



Ontario Public Health Standards *Comprehensive Tobacco Control Programming*

Smoke-Free Ontario, Ministry of Health Promotion

November 18, 2008

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Purpose of the Session

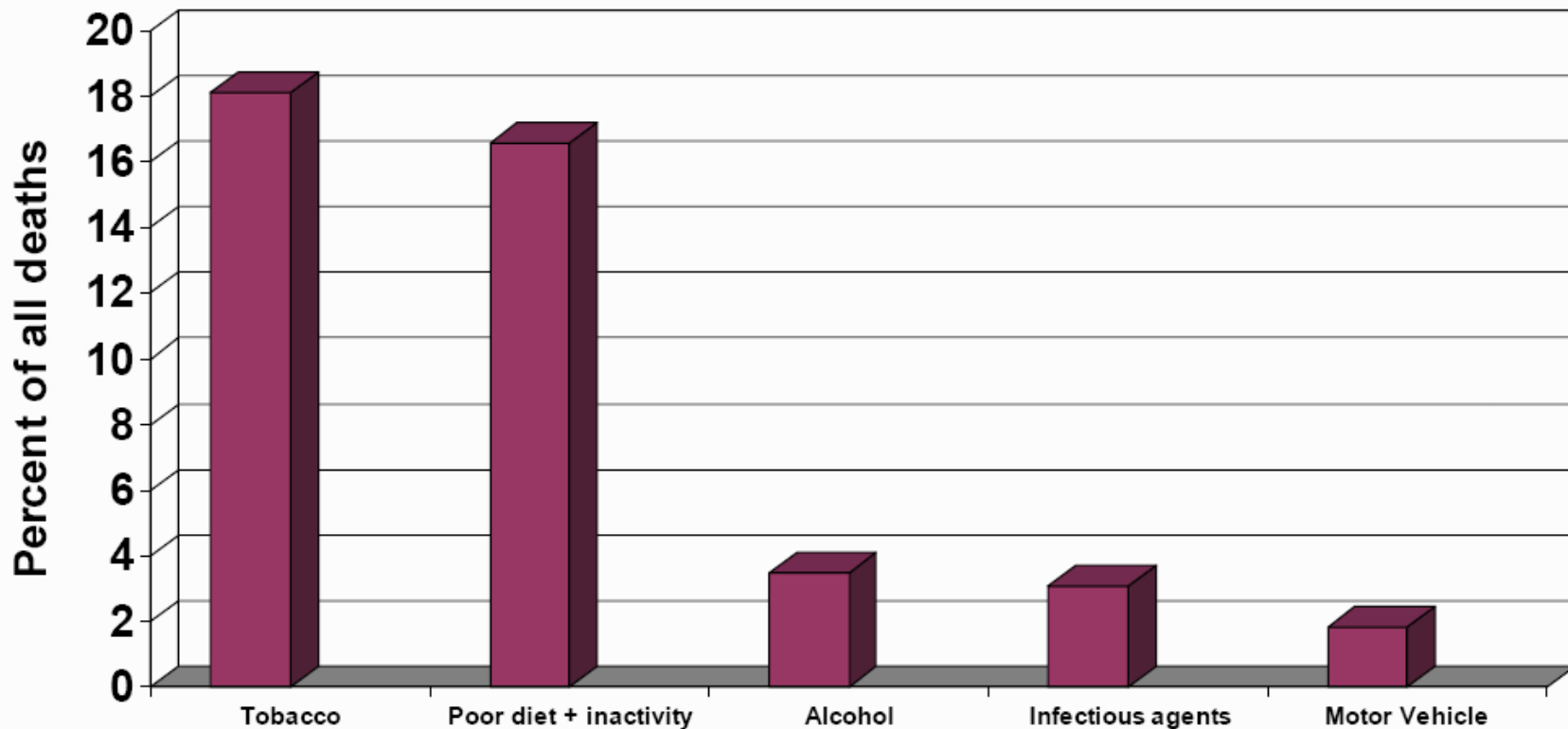
- Provide an overview of Ontario's *Comprehensive Tobacco Control* (CTC) programming, including supporting resources.
- Describe the multi-level partnership underlying CTC.
- Present the requirements for CTC to meet the new Public Health Standards and MHP's interpretation respecting CTC.
- Engage in discussion about application of the requirements and identify opportunities for cross-programme or multi-risk factor collaboration.

Tobacco as a Major Cause of Chronic Disease

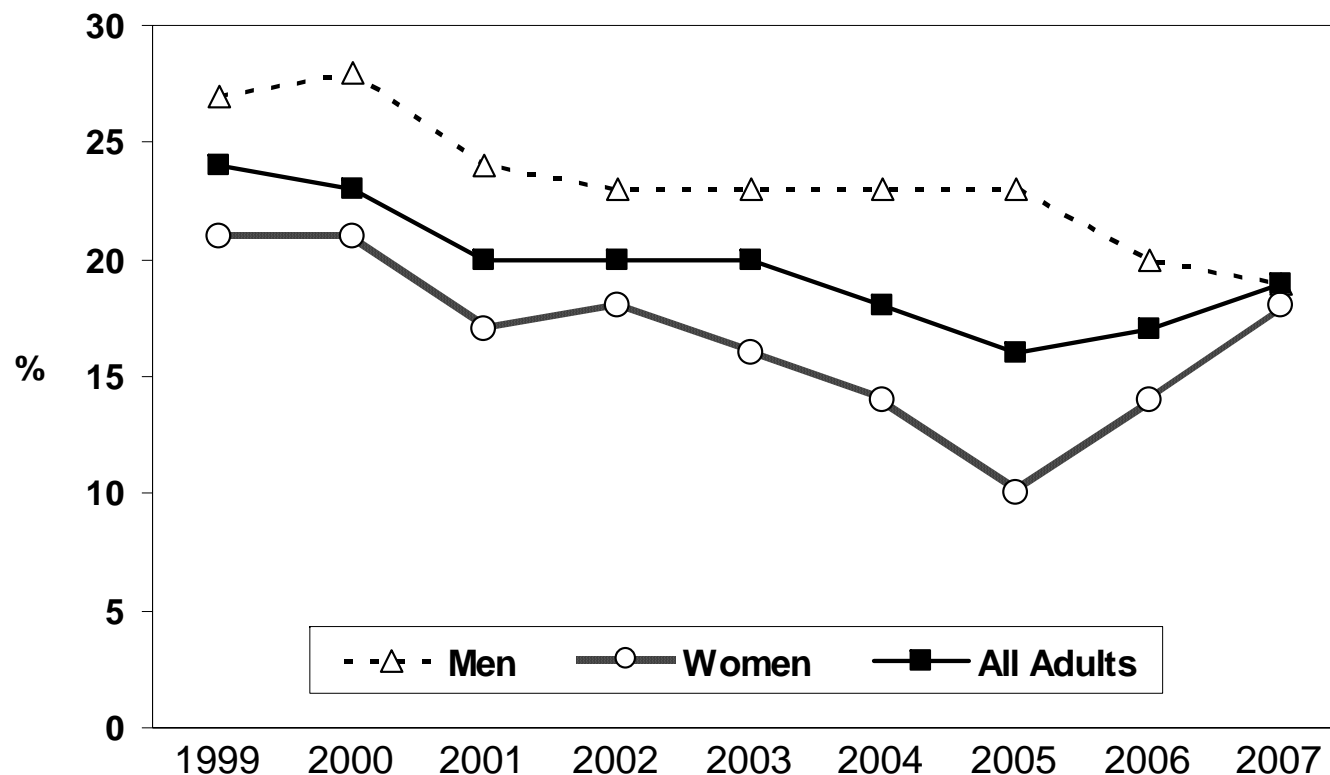
- 1.9 + million smokers in Ontario.
- 13,000 avoidable premature deaths; ~ 20% of premature deaths (before age 70) in 2002.
- 187,000 children/youth under 18 years of age will die prematurely of a tobacco related disease.
- Major cause of cancer, cardiovascular disease, and chronic obstructive lung disease.
- \$6.1 billion in direct health care and indirect costs to society.

