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Smoke-Free Ontario Strategy Monitoring Report:

Infrastructure



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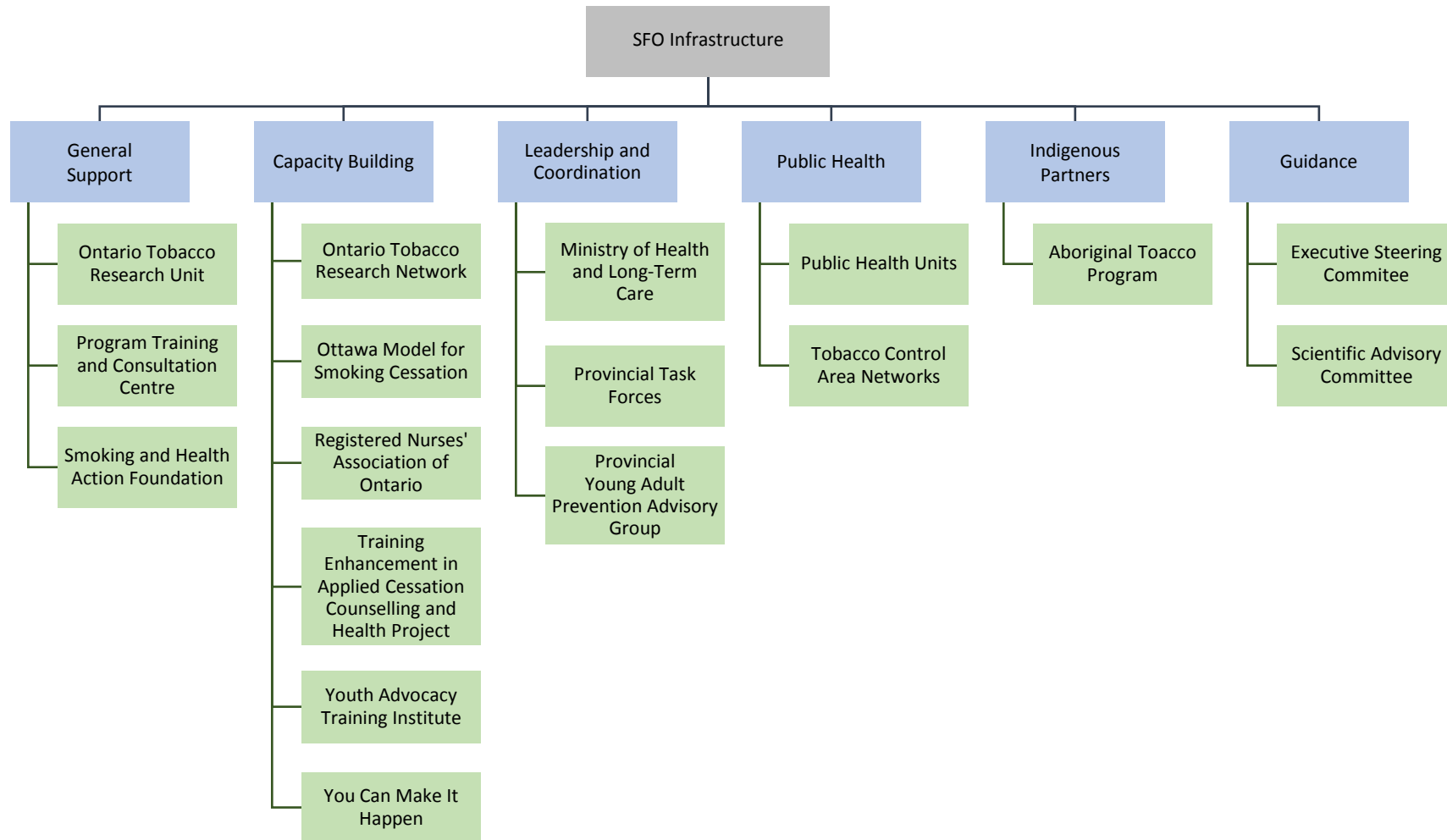
Smoke-Free Ontario Strategy Infrastructure

An effective strategy and its interventions must be based on evidence, integrated into a forward-looking campaign, delivered by skilled people and supported by key leaders and an engaged public.¹ To this end, the Smoke-Free Ontario (SFO) Strategy includes an infrastructure component that supports the goals of the Strategy by providing:

- Leadership and coordination
- Technical assistance
- Capacity building
- Learning through research, evaluation, monitoring and surveillance

Infrastructure initiatives are offered to key stakeholders—including public health unit staff, educators and service providers—in the areas of prevention, cessation, protection and tobacco industry denormalization by a wide array of organizations. In this chapter, we provide an overview of the infrastructure initiatives delivered in the 2016/17 fiscal year. The initiatives are presented in the following thematic groupings: general support, capacity building, leadership and coordination, public health, Indigenous partners and guidance (Fig 3-1).

Throughout the chapter we highlight the infrastructure-related recommendations from the Executive Steering Committee report, *Smoke-Free Ontario Modernization*.¹ In addition, we have included a summary table at the end of the chapter that compares the current status of SFO-funded initiatives to the infrastructure-related recommendations from the Executive Steering Committee report.

Figure 3-1: Smoke-Free Ontario Strategy Infrastructure Initiatives, by Thematic Grouping,^a 2016/17

^a Thematic groupings were created solely for the purpose of presenting the SFO infrastructure initiatives in this report. We acknowledge that several initiatives are involved in multiple aspects of the SFO infrastructure (i.e., leadership and coordination, technical assistance, capacity building, research, evaluation, monitoring and surveillance).

General Support

The Executive Steering Committee identified the following priority actions to ensure the best evidence is used to guide the Strategy:

- Ensure up-to-date research findings are readily available to inform policy and practice
- Evaluate Strategy initiatives, activities and enablers
- Conduct ongoing surveillance

The Executive Steering Committee identified the provision of technical assistance as a priority action to build capacity to implement the Strategy.

