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From Your Dentist's Chair to Your Taxi: Study Updates From OTRU

The third webinar in a collaborative series brought to you by OTRU & PTCC

Start time: 10:30 A.M.

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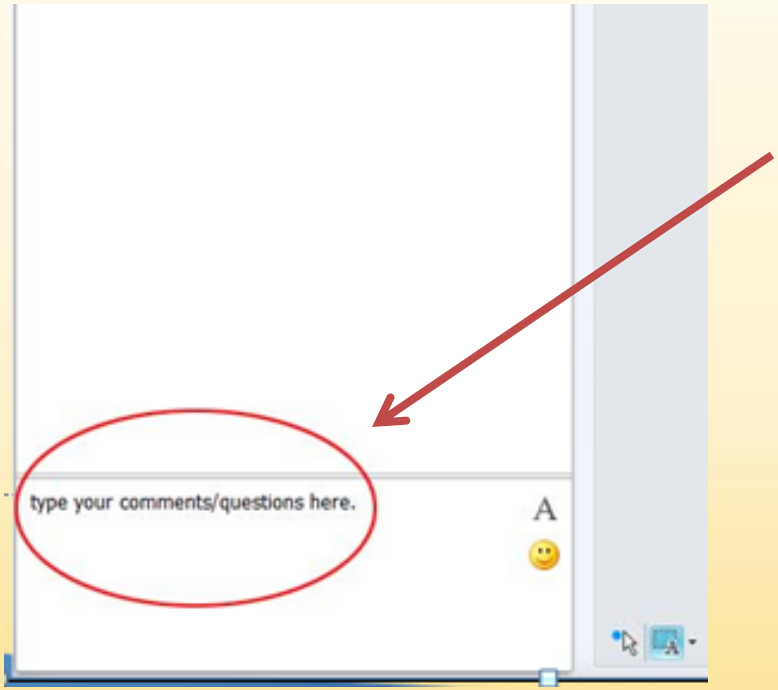

Enter your comments/questions in this chatbox to share with everyone in the webinar

Today's Speakers:

Dr. Alexey Babayan

Jolene Dubray

Dr. Maritt Kirst

Alexey Babayan, PhD

Dr. Babayan is a Senior Research Associate with the Ontario Tobacco Research Unit. Dr. Babayan has considerable practical and methodological experience in conducting evaluation of tobacco control interventions, particularly in the area of smoking cessation.

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Overview of OTRU's Work

Alexey Babayan

October 23, 2012

Areas of OTRU's Work

- Research
- Monitoring & Evaluation
- Teaching & Training
- Knowledge Exchange

Our Approach to Research and Evaluation

Realist

Utilization-focused

Participatory

Mixed method

Our Recent and Current Work (Cessation)

1. Study of sub-populations
   Young adults, low SES, pregnant and postpartum women
2. Survey of Ontario hospitals
3. OHIP cessation billing codes
4. Survey of dental professionals
5. STOP with FHTs and CHCs
6. Cessation Pathways project
7. RNAO Best Practice Smoking Cessation Initiative
8. Quit & Get Fit Initiative

Jolene Dubray, MSc

Jolene Dubray obtained her MSc in Community Health and Epidemiology from Dalhousie University.

At OTRU, Jolene has coordinated several evaluations related to the implementation and enforcement of the Smoke-Free Ontario Act; provided statistical support to OTRU's Tobacco Informatics Monitoring System (TIMS) and Strategy Evaluation Reports; and conducted assessments of the level of smoking cessation services provided by Ontario's hospitals and dental health professionals.

THE ONTARIO TOBACCO RESEARCH UNIT
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Provision of Smoking Cessation Services by Ontario Dental Professionals

Jolene Dubray, Alexey Babayan

October 23, 2012

Purpose

To explore the experience of Ontario dental professionals in providing brief smoking cessation intervention services (5 A's) as part of routine dental practice.

Methods

- On-line survey (Nov-Dec 2011):
  - 21,898 dentists, dental hygienists and dental assistants were invited through professional associations
  - n= 1,966 respondents (9% response rate)

- Phone interviews (Feb-Mar 2012):
  - n=23 dental professionals

Survey Respondents

Variable		n	%
Sex	Female	1826	92.9
	Male	140	7.1
Age	19–29	364	18.5
	30–39	532	27.1
	40–49	636	32.4
	50–59	368	18.7
	60+	66	3.4
Dental profession	Dental Assistant	1317	67.0
	Dental Hygienist	432	22.0
	General Dentist	217	11.0
Primary practice setting	Private Practice	1751	89.1
	Public Health	103	5.2
	Other	112	5.7

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KEY FINDINGS:

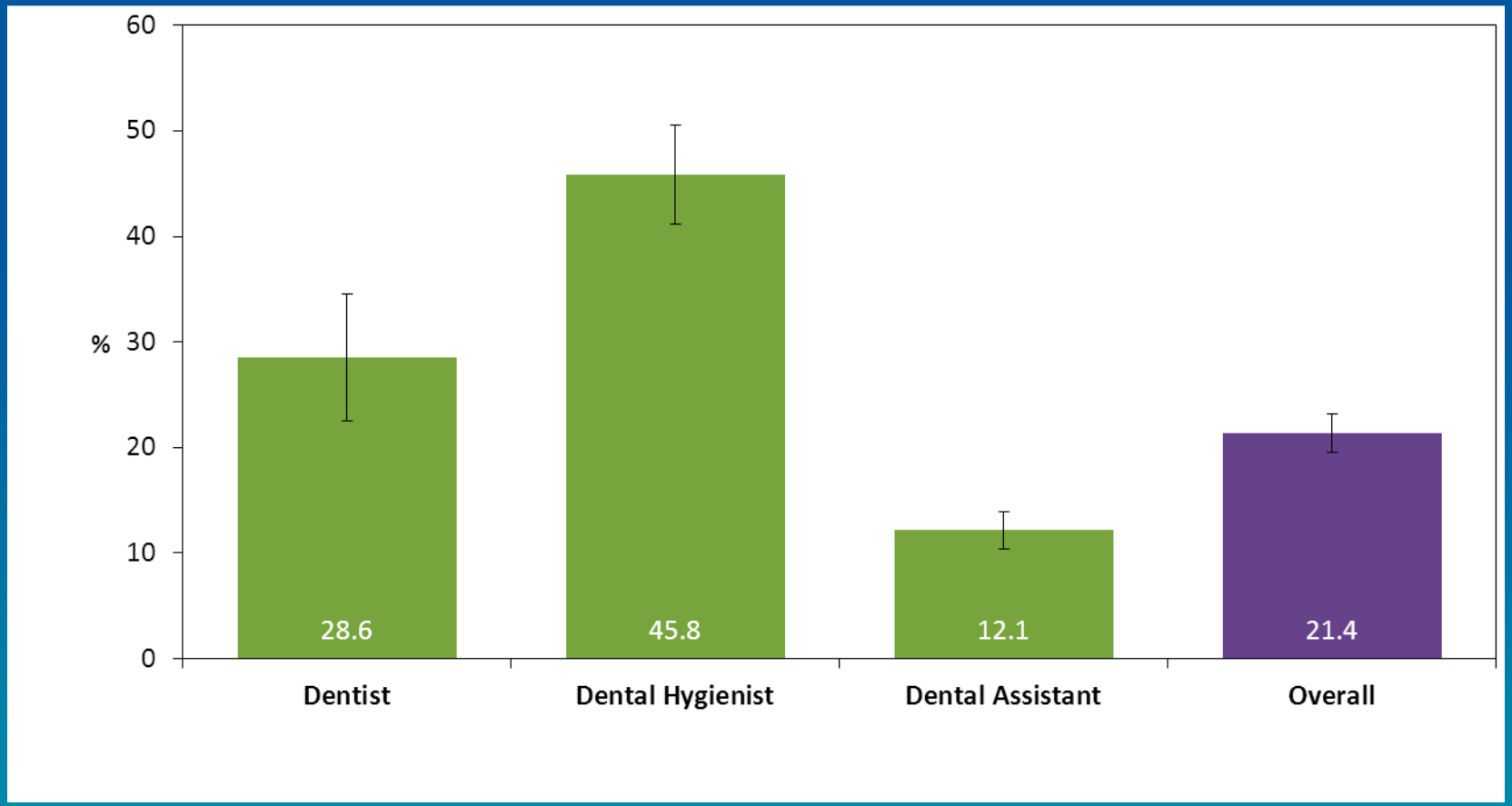
SMOKING CESSATION TRAINING

Smoking Cessation Training

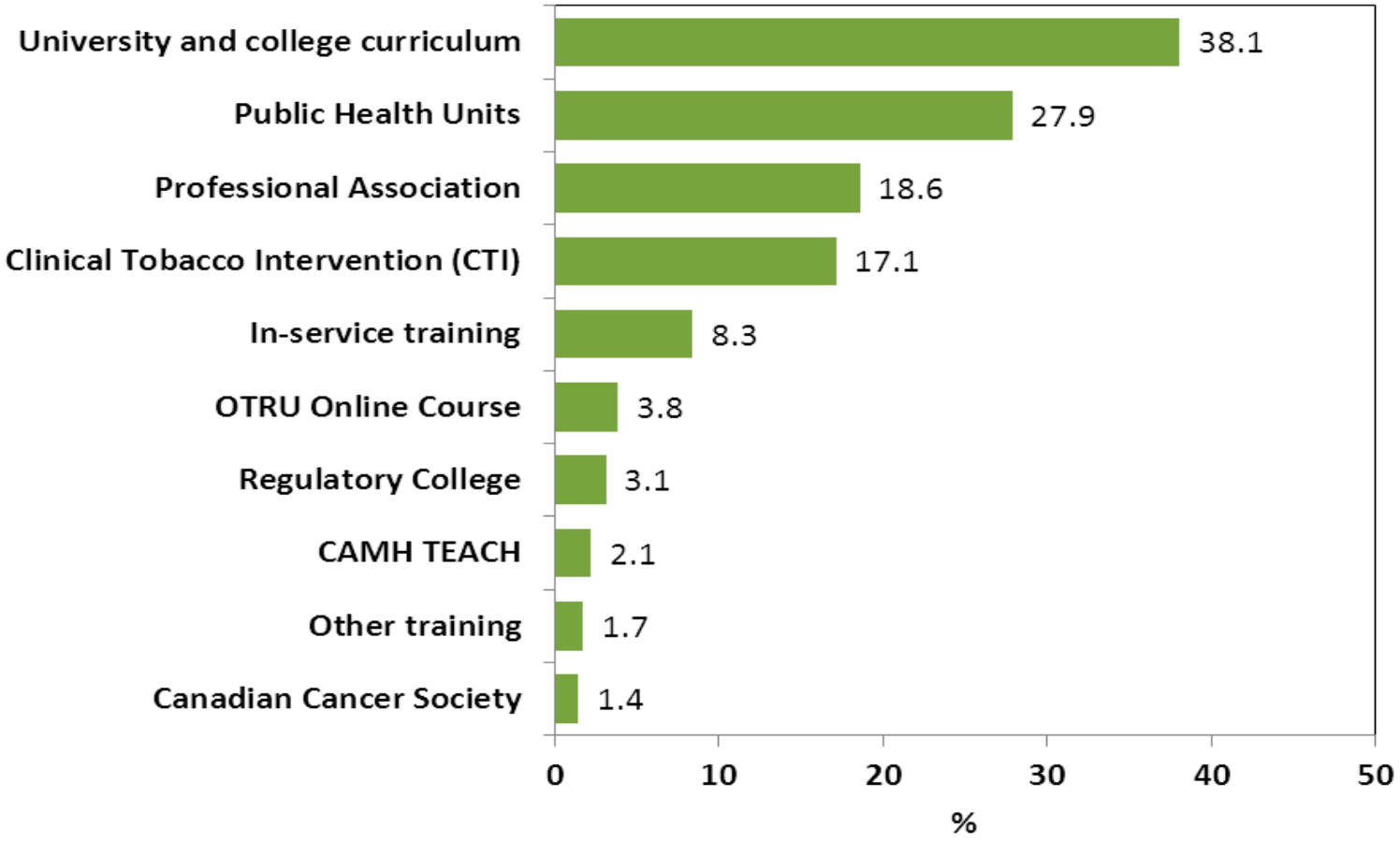
21.4% of dental professionals received smoking cessation training


