

Towards a PHSA Contribution to Prevention and Control of Tobacco Use in BC

Summary Report

May 2005



PROVINCIAL
Health Services
AUTHORITY



*Province-wide solutions.
Better health.*

This report is based on material provided by Context Research Ltd. on contract to PHSA

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Foreword

PHSA recognizes that the prevention of chronic disease is central to its mission of improving the health of the BC population. This has been the impetus for establishing a strategic direction of prevention, promotion, and protection for the organization. Early priorities that have been identified for this program are healthy weights and tobacco reduction as these areas have a large impact on the need for expensive specialty health services provided by PHSA such as services for cancer, cardiac, renal problems, and transplants.

Tobacco use continues to be a major contributor to the burden of disease in BC and Canada, ultimately requiring high-end specialty health services. This is despite the dramatic decreases in tobacco use over the last decades that have mainly been achieved through inter-sectoral collaborative efforts. PHSA is committed to helping extend these efforts through value-added contributions. This report summarizes the formative steps PHSA has taken to define its role as part of the provincial collaborative effort. These were a review of better practices in tobacco control, a rapid survey of tobacco control programs in the province, and a consultation workshop that was held with provincial stakeholders.

We are grateful to those representatives from ministries, health authorities, agencies, and various populations that came together in the consultation workshop to network, share ideas, and promote alignment of initiatives for collaborative action. We are especially thankful for the insights expressed by these representatives concerning the potential contributions that PHSA can make as a partner in action. We take pleasure in sharing this report with you and welcome your ongoing comments and suggestions concerning our role and contributions.

PHSA looks forward to the opportunity to work with all stakeholders in the province to enhance tobacco control efforts. Our aim will be to assist, to the greatest extent possible, our primary partners in the Ministry of Health Services and the regional health authorities and, through them, the various NGOs, community groupings, and the private sector partners that are critical to extending the success of tobacco control efforts.



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Executive Summary

The Provincial Health Services Authority (PHSA) Strategic plan includes a major focus on disease prevention, health promotion, and protection to improve the health of British Columbians. This strategy recognizes that tobacco is a major risk factor for chronic disease. Tobacco use is the single most preventable cause of mortality and morbidity in BC today, and its prevalence and use have significant human and financial costs to society and the health care system.

Preventing and controlling the use of tobacco can help reduce health care costs and make our society healthier and more productive. For over 10 years, provincial, federal, and regional authorities, along with non-governmental and community organizations, have worked together to implement a wide range of tobacco control programs aimed at reducing the prevalence of tobacco use and its impact on the health of British Columbians. This approach has recognized the importance of partnerships and collaborative action to reduce consumption of tobacco products. While BC has been at the forefront of tobacco control in Canada – the province received the Tobacco Free World Award in 2000 – significant changes have occurred in the program since 2001 and much of the responsibility for regional and community programs has been transferred to regional health authorities. These changes have resulted in new challenges that must be addressed so that BC can regain its leadership position.

In November 2004, PHSA initiated a review and consultation process to identify possible areas in which it could contribute to tobacco prevention and control in BC. Working with government and non-governmental agencies, PHSA conducted a review of better practices in tobacco control and completed a survey and an inventory of tobacco control programs in the province. The results of this overview provided the framework for a one-day workshop with tobacco control practitioners representing government and non-governmental organizations at which they identified areas for PHSA involvement in tobacco prevention and control.

