



September 2017

OTRU Knowledge and Evaluation Support

OTRU supports the work of Public Health Units, Tobacco Control Area Networks (TCANs) and other organizations by providing tobacco control [Knowledge and Evaluation Support](#) (KES) on request.

We receive a variety of requests ranging from small limited-time projects to high intensity multi-year projects. Projects span key comprehensive tobacco control domains (prevention, protection and cessation) and include:

- Tracking provincial initiatives for smoke-free movies and cessation training
- Evaluating mass media campaigns
- Evaluating youth prevention programming and youth engagement initiatives
- Supporting cessation programming in special populations
- Supporting smoke-free spaces initiatives

Below are highlights and key findings from two recent projects we have supported through OTRU's KES initiative.

Project 1: A Pilot Program to Support Smoking Cessation in Community Pharmacies

In 2015, Niagara Region Public Health (NRPH) aimed to expand access to free nicotine replacement therapy (NRT) across the region by offering a smoking cessation pilot program in community pharmacies, combining the strengths of behavioural counselling and the effectiveness of NRT for up to 12-weeks. The program also provided self-help resources and referrals to Smokers' Helpline.

OTRU conducted an evaluation of the Niagara Pharmacy Quit Smoking Pilot Program from July 2015 to April 2016. The purpose of the evaluation was to provide program management and project partners with objective information on program implementation, feasibility and effectiveness. The evaluation identified the program's impact on quit outcomes, and successes and challenges from the perspectives of both program implementers and participants.



The evaluation utilized qualitative and quantitative research methods:

- Administrative data including pharmacy tracking forms
- Participant surveys:
 - Baseline/intake (n=156)
 - Web-based/telephone surveys at three and six-month follow-up (response rates were 37% and 26%, respectively)
- Key informant interviews with Niagara Region Public Health staff and pharmacy partners

Program Participants

156 participants were enrolled in the program. Participants were similar to other cessation programs. Pharmacists felt the program served populations who may have otherwise been unable to afford NRT.

“The counselling that we could provide was probably the biggest contributor to helping--but it's not the only one. Certainly having the NRT there, having the support there, having the follow up calls, having the program, having all these things were all beneficial”—Program Pharmacist

Quitting Behaviours

Among follow-up survey responders, self-reported 30-day quit rates were 26% at the 3-month and 24% at the 6-month follow-up interview (Table 1). Almost 90% of respondents reported having made a quit attempt for at least 24 hours or more. Additionally, the mean number of cigarettes smoked per day was significantly reduced among respondents who did not successfully quit. However, the low participant response rates to the follow-up surveys (37% and 26% at 3 and 6-months, respectively) are a limitation to understanding the full impact of this pilot program.

Table 1: Niagara Pharmacy Pilot Program Responder Quit Rates at 3-Month and 6-Month Follow-up

Follow-up Responders Only		
Duration of Abstinence	Abstinence at 3-Months (n=57)	Abstinence at 6-Months (n=41)
7-day Point Prevalence	24 (42.9%)	13 (32.5%)
30-day Point Prevalence	15 (26.3%)	10 (24.4%)



