

# **Local/Regional Tobacco Control Success Stories**

***A Report of The Next Stage: Delivering Tobacco  
Prevention and Cessation Knowledge through Public  
Health Networks Project***

## **Final Report**

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## KEY MESSAGES

Consultations were undertaken in early 2011 with representatives of twenty-two local/regional tobacco control initiatives from across Canada. The purpose of the consultations was to identify tobacco control 'success stories' and gain understanding of factors that contributed to those successes. Based on data collection and analysis, the following key messages emerged from the consultation process:

- » The success stories represent a range of work being undertaken in tobacco control, from policy and legislative change through programming. These stories reflect work towards a variety of objectives associated with multiple tobacco control domains and priority populations. Overall, the identified programs fall into four overarching categories: youth; smoke-free areas; training; and, cessation.
- » These stories are a rich resource of practice-based knowledge. The consultation process generated valuable information which furthers understanding of how local/regional success in tobacco control is achieved. This is an important step towards facilitating the exchange of valuable tacit knowledge on tobacco control in Canada.
- » Success of initiatives at the local/regional level was perceived not only in terms of meeting objectives and project outcomes but also in terms of other positive impacts such as empowering communities, strengthening partnerships, and raising awareness of public health services.
- » Nine success factors are crucial in supporting local level tobacco prevention and control work. These include: champions; partnerships; promotion and provision of information; funding; engagement; organizational support; time; creative design; and, infrastructure.
- » Partnerships, organizational support and promoting and providing information are the three most important factors that contribute to success in tobacco use prevention and cessation work.
- » Individual success factors interact synergistically, enabling other factors to come into play and enhance initiatives. The nature of these synergies and how they occur depends on the context of the work undertaken. This supports the notion that the art and science of public health is highly context specific.
- » Findings from this project should be used to inform planning and implementation of future tobacco control initiatives and validated in a larger set of initiatives.

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# Local/Regional Tobacco Control Success Stories

## BACKGROUND

The Canadian Public Health Association (CPHA), with funding from Health Canada, undertook a national project to examine tobacco use prevention and control from a public health perspective. Objectives of the project, titled *The Next Stage: Delivering Tobacco Prevention and Cessation Knowledge Through Public Health Networks* were to engage Canada's public health community in knowledge exchange activities and identify evidence- and practice-based initiatives in tobacco control. This engagement would serve to increase knowledge and understanding of a public health approach to tobacco control and assist in developing recommendations for the next phase of tobacco control in Canada.

While the project addressed tobacco prevention, protection and cessation activities at multiple levels, the primary focus was tobacco control efforts of local/regional level public health organizations. The rationale for this focus is based on: the importance of these organizations in front-line tobacco control action; their responsibilities in assessing and reporting on the health of the public; and, their capacity to work with and mobilize community-based organizations.

The collection of tobacco control 'success stories' in Canadian jurisdictions was a key component of the *Next Stage* project. These stories highlight the importance and scope of tobacco prevention, protection and cessation activities at the local level. To collect these stories, CPHA conducted a series of key informant interviews with local/regional level public health representatives. This report provides a summary and analysis of the results of the consultations undertaken by CPHA between December 2010 and February 2011.

## Purpose/Objectives

The goal of the consultation process was to identify factors, conditions and mechanisms that contribute to local successes in tobacco control. Initiatives representing a range of domains and issues across sub-populations and regions of Canada were examined. These stories are key to understanding 'what works' in tobacco control in the local/regional public health context.

The objectives of this report are:

- To provide an overview of the consultation process for collecting data;
- To present an analysis of the data, specifically as it pertains to perceived successes of the initiatives examined and factors which facilitated those successes.

## Consultation Methodology and Approach

The consultation process, including methodology and approach, for engaging local organizations and learning about tobacco control success stories comprised three phases.

### Phase One – Provincial/Territorial Consultation

Key provincial/territorial contacts were asked to provide leads to a specific, targeted number of successful initiatives in their province/territory (P/T), across tobacco control domains and sub-populations (see consultation guidelines in *Appendix A*). Results from a national survey, conducted earlier in the *Next Stage* project, were used as a starting point for these discussions (see report [Survey on Tobacco Control in Canada's Public Health Units and Health Regions](#)). Survey results that identified perceived successful or emerging/promising initiatives were provided to key provincial/territorial contacts who were asked to review the data and provide a prioritized list of a specified number of initiatives.<sup>1</sup>

#### Considerations

##### *Target Numbers*

- In order to ensure that targets for total numbers of initiatives examined across provinces and territories were reasonably representative, the following factors were considered: number of health units/authorities in each P/T that participated in the national survey, and P/T population.

##### *Identifying Successful Initiatives & Provincial/Territorial Contacts*

- Data on successful initiatives were extracted from the overall survey results and circulated to contacts (see relevant survey questions in *Appendix B*).
- To address privacy issues relating to use of the survey data, only the names of initiatives and one descriptor (e.g., type of smoke-free policy promoted, type of restriction targeted, sub-population, etc.) were circulated. Health unit/region identifiers were removed by CPHA.

##### *Selecting P/T Contacts*

- Provincial/territorial contacts were selected primarily based on their previous involvement in the *Next Stage* project as Advisory Committee members, key informants or participants in the online survey.
- While it was recognized that using key provincial/territorial contacts to identify successful initiatives and leads could introduce bias, it was seen as the most expedient and efficient way to identify and prioritize successful initiatives in the large data sets.

## Phases Two and Three – Local/Regional Consultation

Follow-up with representatives from local health units and regions involved a two-stage process to collect information.

### Phase Two

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<sup>1</sup> Contacts received survey data relevant to their P/T jurisdiction only. In selecting successful initiatives, contacts were asked, to the extent possible, to identify programs targeted to a variety of sub-populations and across domains. Contacts were asked to provide contact information for representatives of each of the local/regional initiatives identified.

Interviews of approximately thirty minutes in length were held in which information was collected using relatively open-ended questions. These consultations targeted the 'what' and 'why' of successful tobacco control initiatives. Informants were asked to tell the story of the initiative and why it was perceived to be successful. The phase two consultation guidelines are included in *Appendix A*.

### **Phase Three**

Follow-up key informant interviews, of approximately forty-five minutes in length, sought specific types of information using a more guided approach. This phase focused on eliciting information regarding the 'how' of the initiative and its success. Key informant questions addressed facilitating factors, key ingredients for success, challenges, and some of the lessons learned from the initiative. The phase three consultation guidelines are included in *Appendix A*.

### **Considerations**

#### *Deviations from the process*

- A single interview was conducted in some cases where key informants' availability and time were limited; in these cases, discussions were structured using the phase three consultation guidelines.
- Some phase three consultations were conducted as conference calls in cases where more than one key informant was identified for the initiative.
- Data for two of the phase three consultations were provided in writing because informants were unavailable for telephone meetings and/or timelines precluded consultation discussions.

#### *Key Informant Profile*

- Key informants for the tobacco control success stories included representatives from local public health organizations, regional health authorities, Non-Governmental Organizations, and a consultant.
- All provinces and territories were contacted, and representatives of all participated in the consultation process.
- A total of twenty-two initiatives are discussed in this report. The geographic break-down for identified tobacco control success stories is as follows:

Alberta (1)	Nunavut (1)
British Columbia (2)	Ontario (7)
Manitoba (1)	Prince Edward Island (1)
New Brunswick (1)	Quebec (1)
Newfoundland (1)	Saskatchewan (2)
Nova Scotia (1)	Yukon (2)
Northwest Territories (1)	

### **Overview of the Initiatives**

Tobacco control initiatives are often discussed according to domain and population targeted. While the broad conceptual level of these categories is useful for analyzing initiatives and their objectives, the current analysis examines factors which facilitate initiatives success. This requires a framework suited to this more specific analytic focus. Categories that reflect a mixture of approaches, objectives/goals and populations/settings have been employed to organize the discussion and analysis. These categories may be thought of as 'purpose,' and are defined as follows:

1. **Smoke-Free Areas/Places** – Initiatives oriented to changing policy, behaviour or legislation in order to realize smoke-free areas in a variety of settings, including: homes, restaurants/bars, workplaces, hospitals, and other health institutions.
2. **Youth/Young Adults** – Initiatives seeking to engage a youth audience in order to prevent tobacco use, and/or to promote cessation, empowerment and healthy lifestyles.
3. **Cessation** – Initiatives using methods such as counseling, Nicotine Replacement Therapies, messaging, and incentives in order to promote quitting and support a variety of populations through tobacco cessation attempts.
4. **Training** – Initiatives designed to train public health workers and health care professionals to identify tobacco control needs and provide community support.

They were conceived based on important commonalities between the programs. Figure 1 outlines the initiatives associated with each category.

**Figure 1: Initiatives by Category**

<b>Smoke Free-Areas /Places</b>	Smoke-Free Places Legislation, <i>New Brunswick</i> Smoke-Free Vehicles By-law which lead to a Smoke-Free Vehicles Amendment to the Smoke-Free Places Act, <i>Nova Scotia</i> Amendments to Smoke-Free Places Act, <i>Prince Edward Island</i> Smoke-Free Environment Policy, <i>Newfoundland</i> Blue Light Program, <i>Manitoba</i>
<b>Cessation</b>  - Counselling - Incentive Programs - NRT	Quitters Unite*, <i>British Columbia</i> Driven to Quit, <i>Ontario</i> TAR, <i>Saskatchewan</i> NICC Program in Mental Health & Addiction*, <i>British Columbia</i> Subsidized Nicotine Replacement Therapies, <i>Ontario</i> Quitpath, <i>Yukon</i> PACT*, <i>Saskatchewan</i>
<b>Training</b>	NICC Program in Mental Health & Addiction*, <i>British Columbia</i> Inuit Tobacco Free Network, <i>Nunavut</i> PACT*, <i>Saskatchewan</i> TRaC, <i>Alberta</i> RNAO, <i>Yukon</i>
<b>Youth/Young Adult</b>  - School-based initiatives - Youth Engagement Strategies	Quitters Unite*, <i>British Columbia</i> Flavour Gone, <i>Ontario</i> High School Grants, <i>Ontario</i> ** Community Grants, <i>Ontario</i> ** Don't be a Butthead, <i>Northwest Territories</i> DeFacto, <i>Quebec</i>

\*Some initiatives address more than one category.

\*\*Profiles of two health units for each of the high school and community grant initiatives were conducted, thereby raising the total number of initiatives to twenty-two.

*Appendix C* provides a synopsis of each of the initiatives by category, including: who administered the initiative; associated domain; target populations; and, a brief description of the initiative/overview of its objectives.

The information included in *Appendix C* was drawn from the following interview questions:

- Can you please confirm the tobacco prevention and control domain the initiative is associated with.
- Please describe the initiative and why it was undertaken.
- Who does the initiative target – is it designed to accommodate the general population or sub-populations?

### **Public Health Role**

A significant number of the initiatives discussed in this report were administered by public health, i.e., local public health units or public health components of regional health authorities. The majority of other programs were administered by NGOs, however these organizations often linked with public health in one or more ways to support the work. Provincial and federal health ministries also provided important support to these initiatives, financially and otherwise. In most cases, success of initiatives depended on a combined effort between levels and sectors of public health practice, i.e., local public health or NGO with provincial support.

Supporting roles of each level vary across the initiatives and the categories. Broadly, the role of provincial and federal governments was to provide funding, and in some cases to disseminate messaging or facilitate information sharing among stakeholders.

The roles of public health included:

- Partnering with community-based and NGO organizations to identify community needs, and to support the initiative by sharing and developing resources and information.
- Providing human and financial resources required for program planning and delivery.
- Researching, developing and disseminating evidence and health-based messaging.
- Integrating public health principles and approaches to the work, such as employing a health promotion approach or evidence-based research

### **Analysis of Success**

What defines 'success' in public health work at the local/regional level? The success of initiatives is often measured by formal evaluation processes with data collection determining whether objectives have been achieved. For some of the tobacco control initiatives success could be clearly articulated in this way, however in many other cases, such as prevention initiatives, objectives are not easily measured. Further, financial or human resources at the local level aren't always sufficient to facilitate rigorous formal evaluation processes. Yet, initiatives can be and are perceived as successful. Success may be seen in anecdotal affirmation of the value of an initiative from the perspective of community members, or in any number of

ways that are 'secondary' to fulfilling specific target objectives, such as strengthening and building partnerships.

In the discussion that follows, interview questions for probing perceptions of success are included. This section also provides a broad analysis of how success can be captured across three axes or groupings.

The next section uses these axes to present the perceptions of success articulated across each of the categories. A brief analysis of how these successes relate to the mechanisms, objectives and approaches of the initiatives is provided. Following the analysis, a table outlines the success/facilitating factors indicated by the key informants. These tables provide the basis for the analysis undertaken in the main part of this report. They are included in this section for the purpose of clearly connecting the perceptions of the success with the facilitating factors.

### Notes on Analysis Methodologies

The analysis described in this report was conducted using data from consultations with key informants. Collectively, these data are a valuable source of practice-based knowledge and provide detailed insights from those connected with the initiatives. An attempt has been made to reflect the nuances of the individual initiatives included in the analysis, however measures and conclusions from key informant data cannot be made in the same way as for larger scale surveys or datasets. As such:

- Exact numbers were not used in the analysis because key informants were not asked to provide input based on a standard number/set of facilitating factors. The measure of *persistence* was therefore used to analyze trends in the data. *Persistence* refers to recurrence of the way in which success was defined and the mention of facilitating factors across and within initiative categories. Data for each consultation were analyzed for these recurrences.
- It is impossible to determine conclusively whether all of the facilitating factors for a given initiative were explicitly identified or discussed by key informants.
- Finally, due to the multi-dimensional nature of tobacco control some of the programs fall into more than one of the analytic categories. These initiatives were either reported on in one or two categories depending on the information provided. Figure 2 lists initiatives that fall into multiple categories, and the categories that are used to analyze each of the initiatives.

**Figure 2: Initiatives Falling Into Multiple Categories**

<b>Initiative</b>	<b>Associated Categories</b>
<b>PACT</b>	- Training - Cessation*
<b>Flavour Gone</b>	- Youth - Limiting Supply*
<b>Quitters Unite</b>	- Youth - Cessation
<b>NICC Mental Health &amp; Addiction</b>	- Training - Cessation

\*Associated initiative not discussed under this category

## **Perceptions of Success**

The information included in this section has been drawn from the following interview questions:

- Please tell me about why you consider the initiative a success. How do you know that the initiative has succeeded? What has changed as a result of its implementation?
- Why do you believe that the initiative has been successful? What worked well? What are the key success or facilitating factors? [e.g., Individual champions? Partners? Strong support from senior management? Financial Resources? Creative Design?]
- What are the key lessons learned from this initiative? Is there anything you would do differently in the future?

