

# **Provincial Scan of Tobacco Use Prevention Programs and Services**

Health Department Survey 2004/2005  
Conducted in Summer 2005

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## **EXECUTIVE SUMMARY**

This report provides an overview of an environmental scan of smoking prevention programs and services identified by health departments across Ontario for the period of April 1, 2004 – March 31, 2005. The collected information is intended to help inform provincial planning, programming and research.

The environmental scan of health departments was administered and conducted by staff at the Population Health Research Group at the University of Waterloo.

Main findings from the survey are as follows:

### **General Health Department Information**

- Thirty-four of 36 health departments completed a survey for a response rate of 94%.
- Of the 34 health department respondents, all collaborated with their colleagues in order to complete the questions in the survey.
- Health departments across Ontario varied greatly in terms of staffing allocated to tobacco control in general and smoking prevention in particular.

### **School-Based and Community-Level Tobacco Use Prevention Programming**

- All health departments provided tobacco use prevention (TUP) resource material to schools.
- Thirty-three of 34 health departments provided assistance to their communities with respect to TUP programming.
- Thirty-two health departments (32/34, 94%) participated in school based TUP initiatives and 29 health departments (29/34, 85%) participated in community-level TUP initiatives from April 1, 2004 – March 31, 2005.
- All health departments offered TUP programming that targeted children and youth in schools.

### **Training**

- Twenty-seven health departments (27/34, 79%) provided training in TUP programming to teachers, community program leaders and/or health professionals.

### **Program Evaluation**

- Twenty-one of 32 health departments that developed TUP initiatives evaluated these programs.

### **Program Promotion**

- All health departments reported promoting TUP programs or services.

### **Enforcement of the Tobacco Control Act (TCA)**

- Thirty-two of 34 health departments (94%) reported following the Ministry of Health and Long-Term Care enforcement protocol.
- Thirty-one health departments (31/34, 91%) indicated that they provided training to *TCA* enforcement staff.
- All health departments reported using at least one method to encourage vendor compliance with the *TCA*.
- All health departments had a list of tobacco vendors which they updated at least annually.

### **Capacity**

- In terms of health department capacity to deliver various TUP initiatives, on average, respondents rated their health department's capacity to deliver school-based initiatives as good, their capacity to deliver community-based initiatives as fair to good, and their capacity to enforce the *TCA* as good to very good.
- All respondents identified at least one barrier to delivering TUP initiatives.
- Thirty-two health departments (32/34, 94%) reported that an increase in TUP staffing would have enabled them to overcome barriers in delivering TUP programs.

## **INTRODUCTION**

A survey of Ontario public health departments was developed to collect data on smoking prevention programs and services across the province. The collected information is intended to help inform provincial planning, programming and research.

## **METHODS**

### **Questionnaire Development**

As the intent of the questionnaire was to gain a snapshot of tobacco use prevention programs and initiatives for the past fiscal year (i.e. April 1, 2004 - March 31, 2005), respondents were asked to base their responses on this period unless otherwise specified.

### **Survey Administration**

The survey was administered and conducted by staff at the Population Health Research Group at the University of Waterloo. Surveys were sent by courier to the attention of the Directors of Tobacco Use Prevention Programming at each of the 36 public health departments in Ontario at the end of June. The Directors were asked to forward the survey to the appropriate person(s) for completion and to provide the Population Health Research Group with the email address of the respondent. Staff at the Population Health Research Group emailed the respondent a link to complete the web-based survey. Respondents were contacted to clarify responses if necessary.

### **Tabulation Methods**

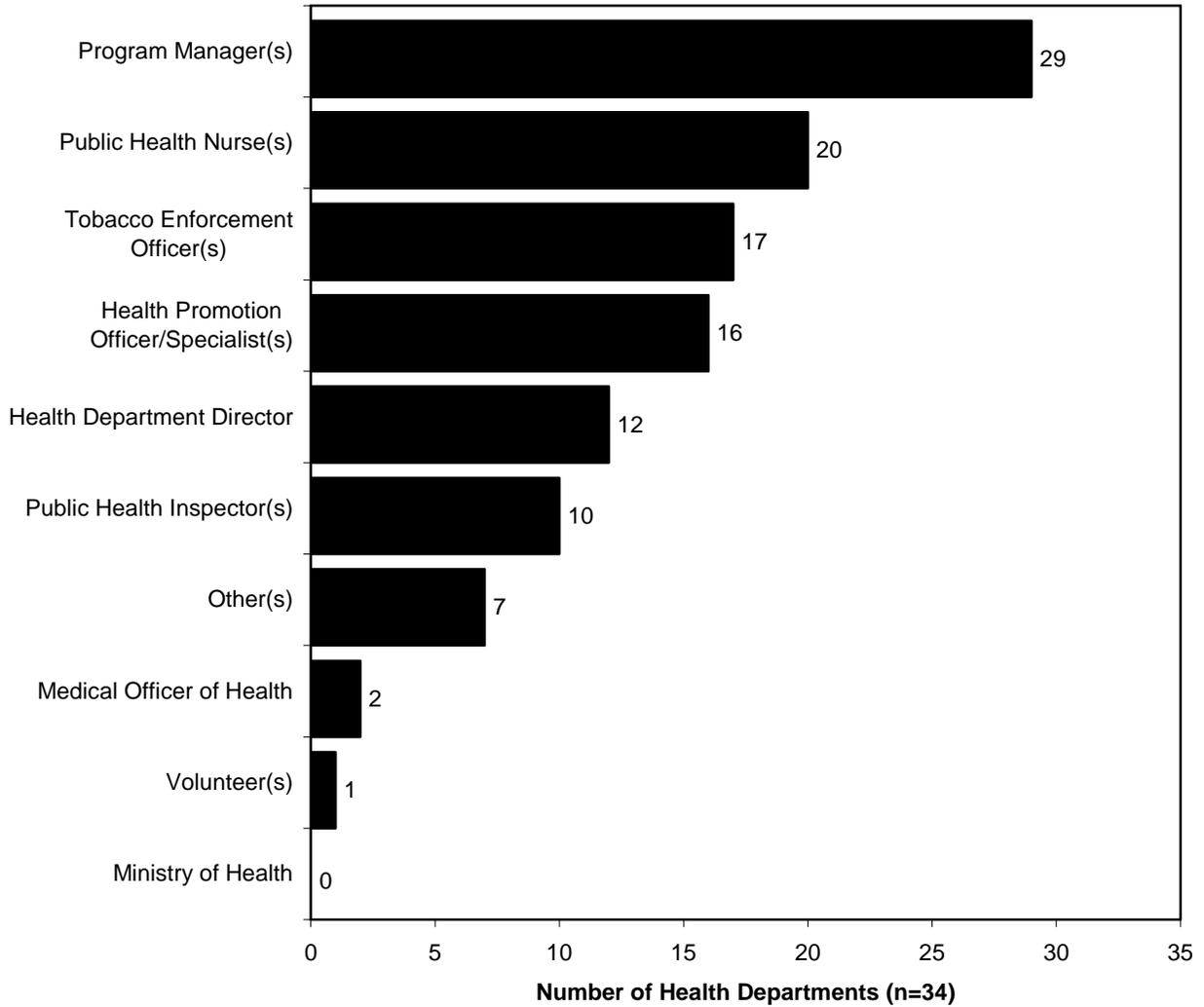
There were several questions on the survey where respondents could indicate “other” responses. For these open-ended questions, all responses have been reported and classified, along with the number of health departments that provided “other” responses. Note that not all health departments will have provided the same number of “other” responses, nor used the same criteria to determine whether to report under this category. Consequently, in all cases, the frequencies attributed to any particular “other” response should be considered a lower bound on the actual number of health departments for which the response is relevant.

### **Respondents**

Thirty-four of 36 health departments completed a survey for a response rate of 94%. Of the 34 public health departments that responded, all collaborated with their colleagues in order to complete the questions in the survey. On average, respondents collaborated with individuals in at least three different positions at their health department. Extent of collaboration ranged from involving one other person to collaborating with individuals in six different positions. As shown in Figure 1, respondents were most likely to collaborate with program managers to complete the survey (29/34 or 85%). In addition to the response categories provided in the survey instrument,

respondents also indicated that they collaborated with individuals in the following positions: assistant director, administrative staff, support staff, human resources, and project officers.

**Figure 1: Individuals Involved in Collaboration to Complete Survey**



## RESULTS

### Program Staffing Full-Time Equivalent (FTE)

Health departments across Ontario varied greatly in terms of FTE staffing allocated to tobacco control in general and prevention activities in particular (refer to Table 1). Undoubtedly, the ranges reported below are due, in part, to population and geographic variation between jurisdictions.

**Table 1: Program Staffing**

	<b>Average</b>	<b>Median</b>	<b>Range (n=34)</b>
Staffing for all public health programs	220.27 FTE	143.86 FTE	Min= 55.00 FTE Max= 1800.00 FTE
Staffing for overall tobacco control programming	7.02 FTE	3.63 FTE	Min= 1.00 FTE Max= 52.00 FTE
Staffing for tobacco use prevention activities	3.42 FTE	1.50 FTE	Min= 0.30 FTE Max= 15.00 FTE
Staffing for TCA education and enforcement	1.96 FTE	1.10 FTE	Min= 0.20 FTE Max= 10.00 FTE
Overall tobacco programming as a ratio to all public health programs	0.03	0.03	Min= 0.01 Max= 0.10

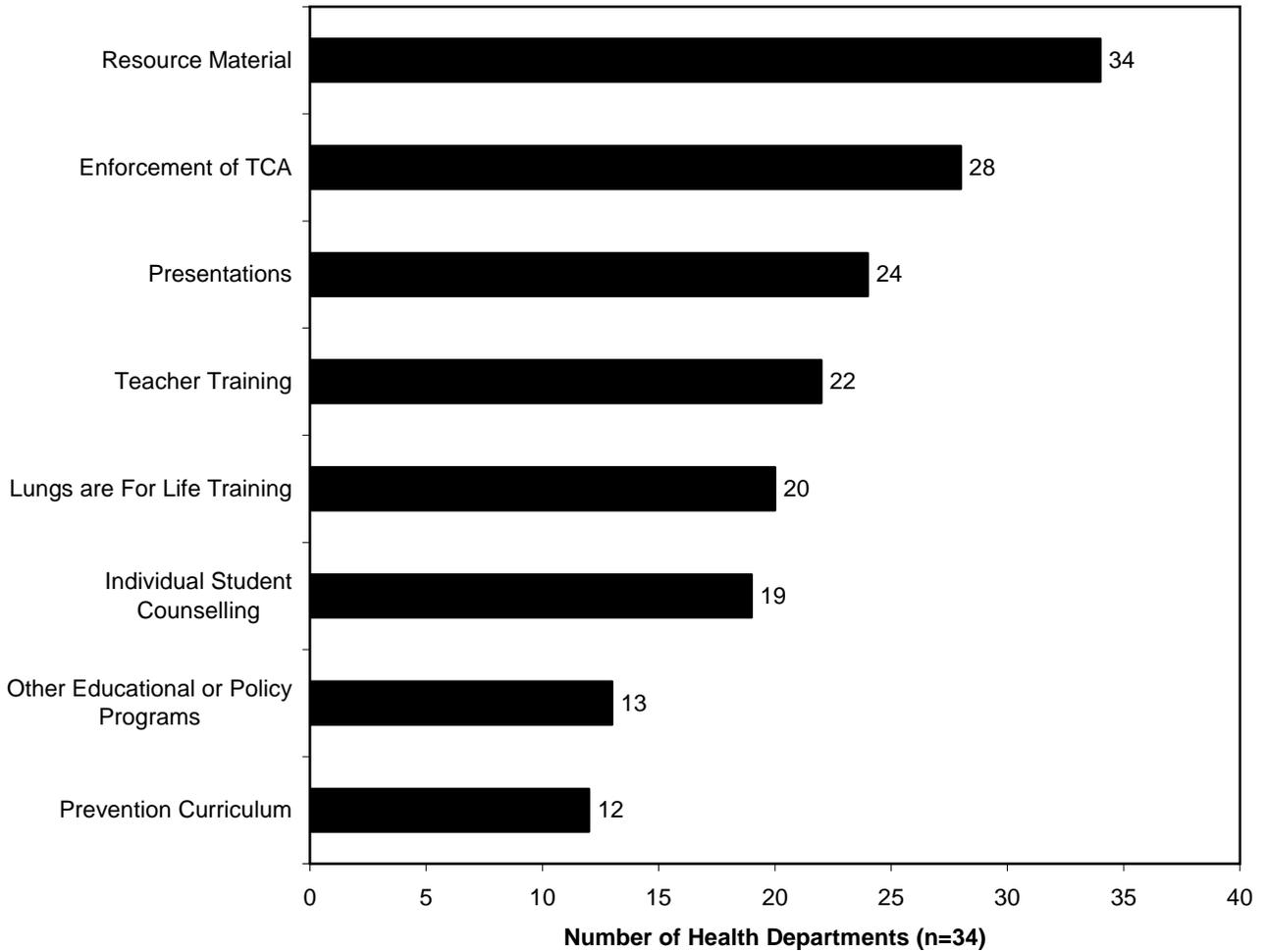
### School-Based and Community-Level Tobacco Use Prevention Programming

#### Assistance to Schools

Health departments had an average of 121 elementary schools (range 28 - 801, n=34) and 24 secondary schools (range 5 - 185, n=34) in their jurisdiction.

As shown in Figure 2, all health departments provided tobacco use prevention resource material to schools. On average, health departments offered five different types of assistance to schools with respect to tobacco use prevention programming.

