

Ontario Tobacco Monitoring Report 2018

Technical Supplement to Chapter 4: Tobacco
Control Infrastructure



Technical Supplement
November 2019

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Chapter 4: Tobacco Control Infrastructure – Technical Supplement

Chapter 4 of the [Ontario Tobacco Monitoring Report \(2018\)](#) describes the work done by a system of tobacco control organizations over the period April 1, 2017 to March 31, 2018 to support comprehensive tobacco control in Ontario. The purpose of this Technical Supplement is to provide additional detail that was not feasible to include in the report.

The system of tobacco control organizations provided research, monitoring and evaluation, surveillance, knowledge exchange and capacity building, training, and technical assistance to support the tobacco control efforts of front-line service providers, including Indigenous providers. Fiscal year 2017–18 marked the final year of provincial funding of five tobacco control resource centres, including the Ontario Tobacco Research Unit (OTRU), The Program and Training Consultation Centre (PTCC), the Smoking and Health Action Foundation (SHAF), the Training Enhancement in Applied Cessation Counselling and Health (TEACH), and the Youth Advocacy Training Institute (YATI). In April 2018, Public Health Ontario (PHO) was asked to assume some of the functions and deliverables of these five tobacco control resource centres, including the production of this report.

Methodological Approach

The content of this chapter was developed based on the approach used by OTRU in their 2017 Smoke-Free Ontario Strategy Monitoring report.¹ Information regarding the work carried out by the various tobacco control organizations contributing to system infrastructure for the 2017–18 fiscal year (April 1, 2017–March 31, 2018) was sought from and provided by each organization. Information on each organization is provided in alphabetical order.

Indigenous Tobacco Program

Housed within the Indigenous Cancer Control Unit at Cancer Care Ontario since 2005, the Indigenous Tobacco Program (ITP),² works with First Nation, Inuit, Métis, Urban Indigenous and non-Indigenous partners to reduce and prevent commercial tobacco addiction. For capacity building and knowledge exchange, the ITP encourages and partners with communities to become “Tobacco-Wise” and use tobacco in a traditional and sacred way while breaking free from commercial tobacco addiction. As part of its programming, the ITP employs three Tobacco-Wise Leads who engage directly with First Nation, Inuit, Métis, Urban Indigenous communities. The Tobacco-Wise Leads support First Nation, Inuit, Métis, Urban Indigenous communities by identifying and addressing distinct community based needs through tailored campaigns and workshops on commercial tobacco prevention, cessation, and protection.

They accomplish knowledge exchange through the ITP website, which is updated and maintained on an ongoing basis, and can be viewed at tobaccowise.com. The website hosts pages with information on the

ITP, success stories (cessation, prevention and protection), ITP partners (and how to reach them), harms of commercial tobacco, getting help to quit smoking, and downloadable resources.

The Tobacco-Wise Youth Ambassador Forum held in collaboration with YATI in March 2018 focused on capacity building. There were 37 youth who attended from across Ontario, representing First Nation, Inuit, Métis and Urban Indigenous groups and communities. Youth were provided with knowledge and skills needed to carry out targeted, culturally appropriate commercial tobacco interventions, and were encouraged to reach out to the Tobacco-Wise Leads should they wish to do so. The ITP continues to discuss future ways to engage youth and move this work forward.

The ITP and other organizations work together to support communities in addressing the impact of commercial tobacco as follows:

- The ITP holds smoking prevention and cessation workshops in First Nation, Inuit, Métis, Urban Indigenous communities across Ontario, which are tailored to meet the unique needs of each community. In 2017–18, the ITP reached a total of 3,954 community members and health care providers through commercial tobacco smoking prevention and cessation workshops.
- The ITP successfully collaborates with the Centre for Addiction and Mental Health (CAMH) Smoking Treatment for Ontario Patients (STOP) program and Public Health Units (PHUs) to support the provision of free Nicotine Replacement Therapy (NRT) to eligible community members who have set quit dates, and with whom community health staff will be providing continued support.
- The ITP supported the development of an online training module on smoking cessation for frontline staff in partnership with CAMH TEACH Project.ⁱ The Tobacco-Wise Leads continue to support First Nation, Inuit, Métis, Urban Indigenous community healthcare provider involvement in, and uptake of, the TEACH training. For six weeks starting on February 1, 2018, the Tobacco-Wise Leads operated as facilitators for the CAMH TEACH Specialty training for First Nation, Inuit, Métis, Urban Indigenous populations.
- The ITP has re-designed First Nations and Inuit Tobacco-Wise brochures. These resources have been distributed to support Tobacco-Wise campaigns and community based interventions. The brochures can be found on both the Indigenous Cancer Control Unit’s page, as well as the Tobacco-Wise website.
- The ITP collaborates with a variety of partners to address other chronic disease modifiable risk factors through Cancer Care Ontario’s Path to Prevention Partnership Table (PTPPT):
 - Consensus from Indigenous Tobacco Partnership Table partners gained through two meetings held in 2016–17 provided direction to expand the Indigenous Tobacco Partnership Table to create a table which could address the risk factors identified within