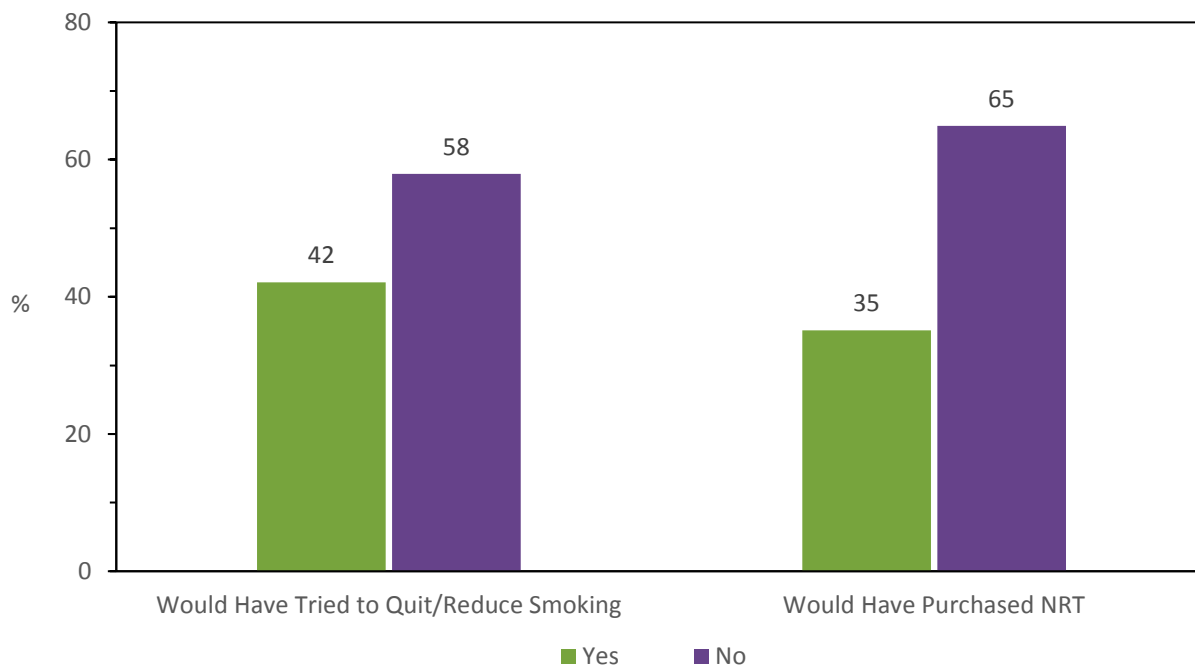
EVALUATION NEWS

“Very grateful that I was given this wonderful opportunity to help me become smoke-free. I feel and smell great all the time. I will definitely recommend this program to everyone.”—Participant (6-month follow-up)

“I am thankful to the program because it helped me to think about quitting smoking. It did provide some accountability by going to the pharmacy weekly to pick up the patches. Overall it has helped me cut back and believe I can quit altogether one day. Overall I think the program was helpful to me.”—Participant (3-month follow-up)

At the 3-month follow-up interview, the majority of respondents reported that they would not have tried to quit or reduce their smoking without the support of the Niagara Pharmacy Quit Smoking Pilot Program. An even larger majority (65%) reported that they would not have purchased NRT in the past 3-months, thereby increasing availability of NRT to this population (Figure 1).

Figure 1: Anticipated Cessation Behaviours of Respondents in Program Absence



Note: Full data table for this graph provided in the Appendix (Table A-1).



Conclusion

The Niagara pharmacy pilot program appears to have helped smokers make quit attempts and reduce cigarette consumption or maintain abstinence. However, additional research and longer duration of follow-up is needed to understand the true impact of the program. Community pharmacists feel they play a significant role in providing smoking cessation programming and credit their convenient access for their success. However, an effective administrative and reporting system is required, along with strategies to increase NRT compliance for optimal use.

Project 2: Youth Tobacco Prevention with Dental Professionals: A Community and Public Health Unit Focus

This project sought to distribute informational material related to preventing tobacco, created in conjunction with young people, use to dental professionals working in both the community and in public health unit dental offices centred across the South West TCAN. Of particular interest was material uptake among dental offices and receptivity among youth clients aged 14 to 18.

