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# EVALUATION NEWS

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## EVALUATING THE SASKATCHEWAN TOBACCO REDUCTION STRATEGY

*News and Notes for Tobacco Reduction Partners*



Welcome to the third newsletter in our series presenting evaluation information about the Saskatchewan Tobacco Reduction Strategy (the Strategy). This newsletter presents results from an evaluation of the Partnership to Assist with Cessation of Tobacco and Tobacco Addiction Recovery (PACT/TAR) program.

### PACT/TAR PROGRAM

#### PACT

PACT was established in 2004 by the Pharmacists Association of Saskatchewan to support public health campaigns aimed at reducing tobacco-related harm. Originally geared to pharmacists

as a strategy to screen, stage, recommend and counsel about cessation drug therapy and provide follow-up support, the program has developed into a tobacco cessation capacity-building program for health professionals. PACT provides the training and tools to support both brief and intensive tobacco cessation interventions.<sup>1</sup>

#### TAR

The TAR component of the program is designed to bridge the gap between First Nations and Métis and non-First Nations and Métis communities. TAR training and education aims to increase understanding of sacred tobacco use and provide culturally sensitive strategies to eliminate misuse of tobacco while honoring the etiquette associated with sacred tobacco use at feasts, ceremonies, songs, gatherings, healings, and other cultural activities.<sup>2</sup>

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## PACT/TAR EVALUATION

The PACT/TAR evaluation explored the effectiveness of the program through a mixed methods study design. The evaluation design included the synthesis of information collected from:

- key informant interviews to inform the evaluation questions and survey structure (Component 1)
- a web-based survey of all individuals who had been involved in PACT/TAR training to understand practice changes, to learn about barriers and facilitators to implementation (Component 2). Participants had the option of skipping questions, as such denominators vary.
- key informant interviews to gather information about general perceptions of PACT/TAR training and its perceived effectiveness (Component 3)
- documents collected from the PACT/TAR program and the Saskatchewan Ministry of Health

Key study objectives included assessing the extent to which PACT/TAR contributed to:

- changes to cessation policies and practices at the organizational, regional and provincial levels
- changes in access to cessation services as a result of PACT/TAR

## EVALUATION STUDY RESULTS

### Implementation of the PACT/TAR Training Program

As of February 2012, over a thousand (1,150) health care professionals have attended a PACT training workshop and a total of 43 facilitators have been trained throughout the province, encompassing each health region except Cypress, Sun Country, and Athabasca.<sup>3</sup> Of the 1,150 health professionals trained, 484 agreed to be included in the PACT/TAR website's regional directory of PACT/TAR trained professionals.

Trained health professionals include nurses, nurse practitioners, pharmacists, dental professionals, social workers, addiction counselors, physiotherapists, occupational therapists, respiratory therapists, community health workers and others in the health field.

Health professionals were referred to the PACT/TAR training program through:

- a manager (32.5%)
- their professional association (28%)
- a colleague (26%)

Workshops have been held in most (nine) health regions. Workshops have not been held in Cypress, Sun Country, Keewatin Yatthé health regions and Athabasca health authority. PACT/TAR workshops and training are primarily delivered in-person (89%), with one-quarter of respondents receiving training by WebEx (see Table 1).

**Table 1: Format of PACT/TAR Presentation Attended by Survey Respondents**

Type of Presentation	%	n
Information sessions (in-person)	45	51
WebEx	25	28
Workplace	31	35
Other	12	14

Note: Percentages do not add up to 100% as the survey participants could check more than one answer; based on 151 respondents

The PACT/TAR website is a program component providing information for health professionals both pre- and post-training, as well as for patients/clients who are interested and attempting to quit. Nearly two-thirds (61%; n=92/151) of survey respondents report having accessed the website, most finding it helpful and 'easy to navigate'. The top reasons for visiting were to:

- find information for tobacco users and health care professionals (67%; n=62/92);
- use the library of resources (60%; n=55/92);
- access the PACT locator and referral service (40%; n=37/92).

### Effect of PACT/TAR Training on Health Professional Practice

The awareness of PACT/TAR across Saskatchewan has contributed to the strengthening of existing partnerships, the formation of new partnerships, and increased communication about smoking cessation. Of survey participants, 63% agreed or strongly agreed that PACT/

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TAR had helped to facilitate new partnerships among health professionals. This is shown by reports of the formation of cross-organizational – and cross-regional – connections and collaboration.

*“It has brought about a cessation community.”*  
(Key Informant, Component 1)

*“One thing [PACT/TAR is] really good at is developing collaboration between different professions.”*  
(Key Informant, Component 1)

Over half (58%; n=83/143) of survey participants agreed or strongly agreed that PACT/TAR has contributed to the strengthening of existing partnerships. Key informants also supported this finding:

*“Well in our province we formed a partnership between our health region and the provincial Ministry of Health. In regards to rolling out the PACT/TAR program in our region and then within our region we developed a stronger relationship between the addictions department and the supportive role that they could play with all the other community health services and acute care services departments.”* (Key Informant, Component 3)

PACT/TAR participants have found the TAR component particularly helpful. Almost all (98%; n=148/151) respondents were aware of the distinction between “commercial” and “sacred” tobacco use and over half (53.7%; n=79/147) reported that they would feel “very comfortable” or “comfortable” providing tobacco cessation support to a First Nations and/or Métis patient/client.