Tobacco as a Major Cause of Chronic Disease

REAL CAUSES OF DEATH (JAMA 2004, 291, 1238)



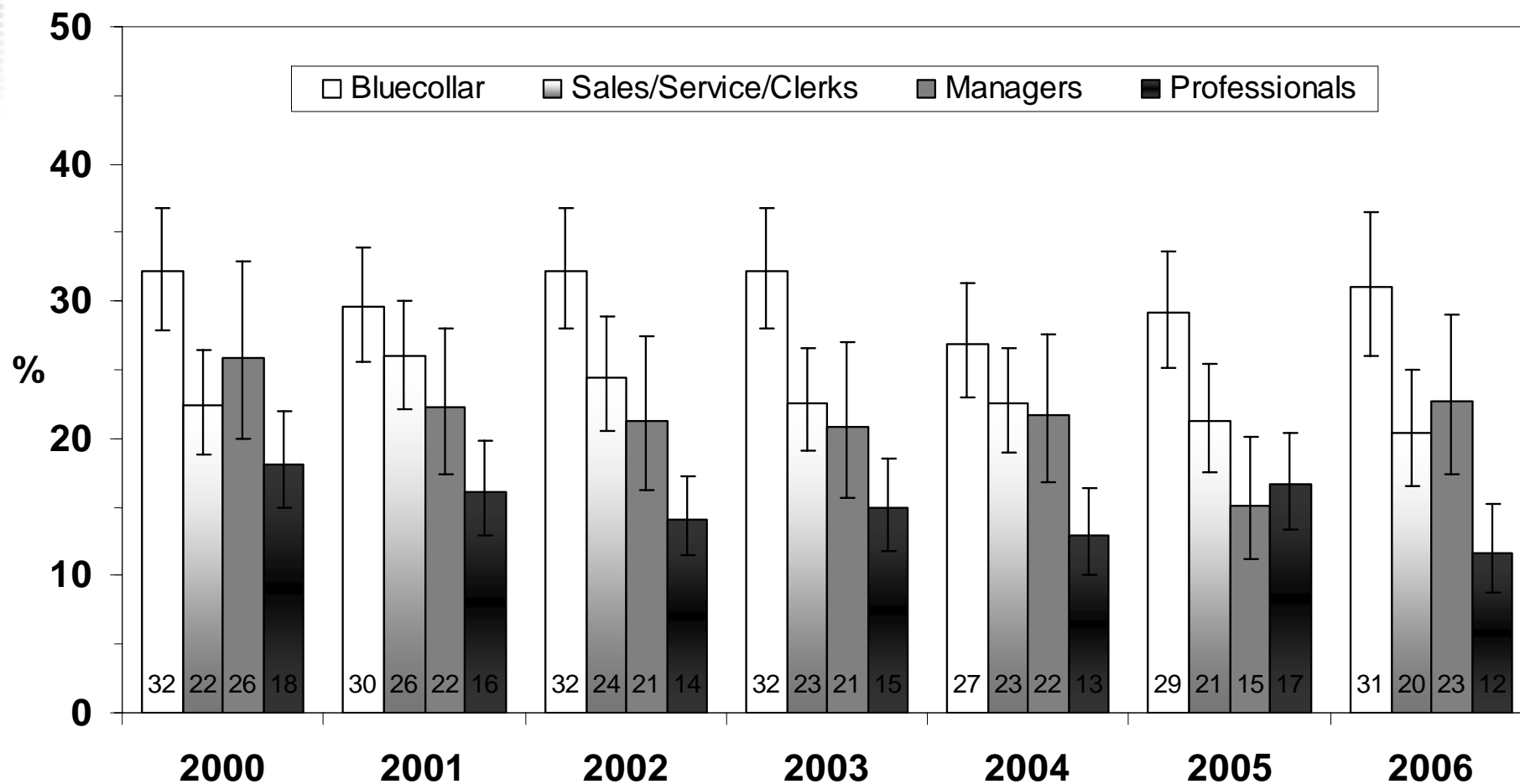
Current Smoking in Past 30 Days, by Sex, 18+



- -△ - Men	27	28	24	23	23	23	23	20	19
—○— Women	21	21	17	18	16	14	10	14	18
—■— All Adults	24	23	20	20	20	18	16	17	19

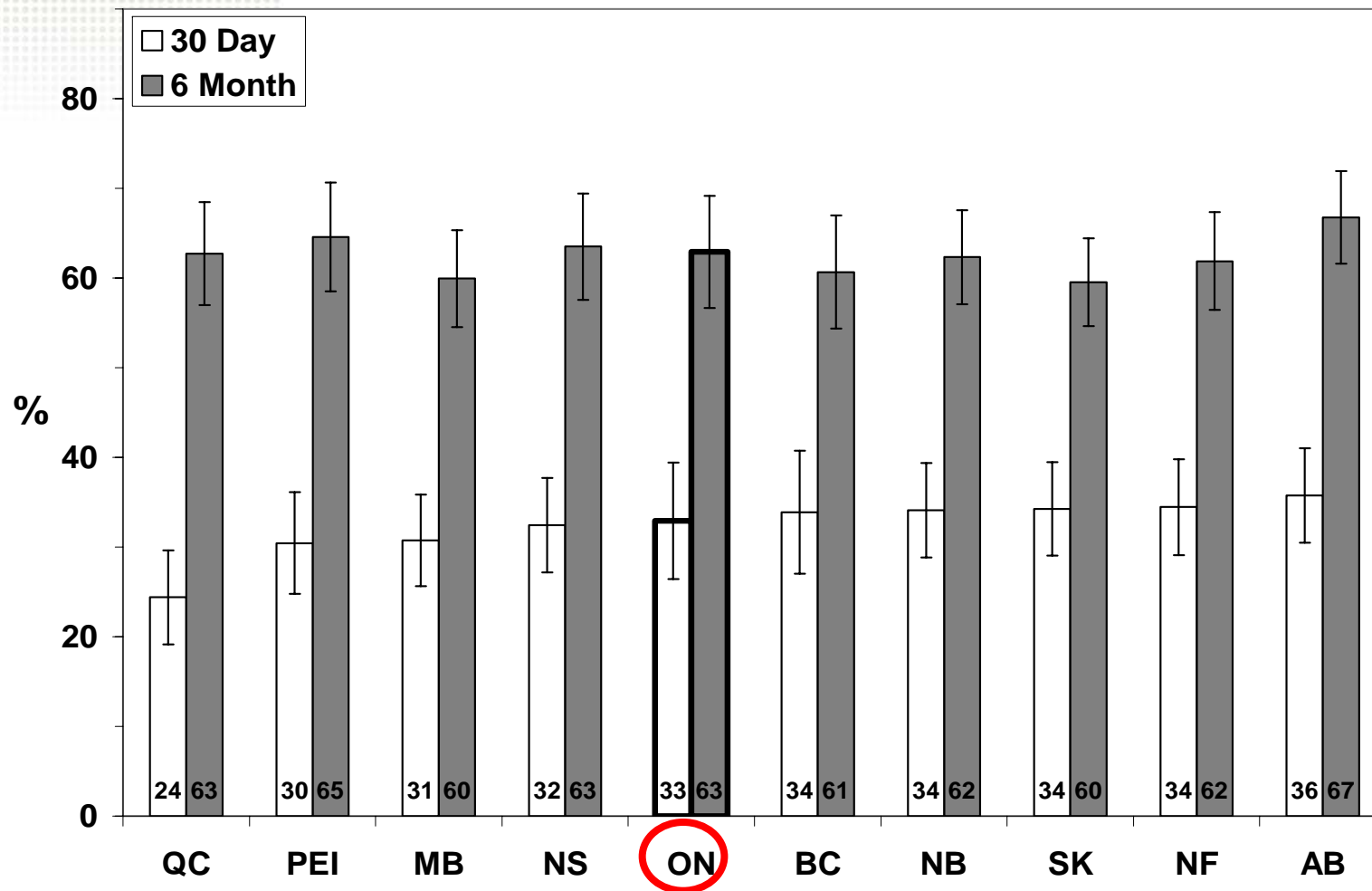
Source: Canadian Tobacco Use Monitoring Survey

Current Smoking, by Occupation, 18+



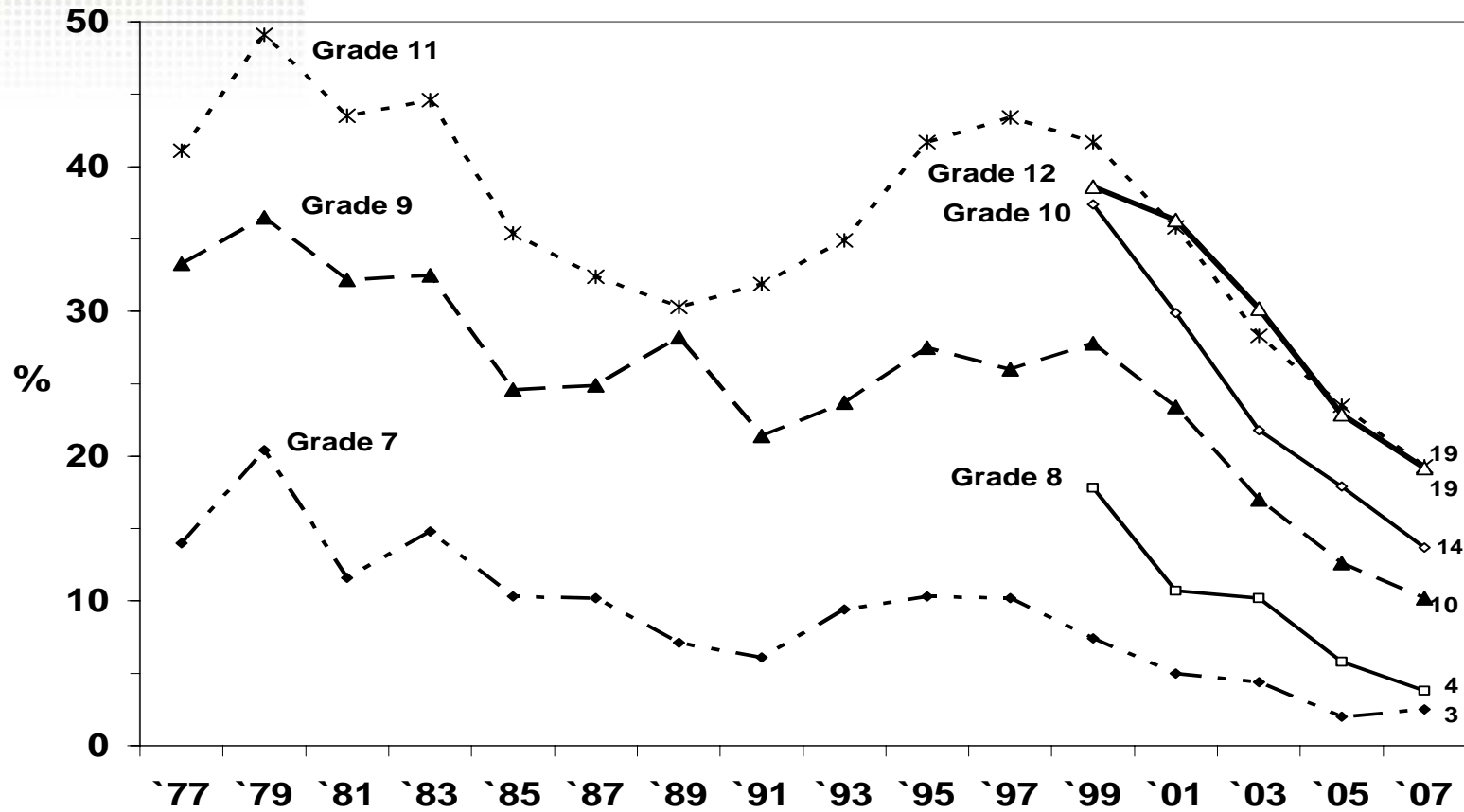
Source: Centre for Addiction and Mental Health Monitor