Poll

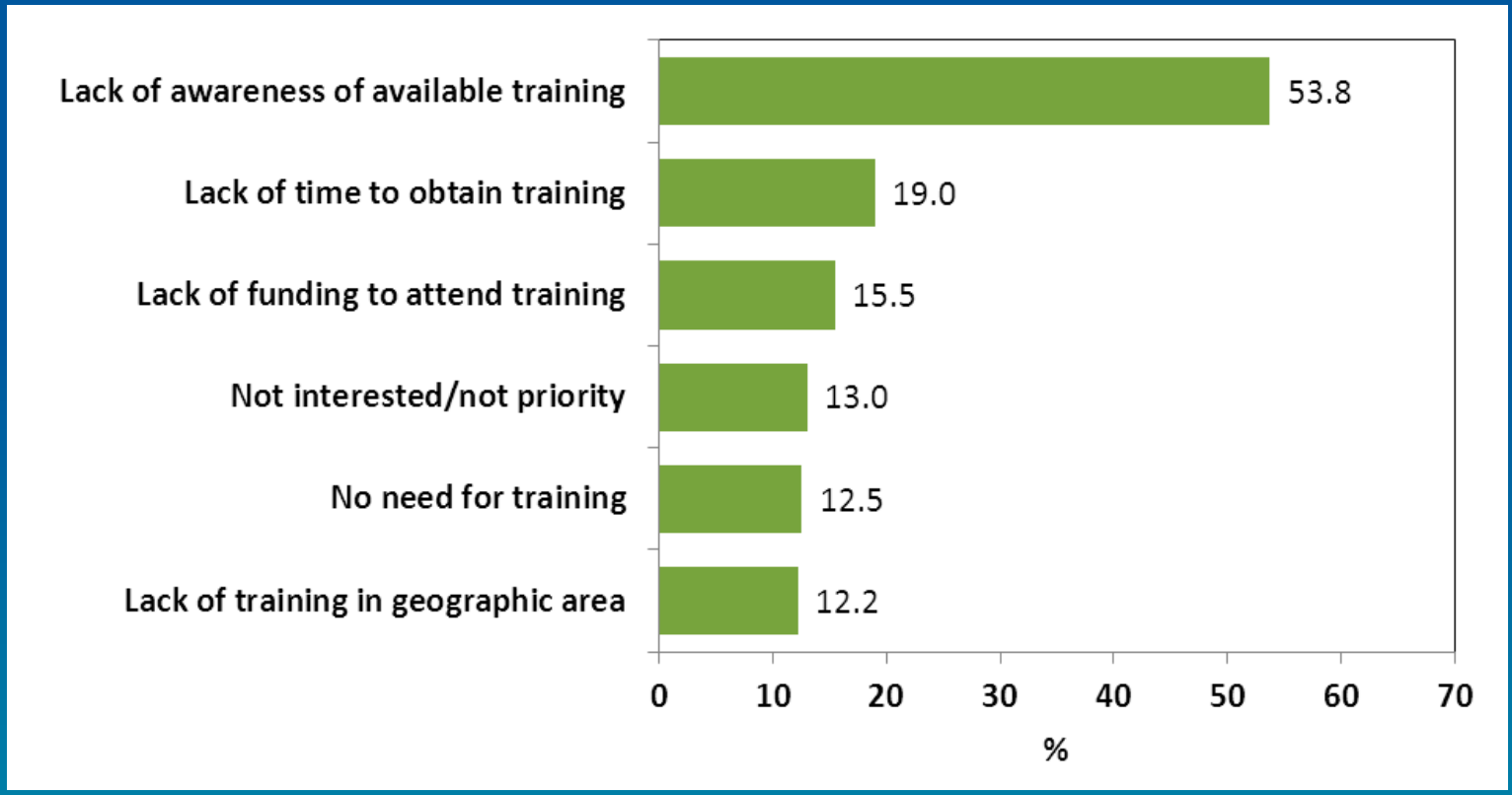
Smoking Cessation Training, by Profession



Key Sources of Smoking Cessation Training



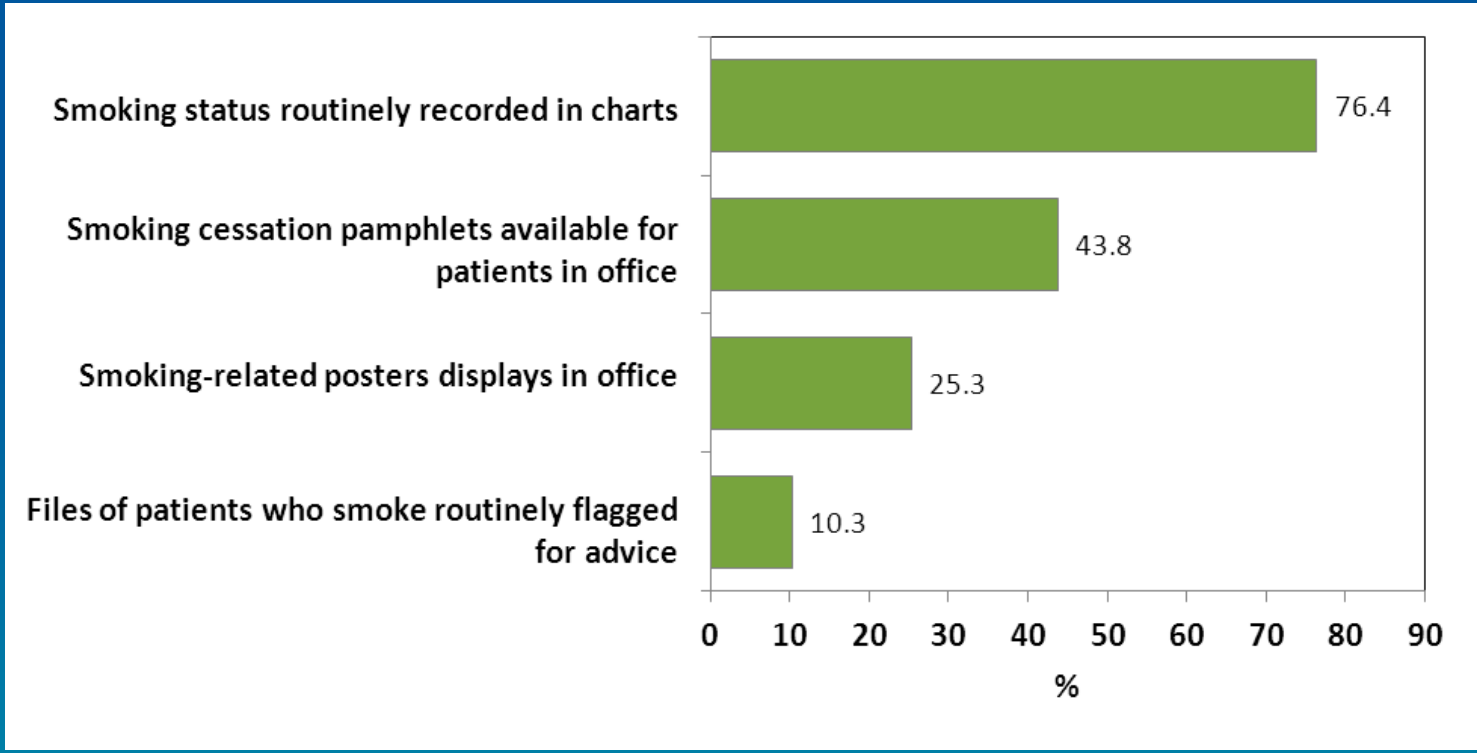
Reasons for not Receiving Training



KEY FINDINGS:

SMOKING CESSATION PRACTICES & SERVICES

Cessation Practices in Dental Offices




Poll

Percentage Providing 5 A's to All or Most Patients

		Overall (n=1966) %
Ask	Ask patients about their smoking status	40.6
Advise	Advise patients to stop smoking	33.7
Assess	Assess patients' readiness to quit	26.3
Assist	Offer self-help resources	11.8
	Recommend NRT	10.3
	Refer to external resources	11.0
Arrange	Arrange follow-up	5.5

Percentage Providing 5 A's to All or Most Patients, by Profession

		Dentist (n=217) %	Dental Hygienist (n=432) %	Dental Assistants (n=1317) %
Ask	Ask patients about their smoking status	52.1[b]	55.6[c]	33.3
Advise	Advise patients to stop smoking	47.7[b]	49.7[c]	25.8
Assess	Assess patients' readiness to quit	29.7[a,b]	49.5[c]	17.4
Assist	Offer self-help resources	9.0[a]	17.9[c]	10.2
	Recommend NRT	7.1[a]	16.0[c]	8.8
	Refer to external resources	12.6[b]	18.1[c]	8.1
Arrange	Arrange follow-up	2.3[a]	9.2[c]	4.7

[a] Significant differences between dentists and dental hygienists, $p < 0.05$
[b] Significant differences between dentists and dental assistants, $p < 0.05$
[c] Significant differences between dental hygienists and dental assistants, $p < 0.05$

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KEY FINDINGS:

SERVICE FACILITATORS

Service Facilitators

	Overall (n=1966) %
Patients are interested in discussing quitting	82.8
Training/knowledge in tobacco use cessation	57.9
Patient self-help materials readily available	54.8
Access to external resources	38.1
Collaboration amongst dental staff in provision of smoking cessation services	32.8
System for identifying and tracking smokers	20.7
Private space to discuss tobacco use with patient	18.9
Reimbursement for cessation services	16.9

Service Facilitators, by Profession

More dental hygienists selected

- Patients are interested in discussing quitting
- Training/knowledge in tobacco use cessation
- Patient self-help materials readily available
- Access to external resources

More dentists selected

- Reimbursement for cessation services

KEY FINDINGS:

SERVICE BARRIERS


Poll

Service Barriers

	Overall (n=1966) %
Patients are not interested in discussing quitting	72.5
Lack of time with patients	57.8
Fear of alienating patients	47.8
Lack of training/knowledge in tobacco use cessation	45.1
Lack of patient self-help materials	35.5
Lack of awareness of cessation resources and community services	32.7
Lack of confidence	30.0
Tobacco use cessation is not a priority issue	20.2
Lack of reimbursement	19.5
Lack of supportive organizational policies and practices	19.1
Lack of private space to discuss tobacco cessation	14.8

Service Barriers, by Profession

Generally, dentists encountered fewer barriers

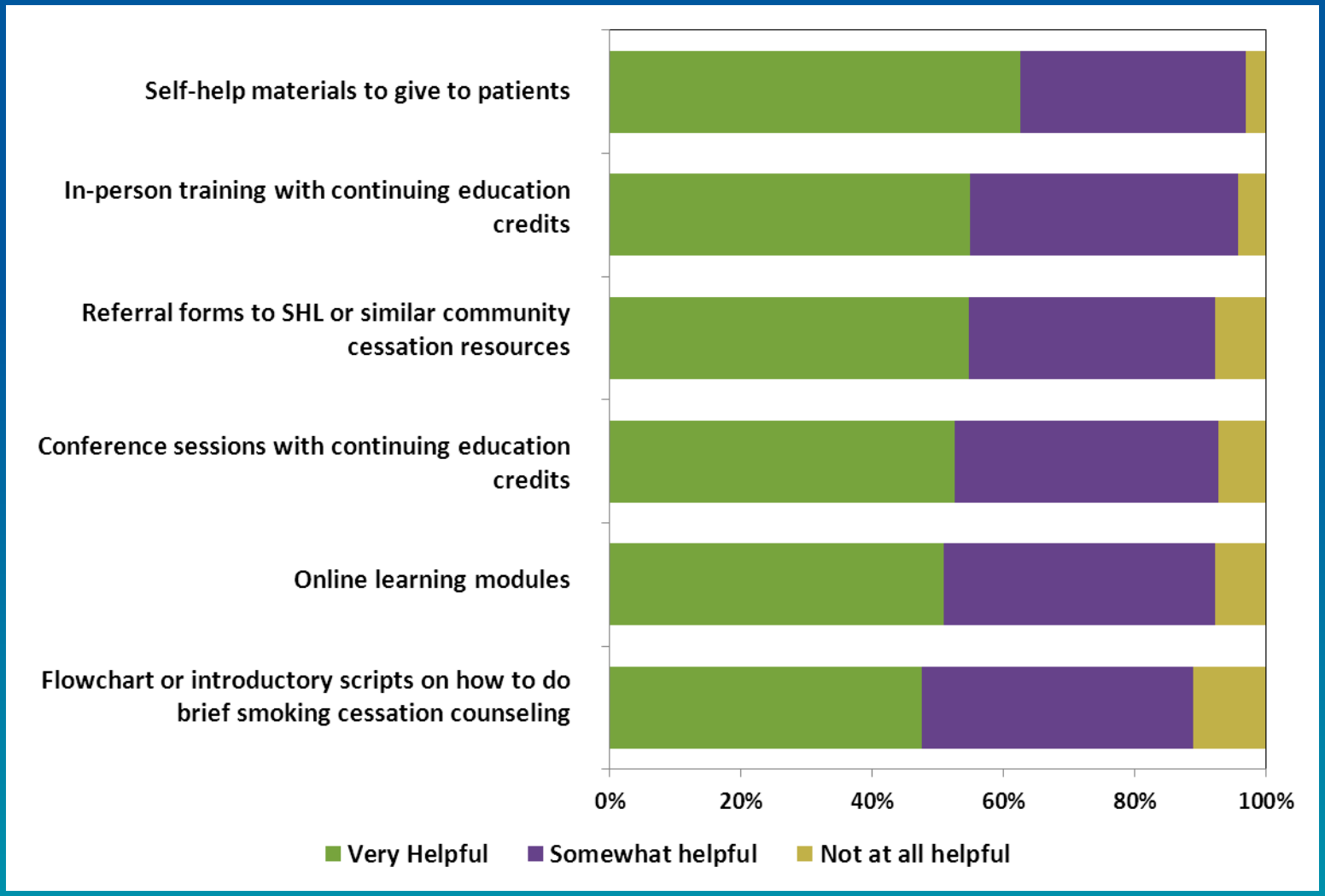
More dental hygienists stated that lack of time with patients was a barrier

More dentists stated that lack of reimbursement was a barrier

KEY FINDINGS:

RESOURCES TO ASSIST SMOKING CESSATION SERVICES

What Resources Would Help to Improve Service Provision?



