



# EVALUATION NEWS

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## CESSATION SERVICES IN SIMCOE MUSKOKA



### STUDY BACKGROUND

THE SMOKING CESSATION SYSTEM REACHES LESS THAN ONE THIRD OF THOSE WHO WISH TO QUIT SMOKING IN THE NEXT THIRTY DAYS.

About 44 Ontarians die every day because of tobacco-caused diseases.<sup>1</sup> Approximately one-third of all cancers in Ontario (excluding non-melanoma skin cancer) are caused by tobacco.<sup>1</sup> The

estimated annual cost of smoking in Ontario in 2002 was more than \$500 per person.<sup>2</sup>

Ontario's smoking cessation strategy is underdeveloped. According to data from the 2005 Canadian Tobacco Use Monitoring Survey (CTUMS), the smoking cessation system reaches less than one third of those who wish to quit smoking in the next thirty days.<sup>3</sup> In addition, a recent study found that socio-economic group disparities in health outcomes in Canadian males are

largely explained by differences in smoking rates.<sup>4</sup>

In order to reduce the excess health and economic burden associated with tobacco use, and to reduce disparities in the distribution of tobacco-related diseases, the Ministry of Health Promotion established a Cessation Task Group (CTG) to develop and make recommendations for an improved comprehensive and integrated smoking cessation strategy. The proposed strategy is outlined in a paper entitled: "Helping Ontario Smokers Stop: An Integrative Approach", which is currently under review by the Ministry.

While there is general agreement about a shortage of cessation services, little is known about the characteristics of this shortage for different communities.

The Ontario Tobacco Research Unit is undertaking a study to pilot test a systematic approach to understanding what cessation services are and are not available at local levels and assess the feasibility of developing a comprehensive regional cessation system based on standards proposed by the Cessation Task Group. *Continues on page 2*

### IN THIS ISSUE:

**PAGE ONE:** Study Background

**PAGE TWO:** Overview of Simcoe Muskoka

**PAGE THREE:** Smoking Cessation Services Available in Simcoe Muskoka

**PAGE FOUR:** Reach of Programs In Simcoe Muskoka; About the Study



# EVALUATION NEWS



## STUDY BACKGROUND Continued from page 1

With that in mind, this study puts forward a methodology for a needs assessment to identify the range of current interventions and potential future investments required to meet the proposed standards. The methodology will be tested in one Public Health Unit, Simcoe Muskoka.

It is important to note that for the purpose of this project, when we talk about a PHU we are referring to a geographical region, not the organizational entity. When we talk about the Public Health Unit as an organizational entity we will refer to it as a Public Health Agency (PHA).

The needs assessment aims to explore the gaps between the current smoking cessation services at a PHU and the proposed CTG standards in terms of:

- Services available
- Awareness of existing services
- Reach of existing services
- Policies that encourage cessation

### References

1. Cancer Care Ontario. Cancer Fact: Smoking rates still too high. In: Cancer Care Ontario; 2005.
2. Rehm J, Baliunas D, Brochu S, Fischer B, Gnam W, Patra J et al. The Costs of Substance Abuse in Canada 2002. Canadian Centre on Substance Abuse: 2006 (ISBN number 1-897321-10-4).
3. Selby P, Cessation Task Group. An Integrated Smoking Cessation System for Ontario: Policies and Programs. Toronto, ON; 2007.
4. Jha P, Peto R, Zatonski B. Social inequalities in male mortality, and in male mortality from smoking: indirect estimation from national death rates in England and Wales, Poland, and North America. The Lancet 2006; 386 367-70.



## OVERVIEW OF SIMCOE MUSKOKA

In 2005, data from the Canadian Community Health Survey (CCHS) showed that 22% of Ontarian adults identified themselves as current smokers compared to 25% of Simcoe Muskoka residents. Further, the survey results showed that Simcoe Muskoka had a higher percentage of female smokers than the province as a whole (25% vs. 19%) and more daily smokers than the average for Ontario (22% vs. 17%).

**COMPARED TO ONTARIO'S AVERAGE, MORE SIMCOE MUSKOKA RESIDENTS REPORTED SMOKING DAILY (22% VS. 17%)**

Several important demographic characteristics of Simcoe Muskoka should be noted. Simcoe Muskoka is one of the fastest growing areas in Ontario with a growth rate of more than double that of Ontario.<sup>1</sup>

Equally important is the seasonal fluctuation of population in the region. In some parts of Simcoe Muskoka the population can double during the summer months.<sup>2</sup>

Compared to Ontario's population, Simcoe Muskoka (except Barrie, the largest city) has a higher proportion of people aged 65 or older.<sup>2</sup>

Education levels among people living in Simcoe Muskoka are slightly lower than that of Ontarians in general.<sup>2</sup>

Further, the population of Simcoe Muskoka is less culturally diverse than other areas of Ontario.

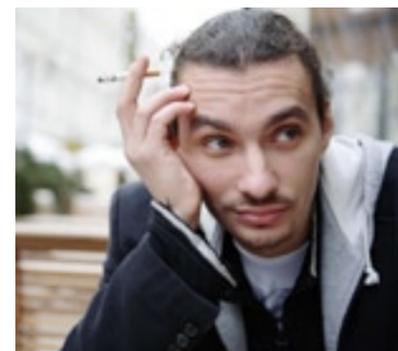
Three percent of the residents of Simcoe Muskoka are francophones.