Intentions to Quit, 15 years and older, 2006



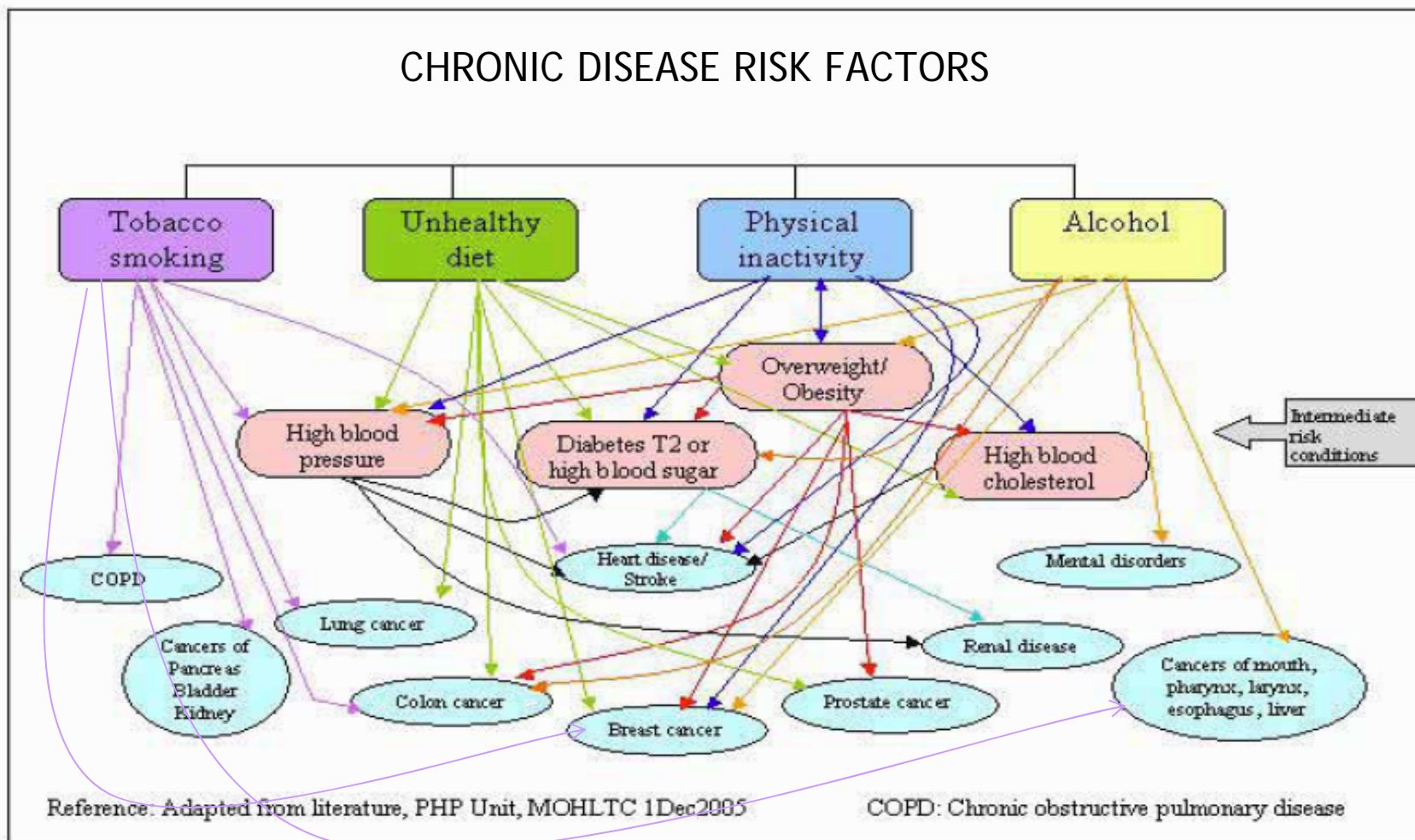
Source: Canadian Tobacco Use Monitoring Survey

Past-Year Smoking, Grades 7-12



Source: Ontario Student Drug Use and Health Survey

Major Cause of Chronic Disease

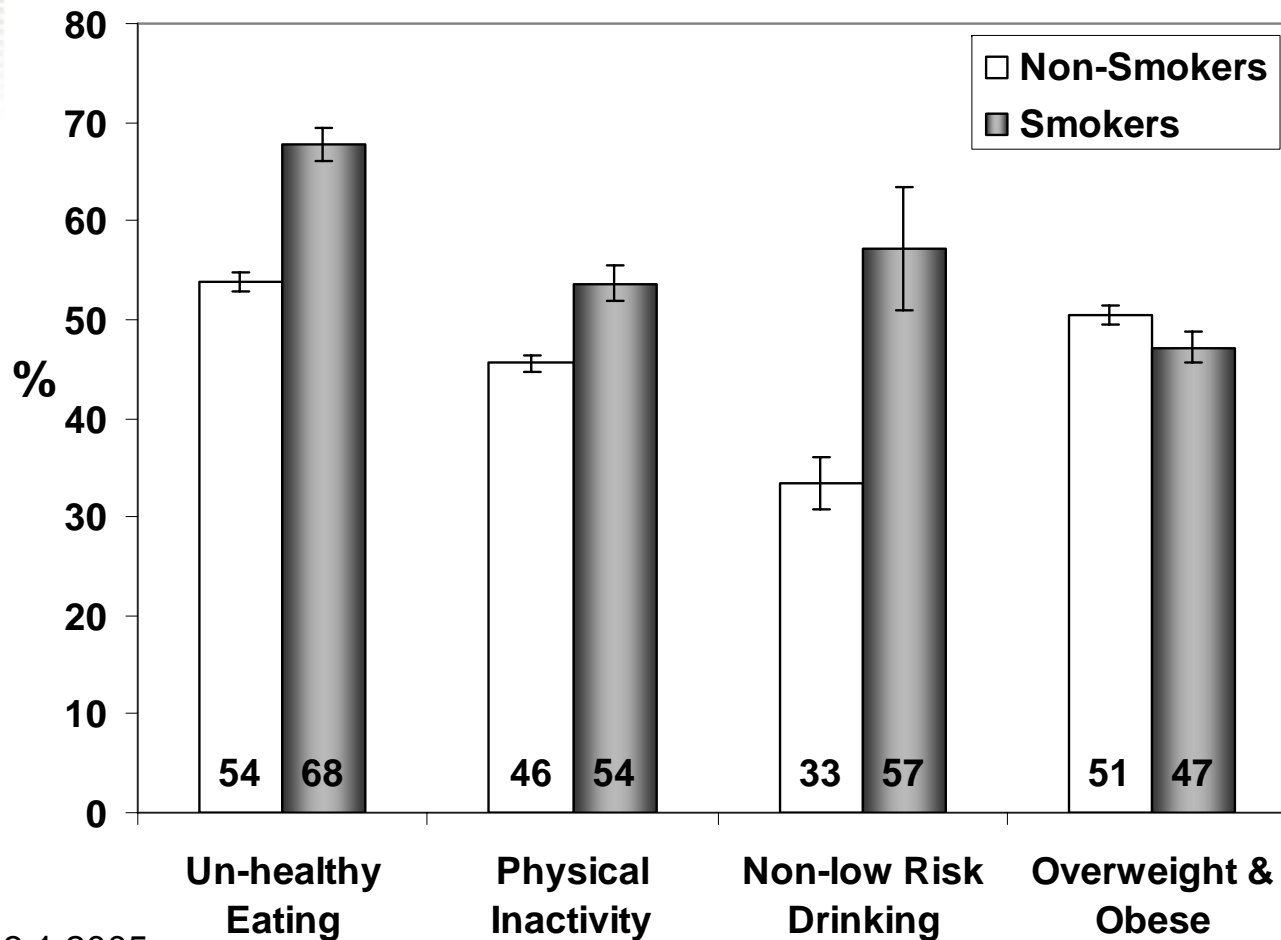


Relationship between tobacco use and other risk factors

Some studies suggest:

- Student smokers consume soft drinks and snack foods at higher rates and are less likely to eat breakfast;
- Addition of exercise to smoking cessation can support short-term abstinence (less consistent over longer-term); may reduce symptoms of smoking withdrawal;
- Early onset smoking associated with alcohol consumption and alcohol-related disorders;
- Association between smoking and alcohol use dependency; and,
- Daily smoking associated with increased risk of cannabis, hard and multiple drug use disorders.