Dental Professionals Working in the Community

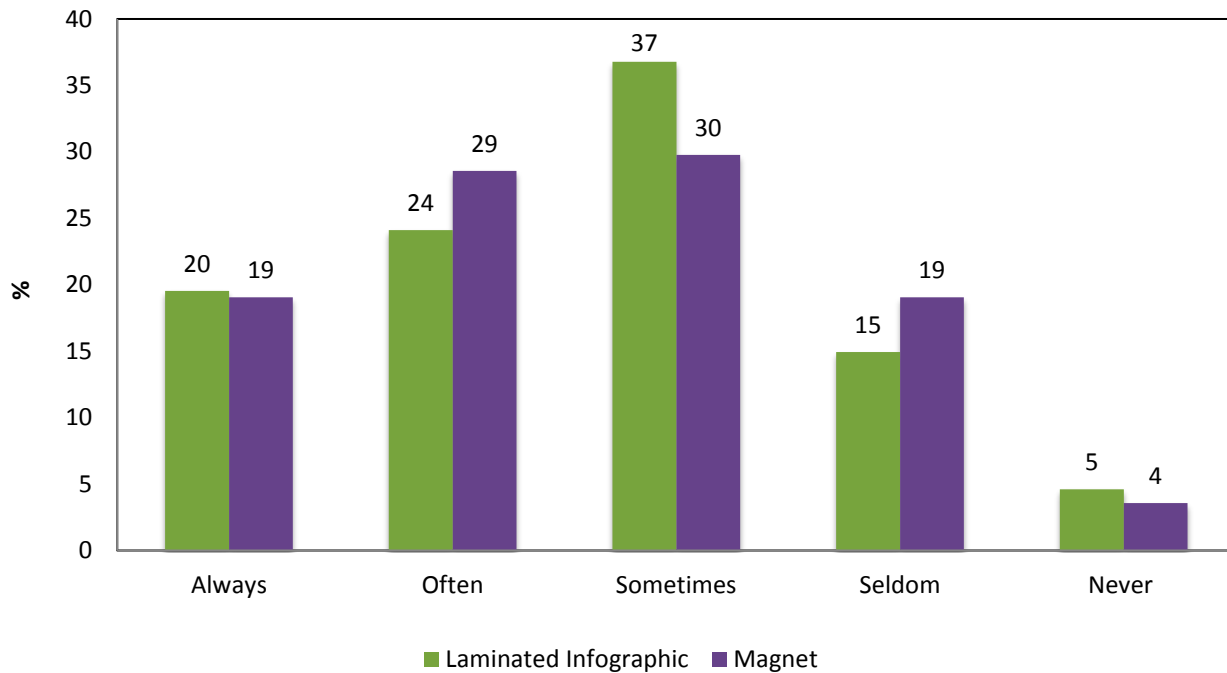
In the fall of 2015, 87 of the 153 eligible dental hygienists (57%) from Southwestern Ontario completed a survey evaluating the usefulness of the program.

Main reasons for liking the project:

- Having resources to give to youth
- Starting a conversation about tobacco
- Minimal disruption to workflow and time

Most dental professionals (80%) shared the prevention resources with youth patients and three in four dental hygienists provided cessation booklets to youth who smoke (Figure 2 illustrates the resources distributed). Almost all (94%) dental professionals were highly engaged in the project including having conversations and responding to questions from youth.

Figure 2: Distribution of Project Resources to Youth Patients



Note: [Full data table for this graph provided in the Appendix \(Table A-2\).](#)

Almost all dental professionals agreed that the initiative was relatively easy to implement and would recommend this program to another dental office; however, there were challenges with having time to provide the resources and a lack of interest among youth.

Dental Professionals Working in Public Health Units

In 2016, seven of nine public health units (PHUs) that comprise the South West TCAN participated in this project, with one representative from each PHU completing the survey. These PHUs had a mandate to provide screening to youth in elementary school, with high-school aged youth considered a secondary (non-mandated) population.

Six public health units reported that the project was easy to implement, with the remaining PHU reporting it was a bit of work but manageable. Laminated infographics were distributed by 6 of the PHUs. Magnets were distributed by 5 of the PHUs. Reasons why some public health units distributed the informational material at a lower rate (that is, “Sometime”, “Seldom” or “Never”)



were: forgot to give the materials out; did not have time; parents were in the room; client did not want the materials; and lack of youth clients in the target group (Table 2).