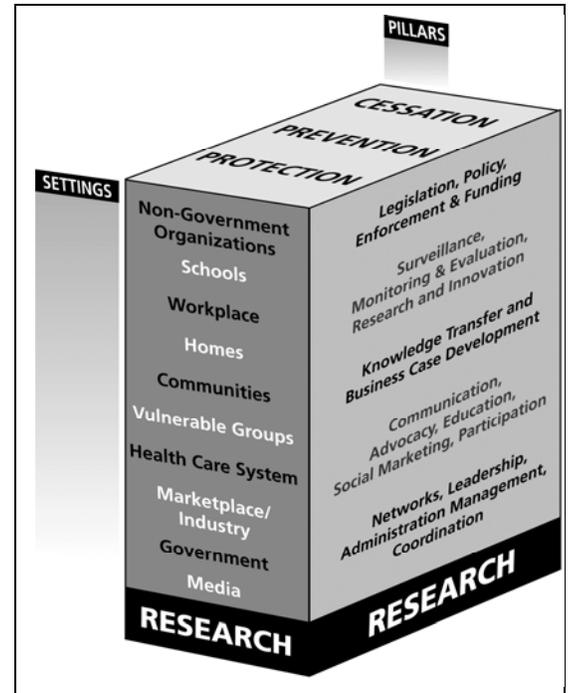
Although the US Centers for Disease Control and Prevention Tobacco Framework was used to prepare for the workshop, participants chose a more simplified model that better applies to the BC context. The workshop participants supported using three pillars – protection, prevention, and cessation – as the most direct approach for evaluating opportunities for expanding tobacco control programs in BC. The participants also recognized that the three pillars are implemented in a variety of settings (e.g., schools, homes, communities, health care system), using a common set of strategies.

The new model of a tobacco control program contains three main components:

- The *three pillars* –protection, prevention, and cessation
- The *setting* or environment in which the intervention occurs
- The *strategy* employed

Research provides the foundation for each of the three components.

On the basis of the new model, workshop participants identified five major areas of improving tobacco control in BC.



1. Surveillance, Monitoring, Evaluation, Research, and Innovation – Expanding the data collection program on tobacco prevalence is a priority. Research information is required on a more frequent and consistent basis, and at the regional and community levels. Priority areas are establishing a comprehensive, ongoing data collection program at the provincial, regional, and community levels; conducting a provincial behavioural risk factor survey; conducting more detailed analysis of research data; and targeting surveillance activities to groups with higher smoking prevalence rates.

2. Legislation, Policy, Funding, and Enforcement – More focus needs to be placed on supporting the evaluation of policy options, assisting with business case development to secure program funding, and conducting research on legislation options to improve tobacco control. Priorities the workshop participants identified are amending the Tobacco Sales Act to restrict access to tobacco products, developing business cases for establishing a province-wide 100% smoke-free policy for public spaces and health care settings, and identifying alternatives to the First Nations federal tax exemption on tobacco products.

3. Knowledge Transfer and Business Case Development – Improving the transfer of knowledge focuses on the need for translating academic research on better practices into useful information for tobacco control practitioners, and improving the exchange of information between managers, Tobacco Reduction Coordinators, Tobacco Enforcement Officers, non-governmental organizations, and the research community.

4. **Communication, Advocacy, Education, Social Marketing, and Participation** – Priorities that the workshop participants identified in these areas are developing a province-wide communications strategy for tobacco control, linking communications on tobacco control with other risk factors, recruiting champions to promote tobacco control at the community level, and establishing a library for information pertaining to tobacco control.

5. **Networks, Leadership, Administration, Management, and Coordination** – Strong leadership and coordination among various levels of government and non-governmental organizations is a priority for aligning and integrating tobacco control programs and activities. The workshop participants identified priority areas such as facilitating the alignment and integration of activities and programs across health authorities, the province, Health Canada, and non-governmental organizations; facilitating networking opportunities and inter-organizational development among researchers, policy-makers, practitioners, and community stakeholders; setting future prevalence targets and ensuring that the goals set are being reached; and establishing a forum for identifying and managing strategic issues (e.g., funding, strategic/business plan development, research requirements).

The workshop participants recommended the PHSA take these actions:

- **Establish ongoing, comprehensive *data collection* and analysis at the provincial, regional, and community levels.** This would require coordination among different levels of government and the health authorities, and would be integrated into other related research being done by these partners, as well as university-based and -affiliated researchers, non-governmental organizations, and the Healthy Living Alliance.
- **Enhance *coordination, communication, and knowledge transfer* among tobacco control practitioners.** Initiatives here include hosting and facilitating best practices conferences and strategic planning and information sharing sessions, and helping to coordinate research activities and ensure that knowledge from research is translated into best practices in the field.
- **Develop *business cases* to obtain sustainable funding for tobacco control programs.** PHSA's role would be to assist its own agencies, the Ministry of Health Services, regional health authorities, non-governmental organizations, and others with the research and analysis to justify expenditures on tobacco control initiatives.
- **Support developments in *legislation and policy*, by developing business cases for change.** Two priorities the workshop participants identified are establishing legislation to obtain dedicated

funding from tobacco taxes to help fund tobacco control initiatives in the province, and establishing provincial smoke-free legislation for all public places.