Life style risk factors by smoking status, Ontario, 2005



Source: CCHS 3.1 2005

Strategy to Reduce the Burden of Chronic Disease

Requires:

- A comprehensive approach;
- Coordinated/ integrated with other chronic disease prevention initiatives; and,
- Sustained over time and at a sufficient level of intensity.

Learning from Comprehensive Tobacco Control

Experience in Canada and the US with CTC provides lessons to inform chronic disease prevention (CDP).

- CTC is a crucial part of a CDP strategy.
- Smoke-Free Ontario Strategy provides a comprehensive organizing framework which includes:
 - population health goals;
 - multi-faceted strategy (i.e., multiple intervention approaches in many settings, addressing needs of various populations and sub-groups), and
 - multi-level systems to support program implementation.

CTC and Public Health Standards Funding Relationships

$$\text{CTC} = \text{MHP} + \text{BOHs/PHUs}$$

(SFO \$ + Cost-shared \$ + Other \$)

Funding Mix:

- SFO = 100% provincial contribution (40% of all SFO funding goes to PHUs).
- Cost-shared = 75:25 provincial to local cost-sharing arrangement.
- Other = Additional local board of health initiatives undertaken with Health Canada, NGO, and other funding sources.

CTC and Public Health Standards Legislative Authority

- ***Health Protection and Promotion Act (HPPA)***
 - Mandates comprehensive tobacco control programming within Chronic Disease Prevention mandatory programs.
 - Responsibility enshrined in new Ontario Public Health Standards.
 - Tobacco Compliance Protocol.
- ***Tobacco Control Act, 1994, amended and renamed the *Smoke-Free Ontario Act* (May 31, 2006).***
 - Prohibits smoking in workplaces and enclosed public places.
 - Prohibits the display of tobacco products as of May 31, 2008.
 - SFO Amendment Act prohibits smoking in motor vehicles with children under 16 present (proclamation is January 21/09).
 - Outlines specific regulatory requirements and enforcement policies and practices.

Legislative Authority for the Ontario Public Health Standards and Incorporated Protocols


Enforceable

Not Enforceable

HPPA, Section 7

- 7 (1) – provides the minister the authority to issue guidelines
- 7 (2) – requires that guidelines are transmitted to boards of health
- 7 (3) – states that a guideline is not a regulation
- 7 (4) – clarifies that a guideline is subordinate to a regulation
- 7 (5) – allows for the adoption of other documents by reference, in a guideline
- 7 (6) – specifies that a document incorporated by reference should be referred to as “amended from time to time”
- 7 (7) – states that a document comes into effect when the MOHLTC notifies boards of health and when it publishes a notice

LEGISLATION
The Health Protection and Promotion Act, 1990



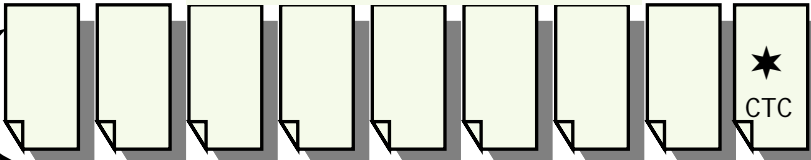
Section 7 provides the Minister of Health and Long-Term Care with the authority to issue guidelines

GUIDELINES = ONTARIO PUBLIC HEALTH STANDARDS (OPHS)

The OPHS includes 1 foundational standard and 13 program standards. Each program standard includes goals, societal outcomes, board of health outcomes, and requirements.

Foundational Standard	Chronic Diseases & Injuries Standard	Family Health Standard	Infectious Diseases Standard	Environmental Health Standard	Emergency Preparedness Standard
1 Standard	2 Program Standards	2 Program Standards	5 Program Standards	3 Program Standards	1 Program Standard

PROTOCOLS - 26 in total



BEST PRACTICE / GUIDANCE DOCUMENTS

Documents, or sections of documents, which may be referenced in protocols are **not enforceable** when referred in such a manner as to indicate that they are being provided for guidance purposes only. An example of this would be where the document is referred to as being provided to the board of health for their “further information”.

Protocols -
 Protocols include detailed direction to assist boards of health to operationalize specific requirements in the OPHS.
 26 protocols in total are included in the OPHS.

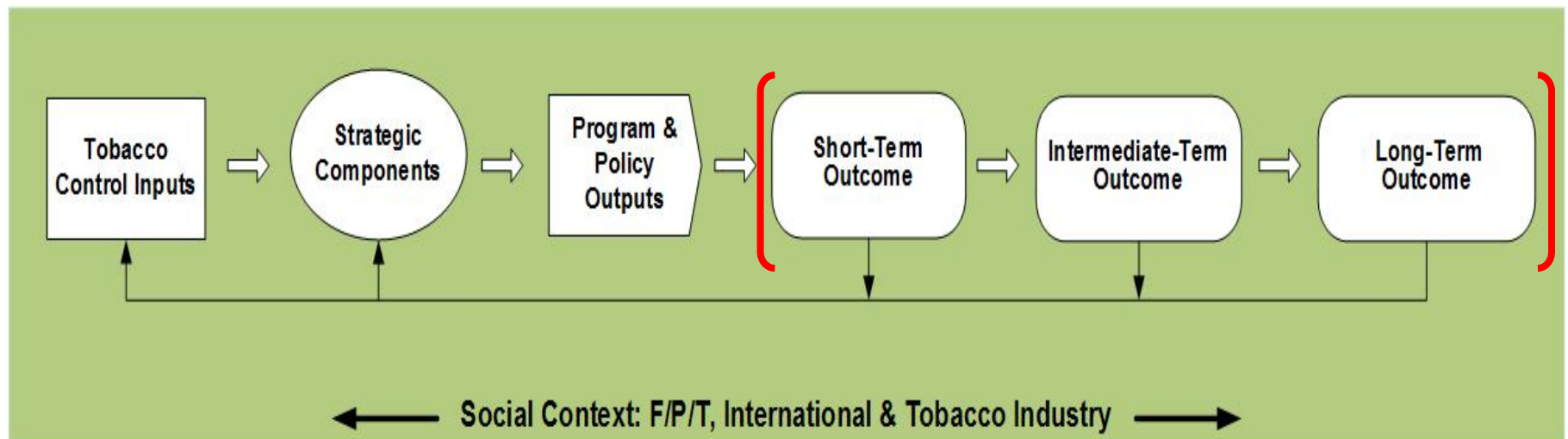
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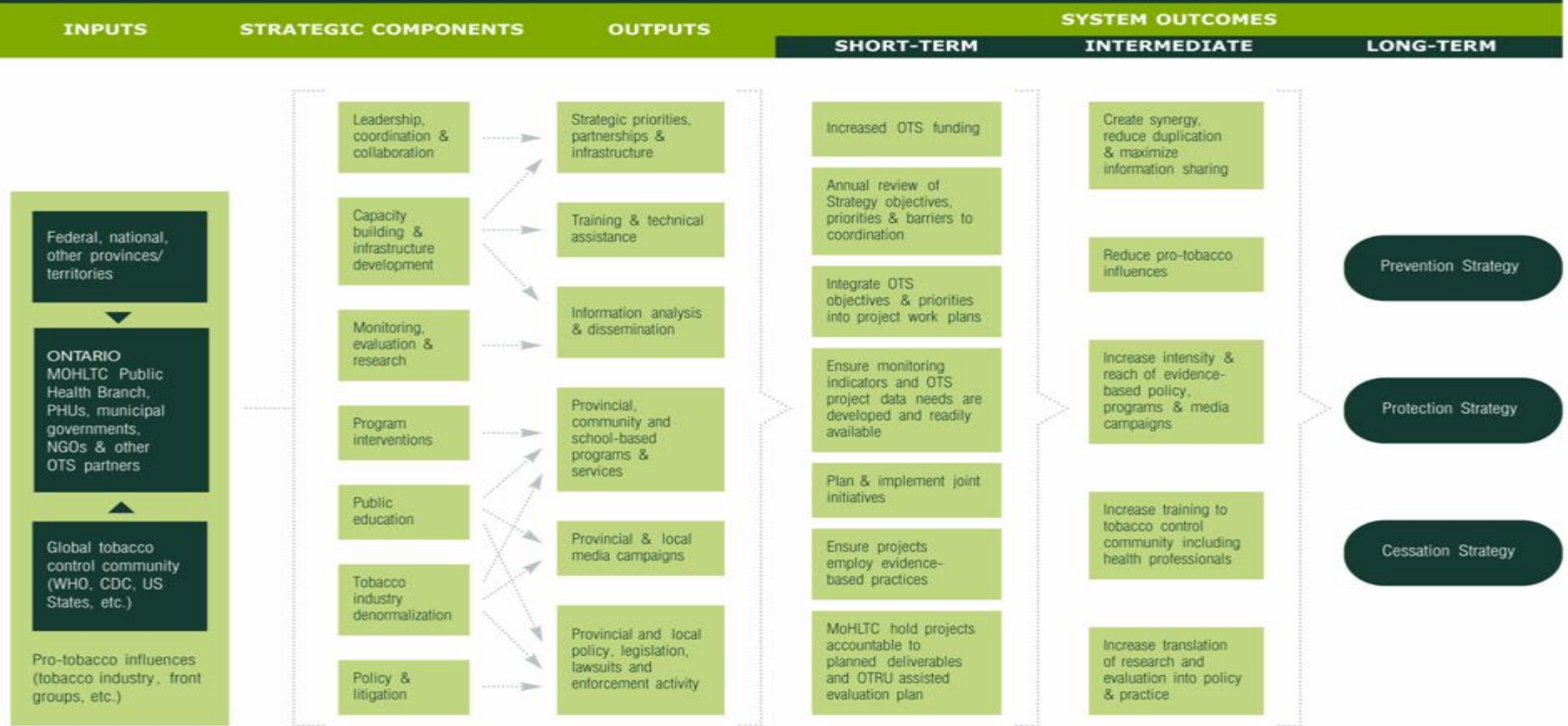
Comprehensive Tobacco Control Goals/ Pillars