Table 2: Reasons Why Laminated Infographic or Magnet Resources Were Distributed Less Frequently: "Sometimes", "Seldom" or "Never"

Reasons	Number of PHUs
I forgot to give them out	2
I didn't have time to give them out	1
I didn't provide them when the youth had their parents in the room	3
Clients did not want magnets	1
I did not see many clients in the target age group	2

All 7 PHUs displayed posters that included information regarding the relationship between dental health and tobacco use. Posters were displayed around the clinic including on the wall around the dental chair and in the waiting room. Red booklets—which contained material about tobacco use cessation and dental health—were given out by 4 PHUs. Three PHUs did not distribute the booklet for a variety of reasons including: forgot to give it out (in part due to low enrollment of high school clients); did not have time; parents were in the room; lack of youth clients in the target group; and displayed booklets for people to take.

Three PHUs provided resources and engaged with clients about tobacco use. Two PHUs provided the resources and discussed tobacco if a client had a question. One PHU provided the resources but did not discuss tobacco prevention/cessation. One PHU did not see many youth clients to interact with.

Four PHUs reported that youth clients never asked questions or made a comment about tobacco after they were provided with the infographic, with one health unit responding this seldom happened. One PHU reported that youth clients often asked questions or made a comment about tobacco after they were provided with the infographic, with one health unit responding this sometimes happened. Questions asked by youth clients included the effects of tobacco on health and specifically patients' oral health. All 7 PHUs were able to address questions from their youth patients about dental health concerns related to tobacco.



Three out of 7 PHUs indicated that they experienced challenges implementing this project, as follows: rarely see teen clients and normally parents are with the younger clients so it is uncomfortable to bring up tobacco use in front of the parents; don't see clients regularly so they cannot follow up with clients to determine whether the program was effective; didn't see many youth in the target group; and wasn't enough time during the appointments to engage in conversation with tobacco use.

There were a number of suggestions for future considerations. Several PHUs suggested that oral health teams working in the unit's clinic should be encouraged to stick with the program and always have the oral hygiene instruction and tools available as well as cessation kits to parents. One PHU suggested that the program would be more suitable for commercial dental offices as compared to public health clinics. In addition, another PHU mentioned that the majority of youth accessing the health unit dental program are new Canadians and refugees. Lastly, one hygienist noted that he/she liked the resources on prevention for all kids because the pictures were good.

Six out of 7 PHUs indicated that they would recommend this program be offered to other dental professionals in the future. Some aspects that they like about this project included: Having resources about tobacco to give to youth, easy to show the infographic to youth; didn't take extra time during the appointment; helped start a discussion with youth about tobacco; and helped start a discussion with youth about other oral health topics (Table 3).

Table 3: Good Aspects of the Project

Reasons	Number of PHUs
Having resources about tobacco to give to youth	4
It was easy to show the infographic to youth	2
It didn't take extra time during the appointment	3
It helped start a discussion with youth about tobacco	3
It helped start a discussion with youth about other oral health topics	2
I didn't like anything about the project	1



Conclusion

Evaluation findings from the Youth Tobacco Prevention Program with Dental Professionals will be used to inform future regional youth tobacco prevention programming.

Looking for Support?

Are you planning to evaluate your work plan activities? Do you have specific knowledge needs? You can:

- Invite OTRU to join your next TCAN, PHU or TPA meeting. We can help you to identify evaluation and knowledge generation opportunities
- Visit our website and complete our support [Request Form](#)
- Contact Lori Diemert, Project Manager lori.diemert@camh.ca



Appendix – Data Tables

Table A-1: Anticipated Cessation Behaviours of Respondents in Program Absence

	Would have tried to quit/reduce smoking (%)	Would have purchased NRT (%)
Yes	42.1	35.1
No	57.9	64.9

Note: Data table is for Figure 1.

Table A-2: Distribution of Project Resources to Youth Patients

	Laminated Infographic (%)	Magnet (%)
Always	19.54	19.05
Often	24.12	28.57
Sometimes	36.78	29.76
Seldom	14.94	19.05
Never	4.6	3.57

Note: Data table is for Figure 2.