Ontario Tobacco Research Unit

The Ontario Tobacco Research Unit (OTRU) is a Canadian leader in tobacco control research, monitoring and evaluation, capacity building and knowledge exchange. Over the 2016/17 fiscal year, activities conducted by OTRU included:

- Rapid scientific consulting on a variety of prevention, cessation and protection topics. In 2016/17, OTRU fulfilled 76 rapid scientific consulting requests for the Ministry of Health and Long-Term Care, Public Health Ontario, public health units, health charities and an industrial workplace
- Knowledge and evaluation support—including consultation, design, ethics' protocols, data collection, analysis/interpretation, and reporting—to SFO partners. In 2016/17, OTRU responded to 48 requests (21 cessation-related, 17 prevention-related, and 10 protection-related). Examples of knowledge and evaluation support projects include environmental scans of smoking cessation practices among health professionals² and workplace tobacco control activities,³ and evaluations of a pharmacy smoking cessation pilot project,⁴ dental professional youth tobacco prevention education program⁴ and the Love My Life prevention-focused campaign⁵
- [Tobacco and Public Health: From Theory to Practice](#) online course for health professionals. The online course incorporates evidence-based knowledge in the areas of

cessation, protection, prevention and evaluation. In 2016/17, the number of health professionals across Ontario enrolled in each module was 1240 for cessation, 812 for protection, 800 for prevention and 738 for evaluation (note: enrollment numbers are not mutually exclusive)

- **Tobacco Informatics Monitoring System (TIMS)** online population data site. TIMS provides easy access to reliable, up-to-date data on 140 key tobacco control indicators in the topic areas of tobacco use, e-cigarettes, cannabis, cessation, prevention, protection, public opinion and the Tobacco Industry. In 2017, there were 813 unique users who accessed TIMS in over 1929 sessions with a total of 28,049 page views
- An ongoing evaluation of recently implemented policy measures, such as the ban on flavoured and menthol tobacco,⁶ youth access to e-cigarettes,⁷ and the outdoor smoking regulations on playgrounds, sporting areas, restaurant and bar patios and hospital grounds⁸
- Recruitment of current smokers and recent quitters to participate in surveys and special studies through **Smokers' Panel**. As of November 10, 2017, there were 6377 smokers registered in Smokers' Panel. At the time of registration, the majority of panelists were current smokers (60.2%), half of whom had tried to quit smoking in the previous 12 months (55.7%). The most common cessation methods reported by panelists included the nicotine patch (35.2%), nicotine gum (25.8%), cold turkey (23.5%), Champix (15.6%) and Zyban (14.9%)
- Analyses of the Ontario Tobacco Survey data
- OTRU SFO Scientific Advisory Group that is comprised of 24 scientists and researchers who support the ongoing review of current literature and updates of the evidence statements published in the 2016 Scientific Advisory Committee report. The 2017 Scientific Advisory Group Evidence Update included the appraisal of 51 new articles and added recommendations for two new potential interventions: cessation in prisons and cessation among individuals living with HIV. The evidence update also suggested a change in the evidence statement for cessation in individuals with substance use issues from 'Undetermined' to 'Promising Direction'⁹
- Annual Strategy Monitoring Report that documents the evidence base for the SFO Strategy—including trends in tobacco use and tobacco control—and summarizes the SFO-funded tobacco control initiatives in the areas of prevention, protection, and cessation

- Knowledge exchange products such as OTRU Updates, Project Newsletters and Special Reports that provide updates on current tobacco control issues (e.g., Heated Tobacco Products),¹⁰ updates on current OTRU projects (e.g., Vaping in Ontario)¹¹ and summaries of findings (e.g., Youth Exposure to Tobacco in Movies)¹²
- Monthly curated lists of [current abstracts on tobacco control](#)
- Support for the Executive Steering Committee in the development of modeled forecasts and fact checking the report
- Leveraging tobacco control research through five new grants
 - Research on Electronic Cigarettes and Waterpipe (RECIG-WP)¹³
 - Research on Advancing Cessation Treatment (REACT)¹⁴
 - Research on Commercial Reduction in Aboriginal Communities (RETRAC2)
 - New Ontario Menthol Tobacco Ban Evaluation
 - Provide In-Depth Analysis of Data to Examine the Impact of Ontario's Bans on Flavored and Menthol Tobacco Products on Consumer and Industry Behavior in the Tobacco Retail Environment

OTRU staff are also actively involved in Communities of Practice and other provincial committees relevant to the SFO Strategy.

Program Training and Consultation Centre

The Executive Steering Committee identified facilitating learning through Communities of Practice as a priority action to build capacity to implement the Strategy.

The Program Training and Consultation Centre (PTCC) is responsible for providing training and technical assistance to health professionals working in tobacco control in Ontario.

In 2016/17, PTCC provided a variety of capacity building activities on topics related to cessation, prevention and protection.

- Cessation: PTCC offered training workshops that were tailored to meet the needs of local public health units and their community partner agencies, on topics such as Brief Counselling Techniques for Smoking Cessation, Integrating a Motivational Interviewing

Approach into Tobacco Treatment and Taking an Equity-Informed Approach to Tobacco Treatment with Priority Populations

- Prevention and protection: PTCC provided its annual four-day training course on the foundations of tobacco control enforcement. This course is offered in collaboration with the Ministry of Health and Long-Term Care and is required training for any public health unit employee enforcing the *Smoke-Free Ontario Act* and *Electronic Cigarettes Act*. PTCC also offered conflict resolution training for tobacco enforcement officers and supported the Central East Tobacco Control Area Network in hosting a regional tobacco enforcement knowledge exchange forum through PTCC's special request training process

The PTCC also supported province-wide knowledge exchange through two Communities of Practice and media capacity project.

- Cessation: A new Community of Practice focusing on the topic of increasing quit attempts in local communities was launched. In addition, a new provincial media capacity building project was launched to support the use of personal testimonials to promote quit attempts. Through this project, the PTCC supported five local public health units and one Tobacco Control Area Network to develop local media campaigns through training, technical assistance, capacity building grants, and a knowledge exchange working group
- Prevention and protection: The tobacco-free policy Community of Practice encourages and supports the use of evidence in the development, implementation and enforcement of comprehensive tobacco control policies at community and organizational levels. Some examples of policy addressed by the Community of Practice include tobacco-free conservation areas, tobacco-free policies in workplaces, and post-secondary campuses. In partnership with the Propel Centre for Population Health Impact, the PTCC also completed a documentation of tobacco-free policy development on post-secondary campuses¹⁵

PTCC Health Promotion Specialists and Media and Communications Specialists provided consultations to local public health units, Tobacco Control Area Networks and tobacco coalitions.