- Preventing the initiation of tobacco use among young people;
- Promoting quitting among young people and adults;
- Eliminating non-smokers' exposure to environmental tobacco smoke; and
- Identifying and eliminating disparities related to tobacco use and its societal outcomes among different population groups.
 - *NEW and CROSS-CUTTING; reflects the consensus that we need to include a focus on reducing disparities.*

CTC Logic Models



OVERALL SYSTEM LOGIC MODEL OF THE ONTARIO TOBACCO STRATEGY
 Strategy goal: To eliminate tobacco-related illness and death



Prevention



Cessation



Protection



Seven Strategic Components of the Logic models

- Leadership, coordination, and collaboration.
- Capacity building and infrastructure development.
- Monitoring, evaluation and research.
- Program interventions.
- Public education (Social marketing).
- Policy and action.
- Tobacco industry denormalization (cross-cutting principle).

Supporting strategic components

- The Province has invested in capacity building and support functions through tobacco control resource centres.
- Key Supporting Functions:
 - Planning and stakeholder collaboration/networking.
 - Coordinated earned media and social-marketing.
 - Information access and dissemination.
 - Training, technical assistance and knowledge exchange.
 - Research, monitoring, and evaluation.

Guidance Document - Process for Development

Support to the Field will include *Guidance Documents*

Proposed Process (TBC):

- Steering Committee and issue specific reference panels to be convened.
- Public health professionals and other experts to be engaged.
- Steering Committee to provide advice on structure of Guidance Documents - likely to include requirements, evidence-based interpretations, and exemplary interventions.
- An evergreen process to be established.

Discussion today begins to inform development.

Comprehensive Tobacco Control within the CDP Standard

- CTC is one of several areas of intervention contained within the CDP Standard.
- Multiple “Requirements” address CTC .
- Some elements of CTC will need to be implemented as distinct components (e.g., National Non-Smoking Week events).
- Others will be coordinated with other non-tobacco CDP and other public health programming (e.g., comprehensive school health programming).
- Principles are needed to guide coordination/collaboration.

Coordination: Purpose and Mechanisms

The purpose of coordination with chronic disease prevention and other programs is:

- to improve health outcomes, and increase impact (i.e., reach × effectiveness).

Achieved by:

- appropriately aligning goals, objectives, strategies, and actions;
- maximizing utilization of limited resources;
- limiting (unnecessary) duplication of efforts;
- promoting collective thinking, shared learning, and mutual problem solving;
- Realizing new opportunities in non-traditional areas.

Coordination within CDP – purpose and guiding principles:

1. Do no harm to programme integrity.
 - Address specific needs and/or sub-populations.
 - Programme's identified priorities are recognized and respected
 - Successful interventions are preserved, maintaining effective dose
2. Identify mutual benefits and opportunities.
 - Mechanisms for shared learning, collective thinking and problem solving are established.
3. Be guided by efficiency-oriented processes.
 - Deploy limited resources for optimal impact.
 - Avoid unnecessary duplication of efforts.
 - Identify appropriate points of coordination.
4. Be focused on health outcomes.
 - Improved population health
 - Reduced inequalities in risk factors and health outcomes

Coordination within CDP - purpose and guiding principles continued...

5. Evaluate process and impacts.

- Monitor performance (activities and outputs)
- Evaluate changes in outcomes.
- Assess costs and benefits

6. Engage Stakeholders.

- Understand and acknowledge each programme's responsibility to demonstrate clear outcomes directly related to funding.
- Evolutionary change through shared decision-making.
- Coordination makes program sense, not just a funding requirement.

7. Encourage programme coordination as the norm.

SFO Elements and Opportunities Supporting Coordination - Selected Examples

- SFO-funded Tobacco Control Coordination activity integrates CTC with other CDP services (up to 40% of effort as per scope).
- Tobacco Control Area Network-wide activities may pursue CDP coordination
 - E.g, tobacco-free sports and recreation initiative
- The Youth Action Alliances (YAAs) and High School Grants are encouraged to include other health issues such as physical fitness and nutrition into their program initiatives and health education activities.
 - Comprehensive School Health approach

Multi-level Partnership - Roles and Responsibilities

- Provincial, municipal/ board of health, and community agency roles and responsibilities.
 - CTC in Ontario is based on a public health lead agency model.
 - Collaboration across levels and among partners is long-standing and essential.
 - Community-based programs must be linked and coordinated with provincial strategy in order to be most effective.

Provincial Government Roles and Responsibilities

- Provincial framework - vision, goals, and policy directions.
 - Inter-ministerial initiatives (e.g., issues affecting where we live, learn, work and play).
- Province-wide partnerships, planning and stakeholder engagement.
 - Facilitate and broker broader relationships.
- Inter-jurisdictional linkages (e.g., federal, provincial/territorial).
- Integrated multi-level social marketing/ public education campaigns.
- Legislative, regulatory and administrative policy frameworks (e.g., SFOA and OPHS).
- Tobacco industry denormalization through legal, legislative, and educational means.

Provincial Government

Roles and Responsibilities continued...

- Program funding, management and performance monitoring/ accountability systems.
 - Transfer Payment Accountability.
- New program development and evaluation.
- Coordination of provincial strategy with federal/ provincial/ territorial initiatives.
- Build system capacity for CTC (e.g. provincial resource centres).
- Investments in research and knowledge exchange for evidence-based policy and practice.

Local Boards of Health Roles and Responsibilities

Boards of Health are the foundation for community-based tobacco control.

- Lead Agency Model

Historically, Boards of Health have played a leadership role in local tobacco control and in advocating for progressive tobacco control policy at provincial and federal levels.

Boards of Health perform key functions in all three pillars.

- » Prevention
- » Cessation
- » Protection

Local Board of Health Roles and Responsibilities

Programs funded through SFO Strategy:

The SFO directly funds a number of local tobacco control program initiatives through boards of health.

- Tobacco Control Coordination
 - Enforcement
 - Youth Action Alliances
 - High School Grants
 - Tobacco Control Area Networks (*Coordinators in designated public health agencies)
-
- Other PHU-based programming relating to tobacco control (e.g., cessation) supported through MHP-funded cost-shared programming.