A number of different concepts of success were reported by the informants. These can be organized into three groups:

### ***1. Positive impacts for the community served.***

- » Empowering community members
- » Meeting priority needs, especially in regards to sub-populations
- » Increasing awareness of the health hazards of tobacco

### ***2. Achieving the initiative objectives.***

- » Good participation rates
- » Achieving policy change

### ***3. Strengthening the organization or unit's capacity.***

- » Disseminating public health messaging
- » Building new relations and partnerships
- » Exercising and developing leadership

Every initiative reported successes across all three groups. Perceptions of success were influenced by the delivery mechanism of the program (e.g., administering NRTs; changing policy; messaging), whether priority populations were targeted, and the specific objectives of the initiatives.

## **Training**

There were commonalities in terms of perceived success in training initiatives, as indicated by figure 3 below.

**Figure 3: Perceived Success, Training Initiatives**

Perceived Success	Initiative				
	ITN	NICC MH&A	RNAO	PACT	TRaC
Empowerment					
Meets Priority Needs	✓	✓	✓	✓	✓
Increased Awareness in Community					
Good Participation Rates	✓	✓			✓
Policy Change					
Carries Health Message					
Building New Relations	✓				
Leadership on an Intervention		✓			

An analysis of the data demonstrates that initiatives in the training category reported their most important successes to be:

- Meeting priority needs
- Good participation rates

In terms of meeting priority needs, the role of organizations included identifying the needs of the workforce or population, and leveraging already existing programs [NICC Program in Mental Health & Addiction (MH&A); RNAO] or developing new ones [Inuit Tobacco-Free Network (ITN); PACT; TRaC].

In many cases championing was necessary to ensure good participation rates and worker buy-in. It was especially important to secure buy-in from front-line workers for practice change that training would entail. In some cases this necessitated bringing together workers from different areas of public health through championing [NICC MH&A; RNAO; PACT]. In other cases, buy-in was ensured by accommodating schedules and logistical needs of participants [TRaC].

On the whole, the success of initiatives depended on their serving as a catalyst for change, exercising strong leadership and providing supports for participants.

The facilitating factors for achieving success are included in Figure 4, below.

**Figure 4: Facilitating Factors for Success, Training Initiatives**

Facilitating Factor	Initiative				
	ITN Distance Ed	NICC MH&A	RNAO	PACT	TRaC
Champions		✓		✓	✓
Funding	✓	✓	✓		
Partnerships	✓			✓	✓
Org Support - Workers Willingness		✓	✓		✓
Org Support - Senior Management		✓	✓		
Org Support - Training				✓	
Engagement - Youth, Community, Special Pop		✓			
Infrastructures					
Time, Persistence					
Promotion, Provision of Info to Public					✓
Creative Design/Innovation					

### Cessation

Perceived successes in the cessation category are shown in Figure 5 below.

**Figure 5: Perceived Success, Cessation Initiatives**

Perceived Success	Initiative					
	Quitters Unite	TAR	Driven to Quit	Quitpath	Subsidized NRTs in PH Units	NICC MH&A
Empowerment						
Meets Priority Needs	✓	✓		✓	✓	✓
Increased Awareness in Community						
Good Participation Rates	✓		✓	✓	✓	
Policy Change						
Carries Health Message					✓	
Building New Relations						
Leadership on an Intervention						✓

The two most important successes related to cessation initiatives were:

- Meeting priority needs
- Good participation rates

Meeting priority needs was overwhelmingly reported as the most important success for cessation initiatives. In some cases this involved identifying and responding to the particular needs of priority populations. Specifically, *Quitters Unite* was designed to address the needs of youth; *NICC MH&A* was developed to respond to the needs of the mental health and addictions population; and, *TAR* addressed the question of cessation in Aboriginal communities. For the remaining programs the needs identified were those of the general population and initiatives were seen as an effective response to those needs.

Across the cessation category key informants noted a variety of ways in which needs were identified: identification at provincial levels [*TAR*]; reflecting on regional needs, demographics and practices [*Subsidized NRTs*; *Quitpath*; *NICC MH&A*]; and identification through research and expertise [*TAR*; *Quitpath*; *Subsidized NRTs*; *NICC MH&A*]. Some organizations responded to these needs by developing new programs [*TAR*; *Subsidized NRTs*] while others leveraged what already existed [*Quitpath*; *NICC MH&A*; *Quitters Unite*; *Driven to Quit*]. Often responding to needs involved acting in a leadership role for the development or application of a particular approach to cessation and/or priority populations.

Good participation rates were seen as another success of cessation programs. In some cases this was understood as good reach of messaging [*Quitters Unite*]. In other cases it was understood as high participant numbers and/or program recurrence [*Driven to Quit*, *Quitpath*, *Subsidized NRTs*]. In terms of this perceived success, organizations most often understood their role as providers of a service and support by: counselling, empowering quit attempts, and providing nicotine replacement products.

The facilitating factors for success in cessation initiatives are indicated in Figure 6.

**Figure 6: Facilitating Factors for Success, Cessation Initiatives**

Facilitating Factor	Initiative					
	Quitters Unite	TAR	Driven to Quit	Quitpath	Subsidized NRTs	NICC MH&A
Champions						✓
Funding	✓	✓		✓	✓	✓
Partnerships	✓		✓	✓	✓	✓
Org Support - Workers Willingness				✓	✓	✓
Org Support - Senior Management				✓	✓	✓
Org Support - Training						
Engagement - Youth, Community, Special Pop	✓	✓				✓

Infrastructures							
Time, Persistence							
Promotion, Provision of Info to Public	✓			✓	✓	✓	✓
Creative Design/Innovation	✓	✓					

## Youth

In Figure 7 below, a marked pattern points to three perceived successes in youth initiatives.

**Figure 7: Perceived Success, Youth Initiatives**

Perceived Success	Initiative							
	Quit- ters Unite	HS Grants (Peel)	HS Grants (Niaga ra)	Comm unity Grants (Ham- ilton)	Comm unity Grants (Tor- onto)	De Facto	Don't Be a Butt- head	Flavou r Gone
Empowerment		✓	✓	✓	✓	✓		✓
Meets Priority Needs	✓	✓	✓	✓	✓	✓		
Increased Awareness in Community							✓	✓
Good Participation Rates	✓		✓	✓		✓	✓	
Policy Change								✓
Carries Health Message					✓			
Building New Relations			✓		✓			
Leadership on an Intervention								

The top three perceived successes in the youth initiative category were:

- Empowering community members
- Meeting priority needs
- Good participation rates

In youth initiatives, empowering community members means giving youth the reins of power and providing them the opportunity to develop skills in effective advocacy, championing and leadership. This sense of success was also construed more broadly or 'holistically' as wider youth engagement and empowerment [all grant programs; Flavour Gone]. Oftentimes this success was seen as contingent on the role of the organization, i.e., *facilitating* the initiative without *leading* it.

Where noted, the success of meeting a priority need was always understood as effectively providing for the specific tobacco prevention or cessation needs of youth. Supporting this success was: the use of engagement strategies; innovation and creativity; and, messaging catered to younger populations. These elements were also associated with securing good participation rates. Like cessation, good participation was either effective reach of the messaging [Quitters Unite; DeFacto; Don't be a Butthead], and/or high numbers of participants [Quitters Unite; DeFacto; Flavour Gone; Don't be a Butthead; High School Grants] In turn, successes related to meeting priority needs and good participation were seen as indicative of effective engagement [All].

Figure 8 shows facilitating factors for success across a range of youth initiatives examined.

**Figure 8: Facilitating Factors for Success, Youth Initiatives**

Facilitating Factor	Initiative							
	Quit- ters Unite	Flavou r Gone	De Facto	HS Grants (Peel)	HS Grants (Nia- gara)	Don't be a Butt- head	Comm - unity grants (Ham- ilton)	Comm - unity grants (Tor- onto)
Champions			✓					
Funding	✓		✓	✓		✓	✓	✓
Partnerships	✓	✓	✓		✓		✓	
Org Support - Workers Willingness		✓						✓
Org Support - Senior Management		✓		✓			✓	
Org Support - Training		✓		✓			✓	✓
Engagement - Youth, Community, Special Pop	✓	✓	✓	✓		✓	✓	✓
Infrastructures								✓
Time, Persistence		✓					✓	✓
Promotion, Provision of Info to Public	✓		✓					✓
Creative Design/Innovation	✓					✓		

### Smoke-Free Areas

Two important successes emerged from the smoke-free areas category as shown in Figure 9.

**Figure 9: Perceived Success, Smoke-Free Areas Initiatives**

Perceived Success	Initiative				
	Smoke-Free Spaces (PEI)	Smoke-Free Cars (NS)	Smoke-Free Spaces (NB)	Smoke-Free Spaces (NL & LB)	Blue Light Program (MB)
Empowerment					
Meets Priority Needs					
Increased Awareness in Community	✓	✓	✓		✓
Good Participation Rates			✓		✓
Policy Change	✓	✓	✓	✓	
Carries Health Message		✓			✓
Building New Relations			✓		
Leadership on an Intervention	✓	✓			

Representatives of smoke-free areas initiatives perceived their most important successes to be:

- Increasing awareness in the community
- Achieving policy change

These successes are both congruent with the tobacco control objectives of the category as well as the means of achieving these. Specifically, the initiatives advocated change through messaging designed to increase awareness and to secure a new policy or legislation. In addition to the change itself, the messaging was also considered intrinsically valuable. In this regard, smoke-free initiatives both promoted change and led the way for increasing awareness of health issues through education and messaging.

The factors contributing to smoke-free areas successes are outlined in Figure 10.

**Figure 10: Facilitating Factors for Success, Smoke-Free Areas Initiatives**

Facilitating Factor	Initiative				
	Amendments to S-F Places (PEI)	Smoke-Free Cars (NS)	Smoke-Free Places (NB)	Smoke-Free Environment Policy (NL & LB)	Blue Light Program (MB)
Champions		✓			✓
Funding					
Partnerships	✓	✓	✓	✓	
Org Support - Workers Willingness				✓	
Org Support - Senior Management	✓	✓	✓	✓	
Org Support - Training					
Engagement - Youth, Community, Special Pop					
Infrastructures	✓	✓	✓	✓	
Time, Persistence	✓			✓	
Promotion, Provision of Info to Public	✓	✓	✓	✓	✓
Creative Design/Innovation					

## SUCCESS/FACILITATING FACTORS

A primary goal for the consultations was to get a sense of *how* the successes outlined above were achieved. Of specific interest was: what enabled the success; its key ingredients; and how facilitating factors worked together to reinforce one another. Based on the aggregate data, nine facilitating or success factors emerged as key: champions; funding; partnerships; organizational support [divided along three dimensions]; engagement; infrastructures; time; promotion and/or provision of information to the public; and, creative design/innovation. The consultations revealed that the following three elements were perceived as very important:

1. Partnerships
2. Organizational Support
3. Promotion and Provision of Information

Perceived importance of these factors differed across categories, as evidenced in the analysis. The objectives of the initiative, its approach to tobacco control, and the populations targeted all influenced which of the factors were important for its success. For instance, promotion and provision of public information was considered a very important facilitating factor in smoke-free areas initiatives. This is congruent with the need to secure buy-in from the public for legislative change, which was achieved through education and messaging. On the other hand, representatives of youth initiatives didn't consider promotion and provision of information to be a very important success factor. Instead, they consistently ranked engagement as very

important and is consistent with the need, for youth initiatives, to reach a priority population in new and effective ways.

Furthermore, in some cases the same success factors were construed differently across categories. How the enabling factor was understood differed according to the objectives and approach of the initiative. For instance, for smoke-free areas and youth initiatives, being persistent and having sufficient time in the pursuit of objectives were noted as important. Whereas for smoke-free areas these factors were associated with messaging, in youth initiatives they were cited as important because of the patience and consistency required for youth engagement.

The analysis in this report is structured by each of the facilitating factors individually which permits careful consideration of factors as they relate to the initiatives examined. Success factors and their role *across* all categories is first considered. A more in-depth analysis of their role *within* each category follows.

Two questions were asked of key informants which provided data for the analysis discussed in this section:

- Why do you believe that the initiative has been successful? What worked well? What are they key success or facilitating factors? [e.g., Individual champions? Partners? Strong support from senior management? Financial Resources? Creative Design?]
- What are some of the most important 'ingredients' and environmental factors that are conducive to the initiative's success? In this respect can you identify any 'must have' factors, as well as factors that turned out to be not as important as anticipated?

Additionally, in some cases answers to the following questions were also important sources of information regarding how success was achieved:

- What resources were required, what was their source(s)?
- What challenges did you encounter? What didn't work well?
- What are the key lessons learned from this initiative? Is there anything you would do differently in the future?

## **Champions**

With the exception of youth programs, champions were perceived by all categories as a relatively important facilitating factor for success. It is possible that champions were not prominently noted in discussions of youth initiatives because their role is integral to youth engagement principles. Across categories of initiatives, champions were not ranked in any single category as more important than other facilitating factors.

When considered overall, some of the roles attributed to champions included: increasing motivation for participation in initiatives; providing evidence and disseminating messaging; and, securing buy-in for the initiative from public health workers, boards and senior management levels. In these latter two roles, and because they are important conduits for messaging, champions were linked with two other facilitating factors: promotion and organizational support.

Champions were drawn from different places depending on which of the roles they played. For instance, the *NICC MH&A* program's champion was an expert in the field. *PACT* and *Blue Light* programs cited public health workers or volunteers who were especially motivated or committed to the objectives and value of the initiative.

### **Cessation Champions**

The single cessation initiative citing championing as important was *NICC MH&A*. Here the primary champion was considered one of the top success factors, and was cited as one of the 'sparks' that got the program up and running. This champion was an expert in the field of tobacco control who was well respected by workers involved in the initiative, i.e., mental health and addiction workers and cessation workers. The champion played several important roles, including: securing buy-in and support from all levels (front-line workers through to senior management); educating the teams working on the project; and, providing consistent messaging to these players.