- **Cessation:** Consultations helped local public health units to develop and engage local cessation networks, to plan and implement training opportunities for community partners, and to develop local cessation media campaigns. In partnership with the Propel Centre for Population Health Impact, the PTCC also completed two evidence summaries on the topics of relapse prevention¹⁶ and the role of public health influencers in smoking cessation¹⁷
- **Prevention:** Consultations provided planning support to a provincial working group on the development of a young adult prevention strategy, and with campaign planning and message development for the provincial smoke-free movies coalition and the ‘Freeze the Industry’ youth coalition
- **Protection:** Consultations helped advance local policy efforts including smoke-free multi-unit housing, hospitals and conservation areas

Reach: In 2016/17, the PTCC delivered 59 training events on all aspects of tobacco control, which reached 2,300 clients. Training events included 46 workshops, 12 webinars and 1 special request workshop. PTCC’s training programs were attended by staff of Ontario’s 36 public health units, Community Health Centres, the health care sector (e.g., hospitals), non-governmental organizations and government. A total of 130 public health practitioners were actively engaged across PTCC’s two provincial Communities of Practice. In addition, 497 consultations were delivered by PTCC Health Promotion Specialists and Media and Communication Specialists.ⁱ

Effects: In standardized post-event questionnaires conducted after all workshops and webinars, 80% of workshop participants and 73% of webinar participants rated the usefulness of these services as high or very high. Three quarters of workshop participants (77%) and webinar participants (78%) reported increased knowledge. In addition, increased confidence to apply the content after the event was also reported by 75% of workshop participants and 66% of webinar participants.

Most tobacco-free policy Community of Practice members indicated that their knowledge, confidence and intentions to apply what they learned from the Community of Practice to their work increased moderately or “a great deal” in an annual survey conducted in January 2017.

ⁱ Steven Savvaidis, Senior Manager, Program Training and Consultation Centre, Personal communication, September 28, 2017.

Most members also reported improvements in their ability to carry out their tobacco control work (e.g., ability to solve problems at work, find relevant information, work more efficiently, etc.).ⁱⁱ

Smoking and Health Action Foundation

The Smoking and Health Action Foundation (SHAF) is a non-profit health organization that conducts public policy research and education designed to reduce tobacco-related disease and death.

In 2016/17, SHAF provided a variety of prevention- and protection-related training, technical assistance and knowledge exchange to SFO partners.

- Prevention: 95 consultations and 16 presentations were held on topics such as plain packaging, taxes and pricing, smoke-free movies (SHAF co-chairs the Ontario Coalition for Smoke-Free Movies), retailer licencing and display, butt litter, tobacco-free post-secondary campuses and the tobacco industry
- Protection: 93 consultations, 15 presentation and 3 workshops were held on topics such as smoke-free multi-unit housing, smoke-free policies, secondhand marijuana smoke, waterpipes and e-cigarettes

SHAF continued to support developments in municipal legislation with an emphasis on policy analysis provisions to further develop tobacco control policies in the Province (e.g., waterpipe use, e-cigarettes and other weeds and substances). The online [Smoke-free Laws Database](#), which includes the identification of leading edge bylaws and bylaws that exceed the *Smoke-Free Ontario Act*, received 13,265 visits in 2016/17.

As the Chair of Smoke-Free Housing Ontario—a coalition of partners (public health units, health agencies)—SHAF:

- Maintained and regularly updated the [Smoke-Free Housing Ontario](#) website with a comprehensive list of available smoke-free housing in Ontario. The Smoke-Free Housing Ontario website received 52,759 visits in 2016/17
- Posted and distributed over 2,000 hard copies of an updated guide for landlords and

ⁱⁱ Steven Savvaidis, Senior Manager, Program Training and Consultation Centre, Personal communication, January 12, 2018.

- property managers about smoke-free housing¹⁸ in response to requests
- Conducted over 300 public education outreach activities through social media campaigns, media coverage, education sessions for housing providers and booths at trade shows
- Offered technical assistance to 180 housing providers and the public

In addition, SHAF responded to 147 Ontario-specific inquiries from the general public regarding smoke-free multi-unit housing, plain packaging, e-cigarette legislation, smoke-free hospitals and smoke-free post-secondary campuses.¹⁹

Capacity Building

The Executive Steering Committee identified the need for providers to have the core skills and competencies to provide high quality evidence-based cessation services as a priority action towards implementing a visible network of high quality, person-centred cessation services.

The Executive Steering Committee identified the enhancement of knowledge and skills of all involved in implementing the Strategy as a priority action to build capacity to implement the Strategy.

Ontario Tobacco Research Network

The Ontario Tobacco Research Network is a platform established by the Ontario Tobacco Research Unit that provides Ontario tobacco control researchers the opportunity to:

- Share research currently in progress
- Provide and receive input on ongoing studies
- Identify research gaps
- Facilitate collaboration
- Enable trainees to both learn and gain experiencing in presenting their work

The network's main activity is the annual meeting during which presentations on current research are delivered and the findings are discussed. The inaugural meeting was held in March 2017, where 21 Ontario scientists and three trainees from 11 academic, mental health and public

health institutions participated. Eight current research projects were presented and discussed during the inaugural meeting covering topics such as real-world effectiveness of bupropion and varenicline for smoking cessation, health equity and secondhand e-cigarette aerosol.²⁰

Ottawa Model for Smoking Cessation

The University of Ottawa Heart Institute provides support and training to sites that are implementing the Ottawa Model for Smoking Cessation (the Ottawa Model). Outreach facilitators support sites through troubleshooting, reporting and on-site training (e.g., Grand Medical Rounds, education days, on-unit clinical rounds). Various workshops are offered throughout the year that provide health professionals with an overview of the Ottawa Model program and how it can be successfully implemented in any practice setting. Additional topics include an overview of nicotine addiction, current cessation medications and recommendations on their use, behaviour change theories and various counselling strategies, special patient populations, providing follow up with smokers, and organizational change strategies. The Ottawa Model also offers five e-learning courses to health professionals at participating Ottawa Model sites. These courses focus on providing an overview of the Ottawa Model, nicotine addiction, quit smoking medications, strategic advice and how to complete a smoking cessation consultation.