ⁱ Personal communication, Richard Steiner, Group Manager, Indigenous Cancer Control Unit | Indigenous Tobacco Program, Cancer Care Ontario, November 23, 2018

Cancer Care Ontario's Path to Prevention: Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis – healthy eating, active living, alcohol consumption and commercial tobacco use with a focus on health equity and collaboration. The expansion allows for additional partners to be engaged in addressing all recommendations.

The ITP took ownership of the planning for the PTPPT's inaugural meeting on October 25, 2017. Partners invested in reducing chronic disease with First Nation, Inuit, Métis, Urban Indigenous peoples were in attendance (including the Ministry of Health and Long-Term Care (MOHLTC)), who unanimously agreed to take part in PTPPT meetings moving forward (48 partners from 29 organizations form “the partnership”). After the inaugural meeting, subsequent meetings took place for each risk factor working group. In addition, a meeting with the Joint Indigenous Cancer Committee (JOICC) took place in February 2018 to seek guidance and approval from Cancer Care Ontario's provincial First Nation, Inuit, Métis, Urban Indigenous partners on action items and process. A joint PTPPT-JOICC meeting took place on October 23–24, 2018 to create a formal and collaborative process to address recommendations outlined in the Path to Prevention report, based upon First Nation, Inuit, Métis, Urban Indigenous priorities.

Ontario Tobacco Research Unit (OTRU)

OTRU has a long history of contribution to evidence-based tobacco control programming in Ontario since 1993. For the 2017–18 fiscal year, consistent with earlier years, activities conducted by OTRU were in the areas of monitoring, research, evaluation, capacity building, and knowledge exchange. The 2017–18 fiscal year was the final year of government funding for OTRU.

Monitoring

- The 2017 Smoke-Free Ontario Strategy Monitoring report documents the evidence base for the Smoke-Free Ontario Strategy.¹ The Report includes trends in tobacco use and tobacco control and summarizes the Smoke-Free Ontario funded tobacco control initiatives in the areas of prevention, protection, and cessation. The Report uses Intervention Path Logic Models to assess contributions of interventions to desired outcomes. As well, the Report identifies gaps in interventions by comparing what is in place in Ontario to what should be in place to effectively decrease tobacco use according to scientific evidence reports.
- The Tobacco Informatics Monitoring System (TIMS) provides online access to reliable, up-to-date population data on 140 key tobacco control indicators in the topic areas of tobacco use, e-cigarettes, cannabis, cessation, prevention, protection, public opinion on tobacco-related policy and the tobacco industry. In 2018, there were 729 unique users who accessed TIMS in over 1,600 sessions with a total of 23,576 page views.

Research

Research projects for 2017–18 included:

- research on e-cigarettes and waterpipes

- research on Advancing Cessation Treatment
- reducing Commercial Tobacco Use in Aboriginal Communities

Research activities also included recruitment of current smokers and recent quitters to participate in surveys and special studies through the Smokers' Panel project. As of March 31 2018, there were 6,384 smokers registered in Smokers' Panel.

Evaluation

Evaluation projects for 2017–18 included:

- An ongoing evaluation of recently implemented policies such as evaluation of flavour tobacco bans; evaluation of menthol tobacco bans; and evaluation of e-cigarette vaping regulations.
- Knowledge and evaluations support – includes consultations, project design, ethics' protocols, data collection, analysis and interpretation, and reporting.
- OTRU conducted the analysis of the Ontario Tobacco Survey data to monitor and evaluate the impact of the Smoke-Free Ontario Strategy.