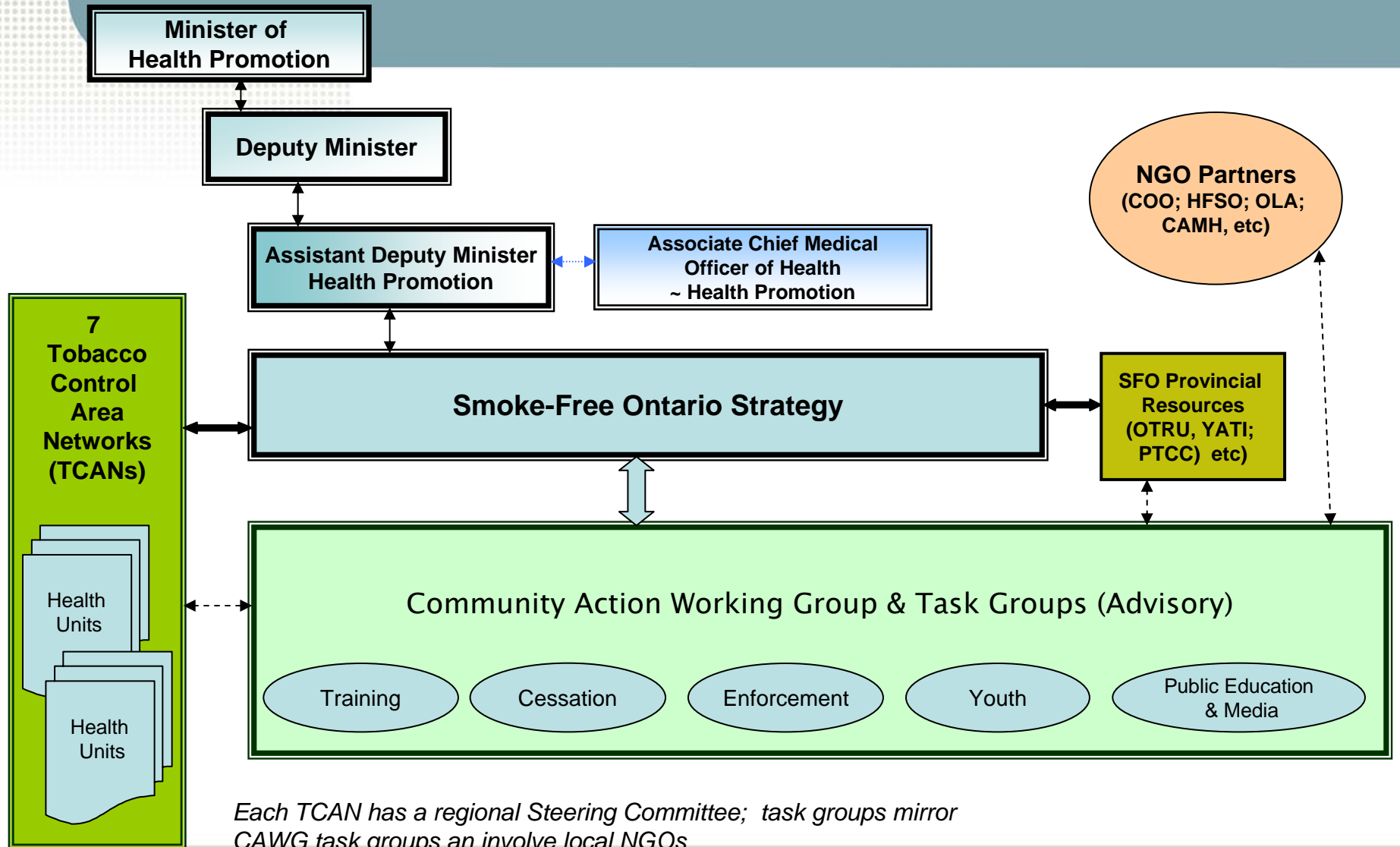
Community Agencies and Others Roles and Responsibilities:

- NGOs have played a leadership role in advancing tobacco control programs and policy since the 1970s.
- Local inter-agency councils and coalitions instrumental in local smoke-free by-law development and social norm change.
- Examples:
 - Leadership from the Ontario Campaign for Action on Tobacco; local policy support provided by Canadian Cancer Society, Ontario Lung Association, Smoking and Health Action Foundation; etc.

Roles Played by Community Agencies and Others

- Public Education / Social Marketing (e.g. CCS, HSFO, OLA, etc.).
- Direct service delivery (e.g., Canadian Cancer Society /SHL).
- Policy Development and Research (SHAF).
- Training, Best Practice Development and Dissemination (e.g., PTCC, and other resource centres).
- Research and Evaluation (e.g., OTRU).
- Outreach to high priority populations (e.g., Aboriginal Health Access Centres, Community Health Centres, etc).

Smoke-Free Ontario Strategy Collaborative Structure



Each TCAN has a regional Steering Committee; task groups mirror CAWG task groups and involve local NGOs

Summary - Applicable OPHS Requirements

Requirement under the Public Health Standards	Prevention	Cessation	Protection	Policy	Program/ Social marketing	Setting specific	Priority Population
1. Surveillance and needs assessment	✓	✓	✓	✓	✓	✓	✓
2. Nutritious food basket	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3. Educational settings	✓	✓	✓	✓	✓	✓	✓
4. Workplaces		✓	✓	✓	✓	✓	✓
5. Food premises			✓	✓		✓	
6. Healthy public policy	✓	✓	✓	✓	✓	✓	✓
7. Community partners	✓	✓	✓	✓		✓	✓

Summary - Applicable OPHS Requirements

Continued

Requirement under the Public Health Standards	Prevention	Cessation	Protection	Policy	Program/ Social Marketing	Setting-Specific	Priority Population
9. Cessation for priority populations		✓					✓
10. Promotion of screening programs	N/A	N/A	N/A	N/A	N/A	N/A	N/A
11. Public awareness	✓	✓	✓	✓	✓	✓	✓
12. Linkage, referral and information services	✓	✓	✓	✓	✓	✓	✓
13. Tobacco Compliance Protocol	✓		✓	✓	✓	✓	✓

Requirement 1

Surveillance and Needs Assessment

The board of health shall conduct epidemiological analysis of surveillance data including monitoring of trends over time, emerging trends, and priority populations in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current), in the area of comprehensive tobacco control.

Range of Activity for Requirement 1 *Surveillance and Needs Assessment*

- *Access, collect, manage and use data and information from multiple sources* to better understand and anticipate the CTC needs within the PHU jurisdiction:
 - Public health information and administrative systems (e.g. tobacco inspection systems, performance indicators monitoring system)
 - Surveys (CCHS, RRFSS, public opinion surveys)
 - Literature (e.g., peer-reviewed and/or grey literature, including but not limited to OTRU and SFO resource centre publications)
 - Policy and program documentation, including evaluation
 - Other primary data collection (qualitative or quantitative), including local, regional and national sources
 - Evaluation and Monitoring
 - *Assess programming reach and impact*
 - *Understand program mechanisms and context*

Example 1: Assessing Gaps in Smoking Cessation Services

- Assessing service gaps is an essential first step in smoking cessation service planning.
- Assessment method pilot tested in Simcoe-Muskoka Public Health Unit in 2007-2008.
- Special attention paid to understanding the cessation service needs of high risk population sub-groups.
- Assessment methods include:
 - Environmental scan;
 - Key informant interviews;
 - Telephone survey with smokers and recent smokers;
 - Intercept surveys with smokers from priority subpopulations (e.g., young adults, blue-collar workers); and
 - Semi-structured interviews with smokers, and managers from relevant community organizations and workplaces.
- This is a methodology that could be applied in or adapted other jurisdictions.

Requirement 3

Educational Settings

The board of health shall work with school boards and/or staff of elementary, secondary, and post-secondary educational settings, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments to address comprehensive tobacco control.

These efforts shall include:

- ***Assessing the needs of educational settings, and***
- ***Assisting with the development and/or review of curriculum support.***

Range of Activity for Requirement 3

Educational Settings

Needs Assessment

- Assess the needs of the educational setting for policy and program change;
 - E.g., SHAPES, etc

Policy

- Contribute to the development and/or review of tobacco control curriculum;
- Develop and promote by-laws/ policies respecting exposure to second-hand smoke; sale of tobacco products in proximity to schools (*e.g., establishing “tobacco-free zones around schools”*); and tobacco use (*e.g., chew and cigarettes*) on school property; etc.

Range of Activity for Requirement 3 (cont.) *Educational Settings*

Program/Social Marketing

- Cessation supports for staff and students;
- Ensure compliance with provincial legislation and regulations that prohibit smoking on school property;
- Support school-based activities;
 - Collaborative programming addressing correlated risk factors or conditions to improve/ensure student health in educational settings.
- Coordinate with provincial programs that provide supports and services to schools and educational facilities.

Evaluation

- School-based surveys re: prevalence, policies, environmental supports (e.g., SHAPES, etc);
- Evaluation support to schools and educational facilities.

Example 2 - Building Health Promoting Schools in the Hamilton Area

- Comprehensive School Health (Health Action Teams)
- Monthly School Board Liaison Meetings involving PHU management, staff and Public, Catholic and French School Board Superintendents and Consultants (*note: meetings with FSB held separately*)
- 2006/07 SHAPES data supported a collaborative dialogue with school boards. Communication of SHAPES results helped to:
 - Clarify misconceptions about student tobacco-use (e.g., smoking on school property), identify higher risk schools and opportunities for programming
 - Illustrate importance of school-based tobacco control and to promote PHU programs (e.g, HCAAT, Teen Tobacco Summit, High School Grants, etc.)
- Partnership with school boards has resulted in many positive developments including:
 - SFO High School Grants (100% of schools participate)
 - Complimentary grants provided for grades 6,7,8, in response to need identified by boards of education and public health (10 schools participating in 2008/09)
 - Development and dissemination of electronic resource materials to assist teachers to integrate tobacco use prevention within school curriculum
 - School newsletter(s) to inform of emerging issues, and new data (SHAPES, OSDUS) targeting differing audiences i.e. practitioners, teachers, and parents

Example 3 - School Partnership Development in Ottawa

- Use of SHAPES to help build relationships with high schools
- SHAPES survey results support information exchange, planning and action on student tobacco use at multiple levels (school, board, and community).
- Example 1:
 - 2005 SHAPES data showed low student awareness of rules and consequences re: smoking on school property.
 - OPH staff discussed issue with school staff and provided signage.
 - School specified no-smoking on school grounds in rental contract, reviewed discipline code & developed educational materials.
- Example 2:
 - SHAPES results prompted student engagement and action at an Ottawa High School



Play Video

Requirement 4 *Workplace Setting*

The board of health shall use a comprehensive health promotion approach to increase the capacity of workplaces to develop and implement health policies and programs, and create or enhance supportive environments to address comprehensive tobacco control.