In January 2017, the University of Ottawa Heart Institute hosted the ninth annual Ottawa Conference: State of the Art Clinical Approaches to Smoking Cessation. Prior to the conference, the University of Ottawa Heart Institute partnered with the Canadian Mental Health Association to host a pre-conference workshop focused on implementing systematic tobacco cessation approaches within mental health and addiction programs.

Reach: In 2016/17, a total of 2,443 health professionals (physicians, nurses and nurse practitioners, pharmacists, respiratory therapists, social workers, dieticians, medical residents, and other allied health professionals) participated in Ottawa Model knowledge translation events. Outreach facilitators and program coordinators trained 728 front-line staff on-site, 278 health professionals completed the e-learning modules and 122 health professionals attended Ottawa Model workshops. A total of 46 invited presentations (e.g., Grand Rounds and senior management meetings) were delivered on the topic of smoking cessation, reaching

approximately 835 audience members. In addition, 372 health professionals, researchers and policy makers attended the ninth annual Ottawa Conference.ⁱⁱⁱ

Effect: No specific information is readily available about the Ottawa Model's influence on health professionals' practice behaviour.

A summary of the Ottawa Model's clinical interventions offered in primary care, hospital and specialty care sites can be found in the [Smoking Cessation](#) chapter.

Registered Nurses' Association of Ontario

The Tobacco Intervention Initiative is a program undertaken by the Registered Nurses' Association of Ontario (RNAO). One of the main goals of the Initiative is to strengthen and sustain the capacity of nurses and other health care practitioners to reduce the prevalence of tobacco use among Ontarians and to increase the number of clients who attempt to quit, stay quit and/or reduce their tobacco use. This includes the adoption of the evidence-based RNAO Best Practice Guideline *Integrating Tobacco Interventions into Daily Practice* recommendations at the individual and organizational levels. Since 2007, a multi-pronged approach has been used to support health practitioners and organizations to encourage assessment and documentation of tobacco and nicotine use by every client.

Key programmatic components of the Tobacco Intervention Initiative include:

- Establishment of implementation sites in health care organizations across Ontario
- Delivery of training workshops in tobacco cessation to nurses and other health care practitioners (i.e., Tobacco Intervention Best Practice Champions)
- Support from a Tobacco Intervention Specialist
- Use of RNAO resources (e.g., [TobaccoFreeRNAO.ca](#) website, e-learning course)
- Ongoing engagement with schools of nursing in the Province to disseminate and implement the tobacco cessation guide (Nursing Faculty Education Guide: Tobacco Use and Associated Health Risks) among nursing faculty and nursing students

ⁱⁱⁱ Kerri-Anne Mullen, Program Manager, Ottawa Model for Smoking Cessation Network, Personal communication, October 2, 2017.

Reach: Since 2007, the RNAO Tobacco Intervention Initiative has trained over 4,000 health practitioners and has been adopted in over 75 Implementation sites. In 2016/17, 115 health practitioners were trained through one of the Tobacco Intervention workshops.²¹

Effects: Evaluation studies of the RNAO Initiative were conducted in 2010, 2011, 2012, 2014 and 2015 using a mixed-methods approach (web survey of Champions, case studies of public health and health care organizations).^{22,23,24,25,26} These studies demonstrated that project-specific components, such as the Champion Workshops and Tobacco Intervention Specialists' support, as well as the uptake of RNAO evidence-based cessation resources, had been instrumental in increasing nurses' capacity in smoking cessation. Champions reported an increase in knowledge and confidence in delivering tobacco cessation strategies after attending a Tobacco Intervention Workshop with sustained increased levels of confidence and knowledge 6 and 12 months after the workshop. The evaluation studies also show that most Champions deliver at least the Ask and Advise components of the minimal intervention recommended by the guideline (e.g., Ask, Advise, Assist and Arrange). At the organization level, fewer Champions reported that their organization revised or developed a new cessation policy/program or cessation documentation tool despite the Champions' engagement in promoting the RNAO guideline among colleagues.

Management buy-in and support has been consistently shown in the evaluation studies as being crucial to ensuring successful implementation of the RNAO Initiative, increasing nurses' and other health practitioners' engagement in the provision of tobacco cessation services and adopting cessation policies and practices at the organizational level. Lack of staff, lack of time and lack of patient interest were consistently identified as barriers to implementation. These findings need to be interpreted with caution due to survey response bias and limitations on generalizing from information gathered through case studies.

Training Enhancement in Applied Cessation Counselling and Health Project

The Training Enhancement in Applied Cessation Counselling and Health Project (TEACH) aims to enhance treatment capacity for tobacco cessation interventions by offering evidence-based, accredited, accessible and clinically relevant curricula to a broad range of health practitioners

such as registered nurses, addiction counsellors, social workers, respiratory therapists and pharmacists. The core-training course focuses on essential skills and evidence-based strategies for intensive cessation counselling. The project also offers specialty courses targeting interventions for specific populations (e.g., clients with mental illness and/or substance use disorders; youth and young adults; First Nations, Inuit and Métis populations), settings (e.g., cancer care settings) and monthly one-hour webinars, known as Educational Rounds, for health practitioners.

Other key elements of the TEACH Project include: collaboration and partnership with other cessation training groups, hospitals and agencies, community stakeholders and government agencies; Community of Practice activities to provide health practitioners with clinical tools and applications, as well as opportunities for networking and continuing professional education; regional practice leaders who provide support for tobacco dependence treatment initiatives across Ontario; and an evaluation component to examine project impact and knowledge transfer. TEACH training is considered the training standard for primary-care settings and community-based services planning to offer cessation services including Family Health Teams, Community Health Centre, Nurse Practitioner-Led Clinics, Addiction Agencies, and Aboriginal Health Access Centres.