**Figure 2: Type of Assistance Provided to Schools**



Respondents were asked to identify any other types of assistance that they provided to schools. Thirteen health departments (38%) provided (self-reported) responses that have been grouped as follows:

- organized tobacco prevention activities for schools (8/13, 62%)
- website for school projects on tobacco (1/13, 8%)
- worked with public school board on tobacco control policy (1/13, 8%)
- provided leadership and support for youth-led activities (1/13, 8%)
- mentored the youth tobacco-free coalition (1/13, 8%)
- worked with student on a peer initiated prevention project (1/13, 8%)

Assistance to Local Communities

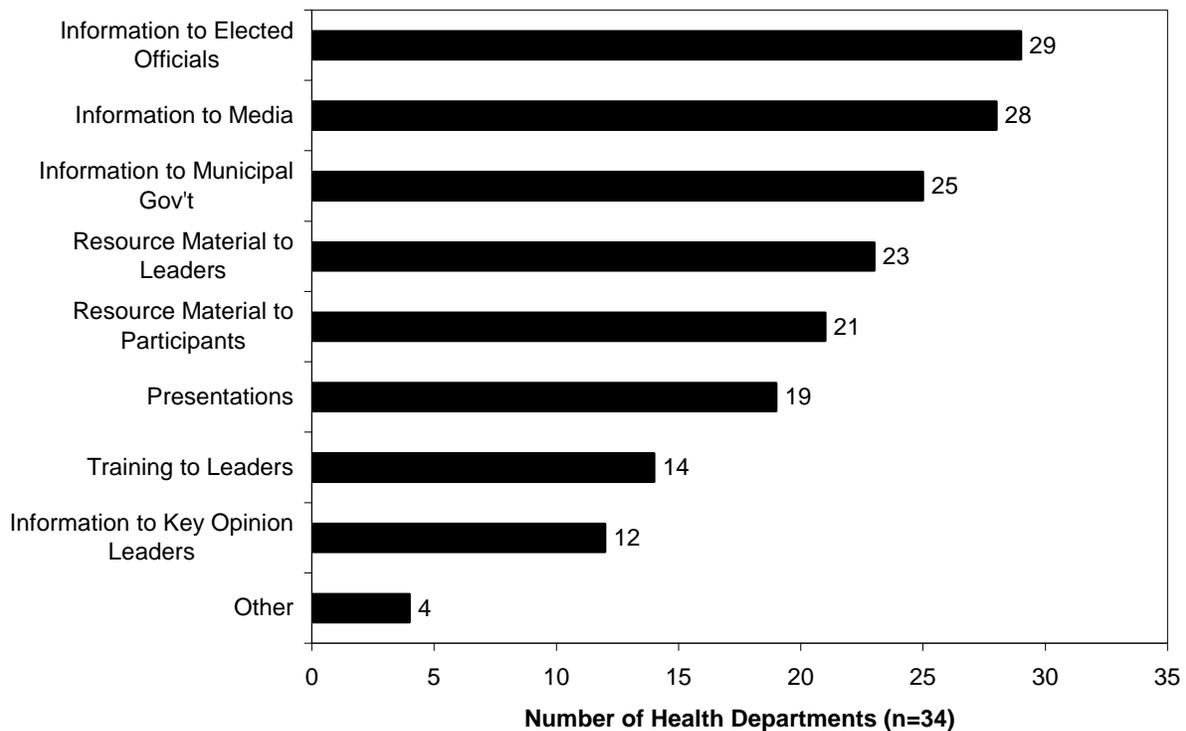
Health departments were asked to indicate the types of assistance they provided to local communities with respect to tobacco use prevention programming. Thirty-three of the 34 health departments (97%) selected at least one response to this question. On average, these health

departments provided five types of assistance to their local communities. Refer to Figure 3 for the types of assistance health departments provided to their local community.

Respondents were asked to identify any other types of assistance that they provided to their communities in the past fiscal year. Four health departments provided (self-reported) the following responses:

- presentations within workplaces (1/4, 25%)
- met with key opinion leaders in local businesses (1/4, 25%)
- tobacco retailers—Not to Kids materials (1/4, 25%)
- projects with Francophone community (1/4, 25%)

**Figure 3: Type of Assistance Provided to Local Communities**

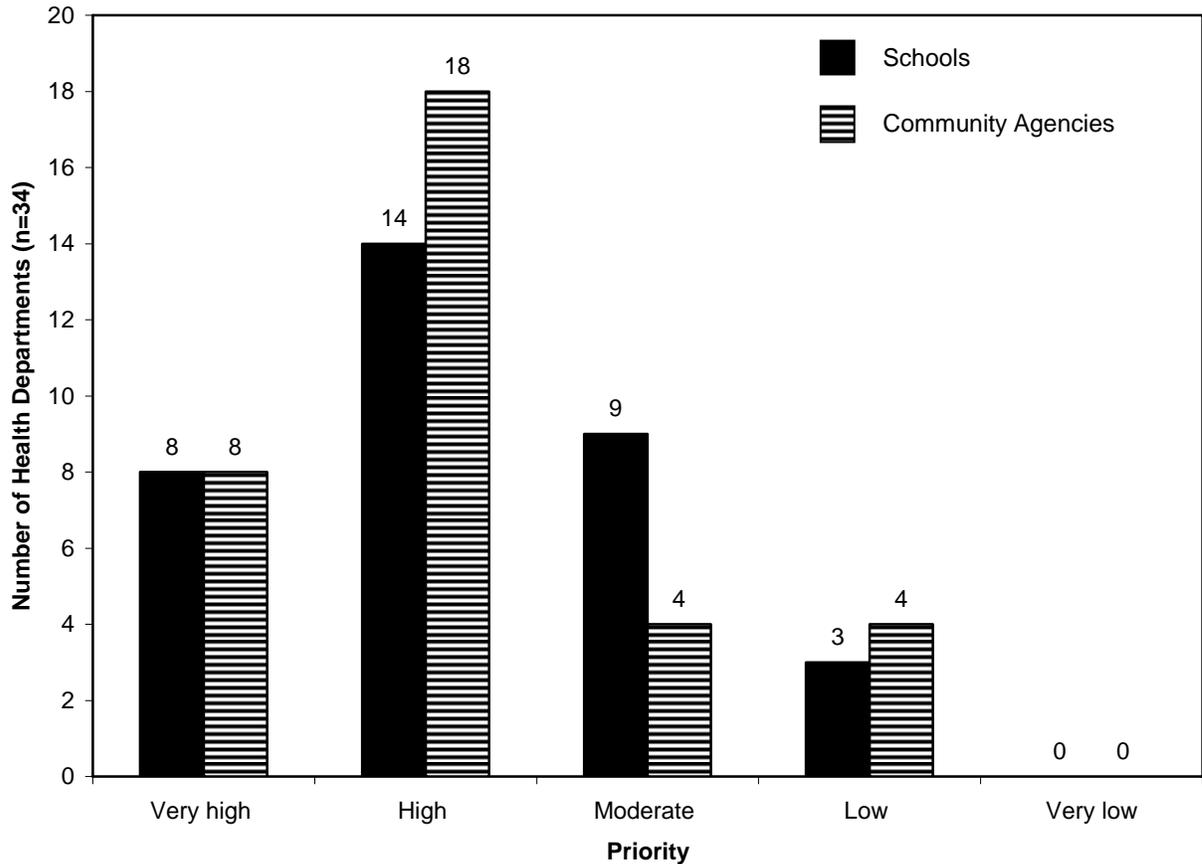


Prioritization for Health Departments to Collaborate with Schools and Community

Health departments were asked to indicate how much of a priority it was for them to collaborate with schools and community agencies on tobacco use prevention programming. In order to give some comparability of this question for future years, the response options have been converted to scale responses where very high priority is 5, high priority is 4, moderate priority is 3, low priority is 2 and very low priority is 1. Using this method, health departments indicated, on average, that they placed a moderate to high priority (score=3.79) on collaborating with schools on tobacco use prevention programming (refer to Figure 4). On average, health departments

placed a high to very high priority (score=4.59) on collaborating with community agencies on tobacco use prevention programming.

**Figure 4: Level of Priority for Health Departments to Collaborate with Community Agencies and Schools**



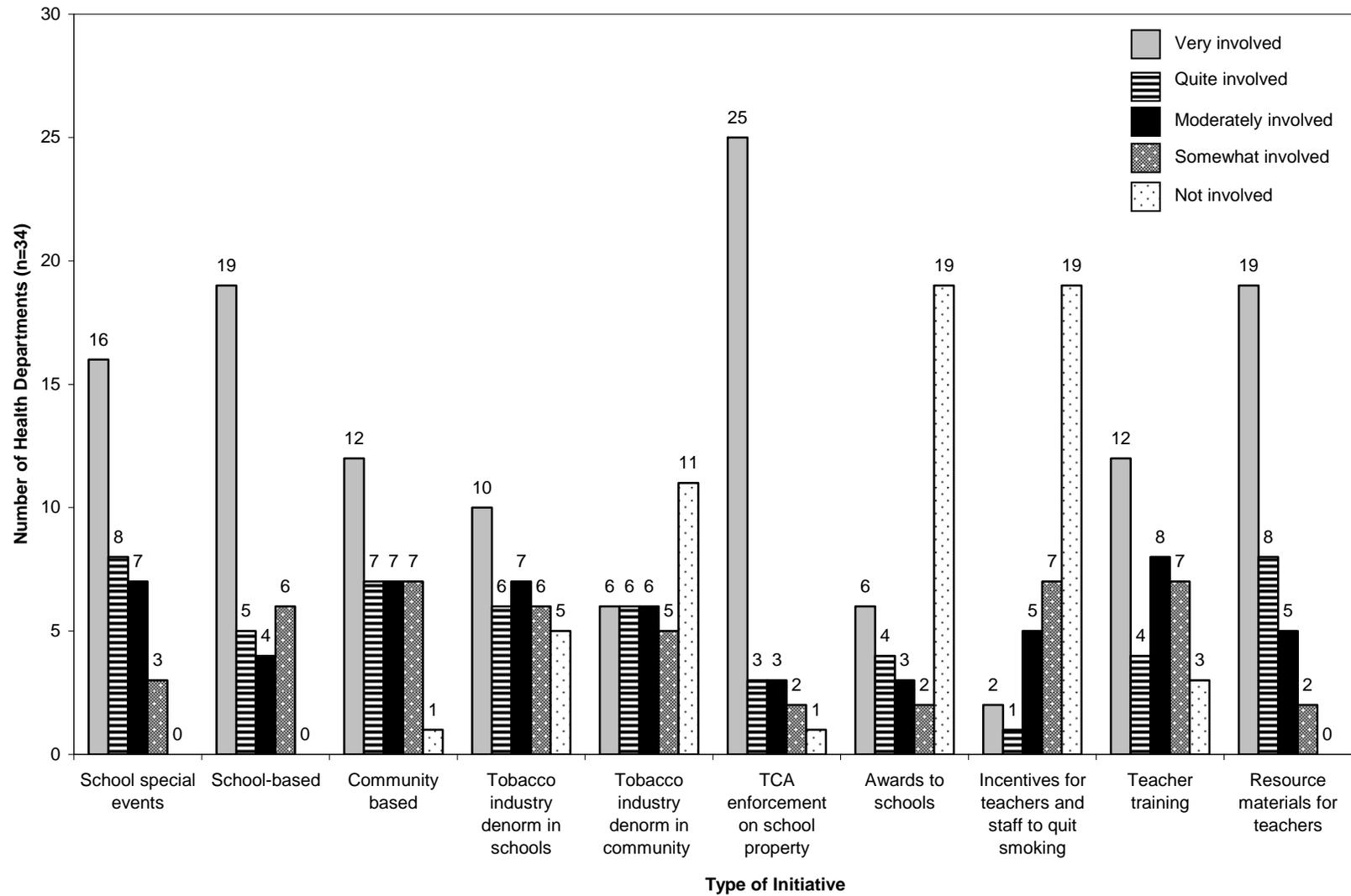
Health Department Involvement in Tobacco Use Prevention Initiatives

Using a five-point scale where 1 was not involved and 5 was very involved, respondents were asked to indicate their health department’s level of involvement in tobacco use prevention initiatives. As shown in Table 2 and Figure 5, health departments reported the greatest involvement in tobacco control enforcement on school property and in providing resource materials to teachers (average score of 4.44 and 4.39 respectively) (n=34).

**Table 2: Level of Involvement of Health Department in Tobacco Use Prevention Initiatives**

<b>Tobacco Use Prevention Initiative</b>	<b>Average Rating (n=34)</b>	<b>Level of Involvement</b>
<i>Tobacco Control Act</i> enforcement on school property	4.44	Quite involved-very involved
Resource materials for teachers	4.29	Quite involved-very involved
Special events in schools to encourage non-smoking	4.09	Quite involved-very involved
School-based prevention programs	4.09	Quite involved-very involved
Community-based prevention programs	3.65	Moderately involved-quite involved
Training/consultation for teachers	3.44	Moderately involved-quite involved
Tobacco-industry denormalization campaigns and activities in schools	3.29	Moderately involved-quite involved
Tobacco-industry denormalization campaigns and activities in the community	2.74	Somewhat involved –moderately involved
Recognition awards to schools/teachers who implement tobacco use prevention curriculum	2.29	Somewhat involved-moderately involved
Programs and recognition awards as incentives for teachers and staff to quit smoking	1.82	Not involved-somewhat involved

**Figure 5: Involvement of Health Departments in Tobacco Use Prevention Initiatives**



### Health Department Participation in School-Based and Community-Level Tobacco Use Prevention Initiatives

Thirty-two of the 34 health departments (94%) reported that they had participated in school-based tobacco use prevention initiatives from April 1, 2004 – March 31, 2005. Twenty-nine health departments (85%) reported that they had participated in community-level tobacco use prevention initiatives over the same time period.

Two health departments indicated that they had not participated in school-based tobacco use prevention initiatives due to lack of staffing resources in the health department. In addition, health departments also reported that schools did not request their assistance regarding tobacco use prevention and that tobacco use prevention was not one of their health department's priorities for school health (1 response each).

Three of the five health departments that had not participated in community-level tobacco use prevention initiatives in the reference period indicated that this was due to insufficient staffing resources needed to support community agencies in tobacco use prevention initiatives. (The remaining two health departments did not indicate a response.)