Of Ontario's 14 Local Health Integration Networks (LHINs), North Simcoe Muskoka has the third highest percentage of Aboriginal people.

In general, health practices and outcomes in Simcoe Muskoka are similar to those of Ontario.

### References

1. LHIN #12. Integration Report North Simcoe - Muskoka (and East Parry Sound) Local Health Integrated Network LHIN #12; 2005.
2. North Simcoe Muskoka Local Health Integration Network. Working Together for a Better Health Care System - North Simcoe Muskoka Local Health Integration Network: North Simcoe Muskoka Local Health Integration Network; 2006.



## SMOKING CESSATION SERVICES AVAILABLE IN SIMCOE MUSKOKA

### HOW DO THEY COMPARE TO THOSE PROPOSED BY THE CTG?

The environmental scan we conducted in June 2007 indicates that Simcoe Muskoka residents have access to many of the smoking cessation services outlined in the Cessation Task Group report, but some key service components are still missing. Some of the services are temporary, and/or are not widely available through the region. Specifically, the STOP study which offers smokers free NRT coupled with counseling is only available until January 2008 and only available in Barrie. There are very few workplace smoking cessation programs, and those that are available are run sporadically. The counseling offered by health professionals, and the services offered by hospitals are not conducted in a systematic way. Finally, although Simcoe Muskoka institutions for mentally ill patients have implemented smoke free hospital policies, they have not always been accompanied by smoking cessation services for their clients.

The table below compares the programs that are available for Simcoe Muskoka residents to those proposed by the CTG. Programs highlighted in yellow indicate that they are available to smokers in Simcoe Muskoka, those highlighted in green indicate that the services were available at the time we were conducting the study, but had geographic or timing limitations, and those in highlighted in blue indicate that they were not available in Simcoe Muskoka.

Programs	Available in Simcoe-Muskoka?	Names of programs/ Notes
Self help materials	Y	Distributed mainly by PHU staff
Helplines/online	Y	SHL/SOL/telehealth
Group counseling	Y	PRIVATE/STOP study
Specialized nicotine dependence clinic	N	
Counseling from health care providers	Y	
Counseling hospitalized smokers	Y	Not standardized, very few
Worksite innovative projects	Y	Very few, not consistently offered
Innovative projects	N	
Selective reimbursement NRT	Y	STOP/limited time and only in 1 city
Tailored programs for Low Income	N	
Tailored programs for Youth	N	
Tailored programs for Young adults	N	
Tailored programs for Pregnant smokers	Y	Not Simcoe specific
Tailored programs for Aboriginals	N	
Tailored programs for Mentally ill	Y	
Geographically remote areas	N	



## REACH OF PROGRAMS IN SIMCOE MUSKOKA

As part of our study, we obtained a list of all the cessation programs that were available in Simcoe Muskoka, and we contacted them to estimate how many Simcoe Muskoka residents they reached in the last year.

### In 2006:

- Smokers Helpline, received 312 calls, which represented almost 5% of all its reactive calls.
- 2,340 Simcoe Muskoka residents enrolled in the Driven to Quit challenge, accounting for almost 10% of all enrollees.
- The health connection line received 163 calls regarding tobacco cessation.
- 58 smokers participated in the STOP study (phase 2), accounting for over 5% of all phase 2 STOP participants.
- Approximately 750 Simcoe Muskoka smokers received Nicotine Replacement Therapy through the mail, thanks to the STOP study (phase 3); this represents 5% of all STOP study participants in phase 3.

- 29 hospital staff participated in at least one of the smoking cessation services organized by North Simcoe Hospital Alliance
- Six people participated in a private group counseling program.
- Eight Simcoe Muskoka residents traveled to Toronto to receive treatment at the Centre for Addiction and Mental Health's Nicotine Dependence Clinic.
- Due to protection of client files, we could not find out if any Simcoe Muskoka residents had participated in PREGNTS; the tailored program for pregnant women.

We also collected data on how many Simcoe Muskoka health care providers participated in training by one of the two major programs that train health care providers on tobacco issues in Ontario, namely Clinical Tobacco Intervention program (CTI) and Training Enhancement and Applied Cessation Counseling and Health (TEACH). In 2006 no health care providers from Simcoe Muskoka were trained by CTI, and only eleven health care providers from the Simcoe Muskoka region were enrolled in the TEACH program.

## MORE INFORMATION ABOUT OUR STUDY

This summer we have been busy conducting interviews with key informants, people with insights into the smoking cessation needs of the residents of Simcoe Muskoka. These interviews are giving us an abundance of information that will allow us to examine the current smoking cessation services available for Simcoe Muskoka residents; the perceived strengths and weaknesses of the services; the barriers to use and factors that would help to fill the gap in services. We will be reporting findings from these interviews in the next issue of this newsletter.

We have also sub-contracted the Survey Research Centre at Waterloo to conduct a telephone survey with 800 smokers and recent smokers from the Simcoe Muskoka region. The survey covers a range of topics about tobacco but emphasizes questions about the awareness and use of the current cessation services. We have also surveyed blue collar smokers and young adults in Simcoe Muskoka. These two groups were chosen since they have been identified, both the literature and the key informants, as having a higher prevalence of smoking and a greater health and economic burden from their tobacco use. Finally we are also interviewing smokers and community leaders to contextualize our survey data. We will be reporting on our findings in future newsletters, so stay tuned!

## RESEARCH TEAM

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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.