LIMITATIONS

Study Limitations

Convenience sample

Low response rate (9%)

Self-reported data that was not verified

SUMMARY OF FINDINGS

Summary

Not many dental professionals routinely provide brief smoking cessation intervention services

More dental hygienists than dentists or dental assistants have training and provide cessation services

Perceived patient interest in quitting (or lack of it) is a critical factor for providing smoking cessation services

Summary

Improving dental professionals' knowledge and skills is critical

More outreach and dissemination activities are needed to increase awareness of training programs, cessation services and resources

Acknowledgments

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Special thanks for assistance in recruiting survey participants:

- Ontario Dental Assistants Association,
- Ontario Dental Association
- Ontario Dental Hygienists' Association

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

Smoking in Taxis: A Problem-Solving/Community Engagement Approach to Risk-based Enforcement

Maritt Kirst, Cora McCloy, Farzana Haji, Noorin Manji, Erika Yates, Roberta Ferrence, Robert Schwartz

Ontario Tobacco Research Unit

Outline of Presentation

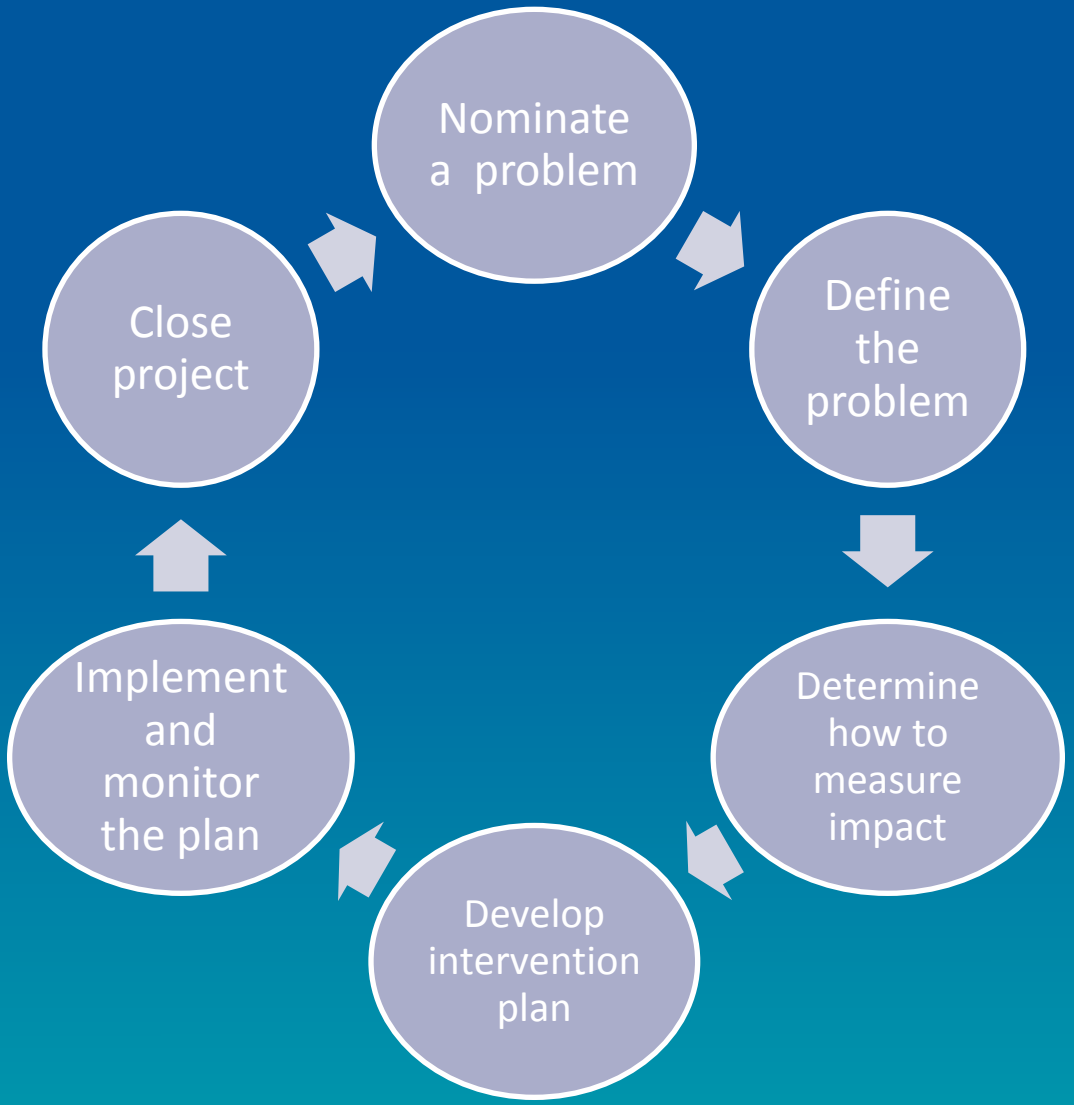
- Introduction to the Risk Based Enforcement Pilots and the Problem-Solving/Community Engagement (PS/CE) Approach
  - Smoking in Taxis Problem Definition Stage
  - Smoking in Taxis Intervention Formative Evaluation Stage
    - Learning From Formative Evaluation of Intervention and PS/CE Approach

Risk-Based Enforcement Pilot Objectives

- To explore new approaches to enforcement, by working with participating health units to tailor and pilot evidence-informed approaches

- To reduce risk of non-compliance with the *Smoke Free Ontario Act (SFOA)* through implementation of resource effective interventions, monitoring and analysis

Sparrow's Problem-Solving Approach



Problem-Solving/Community Engagement (PS/CE) Pilot Overview

- Problem nomination engaged OTRU, Tobacco Enforcement Officers and health promotion staff at participating public health unit
- Narrowed focus to non-compliance in workplace vehicles → taxi vehicles

- Employed a mixed methods approach to collect data to define the problem
  - Findings to inform development of an intervention to address non-compliance with *SFOA* in taxis
  - Evaluation of intervention by OTRU

Methods – Problem Definition Stage

- Data Collection
  - surface nicotine levels to assess evidence of smoking (thirdhand smoke) in a sample of 42 taxis using a standardized analysis protocol adopted from Matt et al. (2008)
    - observation checklist to further assess physical evidence of smoking
  - street intercept interviews with local taxi passengers (N=60)
  - Focus groups with taxi drivers (N=21)
  - Key informant interviews with taxi administration (N=4)