### School and Community-Based Programs

The most commonly reported school-based and community-level programs offered were: Lungs are For Life (28 health departments, 82%), mass media campaigns (28 health departments, 82%), and SmokeFx (21 health departments, 62%). All health departments offered at least one of the programs indicated on the survey (refer to Table 3). The average number of these programs offered by health departments was 7.05 and the maximum number was 14; albeit it was not clear from survey responses whether these programs were used.

**Table 3: School-Based and Community Level Tobacco Use Prevention Programming Provided by Health Departments**

<b>Name of Program</b>	<b>Number of Health Departments That Offered the Program (n=34)</b>
Lungs are for Life	28 (82%)
Mass Media Campaigns*	28 (82%)
SmokeFX	21 (62%)
Other programs	21 (62%)
Barb Tarbox—Video and Discussion Guide	19 (56%)
Stupid.ca	19 (56%)
Youth coalitions	17 (50%)
The Smoking Zine/Teen Net	13 (38%)
Youth advocacy campaigns	13 (38%)
Take Action	12 (35%)
Diary of a Teenage Smoker	10 (29%)
VIP	8 (24%)
Just Say Moe	7 (21%)
The Action Guide for Smoke Free High Schools	6 (18%)
Health in Perspective	5 (15%)
Improving the Odds	5 (15%)
Tobacco Tackle	3 (9%)
MENTOR	2 (6%)
Youth Action Guide: Community-based Smoking Prevention	2 (6%)
Act Now...the best you can be!	1 (3%)
Lions-Quest	0 (0%)
Keep it Clean	0 (0%)
Your Choice, Our Chance	0 (0%)

\*Several respondents reported that they conducted more than one mass media campaign.

Respondents were also asked to identify any other school-based and community-level tobacco prevention programs that they had offered. Twenty-one health departments (62%) indicated that they had provided other programs. Eight of these health departments provided a short description and/or name of the program(s) they offered. The programs mentioned have been grouped as follows:

#### *School-based Activities*

- Teens Tackle Tobacco—workshop that addresses tobacco-related issues
- Elementary School Smoking Isn't Cool Prevention Toolkit
- “Pack of Lies” puppet show—Grade 4 and 5 students perform this show for younger students

- H2Ca—A formula for heart health and cancer prevention which promotes heart health through various student led activities throughout the school year
- Racing Against Drugs—one day event
- Drama Presentation—Older students present a drama to younger students which teaches students the importance of being smoke-free
- Teen Tobacco Summit
- Teen Tobacco Challenge
- Truth About Tobacco
- *Tobacco Control Act* and Schools video produced by Not to Kids
- Poster Contests
- Tobacco Use Workshops
- Tobacco Feud
- “Smoke-Free Generation”

*Teachers*

- Lungs are For Life Challenge
- Healthy Living School Awards

*Community*

- Website
- Science Tobacco and You
- Tobacco Use Prevention Resource Library
- Breathing Spaces Campaign
- Not to Kids!

Target Audiences for Tobacco Use Prevention Programming

Health departments were asked to identify the target audience for the tobacco use prevention programs they offered. As seen in Table 4, all health departments reported offering at least one program to children and youth in schools.

**Table 4: Target Group of Tobacco Use Prevention Programming**

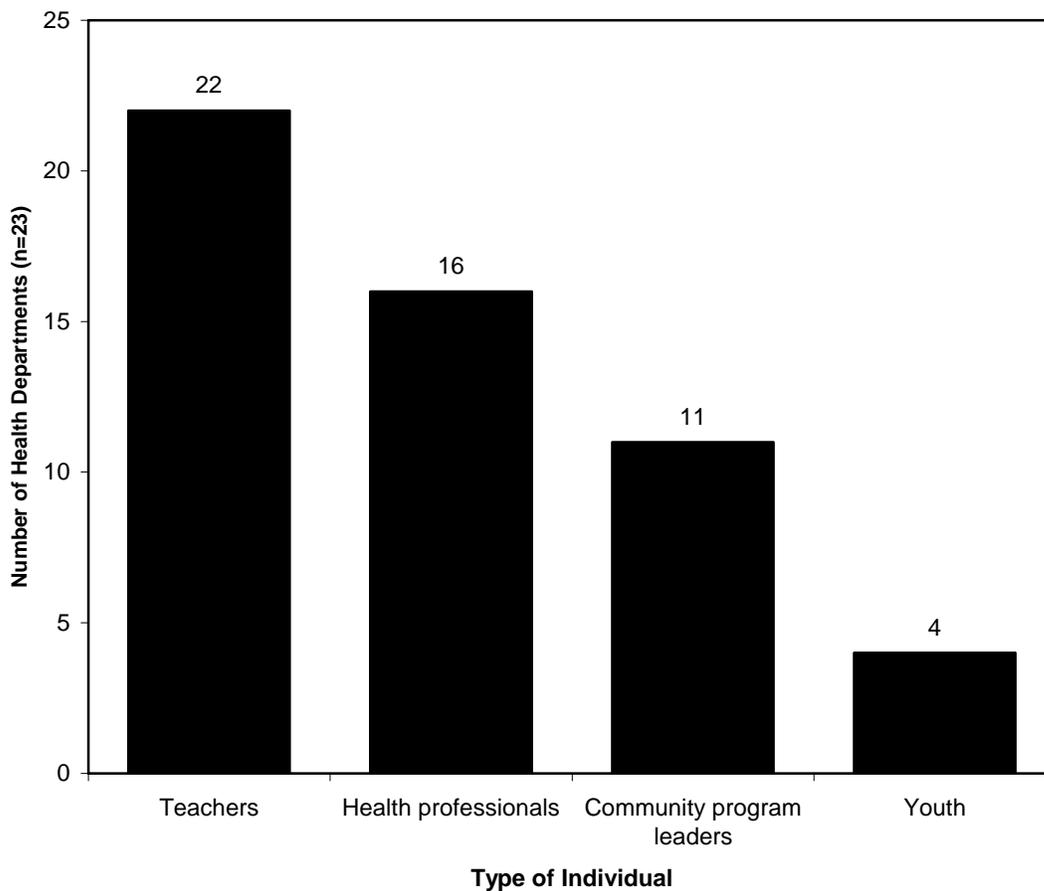
<b>Target Group</b>	<b>Number of Health Departments (n=34) That Offered One or More Programs to Target Group</b>
Children/youth in schools	34 (100%)
Children/youth in the community	29 (85%)
Teachers	24 (71%)
Parents	14 (41%)
Tobacco Retailers	10 (29%)
Health Professionals	7 (21%)
Community Program Leaders	5 (15%)

## Tobacco Use Prevention Program Training, Development, Evaluation and Promotion

### Program Training

Twenty-seven of 34 health departments (79%) reported that they provided training in tobacco use prevention programming to teachers, community program leaders and/or health professionals in the past fiscal year. Twenty-three health departments specified the type of individual trained (refer to Figure 6 and Table 5). The number of hours that were spent providing training varied greatly. Some of this variation may have been due to differences in interpretation of the question.

**Figure 6: Types of Individuals Trained by Health Departments**



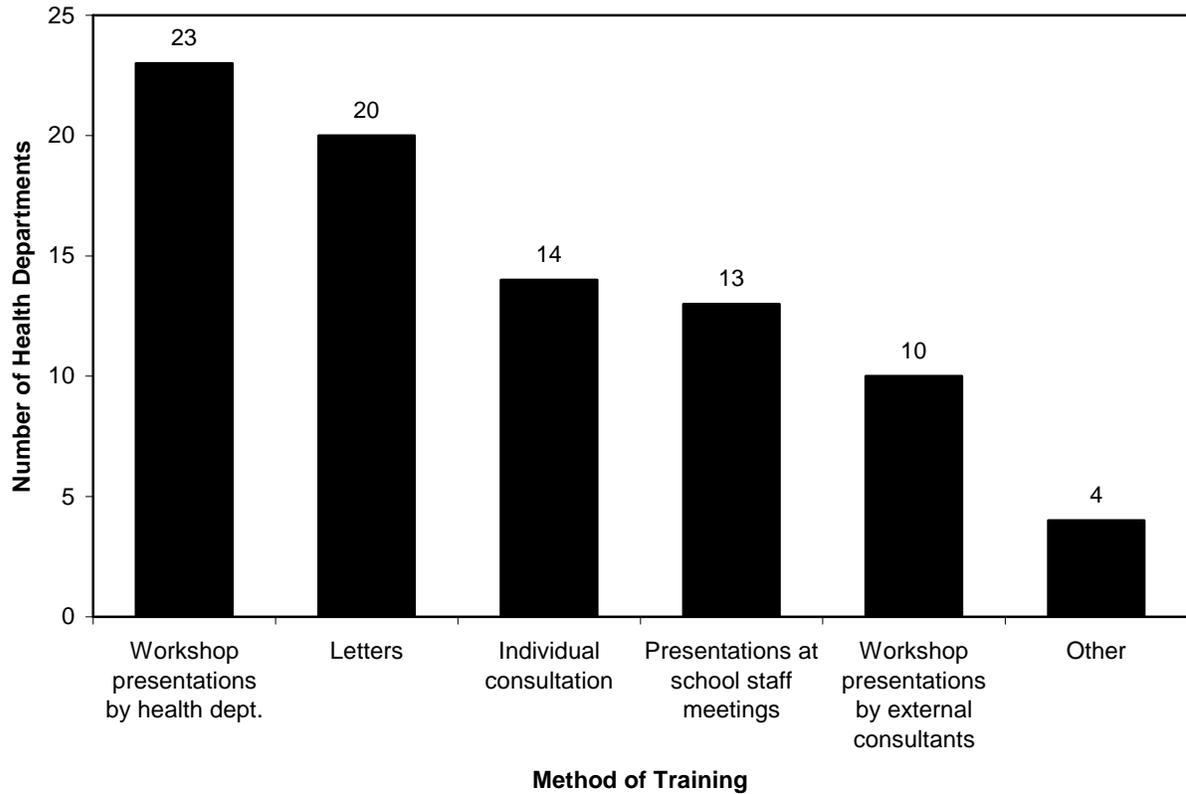
**Table 5: Tobacco Use Prevention Training—People Trained**

<b>Target Group</b>	<b>Average Number of People Trained Per Health Department</b>	<b>Median Number of People Trained Per Health Department</b>	<b>Range</b>
Teachers	99.8	35.0	Min=3 Max=555 n= 22
Health Professionals	80.4	45.0	Min=3 Max=450 n=16
Community Program Leaders	24.0	25.0	Min=1 Max=58 n=11
Youth	157.8	64.5	Min=2 Max=500 n=4

Type of Training Provided

Twenty-six of these health departments (26/27, 96%) provided more than one type of training. As shown in Figure 7, training was most often provided through workshop presentations by health department personnel (23/27, 85%) and through letters/newsletters sent by the health department to educators, community program leaders or health professionals (20/27, 74%).

**Figure 7: Type of Training Provided by Health Departments**



Program Development

Thirty-three of the 34 health departments (97%) that responded to the survey had worked collaboratively with another organization during the period of April 1, 2002 - March 31, 2005, to develop tobacco use prevention curricula, programs and/or materials. During this time period, health departments were most likely to report working with tobacco free councils (23/34, 68%), other public health departments (23/34, 68%), and schools (23/34, 68%) to develop programs. In the past three years (i.e. April 1, 2002 – March 31, 2005), health departments were most likely to report working with schools (26/34, 76%) and tobacco free councils (24/34, 71%). (Refer to Table 6).

**Table 6: Organizations Which Have Collaborated With Public Health Departments to Develop Tobacco Use Prevention Programs**

<b>Organization</b>	<b>Number of Health Departments (April 1, 2004 - March 31, 2005) (n=34)</b>	<b>Number of Health Departments (April 1, 2002 - March 31, 2005) (n=34)</b>
Tobacco-Free Councils	23	24
Other public health departments	23	19
Schools (principals, teachers and/or students)	23	26
Local school boards	20	22
Program Training and Consultation Centre (PTCC)	18	19
Lung Association	16	19
Canadian Cancer Society	14	17
Health Canada	15	13
Heart and Stroke Foundation of Ontario	13	16
Ontario Ministry of Health and Long-Term Care	13	14
Ontario Physical and Health Education Association (OPHEA)	10	11
Centre for Addiction and Mental Health	10	12
Other	8	7
University-based researchers	7	8
Ontario Public Health Association	4	4
Healthy Schools Coalition	4	3
Ontario Ministry of Education and Training	2	2
Teacher Federation	1	0
Ontario Federation of Home and School Associations	0	0

Note: Results should be interpreted with caution. In some cases the frequencies in the past year (i.e. April 1, 2004 – March 31, 2005) are greater than the frequencies in the past three years (i.e. April 1, 2002 – March 31- 2005) possibly due to a misinterpretation of the dates in the item.

Respondents were asked to identify any other organizations with which they worked collaboratively to develop tobacco use prevention curricula, and/or materials in the past three years. Eight health departments provided self-reported responses that have been grouped as follows:

- Heart Health (3)
- Workplaces (2)
- Community-based, youth-serving agencies with corporate sponsorship (1)
- Building Healthy Babies (1)
- Association of local Public Health Agencies (alPHA) (1)
- Cancer Care Ontario (CCO) (1)

Note: Health departments may have provided more than one response.

### Program Evaluation

Twenty-one of 34 health departments (62%) evaluated tobacco use prevention initiatives which their health department developed. Two health departments did not develop any tobacco use prevention initiatives. Eleven health departments (32%) developed but did not evaluate tobacco use prevention initiatives.

Of the 21 health departments that evaluated tobacco use prevention initiatives, one health department did not provide details on how the evaluation was conducted and two health departments provided information about smoking cessation programs.

Programs which were developed and evaluated by health departments have been grouped and are listed below. (Programs which primarily focus on cessation are not included.)