Reach: Since the project's launch in 2006, TEACH has trained 5,490 unique health practitioners from diverse disciplines in intensive cessation counselling across Ontario. In 2016/17, TEACH trained 469 practitioners in five core courses (one classroom and four online). Participants included registered nurses, nurse practitioners, addiction counsellors, health promoters/educators, social workers, pharmacists and respiratory therapists who came from a variety of settings including public health units (n=68), hospitals (n=114), Family Health Teams (n=46), Community Health Centres (n=47), Addiction Agencies (n=31), Aboriginal Health Access Centres (n=11), Nurse Practitioner-Led Clinics (n=3) and other settings. In 2016/17, 1066 practitioners attended the 12 webinars for health and allied health practitioners offered by TEACH.²⁷

Effects: In 2016/17, practitioners rated measures of feasibility, importance and confidence on TEACH core course topic areas (e.g., tobacco use and dependence, evidence-based screening and assessment tools, psycho-social interventions and pharmacotherapy, etc.) significantly higher following TEACH training. The perceived feasibility to incorporate cessation practices into practitioners' own practices increased from a mean score of 7.2/10 at baseline to 8.4/10 post-training; the perceived level of importance for the cessation practices increased from a mean score of 8.8/10 at baseline to 9.3/10 post-training; and the perceived confidence in using the knowledge and skills gained at TEACH increased from a mean score of 5.5/10 at baseline to 8.2 post-training).

In 3- and 6-month follow-up surveys from the July 2016 Core Course cohort, practitioner engagement in intensive cessation counselling or brief interventions with clients (either group or individual) increased following TEACH training (97.4% at 3 months and 100% at 6 months). (Note: Interpret with caution due to moderate response rates at follow-up; approximately 56% at 3 months and 38% at 6 months).

TEACH participants identified barriers to engaging in smoking cessation including lack of practitioners' time, lack of client motivation to participate, lack of funding and the need for more practice.²⁷

Youth Advocacy Training Institute

The Ontario Lung Association's Youth Advocacy Training Institute (YATI) is a program that engages Ontario youth, young adults and adults by creating partnerships with provincial, regional and local organizations. YATI provides youth, youth adults and adults with training in skill building, resources, and tools to empower these groups to positively affect change in their communities by promoting tobacco-free and healthy lifestyles.

In 2016/17, YATI delivered 123 trainings and events across Ontario to address four objectives: Education, Awareness and Training; Engaging Youth and Young Adults; Collaboration and Capacity Building (Partnership Projects); and Knowledge Exchange. In total, 4,267 youth and young adults and 1032 adults attended the trainings and events outlined below.

Education, awareness and training:

- 43 general trainings (588 youth and young adults, 167 adults) that focused on tobacco industry denormalization, smoke-free movies, advocacy, youth engagement, youth social identities and creating effective health promotion campaigns
- 6 custom trainings (142 young adults, 23 adults)
- 4 keynote speaking engagements (96 young adults)
- 16 trainings were facilitated through eight regional and provincial summits (259 youth and young adults, 53 adults)
- 2 trainer orientation and professional development days (42 young adult and adult trainers)

Engaging youth and young adults in all facets of the YATI program:

- 1 youth and young adult leadership retreat (21 youth and young adults, 2 adults)
- 5 YATI Talks, a collection of one hour-long tobacco-related presentations developed and presented for youth by youth (195 youth and young adults, 29 adults)
- 10 volunteer/recruitment opportunities (2,569 youth and young adults, 56 adults)

Collaboration and capacity building:

- 31 trainings were delivered as part of 13 partnership collaborations (373 youth and young adults, 534 adults), including the Aboriginal Tobacco Program's First Nation, Métis and Inuit Youth Ambassador Tobacco-Wise Forum; TEACH tobacco interventions for youth and young adults online specialty course; LGBTQ+ tobacco youth programs; N-O-T on Tobacco Program and N-O-T Train the Trainer, amongst others. For more information about YATI's N-O-T on Tobacco youth smoking cessation program, please refer to the summary in the [Smoking Cessation](#) chapter

Knowledge exchange:

- 1 two-day in-person Networking and Knowledge Exchange event (63 adults)
- 2 teleconference/webinars Knowledge Exchange opportunities (80 nonspecific)
- 2 special events²⁸

The YATI website was active in 2016/17, with the English site having 11,510 visits (8,470 unique visitors) and 33,556 page views and the French site having 567 unique visitors and 732 page views. The YATI Facebook account had 484 friends; their Twitter feed had 1,645 followers and 5,110 tweets; their Instagram account had 134 followers and 51 posts; and the YATI YouTube channel had 24 subscribers and 18,236 views.

Effects: Participants from YATI's 2016/17 trainings and events reported significant increases in pre- and post-training knowledge and self-efficacy mean scores across several trainings and events, including the youth and young adult general training, adult general training, trainings that were part of summits and trainings delivered as part of partnership collaborations. Participant satisfaction with the trainings and events was also high (range: 4.1/5-4.85/5).²⁹

You Can Make It Happen

You Can Make It Happen is an initiative of Ontario public health units in partnership with the Canadian Cancer Society Smokers' Helpline and is focused on providing resources and support to health professionals to help clients quit tobacco use. Project activities include the development and dissemination of resources to assist health professionals with brief interventions as well as materials to share with patients and clients, public health unit or partner support to providers as they develop cessation services for their client population, linkages to regional cessation Communities of Practice and work groups. The project is implemented across all Tobacco Control Area Networks and targets various health professionals including nurses, pharmacists, dental professionals and optometrists.

Reach: In 2017, the You Can Make It Happen website received a total of 3,689 visits, the majority of which (2,362) were from accounts hosted by Canadian internet service providers, suggesting that the site is reaching its target audience.^{iv} Per website visit, visitors looked at an average of 2.57 pages and spent 2 minutes 30 seconds per page view. A total of 640 PDF documents were downloaded from the website between January and June (information not available for July to December). The three most commonly downloaded products were the Ontario Drug Benefit Formulary form, 5A's Overview Staff Pocket Card, and the Tips and Quit Plan Handout.

^{iv} Google Analytics. Distributed by Donna Kosmack, Southwest TCAN. Personal communication, January 25, 2018.

A province-wide evaluation of You Can Make It Happen conducted by the Ontario Tobacco Research Unit found that 14,833 materials were distributed through trainings, meeting, mail-outs and information booths to 4,014 health practitioners in 2017 (based on responses from across 20 public health units). The most commonly distributed You Can Make It Happen resources were the Assist Tips and Quit Plan handout (7,701 copies distributed to 814 health practitioners) and the 5A's Overview Staff Pocket Card (1,146 copies distributed to 906 health practitioners).