These efforts shall include:

- *Conducting a situational assessment in accordance with the proposed Population Health Assessment and Surveillance Protocol 2008 (or as current).*
- *Reviewing, adapting, and/or providing behaviour change support resources and programs (i.e., assistance and support for workplaces to address comprehensive workplace tobacco control).*

Range of Activity for Requirement 4 *Workplace Setting*

Needs Assessment

- Assess the needs of the workplace for policy and program change;
 - E.g., workplace assessment surveys (including worker needs and organizational-level tobacco control policy and supports)

Policy

- Educate the public and business community about the provisions of the SFOA.
- Provide technical assistance to worksite management to ensure smoke-free (and tobacco-free) indoor and outdoor workplace environments.
- Enforce SFOA (complaint-driven) that prohibits smoking at worksites.
- Promote policies that would ban sale of tobacco products at work sites that are not normally retail outlets for tobacco products, e.g. work site cafeterias, restaurants, etc.

Range of Activity for Requirement 4 *Workplace Setting*

Program/Social Marketing

- Provide referral to cessation services for work site employees that need assistance with nicotine addiction.
- Promote smoking cessation contests, such as a “Quit and Win” contest at work sites.

Evaluation and Monitoring

- Workplace surveys re: prevalence, policies, environmental supports.
- Evaluation support to workplaces.

Requirement 5

Food Premises

The board of health shall collaborate with local food premises to provide information and support environmental changes through policy development related to protection from environmental tobacco smoke.

Range of Activity for Requirement 5

Food Premises

Needs Assessment

- Assess the extent of voluntary policies (e.g. via surveys/ inspections) and analysis of local by-laws vis a vis second-hand smoke (e.g., patios), and tobacco sales (e.g., retail sales licenses, and restrictions on proximity to schools)

Policy

- Develop, promote and pass by-laws (or amend existing by-laws) for smoke-free patios.
- Promote policies and local by-laws that eliminate the sale of tobacco products in restaurants and other food premises.

Range of Activity for Requirement 5 *Food Premises*

Program and Social Marketing

- Educate the public and business community about the SFOA and local by-laws.
- Promote (paid and earned media) public awareness of exemplary voluntary tobacco-free policies (e.g., restaurants with smoke-free patios).

Evaluation and Monitoring

- Track media coverage of smoke-free and retail sales policy development.
- Monitor policy development (see needs assessment above).

Requirement 6

Healthy Public Policy

The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment regarding comprehensive tobacco control.

Range of Activity for Requirement 6

Healthy Public Policy

Needs Assessment

- Assess existing municipal policy relating to recreational settings, smoke-free patios, etc.

Policy

- Enforce the requirements of the SFOA.
- Develop, promote and pass by-laws (and/or amend existing by-laws) that both protect children, youth, and adults from secondhand smoke and that contribute to social norm change, e.g.:
 - Smoke-free outdoor recreational areas (e.g., parks, beaches, playgrounds, outdoor sports events/areas);
 - Smoking within 9 meters of health care facilities, public buildings, and other worksites;
 - Smoking on restaurant patios;
 - Smoking in hotels/motels.
- Reduce the number of retail outlets through zoning and licensing

Range of Activity for Requirement 6

Healthy Public Policy

Program/Social Marketing

- Promote awareness of the need for smoke-free policies and environments through paid and earned media.
- Educate (public and private) decision-makers about the need for and specific changes to policy that can be made.
- Actively coordinate tobacco control internally and externally with other chronic disease prevention programming.

Evaluation and Monitoring

- Track media coverage of healthy public policy development.
- Monitor policy developments.

Example 4: Youth-Led Healthy Public Policy Initiative in Northwest

The North West Area Youth Coalition (AYC) organized 13 events to gather community support for tobacco-free parks and beaches.

Events were part of a summer-long regional education campaign to change social norms around tobacco use in communities.

Events involved community marches and rallies, butt litter clean ups, children's activities and tree planting ceremonies.

The events received significant earned media attention (17 radio and print media hits as well as multiple editorials and letters to the editor in the largest community newspaper, *The Chronicle Journal*).

Requirement 6

Example 4: Youth-Led Healthy Public Policy Initiative in Northwest cont'd...



Requirement 6

Example 4: Youth-Led Healthy Public Policy Initiative in Northwest cont'd...

- Post card campaign collected 5,000+ signatures as part of face-to-face municipal council lobby strategy
- Oct. 2008 YAA - YETI, with community partners; Tobacco Free Thunder Bay and local Medical Assoc. presented to Thunder City Council - Accepted
- City-lead public consultation process to recommend tobacco-free by-law amendments, reporting by April 2009 (Woodstock-model most likely council consensus)
- AYC-lead presentations planned for additional NWO communities

Example 5: Woodstock's Healthy Public Policy (cont.)

An outdoor space by-law was passed in Woodstock, Ontario.

The new smoking bylaw prohibits:

- Smoking within 30 metres of playground equipment in city parks
- Smoking within 15 metres of a recreational field while in use
- Smoking within 9 metres of the door(s) to a municipal building
- Smoking within 4 metres of a city bus stop or shelter

Requirement 6

Example 5: Healthy Public Policy (Woodstock's new by-law cont.)

Woodstock's new by-law was achieved through a coordinated effort between:

- Oxford Interagency Council on Smoking and Health
- Oxford County Public Health Department
- The City of Woodstock
- Smoke-Free Ontario

The University of Waterloo obtained a research grant to conduct a longitudinal study of smokers and non-smokers to evaluate the impact of the bylaw.

This project builds on bylaw amendment experience in Town Of Collingwood, and is being replicated in other Ontario communities. In Toronto alone, over 830 playgrounds will become smoke-free, when the amendment is passed.

Requirement 7

Community Partners

The board of health shall increase the capacity of community partners to coordinate and develop regional/local programs and services related to comprehensive tobacco control.

These efforts shall include:

- *Mobilizing and promoting access to community resources;*
- *Providing skill-building opportunities;*
- *Collaborative program development and evaluation assistance; and*
- *Sharing best practices and evidence for the prevention of chronic diseases.*

Range of Activity for Requirement 7 *Community Partners*

Needs Assessment

- Support key organizations and groups in assessing their own capacity to engage in aspects of CTC and related issues.
 - Seek opportunities to build understanding of linkages between issues.

Policy

- Encourage the use of evidence-based practices for tobacco control in policy and program development.
- Share training opportunities where possible.
- Partner with community agencies in the development of healthy public policy for CTC and other CDP strategies.

Range of Activity for Requirement 7 (cont.) *Community Partners*

Programming and Social Marketing

- Provide training and professional development opportunities for staff and volunteers of community partner agencies (e.g. TEACH).
- Develop and strengthen linkages to provincial resources that support comprehensive tobacco control programming.
- Build the capacity of community partners to implement relevant tobacco control interventions:
 - e.g., technical assistance to help implement evidence-based clinical practices to identify and assist smokers in health care settings.

Range of Activity for Requirement 7 (cont.) *Community Partners*

Programming and Social Marketing (continued)

- Assist health care organizations to plan and/or implement promotional campaigns for cessation services (e.g., hospitals, community health centers, family health teams, physicians' offices and other health care providers).
 - e.g., "Ask Your Health Practitioner" Cessation Campaign
- Actively coordinate tobacco control internally and externally with other chronic disease prevention programming.
- Increase the capacity of the community to apply for federal, provincial, regional, and local grants.

Evaluation and Monitoring

- Monitor community partnerships
- Assess capacity changes among community partners

Requirement 9

Cessation for Priority Populations

The board of health shall ensure the provision of tobacco use cessation programs and services for priority populations.

Range of Activity for Requirement 9 *Cessation for Priority Populations*

Needs Assessment

- Identify priority populations that experience a high burden of ill-health, including tobacco use and related diseases.
- In coordination with the Smokers' Helpline Regional Coordinators, update resource directory of smoking cessation services in the area.
- Determine what gaps exist between community needs (e.g., population smoking profiles) and available services.
 - Implement OTRU or other cessation gap assessment methods.

Policy

- Work with community partners and Smokers' Helpline Regional Coordinators to develop and institutionalize evidence-based cessation practices within health care and other settings for priority populations.