#### *Programs Targeting Teens*

- Youth Stomp Out Tobacco Media Project
- Teen Tobacco Summit
- Teen Tobacco Challenge
- Smoking Isn't Kool

#### *Tobacco Control Policy*

- Not to Kids Gameshow
- Not to Kids
- A Vendre Campaign
- By-law implementation

#### *Workshops and Training*

- Hamilton Crew for Action Against Tobacco (HCAAT) training retreats
- World No Tobacco Day Planning Workshop
- Nicotine Prevention Workshops
- Brock University training

- Presentation at Teacher's College
- Lungs Are For Life

*Schools*

- Action boxes
- High school grants
- Don't Start Quit and Win Contest
- Teens Trashing Tobacco (curriculum)
- Tobacco 411 (curriculum)
- Challenge of the Heart
- H2Ca
- Drama presentation
- Hocus Pocus
- Mission Possible
- Just Say Moe
- Lungs Are For Life—tracking tools
- Lungs Are For Life (2)

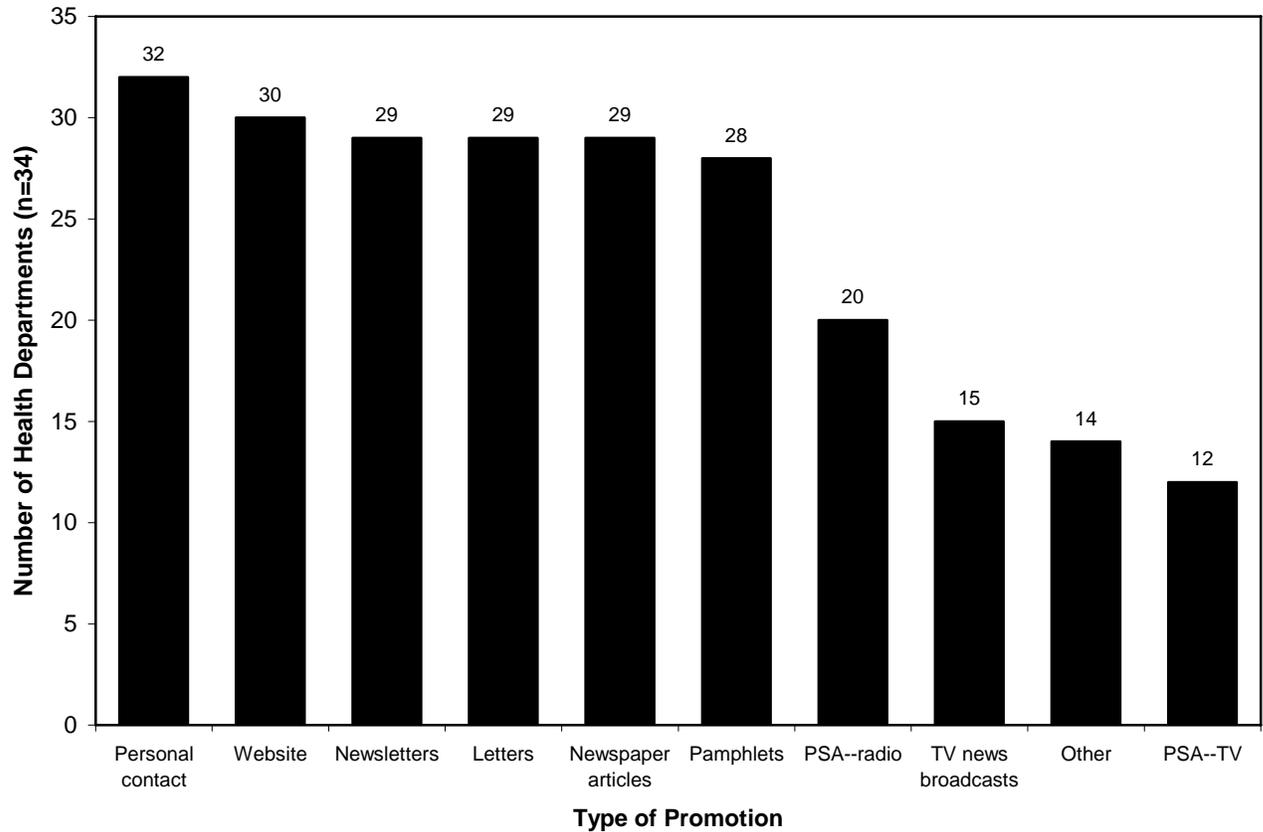
*Other*

- Tobacco Health Fairs

Program Promotion

All health departments reported promoting tobacco use prevention programs or services (refer to Figure 8). Health departments used an average of seven methods (min=4, max=10, n=34) to promote these programs.

**Figure 8: Methods Health Departments Used to Promote Tobacco Use Prevention Programs**



Respondents were asked to indicate any other methods used to promote tobacco use prevention programs. Fourteen health departments provided (self-reported) responses which have been grouped as follows:

- cinema advertisements (3)
- announcements at schools (2)
- shopping mall displays (2)
- tabloids (1)
- website(1)
- arena boards (1)

- community information sessions (1)
- sporting events (1)
- billboards (1)
- posters (1)
- washroom ads (1)
- presentations (1)
- health fair (1)

Note: Health departments may have provided more than one response.

### **Enforcement of the *Tobacco Control Act (TCA)***

Thirty-two of 34 (94%) health departments reported following the Ministry of Health and Long-Term Care (MOHLTC) enforcement protocol in regards to *TCA* enforcement of youth access and/or smoking on school property. Two respondents provided the following reasons for employing a different protocol:

- “No youth test shoppers used for compliance checks on tobacco retailers until March 2005.”
- “Schools have refused to sign memorandum with health unit and until this is done, no enforcement on school property will be done.”

Eighteen of 34 health departments (53%) reported working with federal enforcement staff. Fourteen health departments provided additional details about this involvement. The self-reported responses have been grouped as follows:

- joint inspections (5)
- information sharing (2)
- used Health Canada test shoppers (1)
- accompanied the federal inspector on inspection (1)
- discussions (re: illegal signage, contraband cigarettes, inappropriate advertising, retailer training) (1)
- cooperation on common investigations (1)
- provide federal inspector with tobacco vendor list and consultation before and after federal enforcement checks (1)
- consultation and assistance re: *TCA* education on aboriginal reserves (1)
- contact re: illegal sale of contraband tobacco off-reserve (1)
- conducting surveillance (1)

Note: Responses are grouped and are reported as frequencies as health departments may have provided more than one response.

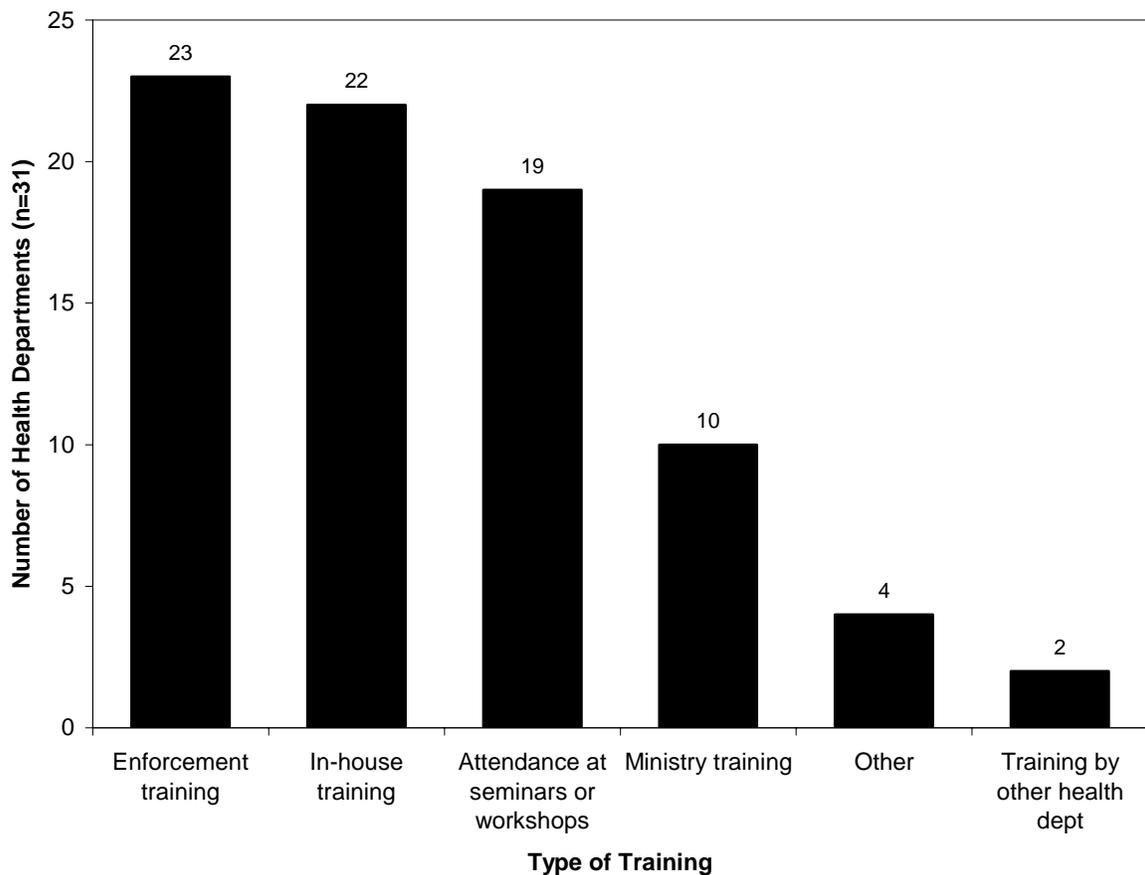
TCA Enforcement Training

Thirty-one health departments (91%) indicated that they provided training to *TCA* enforcement staff. As shown in Figure 9, health departments most commonly provided enforcement training and/or prosecution training including provincial offences training (23/31, 74%) and in-house training (in-servicing) including staff mentoring (22/31, 71%).

Health departments were asked to indicate any other types of training provided to *TCA* enforcement staff. Four health departments indicated the following additional methods:

- consultation with local prosecutor
- municipal law enforcement officer training
- network meetings of enforcement of officers
- participation in regional tobacco enforcement meetings

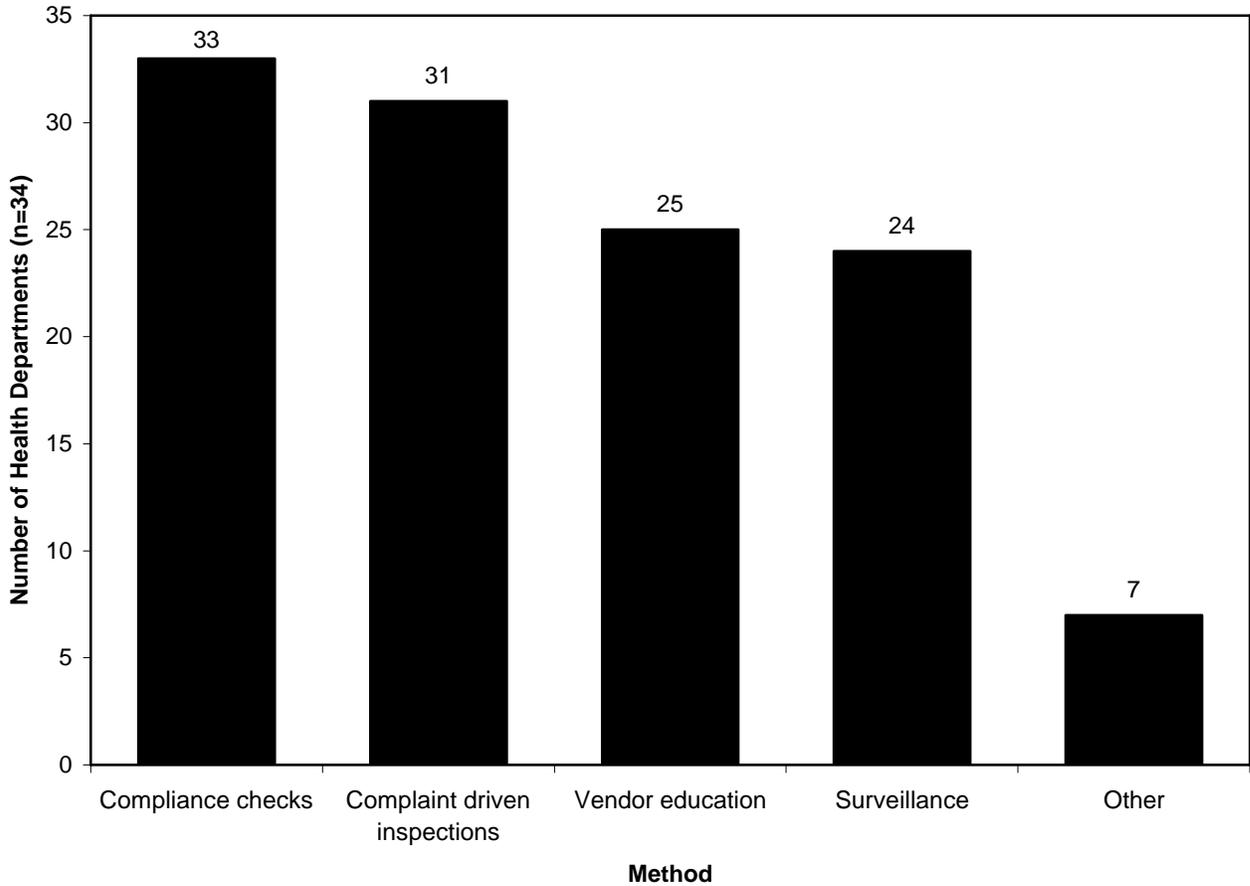
**Figure 9: Type of Training Health Departments Provided to *TCA* Enforcement Staff**



Vendor Compliance

All health departments used at least one method to encourage vendor compliance. As shown in Figure 10, health departments were most likely to conduct compliance checks with test shoppers and conduct complaint driven inspections (33/34, 97% and 31/34, 91% of health departments respectively).