## Awareness and Use of Resources

Both survey participants and key informants use the PACT/TAR resources. Two-thirds (66%; n=100/151) of survey respondents use the PACT/TAR kits and resources; of these, 92% reported that the kits and resources were either ‘very useful’ or ‘useful’. Key informants also identified the use of PACT/TAR resources for their programs:

*“Professionally, yes. We have ordered resources from PACT/TAR, most notably the Journey of the White Ribbon Cards.”* (Key Informant, Component 3)

PACT/TAR training is widely viewed as having contributed to a greater awareness of smoking cessation resources and an increase in awareness of smoking cessation among health professionals. Sixty-seven per cent (n=98/147) of survey participants agreed that PACT/TAR has contributed to an increase in awareness of tobacco cessation among health professionals.

*I know this region is very, very involved in the PACT/TAR program and there have been a lot of presentations, a lot of training, and a lot of communication as a group of people within our region and across all disciplines. There’s a very active buy-in in our region for PACT/TAR.*  
(Key Informant, Component 3)

## Barriers to the Provision of Cessation Support

While PACT/TAR has had significant accomplishments, there are some barriers to its implementation. Implementation appears to be dependent on management support, funding, and availability of time within organizations. Inadequate funding and lack of time have sometimes impacted on individual health professionals’ ability to offer tobacco cessation services.

*“Hoping to have time to utilize resources once time allows but has not to date – so far has been more group based.”*  
(Key Informant, Component 1)

*“I always wished that we had an extra hour for them just to visit and talk about what it is that they do and how they can support each other but time usually is not available.”* (Key Informant, Component 3)

Use of PACT/TAR is also limited by health professionals’ readiness to deliver PACT/TAR training. Just over a third (37.1%; n=56/151) of survey respondents routinely used their knowledge to provide smoking cessation intervention to all or most patients/clients.

The uptake of PACT/TAR varies by region. According to some key informants (n=5), some regional health authorities (RHAs) are implementing PACT/TAR as their designated cessation program. Other key informants (n=3) observed that some RHAs are implementing other cessation training programs (e.g., RNAO Best Practice Guidelines or Ottawa Heart Institute Model).



*“They had initiated a pilot project... and as I learnt about the networks then I found out that the Ministry of Health had decided to contract PACT to do the training provincially. There was a little confusion because then I was supposed to, or you know, PACT wanted me to get involved with them as well. I’m trying to do a pilot project based on [another model].”*

(Key Informant, Component 3)

In practice, PACT/TAR is not the only resource for people working in tobacco cessation. Participants identified the use of other resources and noted their similarity.

*“What I found interesting when I looked at the PACT program as it’s been presented to us is that [Pause] a lot of the aspects of it were very familiar.”*

(Key Informant, Component 3)

## CONCLUSION

The PACT/TAR evaluation demonstrates that the program has been well-received across the province. Key informants credit PACT/TAR for having helped to build a ‘one stop shop’ for smoking cessation knowledge and resources in Saskatchewan. The many program resources are seen as easily accessible, effective and adaptable to practice settings.

However, key informants offered several reasons why PACT/TAR was not more widely used. These included:

- varying degrees of buy-in across regions
- a lack of comfort in offering tobacco cessation services
- lack of awareness that providing cessation services is part of their job role
- lack of awareness that they could be put on the PACT/TAR online referral list to become facilitators

Although study participants report high levels of interest and comfort in addressing tobacco cessation with their patients/clients, they point to a lack of baseline measures and lack of follow-up as weaknesses in measuring success both for individual patients and organizations that implement the PACT/TAR program.

Despite these weaknesses, the program is viewed favourably and is credited with increasing awareness of tobacco cessation in organizations as well as increasing the knowledge and skills of health professionals and of patients/clients.

More information can be found in the Evaluation of Saskatchewan’s Partnership to Assist with Cessation of Tobacco and Tobacco Addiction Recovery (PACT/TAR) Training Program Report that was submitted to the Saskatchewan Ministry of Health.

## REFERENCES

1. Saskatchewan Ministry of Health. About PACT. Partnership to Assist with Cessation of Tobacco.2010-2012. Online February 8, 2012.  
<http://www.makeapact.ca/about-pact>
2. Journey of the White Ribbon. TAR pamphlet. Received by correspondence with Janice Burgess.
3. Janice Burgess. Building a Healthier Saskatchewan Sustainability Report – draft. Received by email, February 22, 2012.

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