PROBLEM DEFINITION STAGE RESULTS


Poll

Figure 1. Taxi Vehicle Nicotine Levels

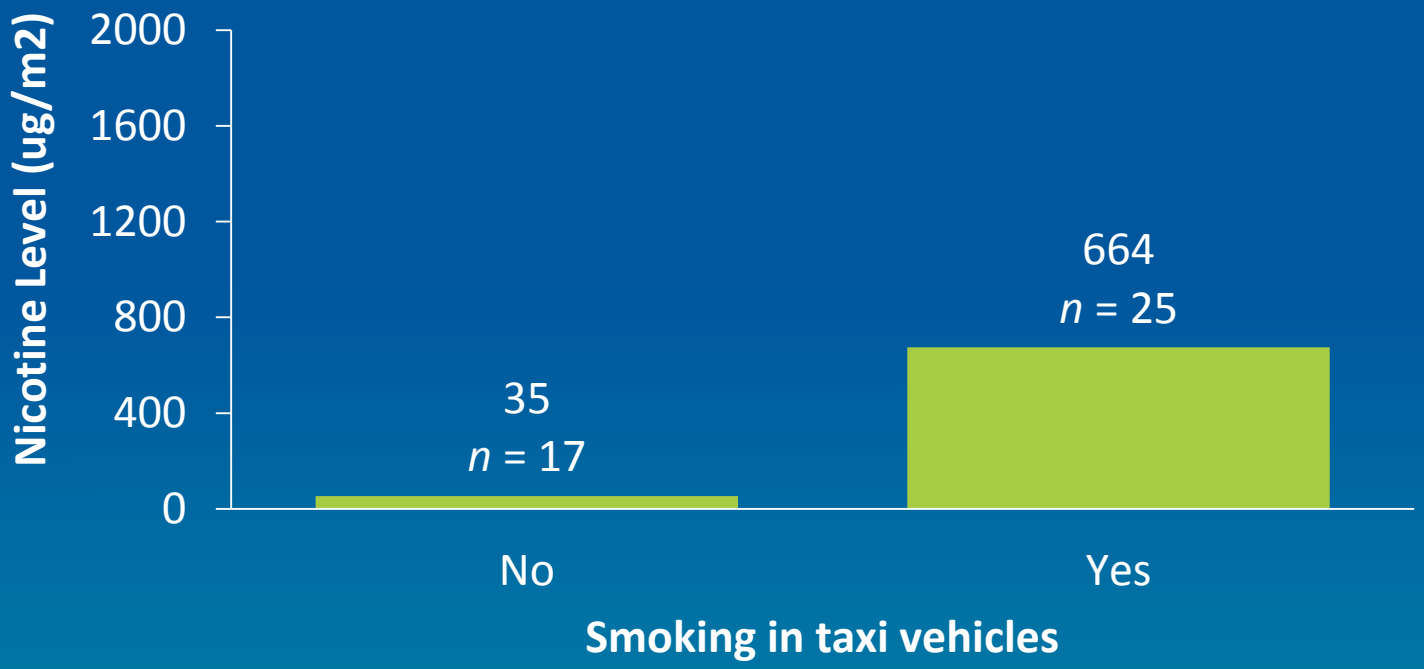
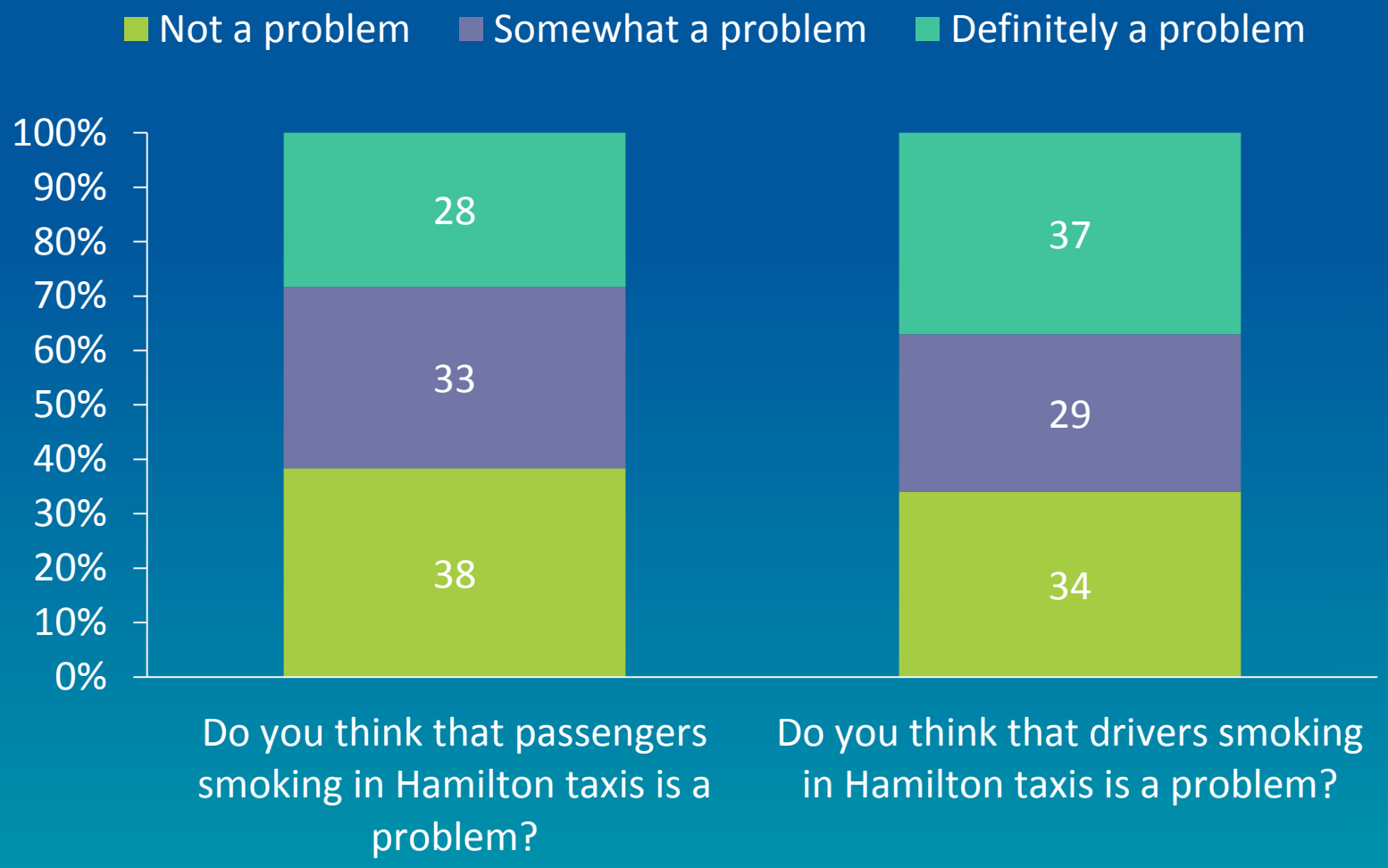


Figure 1. Median nicotine level in taxi vehicles in which smoking has and has not occurred

Figure 2. Passenger Beliefs About Smoking in Taxis (N=60)



Passenger Experiences with Smoking in Taxis in the Last Year

Figure 3.
Has the driver ever smoked in the taxi during your ride?