The champion was effective because he/she spoke from experience while providing relevant education and messaging. The trust that this promoted was pivotal to dispelling long-standing mindsets in both communities of workers, and to increasing worker confidence in the actions of the health authority. Buy-in and trust from diverse workers was requisite to meeting the needs of a priority population and champions contributed to the initiative's success in this regard.

### **Training Champions**

A driver of success for a training program was the degree of worker acceptance and participation. As one key informant noted, with regard to practice change initiatives a portion of workers will jump right in, some will watch and join in gradually, and some will be reluctant to implement change. There is an important role for champions in programs involving practice change associated with new approaches or interventions being adopted. As with the other categories of initiatives, these champions were either participants in the program or experts in the field.

In the *PACT* program champions were self-identified workers especially committed to the value of the intervention. They were those willing to maximize the initiative's possibilities and secure support for it among other workers. These motivated and enthusiastic participants went a good distance to model, secure, and entrench the practice change sought.

In the *NICC MH&A* program, the champion was very experienced and an expert. His championing worked to bridge the divide between participating workers and secured their buy-in through education and promotion.

*TRaC* also cited the importance of champions in securing buy-in. The key informant noted that identifying the right people within each sector of the healthcare system (i.e., hospitals, physicians, etc.) was key to the program's implementation as these champions or leaders leveraged their networks to ensure uptake of the initiative.

For all three initiatives championing was linked to another success factor: organizational support in terms of worker buy-in and participation. A number of key lessons learned emerged regarding the role of champions in training program success. Specifically:

- Champions should be those respected within and across all support levels (front-line worker, middle management and senior management);

- Careful choices need to be made regarding which champions to use according to 'right time, right place' considerations;
- Effective championing needs to cater to the language and knowledge of the audience; often specialists will listen much more to specialists, and front-line workers to front-line workers.

### **Smoke-Free Areas Champions**

Champions were discussed in terms of two initiatives in the smoke-free areas category: Nova Scotia's *Smoke-Free Cars* and Manitoba's *Blue Light* Program. In Nova Scotia's case the two champions identified played different roles. One of these champions was the town of Wolfville, Nova Scotia. The other was a representative of the Canadian Cancer Society. This latter champion was an expert who identified the need for the program. He acted as a 'spark' for the kick-off of the initiative, similar to the champion in *NICC MH&A* program. He provided supporting research and evidence that acted as a lever for the health authority to commence work on smoke-free legislation. The mayor of Wolfville, on the other hand, championed by messaging. He acted as a leader in the community by taking on what might have been initially perceived as an unpopular action. Effectiveness in these champion roles was congruent with the success of the initiative, which was to effect legislative change.

The *Blue Light* initiative shared commonalities with the sort of championing discussed by the *PACT* informant. Namely, champions were highly motivated participants or enthusiastic groups in the community deeply invested in the program. For the *Blue Light* program these features were likely to be perceived as important in part because of the time and effort necessary to execute the program which depended on door-to-door canvassing.

Differences in the role of champions are undoubtedly tied to the approaches taken to securing smoke-free places. Legislative and policy change demanded champions to disseminate messaging and model change. On the other hand, the *Blue Light* program objective of promoting awareness was best served by enthusiastic individuals who could increase public participation rates.

### **Youth Champions**

The one youth program that explicitly noted a role for championing was *DeFacto*. Because they are so well respected by their peers, young athletes from participating schools served as the program's ambassadors. In this role they involved other youth by generating enthusiasm for the project. They also spread the program's messaging at sporting events they participated in [see youth promotion and provision of information section].

### **Organizational Support**

After partnerships, organizational support at all three levels (senior, management, and worker) was the most important success factor cited across initiatives. The following elements, in order of priority, were considered critical: support from senior management, workers' willingness to participate, and flexibility and training. For categories of initiatives, senior management support was mentioned as most important for the smoke-free areas initiatives; workers willingness to participate as most important for training initiatives; and provision of training to workers and participants (through middle management support) was regarded as a key success

factor by youth programs only. The rationales for these perceptions of importance are discussed further in the category sub-sections below.

Despite the critical role of senior management support, consultations indicated that it is often perceived as the most independent and least malleable of all the success factors. Senior management support often meant support from a Medical Officer of Health or Minister who had an intrinsic interest in the intervention or program, or who had included the scope of the program as an area for priority action. Representatives of two of the youth initiatives noted however that this support was secured in an iterative process of initiative success and communication of this success. Those working with the initiative would report success to senior management over time, gradually building momentum, trust, and support for the initiative.

### **Organizational Support for Cessation**

In the cessation category, both the *Subsidized NRTs in Public Health Unit* initiative and *NICC MH&A* program noted the importance of senior management support. The *Subsidized NRT* key informants expressed that it was important because the initiative is such a financially costly one. For this reason, cessation had to be considered a priority by the organization. In this case support came from a committed director of health promotion who worked to address the connection between tobacco use and diseases. Organizational support was also offered by sending the two program administrators for training at the Centre for Addiction and Mental Health.

Similarly, *NICC MH&A* noted that the high financial cost associated with the use of NRTs is a reason management support is so important. Like the region running the *Subsidized NRT* program, a commitment to cessation had already been made by the Northern Health authority prior to the development of *NICC MH&A*. However, in *NICC MH&A*'s case, support was emphasized as something that needed to be present at all levels. This need is likely associated with the training and practice change elements of the program. In order to secure support for change, continual education was provided to middle management and front-line workers. This assisted in altering long-held beliefs in the mental health and addictions workers by denormalizing tobacco use. In short, bringing about a change in practice required persistence, specialized training, and recognition of the need for delivery of services.

### **Organizational Support for Training**

In the previous discussion, it was noted that a key role of training program champions was securing organizational support at all levels. As observed by the *NICC MH&A* key informant, senior management support is crucial for initiative go-ahead and funding. It is also vitally important for ensuring that support trickles down through all levels, including those implementing the program. In *NICC MH&A*'s case, part of securing support was bringing together cessation and mental health workers. This required persistent effort, and consistent championing and training of front-line workers.

Similarly, the *RNAO* training program noted the vital importance of worker buy-in. In this case, buy-in involved the community health nurses who would be providing cessation services to clients. This buy-in was secured by appealing to senior management in nursing who sent down an official directive to all workers to ensure that everyone was 'on the same page'. Further, in its development phase the program booked a pre-conference space at the annual *RNAO* conference. They used this as a preliminary step to build momentum and garner support. Buy-in and

motivation for RNAO was also strengthened by the implementation of *QuitPath*. As the key informant noted, *QuitPath* was started at the same time that the RNAO training was coming to a close. This gave the opportunity to immediately put the training into practice in a meaningful way. Overall, ensuring the support of the front-line workers was imperative to the success of these training programs, which was noted as meeting priority needs in the community.

A different type of worker buy-in was noted by the *TRaC* key informant as a success factor, i.e., willingness of health professional audiences to participate. As noted in the discussion of *TRaC* champions, securing support in targeted organizations was crucial to ensuring health professionals' willingness to participate. In addition to championing, *TRaC* has done a number of other things to secure buy-in, including: accrediting their course; being flexible about the timelines for course delivery (originally this was a two day course, but now shorter iterations have been developed and e-learning is being explored as an option); and, developing marketing plans and promotion.

### **Organizational Support for Smoke-Free Areas**

Representatives of smoke-free areas initiatives almost unilaterally ranked senior management support as significant for securing success. Only two of the six touched on the other two measures of organizational support: provision of training/supports and workers' willingness to participate. The role of senior management support was slightly different across the initiatives, but it was generally cited as important for securing public support and readiness. Often this was achieved through promotion of information and messaging. Finally, because legislative changes were passed at the provincial level, support at different levels of government (including the Minister) was consistently mentioned.

New Brunswick noted that the provincial Minister of Health's dissemination of messaging was crucial to securing public support. This messaging was said to be effective because it was consistent and it framed the rationale for the legislation in terms of the positive health impacts.

In a similar way, Nova Scotia articulated a role for the province in messaging. Specifically, the role of previous work done at the provincial level through the Nova Scotia tobacco strategy was identified as very important. Because this work had prioritized community health and the protection of children, it was thought to set the stage and ensure readiness for smoke-free cars.

Prince Edward Island's (PEI) representative also noted the significance of prior provincial work regarding smoke-free areas. The provincial leadership in previous successful smoke-free legislative work was helpful for securing the willingness of the new provincial government to respond to public opinion that was favourable to legislative amendments. Also, PEI's Minister was willing to proceed with the tabling of the legislation, despite the standing committee's unfavourable stance on its passage, and ultimately the majority of the legislators voted in favour of the amendments.

Finally, provincial support was important in the *Blue Light* program. Manitoba's 'Chronic Disease Prevention Initiative (CDPI)' provided the framework for distributing information and facilitating collaborative work across partners. Through the CDPI program Burntwood Regional Health Authority was a funder for chronic disease prevention work. This allowed Burntwood to support the work of the *Blue Light*

initiative undertaken by communities. This provincial initiative also facilitated information sharing through the CDPI website.

Newfoundland's Eastern Health Authority policy work contributed to the implementation of organizational policy rather than provincial legislation. The importance of organizational support was strongly emphasized and construed differently than by those initiatives working towards legislative change. Specifically, the role of both senior and front-line worker level organizational support was pivotal to the perceived success of the initiative, which was to bring a diverse and complex group together to formulate a smoke-free policy. The support from senior management — Chief Executive Officer, Vice President(s) and Director(s) of the organization — was seen as a crucial part of ensuring worker and community buy-in. This support was important for problem solving and addressing issues with the policy as they arose. It also involved demonstrating leadership and championing for the policy's implementation. Further, senior management support allowed the time necessary to develop and implement a policy of such complexity. In order to ensure workers' buy-in, several steps were taken by the health authority, including: linking with the Employee and Family Assistance Program to support cessation among workers and their families; setting up an email service whereby workers could put forth comments and questions during the development and implementation phases; and, establishing an employee health workplace committee for incorporating input.

### **Organizational Support for Youth Initiatives**

Key informants for youth programs most often noted organizational support in relation to youth engagement. Organizational support was seen in terms of: worker and senior management support for allowing youth to proceed with their vision of the project; facilitating effective interaction among program workers by providing flexibility and supports required for work with youth; and providing suitable training to workers and youth. Key informants indicated that these three support components often worked together and were mutually reinforcing. Together they enabled the types of success most often reported by representatives of youth initiatives: empowerment and meeting a priority need.

Worker willingness to participate was indicated as a success factor both by *Flavour Gone* and by Toronto's *Community Grant* program, however the 'type' of willingness differed with the engagement mechanism used. In *Flavour Gone* willingness was understood as the workers' openness to the youth's approach to the tobacco problem despite the controversial and political nature of the youth's decision to engage the industry side of the tobacco problem. The need to support youth ideas was met using the notion of 'adult allies'. The 'allies' were the public health workers who provided youth with the training, guidance and encouragement to carry out their campaign without substantively leading it. In turn, this contributed to the objective of empowering youth to effect change. Workers' willingness in Toronto's program, on the other hand, was seen as the degree to which public health nurses were prepared to go out into the community and interact face-to-face with participating youth and community organizations. This personal contact was very important for the success of the projects, and contributed to strengthening and empowering youth through community support and relations.

In turn, workers' willingness to participate in these initiatives was tied to other organizational support factors. Worker willingness in *Flavour Gone* was associated with securing buy-in from senior management to allow the project to move forward. This buy-in was ensured by: 1) a Medical Officer of Health who focused on the

dangers of the tobacco industry; and 2) an iterative process of gaining success with the initiative and reporting achievements back to senior management. In Toronto's case, middle-management support was necessary for nurses to be able to work offsite and outside regular business hours in order to accommodate youth's schedules. The need to 'walk the talk' of youth-friendly principles had to permeate every level of the organization, from senior management through to those actually implementing it.

The requirement for youth engagement training — for participants, workers, or both — was an additional organizational support in youth programs. Training youth in processes of policy change, advocacy, media, and denormalization of the tobacco industry was the foundation of *Flavour Gone*. This training taught participating youth about the actions required to successfully execute their movement.

*Toronto's Community Grant* program also pointed to training as a cornerstone of success. Training of public health nurses and youth serving agencies was used to ensure consistency in youth engagement approaches amongst workers. Training provided youth with the skills necessary for their projects to succeed. Offering training to youth serving community organizations was even seen as an incentive by those organizations for participating in the program.

For *Hamilton's Community Grant* program, training was also connected to successfully empowering youth. The program incorporated many training and knowledge exchange opportunities, including leadership training and an annual summit, as core elements of the program.

Lastly, the *Peel High School Grant* program also indicated that training to prepare teachers and students for their projects was a very important ingredient for success. Workshops designed for these audiences were administered by a variety of organizations and addressed topics such as healthy lifestyle choices, healthy body image and how to make the school a better place. This training used youth engagement styles to encourage involvement by underscoring the importance of core health and tobacco issues.

## **Partnerships**

Partnerships were overwhelmingly noted as the most important success factor for maximizing success in tobacco control at the local level. The discussion of partnerships across the initiative categories will demonstrate that a number of different types of partnerships were developed, including partnerships between: public health authorities and organizations; public health authorities and local organizations and NGOs, such as the Canadian Cancer Society and the Canadian Lung Association; and stakeholders and key players at different jurisdictional levels, especially provincial-level jurisdictions. These partnerships were important in three main ways: sharing resources, including research and information; promotion; and identifying and meeting population needs. While partnerships were considered crucial across all categories of initiatives, analysis of the 'who' and 'what' of these relationships revealed some patterns. Cessation partnerships focused on resource sharing and promotion; training partnerships focused on the ability to effectively meet needs and exchange knowledge; smoke-free areas partnerships supported promotion, messaging and enforcement; and, youth partnerships were centered on promotion and ensuring effective implementation.

## Cessation Partnerships

Partnerships contributed to success in two main ways across cessation initiatives: they facilitated resource sharing and they provided promotion or extended its reach. The first type of partnership was noted in the *NICC MH&A* program as well as the *Subsidized NRT* initiative. Both of these initiatives approached cessation using a combination of NRT administration and training or counseling. *Driven to Quit*, which employs a rewards-based (contest) approach to cessation, also draws on resource sharing partnerships for its success. Partnerships beneficial to promotion were noted by key informants for *Driven to Quit*, *QuitPath* and *Quitters Unite*. The types of partnerships cited by all of these initiatives supported the mechanisms that they rely on to achieve their objectives (e.g. providing NRTs, extending the reach of messaging, etc.).