Capacity Building

Capacity building activities for 2017–18 included:

- Offering the online course for health professionals *Tobacco and Public Health: From Theory to Practice*. In 2017–18 the number of participants enrolled across the four modules were 1,234; 916 completed Cessation, 608 completed Protection, 692 completed Prevention, and 556 completed Evaluation.
- Conducting rapid scientific consultations on prevention, cessation, and protection related topics.

Knowledge Exchange

Knowledge exchange activities for 2017–18 included:

- Maintaining a media profile and growing a social media presence on Facebook and Twitter in addition to a web presence, listserv, and monthly emailer. The monthly emailer had over 3,150 subscribers. OTRU developed and disseminated evidence-based publications to serve a variety of information needs. Publications in the 2017–18 fiscal year included: six Special Reports, three OTRU Updates, and five Newsletters.
- The OTRU Smoke-Free Ontario Scientific Advisory Group comprised of 24 scientists and researchers who support the ongoing review of current literature and updates of the evidence statements published in the Smoke-Free Ontario Scientific Advisory Committee (SFO-SAC) 2016 report.

- Monthly curated lists of current abstracts on tobacco control.
- OTRU staff are also actively involved in Communities of Practice and other provincial committees relevant to the Smoke-Free Ontario Strategy.

Ottawa Model for Smoking Cessation®

The University of Ottawa Heart Institute builds capacity by providing support and training to hospital and other healthcare sites that are implementing the Ottawa Model for Smoking Cessation® (OMSC®). The OMSC® first began assisting other institutions with training and support for tobacco treatment protocols in their existing clinical practices in 2006. Outreach facilitators support sites through troubleshooting, reporting and on-site training (e.g., Grand Medical Rounds, education days, and on-unit clinical rounds).³

- Various workshops are offered throughout the year that provide health professionals with an overview of the OMSC® program and how it can be successfully implemented in any practice setting. Additional topics include an overview of nicotine addiction, current cessation medications and recommendations on their use, behaviour change theories and various counselling strategies, special patient populations, providing follow up with smokers, and organizational change strategies.
- The OMSC® also offers five e-learning courses to health professionals at participating OMSC® sites. These courses focus on providing an overview of the OMSC®, nicotine addiction, quit smoking medications, strategic advice and how to complete a smoking cessation consultation.

In January 2018, the University of Ottawa Heart Institute celebrated its 10th annual Ottawa Conference: State of the Art Clinical Approaches to Smoking Cessation by featuring leading Canadian and international experts in tobacco treatment.

Reach of the OMSC® in 2017–18:

- Outreach facilitators and program coordinators trained 1,074 front-line staff on-site, 155 health professionals completed the e-learning modules and 154 health professionals attended 14 OMSC® workshops.
- A total of 99 presentations (e.g., Grand Rounds, senior management meetings, residents training and CME's) were delivered on the topic of smoking cessation, reaching approximately 1,968 audience members.
- Three hundred and seventy four health professionals, researchers and policy makers attended the 10th annual Ottawa Conference.
- The above listed knowledge translation events reached a total of 3,725 health professionals (physicians, nurses and nurse practitioners, pharmacists, respiratory therapists, social workers, dieticians, medical residents, and other allied health professionals).

Information about the OMSC's® clinical interventions for primary care, hospital care, and at speciality sites can be found in the [Technical Supplement to the Interventions chapter](#).

Program and Training Consultation Centre (PTCC)

Hosted by Cancer Care Ontario (CCO) and in existence since 1993, PTCC provided training and technical support to tobacco control public health professionals in Ontario. The 2017–18 fiscal year was the final year of government funding for PTCC.

Capacity Building

In 2017–18, PTCC provided a variety of capacity building activities on topics related to cessation, prevention and protection.

CESSATION

- PTCC offered training workshops that were tailored to meet the needs of local PHUs and their community partner agencies, on topics such as Brief Counselling Techniques for Smoking Cessation, Integrating a Motivational Interviewing Approach into Tobacco Treatment, and Taking an Equity-Informed Approach to Tobacco Treatment with Priority Populations (e.g., working with the LGBTQ community to reduce tobacco use).
- The Increasing Quit Attempts Community of Practice.
- The Media Capacity Building Project to support implementation of community-based media practices to promote quit attempts. Selected PHUs were provided support to implement and grow their community based media projects. A webpage on PTCC's website was created to house all project resources and training materials.