**Figure 10: Methods Health Departments Used to Encourage Vendor Compliance**



Respondents were asked to identify any other methods that they used to encourage vendor compliance. Seven health departments (21%) provided self-reported responses that have been grouped as follows:

- media releases of compliance rates (3/7, 43%)
- youth-led point-of-sale campaign targeting tobacco retailers (1/7, 14%)
- in summer complete retailer inspections, provide new signage (1/7, 14%)
- additional inspections according to health department’s assessment of their risk for offending (1/7, 14%)
- developed a video for sales clerks (1/7, 14%)

### Compliance Checks

Thirty-three health departments (97%) reported conducting compliance checks with test shoppers. Twenty-nine of these health departments (88%) provided additional information regarding compliance checks which has been grouped as follows:

- Compliance checks are conducted according to MOHLTC protocol (24)
- Enforcement (8)
  - charges laid on second offence (2)
  - enforcement checks (2)
  - primary method of enforcement (1)
  - conducted enforcement checks of all vendors (1)
  - All retailers initially visited with the Not to Kids education kits and warnings of enforcement provided. This was then followed up with test shoppers and enforcement staff visiting each retailer and charging those selling to the test shoppers (1)
  - compliance checks are followed by enforcement follow-up six weeks later (1)
- Frequency of Compliance Checks (3)
  - done twice per week (1)
  - done quarterly (1)
  - conducted on an ongoing basis (1)

Notes: The responses have been grouped and reported as frequencies as health departments may have provided more than one response per category. Due to the open ended nature of this response option, it cannot be concluded that if a health department did not mention an activity, then it did not occur.

### Complaint Driven Inspections

Twenty-four health departments provided additional information describing how they used complaint driven inspections to encourage vendor compliance. The responses have been grouped as follows:

- *Action Taken Regarding Complaints (18)*
  - Respond to all complaints (17)
    - conduct enforcement check (4)
    - advise vendor of complaint (e.g. letter, phone call) (3)
    - inspection (3)
    - surveillance (2)
    - education (2)
    - compliance checks (2)
    - establishment visited by TCA enforcement officer (1)
  - Inspections made based on public demand and complaints (1)

- *How Complaints Received (5)*
  - Complaints received direct from the community (3)
  - Complaints received via hotline (2)
  - Complaints received from Crimestoppers (2)
  - Complaints received from other retailers (1)
  
- *Other (2)*
  - High school and vendor (1)
  - MOHLTC protocol (1)

Notes: The responses have been grouped and reported as frequencies as health departments may have provided more than one response per category. Due to the open ended nature of this response option, it cannot be concluded that if a health department did not mention an activity, then it did not occur.

#### Vendor Education

Twenty-three of 25 health departments who used vendor education to encourage vendor compliance provided additional details describing how they educated vendors on the *TCA* (refer to Table 7).

**Table 7: Methods Health Departments Used to Educate Vendors**

Description of Method	Frequency
Individual education sessions (during compliance checks, inspections)	9
Hosted vendor education workshops/group training sessions	7
Provided educational materials (e.g. resource binders, materials, toolkit)	7
Distributed NTK binders/materials	6
Partners with Not to Kids /Use materials to educate vendors (NTKs)	3
Participated on coalitions	2
Conducted media campaigns	1
Distributed retailer newsletters	1
As per MOHLTC protocol	1
Website	1
Cinema campaign	1
Yearly visits to ensure up to date vendor identification	1
<i>TCA</i> education	1

Notes: Health departments may have provided more than one response. Due to the open ended nature of this response option, it cannot be concluded that if a health department did not mention one of the methods, then it did not occur.

## Surveillance

Twenty-one of 24 health departments that used surveillance to encourage vendor compliance provided additional details describing how the surveillance was conducted. Responses have been grouped as follows:

- Timing (n=11 health departments)
  - in response to complaints (8)
  - in response to previous charges (1)
  - in response to previous sales to minors (1)
  - on a regular basis (1)
  - on a limited basis (1)
  - in response to survey results (1)
  - as necessary (1)
  - rarely, this technique has never been very effective (1)
  
- Target (n=4 health departments)
  - stores identified as selling to minors (1)
  - vendors suspected of non-compliance (1)
  - retailers in school areas (1)
  - problem retailers (1)
  
- Method (n=3 health departments)
  - watched retailers to check for selling of products (1)
  - observed retailers from parking lot (1)
  - establishments visited by *TCA* enforcement officer (1)
  
- Other (n=3 health departments)
  - as per MOHLTC protocol (2)
  - adults & other youth buying for under age youth at convenience stores (1)

Notes: The responses have been grouped and reported as frequencies as health departments may have provided more than one response per category. Due to the open ended nature of this response option, it cannot be concluded that if a health department did not mention an activity, then it did not occur.

## List of Tobacco Vendors

All health departments (n=34) had a list of tobacco vendors. Twenty-six health departments (76%) updated the list on an on-going basis, one updated the list on a daily basis, one updated the list every six months and five (15%) updated the list annually. One health department selected “other” stating that “although the list is updated annually the data can easily be retrieved from the licensing database.”

Thirty-one health departments provided additional information which described how they updated their list of tobacco vendors. Responses have been grouped in Table 8.

**Table 8: Methods Health Departments Used to Update Their List of Tobacco Vendors**

Method	Frequency
Visit all stores/annual inspections	18
Through public health inspector visits/routine inspections	16
Municipal license database	5
Monitor new openings/receive information about new opening	3
Observations from Tobacco Enforcement staff	2
Reports from other health department staff	2
Phone survey	1
Receive notice from health protection when vendors starting a new business	1
Lawyer requests for inspection for property sales	1
Enforcement officers are able to link with licensing	1

Note: The responses have been grouped and reported as frequencies as health departments may have provided more than one response.

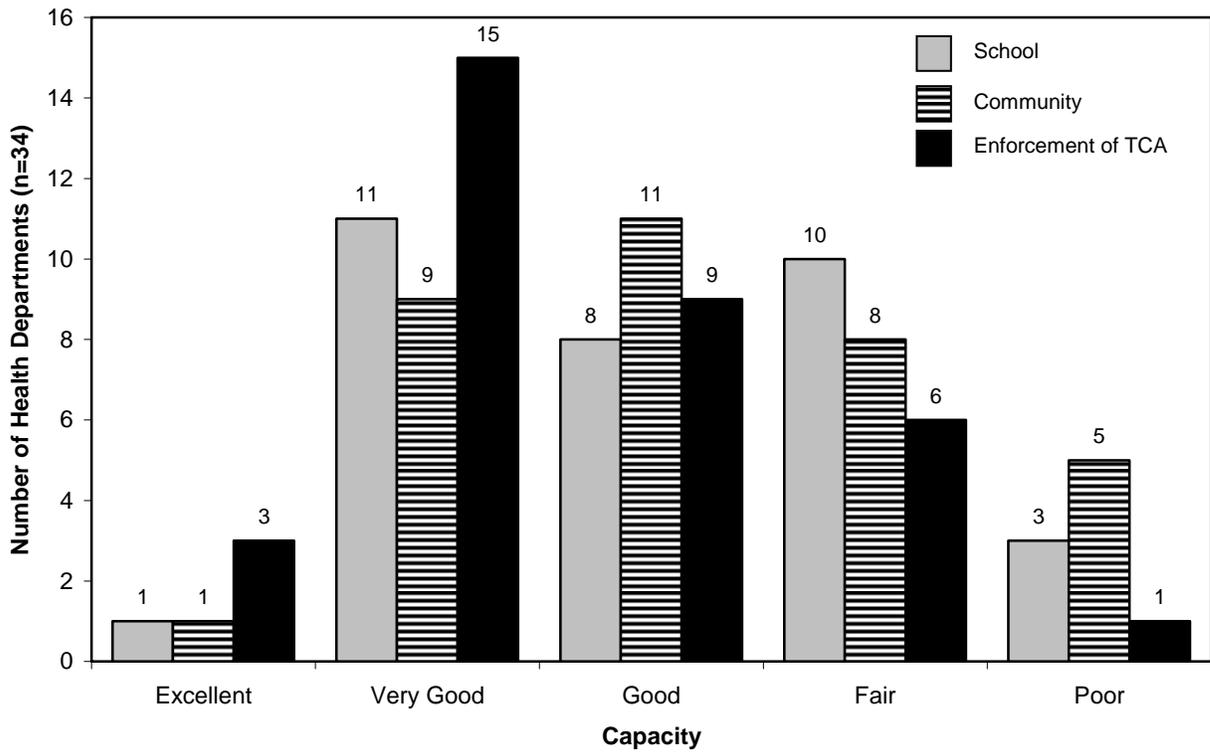
**Health Department Capacity to Deliver Tobacco Use Prevention Initiatives**

Using a five-point scale where 1 was excellent and 5 was poor, respondents were asked to rate their health department’s capacity to deliver school-based prevention initiatives, community-based prevention initiatives, and enforcement of the *Tobacco Control Act*. Refer to Table 9 and Figure 11.

**Table 9: Health Department Capacity to Deliver Tobacco Use Prevention Initiatives**

Type of Initiative	Average Rating	
School-based prevention initiatives	3.03	Good
Community-based prevention initiatives	3.21	Fair-Good
Enforcement of the <i>Tobacco Control Act</i>	2.56	Good-Very Good

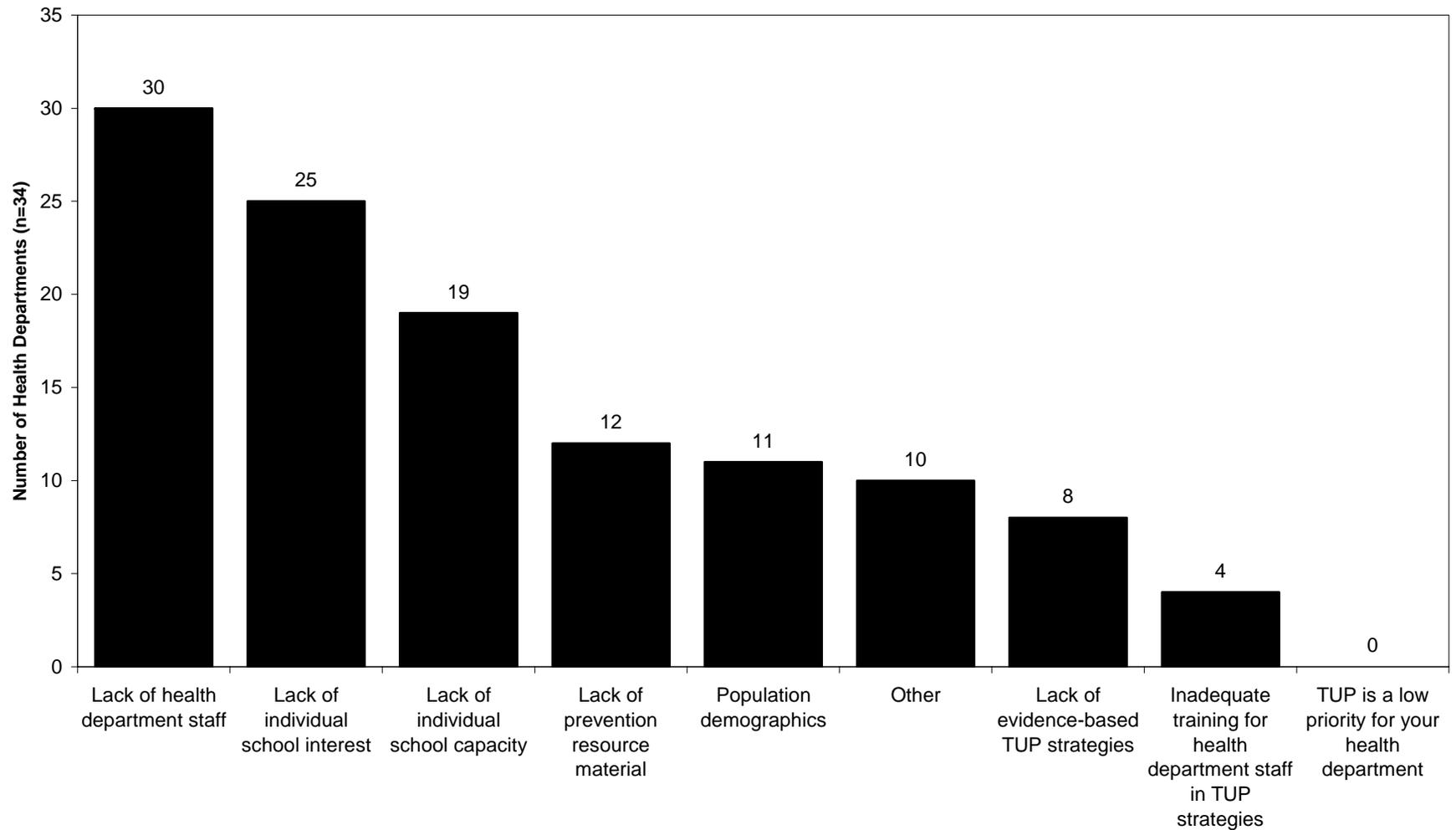
**Figure 11: Health Department Capacity to Deliver Tobacco Use Prevention Initiatives**



Barriers to Delivering Tobacco Use Prevention Initiatives

All respondents identified at least one barrier to delivering tobacco use prevention initiatives. As shown in Figure 12, the most common barriers identified were lack of health department staff (30/34, 88%), lack of individual school interest (25/34, 74%) and lack of individual school capacity (19/34, 56%).