For *Quitters Unite* two partnerships were pivotal to promotion activities and supports. The first was the provincial *Quit Now* program, a well established cessation service in British Columbia that caters primarily to an adult audience. Because *Quit Now* offers complementary services, it was an important platform for promoting *Quitters Unite*. As with *Quit Now*, many of the other partnerships identified were well entrenched ones that were established during previous tobacco control projects. A number of these other partners were stakeholders involved with post-secondary institutions, such as student unions, campus nurses, and campus organizations around the province. Throughout the *Quitters Unite* campaign these relationships were leveraged to raise awareness about the initiative. Where possible, stops on the province-wide tour were timed with health and wellness events that partner stakeholders were already undertaking. *Driven to Quit* also depends a good deal on promotion for succeeding in its objectives because extending its messaging and reach will result in higher participation rates. Consequently, participating health units across Ontario have forged a number of partnerships to ensure this reach, including alliances with: media such as regional weeklies; a number of workplaces at which promotional materials are passed on to workers; and, Ontario Social Services which provides promotional materials with cheques that are mailed out to clients. Finally, *QuitPath* also noted its partnership with the Canadian Cancer Society as important for increasing the profile of the initiative.

The second type of partnership that is important within the cessation category involves resource-sharing relationships. Resources shared in these partnerships differed across the initiatives. *Driven to Quit's* partnership with the Canadian Cancer Society is the source of prizes offered for the contest; prizes are obtained by the Canadian Cancer Society in negotiation with its corporate partners. According to one of the key informants, the very nature of this relationship is an important part of the perceived public legitimacy of the contest approach, i.e., the partnership provides the prizes so they are not obtained through public funds.

The *Subsidized NRTs* initiative, on the other hand, has established a partnership with pharmacies that has been integral to its success. This relationship has long-standing roots that go back to the initial pilot in 2006, and ensure that NRT products are available to the health authority at wholesale rates. The nature of the relationship is said to be one of mutual benefit. For instance, this partnership ensures that education and support are provided to the client from both the health authority and pharmacy sides, and pharmacies benefit in terms of increased business. Finally, the partnership between *NICC MH&A* and the MAYO clinic was a pivotal element of the initiative's success. The health authority had been working with MAYO and its

cessation guidelines since 2001 to provide the only stand-alone cessation program in British Columbia. When the program began work with the mental health and addictions community, this partnership supported the process by assisting in the adaptation of guidelines to meet community needs and identifying workers needing training.

### **Training Partnerships**

Of the four training initiatives examined, two emphasized the importance of partnerships. Training partnerships contributed to supporting knowledge development in several ways. Partnerships supported development stages of the training so that learner needs were adequately understood and addressed and they facilitated knowledge exchange between learners. These roles are important for supporting priority needs, one of the successes cited by the program.

The *Inuit Tobacco-Free Distance Education* program drew on partnerships in its development and implementation stages, and in the pursuit of its larger goal (and ultimately its perceived success) of knowledge exchange. When establishing the program, regional and territorial health authorities, NGOs, hamlet councils, health centres and community health representatives in virtually every Inuit and Inuvialuit community were engaged in order to support its development and recruit participants. Similarly, the Inuit Tobacco-Free Network (ITN) also provided guidance regarding meeting community needs and contributed resources to the ITN website.

The *PACT* representative also emphasized the importance of mutual support for work amongst stakeholders. In this regard the *PACT* key informant remarked that it is crucial to centralize information so that everyone working in cessation and training can draw from it. The significant positive impact of joining motivated workers together to implement training and share resources was also noted. Also, in a comparable way to the ITN's work with communities, the *PACT* key informant noted the role of community members as partners for identifying needs. The community's ability to adapt *PACT* to self-identified needs was cited as a unique feature of the program. Ultimately, while *PACT* offers all the support that the community requires, it is up to the community members themselves to drive the work according to their needs.

### **Smoke-Free Areas Partnerships**

Every smoke-free areas initiative indicated the importance of partnerships. Some of the roles these partnerships played in ensuring success included supporting: promotion; messaging and, enforcement. In three of the smoke-free initiatives this also tied to other factors, namely infrastructure and promotion. Specifically, the infrastructures cited by Newfoundland, PEI and New Brunswick involved partner representatives working together in formal committees. In New Brunswick and PEI's work, promotion was also a success factor associated with the initiative's key partnerships. Finally, in Manitoba's *Blue Light* initiative, partnerships were forged amongst participating communities and the province to promote information sharing and communications.

The *Blue Light* Program partnerships were supportive of resource sharing. As discussed in the organizational support section above, these relationships were enabled by a provincial chronic disease program. This program provided a centralized framework conducive to communications and information sharing. Informational resources were refined across participating communities and circulated at regional and provincial levels.

Nova Scotia's work was done in partnership with Smoke Free Kings (SFK). SFK is a group of stakeholders that focuses on health issues using a harm reduction approach. As the initiative was truly collaborative, the relationship with SFK was vital to its success on a number of levels, including in regards to funding and other resources. The role of the partnership in messaging was highlighted by the key informant. Specifically, working with the SFK was said to be a crucial element of messaging in the community because of the grassroots nature of the group. As an organization, SFK was well entrenched in the community, passionate and dedicated, and free to speak in a way that government agencies could not. SFK's commitment to the protection of children and communities was vital to the messaging that supported the Nova Scotia smoke-free initiative.

New Brunswick also asserted the tremendous importance of partnerships in their smoke-free areas work. Partnerships were seen as critical in two ways. First, they promoted the smoke-free spaces legislation throughout the development process, and secondly they enforced the legislation once it had been passed. Promotion was conducted in partnership with the Canadian Cancer Society which had received funding from Health Canada to promote smoke-free areas [more detail on this promotion campaign is included below in the 'Promotion' section].

Enforcement was supported through partnership in New Brunswick's case. Enforcement duties were divided because there were so few public health inspectors to enforce the legislation once passed. Specifically, workplace safety officers were responsible for enforcement in workplaces; public safety officers ensured enforcement in liquor establishments; and, public health inspectors were responsible for enforcement in all other areas. Partnerships were also the basis for a liaison committee that worked to get the initiative up and running, and addressed problems that arose after its implementation [this committee is discussed further in the 'Infrastructure' section below].

Similarly, PEI worked with a number of partners in a committee structure. Amendments to legislation were initiated by the Council for a Smoke-Free PEI which consisted of a collaborative group of stakeholders, including various NGOs and associations. These partnerships: identified the need for action; developed recommendations for amendments; and, provided the evidence and research used in messaging, public education and presentations to the government. All of these roles were considered vital to the successful passage of the legislative amendments [more information on the Council is included in the 'Committee' section below].

Finally, Newfoundland's policy work was also supported by partnerships and by using a committee structure to bring partners together. Eastern Health Authority's partnership with the Canadian Cancer Society's Smokers' Helpline was said to be particularly important. Partner relationships were long-standing as the authority had worked with partners for some time with a community referral program and other initiatives. A Smokers' Helpline representative sat on the committee in order to provide input regarding the policy. In addition, the Smokers' Helpline also provided in-kind support and facilitated the policy's connection to the Employee Family Assistance Program (EFAP, also noted in the 'Organizational Support' section) by taking referrals from it.

## Youth Initiative Partnerships

Partnerships in youth programming were important in a number of ways. As seen in the discussion of *Quitters Unite* in the cessation section of this report, partnerships were an integral part of promotion and messaging. *Flavour Gone* partnerships — referred to by the key informant as connectivity and networks — also played a distinct role in the promotion and messaging associated with that initiative's advocacy activities. The representative for *DeFacto* spoke of the role of partnership in similar terms. Specifically, the key informant referred to the importance of networks in the program's success. Finally, two of the youth grants programs noted the role that good partnerships with school boards played. These relationships helped to get the programs up and running quickly and contributed to sustaining the achievements of the youth projects.

Partnerships played a pivotal role in promoting the *Quit Now* program. Youth health promotion events already scheduled by partners were used to showcase the *Quit Now* road show and website.

Partnerships established through the *Flavour Gone* initiative both increased the effectiveness and reach of the message, and aligned resources. Two main alliances contributed to the successes of the initiative in these capacities. The first of these was between participants in the Ontario Youth Alliance program. The second was between the youth alliances, NGOs, and an MP working towards the passage of the legislation restricting flavoured tobacco. Other areas, including Kingston, Ottawa, and Toronto, had identified similar issues pertaining to flavoured tobaccos at the time *Flavour Gone* was initiated in the Northwestern Health Unit. Some NGOs such as Physicians for a Smoke-Free Canada were also working on these issues, and a private members bill was advanced to eliminate flavoured tobacco. The *Youth Action Alliance* program provided the links between health units across the province and also with NGOs. These links were key for giving youth a national voice and the movement depended on these partnerships to fulfill its goals of youth empowerment and change.

The key informant for *DeFacto* also spoke of partnerships in terms of the role of connectivity in supporting and executing the initiative. It was observed that using an already existing network connecting the province with regional and local levels, and with individual high schools, was a critical part of the initiative's success. Specifically, this network ensured effective communications, resource sharing, and message dissemination. Partnerships also provided human resources as those who were responsible for running the program and for generating student enthusiasm for it were within schools and universities.

Finally, health units working with grants asserted the importance of a strong relationship with the board of education that they worked with. The key informant for *Niagara's High School Grants* program noted that the existing partnership with the regional school boards ensured immediate uptake, curtailing the need for a long roll-out period or communications plan. Similarly, the representative for *Hamilton's Community Grant* program stated that the board of education was one of the most important of the initiative's partners. In fact, good partnerships and effective communication were amongst the top two key success ingredients listed by the key informant. It was noted that these supporting partnerships developed over time, and were fostered and strengthened by demonstrating: commitment to, and investment in, the program; value through proven successes and positive evaluation; and, by conveying successes and needs through ongoing briefings and

communications. Demonstrating alignment of principles and goals fostered buy-in, and as the partnership solidified over time there were increasing levels of financial and in-kind contributions offered.

## **Infrastructure**

Infrastructure refers to various structures used to support the work of the initiatives. These included councils, committees and working groups. These mechanisms were often cited as important success factors because they supported the work of the initiatives through their various stages, from development and planning to implementation and, in some cases, operation. Across categories, infrastructures were cited as most important in the work of the smoke-free areas initiatives. Here they significantly contributed to other success factors, including promotion and partnerships. Depending on the objectives of the initiative, infrastructures were variously comprised of partnering NGOs, and/or stakeholders within the health organizations. The key informant for one youth initiative, *Toronto's Community Grant* program, also referred to infrastructure as a key to success. In this case, infrastructure was used to bring together experienced and less experienced workers to plan, problem solve, and facilitate communication across the multiple organizations involved in the community projects. The role of infrastructure in each of these categories is discussed further below.

### **Infrastructure in Smoke-Free Areas Initiatives**

Infrastructure was cited as an important contributor to success in all of the initiatives involving policy or legislative change in the smoke-free areas category. Broadly, the primary contribution of infrastructure was to coordinate along three different lines: providing information and promoting the initiative; strengthening partnerships; and, planning.

New Brunswick's supporting infrastructure consisted of a liaison committee that emerged from the Memorandum of Understanding between enforcement partners and provincial representatives from Wellness, Culture and Sport. Its functions included: ensuring consistent messaging across the enforcement bodies; problem solving; coordinating the complaint process; and communicating with other agencies as needed. The activities of the committee were therefore crucial to success which was understood as passing and effectively enforcing the legislation. More specifically, a liaison committee worked to strengthen the enforcement partnership, ensured consistent messaging and enforcement, and contributed to initial and ongoing planning and problem solving.

Similarly, PEI and Newfoundland's legislative and policy work depended on core bodies of partners who engaged in preliminary planning, and strengthened relations and collaborative approaches.

Newfoundland's steering committee brought together representatives from across the regional health authority who worked to develop a policy development action and implementation plan. The committee helped to facilitate intra-organizational discussion of the policy and its attendant issues by bringing a number of key players to the table who could offer insights from their context as well as from different organizations they partnered with.

PEI's Council for a Smoke-Free PEI also represented a collaborative group of stakeholders. The Council was comprised of: The Canadian Cancer Society [PEI Division], the Canadian Lung Association [PEI Division], the Heart & Stroke Foundation, the Canadian Medical Association, and the Home & School Federation. In addition to identifying the need to pursue legislative amendments and formulate recommendations, the Council was critical for sharing information with both the public and government. This information sharing was in turn seen as a key success factor in effecting legislative changes. Specifically, the Council developed and delivered presentations to the Minister of Health, the Premier, and the Chief Medical Officer of Health regarding the legislation. This ensured that government needs and priorities were identified. The health research and evidence shared within the infrastructure were necessary to support the demands tabled, and were pivotal in ensuring consistent messaging to the public and stakeholders.

### **Infrastructure in Youth Initiatives**

The *Toronto Community Grant* program working group enabled experienced workers to provide support to less experienced workers. This group was vital to the administration of the program and was involved in everything from designing grant forms to discussing policies as they arose and brainstorming ways to overcome challenges. The tacit knowledge shared in this group was perceived as highly valuable. In terms of additional infrastructure, a clear and open communications process for public health nurses administering the process, as well as for community groups, was also indicated as a key facilitating factor. Having a dedicated point person for the initiative was useful for: clarifying roles and responsibilities, simplifying the communications process, and supporting the nurses. Finally, no one acted as a 'gatekeeper' for communications between the participating organizations. This meant that organizations involved in the projects did not just have one person they could speak with, but many, including the lead nurse and other participating organizations. Everyone involved in the program was open to discussion and available to offer support.

### **Time**

Throughout the consultations, the notion of time as a contributor to success was mentioned in different ways. Patience, timing, and sustainability were three elements noted by a number of key informants. Time as a success factor was most prominently mentioned in relation to youth initiatives, in part because it is said to be crucial for effective youth engagement. In addition, time was also said to significantly impact the administration of youth grant programs by allowing for efficient planning.

Similarly, key informants for smoke-free areas initiatives remarked on time as a significant factor for success. Here, it was generally noted in regards to political opportunities, as well as in persistence in messaging and monitoring stakeholder needs. Finally, time was also an important ingredient for the gradual, cumulative process often cited by the key informants whereby continued successes secured increasing support and trust from senior management.

