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EVALUATION NEWS

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CESSATION SERVICES IN SIMCOE MUSKOKA



Welcome to the second issue of our five-part series. This issue focuses on providing you with the most pertinent findings about cessation services and needs in Simcoe Muskoka from our interviews with key informants.

THE STUDY

OTRU is pilot testing a methodology to understand the availability of cessation services at local levels in Ontario. The methodology is being tested in Simcoe Muskoka, and the preliminary findings of this study are presented in a series of newsletters. The first issue presented the preliminary findings from OTRU's scan of the availability and reach of smoking cessation services in Simcoe Muskoka. This

issue presents another part of the needs assessment study, the key informants' interview. OTRU staff interviewed 5 key informants, identified as people who had insights into the smoking cessation needs of the residents of Simcoe Muskoka.

WHY STUDY SMOKING CESSATION

Researchers from all over the world have shown that quitting takes more than willpower; it requires supportive physical

and social environments with cessation treatments that are known and accessible to smokers, and sensitive to their needs. It has been estimated that effective tobacco cessation interventions can double or triple quit rates (National Institute of Health. Effective Strategies for Tobacco Cessation Underused, Panel Says: NIH; 2006.)

Quitting smoking has immediate as well as long term benefits. People who stop smoking greatly reduce their risk of dying prematurely and lower their risk of heart disease, stroke, lung disease and other smoking related health conditions. Benefits are greater for people who stop at earlier ages, but smoking cessation is advantageous at any age.

THE KEY INFORMANT INTERVIEW

OTRU designed a semi-structured interview that asked about the smoking cessation system that is in place in Simcoe Muskoka, what products and services are working well, and what can be improved.

Each interview lasted approximately sixty minutes and was tape recorded and transcribed verbatim. Once transcribed, the research team coded all interviews using NU*DIST 6 software.

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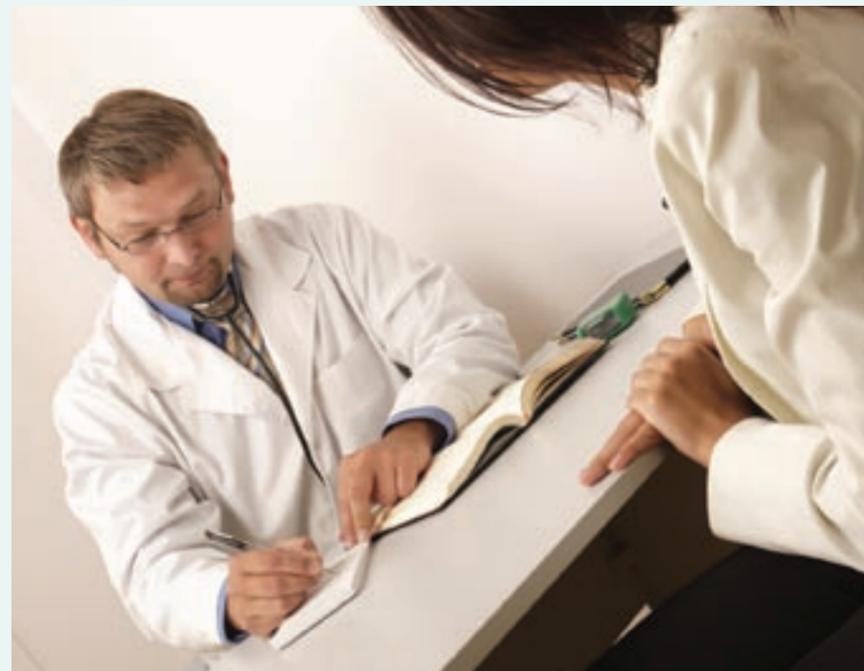


PARTICIPANTS

Survey participants were:

- Paid employees
- Staff providing direct frontline support and programming for smokers or responsible for planning, communication, and collaboration of tobacco control in Simcoe Muskoka
- Staff who had worked on tobacco control for an average of 9.5 years (range 2-14 years)
- Mostly female (66%)
- 40-60 years old

We thank all key informants who so generously agreed to offer time to be interviewed for this study; without their valuable input this study would not have been possible.



WHAT'S WORKING

BELIEFS ABOUT WHAT PROGRAMS ARE WORKING WELL TO HELP SIMCOE MUSKOKA SMOKERS QUIT OR REDUCE THEIR SMOKING

According to key informants, smokers in Simcoe Muskoka have access to telephone counseling services (i.e. Smokers' Helpline, and the Health Connection Line) as well as self-help resources and mass media campaigns, including the Driven to Quit contest. Smokers with access to the internet also had web-based resources. Occasionally, workplaces, private companies or faith based groups offered face-to-face counseling and/or group smoking cessation programs in certain locations (usually Barrie), and some hospitals offered cessation services. At the time of data collection, the STOP study provided free nicotine replacement therapy (NRT) to some smokers.

GAPS IN THE SYSTEM

GAPS IN SIMCOE MUSKOKA'S SMOKING CESSATION SYSTEM IDENTIFIED BY KEY INFORMANTS

One of the biggest gaps identified through these interviews was the lack of services available to smokers who reside in rural areas of Simcoe Muskoka, as well as tailored programs for populations who carry a heavier burden of tobacco related illnesses (e.g. blue collar workers, young adults, Aboriginal people, and people living with mental illness).