PHSA will use the results of this review and consultation process, summarized in this report, to develop the tobacco component of its Prevention, Promotion and Protection Program.

Introduction

The Provincial Health Services Authority (PHSA) strategic plan includes a major focus on disease prevention, health promotion, and protection to improve the health of British Columbians. This strategy recognizes that risk factors such as tobacco use can have significant human and financial costs to society and to the health care system. Effectively managing the risk factors of chronic disease can significantly offset these costs, resulting in a healthier and more productive society.

In November 2004, the PHSA retained the services of Context Research Ltd. to help define a role for PHSA in tobacco control in British Columbia. The project involved a *literature review of better practices*, a *rapid survey of tobacco control practitioners*, and a *consultation workshop*, which took place on November 19, 2004, to identify opportunities for PHSA involvement. This approach recognized that effective tobacco control requires partners to work together to achieve common goals and strategic directions. The Ministry of Health Services, Health Canada, health authorities (HAs), Crown corporations, and non-governmental organizations (NGOs) were consulted to identify the scope of current activities and to obtain input into potential opportunities for PHSA involvement. In preparation for the workshop, PHSA used the US Centers for Disease Control and Prevention Tobacco Framework. However, workshop participants chose a more simplified model that better applies to the BC context.

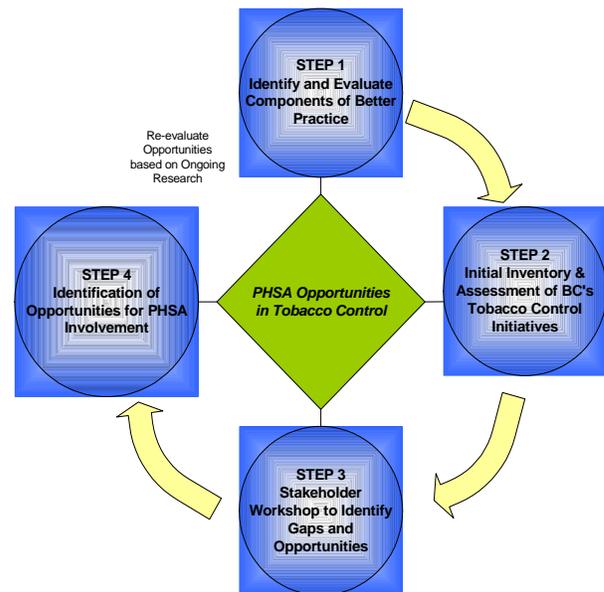
Research confirmed that partners and organizations working in tobacco control are already doing extensive work in BC. However, research revealed important gaps in the tobacco control program that need to be addressed.

This report provides a summary of the review and consultation process, including recommendations on priority areas for PHSA involvement in tobacco control. PHSA will use this report in developing the tobacco component of its Prevention, Promotion and Protection Program. It is also hoped that the report will be a useful resource to those working on tobacco initiatives in BC, especially those who attended the consultation workshop in November 2004.

Approach

To define the role of PHSA in tobacco control, Context Research implemented a four-step review and consultation program:

- **Step 1** involved research to identify and evaluate the main components of better practice for tobacco control.
- **Step 2** used the main components of better practice from Step 1 as the basis for conducting survey and initial inventory of tobacco control programs currently underway in BC.
- **Step 3** focused on a workshop with tobacco control managers and practitioners to confirm gaps and opportunities in tobacco control.
- **Step 4** involved workshop participants helping to identify possible areas for PHSA involvement in tobacco control in BC, as well as priorities that need to be addressed.