Range of Activity for Requirement 9 (cont.) *Cessation for Priority Populations*

Program/Social Marketing

- Encourage smokers to quit through public education campaigns conducted locally, regionally, and provincially (e.g., Quit and Win contests).
- Link smokers to the Smokers' Helpline.
- Link smokers to cessation resources within the community.
- When cessation services are limited, boards of health should provide cessation services:
 - on an individual or group basis, on an on-going or periodic, or during significant events such as "World No Tobacco Day".
- Actively coordinate tobacco control internally and externally with other chronic disease prevention programming.

Range of Activity for Requirement 9 (cont.) *Cessation for Priority Populations*

Evaluation and Monitoring

- Assess program effectiveness (e.g., quit attempts, quits, and duration).
- Assess the reach and impact of social marketing campaigns on priority populations.
- Assess the reach and accessibility of cessation programming for priority populations.
- Monitor cessation partnerships and the institutionalization of cessation policies and protocols within your jurisdiction.

Example 6: Developing a Comprehensive Response to Smoking Cessation Needs in Simcoe-Muskoka

Program/ Social Marketing

- Co-delivery of STOP On Road Cessation Workshops with CAMH
 - PHNs deliver workshop educational component
 - 667 people have attended (Spring & Fall 2007 workshops)
- Collaboration with Family Health programmes:
 - Reviewed and adapted a pre and post natal cessation resource.
 - Currently developing an intensive smoking cessation intervention for pre and post natal populations (to begin Spring 2009)
- Driven To Quit Contest support and promotion
 - Consistently in top 3 for registration year after year (2,100 registrants in 2008)

Training and Capacity Building

- Minimal contact smoking cessation intervention training for SMDHU staff and community health care professionals (partner with healthy lifestyle team).
- Assist in linking health care professionals to other training supports (incl. TEACH, PTCC programmes)



Example 7: Smoking Cessation - A Developing Partnership with Peel Regional Hospitals

- Peel Regional Health Department's Smoking Cessation Counseling program; in operation since 2001
 - 255 clients served in 2006 and 2007 combined
- Weekly clinics at 4 sites (Brampton, Mississauga, and Trillium Hospitals); smoking cessation counseling provided by a TEACH-PHN
- Trillium Hospital clinic serves high need patients with COPD and/or heart disease
 - Instituted screening for smoking status in cardiac and COPD programmes, with follow-up support through public health department.
- Steering Committee struck with participation from three regional hospitals to inform collaborative cessation planning
 - Planning underway to launch a group smoking cessation programming (Spring 2009)

Example 8: Enhancing Smoking Cessation Referral Networks in North Western ON

- Collaboration between North Western Health unit, Thunder Bay and District Health Unit and the Smokers' Helpline (via SHL Regional Coordinator for NW Ontario).
- SHL fax - back protocol adopted by the North Western Health Unit; one of the first organizations in province to adopt the protocol.
- All 14 regional hospitals have now joined partnership.
- Recruitment continues, including presentation to a First Nations health service agency (Eagle Lake Health Centre).

Example 9 - Cessation Outreach to Toronto's Underserved Communities: A Peer Education Approach

- Recruitment of foreign trained health care professionals to deliver smoking cessation counselling to clients in their native language (adapted from the Region of Waterloo's *Tobacco Treatment for New Canadians* program).
- Partnership with Flemington and New Heights community health centres; CHCs responsible for program management
- Foreign-trained health care professionals take on role of Peer Tobacco Educators (PTEs); 5 individuals recruited to date
 - TEACH training for PTEs
 - PTEs receive Honouraria
- Client recruitment underway; program implementation and follow-up TBC in 2009

Requirement 11 Public Awareness/ Social Marketing

- *The board of health shall increase public awareness of comprehensive tobacco control. These efforts shall include:*
 - *Adapting and/or supplementing regional and provincial health communications, social marketing and public education strategies, and/or*
 - *Developing and implementing regional/local health communications/social marketing strategies.*

Range of Activity for Requirement 11

Public Awareness/ Social Marketing

Needs Assessment

- Assess knowledge, attitudes and other characteristics of different population groups.
- Monitor opportunities for integrated multi-level social marketing campaigns (e.g., by participating in TCAN planning structures, and by engaging with community partners).

Policy

- Periodically educate the public and business community about tobacco control laws and regulations addressing CTC.
- Educate the public about the smoke-free vehicle law.
- Educate the public, as well as landlords, developers, and tenant organizations about the benefit of voluntarily adopting a smoke-free home policy.

Range of Activity for Requirement 11 (cont.) Public Awareness/ Social Marketing

Program/ Social Marketing

- Support/participate in MHP-lead public education/social marketing initiatives (e.g., smoking in motor vehicles with kids and STOP on the Road).
- Identify and implement the most appropriate and effective methods for reaching target populations (e.g., youth, Aboriginal, workers, seniors, etc.).
- Design public awareness strategies directed to key opinion leaders and the community at large.
- Engage in the planning and execution of public awareness campaigns that are initiated through Tobacco Control Area Networks (TCANs) and the provincial government. Educate the public about the importance of comprehensive tobacco control and the benefits of a tobacco-free lifestyle.
- Raise public awareness of the harmful effect of tobacco use and tobacco industry's marketing practices that target youth and other high risk populations. Encourage smokers to quit.

Range of Activity for Requirement 11 (cont.) Public Awareness/ Social Marketing

Evaluation and Monitoring

- Assess the reach and impact of social marketing campaigns on target populations
- Collaborate with community, regional and provincial partners on social marketing campaign evaluation and monitoring activities.

EXAMPLE 10: A Radio Campaign Motivates Smokers to Quit

North Bay Parry Sound's Quit Heroes Campaign

- Newspaper ads and radio public service announcements were printed and aired asking ex-smokers to call the health unit and tell their quitting stories.
- Four "Quit Heroes" were chosen to be the campaign stars.
- Radio ads were written for each of the four "Quit Heroes" : the ads ran for 2 weeks in May.
- The "Quit Heroes" Campaign continued with successful media coverage concluding on May 31 (World No Tobacco Day) with "Quit Heroes" interviews on live morning radio (Moose FM and CBC).



Requirement 12

Information and Referral

The board of health shall provide advice and information to link people to community programs and services related to comprehensive tobacco control.

Range of Activity for Requirement 12

Information and Referral

Needs Assessment

- Maintain a current inventory of CTC relevant community resources
- Monitor CTC-related information requests

Program and Social Marketing

- Link smokers to cessation resources within the community, e.g., Smokers' Helpline, community health centres/Aboriginal health access centres.
- Link local health professionals to cessation intervener training opportunities.
- Assure that smokers are appropriately linked to other chronic disease prevention programmes, such as cancer and diabetes screening, nutrition, and exercise programs.
- Link the public to integrated setting-specific health promotion programmes that incorporate a tobacco component (e.g., Eat Smart!).

Evaluation and Monitoring

- Track and assess information requests and responses/ referrals

Requirement 13 Tobacco Control Compliance

*The board of health shall implement and enforce the Smoke-Free Ontario Act in accordance with provincial protocols, including but not limited to the **Tobacco Compliance Protocol, 2008** (or as current).*

Range of Activity for Requirement 13 Tobacco Control Compliance

Needs Assessment

- Inventory premises where tobacco products are sold within the PHU's geographic boundaries
- Assess needs of local vendors for education /information

Policy

- Support TC program initiatives to achieve policy change, e.g., smoke-free policies for employers and out-of-door work sites.
- Support/facilitate development of tobacco-free policies for sport, recreation, work sites, etc. other organisations.
- Implement Ministry operational policy directives

Range of Activity for Requirement 13 Tobacco Control Compliance cont'd...

Programme/Social Marketing

- Conduct inspections of premises where tobacco products are sold and school premises; point-of-sale marketing/signage
- Conduct complaint-based inspections of work places.
- Implement progressive inspection/enforcement strategies and/or, as appropriate and agreed, risk-based enforcement strategies.
- Provide/support public education for vendors and public regarding:
 - youth access to tobacco products; display restrictions; smoking restrictions in work places; work vehicles; motor vehicles with kids present; licensed child care facilities; and LTC homes, etc.,
 - tobacco industry marketing practices targeting youth, and
 - SFOA provisions and regulations, using direct education and earned media, etc.

Evaluation:

- Monitor/report on inspected premises and enforcement activities and outcomes (TIS system)
- Monitor compliance with SFOA provisions/PHU directions.

Key Take-Away Messages

- PHUs continue to be our lead agencies and critical partners in promoting health.
 - Local BOH/PHU knowledge and commitment is a critical component of our partnership and success.
- Comprehensive tobacco control encompasses all work undertaken with respect to the Standards.
- Awareness of, and as appropriate, coordinated interventions to address correlated risk factors/conditions/behaviours are critical to reducing the burden of chronic disease.
- Collaborative planning and programming encouraged/required to make the best possible use of resources.
- Public education/social marketing programming needs to be integrated at a local/regional levels within a provincial framework.

Next Steps

- Guidance documents will be developed through a collaborative process with reference panel, followed by field consultation
- Guidance documents will include
 - Standards
 - Interpretations
 - Model or “best practices” programs
 - Resources, including how to access or replicate various model processes
- Guidance documents will be *evergreen*, i.e., continuously improving based on ongoing field consultation and refinement