**Figure 12: Barriers Which Affected Health Departments' Capacity to Deliver Tobacco Use Prevention (TUP) Initiatives**



Eleven health departments (32%) identified population demographics as a barrier in delivering tobacco use prevention initiatives. Respondents provided insight into this barrier by providing the following information which has been grouped as follows:

- rural area (5)
- large area to cover/geography (3)
- tobacco growing community (2)
- rural/urban mix (2)
- large rural geographical area with small populations (2)
- language (1)

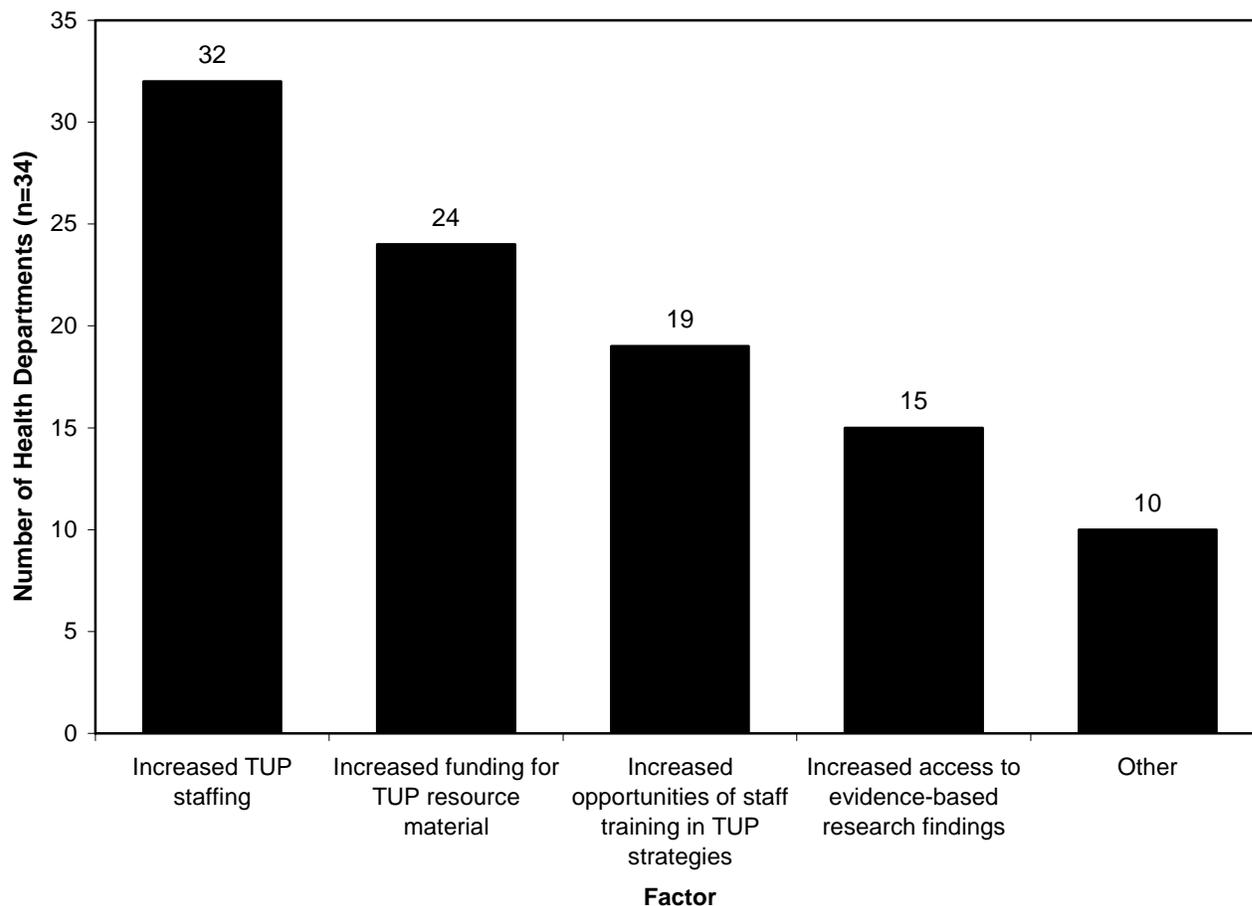
Note: Respondents may have indicated more than one response.

Respondents were asked to identify any other barriers which affected their health department's capacity to deliver tobacco use prevention initiatives in the past fiscal year. Ten health departments identified other barriers which have been grouped as follows:

- funding/funding scheme (3)
- initiation of a new comprehensive school health program required a lot of staff time to implement (1)
- lack of interest/opportunity among community (1)
- lack of interest from professionals to address cessation (1)
- prevention programs should be mandatory in schools (1)
- lack of French resources for our francophone community (1)
- staff (1)
- limited resources (1)

Health departments were asked to identify factors which would have enabled them to overcome barriers to delivering tobacco use prevention programs. As shown in Figure 13, 32 health departments (94%) responded that increased tobacco use prevention program staffing would have enabled them to overcome barriers.

**Figure 13: Factors That Would Have Enabled Health Departments to Overcome Barriers**



Respondents were asked to identify any additional factors that would have enabled them to overcome barriers in delivering tobacco use prevention initiatives. While ten health departments indicated an “other” response on the survey, two health departments provided a written response. These health departments indicated that having additional resources in French and other languages as well as a greater buy-in from school administration (principals and vice-principals) would have enabled them to overcome barriers in delivering tobacco use prevention initiatives.

How the *Ontario Tobacco Strategy* and the MOHLTC Can Support Health Departments in Developing, Implementing and Evaluating Tobacco Use Prevention Programming

Health departments were asked to identify ways in which the *Ontario Tobacco Strategy (OTS)* and the MOHLTC could support their health department in developing, implementing and evaluating tobacco use prevention programming. As seen in Table 10, 32 health departments indicated that increased funding for additional tobacco use prevention staff, mass media campaigns, and tobacco use prevention program resource material were preferred.

**Table 10: Ways the *OTS* and MOHLTC Can Support Health Departments in Tobacco Use Prevention Programming**

Strategy	Number of Health Departments (n=34)
Increase funding for more tobacco use prevention staff in health departments	32 (94%)
Fund mass media campaigns on prevention topics	29 (85%)
Increase funding for tobacco use prevention program resource material	28 (82%)
Develop campaign resources to be used locally	26 (76%)
Increase support for program evaluation	26 (76%)
Provide networking opportunities across health departments to share prevention information	24 (71%)
Increase funding for “better-practices” research	20 (59%)
Increase opportunities for training on tobacco use prevention strategies	20 (59%)
Provide more up-to-date resources	18 (53%)
Others	12 (35%)

Twelve health departments identified other areas in which the *OTS* and the MOHLTC could support them in developing, implementing, and evaluating tobacco use prevention programming. The responses have been grouped as follows:

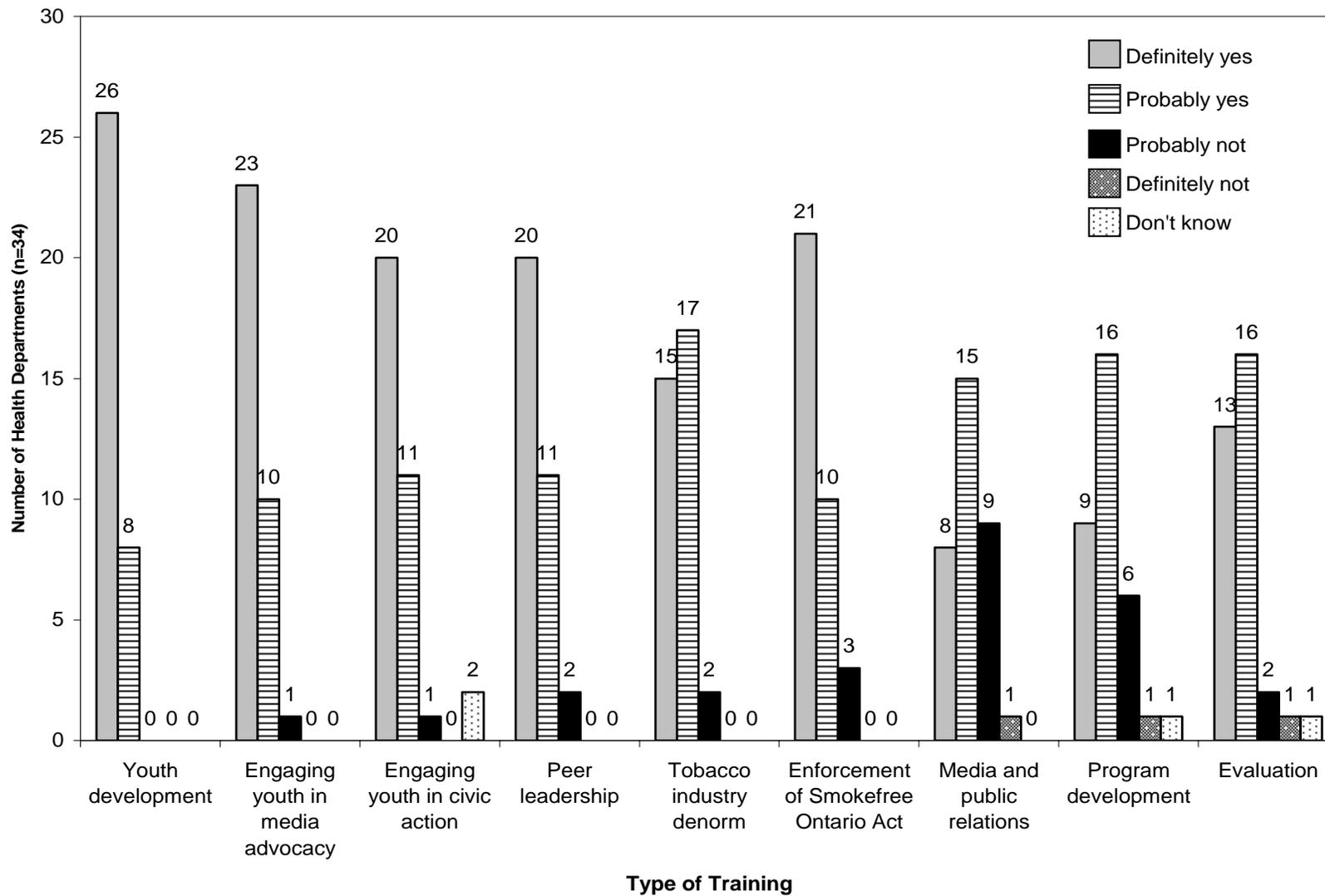
- provincial support to mandate tobacco prevention programs/initiatives in schools (3)
- fund mass media campaign on tobacco industry denormalization (2)
- assistance in partnering with schools (2)
- adopt comprehensive school health model (1)
- sustain capacity building for health promotion model (1)
- revise compliance/enforcement protocols so that compliance checks are eliminated (1)
- more French resources (1)
- increased evaluation assistance of programs for non-PHRED health units (1)
- decrease influence of politicians in decisions that impact the health of the community (1)
- increase operational funding (1)

Note: Health departments may have provided more than one response.

#### Training Required by Health Departments

Health departments were asked if they would require training in a variety of areas of tobacco use prevention programming. Health departments indicated that they would definitely need training in youth development and engaging youth in media advocacy (26/34 and 23/34 responded definitely yes respectively.) Refer to Figure 14.

**Figure 14: Type of Training Required**



## **Additional Comments**

A number of additional comments were made by respondents at the conclusion of the survey. Comments that reiterated or reinforced responses from other sections are not included below as they have been incorporated into the applicable section(s) of this report.

### *Capacity*

- “With our current capacity we will not be able to complete the requirements for enforcement of the *Smoke-Free Ontario Act* as described. We do not have an epidemiologist and do not participate in *Rapid Risk Factor Surveillance System (RRFSS)* so can’t effectively evaluate programs.”
- “We’re directed by Ministry of Health to do four compliance checks per year of all retailers with no increase in resources—grant money directed to program director. This is a huge undertaking in a large rural area and not sustainable. Also, had to decrease previous work to increase compliance checks.”
- “Health unit plays a lead role in this community (no other agencies have unrestrained access to schools). Involvement limitations are related to resources not because someone else has lead.”
- “As we have 91 schools and 1.75 FTEs we have chosen to allocate most of our time working with peer-led student initiatives at the secondary school level, as well as supporting provincial and local cessation activities.”
- “Need a concentrated national/provincial industry denormalization campaign to support local programming.”

### *Teacher Training*

- “In the past we have found that the most effective way to deliver training for teachers is to provide funds for half day or full day teacher release from their teaching duties.”

### *Survey Administration*

- “It took more than 45-60 minutes to complete, but that’s not a problem. Glad to have participated.”

## **CONCLUDING REMARKS**

In summary, this report indicates that from April 1, 2004 - March 31, 2005, a variety of smoking prevention programs was available to the public through health departments across the province of Ontario. All surveyed communities had smoking prevention resources provided to teachers and students. Most health departments worked with school groups with respect to enforcement of the *TCA* and conducted presentations at schools on tobacco use prevention issues.

Almost all health departments assisted communities in tobacco use prevention initiatives. Most health departments provided information to community members involved in local politics, as well as provided information to editorial boards on tobacco use prevention issues.

All health departments offered at least one tobacco use prevention program which targeted children and youth in schools.

In general, health departments were most involved in *TCA* enforcement on school property, providing resource materials for teachers, coordinating special events in schools to encourage non-smoking and in school-based prevention programs.

All health departments reported that they had a list of tobacco vendors which was updated at least annually.

Barriers affecting health department capacity to deliver tobacco use prevention initiatives were most commonly perceived to be a lack of resources; both human and financial. Health departments also identified a lack of school interest. Suggestions most frequently made for enabling health departments to overcome these barriers included increased tobacco use prevention staffing and increased funding for tobacco use prevention resource material.



## **APPENDIX A: SURVEY**



Provincial Scan of Tobacco Use Prevention Initiatives  
HEALTH DEPARTMENT SURVEY

Spring 2005

<b>Respondent Information</b>	
Name:	_____
Position:	_____
Phone Number and Extension:	_____
Email address:	_____
Health department:	_____
Date:	_____

Thank you for agreeing to participate in this survey. We encourage you to collaborate with internal and external colleagues in order to complete the questions. We realize that this may require some additional time. However, input from others will give a complete picture of existing and available health department tobacco use prevention programs and services in your jurisdiction. We ask that you complete the electronic survey or this hardcopy of the survey by **Friday July 8, 2005**. When we receive your completed survey, we may contact you to conduct a short follow-up telephone interview if we need to clarify any information. Thank you again for your involvement in this survey. Your participation is greatly valued and appreciated.