Results

The results of the review and consultation forum are presented in three sections.

The first section provides an overview of the components of better practice identified in the literature.

These were used to establish the data collection framework for the inventory of tobacco control programs in BC and for identifying possible areas for PHSA involvement. The building blocks or components of a successful tobacco control strategy were identified through a review of provincial and federal tobacco control strategies, and research on published studies.

The second section presents the results of the survey of tobacco control managers and the inventory of programs and interventions being implemented – by government, NGOs, Crown corporations, and health care institutions.

The third section presents the results of the workshop at which participants identified gaps and opportunities, along with opportunities for PHSA involvement.

The appendices contain a summary of better practices review, the tobacco control survey and inventory results, and the workshop agenda and attendees list.

The review and consultation process was limited to a three-week period leading up to the workshop on November 19, 2004. This short time frame did not allow for an extensive review of the literature or evaluation of interventions currently underway in the province. Gaps in the data collection process have since been identified, and recommendations have been made for additional research and consultation.

Notwithstanding, the results suggest clear recommendations for a PHSA contribution to prevention and control of tobacco use in BC. They also identify a working framework in which to continue updating the activities carried out in the province, and suggest supplementing them with better practices identified in the literature review.

SECTION ONE

A Framework for a Comprehensive Tobacco Control Program

Understanding what constitutes better practice provides a framework for collecting and consolidating information on the current status of tobacco control in BC, and for identifying possible areas for PHSA involvement. A distinction is made in the literature between better and best practices. This is discussed in Appendix A. The literature review identified nine main components of better practice in the development and implementation of a comprehensive tobacco control program. These nine components are based on those identified by the US Centers for Disease Control and Prevention (CDC)¹ and guidelines established by the National Association of County and City Health Officials (NACCHO)² and are as follows

1. Community programs and activities to reduce tobacco use
2. School/youth programs
3. Chronic disease management to reduce the burden of tobacco-related diseases
4. Province-wide programs
5. Counter marketing
6. Cessation programs
7. Surveillance and evaluation
8. Policies and Enforcement of Legislation
9. Administration and management

Province-wide programs and chronic disease management are not referenced in the literature as frequently as the other seven components. However, given the respective roles of the provincial and federal governments and the regional health authorities, the concept of province-wide programs needs to be considered as part of a comprehensive strategy. Similarly, chronic disease management should also be a priority component for BC's tobacco control program, given that the focus of the health care system tends to be on an acute, episodic model of care focused on urgent treatment and cure. Insufficient attention is given to preventing the

¹ Centers for Disease Control and Prevention, Best Practices for Comprehensive Tobacco Control Programs, August 1999.

² National Association of County and City Health Officials, Program and Funding Guidelines for Comprehensive Local Tobacco Control Programs, April 2000.

complications of chronic conditions by reducing tobacco use. Prevention initiatives delivered from within the health care system can also reduce the onset of chronic conditions.³

The extent to which all nine components are used in Canadian settings varies depending on the target audience, the setting, and the resources available to government and non-governmental agencies.

For example, *Saskatchewan's* tobacco control strategy focuses on four province-wide initiatives (counter marketing, establishing smoke-free public spaces, monitoring best practices, and taxation).⁴

Manitoba's strategy has a significant focus on youth because the province has one of the highest youth smoking rates in Canada.⁵ Smoking bans and enforcement of laws concerning the sale of tobacco products to minors, and mass media campaigns and tobacco use cessation programs targeted at youth are priority interventions.⁶

Nova Scotia's strategy contains seven of the nine components (but not chronic disease management or province-wide programs). The strategy recognizes that raising tobacco prices through increased pricing and taxation is the most cost-effective intervention government can make.⁷

The *Alberta* and *Ontario* strategies also recognize the importance of pricing and taxation. Increasing the price of tobacco by 10% results in a corresponding reduction in tobacco demand of 4% among adults and 15% among youth.⁸ When considering any increase in tobacco taxes, however, the implications of price increases on issues such as smuggling, counterfeit products, and changes in how youth obtain and use tobacco products must be taken into account.