Effects: No specific information is readily available about You Can Make It Happen's influence on health professionals' practice behaviour or the program's impact on clients.

Leadership and Coordination

The Executive Steering Committee identified the creation of an intense, compelling multi-faceted, multi-year mass media-based public education and social marketing campaign as a priority action to engage the public.

The Executive Steering Committee identified that a comprehensive learning system be established as a priority action to ensure the best evidence is used to guide the Strategy.

The Executive Steering Committee identified the need to establish the most effective mechanism(s) to provide leadership, assign responsibility, ensure coordination, and hold people and organizations accountable for executing the strategy as priority actions to ensure strong leadership, coordination and accountability.

Ministry of Health and Long-Term Care

The Ministry of Health and Long-Term Care is the central leader and funder of the SFO Strategy and all the Strategy initiatives. In particular, the Ministry of Health is responsible for coordinating the implementation and enforcement of the *Smoke-Free Ontario* and *Electronic Cigarettes Act*, including the maintenance of the Tobacco Inspection System administrative database (for more information about enforcement, please refer to the [Protection](#) chapter).

In addition, the Ministry of Health creates and promotes provincial-level tobacco-related mass media campaigns. In 2016/17, only two provincial cessation-focused media campaigns were run between January and May 2017 (for more information about enforcement, please refer to the [Smoking Cessation](#) chapter). Other local and regional stakeholders have run smaller public education campaigns on an ad hoc or intermittent basis to further promote smoke-free policies, the harmful effects of tobacco use, tobacco use prevention and cessation services.

Provincial Task Forces

The Protection and Enforcement, Prevention, Cessation and Tobacco Control Systems Committee were comprised of representatives from the tobacco control community who have considerable expertise and experience working in the related tobacco control areas. The Task Forces provided information and advice in developing and supporting programs, services and policies in the Province. As of June 2016, the Task Forces were put on hold by the Ministry of Health and Long-Term Care. Without the involvement from these Task Forces, the SFO Strategy has suffered from lack of coordination, opportunities for cross-learning and planning for efficient and effective execution of interventions.

Provincial Young Adult Prevention Advisory Group

As a Tobacco Control Area Network initiative, the purpose of this Advisory Group is to provide a forum for provincial partners to collaborate, develop, implement and evaluate a comprehensive, coordinated, evidence-informed approach to reduce tobacco use among Ontario young adults, including:

- Review evidence related to young adult tobacco use
- Move components of the Smoke-Free Ontario Strategy forward by supporting the work of any Advisory Group working group

In 2016, two working groups were set: a) Tobacco/smoke free campus working group, and b) Workplace policy/programming working group. The latter group was placed on hold in early 2017.

Public Health

Public Health Units

In Ontario, 36 local boards of health are responsible for delivering public health programs and services within their communities (referred to as public health units in this report). Public health units are critical stakeholders in the implementation of tobacco control programming and policies in the Province and have a sizable infrastructure including program staff and enforcement personnel.

Public health units are responsible for the following requirements of the recently revised Ontario Public Health Standards:³⁰

- Work with school boards and/or staff of elementary, secondary, and post-secondary educational settings to influence the development and implementation of comprehensive tobacco control policies
- Increase the capacity of workplaces to develop and implement comprehensive tobacco control programs and policies
- Collaborate with local food premises to provide information and support environmental changes through policy development related to the protection from environmental tobacco smoke
- Work with municipalities to support comprehensive tobacco control policies in recreational settings and the built environment
- Increase capacity of community partners to coordinate and develop regional/local comprehensive tobacco control programs and services through promoting access to community resources
- Increase public awareness about comprehensive tobacco control through regional/local communication strategies
- Provide advice and information to link people to comprehensive tobacco control community programs and services
- Implement and enforce the *Smoke-Free Ontario Act* and *Electronic Cigarettes Act* in accordance with provincial protocols

In the area of prevention, many public health units have chosen to hire a Youth Engagement Coordinator to facilitate the achievement of prevention-focused requirements. These coordinators work collaboratively across risk factor-related programs within the public health unit and externally through community partnerships with youth organizations. They also work with Youth Development Specialists and other regional stakeholders within the Tobacco Control Area Networks to establish regional plans and priorities for tobacco use prevention programming. Youth Engagement Coordinators focus their work on a number of activities including: training on the principles of youth engagement across public health unit programs, funding of youth-led health promotional activities, ongoing engagement of youth in tobacco control and creating opportunities for peer networking and learning.

Specific public health unit initiatives are discussed in the [Youth Prevention](#), [Smoking Cessation](#), and [Protection](#) chapters.

Tobacco Control Area Networks

The seven Tobacco Control Area Networks, regional groupings of one to nine neighbouring public health units, have a mandate to provide leadership, coordination and collaborative opportunities related to all components of the SFO Strategy. Tobacco Control Area Network Coordinators and Youth Development Specialists are actively involved in Communities of Practice and committees to represent the local level in the planning of policies and interventions. Tobacco Control Area Network staff also assist in assessing local public health unit training and technical assistance needs, and they help communicate Ministry of Health and Long-Term Care policies and activities.³¹ One of the more important roles Tobacco Control Area Networks play is to plan and execute large regional projects and coordinate regional media activities. Please refer to the [Youth Prevention](#), [Smoking Cessation](#), and [Protection](#) chapters for information about regional initiatives.

Indigenous Partners

The Executive Steering Committee identified the following as priority actions to work with Indigenous partners to develop strategies specific to First Nations, Métis and Inuit communities building on existing approaches:

- Establish mechanisms to engage First Nations, Métis and Inuit communities to have further dialogue on the recommendations in the Executive Steering Committee report
- Ensure that no part of this Strategy impinges on the use of tobacco by Indigenous people and communities when used for traditional or ceremonial purposes
- Support development, implementation and further expansion of Indigenous-specific approaches within an integrated health promotion/chronic disease risk factor approach, in a sustainable way

Aboriginal Tobacco Program

As a part of the Aboriginal Cancer Control Unit at Cancer Care Ontario, the Aboriginal Tobacco Program (ATP) works with and for First Nation, Inuit, Métis and other Indigenous and non-Indigenous partners to enhance knowledge, build capacity and empower communities with the skills and tools needed to address commercial tobacco prevention, cessation and protection. The ATP encourages and partners with communities to become “Tobacco-Wise” and to use tobacco in a traditional and sacred way while breaking free from commercial tobacco addiction.