PREVENTION AND PROTECTION

- PTCC provided its annual four-day training course on the foundations of tobacco control enforcement. This course is offered in collaboration with the MOHLTC and is required training for any PHU employee enforcing the *Smoke-Free Ontario Act (SFOA)* and *Electronic Cigarettes Act*. PTCC also offered a conflict management workshop for tobacco enforcement officers.
- The Tobacco-Free Policy Community of Practice addressed policies on tobacco-free conservation areas, tobacco-free policies in workplaces, and post-secondary campuses. In partnership with the Propel Centre for Population Health Impact, the PTCC also completed a documentation of tobacco-free policy development on post-secondary campuses.

Knowledge Exchange

PTCC Health Promotion Specialists and Media and Communications Specialists provided consultations to local PHUs, Tobacco Control Area Networks (TCANs) and tobacco coalitions.

- Cessation: Consultations helped local PHUs to develop and engage local cessation networks, to plan and implement training opportunities for community partners, and to develop local cessation media campaigns.
- Prevention: Consultations provided planning support to a provincial working group on the development of a young adult tobacco prevention strategy, and with campaign planning and message development for the provincial smoke-free movies coalition and the 'Freeze the Industry' youth coalition.
- Protection: Consultations helped advance local policy efforts including smoke-free multi-unit housing, hospitals and conservation areas.
- PTCC completed two evidence summaries entitled Preventing Relapse to Smoking and Social Justice and Tobacco Control.
- Partnered with PHO to support the dissemination of the SFO-SAC 2016 report via webcast in May 2017.

Reach: In 2017–18, the PTCC delivered 53 training events on all aspects of tobacco control, which reached over 1,700 clients. Training events included 40 workshops, 12 webinars and 1 special request training workshop. PTCC's training programs were attended by staff of Ontario's 36 PHUs, Community Health Centres, the health care sector (e.g., hospitals), non-governmental organizations and government. Public health practitioners were actively engaged across PTCC's two provincial Communities of Practice (CoP) (the Increase Quit Attempt CoP and Tobacco-Free Policy). In addition, 277 consultations were delivered by PTCC Health Promotion Specialists and Media and Communication Specialists.

Public Health Ontario

As part of PHO's work in health promotion, chronic disease, and injury prevention to provide evidence-informed research, resources scientific and technical advice, the MOHLTC asked PHO in 2015 to reconvene the SFO-SAC and update the evidence in the SFO-SAC 2010 report.⁴ The updated report was prepared with a scientific advisory committee of the overall chair, four working group chairs, SFO-SAC members from universities, and public health organizations, the project lead for the PHO secretariat, and representatives from the provincial government (*ex-officio*).⁵

In April 2017, the SFO-SAC 2016 report was released. The updated report was a rigorous synthesis of tobacco control research and provides a comprehensive assessment of tobacco control interventions that would have the greatest impact on reducing tobacco use and its associated burden in Ontario. To coincide with its release, there were dissemination events to share the main findings of the report. In March 2017, the SFO-SAC chair and the SFO-SAC working group chairs provided a panel presentation of the report's findings at The Ontario Public Health Conference. In May 2017, a half-day in-person event with a live webcast component shared the report findings with over 200 tobacco control stakeholders.

Public Health Units (PHUs)

In Ontario, 36 local boards of health (35 local boards of health as of January 1, 2018) are responsible for delivering public health programs and services within their communities. PHUs are critical stakeholders in the implementation of tobacco control programming and policies in the Province and have a sizable infrastructure including program staff and enforcement personnel.

PHUs are responsible for the following requirements of the recently revised Ontario Public Health Standards for comprehensive tobacco control specifically related to the Chronic Disease Prevention and Well-Being Standard, the School Health Standard, the Substance Use and Injury Prevention Standard,⁶ and the Tobacco, Vapour, and Smoke Protocol, 2018.⁷ The requirements are to:

- Offer support to school boards and schools to assist with the implementation of health-related curricula and health needs in schools, based on need and considering substance use and harm reduction, related to comprehensive tobacco control.⁶
- Develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the health unit population.⁶
- Reduce youth access to tobacco products and e-cigarettes.⁶
- Ensure that tobacco vendors and e-cigarette vendors are in compliance with the *SFOA* 2017.⁶
- Develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and substance use in the health unit population, considering comprehensive tobacco control based on an assessment of local needs.
- Implement and enforce the *SFOA* in accordance with the Tobacco, Vapour, and Smoke protocol.

