveys were completed prior to the implementation of bylaw enforcement.

#### **Results**

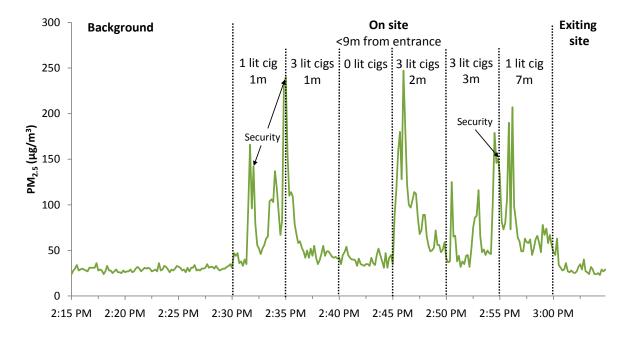
Air quality measurements:

- Half of the PM<sub>2.5</sub> measurements captured outside public building entrances were at an air quality level that would pose a risk to sensitive populations (moderate, poor, and very poor air quality as rated by Ontario's Air Quality Index; Table 3)
- The median value of PM<sub>2.5</sub> outside public building entrances when one or more cigarettes were lit was 25µg/m<sup>3</sup> (moderate air quality).
- Figure 1 provides an example of an air quality measurement at the entrance to a shopping mall.

Table 3: Outdoor PM<sub>2.5</sub> (µg/m<sup>3</sup>) Captured 1–2 Meters from Entranceway by Air Quality Category, Raw Data (10 Second Average), Toronto, 2014

Air Quality Category	Measurement time, minutes	Mean (SD)	Median	Minimum – Maximum
Very good	408	7.1 (2.3)	7	2 – 11
Good	484	17.9 (3.0)	18	12 – 22
Moderate	673	32.8 (7.0)	32	23 – 45
Poor	255	56.8 (11.0)	53	46 - 90
Very Poor	27	131.3 (57.1)	112	91 - 442

Figure 2: PM<sub>2.5</sub> (µg/m<sup>3</sup>) Levels Outside the Entrance to a Toronto Shopping Mall (10 Second Average), May 22, 2014



\*"Security" marks the times when building security asked smokers to move. Drops in PM2.5 measurements were observed soon after.

Street intercept surveys:

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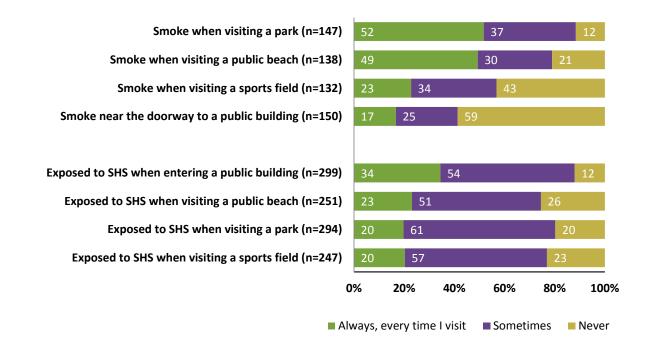
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- Smokers most commonly reported that they smoked every time they visited a park (52%) or a public beach that permitted swimming (49%; see Figure 3).
- 75% or more of respondents reported being exposed to SHS at least sometimes when entering a public building, when visiting a park, sports field or a public beach that permitted swimming (see Figure 3).
- Nonsmokers were twice as likely to report being exposed to SHS when entering a public building compared to smokers (p < 0.05).</li>
- Smokers reported that the new smoke-free bylaws would help them cut down on the number of cigarettes that they smoked (55%) and make them more likely to quit smoking (28%).





\* Among respondents who reported visiting the selected outdoor public spaces.

#### Conclusion

Toronto residents continue to be exposed to SHS outside public building entrances and in outdoor public spaces. A follow-up assessment in 2015 will provide evidence regarding the effectiveness of the amended bylaws at reducing SHS exposure and encouraging smokers to quit smoking.

### Looking for Help?

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Planning to evaluate some of your work plan activities?

Invite OTRU to your next TCAN or PHU meeting

We have already helped TCANs to identify many opportunities, including evaluations of:

- Smoke-Free Housing Initiatives
- Smoke-Free Movie Initiatives
- Health Care Practitioner Cessation Scans
- and other protection, prevention and cessation initiatives



If you would like to discuss your support needs further, please complete our Knowledge and Evaluation Support Request Form (http://216.34.99.34/votingmodule/s180/f/420080/1143/) online or contact our team members:



Robert Schwartz, PhD Project Lead 416-978-3901 robert.schwartz@utoronto.ca



Shawn O'Connor, PhD Project Lead 416-978-0418 shawn.oconnor@camh.ca



Emily Di Sante, MA Project Coordinator 416-978-6931 emily.disante@utoronto.ca