BC's Tobacco Control Strategy, released on May 31, 2004, considers all nine recommended components for a comprehensive tobacco control strategy. The implementation of the strategy, however, is strongly influenced by the resources available and partnerships with health authorities, NGOs, and Health Canada. In particular, the provincial tobacco control program has undergone major changes since 2001, sustaining a significant reduction in budget and a decrease in staff. These changes have significantly affected how tobacco control programs are managed and implemented in the province. Health authorities and strategic partnerships with

³ World Health Organization. *Innovative Care for Chronic Conditions: Building Blocks for Action*, 2002.

⁴ Saskatchewan Coalition for Tobacco Reduction. *Best Practices in Tobacco Control – A Vision for Saskatchewan*, 2004.

⁵ Manitoba Health. *Cutting Through the Smoke, Manitoba Provincial Tobacco Control Strategy*, 1999.

⁶ *Ibid.*

⁷ Nova Scotia Department of Health. *A Comprehensive Tobacco Strategy for Nova Scotia*, 2001.

⁸ AADAC. *Reducing Tobacco Use in Alberta: A Comprehensive Strategy*, June 2001.

NGOs play a much stronger role, and the province provides a policy and legislative framework and develops system-wide programs that support regional initiatives. Examples of province-wide programs include the BC Doctors' Stop Smoking Program, quitnow.ca , an Internet-based cessation program, and the BC Smokers Helpline, that became quitnow by phone in February 2005. Programs that support health authorities at the community level include the development of website materials, mass media campaigns, education resources, and Tobacco-Free Sports. The Ministry of Health Services also helps coordinate enforcement, promotes cessation through a variety of programs, conducts surveillance in partnership with Health Canada, and promotes best practices.

While each jurisdiction has particular needs, it is generally acknowledged that a comprehensive or multi-pronged approach to tobacco control is required. A variety of measures – protection measures, health promotion, cessation programs, and so forth – must be implemented simultaneously. Agreement is strong, however, that having the proper legislative and policy framework, and proper pricing and taxation, are important tools for reducing the use of tobacco products.

On a province-wide basis, a number of components provide significant value by establishing the foundation for community-based tobacco control programs. For example, a comprehensive surveillance, monitoring, and evaluation program is essential for understanding attitudes and behaviours related to tobacco use across the province. This information is needed to inform the design of effective community-based programs for target populations. Similarly, establishing the right policy and legislative framework for tobacco control is critical for enforcement, for reducing the consumption of tobacco products, and for protecting the public from second-hand smoke. Finally, administration and management of tobacco control helps ensure that limited resources are coordinated, integrated, and used effectively.

The main components of better practice are summarized in the following discussion, along with examples of activity in BC.

1. Community Programs and Activities to Reduce Tobacco Use

Effective community health programs involve people in their homes, workplaces, schools, and other community and public places. The literature clearly shows that community-based programs are a critical better practice, allowing interventions to be custom designed to reflect the unique needs and circumstances in communities and target populations. In Massachusetts and California, local coalitions and community youth

programs have contributed to significant reductions in the percentage of successful attempts by youth to buy tobacco.^{9 10}

In BC, much of the responsibility for community-based programs rests with the health authorities. Implementation varies by health authority. The Interior Health Authority and the Fraser Health Authority appear, on the basis of the initial inventory, to have more community programs than other HAs in the province. The province provides some resources, including website materials, program promotions, and mass media campaigns, to support community programs and also helps ensure coordination between regions, such as the coordination that Regional Tobacco Reduction Coordinators provide. Health Canada also provides support in this area.

While the health authorities are making their best efforts to implement programs, their success is hampered by the unavailability and inconsistency of funding. In 2003, provincial funding changed from dedicated funds targeted to tobacco control programs to general funding that can now be used at the discretion of the RHAs.