As part of its programming, the ATP employed four Aboriginal Tobacco-Wise Leads who engaged directly with First Nation, Inuit and Métis communities (with one-time funding in 2016/17, the ATP hired its fourth Tobacco-Wise Lead, as well as a Coordinator, to significantly enhance capacity and reach in the field). The Tobacco-Wise Leads support First Nation, Inuit and Métis communities by identifying and addressing distinct community based needs through tailored campaigns and workshops on commercial tobacco prevention, cessation, and protection.

Below are some of the key infrastructure activities that took place in the 2016/17 fiscal year.

The ATP engaged with youth by partnering with other organizations to facilitate culturally relevant training and interventions:

- Two Tobacco-Wise Youth Ambassador Forums were held (June 2016 and March 2017) in collaboration with the Youth Advocacy Training Institute. In attendance were youth and young adult participants representing communities and organizations across Ontario. The youth shared their knowledge and vision for future Tobacco-Wise communities, received training from the Youth Advocacy Training Institute and took part in knowledge sharing sessions involving First Nations, Inuit and Métis Traditional Knowledge Keepers

The ATP also partnered with a number of other organizations in order to support First Nation, Inuit, Métis communities address the impact of commercial tobacco:

- In 2016/17, the ATP reached a total of 5,892 community members and health care providers through commercial tobacco smoking prevention and cessation workshops.
- Provided 38 non-First Nations, Inuit and Métis partner consultations via phone, email and partnership/collaboration at in-person events (partners include the Centre for Addictions and Mental Health, Leave the Pack Behind, Public Health Units, Ontario Lung Association, Smokers' Helpline).
- Tobacco-Wise Leads have completed ATP-Training Enhancement in Applied Cessation Counselling and Health (TEACH) training through the Centre for Addiction and Mental Health, and serve as Faculty for the TEACH Specialty Course 'Tobacco Interventions with First Nations, Inuit and Métis Populations.' In 2016/17, four Tobacco-Wise leads served as Faculty, providing guidance and expertise to participants over a six-week period in February-March, 2017
- The ATP facilitated promotion, awareness, and capacity building with First Nations, Inuit and Metis communities through the Aboriginal Tobacco Partnership Table (ATPT). The ATPT was comprised of regional and national partners who provide subject matter expertise to increase understanding of the challenges and complexity of tobacco prevention, cessation and protection among First Nations, Inuit and Métis populations. In 2016/17, two meetings were held (June 23rd 2016 and February 15th 2017) and consensus from ATPT members provided direction to expand the ATPT to address the four key risk factors identified within Cancer Care Ontario's Path to Prevention report: healthy eating, active living, alcohol consumption and tobacco

use. While addressing commercial tobacco use with/for First Nations, Inuit and Métis populations in Ontario will remain a core priority of the table, the expansion will allow for additional partners to be engaged in addressing other priority areas identified in Path to Prevention

The ATP website (tobaccowise.com) was re-designed and launched. The website hosts pages with information on the ATP, success stories (prevention, cessation, and protection), ATP partners (and how to reach them), harms of commercial tobacco, getting help to quit smoking, and downloadable resources.^v

Specific initiatives offered by ATP are discussed in the [Youth Prevention](#), [Smoking Cessation](#), and [Protection](#) chapters.

Guidance

Executive Steering Committee

The Executive Steering Committee for the Modernization of Smoke-Free Ontario was established by the Minister of Health and Long-Term Care in Spring 2017. The committee comprised a group of leaders and experts in tobacco and other harmful inhaled substances and products. The committee's report outlined 53 recommendations that were grounded in evidence and best practices, culturally appropriate, responsive to priority issues, and aligned with the government's strategic vision and priorities. One of the key mandates of the report was for the findings to be used in consultation with partners and stakeholders in order to form the basis for a new Smoke-Free Ontario Strategy. To this end, the report has been shared publically,^{1,32} in a Technical Briefing to the Members of Provincial Parliament and through a webinar hosted by PTCC to the broader tobacco control community.³³

Scientific Advisory Committee

In 2017, the Smoke-Free Ontario Scientific Advisory Committee released their second report, *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario (2016)*.³⁴ Based on a

^v Richard Steiner, Group Manager, Aboriginal Cancer Control Unit/Aboriginal Tobacco Program. Personal communication, December 11, 2017

rigorous synthesis of tobacco control research and a jurisdictional scan of tobacco control efforts in Ontario,³⁵ the report provides evidence on the effectiveness of 56 interventions related to the four pillars of tobacco control: industry, prevention, cessation and protection. The report includes a scientific consensus statement that categorizes each intervention's potential contribution for Ontario (high, innovative, moderate, uncertain at this time) and a succinct key message on the potential impact on reducing tobacco use and its associated burden in Ontario.

Executive Steering Committee: Overview of Priority Actions for Infrastructure

The *Smoke-Free Ontario Modernization*¹ report outlined a number of priority actions to create a strong enabling system to execute the SFO Strategy. Below is a summary of priority actions that support the SFO Strategy Infrastructure, including an assessment of how the current SFO initiatives address the priority actions (Table 3-1).