In the area of prevention, many PHUs have chosen to hire a Youth Engagement Coordinator to facilitate the achievement of prevention-focused requirements. These coordinators work collaboratively across risk factor-related programs within the PHU and externally through community partnerships with youth organizations. They also work with Youth Development Specialists and other regional stakeholders within the TCANs to establish regional plans and priorities for tobacco use prevention programming. Youth Engagement Coordinators focus their work on a number of activities including: training on the principles of youth engagement across PHU programs; funding of youth-led health promotional activities; ongoing engagement of youth in tobacco control; and creating opportunities for peer networking and learning.

Specific PHU and local initiatives are discussed in the [Technical Supplement to the Interventions chapter](#).

Registered Nurses' Association of Ontario (RNAO)

In existence since 2007, the Tobacco Intervention (TI) Initiative is a capacity building program undertaken by the Registered Nurses' Association of Ontario (RNAO). The RNAO TI Initiative has contributed to decreasing tobacco use rates in Ontario and to the Ministry's objective of having the lowest tobacco use rates in Canada by equipping nurses and other health-care providers with the specialized knowledge and skills required to support clients who use tobacco. At the core of this Initiative is the RNAO Best Practice Guideline (BPG) *Integrating Tobacco Interventions into Daily Practice, 3rd Edition* (2017),⁸ which provides evidence-based recommendations on tobacco interventions. One of the main goals of the Initiative is to strengthen and sustain the capacity of nurses and other health care practitioners to reduce the prevalence of tobacco use among Ontarians and to increase the number of clients who attempt to quit, stay quit and/or reduce their tobacco use. This includes the adoption of the evidence-based RNAO BPG *Integrating Tobacco Interventions into Daily Practice, 3rd Edition* (2017) recommendations at the individual and organizational levels.⁸ Since 2007, a multi-pronged approach has been used to support health practitioners and organizations to encourage assessment and documentation of tobacco and nicotine use by every client.

Key programmatic components of the TI Initiative include:

- Establishment of TI implementation sites in health care organizations across Ontario.
- Delivery of training workshops in tobacco cessation to nurses and other health care practitioners (i.e., Tobacco Intervention Best Practice Champions).
- Support from Tobacco Intervention Specialists.
- Use of RNAO resources (e.g., TobaccoFreeRNAO.ca website; the e-learning course, which had two new modules released this year – *Integrating Tobacco Interventions into Daily Practice* and *Tobacco Use and Cessation with Youth and Young Adults*).
- Ongoing engagement with schools of nursing in the Province to disseminate and implement the tobacco cessation guide (Nursing Faculty Education Guide: Tobacco Use and Associated Health Risks) among nursing faculty and nursing students.

Reach: Since 2007, the RNAO TI Initiative has trained over 4,200 health practitioners and has been adopted in over 50 Implementation sites. In 2017–18, 228 health practitioners were trained through one of the TI workshops. Four organizations representing over 1,800 health-care providers and 50,000 clients served, were selected as Implementation Sites for 2017–18 to partner with RNAO to integrate the TI BPG into their practices.

The second annual TI Knowledge Exchange Symposium was hosted on November 1, 2017. This Symposium served as an orientation and opportunity for new Implementation Site teams to meet with experienced Implementation Sites participating in the Initiative. Best Practice Spotlight Organizations

who implemented the TI BPG also joined the Symposium to create synergy among all the organizations and share resources and support the new Implementation Sites.

Six webinars were conducted on various topics related to tobacco interventions, with over 900 registrants total and over 430 views on YouTube post webinar.

Over the 2017–18 fiscal year, the Tobacco Free RNAO website continued to serve as a central location for Smoke-Free Ontario events and TI resources. The site received many visitors and has been utilized on an international scale with over 119 countries accessing the site over the 2017–18 fiscal year. This is an increase of 17% in website visitors from the previous year and an increase of 19% of the number of times a user viewed the site. Tobacco Free RNAO has also continued to develop a strong social media presence on Twitter, with over 730 twitter followers to date – an increase of 14% over this reporting period.