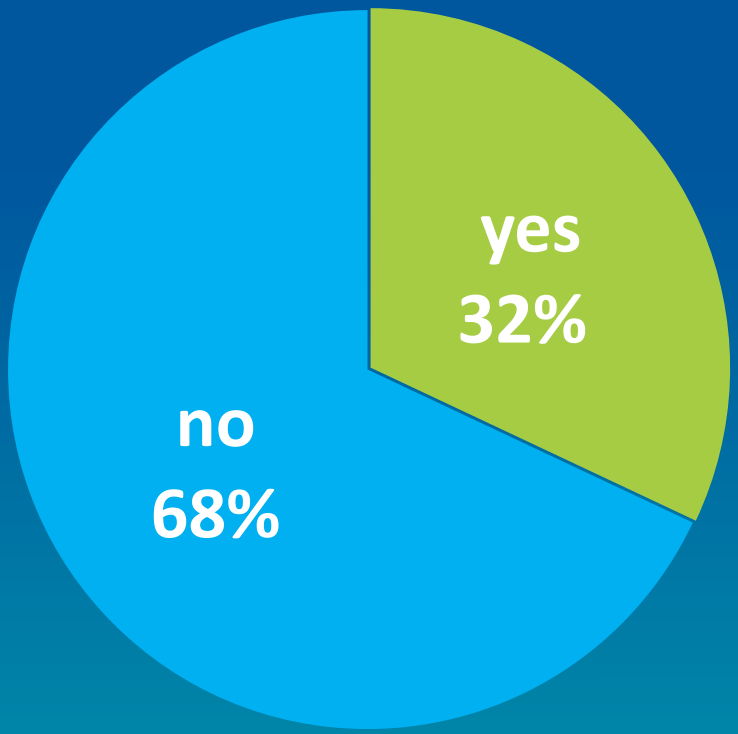


Figure 4.
Has a passenger ever smoked in the taxi during your ride?

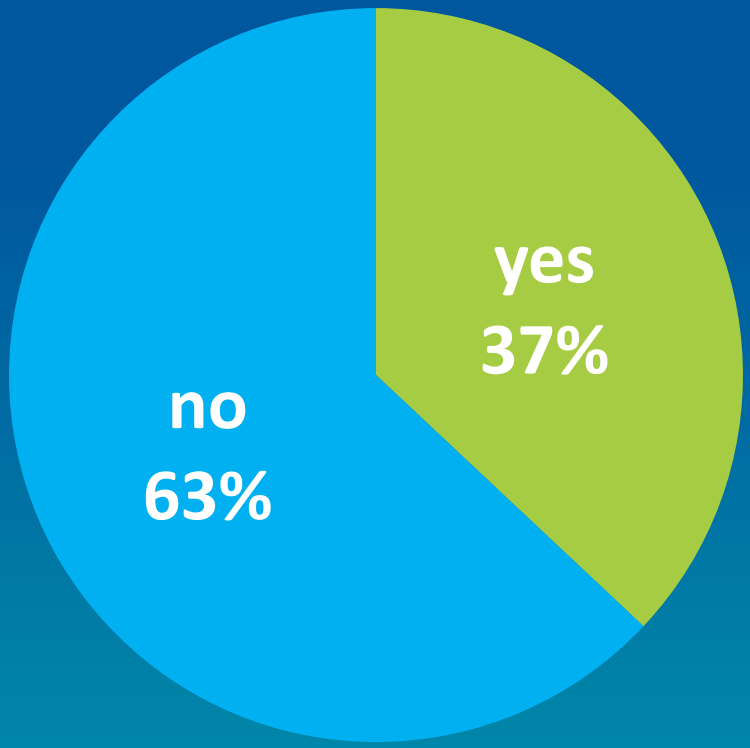
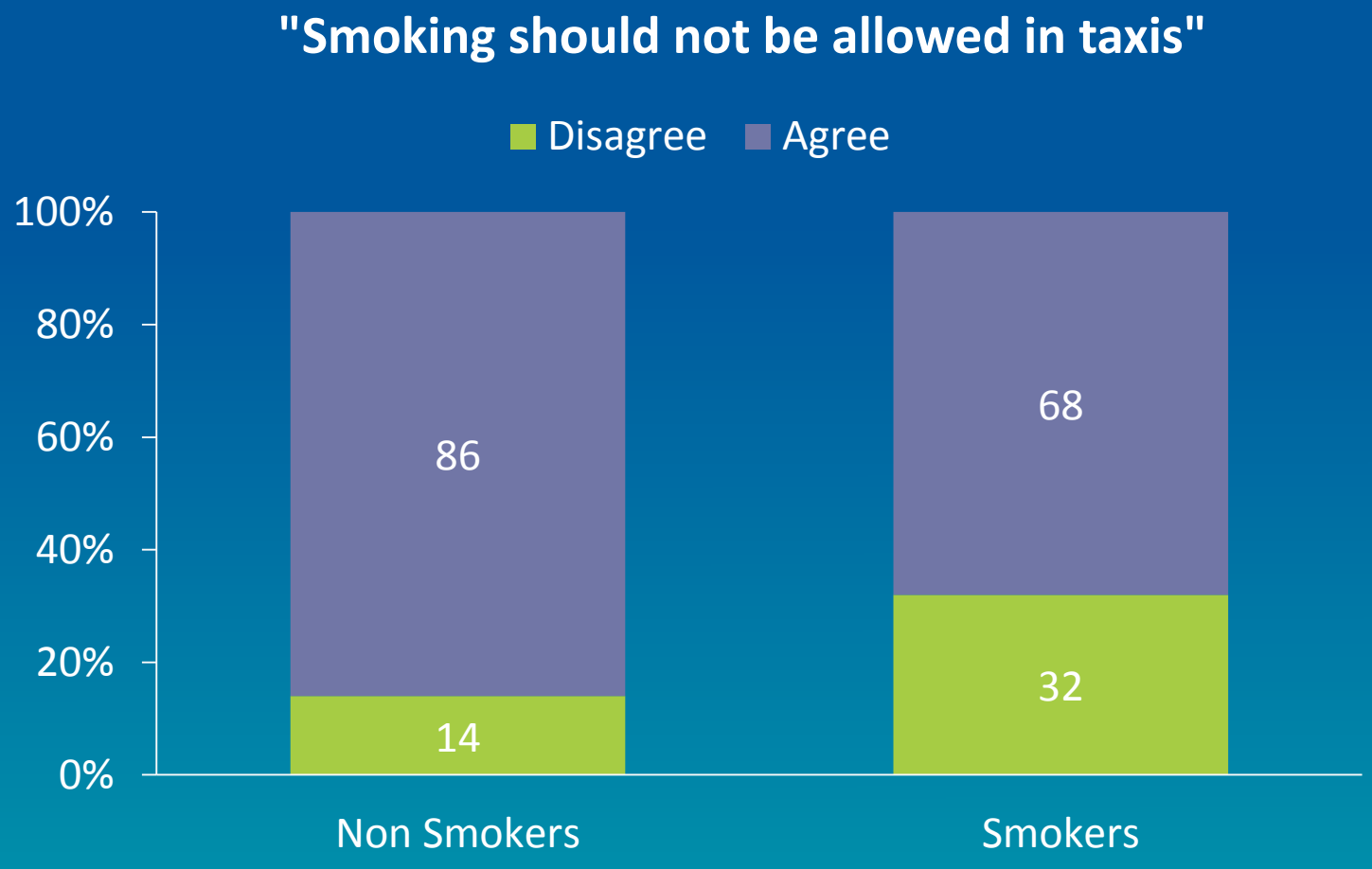