### **Time in Smoke-Free Areas Initiatives**

For those working on policy and legislative change for smoke-free areas, time was mentioned in terms of timing and persistence. It was cited as important for facilitating synergies and political opportunities, as well as for securing public interest

and support. PEI, for instance, noted that timing had been a crucial ingredient in the beginning stages of legislative action and advocacy. Specifically, the Council undertook the action when a new government had come in to power, a moment where those in power were particularly interested in taking on a leadership role. In addition, timing linked to growing public interest and support for smoke-free vehicles from across the country. The timing of the amendments advanced by the Council meant that this support could be effectively leveraged to effect the legislative change, the PEI Smoke-free Council's primary measure of success.

Newfoundland's work on policy change also associated time with success as it was necessary for securing support and buy-in. The key informant's primary measure of success — the development and implementation of a policy in a complex organizational environment — required securing buy-in and support rather than leveraging it. It was this, noted the key informant, which really took time and persistence. Continuous and persistent communication over time was important in ensuring that messaging reached both the public and employees. Reviewing the policy based on what was happening in practice was also seen as crucial. Overall, in view of the number of stakeholders, having the time to plan, develop and effectively implement the smoke-free policy was seen as key to success.

### **Time in Youth Initiatives**

Because empowering youth was seen as one of the top successes of youth programs, facilitating factors were often tied to the mechanisms that allowed engagement. Patience was seen as a requisite factor for success when it came to engaging youth. Patience was required to permit the youth to guide processes themselves, and was also necessary for securing buy-in from middle and senior management levels, another key facilitator of success. Permitting youth to foster their own ideas and approach and ensuring that youth were properly and effectively engaged was a core element of the initiatives. At the same time, the partnerships and buy-in supporting the program were fostered and strengthened by working over time to build trust and reciprocity.

Time was important for youth grant programs' success in terms of sustainability and funding cycles. First, it was noted by more than one key informant that grant programs are best run over several years because of their tendency to gain momentum. That is to say, the programs became both increasingly refined and complex from year to year, in part because projects from former years were often expanded in subsequent projects. *Niagara's High School Grant* program, for instance, was very diligent about offering resources that had already been developed and could be leveraged. Less tangible but equally important increases in the skills of participants and lessons learned from previous years also positively impacted the quality of the programs.

Time contributed to the success of grant programs in regards to the funding cycle. As the key informant for *Toronto's Community Grant* program noted, bureaucratic processes related to funding cycles had an impact; sometimes funds would be received so late that the community was unable to follow through with a process they valued for the project. In addition, sustaining engagement demands a great deal of continuity, a point echoed by the key informant for *Flavour Gone* who noted that youth lose interest quickly, and that youth initiatives must operate fairly seamlessly to be effective. Similarly, Peel's key informant reported that timing the youth training carefully with the school calendar was conducive to maintaining relevancy, momentum, and proper planning.

### **Time in Cessation Initiatives**

Time was a facilitating factor associated with promotion in cessation initiatives. Namely, the *Quitters Unite* key informant asserted the importance of promotional messaging for the program's long-term success. While delivering and promoting an initiative a single time demonstrates success, it was noted that long-term sustainability is gained by consistent messaging and by increased brand recognition over time. Accordingly, the *Driven to Quit* contest key informant cited consistency in messaging and durability over the years as a success. Here the sustained recognition of the program developed through annual iterations of the contest.

### **Promotion and Provision of Information to Public**

Promoting an initiative and providing information to the public were noted as facilitators of success for three categories of initiatives: smoke-free areas; youth; and, cessation. This facilitator was understood slightly differently by key informants for initiatives in each of the categories based on the objectives of their initiative and their concepts of success.

Promotion contributed to success in smoke-free areas initiatives by ensuring buy-in and support for change from the public and stakeholders. It was important to provide education in the period leading up to the policy or legislative change, as well as during post-implementation enforcement.

The *Quitters Unite* youth cessation initiative depended greatly on promoting participation and disseminating messaging as well. The same was true for the *DeFacto* youth initiative, which focused on spreading anti-tobacco messages through youth ambassadors.

Similarly, the two cessation programs using incentive-based approaches relied on good participation numbers for success and noted promotion as very important to support this.

More detail on promotion and public information concepts are provided below.

### **Promotion in Smoke-Free Areas Initiatives**

Backing up arguments for legislative or policy change with sufficient research and education was said to be key for winning the support of senior management, provincial governments where applicable, and the public in smoke-free areas initiatives. Consistent health oriented and research-backed messages provided strength and credibility to the arguments for change. PEI's key informant indicated that research based presentations to the provincial government made jointly by Council partners were a definite contributor to the Minister's tabling of the amendments. Further, the two most important elements of success cited were a combination of education and promotion to the public.

Similarly, New Brunswick's three-phase campaign undertaken with the Canadian Cancer Society had been pivotal for securing public buy-in. Strategic promotion focused on: increasing demand from the public for smoke-free places; supporting restaurant and bar owners in their decision to go smoke-free; and, promoting public awareness of the changes and sharing a telephone number for complaints once the legislation had been enacted. PEI also undertook this last phase of promotion in

their process of legislative amendments, and both the New Brunswick and PEI key informants considered it integral to effective policy enforcement.

Newfoundland's *Smoke-Free Policy* key informant also referenced communications as crucial to promoting awareness in working towards implementing organizational policy. Despite little community opposition to the proposed change, Eastern Health developed a communications plan that used a logo and messaging to promote the policy change. Further, an email account was established for workers and community members could send comments and questions during the development and implementation stages. It was found that adequate communications and education provided a good foundation for effective enforcement and increased awareness.

While Nova Scotia did not focus on promotion as strongly as the other initiatives, the key informant did nonetheless emphasize that consistent, coordinated and health outcome-oriented messaging was important for securing public support and addressing opposition from the media.

Finally, the *Blue Light Program* in Manitoba, which ultimately seeks to effect behaviour change through modeling, uses promotion as a foundation for the initiative. That is to say, the program itself depends on increasing community awareness of healthy behaviours in the hope that it will impact others in their decisions about smoking. As the key informant noted, although information and education are necessary for success, the initiative is really about awareness. It is not just about having and displaying the blue light; it is about the smoke-free message that the light symbolizes.

### **Promotion in Youth Initiatives**

Promotion and providing information were both mentioned as success factors by representatives of the youth initiatives *Quitters Unite* and *DeFacto*. *Quitters Unite* defined success as adapting messaging to youth needs and reaching youth in ways that traditional health promotion methods cannot. A resource-based website — featuring user-generated content and geared to grow virally through social medias such as Facebook — was the core of the *Quitters Unite* approach. The project was able to use this technology to spread its messaging in a rapid and youth-relevant fashion. In addition, the extensive use of youth design input and face-to-face promotion was thought to foster meaningful connections with the audience. Promotion aspects of *Quitters Unite* are discussed in the cessation section below.

Similarly, *DeFacto* was based on anti-tobacco messaging. Much of this messaging aimed to raise awareness about and de-legitimizing the tobacco industry. Like *Quitters Unite* and *Don't be a Butthead*, *DeFacto* used branding as a technique for its messaging. This allowed the campaign and its messages to be conveyed in several ways, such as on posters, sports team uniforms, media ads, and so on. Because youth athletes are the most important champions of the program, school team uniforms are printed with the *DeFacto* name and logo. The key informant noted that sporting events provided important opportunities to promote and message, and the *DeFacto* name appeared everywhere (banners, posters, uniforms, etc.). Finally, the slightly provocative messaging and focus on disseminating tobacco industry truths have been particularly effective with youth.

### **Promotion in Cessation Initiatives**

Both *Quitters Unite* and *Driven to Quit* representatives highlighted promotion in their discussion of facilitating factors. In fact, both of these initiatives defined their overall

success in terms of reach and participation. Equally, the *Driven to Quit* program is an incentive-based contest, while *Quitters Unite* employs a contest as one part of its campaign. Again, the overarching role of promotion in *Quitters Unite* was to engage youth through branding and peer-generated content. The initiative also used contests to promote involvement and drive people back to the website. The photo contest used props adorned with the *Quitters Unite* logo, and the pictures were posted and exchanged through social medias. This was an effective way to ensure an interesting campaign while promoting it further. In line with the use of user-generated content and messaging, the contest submissions were also scored by the youth.

Promotion is also a prominent component of the *Driven to Quit* cessation initiative, and was cited as its top success factor. When it had been administered as *Quit to Win*, participating units received a package of media releases and Q&As to garner earned media stories. Media promotion was used to encourage people to sign up for the contest and, for those who had already quit, to stay tobacco-free. With the 2006 transition to *Driven to Quit*, media and other supports to health units and community partners were moved to the back pages of the initiative's web site. This includes a scoreboard where registrations are tracked in real time by health units, and in terms of the overall provincial total. Effective local and regional media events are often associated with measurable spikes in registration. The scoreboard also includes a section where participating health units can problem solve and exchange ideas regarding promotion and encouraging participation. The inclusion of the website backpages emphasizes the importance of promotion and also underscores the role of communication with partners. As discussed in the 'partnership' section, *Driven to Quit* and *Quitters Unite* have both forged strong partnerships that are critical elements of extending the promotion necessary for success.

One other type of promotion — albeit of a very different type — was also raised by key informants for two cessation initiatives: *Subsidized NRTs in Public Health Units* and *RNAO*. Both of these programs noted that part of raising the profile and efficiency of their work involved providing information about services to other health professionals like doctors, dentists and nurses in order to set up a fax referral service. The hope is that this will extend the reach of the initiative and promote information sharing between professionals.

### **Promotion in Training Initiatives**

The one training initiative for which promotion was an important facilitating factor for success was *TRaC*. As discussed in the sections on champions and organizational support, effective marketing was crucial to ensuring the reach of the program and increasing participation numbers.

### **Creative Design/Innovation**

Creative design and innovation was cited as important by key informants for the youth initiatives category alone.

### **Creative Design in Youth Initiatives**

Creative design and innovation was raised by key informants for two initiatives in the youth programming category. *Quitters Unite* targets an older youth audience (18 to 24) and focuses on cessation while *Don't Be a Butthead* is focused on prevention in a younger audience aged 8 to 14. Yet, key informant for both programs perceived

innovation to be an important success factor for engaging their audience. In turn, innovation and creative design factors are associated with engagement. That is, for both of the initiatives it was understood that creative design was a requisite element of success in effectively reaching younger audiences.

Both initiatives used extensive focus groups and audience testing in the development of their design, and employed branding and incentive-based approaches in their programs. The *Quitters Unite* site depended on user-generated materials, and connected extensively with social medias as opposed to a top-down promotion approach. The campaign's focus on visual elements and branding effectively broke with traditional health promotion, shown to be less effective in reaching youth. The program's success was in fact primarily seen as offering a new and innovative means of engaging youth with non-smoking messages. *Don't be a Butthead* also centered on branding, embodied in 'Butthead', an outspoken figure spreading the smoking prevention message. Youth received promotional clothing items adorned with the Butthead figure for annual pledges to remain tobacco-free. The creative design extended past the branding into school presentations where tobacco education is presented using themes such as CSI and Willy Wonka, effective for engaging the younger audience. Like *Quitters Unite*, *Don't be a Butthead* perceived a foundation of its success to be making tobacco cessation messaging fun, interesting and fresh .

## **Funding**

Funding was noted as a key facilitating factor for success in three of the four categories of initiatives: training, cessation, and youth. The one category of initiatives for which funding was not noted as significant was smoke-free areas. In training initiatives the question of funding was primarily linked to reaching populations, which was important for meeting needs. Key informants for cessation initiatives spoke of the importance of funding for promotion and for offering nicotine replacement therapies. Finally, funding was cited as important for initiatives administering grants for youth and for message-oriented youth initiatives *De Facto* and *Quitters Unite*.

### **Funding in Training Initiatives**

Key informants cited funding as a key factor for success in training initiatives (the exception was the *NICC MH&A* program; funding was mentioned in relation to its cessation elements). All acknowledged Health Canada funding which supported knowledge development and extended the reach and impact of the program.

PACT was developed in 2004 — by pharmacists for pharmacists — and received Health Canada funding in 2008. This funding was used to revise the training binder materials and offer free workshops across Saskatchewan, both of which improved the program's reach. *PACT* binders have been created for pharmacists, health care professionals and physicians and were cited as the most important resources used in the program. When funding was extended in 2009, *PACT* was able to expand its reach once again by creating the *TAR* program to address the needs of Aboriginal communities. Finally, provincial funding was also important for extending *PACT*'s reach in 2010 and enabling the program to provide more workshops across regions.

Funding was said to be key for reaching audiences of the *Inuit Tobacco-Free Distance Education* program in two ways. First, funding permitted delivery of the initiative to Inuit health workers in very remote communities in northern Canada; second, it

increased the reach yet again as those workers were able to improve or start tobacco reduction activities in their communities.

Funding also enabled increased marketing and promotion of the *TRaC* program. Specifically, additional funding from Health Canada enabled development of a comprehensive marketing plan that has allowed broader advertising, including ad placements in professional magazines. This has extended the initiative's reach and uptake.

### **Funding in Cessation Initiatives**

Key informants for the two cessation programs which administer NRTs noted funding as a significant success factor. They also stressed that support from senior management was imperative because of the high costs of administering the initiatives. The *NICC MH&A* key informant stated while that the program was costly (because of increased need for NRTs in the mental health and addictions population) it was not difficult to secure funding because the program's Board of Directors was extremely supportive. Similarly, key informants for the *Subsidized NRT in Public Health Units* noted that the initiative was resource intensive however support from a committed director ensured that needs were addressed and prioritized. Through partnerships forged with pharmacists the health authority was able to purchase NRTs at wholesale costs.

As discussed in the 'promotion and provision of information' section, *Driven to Quit* depends heavily on promotion for its success as an incentive-based program. Consequently the role of funding was associated with being able to effectively get the message and information out about the contest in a variety of ways. Similarly, the key informant for *Quitters Unite* — a brand and incentive-centered initiative — noted that the significance of funding for sustainability because the need for continual promotion incurs high financial costs.