If you have any questions, please contact  
**Wendy Cressman Zehr**, Senior Project Manager  
**Population Health Research Group**  
(formerly Health Behaviour Research Group)  
University of Waterloo, LHN 2733  
Waterloo, Ontario, N2L 3G1  
**(519) 888-4567 ext. 2255**  
Fax: (519) 746-8171  
Email: [wczehr@healthy.uwaterloo.ca](mailto:wczehr@healthy.uwaterloo.ca)

Unless otherwise requested, please answer all of the  
questions based on this **past** fiscal year

April 1, 2004 – March 31, 2005

**General Information**

1. With whom did you **collaborate** to collect the information for this survey? (Select all that apply)

- a) Ministry of Health
- b) Health Department Director
- c) Medical Officer of Health
- d) Program Manager(s)
- e) Public Health Nurse(s)
- f) Public Health Inspector(s)
- g) Tobacco Enforcement Officer(s)
- h) Health Promotion Officer/Specialist(s)
- i) Volunteers
- j) Other(s) \_\_\_\_\_
- k) No one

2. At your health department, approximately how many total staff Full Time Equivalents (FTE) did you have **across all public health programs** this past fiscal year? E.g. 60.25 FTE

\_\_\_\_\_ FTE

3. At your health department, approximately how much time was allocated this past fiscal year to **overall tobacco control programming** including prevention, protection, *Tobacco Control Act (TCA)* enforcement, cessation and tobacco industry denormalization programming? (Please respond in terms of Full Time Equivalents i.e. FTE)

\_\_\_\_\_ FTE

4. At your health department, approximately how much time was allocated this past fiscal year to **tobacco use prevention activities** including program development, promotion, implementation and evaluation? (Please respond in terms of Full Time Equivalents i.e. FTE)

\_\_\_\_\_ FTE

5. At your health department, approximately how much time was allocated this past fiscal year specifically to **TCA education and enforcement**? (Please respond in terms of Full Time Equivalents i.e. FTE)

\_\_\_\_\_ FTE

### School-Based and Community-Level Tobacco Use Prevention Programming

6. How many **elementary schools** were there in your health department's jurisdiction this past fiscal year? \_\_\_\_\_
7. How many **secondary schools** were there in your health department's jurisdiction this past fiscal year? \_\_\_\_\_
8. How did your health department assist **elementary and secondary schools** with respect to tobacco use prevention this past fiscal year? (Select all that apply)
- a) Health department staff provided tobacco use prevention resource material to teachers and students.
  - b) Health department staff provided individual counselling on tobacco use prevention to students upon request.
  - c) Health department staff provided training to teachers on tobacco use prevention issues.
  - d) Health department staff trained as Master Trainers for the Lungs are For Life Program, assisted schools in implementing Lungs are For Life resources.
  - e) Health department staff conducted presentations for students and teachers on tobacco use prevention issues.
  - f) Health department staff worked with school boards and/or teachers to develop tobacco use prevention curriculum.
  - g) Health department staff worked with school groups (parents and/or teachers and/or students) with respect to enforcement of the *Tobacco Control Act* (TCA).
  - h) Other(s)  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. How did your health department assist **local communities** with respect to tobacco use prevention this past fiscal year? (Select all that apply)
- a) Health department staff provided tobacco use prevention resource material to **leaders** of community programs such as Girl Guides, Boy Scouts, babysitter courses, youth groups, day nurseries, etc.
  - b) Health department staff provided tobacco use prevention resource material to **participants** of community programs such as Girl Guides, Boy Scouts, babysitter courses, youth groups, day nurseries, etc.
  - c) Health department staff provided training/seminars/workshops to **leaders** of community programs specifically on tobacco use prevention issues.

- d) Health department staff conducted presentations to **participants** of community programs on tobacco use prevention issues.
- e) Health department staff met with and/or provided information to **editorial boards/columnists** on tobacco use prevention issues.
- f) Health department staff met with and/or provided information to municipal government **staff** on tobacco use prevention issues.
- g) Health department staff met with and/or provided information to **elected officials** such as municipal councilors, MPPs and MPs on tobacco use prevention issues.
- h) Health department staff met with and/or provided information to **key opinion leaders** such as senior police and/or fire department officials, judges or clergy to discuss tobacco use prevention issues.
- i) Other  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How much of a priority was it for your health department to **collaborate with schools** on tobacco use prevention programming this past fiscal year? (Select only one)

- a) Very High Priority
- b) High Priority
- c) Moderate Priority
- d) Low Priority
- e) Very Low Priority

11. How much of a priority was it for your health department to **collaborate with community agencies, programs, municipal government or key opinion leaders** on tobacco use prevention programming this past fiscal year? (Select only one)

- a) Very High Priority
- b) High Priority
- c) Moderate Priority
- d) Low Priority
- e) Very Low Priority

12. How involved was your health department in each of the following **tobacco use prevention initiatives** this past fiscal year? (Please select the number that applies)

- 1 = Not involved - your health department did not participate in this type of initiative
- 2 = Somewhat involved - your health department had minimal involvement in this type of initiative
- 3 = Moderately involved - your health department worked in conjunction with other organizations, but did not play a lead role
- 4 = Quite involved- your health department allocated significant resources to this initiative, but did not play a lead role
- 5 = Very involved - your health department had a lead role in planning, implementing, or evaluating this type of initiative

a) Special events in schools (e.g. health fairs, National Non-Smoking Week activities, youth action or advocacy campaigns, etc.) to encourage non-smoking

**Not involved** → 1            2            3            4            5 ← **Very involved**

b) School-based prevention programs

**Not involved** → 1            2            3            4            5 ← **Very involved**

c) Community-based prevention programs

**Not involved** → 1            2            3            4            5 ← **Very involved**

d) Tobacco-industry denormalization campaigns and activities in schools

**Not involved** → 1            2            3            4            5 ← **Very involved**

e) Tobacco-industry denormalization campaigns and activities in the community

**Not involved** → 1            2            3            4            5 ← **Very involved**

f) *Tobacco Control Act* enforcement on school property

**Not involved** → 1            2            3            4            5 ← **Very involved**

g) Recognition awards to schools/teachers who implement tobacco use prevention curriculum

**Not involved** → 1            2            3            4            5 ← **Very involved**

h) Programs and recognition awards as incentives for teachers and staff to quit smoking

**Not involved** → 1            2            3            4            5 ← **Very involved**

i) Training/consultation for teachers

**Not involved** → 1            2            3            4            5 ← **Very involved**

j) Resource materials for teachers

**Not involved** → 1            2            3            4            5 ← **Very involved**

13. Did your health department participate in **school-based** tobacco use prevention initiatives in the past fiscal year?

- a) Yes – skip to question 15
- b) No – continue with question 14

14. If your health department **did not** participate in school-based tobacco use prevention initiatives in the past fiscal year, which of the following best describes why not. (Select all that apply)

- a) Schools did not ask our health department for help regarding tobacco use prevention.
- b) Our health department did not have the staffing resources needed to support schools in tobacco use prevention efforts.
- c) Tobacco use prevention was not one of our health department's priorities for school health.
- d) Our health department used to offer tobacco use prevention activities/training/support in the schools, but have stopped.  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- e) Other(s)  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Did your health department participate in **community-level** tobacco use prevention initiatives in the past fiscal year?

- a) Yes – skip to question 17
- b) No – continue with question 16

16. If your health department **did not** participate in community-level tobacco use prevention initiatives in the past fiscal year, which of the following best describes why not. (Select all that apply)

- a) Community-agencies did not ask our health department for help regarding tobacco use prevention.
- b) Our health department did not have the staffing resources needed to support community agencies in tobacco use prevention efforts.
- c) Other(s)  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Which of the following tobacco use prevention programs did your health department offer in **schools** and/or in your **community** during this past fiscal year? (Please complete chart for all programs that apply. **Note: it is not necessary to provide ages for adult target audiences or program participation rates for media campaigns or websites**).

<i>Program Name and Author</i>	<i>Description</i>	<i>Program Offered</i>	<i>Target Audience</i>	<i>Grade or Age of Target Audience</i>	<i>Program Frequency</i>	<i>Program Participation</i>
		Please specify Yes or No	Identify the target audience(s) for each program delivered. Use the following categories: children/youth in schools; children/youth in the community; parents of children/youth; health professionals; teachers; community program leaders; tobacco retailers; other(describe)	Specify grade(s) or age(s) that apply for each target audience with children or youth e.g. 8-12 yrs, <5yrs, grades 1-2	Total number of times program was delivered this past fiscal year (by target audience) e.g. One 3-week session	Total number of participants in the past fiscal year (by target audience) e.g. 37 total for 2 sessions.
<b>Act Now...the best you can be! Schools Program</b> <i>Creative Wellness Solutions</i>	A comprehensive school-based health-risk prevention program for Grade 4-8 students in the areas of healthy eating, physical activity, self-esteem and tobacco use.					
<b>Barb Tarbox – Video and Discussion Guide –</b> <i>Alberta Alcohol and Drug Abuse Commission</i>	A video and discussion guide to assist teachers, youth workers, school counsellors and others in the delivery of tobacco prevention, education and cessation programs.					
<b>Diary of a Teenage Smoker –</b> <i>Health Canada</i>	Video & facilitator's guide addressing many of the underlying reasons why young women smoke.					

Provincial Scan of Tobacco Use Prevention Initiatives 2004 - 2005: Health Department Survey

<b>Program Name and Author</b>	<b>Description</b>	<b>Program Offered</b>	<b>Target Audience</b>	<b>Grade or Age of Target Audience</b>	<b>Program Frequency</b>	<b>Program Participation</b>
		Please specify Yes or No	Identify the target audience(s) for each program delivered. Use the following categories: children/youth in schools; children/youth in the community; parents of children/youth; health professionals; teachers; community program leaders; tobacco retailers; other(describe)	Specify grade(s) or age(s) that apply for each target audience with children or youth e.g. 8-12 yrs, <5yrs, grades 1-2	Total number of times program was delivered this past fiscal year (by target audience) e.g. One 3-week session	Total number of participants in the past fiscal year (by target audience) e.g. 37 total for 2 sessions.
<b>Health in Perspective – Canadian Intramural Recreation Association</b>	An active learning program designed to help young women develop healthy & active lifestyles; focuses on smoking prevention and cessation.					
<b>Improving the Odds – Health Canada</b>	A tobacco use prevention resource for school aged youth 10-14. It provides information, lessons and guidelines for teachers, health educators and volunteers who work with students in Grades 5-8.					
<b>Just Say Moe – The Magically Hip</b>	Interactive presentation designed for grades 4-8. Described as a “fun-filled educational magic show”.					
<b>Keep it Clean - Waterloo Smoking Project</b>	Designed to help students understand the complex environmental & personal influences that encourage people to begin smoking and to help students develop the skills to deal with those influences.					

Provincial Scan of Tobacco Use Prevention Initiatives 2004 - 2005: Health Department Survey

<b>Program Name and Author</b>	<b>Description</b>	<b>Program Offered</b>	<b>Target Audience</b>	<b>Grade or Age of Target Audience</b>	<b>Program Frequency</b>	<b>Program Participation</b>
		Please specify Yes or No	Identify the target audience(s) for each program delivered. Use the following categories: children/youth in schools; children/youth in the community; parents of children/youth; health professionals; teachers; community program leaders; tobacco retailers; other(describe)	Specify grade(s) or age(s) that apply for each target audience with children or youth e.g. 8-12 yrs, <5yrs, grades 1-2	Total number of times program was delivered this past fiscal year (by target audience) e.g. One 3-week session	Total number of participants in the past fiscal year (by target audience) e.g. 37 total for 2 sessions.
<b>Lions-Quest, Lions Clubs International and Quest International</b>	3-module program that fosters skills in responsibility, decision-making, communication, self-confidence, & goal setting to help students lead healthy, positive & drug-free lives.					
<b>Lungs Are For Life – The Lung Association</b>	Designed to create awareness among school children of the health risks of smoking, to be able to recognize smoking as a “gateway” drug.					
<b>Mass media campaigns</b> - Please list all tobacco use prevention and tobacco industry denormalization campaigns:	Please describe campaigns here:					Not necessary to provide

Provincial Scan of Tobacco Use Prevention Initiatives 2004 - 2005: Health Department Survey

<i>Program Name and Author</i>	<i>Description</i>	<i>Program Offered</i>	<i>Target Audience</i>	<i>Grade or Age of Target Audience</i>	<i>Program Frequency</i>	<i>Program Participation</i>
		Please specify Yes or No	Identify the target audience(s) for each program delivered. Use the following categories: children/youth in schools; children/youth in the community; parents of children/youth; health professionals; teachers; community program leaders; tobacco retailers; other(describe)	Specify grade(s) or age(s) that apply for each target audience with children or youth e.g. 8-12 yrs, <5yrs, grades 1-2	Total number of times program was delivered this past fiscal year (by target audience) e.g. One 3-week session	Total number of participants in the past fiscal year (by target audience) e.g. 37 total for 2 sessions.
<b>MENTOR: You can Make a Difference: Helping Young Women Choose a Tobacco Free Lifestyle</b> – Ontario Physical & Health Education Association	A mentoring program to help young women stop smoking or never begin.					
<b>SmokeFX: Youth Tobacco Vortal Project</b> <i>www.smoke-fx.com</i>	The Youth Tobacco Vortal Project was designed to reach youth with tobacco control messages and news of local tobacco-related activities via the internet. The project consists of a network of inter-related websites, the "portal" site of which is >www.smoke-fx.com<.					Not necessary to provide
<b>Stupid.ca</b> <i>www.stupid.ca</i>	A website created by the Ontario government. It exists to create a forum for youth to share their thoughts and find out more about the tobacco industry and smoking.					Not necessary to provide

Provincial Scan of Tobacco Use Prevention Initiatives 2004 - 2005: Health Department Survey

<i>Program Name and Author</i>	<i>Description</i>	<i>Program Offered</i>	<i>Target Audience</i>	<i>Grade or Age of Target Audience</i>	<i>Program Frequency</i>	<i>Program Participation</i>
		Please specify Yes or No	Identify the target audience(s) for each program delivered. Use the following categories: children/youth in schools; children/youth in the community; parents of children/youth; health professionals; teachers; community program leaders; tobacco retailers; other(describe)	Specify grade(s) or age(s) that apply for each target audience with children or youth e.g. 8-12 yrs, <5yrs, grades 1-2	Total number of times program was delivered this past fiscal year (by target audience) e.g. One 3-week session	Total number of participants in the past fiscal year (by target audience) e.g. 37 total for 2 sessions.
<b>Take Action – Ontario Physical and Health Education Association</b>	This initiative is a comprehensive, school-based strategy designed to support schools and engage communities in addressing safety awareness regarding medicines and harmful substances and the prevention of tobacco, alcohol and substance use and abuse.  Currently available: Take Action Kindergarten (English and French), Take Action 1-3 (English and French), Take Action 7-8 (English and French), Take Action 4-6 resource in development, set to launch in Fall 2005.					
<b>The Action Guide for Smoke Free High Schools – Program Training &amp; Consultation Centre</b>	Assists students, teachers, and administrators in creating and supporting a smoke-free high school. Includes suggestions for addressing prevention, protection, & cessation.					