Since 2007, The RNAO TI e-Learning course (which is comprised of six eLearns in total) has been completed by over 4,200 health-care providers and students across Canada. In 2017–18, two new e-Learning modules were added: (1) *Integrating Tobacco Interventions into Daily Practice*, provides the foundational knowledge to engage with clients who use tobacco to help them quit, reduce or manage their withdrawal symptoms; and, (2) *Tobacco Use and Cessation with Youth and Young Adults*, discusses key concepts regarding tobacco use by youth and young adults, such as prevalence rates, motivations for tobacco use and cessation, and specific tobacco interventions for this population.

Effects: Evaluation studies of the RNAO Initiative were conducted in 2010, 2011, 2012, 2014 and 2015 using a mixed-methods approach (web survey of Champions, case studies of public health and health care organizations).⁹⁻¹³ The OTRU conducted the evaluation for the 2017–18 fiscal year RNAO TI Initiative. The evaluation findings were consistent with those from the other years. The studies demonstrated that project-specific components, such as the Champion Workshops and TI Specialists' support, as well as the uptake of RNAO evidence-based cessation resources, had been instrumental in increasing nurses' capacity in smoking cessation. Champions reported an increase in knowledge and confidence in delivering tobacco cessation strategies after attending a Tobacco Intervention Workshop. The evaluation studies also show that most Champions deliver at least the Ask and Advise components of the minimal intervention recommended by the guideline (e.g., Ask, Advise, Assist and Arrange). At the organization level providers felt supported based on the availability of organizational policies or procedures, a balanced workload, and support from management. Some challenges identified were tobacco interventions not consistently seen as a priority for example, some participants lacked awareness of the ongoing burden of tobacco use on health and healthcare; therefore, providing an overview of the significant costs of tobacco use at the beginning of the training workshop would help to ensure participants' understanding and buy in.

Smoking and Health Action Foundation (SHAF)

In existence since 1974, the SHAF was a non-profit health organization that conducted public policy research and education designed to reduce tobacco-related disease and death. The 2017–18 fiscal year was the final year of government funding for SHAF.

In 2017–18, SHAF provided a variety of capacity building prevention- and protection-related training, technical assistance and knowledge exchange to Smoke-Free Ontario partners.

- Prevention: 55 consultations and 16 presentations were held on topics such as plain packaging, taxes and pricing, smoke-free movies (SHAF co-chairs the Ontario Coalition for Smoke-Free Movies), retailer licencing and display, cigarette butt litter, tobacco-free post-secondary campuses and the tobacco industry.
- Protection: 86 consultations, 15 presentations and 3 workshops were held on topics such as smoke-free multi-unit housing, smoke-free policies, secondhand marijuana smoke, waterpipes and e-cigarettes.

SHAF continued to support developments in municipal legislation with an emphasis on policy analysis provisions to further develop tobacco control policies in the Province (e.g., waterpipe use, e-cigarettes and other weeds and substances). The online Smoke-free Laws Database, which includes the identification of leading edge bylaws and bylaws that exceed the *SFOA*, received 14,202 visits in 2017–18.

As the Chair of Smoke-Free Housing Ontario — a coalition of partners (PHUs, health agencies) — SHAF:

- Maintained and regularly updated the Smoke-Free Housing Ontario website with a comprehensive list of available smoke-free housing in Ontario. The Smoke-Free Housing Ontario website received 65,537 visits in 2017–18
- Posted and distributed over 2,000 hard copies of an updated guide for landlords and property managers about smoke-free housing in response to requests
- Conducted public education outreach activities through social media campaigns, media coverage, education sessions for housing providers and booths at trade shows
- Offered technical assistance to 151 housing providers and the public

In addition, SHAF responded to 170 Ontario-specific inquiries from the general public regarding smoke-free multi-unit housing, plain packaging, e-cigarette legislation, smoke-free hospitals and smoke-free post-secondary campuses.