### **Funding in Youth Initiatives**

Representatives of youth programs that administer grant moneys cited funding as a significant factor for their success. All of the youth grant programs were made possible, at least initially, by provincial funding earmarked for youth engagement and healthy living. While this funding is no longer in place, many of the initiatives have been sustained through alternate funding or through partnerships developed over the course of the initiative, or both. Beyond enabling the projects in the first place, adequate funding was seen as key, particularly for operational logistics, hiring youth workers and planning. Interestingly, in the case of the *Niagara Youth Grant* program the health unit observed that once the initiative was up and running, student participation and a supportive infrastructure became more important than funding for maintenance of the program. Despite the end of funding it was possible to maintain the program by leveraging successes achieved, networks that were established and youth energy and commitment. Rather than the amount available, the important aspect of funding was that it enabled mobilization of the group.

In addition to the grant programs, the *DeFacto* key informant also spoke of the importance of funding for the program's success. Like the cessation initiatives *Driven to Quit* and *Quitters Unite*, funding for *DeFacto* ensured adequate resources and planning for effective messaging in order to increase reach. Good funding ensures that the program is able to link with and support regional associations who in turn link with schools. At the provincial level funding is important for producing the

annual campaign. Altogether, the financing makes a difference by permitting sufficient planning and effective messaging.

## **Engagement**

The term engagement denotes initiatives that indicated that success is tied, at least in part, to recognizing and accommodating the needs of a particular sub-population. Across categories, engagement was identified as a facilitating factor in relation to youth programming. However, it was also noted twice in the cessation category by the two programs that catered to sub-populations: *NICC MH&A*, and *TAR*. Of the programs that mentioned engagement as a facilitating factor for success, meeting priority needs and empowerment were perceived as two of the most important successes.

### **Engagement in Cessation Initiatives**

Saskatchewan's *TAR* program and Northern British Columbia's *NICC MH&A* program both targeted priority populations whose needs were not being addressed by already existing programming. Successfully engaging these populations meant different things for the two programs, although both entailed building trust with the target community.

Ultimately, *NICC MH&A*'s success is perceived by its clients as the facilitation of quit attempts by those who they interact with and trust on an ongoing basis. For the health authority, a success is recognizing that the quit process of the sub-population is fundamentally different than that of the general population. This means that the program is catered to the quit attempt rather than trying to adapt quit processes to the program. Similarly, for *TAR* success was seen as meeting a need of a priority population. However in this case it was not a question of accommodating a different type of quit attempt, but rather of approaching the need in a culturally sensitive and appropriate way.

*NICC MH&A* had to adapt its cessation approach to meet the needs of a large mental health and addictions population base in the North. In order to do so it took a two-sided approach. First, it examined the use of NRTs to determine how needs differed for the target community, and second, it considered how best to support the use of NRTs with counseling. Part of the latter entailed the question of how best to reach the target audience. The health authority intensively researched cessation best practices to develop its approach. Ultimately, this approach included specialized training for those working in tobacco cessation in mental health and addictions populations, and increasing the provision of NRTs.

*TAR* engages its target population by employing an Aboriginal advisor who grew up on reserve and who met with Elders to hear stories regarding the history of the use of tobacco for sacred purposes. The initiative adapted one of the images from these stories and a sacred object, a white ribbon, as part of its approach. Participants are given a piece of ribbon to place in their cigarette pack as a reminder that they wish to quit. A card is included with the ribbon; on one side there is a list of the sacred uses of tobacco, and on the other is information about the white ribbon. In order to reach as much of the target audience as possible, the teaching selected for the program is generic and the colour white is understood as universally symbolic of healing. When program participants quit, they place the white ribbon somewhere that no one walks. In addition, *TAR* depends heavily on one-on-one meetings and storytelling because given the oral tradition of Aboriginal culture, print materials are

not as effectively received. Another success element for *TAR* is pairing one Aboriginal and one non-Aboriginal representative to take the program to communities. According to the informant, having representation from both balances perceptions and improves receptivity.

### **Engagement in Youth Initiatives**

Youth engagement has been addressed a number of times throughout the analysis of other facilitating factors. Again, it is understood as a critical facilitating factor because youth programs perceive success as empowering youth and meeting priority needs. To recapitulate the main points made regarding youth engagement:

- Youth engagement takes time. Patience is required to allow youth to learn to effectively take the reins of their projects.
- Programs need to be conducted at a fast pace to maintain the interest of youth.
- Youth engagement means ‘facilitating without leading,’ or acting as ‘adult allies.’ This means offering the skills and knowledge by which youth can action the project, without actually taking it over.
- Youth engagement demands strong support from senior management where ideas are risky or at odds with organizational priorities. It requires middle management support for the flexibility required for workers to work with youth. It requires front-line workers who are patient and open to the ideas of youth.
- In terms of promotion and messaging, youth engagement demands creativity and innovation. Branding is an especially effective way to disseminate youth messaging.

### **FACILITATING FACTORS FOR SUCCESS: A SUMMARY**

Nine facilitating factors emerged as key for success in tobacco control initiatives. *Appendix D* provides a summary of key themes, including facilitating factors for success overall and by type of initiative/category. Information in *Appendix D* is discussed briefly here.

#### ***Overall***

Overall, the data indicate that facilitating factors are mutually reinforcing for achieving success:

- Championing and the promotion and provision of information ensured buy-in and participation from public stakeholders as well as organizations involved;
- Partnerships extended the reach of promotion and provision of information;
- Infrastructure permitted effective information sharing and promotion of information and played a role in bringing together stakeholders for collaborative work;
- Time, patience and creative design facilitated engagement, while sustainability promoted trust and buy-in; and
- Funding ensured reach of messaging.

In addition, the following lessons learned regarding the facilitating factors were noted in the consultations:

- Championing must be catered to the audience targeted and used with right-time, right-place considerations;
- Organizational support must consider all three levels: senior management support, middle management support and, worker buy-in;
- Partnerships were also important for sharing resources, and were forged through reciprocity and over time;
- Infrastructure was also crucial for problem-solving;
- Questions of timing were important in gauging good political opportunities for work;
- Promotion is best when consistent, carefully catered to the audience, and health-based;
- An important part of effective creative design is audience testing and feedback;
- Engagement is important in building trust and must be carefully catered to and attuned to the needs of the audience addressed.

## **KEY FINDINGS**

The success stories represent a range of work being undertaken in tobacco control, from policy and legislative change through programming. These stories reflect work towards a variety of objectives associated with multiple tobacco control domains and priority populations. The programs discussed in this report fall into four overarching categories: youth; smoke-free areas; training; and, cessation.

- Successes of the initiatives at the local level are perceived not solely in terms of project outcomes and meeting objectives, but also include: empowerment of the community, strengthened partnerships, and raising awareness of public health services, amongst others.

### ***Facilitating Factors***

A set of nine core facilitating factors for success can be identified. These include: champions; organizational support; partnerships; infrastructure; time; funding; promotion and provision of information; creative design/innovation; engagement.

- **Champions** - Overall, champions were important for increasing motivation for participation in the initiatives; providing evidence and disseminating messaging; and, securing buy-in for the initiative from public health workers, boards and senior management levels. Championing was also important in supporting two other facilitating factors: promotion and organizational support.
- **Organizational Support** - It was recognized that organizational support was needed at all levels: from senior management; from middle management support in terms of providing training and offering flexibility; and, in front-line worker buy-in. The level of support needed and the means of securing it varied across categories and initiatives.
- **Partnerships** - Partnerships were perceived as the most important of all the facilitating factors for success. Partnerships referred to linkages between organizations, between sectors, and between local units. Broadly, they served

- **Infrastructure** - Various structures, including councils, committees and working groups were key to supporting the initiatives through stages from development through to implementation. Often these structures contributed to the strength of other success factors, including promotion and partnerships. Broadly, infrastructures were used to problem solve; to gather together stakeholders and identify needs; and to facilitate communication between various organizational levels, workers, and partnerships.
- **Time** - Time was identified most often in reference to patience, timing, and sustainability. The relative importance of these factors differed across categories of initiative. Further, time supported organizational support in the iterative process of demonstrating successes to secure support and trust from senior management.
- **Promotion, Provision of Information to the Public** - Promotion and provision of information differed based on the objectives of the initiatives and their perceptions of success. Various, it contributed to ensuring buy-in and support for policy change from public and stakeholders; effective enforcement of policy or legislative change; and, promoting participation and dissemination in messaging-oriented and incentive-based programs.
- **Creative Design**- Of the categories, the single one mentioning creative design was youth initiatives. In this context, creative design was supportive of engagement as a success factor because it was identified as a requisite element in effectively reaching younger audiences.
- **Funding** - Funding was cited as supporting three important components of the programs: the provision of information and messaging; resources such as NRTs; and, phases of projects oriented to needs identification.
- **Engagement** - Engagement was said to be an important success factor in those initiatives addressing the needs of priority populations. Specifically, it permitted programs to effectively identify and meet the needs of these target populations, and provide suitable information and messaging to them.

When considered across the range of initiatives, some of the most important facilitating factors for success included: partnerships; organizational support; and, effective promotion, messaging and public education.

#### ***Facilitating Factors, by Type of Initiative***

- Securing public and political support was crucial in *smoke-free area initiatives*. Providing consistent and evidence-based messaging to the public, as well as to senior and provincial organizational levels was the most important element of success. The remaining success factors worked to support this by coordinating synergies, research, and resources to ensure high-impact and research-based promotion and information sharing.
- The success factors, especially championing and partnerships, enabled the identification of community needs and supported practice change, the two most prominent dimensions of successful *training initiatives*. They did so by:

- Success in cessation initiatives differed according to the approach of the program, as did the factors supporting it. In initiatives administering NRTs, success factors revolved around resources. Partnerships ensured mutually beneficial resource sharing, while organizational support provided the significant financial support required to administer such initiatives. In incentive and contest based initiatives, success factors enabled extended reach of messaging and increased participation rates.
- Effective youth engagement was cited as the most important determinant of success in youth initiatives. Across all types of youth initiatives organizational support at worker, middle management and senior management levels was imperative.

## **CONCLUSIONS /IMPLICATIONS**

The stories of public health successes in tobacco prevention and control at the local and regional level are a rich resource of practice-based knowledge. Collecting information about the 'how' of their successes is an important step towards facilitating the exchange of valuable tacit knowledge.

Partnerships, organizational support and promoting and providing information were the three core factors found to contribute to success in the tobacco prevention and cessation initiatives included in this project. They were found to be crucial for reinforcing other success factors as well as the objectives of the work directly. The findings from this project should be considered in the planning and implementation of future tobacco control initiatives and validated in a larger pool of initiatives. Specifically,

- The most successful partnerships are those that build on already existing relationships, are mutually beneficial, and leverage already established trust.
- Organizational support must be secured at all levels, not just from senior management. Training and championing are key for gaining support at the public health worker level. A process of building trust by demonstrating initiative successes is most effective for securing senior management support.
- Information provided in messaging and promotion should be targeted, consistent, and evidence and health-based.

Those working with *youth initiatives* should consider the following to ensure the effective engagement that is critical to their success:

- The process of youth engagement takes time, patience and persistence, all of which are all extremely important.
- In grant programs the notion of 'adult allies' is key. This means providing youth with the tools and resources they need to fulfill their vision, without leading or taking over the process. This also means maintaining openness to youth's ideas, and working to get the necessary buy-in for youth-lead action from senior management levels.

- In messaging-based programs, creative design and branding are crucial. Audience testing and focus groups are good ways to support this in the development stages.

Those working with *smoke-free initiatives* should consider the following to ensure behaviour, policy or legislative change:

- Consistent, health and evidence-based messaging is the key to the process of successfully effecting change.
- The process of effecting legislative, policy and behavioural change must be heavily stakeholder oriented. Specifically, success depends on:
  - » Working with multiple partners such as NGOs, community organizations and public health units to draw together evidence, to identify needs, and to develop and share information and messaging.
  - » Working with the public to identify and address their needs, to secure buy-in and to keep them informed.
  - » And in some cases, working with various levels of government to secure support.

Those working with *training initiatives* should consider the following for identifying stakeholder and priority needs:

- Securing buy-in for practice change is essential for program success. Ingredients for this include: providing training and resources to those implementing the practice change; and championing to bridge 'divides' between different fields of public health work. Champions must be respected by the particular audience or audiences being engaged.
- Making use of existing networks of people, partnerships and resources is an effective way to ensure buy-in and that all stakeholder needs are met.

Those working with *cessation initiatives* should consider the following to ensure needs of the community are being addressed and good participation rates:

- In messaging-based programs, cater the promotion and messaging to the audiences and needs of the communities being targeted. Generic messaging is often not effective in engaging prospective participants.
- Build trust of special needs populations and the community by providing persistent support and finding ways to deliver cessation services that adapt to the needs of the user rather than the program. In other words, let the needs drive the program rather than vice versa.
- Combine NRT programs with counseling and other supports to ensure a 'holistic' cessation approach.

# **APPENDIX A – CONSULTATION GUIDELINES**

## **Guidelines for Follow-Up Consultations with Provincial/Territorial Contacts**

### 1) PURPOSE OF FOLLOW-UP

I am calling to follow up on the communication regarding local health tobacco control success stories sent to you by CPHA on \_\_\_\_\_ date. Specifically, I would like to use the call to discuss the list of initiatives provided to you by email in order to:

- Identify the \_\_\_\_ number of success stories for the province/territory that will be used for consultation with local health unit reps;
- Obtain some sense of your prioritization of these initiatives, as well as your reasons for these particular selections.
- Determine whether there are initiatives which do not appear on the list that you feel warrant follow-up by the project.
- Obtain the contact names associated with the initiatives in the local health units where possible.

### 2) OFFER AN OPPORTUNITY TO ASK QUESTIONS

Prior to discussing the success stories, I would like to give you an opportunity to ask any questions you may have regarding the project as a whole and/or in regards to the process that we are using to collect the project information.

### 3) DISCUSSION OF INITIATIVES

- Please provide the names of the \_\_\_\_ initiatives that you have identified.
- If possible and appropriate, please articulate a prioritization of these initiatives.
  - o Your reasons for this prioritization.
- I would like to briefly discuss each of the initiatives one at a time. For each, can you please:
  - o Provide your reasons for the selection.
  - o Make any comment on the importance of targeted sub-populations or domains in your selection (if not already addressed by comment on prioritization).
  - o Identify a contact associated with the initiative at the local health unit.

### 4) THANK YOU

I would like to thank you for your time and for participating in this consultation. The success stories identified through this project will be included in a final report to be presented to Health Canada. Additionally, we are hoping to include them in the CPHA's Knowledge Centre, anticipated to be up and running in June 2011. Please feel free to contact Randi Goddard or myself if you have any further questions or comments.