Provincial Scan of Tobacco Use Prevention Initiatives 2004 - 2005: Health Department Survey

<i>Program Name and Author</i>	<i>Description</i>	<i>Program Offered</i>	<i>Target Audience</i>	<i>Grade or Age of Target Audience</i>	<i>Program Frequency</i>	<i>Program Participation</i>
		Please specify Yes or No	Identify the target audience(s) for each program delivered. Use the following categories: children/youth in schools; children/youth in the community; parents of children/youth; health professionals; teachers; community program leaders; tobacco retailers; other(describe)	Specify grade(s) or age(s) that apply for each target audience with children or youth e.g. 8-12 yrs, <5yrs, grades 1-2	Total number of times program was delivered this past fiscal year (by target audience) e.g. One 3-week session	Total number of participants in the past fiscal year (by target audience) e.g. 37 total for 2 sessions.
<b>The Smoking Zine/Teen Net</b> – <i>University of Toronto, Department of Public Health Sciences</i>	An interactive website developed with teens, for teens featuring self-assessment quizzes, games and peer-to-peer components designed to support healthy decision-making about using cigarettes. <a href="http://www.smokingzine.org">www.smokingzine.org</a>					Not necessary to provide
<b>Tobacco Tackle</b> – <i>Canadian Association for Health, Physical Education, Recreation and Dance</i>	Information kit containing activities designed by students to encourage & motivate other students to lead active, tobacco-free lives.					
<b>VIP</b> (Project Values, Influences, and Peers: Curriculum Ideas for Teachers) - <i>Ontario Ministry of Education and Training</i>	An awareness program designed to prevent youth crime and substance abuse. A series of 11 topics are team-taught by local police officers and teachers.					
<b>Your Choice, Our Chance</b> – <i>Magic Lantern (Canadian Distributor)</i>	Ten 15-minute videos that portray coping with situations involving tobacco, alcohol, & marijuana.					

Provincial Scan of Tobacco Use Prevention Initiatives 2004 - 2005: Health Department Survey

<i>Program Name and Author</i>	<i>Description</i>	<i>Program Offered</i>	<i>Target Audience</i>	<i>Grade or Age of Target Audience</i>	<i>Program Frequency</i>	<i>Program Participation</i>
		Please specify Yes or No	Identify the target audience(s) for each program delivered. Use the following categories: children/youth in schools; children/youth in the community; parents of children/youth; health professionals; teachers; community program leaders; tobacco retailers; other(describe)	Specify grade(s) or age(s) that apply for each target audience with children or youth e.g. 8-12 yrs, <5yrs, grades 1-2	Total number of times program was delivered this past fiscal year (by target audience) e.g. One 3-week session	Total number of participants in the past fiscal year (by target audience) e.g. 37 total for 2 sessions.
<b>Youth Action Guide: Community-based Smoking Prevention</b> - TeenNet	A guide for engaging youth in developing, implementing and evaluating a youth action project focused on a tobacco issue within their community. Available for download at <a href="http://www.teennet.ca">www.teennet.ca</a> .					
<b>Youth advocacy campaigns</b> Please identify campaign(s) here:	Please describe campaign(s) here:					
<b>Youth coalitions</b> e.g. Peer leadership programs – Please identify coalitions here:	Please describe coalition(s) here:					

Provincial Scan of Tobacco Use Prevention Initiatives 2004 - 2005: Health Department Survey

<b>Program Name and Author</b>	<b>Description</b>	<b>Program Offered</b>	<b>Target Audience</b>	<b>Grade or Age of Target Audience</b>	<b>Program Frequency</b>	<b>Program Participation</b>
		Please specify Yes or No	Identify the target audience(s) for each program delivered. Use the following categories: children/youth in schools; children/youth in the community; parents of children/youth; health professionals; teachers; community program leaders; tobacco retailers; other(describe)	Specify grade(s) or age(s) that apply for each target audience with children or youth e.g. 8-12 yrs, <5yrs, grades 1-2	Total number of times program was delivered this past fiscal year (by target audience) e.g. One 3-week session	Total number of participants in the past fiscal year (by target audience) e.g. 37 total for 2 sessions.
<p><b>Other tobacco use prevention programs not mentioned above e.g. programs developed by your health department, internet sites, programs developed by non-government organizations –</b>  <i>Please identify program(s) here:</i></p>	<p><i>Please describe:</i></p>					

**Tobacco Use Prevention Program Training, Development, Evaluation and Promotion**

**Program Training**

18. Did your health department provide training in tobacco use prevention programming to teachers, community program leaders and/or health professionals this past fiscal year?

- a) Yes - Please continue with question 19
- b) No – Please skip to question 22

19. If in the past fiscal year, your health department did provide tobacco use prevention program **training** to teachers, community program leaders and/or health professionals, how was it done? (Select all that apply)

- a) Presentations at school staff meetings by health department personnel
- b) Workshop presentations by health department personnel
- c) Workshop presentations by external consultants/experts
- d) Individual consultation with health department personnel
- e) Letters/newsletters to educators, community program leaders or health professionals sent by health department
- f) Other(s)

Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

20. Approximately how many **hours** did health department staff devote to training teachers, community program leaders and/or health professionals concerning tobacco use prevention during the past fiscal year?

	<b>Teachers</b>	<b>Community Program Leaders</b>	<b>Health Professionals</b>	<b>Other (describe):</b>
Number of Training Hours				

21. Approximately **how many** teachers, community program leaders and/or health professionals did your health department train concerning tobacco use prevention during the past fiscal year?

	<b>Teachers</b>	<b>Community Program Leaders</b>	<b>Health Professionals</b>	<b>Other (describe):</b>
Number of Trained Individuals				

**Program Development**

22. With whom has your health department **worked collaboratively** to develop tobacco use prevention curricula, programs, and/or materials within a) the past fiscal year and b) within the past three years? (Select all that apply)

	<b>Organization</b>	<b>a) In the past fiscal year (April 1 2004- March 31, 2005)</b>	<b>b) In the past three years (April 1, 2002- March 31, 2005)</b>	<b>Comments</b>
a	Health Canada			
b	Ontario Ministry of Education and Training			
c	Ontario Ministry of Health and Long-Term Care			
d	Program Training and Consultation Centre (PTCC)			
e	Centre for Addiction and Mental Health			
f	Canadian Cancer Society			
g	Heart and Stroke Foundation of Ontario			
h	The Lung Association			
i	Ontario Public Health Association			
j	Ontario Physical and Health Education Association (OPHEA)			
k	Other Public Health Departments			
l	Tobacco-Free Councils			
m	Ontario Healthy Schools Coalition			
n	Teacher Federation			
o	Ontario Federation of Home and School Associations			
p	University-based Researchers			
q	Local School Board			
r	School(s) (principals, teachers and/or students)			
s	Other(s) Please list:			
t	No one			
u	Our health department has not developed tobacco use prevention curricula, programs and/or materials			

## Program Evaluation

23. In the past fiscal year, has your health department **evaluated** any of the tobacco use prevention initiatives developed by your health department?

- a) Our health department did not develop any tobacco use prevention initiatives in the past fiscal year.
- b) Yes → Continue with question 24
- c) No → Continue with question 25

24. If initiatives have been evaluated, name the initiative and briefly describe the evaluation method.

Example: School curriculum teacher training – post participant evaluation of training

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## Program Promotion

25. How did your health department **promote** your tobacco use prevention programs or services in the past fiscal year? (Select all that apply)

- a) Pamphlets/brochures
- b) Newsletters
- c) Letters (e.g. to teachers, principals, community program leaders and/or health professionals)
- d) Personal contact by health department staff
- e) Newspaper articles
- f) News broadcasts on television
- g) Internet website or newsgroup announcement
- h) Public Service Announcements on television
- i) Public Service Announcements on radio
- j) Other(s)  
Please describe: \_\_\_\_\_  
\_\_\_\_\_
- k) Our health department did not promote tobacco use prevention programs or services this past fiscal year

**Enforcement of the Tobacco Control Act (TCA)**

26. In the past fiscal year, did your health department follow the Ministry of Health and Long-Term Care enforcement protocol in regards to TCA enforcement of youth access and/or smoking on school property?

- Yes
- No

If no, how was your protocol different?

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27. Did your enforcement staff work with federal enforcement staff in the past fiscal year?

- Yes
- No

If yes, how? \_\_\_\_\_

28. What training did your public health department provide to TCA enforcement staff during the past fiscal year? (Select all that apply)

- Enforcement training and/or prosecution training including provincial offenses training
- In-house training (in-servicing) including staff mentoring
- Ministry of Health and Long Term Care/provincially initiated enforcement training
- Attendance at tobacco enforcement seminars or workshops
- Training by other health departments
- Other (please describe): \_\_\_\_\_

29. What methods did your health department use to encourage vendor compliance in the past fiscal year? (Select and describe all methods used)

- Compliance checks with test shoppers  
Please describe: \_\_\_\_\_  
\_\_\_\_\_
- Surveillance  
Please describe: \_\_\_\_\_  
\_\_\_\_\_
- Complaint driven inspections  
Please describe: \_\_\_\_\_  
\_\_\_\_\_
- Vendor education e.g. Not to Kids Campaign  
Please describe: \_\_\_\_\_  
\_\_\_\_\_
- Other(s)  
Please describe: \_\_\_\_\_  
\_\_\_\_\_

30. Does your health department have a list of tobacco vendors?

- Yes – continue with question 31
- No – skip to question 33

31. How often is the tobacco vendor list updated?

- Ongoing
- Daily
- Weekly
- Monthly
- Quarterly
- Every six months
- Annually
- Every two years
- Other (please explain): \_\_\_\_\_

32. How does your health department update this list of tobacco vendors? For instance, does your health department check a municipal license database or visit all stores?  
(Please describe all methods used to update list)

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**Health Department Capacity to Deliver Tobacco Use Prevention Initiatives**

33. Please rate your health department's **capacity** (e.g. resources, time, expertise) to deliver tobacco use prevention initiatives during this past fiscal year on a scale from 1 to 5 where 1 is excellent and 5 is poor.

a) **School-based prevention initiatives**

1	2	3	4	5
Excellent	Very Good	Good	Fair	Poor

b) **Community-based prevention initiatives**

1	2	3	4	5
Excellent	Very Good	Good	Fair	Poor

c) **Enforcement of the *Tobacco Control Act***

1	2	3	4	5
Excellent	Very Good	Good	Fair	Poor

34. Were there specific barriers that affected your health department's capacity to deliver tobacco use prevention initiatives during this past fiscal year?

- Yes
- No
- Unsure

34a) From the list below, please identify which barriers affected your health department's capacity to deliver tobacco use prevention initiatives during the past fiscal year. (Select all that apply)

- Lack of health department staff
- Lack of prevention resource material (e.g. program materials, radio and television PSA's)
- Lack of evidence-based tobacco use prevention strategies
- Inadequate training for health department staff in tobacco use prevention strategies
- Lack of individual school interest
- Lack of individual school capacity
- Tobacco use prevention is a low priority for your health department
- Population demographics – e.g. urban/rural; age  
Please describe: \_\_\_\_\_
- Other(s) (please describe): \_\_\_\_\_

35. What would have enabled your health department to overcome these barriers this past fiscal year? (Select all that apply)

- Increased tobacco use prevention program staffing
- Increased funding for tobacco use prevention resource material
- Increased access to evidence-based research findings ("better practices")
- Increased opportunities for staff training in tobacco use prevention strategies
- Other(s) (please describe): \_\_\_\_\_  
\_\_\_\_\_

36. In what ways can the Ontario Tobacco Strategy and the Ministry of Health and Long-Term Care support your health department in developing, implementing and evaluating tobacco use prevention programming? (Select all that apply)

- Increase funding for more tobacco use prevention staff in health departments
  - Increase funding for tobacco use prevention program resource material
  - Fund mass media campaigns on prevention topics
  - Develop campaign resources to be used locally
  - Provide more up-to-date resources
  - Increase funding for "better-practices" research
  - Increase opportunities for training on tobacco use prevention strategies
  - Increase support for program evaluation
  - Provide networking opportunities across health departments to share prevention information
  - Other(s) (please describe): \_\_\_\_\_  
\_\_\_\_\_
-

37. Will your health department staff require training in the following areas of tobacco use prevention programming? (Please select the appropriate category for each type of training)

Type of Training	Definitely Yes	Probably Yes	Probably Not	Definitely Not	Don't Know / Not Sure
a. Youth development					
b. Engaging youth in media advocacy					
c. Engaging youth in civic action (e.g. enhancing understanding of legislative process)					
d. Peer leadership					
e. Tobacco Industry Denormalization					
f. Enforcement of the <i>Smokefree Ontario Act</i>					
g. Media and public relations					
h. Program development					
i. Evaluation					
j. Other(s) Please describe:					

Do you have any additional comments?

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**Thank you once again for your participation!**