Tobacco Control Area Networks (TCANs)

There are seven TCANs, which are regional groupings of between one to eight neighbouring PHUs. They were first established in 2005 with the creation of the Smoke-Free Ontario Strategy. Each TCAN is coordinated by a TCAN coordinator and Youth Development Specialist. The TCANs participate in provincial planning and committees to voice local and regional needs to inform planning and coordinating the implementation of provincial programs. The TCANs provide leadership, regional planning, coordination and collaborative opportunities among the local PHUs and other non-governmental organizations for comprehensive tobacco control policies and interventions related to prevention, protection and cessation activities and also media and public relations activities. The TCAN staff assist PHUs and other regional organizations to assess their training and technical assistance needs. The TCANs are a useful forum for health promotion leadership, coordination and collaboration that allow for a regional focus in addressing their specific populations' needs. For examples of regional and local interventions coordinated by the TCANs, please see the [Technical Supplement to the Interventions chapter](#).

Provincial Young Adult Prevention Advisory Group

As a TCAN initiative, the purpose of this Advisory Group is to provide a forum for provincial partners to collaborate, develop, implement and evaluate a comprehensive, coordinated, evidence-informed approach to reduce tobacco use among young adults in Ontario, including to:

- Review evidence related to young adult tobacco use.
- Move components of the Smoke-Free Ontario Strategy forward by supporting the work of working groups.
- Reduce smoking prevalence among young adults (aged 19–29 years), by 15% by 2021.

Contribution: Members of the Advisory Group and working groups reported an increase in provincial collaboration and knowledge transfer related to tobacco use reduction among young adults with six of the seven TCAN coordinators engaged in related activities.ⁱⁱ Examples of collaboration included the smoke-free movies campaign and smoke-free campus policy development. From a survey of the seven Ontario TCANs, six of the seven indicated they participated in activities related to this Advisory Group in 2017–18.

Training Enhancement in Applied Cessation Counselling and Health (TEACH) Project

Originally launched by CAMH in 2006, the TEACH Project aims to enhance treatment capacity for tobacco cessation interventions by offering evidence-based, accredited, accessible and clinically relevant curricula to a broad range of health practitioners such as registered nurses, addiction counsellors, social

ⁱⁱ Data was collected through an online survey of TCAN Coordinators between December 1–31, 2018

workers, respiratory therapists and pharmacists. The core-training course focuses on essential skills and evidence-based strategies for intensive cessation counselling. The project also offers specialty courses targeting interventions for specific populations (e.g., clients with mental illness and/or substance use disorders; youth and young adults; First Nations, Inuit and Métis populations), settings (e.g., cancer care settings) and monthly one-hour webinars, known as Educational Rounds, for health practitioners. The 2017–18 fiscal year was the final year of government funding for TEACH.

Other key elements of the TEACH Project include: collaboration and partnership with other cessation training groups, hospitals and agencies, community stakeholders and government agencies; CoP activities to provide health practitioners with clinical tools and applications, as well as opportunities for networking and continuing professional education; regional practice leaders who provide support for tobacco dependence treatment initiatives across Ontario; and an evaluation component to examine project impact and knowledge transfer. TEACH training is considered the training standard for primary-care settings and community-based services planning to offer cessation services including Family Health Teams (FHTs), Community Health Centres (CHCs), Nurse Practitioner-Led Clinics (NPLCs), Addiction Agencies, and Aboriginal Health Access Centres (AHACs).

Reach: Since the project's launch in 2006, TEACH has trained 4,940 unique health practitioners from diverse disciplines in intensive cessation counselling across Ontario. In 2017–18 fiscal, TEACH trained 419 practitioners in Ontario and other provinces in four core courses (one classroom and three online) and 650 practitioners in six specialty courses (one mixed-mode, five online). Participants included registered nurses, nurse practitioners, addiction counsellors, health promoters/educators, social workers, pharmacists and respiratory therapists who came from a variety of settings including PHUs, hospitals, FHTs, CHCs, Addiction Agencies, AHACs, NPLCs, and other settings. In 2017–18 fiscal, 1,358 practitioners attended the 12 webinars for health and allied health practitioners offered by TEACH.

Effects: In 2017–18, practitioners rated measures of feasibility, importance and confidence on TEACH core course topic areas (e.g., tobacco use and dependence, evidence-based screening and assessment tools, psycho-social interventions and pharmacotherapy, etc.) significantly higher following TEACH training. The perceived feasibility to incorporate cessation practices into practitioners' own practices increased from a mean score of 7.03/10 at baseline to 8.34/10 post-training; the perceived level of importance for the cessation practices increased from a mean score of 8.82/10 at baseline to 9.19/10 post-training; and the perceived confidence in using the knowledge and skills gained at TEACH increased from a mean score of 5.47/10 at baseline to 8.05 post-training).