Figure 5. Passenger Beliefs: Whether Smoking Should Be Allowed in Taxis



Barriers to Maintaining a Smoke-free Taxi

- Non-compliant passengers

  I picked up six young girls, like 19 or 20…so they were like 'can you allow me to smoke?' [I responded] 'No'. [Girls said] 'Okay, keep driving'. They were a little upset. When I got to their destination, they had a big knife, they cut my seatbelts and they jump out of the car. They didn't even pay my fare. 'The next time you'll allow me to smoke in the car'. (Driver)

- Limitations to tobacco enforcement

  The bylaw doesn't work in night time past 11:00 for smoking. (Driver)

Barriers to Maintaining a Smoke-free Taxi

- Loss of taxi fares

  I did [lose a fare] a couple of times. I mean like I refused him and he went for a drive in another car. (Driver)

- Smokers' rights

  As far as I'm concerned if you're a non-smoker, that's fine. Don't tell me I can't smoke. You don't have that right, that's my right. (Driver)

Facilitators to Achieving a Smoke-free Taxi

- Mandated no-smoking stickers on taxi vehicle windows and *SFOA* awareness

- Ongoing enforcement of *SFOA*

- Drivers' conflict resolution strategies:

  If they're walking towards your cab with a cigarette in their hand so we tell them…'go ahead and finish up, I'll wait for you, I'm not going to start the meter'. They appreciate that. (Driver)

Summary – Problem Definition

- Smoking in taxis is a problem
- Drivers generally support public health messages, campaigns, and tools that prevent and reduce smoking in taxis
- Challenges: non-compliant passengers; smokers' rights; loss of fares
- Facilitators: public awareness; fines; decals; reducing tension between drivers & passengers

Intervention Development and Evaluation

- Findings from problem definition phase of study shared with participating PHU to inform development of intervention
- Intervention implementation began Dec. 2011
  - Health promotion campaign to raise awareness of issue, legislation and related $305 fine for smoking in taxis among passengers and drivers

Health Promotion/*SFOA* Awareness Campaign

- Posters in a number of locations in city
- In–taxi business cards
- Rear-facing in-taxi promotional sleeves

Formative Evaluation of Campaign

- Formative evaluation of the campaign in March 2012 - Campaign implementation was ongoing during the evaluation

- Evaluation captures preliminary assessments of campaign implementation and reach

Formative Evaluation Questions

- What aspects of campaign implementation are working well?
- What are the challenges in achieving campaign goals?
- What is the preliminary reach of the campaign to target populations (i.e., taxi passengers and drivers)?

Methods – Formative Evaluation

- Data Collection
  - Street intercept interviews with local taxi passengers (N=50) and drivers (N=50)
  - Focus groups with taxi drivers (2 focus groups; N=11)
  - Key informant interviews with Public Health Unit staff and taxi administration (N=5)

FORMATIVE EVALUATION RESULTS

Challenges to Campaign Development and Implementation

- Staffing challenges

- Limited funds for the campaign and communication with funder
  - *If we had…sort of a dedicated account line for a particular initiative would we do it a little differently? Yes…would we include things like paid media? Yes….It would have been nice to have a more…cooperative discussion about funds for the PS/CE pilot.*

Challenges to Campaign Development and Implementation

- Limited consultation with campaign partners
  - *[They said] 'We don't like those [in-taxi promotional sleeves] 'cause they could be used to strangle one of the drivers.' … that's part of this problem which is how do we work with you to better understand your setting and what is practical for us to be involved in that will help mitigate the problem.*
- Challenges with campaign material distribution

Facilitators to Campaign Development and Implementation

- Internal and external partnership development
  - *…I think this is at least a step forward where at least some of them [taxi drivers] know the information now and I think in terms of [taxi company name] for sure, it's been a very positive development because they… know we're eager to assist and want to work towards compliance in their vehicles, so I think that's been a good development.*

Preliminary Reach and Perceptions of the Campaign

- At the time of evaluation, campaign reach to taxi passengers and drivers was low

- Passengers aware of the campaign felt:
  - posters were helpful for raising awareness of issue and fine
  - business cards and promotional sleeves were only somewhat or not helpful for raising awareness
  - anecdotally indicated were not previously aware of fine

Preliminary Reach and Perceptions of the Campaign

- Drivers aware of the campaign felt:
  - campaign materials were somewhat or not helpful for raising awareness of issue
  - materials were helpful for raising awareness of fine

Perceptions of Taxi Drivers & Administrators

- Drivers were receptive to the idea of a public awareness campaign, yet challenges were identified:
  - Lack of campaign instructions for drivers
  - Safety concerns:
    - *You don't want weapons [like the promotional sleeve] in the car… like you could take that and pull on the neck, right.*

Perceptions of Taxi Drivers & Administrators

- Challenges with in-taxi campaign material distribution:
  - *…and we have given a lot of these [business cards], they told me some passengers just throw them…in the car. Some people, they don't like it. They just throw it out to your face – but we'll always get some people. I think even if they throw at your face, still they get a message.*

- Unclear campaign messaging

Learning From Formative Evaluation of PS/CE Approach

- PS/CE approach was useful for engaging relevant partners and generating learning

- Learning generated for future campaigns and PS/CE pilots:
  - Consultations with target audience are key
  - Instruction to target audience on campaign message/distribution through educational workshop is necessary

Learning From Formative Evaluation of PS/CE Approach

- Importance of sufficient funding and linkages with funder, other tobacco control programs to support intervention development

- Future PS/CE projects require flexible timelines

Acknowledgements

- Ontario Ministry of Health and Long Term Care – Health Promotion Division
- Participating PHU Tobacco Control Program Staff
- Esther Giesbrecht, CAMH clinical laboratory
- City Vehicle Inspection staff
- Alisa Cascella, Research Assistant
- Sarah Orr, Research Assistant

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