Table 3A-1: Executive Steering Committee Priority Actions that Support the Smoke-Free Ontario Strategy Infrastructure

Priority Actions	Current Status
5.1 Engage the public	
5.1.1 Create an intense, compelling, multi-faceted, multi-year mass media-based public education and social marketing campaign to build awareness about: <ul style="list-style-type: none"> • Harmful effects of tobacco • Tobacco Industry practices • Benefits of quitting • Cessation services and how to access them • Knowledge and skills that young people need to decide not to initiate smoking • Their rights as non-smokers and changes that can be made to protect vulnerable populations 	Not implemented - The Ministry of Health ran two cessation-focused campaigns in early 2017 encouraging young adults and adults to not give up trying to quit smoking. Both campaigns were limited in their duration and intensity. Smaller public education campaigns have been conducted at the local and regional level on an ad hoc and intermittent basis.
5.2 Ensure the best evidence is used to guide the strategy	
5.2.1 Establish a comprehensive learning system <ul style="list-style-type: none"> • Track and report on progress of all activities • Continually use evidence from research, practice, surveillance, monitoring and evaluation to adjust initiatives to increase their impact 	Not formally implemented – Current activities that could contribute to a comprehensive learning system include: <ul style="list-style-type: none"> • SFO partners, public health units and Tobacco Control Area Networks' year-end activity reports • OTRU's annual Strategy Monitoring Report, Knowledge and Evaluation Support, and Rapid Response service • Provincial Task Forces • PTCC's Communities of Practice and evidence summaries • Scientific Advisory Committee report

Priority Actions	Current Status
<p>5.2.2 Ensure up-to-date research findings are readily available to inform policy and practice</p> <ul style="list-style-type: none"> • Assess, appraise and synthesize research findings • Conduct relevant Ontario research on tobacco and other harmful inhaled substances • Document innovative practices • Respond to time-sensitive requests for rapid research reviews • Convene meetings to discuss the scientific evidence • Share new knowledge in timely and useful ways • Support research trainees and investigators 	<p>A number of organizations currently execute and disseminate up-to-date research findings, including the Ontario Tobacco Research Network, OTRU, PTCC, the Scientific Advisory Committee and SHAF.</p>
<p>5.2.3 Evaluate strategy initiatives, activities and enablers</p> <ul style="list-style-type: none"> • Key activities and interventions should be evaluated to assess their individual and collective impact on Strategy goals. • The enabling system should also be evaluated to determine how effective its activities are in supporting the development and implementation of interventions. 	<p>OTRU continues to evaluate the Strategy through its evaluation projects and annual Strategy Monitoring Report.</p>
<p>5.2.4 Conduct ongoing surveillance</p> <ul style="list-style-type: none"> • Ontario should conduct ongoing, flexible, frequent and comprehensive surveillance of: <ul style="list-style-type: none"> ○ Industry trends ○ Population trends ○ Health care system success in reaching and treating people who smoke ○ Progress towards the attainment of goals, objectives and targets 	<p>Through TIMS, OTRU continues to analyze population survey data to assess population trends and progress toward the attainment of SFO goals, objectives and targets. However, the recent 1- 2 year lag in the release of some population survey data limits the ability to assess current population trends.</p> <p>SHAF monitors the price and tobacco taxation, retailer licensing fees and smoke-free policy implementation as measurements towards the attainment of SFO goals, objectives and targets.</p> <p>There remains a lack of publically-available industry and health care system data to conduct ongoing surveillance.</p>

5.3 Build capacity to implement the strategy

Priority Actions	Current Status
5.3.1 Enhance the knowledge and skills of all involved in implementing the strategy <ul style="list-style-type: none"> • Pre-licensure and post-licensure cessation education for all health care providers • Ongoing opportunities for knowledge and skills development for others involved in implementing aspects of the strategy 	Ongoing training for health care providers and public health personnel is provided by a number of organizations: Ottawa Model, OTRU, PTCC, RNAO, SHAF and TEACH. YATI also provides training for youth, young adults and adults who wish to engage in tobacco-related advocacy work.
5.3.2 Provide technical assistance, advice and guidance in planning, implementing and evaluating evidence-based interventions.	ATP, OTRU, PTCC and SHAF all engage in the ongoing provision of technical assistance, upon request.
5.3.3 Facilitate learning through Communities of Practice	PTCC leads two Communities of Practice that engage researchers, health care providers and public health personnel from across the Province.
5.4. Ensure strong leadership, coordination and accountability	
5.4.1 Identify the most effective mechanism(s) to provide leadership, assign responsibility, ensure coordination, and hold people and organizations accountable for executing the strategy.	Not implemented
5.5 Works with Indigenous Partners to Develop Strategies Specific to First Nations, Metis and Inuit Communities building on existing approaches	
5.5.1 Establish mechanisms to engage First Nations, Métis and Inuit communities to have further dialogue on the <i>Smoke-Free Ontario Modernization</i> report recommendations	Not implemented
5.5.2 Ensure that no part of this strategy impinges on the use of tobacco by Indigenous people and communities when used for traditional or ceremonial purposes.	In the implementation and enforcement of the <i>Smoke-Free Ontario Act</i> , the Ministry of Health continues to protect the use of tobacco by Indigenous people and communities when used for traditional or ceremonial purposes.
5.5.3 Support development, implementation and further expansion of Indigenous-specific approaches within an integrated health promotion/chronic disease risk factor approach, in a sustainable way.	ATP provides ongoing support for Indigenous-specific approaches.
Cross-Cutting Priority Actions	
Ensure providers have the core skills and	Smoking cessation training is offered through in-

Priority Actions	Current Status
<p>competencies to provide high quality evidence-based cessation services. (Cessation recommendation)</p> <ul style="list-style-type: none"> • Cessation services are most effective when the providers delivering them have the right knowledge, skills, attitudes (core competencies) and resources (tools) • Educational institutions should develop curricula for entry-to-practice preparation as well as continuing education for practicing clinicians that are based on the clinical standards and guidelines and take advantage of existing supports 	<p>person courses/workshop (TEACH, Ottawa Model and RNAO) and web-based training modules (Ottawa Model). It is unknown how many academic institutions include smoking cessation in the curriculum or continuing education course for health care professionals.</p>

Chapter Summary

A strong comprehensive tobacco control strategy needs an infrastructure component to support the successful implementation of policies and interventions aimed at reducing the burden of tobacco use at the population-level. In 2016/17, the Smoke-Free Ontario Strategy funded 14 infrastructure initiatives that offered a wide variety of support – training, research, evaluation, surveillance, knowledge exchange and technical support. These infrastructure initiatives addressed nine out of the 12 enabling system priority actions identified by the Executive Steering Committee. Efforts should be made to continue and expand upon the current infrastructure activities. While increased attention should be given to addressing the three remaining priority actions not currently implemented – a comprehensive learning system; a mechanism to lead, assign responsibility, coordinate and hold organizations accountable for executing the strategy; and a mechanism to engage First Nations, Metis and Inuit communities to have further dialogue on the *Smoke-Free Ontario Modernization* report recommendations.

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