## **Guidelines for Consultations with Regional Health Contacts – Phase Two**

Thank you for taking the time to discuss \_\_\_\_\_ initiative with me. I would like to first briefly provide some details regarding the context and purpose of the consultation, and then to offer you a chance to pose any questions you might have before we proceed with the discussion. At the end of our discussion I'd like to confirm next steps for the process.

### 1) CONTEXT

This interview is part of a project regarding the public health work in tobacco prevention and control currently being undertaken in Canada with a particular focus on tobacco control at the local/regional level. One element of this project involves consultations through which CPHA is seeking to document practice-based strategies and interventions in tobacco control. To date, CPHA has conducted a Canada-wide survey of local/regional public health workers, has held face-to-face meetings, and has conducted a series of key informant interviews with provincial and non-governmental representatives.

### 2) PURPOSE

Because the work happening at the local level is a key component of tobacco control in Canada, CPHA wishes to highlight some of the great successes that have been achieved at this level in its final report on the project. It is also hoped that these will also be included in CPHA's online Public Health KnowledgeCentre™ when it is up and running in 2011. To this end, I am calling to discuss the \_\_\_\_\_ initiative you have been involved in.

Specifically, I would like to use the call to:

- Get a sense of the 'what' and 'why' of the initiative and its success. At this stage we would like to hear from you about the initiative's importance, and about how you understand it to have been successful.

### 2) OPPORTUNITY TO ASK QUESTIONS

Prior to discussing the success story, I would like to give you an opportunity to ask any questions you may have regarding the project as a whole and/or in regards to the process that we are using to collect the project information.

### 3) DISCUSSION OF INITIATIVES

1. The first question I have is in regards to confirming the tobacco prevention and control domain that the program is associated with. Currently, the survey results indicate that the initiative is associated with \_\_\_\_\_. Can you please confirm this?
2. Please describe the initiative and why it was undertaken.
3. Who does the initiative target – is it designed to accommodate the general population or sub-populations?
4. Please tell me about why you consider the initiative a success. How do you know that the initiative has succeeded? What has changed as a result of its implementation?

4. Do you have any suggestions or additional comments?

#### 4) NEXT STEPS

As next steps in this process:

- I'd like to ask whether you'd be willing to share any documentation related to the initiative. Documents such as those related to evaluations, mandates and process, media coverage, public education or any others you think are important would be very useful to our comprehensive understanding of the initiative and its success.

- Once we have completed our consultations with local health organizations we will review the collected data with an eye to considerations such as the range of initiatives, their domains, their success factors, etc. At that point and if you are willing, we will likely follow up with you to arrange a more in-depth discussion of approximately 45 minutes at a time convenient to you in the first two weeks of January.

- At the end of this process, I will produce a summary of our consultation using a format amenable to its later inclusion in the KnowledgeCentre™. Once I have written this up I will return it to you for your review and approval. I expect that I would be sending this out sometime in the third week of January.

#### 4) THANK YOU

I would like to thank you for your time and for participating in this phase of our consultation process. As noted, the success stories identified through this project will be included in a final report to be presented to Health Canada in March and in the CPHA's online Public Health KnowledgeCentre™. In addition to the summary written for the KnowledgeCentre™, we will be happy to provide you with an executive summary of these consultations as well as a copy of the final report. Please feel free to contact me or Randi Goddard, Project Coordinator, if you have any further questions or comments.

### **Guidelines for Consultations with Regional Health Contacts – Phase Three**

1. How was the initiative developed and implemented?
2. What resources were required, what was their source(s)?
3. Why do you believe that the initiative has been successful? What worked well? What are they key success or facilitating factors? [e.g. Individual champions? Partners? Strong support from senior management? Financial Resources? Creative Design?]
4. What are some of the most important 'ingredients' and environmental factors that are conducive to the initiative's success? In this respect can you identify any 'must have' factors, as well as factors that turned out to be not as important as anticipated?
5. What challenges did you encounter? What didn't work well?
6. What are the key lessons learned from this initiative? Is there anything you would do differently in the future?
7. Do you think that this initiative would work well in other local units

## APPENDIX B – SURVEY QUESTIONS BY ‘DOMAIN’ USED TO IDENTIFY INITIATIVES

<b>Protection (Smoke-free Areas)</b>
<ul style="list-style-type: none"> <li>• Please describe up to five examples of successful initiatives carried out by your health unit to promote the adoption and implementation of smoke-free laws, policies and practices.</li> </ul>
<b>Limiting Availability</b>
<ul style="list-style-type: none"> <li>• Please describe up to five examples of successful initiatives carried out by your health unit to promote the adoption and implementation of tobacco control policies aimed at limiting the availability of tobacco products.</li> </ul>
<b>Compliance (Enforcement)</b>
<ul style="list-style-type: none"> <li>• Please describe up to five examples of successful initiatives to improve compliance with restrictions on smoking in public places, youth access to tobacco, point of sale tobacco advertising and other restrictions.</li> </ul>
<b>Contraband</b>
<ul style="list-style-type: none"> <li>• Please describe up to five examples of successful initiatives to address tobacco smuggling in your health region</li> </ul>
<b>Prevention (Youth/Young Adult)</b>
<ul style="list-style-type: none"> <li>• Current: Please describe up to five examples of successful initiatives to improve or expand tobacco use prevention programs for sub-populations of youth and/or young adults in your health region.</li> </ul>
<ul style="list-style-type: none"> <li>• Emerging/Promising: Please describe emerging/promising tobacco use prevention programs/initiatives that your health unit is currently implementing/piloting</li> </ul>
<b>Cessation</b>
<ul style="list-style-type: none"> <li>• Current: Please describe up to five examples of successful initiatives to improve or expand tobacco cessation services for the general smoking population in your health region.</li> </ul>
<ul style="list-style-type: none"> <li>• Emerging/Promising: Please describe emerging/promising tobacco cessation programs/initiatives that your health unit is currently implementing/piloting.</li> </ul>
<ul style="list-style-type: none"> <li>• Priority Populations: Please describe up to five examples of successful initiatives to improve or expand tobacco cessation services for sub-population groups in your health region.</li> </ul>
<ul style="list-style-type: none"> <li>• Specific Settings: Briefly describe the most successful tobacco cessation initiatives for specific settings that are implemented in your health region.</li> </ul>

## APPENDIX C – SYNOPSES OF INITIATIVES BY CATEGORY

<b>TRAINING INITIATIVES</b>				
<b>Initiative</b>	<b>Administered By</b>	<b>Domain</b>	<b>Target Population</b>	<b>Description/Objectives</b>
<b>Inuit Tobacco-Free Network Distance Education Course</b>	Inuit Tuttarvingat of the National Aboriginal Health Organization (NAHO)	Various	Inuit community via community health representatives	<ul style="list-style-type: none"> <li>- The Inuit Tobacco-Free Network and the training course are affiliated; the training course being one component of the network. The central component of the network is a website (<a href="http://www.naho.ca/inuit/itn/whatsNew.php">http://www.naho.ca/inuit/itn/whatsNew.php</a>) that links to materials relevant to tobacco control and reduction in Inuit communities, including: research, fact sheets, events, health promotion materials, stories, etc. The network site also includes an email listserv of people interested in working on Inuit tobacco reduction.</li> <li>- The training component is focused on promising practices, and is based on adult learning/education principles. It was designed to meet the specific needs of participants, according to what they wanted to learn and what they wanted to do with their learning. Overwhelmingly participants of the training program are community health representatives (CHRs), an attempt has been made to reach a wider audience as well.</li> </ul>
<b>NICC Program for Mental Health &amp; Addiction</b>	Northern Health Authority, British Columbia	Cessation	Mental health and addictions community via cessation and mental health workers	<ul style="list-style-type: none"> <li>- The program partnered with the MAYO clinic to adapt the cessation guidelines and program for the needs of the fairly large mental health &amp; addictions base across the North. The program trains Northern health workers already working with mental health and addictions communities to implement the cessation guidelines and to support individuals through quit attempts.</li> <li>- Another component of the program is catering Nicotine</li> </ul>

				Replacement Therapies (NRTs) to the needs of the mental health and addictions population. As such, the authority administers an eight-week supply of NRT as opposed to the one-week supply received by the general population.
<b>PACT (Partnership to Assist with the Cessation of Tobacco)</b>	Pharmacists Association of Saskatchewan, Saskatchewan	Cessation	General population via pharmacists and various health care providers (social workers, addiction counselors, nurse practitioners and more)	<ul style="list-style-type: none"> <li>- The program was developed by pharmacists for pharmacists, but has since evolved into a tobacco cessation program that any health care professional can deliver in virtually any setting.</li> <li>- There are over 500 pharmacists PACT certified in Saskatchewan and all second, third and fourth year pharmacy students have been trained in addition to over 100 “other” health care professionals.</li> <li>- Training is ongoing with the goal of building capacity and encouraging cessation interventions as a standard of care, and to foster an environment of protection while enforcing a social norm of being tobacco-free.</li> </ul>
<b>TRaC (Tobacco Reduction and Cessation)</b>	Alberta Health Services, Alberta	Cessation	General population via various health care providers	<ul style="list-style-type: none"> <li>- A two-day professional development program designed to strengthen capacity in frontline health care professionals to deliver cessation interventions to patients and clients. The TRaC course is accredited by a number of professional organizations.</li> <li>- To date, the program has trained approx. 450 health professionals.</li> <li>- Each of Alberta’s five health regions presently has a part-time TRAC Coordinator who is responsible for program operations, course instruction and program promotions in their area.</li> </ul>
<b>RNAO, Integrating</b>	Department of Health and	Cessation	General population via	<ul style="list-style-type: none"> <li>- The program is based in best practices and was developed by the Registered Nursing Association of Ontario (RNAO) to</li> </ul>

<b>Smoking Cessation Into Daily Practice</b>	Social Services, Yukon		community health nurses	improve nurses' capacity by training them to implement smoking cessation strategies and techniques in their daily practice.
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<b>CESSATION INITIATIVES</b>				
<b>Initiative</b>	<b>Administered By</b>	<b>Domain</b>	<b>Target Population</b>	<b>Description/Objectives</b>
<b>Quitters Unite</b>	Heart & Stroke Foundation of British Columbia and Yukon; Context Limited Consultants; With support of Regional Health Authorities, British Columbia	Cessation	Youth aged 18 to 24, with a secondary audience aged 25 to 29	<ul style="list-style-type: none"> <li>- The program is a tobacco cessation and protection initiative promoting non-smoking and supporting youth who wish to quit smoking themselves as well as those who wish to help their friends or family to stop.</li> <li>- The central component of the initiative is a youth-designed and branded website featuring dynamic, user-generated content and focused on the use of social medias. Other elements of the initiative include an interactive 'road show' at post-secondary institutions across the province, and a series of cessation contests.</li> </ul>
<b>TAR (Tobacco Addiction Recovery)</b>	Pharmacists Association of Saskatchewan, Saskatchewan	Cessation	Aboriginal communities	- TAR is a cessation program developed for use in Aboriginal communities. An important focus of the program is on sacred and traditional tobacco use. The program incorporates culturally relevant approaches to quitting in addition to providing a number of informational resources.

<p><b>Driven to Quit</b></p>	<p>Northwestern Health Authority; Simcoe Muskoka District Health Unit; and, various regions and authorities in Ontario</p>	<p>Cessation</p>	<p>General population</p>	<p>- Driven to Quit is an annual incentive based program offering a potential prize (currently one of two hybrid cars, one of five vacation getaways, and one of seven MBNA credit card shopping sprees) for a successful quit for the contest period of 31 days. The program links with the Canadian Cancer Society's quit line and online quit services.</p>
<p><b>QuitPath</b></p>	<p>Department of Health and Social Services, Yukon</p>	<p>Cessation</p>	<p>General population</p>	<p>- The QuitPath program evolved from Quit Pack as a more in-depth evidence-based resource for cessation developed around stages of change. It includes: an introductory session; a guide to being smoke-free; quitting resources, including a website; telephone support from cessation workers; a weekly counseling session for four weeks; and, NRT (patch).</p>
<p><b>Subsidized Nicotine Replacement Therapy (NRT) Program</b></p>	<p>Elgin St. Thomas Public Health, Ontario</p>	<p>Cessation</p>	<p>General population</p>	<p>- The program is associated with the cessation domain of both Smoke-free Ontario Strategy and the Chronic Disease section of the Ontario Public Health Standards.          - The initiative adopts a two-sided approach: the first being provision of NRT products or subsidized NRTs through coupons; and, secondly the provision of counseling. Each client is assessed in a counseling session prior to NRT product or coupons being issued. The counseling component is administered through the continued smoking cessation groups, people coming in for appointments, and a periodic drop-in clinic model.</p>

<b>YOUTH INITIATIVES</b>				
<b>Initiative</b>	<b>Administered By</b>	<b>Domain</b>	<b>Target Population</b>	<b>Description/Objectives</b>
<b>High School Grants</b>	Peel Public Health; Niagara Public Health, Ontario	Various	Youth	<ul style="list-style-type: none"> <li>- All Ontario youth grant programs were initially administered by provincial grant money through health units and authorities for high school projects.</li> <li>- While this funding is no longer in place, many of the initiatives have sought alternate sources of funding to keep the work running, are now sustained through partnerships that developed over the course of the initiative, or both.</li> <li>- These grant programs fall along two categories depending on how the funding and programming are now administered by the health units: high school grant programs, and community grant programs.</li> <li>- Examples of projects in the communities and schools included: poster contests; youth groups; health and wellness committees; and, work associated with tobacco-free sports and recreation.</li> <li>- Many of the grant programs, both community and high school, emphasize youth engagement strategies and principles. In some cases these elements have been emphasized through advocacy and leadership training.</li> </ul>
<b>Community Youth Grants</b>	Toronto Public Health; Hamilton Public Health, Ontario	Various	Youth	<p><b>Peel Public Health</b></p> <ul style="list-style-type: none"> <li>- Teachers worked with students to identify health priorities at their school and grant money was used to fund projects to support these. Many schools conducted health fairs, contests, education campaigns and communication campaigns (video, or art)</li> <li>- Funding was also used to develop health and wellness committees, youth groups, green clubs, or to supporting physical activity and tobacco-free recreation.</li> </ul>