In three- and six-month follow-up surveys from the April 2017 Core Course cohort, practitioner engagement in intensive cessation counselling or brief interventions with clients (either group or individual) increased following TEACH training (60.3% at 3 months and 56.8% at 6 months). (Note: Interpret with caution due to moderate response rates at follow-up; approximately 51.1% at 3 months and 27.8% at 6 months).

TEACH participants identified barriers to engaging in smoking cessation including lack of client motivation to participate, the need for more practice, and lack of practitioners' time.

You Can Make It Happen

You Can Make It Happen (YCMIH) is an initiative of Ontario PHUs in partnership with the Canadian Cancer Society Smokers' Helpline. It first started in the Central West TCAN in partnership with PTCC in 2009 and then expanded provincially to all TCANs in partnership with PTCC and Smokers' Help Line in 2012. It focuses on providing resources and support to health professionals to help clients quit tobacco use. Project activities include the development and dissemination of resources to assist health professionals with brief interventions as well as materials to share with patients and clients, PHU or partner support to providers as they develop cessation services for their client population, linkages to regional cessation Communities of Practice and work groups. The project is implemented across all TCANs and targets various health professionals including nurses, pharmacists, dental professionals and optometrists.

Reach: In 2017–18 (July 1, 2017 to June 30, 2018), the YCMIH website received a total of 3,384 visits, the majority (1511) were from accounts hosted in Ontario, suggesting that the site is reaching its target audience. Per website visit, visitors looked at an average of 3.07 pages and spent two minutes per page view.

Effects: No specific information is readily available about YCMIH's influence on health professionals' practice behaviour or the program's impact on clients. Four of the seven TCANs reported promoting YCMIH website and providing associated resource material to healthcare providers and other community service organizations that provide or have the potential to provide cessation services.

Youth Advocacy Training Institute (YATI)

In existence since the 2007–08 fiscal year, the Ontario Lung Association's YATI was a program that engaged Ontario youth, young adults and adults by creating partnerships with provincial, regional and local organizations. YATI built capacity by providing youth, young adults and adults with training in skill building, resources, and tools to empower these groups to positively effect change in their communities by promoting tobacco-free and healthy lifestyles.

In 2017–18, YATI delivered 94 trainings and events across Ontario to address four objectives: Education, Awareness and Training; Engaging Youth and Young Adults; Collaboration and Capacity Building (Partnership Projects); and Knowledge Exchange. In total, 1,835 youth and young adults and 1,277 adults attended the trainings and events outlined below. The 2017–18 fiscal year was the final year of government funding for YATI.

Education, Awareness and Training

- 46 general trainings that focused on plain and standardized packaging, emerging issues in tobacco control, youth tobacco cessation, youth engagement, youth social identities, creating effective health promotion campaigns, and tobacco industry denormalization, and training specific for First Nations, Inuit, and Métis (FNIM) to promote awareness of issues within

Indigenous communities about traditional and commercial tobacco (40 youth from across the province).

- 14 custom trainings.
- 4 keynote speaking engagements – YATI Talks.
- 17 trainings were facilitated through partnership projects.

Engaging Young and Young Adults in all Facets of the YATI Program

- 1 general youth and young adult leadership retreat (15 youth and young adult attendees)

Collaboration and Capacity Building

Trainings were delivered as part of partnership collaborations, including the Aboriginal Tobacco Program’s First Nation, Métis and Inuit Youth Ambassador Tobacco-Wise Forum; LGBTQ+ tobacco youth programs; ‘N-O-T on Tobacco Program’ and ‘N-O-T Train the Trainer’, amongst others. For more information about YATI’s ‘N-O-T on Tobacco’ youth smoking cessation program, please refer to the summary of this intervention in the [Technical Supplement to the Interventions chapter](#).

Knowledge Exchange

- 1 two-day in-person Networking and Knowledge Exchange event (53 public health professional attendees).
- 2 teleconference/webinars Knowledge Exchange opportunities (35 PHU participants).
- 9 outreach opportunities and special events.

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Public Health Ontario

480 University Avenue, Suite 300

Toronto, Ontario

M5G 1V2

647.260.7100

communications@oahpp.ca

publichealthontario.ca