"I would say, um, accessibility, location. We're a huge geographic area, so having something accessible to people in all communities. Some of our communities are isolated communities and so, how do we offer something to those people?"

"[In the] Bradford area we have very much a working class farming community, um, I would probably think, although... this is just my speculation, that smoking rates are significant there. I think that may spill over into the Alliston area where, you have an old farm community and you have manufacturing with a Honda plant there. Once you get North... of Barrie you're into very much rural country and we know empirically that the issue of tobacco consumption in rural communities is generally higher and let's not forget that we, much of Simcoe Muskoka is rural community... Most [smoking cessation] programs are not tailored for their specific need."



"And still quite concerning to me that the school yard, the sidewalks, are full of kids smoking... and then there's nothing in particular that targets smoking cessation for young people here..."

All key informants mentioned the lack of trained professionals in Simcoe Muskoka to provide smoking cessation services. They pointed out that more trained professionals were needed in order for smoking cessation services, especially those offered by health professionals, to become routine interventions. When asked about the obstacles faced by smoking cessation services in Simcoe Muskoka, the first answer given by 50% of key informants was related to lack of capacity:

"Other than some health unit people and a few other people in Simcoe Muskoka there aren't really a lot of people who are trained specifically in tobacco treatment."

Throughout the interviews, all key informants talked at length about the importance of having a variety of well integrated cessation services. They all

believed that it was essential to provide a web of integrated services to help smokers quit and stay quit:

"Well I really think there needs to be a continuum because different people you know you've got the people, who will quit spontaneously... And then you've got people who will quit with a self-help resource. And then you have some who might quit with going to a one-time workshop and then others who absolutely need intensive counseling... we really need to make those all available and for free NRT... I totally support the mass media point, like the population health approaches because I think you know if anything that creates um some change and we'll



"I don't really believe in single strategies, I believe... a comprehensive approach... is what is going to help someone to quit smoking."

When asked how effective a specific strategy was, most participants would answer with comments that showed that it was essential to think about the program as part of a continuum, not in isolation:

"Again, I don't think it is [effective], in isolation it is, but as one strategy as part of a comprehensive approach."

Some participants mentioned that there was some effort to integrate the current cessation services and programs, but the effort was not as effective as it could be due to funding restrictions:

"We have something called 'SMASH' which is the Simcoe Muskoka Action on Smoking and Health, I think is what it is... And the purpose that's a multi-organizational team... that works but the issue is that people's mandate isn't broadly to be effective, isn't cessation so you know everybody believes in it and wants to do it but don't have the funding to carry out cessation because our mandates, our money's directed elsewhere."



SUGGESTIONS TO IMPROVE EXISTING SERVICES

Throughout the interviews key informants made several suggestions about how the existing services could be improved.

1. Most key informants believed it was important to rewrite the self help materials to make them more accessible to smokers:

“The booklets that we have are quite intense and overwhelming looking to somebody who has, you know, a grade 8 or grade 7 education.”

2. All key informants mentioned that more self help materials should be distributed throughout the region:

“If you’re not moving 500 of these books a month, then are you really saturating the streets with it? I mean look at the philosophy of the flyer that comes to your door to buy, you know, the Canadian Tire flyer and or you know we’re having this huge blowout sale, the reality is 99% of those things end up in the waste paper basket. We need to accept the fact that you need to, in order to hit 50 you’ve got to move 500.”

“I think that we do a poor job of trying to saturate communities with it... especially communities in the North, or far away.”

3. A concern mentioned by several key informants was the lack of telephone information help lines available for the use of pharmacotherapy.

“They are extremely reluctant to give advice on NRT, or any pharmacotherapy. I think this is a huge limitation, since we should be able to help people and give them advice, information.”

4. Key informants believed it was necessary to make the STOP study an ongoing program. (The STOP Study (Smoking Treatment for Ontario Smokers) is a joint project of the Centre for Addiction and Mental Health (CAMH) in partnership with the Ministry of Health Promotion that distributes free NRT, including nicotine gum or patches to eligible smokers and monitors their effectiveness in the quitting process. Participants also get helpful information and resources, such as counselling, to help in the quitting process.)

“STOP on the road I think we had 500 spots and we had over 800 people call. So I think...A lot more is needed. When we have, we have waiting lists now for, we haven’t even advertised for our STOP study and we have waiting lists beyond our capacity.”

“The STOP study reduces the barriers right away. ... the financial barrier which I see, as one of the biggest things in our community.”

“We need to implement the STOP study as a program, we have so many people in our waiting list.”

IMPORTANCE OF OUR KEY INFORMANT’S INTERVIEWS

Key informant interviews made major contributions to OTRU’s needs assessment study. These interviews enhanced our understanding of what services were available, their advantages and disadvantages, and drew attention to what services were most needed to have a comprehensive smoking cessation strategy in one Public Health Unit.

It is recommended that key informant interviews be included as one component of the replication of the needs assessment. However, researchers must be aware that interviews with staff are not always easy to accomplish. Evidence gathered through interviews should be shared with staff so that they fully understand the purpose of these types of assessments and are willing to accommodate further demands upon their time.

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The Ontario Tobacco Research Unit (OTRU) is an Ontario-based research network that is recognized as a Canadian leader in tobacco control research, monitoring and evaluation, teaching and training and as a respected source of science based information on tobacco control.