				<p><b>Niagara Public Health</b></p> <ul style="list-style-type: none"> <li>- A large part of the unit's role was as the middleman between the Ministry's funding and the schools and the projects themselves. The school completed applications for their projects that outlined their vision for what they wanted to do with the money, and the unit collected the applications, decided which projects were successful, and provided technical and administrative supports to the students and workers.</li> <li>- The ideas for projects were formulated collaboratively between youth and school workers, and the focus was primarily on prevention and denormalization of tobacco use.</li> </ul> <p><b>Toronto Public Health</b></p> <ul style="list-style-type: none"> <li>- The initiative works to fund youth serving agencies in the community such as afterschool programs, youth outreach programs, etc. Applicants select and develop ideas for programs particular to their community and present them to a youth committee who scored the proposals. In 2010, 47 grants of between 1 and 5 thousand dollars were allotted for initiatives such as community walks, special tobacco-free activities and events, and training programs.</li> </ul> <p><b>Hamilton Public Health</b></p> <ul style="list-style-type: none"> <li>- Multi-faceted and leadership focused grant program constituted by core elements: An annual summit as a forum for knowledge transfer regarding tobacco control, the tobacco industry, and denormalization; The Hamilton Crew for Action Against Tobacco (HCAAT), supporting tobacco control ideas from youth germinating at the community level; The Teen Tobacco Challenge focused on youth-led initiatives against tobacco; and, alignment with Education Boards for youth to attend annual leadership camps.</li> </ul>
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<b>DeFacto</b>	Réseau du sport étudiant du Québec	Protection	Youth aged 12 to 25; secondarily, denormalization of tobacco-use in general population	<ul style="list-style-type: none"> <li>- The primary objective of the program is to prevent youth from starting to smoke by creating new social norms via denormalization.</li> <li>- Rather than treating behaviour, <i>DeFacto</i> addresses the problem of tobacco products in terms of the industry promoting, producing and selling the product.</li> <li>- <i>DeFacto</i> creates awareness by branding its messaging and disseminating it as widely as possible in the environment. A crucial component of this is the <i>DeFacto's</i> work with athletes as ambassadors in secondary and post-secondary institutions.</li> </ul>
<b>Don't be a Butthead</b>	Department of Health and Social Services, Northwest Territories	Prevention	Youth aged 8 to 14	<ul style="list-style-type: none"> <li>- A social marketing campaign centered on a mascot named Butthead who spreads prevention messaging.</li> <li>- The initiative is primarily school-based, and constitutions a number of elements including but not limited to: <ul style="list-style-type: none"> <li>• An annual smoke-free promise form signed by the participating children. Upon receipt of the promise, the child receives a piece of promotional gear featuring Butthead.</li> <li>• Dynamic and interactive school presentations of between thirty and forty minutes in duration.</li> <li>• Affiliation with the annual Arctic Winter Games whereby the program partners with athletic associations to bring the coaches and athletes on board as role models. Includes poster campaign.</li> </ul> </li> </ul>
<b>Flavour Gone</b>	Northwestern Health Unit; Kingston, Frontenac and Lennox & Addington	Prevention	Youth	<ul style="list-style-type: none"> <li>- Administered as an Ontario grant Youth Alliance Action program, developed and oversaw an advocacy campaign designed to target the tobacco's industry targeting of youth by flavoured tobacco products.</li> <li>- Elements of this movement included the purchase and creation of a website (<a href="http://www.flavourgone.ca">www.flavourgone.ca</a>), an online</li> </ul>

	(KFL&A) Public Health; and other health units, Ontario			petition, and appeals to the media. - Several YAAs from across the province joined in the Flavour Gone movement and worked with NGOs and Parliament members to bring attention to Bill C-32.
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<b>SMOKE-FREE AREA INITIATIVES</b>				
<b>Initiative</b>	<b>Administered By</b>	<b>Domain</b>	<b>Target Population</b>	<b>Description/Objectives</b>
<b>Amendments to Smoke-Free Places Act</b>	Council for a Smoke-Free PEI - a collaborative group of stakeholders including: the Canadian Cancer Society; the Canadian Lung Association; the Heart & Stroke Foundation; the Canadian Medical Association; the Home & School Federation.	Protection	General Population	- Beginning in 2008, work towards amendments of the original PEI Smoke-Free Places Act was begun. Desired amendments included restrictions on smoking in schools, bars, restaurants, and doorways in public places. - Amendments were in response to public pressures for change, such as in the case of smoke-free vehicles; to bring PEI in line with other provincial smoke-free legislation; and, to regain a leadership role in smoke-free action such as the case with smoke-free patios and hospitals.

<b>Smoke-Free Cars</b>	Smoke-Free Kings Organization, Annapolis Health, Nova Scotia	Protection	Protection of youth, secondarily, denormalization of tobacco-use in general population	<ul style="list-style-type: none"> <li>- This initiative was pursued on the basis of working to protect those who can't protect themselves by advocating for smoke-free cars when a child under the age of 16 was present (this was changed to 19 in the process due to positive response).</li> <li>- Although the initial impetus had been health policy modeling, fines and enforcement were further included as part of the initiative as it gained strong support.</li> </ul>
<b>Smoke-Free Places</b>	New Brunswick Department of Health	Protection; Compliance	General Population	<ul style="list-style-type: none"> <li>- The purpose of this act was to make both public places and work places smoke-free.</li> <li>- Compliance was ensured through a partnership whereby enforcement duties were divided as follows:               <ol style="list-style-type: none"> <li>1) In work places - work place safety</li> <li>2) In liquor establishments –public safety</li> <li>3) In all other spaces –public health inspectors</li> </ol> </li> <li>- A media campaign was carried out jointly with the Canadian Cancer Society.</li> </ul>
<b>Eastern Health Smoke-Free Environment Policy</b>	Eastern Health Authority, Newfoundland	Protection; Compliance; Cessation	General Population	<ul style="list-style-type: none"> <li>- The Eastern Health Authority was the last of the four provincial authorities to implement a smoke-free policy. The policies vary somewhat across the authorities, and each had its own experiences with implementing them, including successes and challenges. Particular to Eastern Health is its large size.</li> <li>- The policy is organization-wide and ensures a smoke-free environment. Tobacco use is prohibited on all premises owned or leased by Eastern Health.</li> <li>- The policy is comprehensive, and extends cessation support to employees through the Employee Assistance Program and by linking with the Smokers Help Line.</li> </ul>

<b>Blue Light Program</b>	Burntwood Regional Health Authority, Manitoba	Protection;	General Population	<ul style="list-style-type: none"> <li>- The primary objective of the program is to ensure protection from second-hand smoke by generating awareness of its negative health impacts. The secondary outcome is behaviour change.</li> <li>- The smoke-free home obtains a blue light that is placed outside of their house, and signs a pledge form to maintain a smoke-free environment. The more blue lights in the community, the stronger the awareness that smoking is detrimental.</li> </ul>
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## APPENDIX D – SUMMARY TABLE SHOWING KEY THEMES FOR FACILITATING FACTORS FOR SUCCESS OVERALL AND BY TYPE OF INITIATIVE

	Overall	Category			
		Smoke-free areas	Cessation	Training	Youth
Champions	<ul style="list-style-type: none"> <li>•Increasing motivation for participation</li> <li>•Providing evidence and disseminating messaging</li> <li>•Securing buy-in from all organizational levels (senior and middle management, front-line worker)</li> </ul>	<ul style="list-style-type: none"> <li>•Expert spark for initiative</li> <li>•Political leadership and effective messaging to public and stakeholders</li> <li>•Enthusiastic participants that were especially motivated/ committed</li> </ul>	<ul style="list-style-type: none"> <li>•Critical to securing buy-in and trust within one of the cessation programs, including bridging different fields of workers</li> </ul>	<ul style="list-style-type: none"> <li>•Securing support for the practice change</li> <li>•Need to be respected within all of the fields and levels involved</li> <li>•Careful choice of who and when</li> <li>•Importance of peer-to-peer influence</li> </ul>	<ul style="list-style-type: none"> <li>•Not specifically identified - congruent with perspective that youth themselves are champions</li> </ul>
Organizational Support	<ul style="list-style-type: none"> <li>•Three levels identified and all important</li> <li>•Senior management support (1)</li> <li>•Staff support and willingness (2)</li> <li>•Provision of training and flexibility for work (3)</li> </ul>	<ul style="list-style-type: none"> <li>•Role of Minister to provide health-based justification and messaging for provincial legislation change (1)</li> <li>•Senior management to support staff and to secure public buy-in for policy change (1)</li> </ul>	<ul style="list-style-type: none"> <li>•NRT is expensive and so requires prioritization of cessation by management (1)</li> <li>•Need front-line support as well, which was linked with being provided with training and education from the organization (2) – (3)</li> </ul>	<ul style="list-style-type: none"> <li>•Buy-in crucial from front-line staff who will be modifying practice based on training received (2)</li> <li>•Need to tailor to audience (e.g., health professionals) to secure buy-in/participation - both by engaging champions in those audiences and by offering flexibility</li> </ul>	<ul style="list-style-type: none"> <li>•Front-line workers need to support youth by allowing them to proceed with their vision for the projects (2)</li> <li>•Senior management must allow sufficient flexibility and supports required for staff to work effectively with youth (1) and to allow youth to guide their projects</li> </ul>

				with hours; accreditation, etc. (2) •Support required from middle management to facilitate staff putting training into practice (3)	
Partnerships	<ul style="list-style-type: none"> <li>•Sharing of resources, including research and information</li> <li>•Identifying and meeting population needs</li> <li>•Promotion</li> </ul>	<ul style="list-style-type: none"> <li>•Formation of passionate committees of stakeholders to create high-impact promotion and dissemination of information</li> <li>•Enforcement by leverage existing partnerships, and sharing resources</li> </ul>	<ul style="list-style-type: none"> <li>•Important to leverage well-entrenched partnerships with key stakeholders</li> <li>•Facilitates resource sharing, promotion and extended reach</li> </ul>	<ul style="list-style-type: none"> <li>•Development-stage support to identify and understand learner needs</li> <li>•Coordination of motivated workers to disseminate training and resources</li> <li>•Allowing communities to adapt trainings to their needs</li> </ul>	<ul style="list-style-type: none"> <li>•Strategic partnerships to facilitate rapid uptake, efficient promotion</li> <li>•Linking with NGOs, health units to enable effective youth advocacy</li> <li>•Demonstrating alignment of goals fostered stakeholder and in turn senior management buy-in</li> </ul>
Coordinating Mechanisms (infrastructure)	<ul style="list-style-type: none"> <li>•Facilitate promotion and partnerships</li> <li>•Facilitate joint planning and problem solving</li> <li>•Facilitate communication</li> </ul>	<ul style="list-style-type: none"> <li>•Crucial role of collaborative group of stakeholders in researching and sharing info with public and government decision-makers</li> <li>•Core bodies of partners identify needs, and provide initial and ongoing</li> </ul>	•n/a	•n/a	<ul style="list-style-type: none"> <li>•Value of experienced youth work staff supporting those less experienced, including dedicated co-ordinator</li> <li>•No “gatekeeper” allows open communication and support</li> </ul>

		planning and problem-solving			
Time & Persistence	<ul style="list-style-type: none"> <li>•Patience</li> <li>•Timing</li> <li>•Sustainability</li> </ul>	<ul style="list-style-type: none"> <li>•Strategic timing offers political opportunities</li> <li>•Leveraging topics of current public interest</li> <li>•Ensuring adequate time for policy planning, developing, and implementation</li> </ul>	<ul style="list-style-type: none"> <li>•Long-term success developed through consistent messaging and increasing brand recognition over time</li> </ul>	•n/a	<ul style="list-style-type: none"> <li>•Allowing for youth to foster their own ideas; effective engagement</li> <li>•Building reciprocal, trusting partnerships to secure buy-in support</li> <li>•Ideal to allow program momentum to build over several years</li> </ul>
Promotion & Provision of Information to Public	<ul style="list-style-type: none"> <li>•Ensure buy-in and support for policy change and its enforcement</li> <li>•Foster participation</li> </ul>	<ul style="list-style-type: none"> <li>•Health-outcome, evidence-based messaging key to winning support of senior management, government decision-makers, and public</li> <li>•Communications to increase public awareness and support</li> </ul>	<ul style="list-style-type: none"> <li>•Engaging youth through branding, peer-generated content and social medias</li> <li>•Increasing participation for incentives and contest based programs</li> <li>•Establishing referral systems with a variety of health professionals</li> </ul>	•Effective marketing to improve reach and increase participation	<ul style="list-style-type: none"> <li>•Adapting messaging to appeal to youth needs using novel methods (e.g., social media)</li> <li>•Youth input on design, face-to-face promotion important elements</li> </ul>
Creative Design	<ul style="list-style-type: none"> <li>•(Youth) Engagement</li> <li>•User-generated materials</li> <li>•Use of social media</li> <li>•Focus group and</li> </ul>	•n/a	•n/a	•n/a	<ul style="list-style-type: none"> <li>•Branding, incentive based approaches appealing to youth</li> <li>•Engaging youth through creative and fun themes</li> </ul>

	audience testing				<ul style="list-style-type: none"> <li>•Avoiding traditional health promotion messaging seen to be ineffective with youth audiences</li> </ul>
Funding	<ul style="list-style-type: none"> <li>•Reaching populations</li> <li>•NRT</li> <li>•Grants</li> </ul>	•n/a	<ul style="list-style-type: none"> <li>•High cost of subsidized NRT programs</li> <li>•Enabling factor for promotion-based programs</li> </ul>	<ul style="list-style-type: none"> <li>•Significance of federal funding (i.e., Health Canada)</li> <li>•Improving programs through ability to develop resources and increase reach</li> </ul>	<ul style="list-style-type: none"> <li>•Provincial start-up funding earmarked specifically for youth</li> <li>•Later sustainability through partnerships formed during project</li> </ul>
Engagement	<ul style="list-style-type: none"> <li>•Recognize unique needs of target population</li> <li>•Tailor approach</li> </ul>	•n/a	<ul style="list-style-type: none"> <li>•Need for ongoing interaction and trust-building with clients</li> <li>•Addressing (sub-populations) needs in sensitive way</li> <li>•Use of best practices evidence-based approaches</li> </ul>	•n/a	<ul style="list-style-type: none"> <li>•Need to 'facilitate without leading' in youth projects</li> <li>•Keep program moving to hold youth interest</li> <li>•Front-line staff flexibility and openness to youth ideas</li> <li>•Senior management support</li> </ul>