Better practices in community programs include a range of activities that prevent initiation of tobacco use, reduce tobacco use, and promote smoke-free environments. The following are some examples:

- Strengthening tobacco-free policies in schools and community centres
- Conducting smoke-free home and workplace campaigns
- Creating cessation programs delivered through community agencies
- Collaborating with community organizations, businesses, health care providers, and other stakeholders to promote reduction of tobacco use
- Implementing community advocacy programs to promote changes in policy and legislation
- Using mass media to advance public education and awareness, and to promote policy initiatives. Mass media campaigns are more effective when targeted and combined with other interventions (i.e., as part of a multifaceted approach).

⁹ Abt Associates, Inc. Independent evaluation of the Massachusetts Tobacco Control Program. *Third Annual Report*, January 1994–June 1996.

¹⁰ Independent Evaluation Consortium. Final report of the independent evaluation of the California Tobacco Control Prevention and Education Program: Wave 1 Data, 1996–1997.

2. School/Youth Programs

Ensuring that youth never start smoking is one of the most effective means of reducing the number of smokers and the associated social, economic, and health care costs. Programs that more frequently contact youth during the critical years for smoking adoption are more likely to be effective, particularly when combined with mass media programs and with community-based efforts involving parents and other community resources.¹¹

In BC, over 18% of youth between the ages of 15 and 19 are current smokers.¹² Targeting schools is an effective method of reaching teens, and there continues to be a focus on preventing tobacco use among youth. However, since 2001, funding for a number of major initiatives directed towards youth has been either reduced or cancelled. Poster campaigns, the Critic’s Choice contest, *Gasp* magazine, and the BC Youth Tobacco Attack Team, Kids Zone/Knowledge Network have been terminated. This may reflect the fact that evidence on the effectiveness of interventions such as mass communication on smoking cessation among youth is lacking.¹³

Health authorities play a significant role in implementing programs aimed at schools and youth. School-based programs, surveillance, video contests, and curriculum-based programs are initiatives that health authorities implement with the support of the Ministry of Health Services.

Research suggests that effective smoking prevention programs should start before children begin experimenting with tobacco and extend through the high-school years.¹⁴ Some examples of these programs follow:

- Implementing evidence-based curriculum
- Engaging youth to create prevention and education events and campaigns
- Raising youth awareness about deceptive tobacco advertising
- Encouraging smoking bans in the home¹⁵

¹¹ Centers for Disease Control and Prevention. Reducing Tobacco Use: A Report of the Surgeon General, 2000.

¹² Boomer, J. Investing in Tobacco Control in BC, January 2004.

¹³ McDonald P., B. Colwell, C. Backinger, C. Husten, and C. Maule. Better Practices for Youth Tobacco Cessation: Evidence of Review Panel. *American Journal of Health Behavior*. 2003; 27 (Suppl 2): S144–S158.

¹⁴ Actions Will Speak Louder Than Words: Getting Serious about Tobacco Control in Ontario. A Report to the Minister of Health from Her Expert Panel on the Renewal of the Ontario Tobacco Strategy, February 1999.

¹⁵ Foulds, J., and C. Godfrey. Counting the Costs of Children’s Smoking. *British Medical Journal*, Volume 311, Oct. 28, 1995.

- Conducting cessation programs for adolescents using cognitive behaviour principles and motivational enhancement.¹⁶ Cognitive behaviour interventions may include goal setting, self-monitoring, development of coping skills, and counter conditioning.
- Combining classroom education with changes to the school environment and/or family participation
- Increasing the price of tobacco products¹⁷

3. Chronic Disease Management to Reduce the Burden of Tobacco-Related Diseases

Tobacco use is the leading cause of preventable death. Each day in BC, about 16 people die from tobacco-related illnesses. Moreover, tobacco use increases the risk of a number of diseases, such as cardiovascular disease, cancer, asthma, and diabetes. Including tobacco control in the broader context of chronic disease prevention ensures a wider dissemination of tobacco-related strategies and helps address the multiple risk factors associated with tobacco use.

While the CDC recognizes chronic disease management as an important component of tobacco control strategies, the literature reviewed contained relatively little information on this component as a better practice. In BC, the BC Healthy Living Alliance has been established to provide leadership to enhance collaborative action to promote living smoke free, physical activity, and healthy eating. The alliance provides an opportunity for information and messages about tobacco control to be included as part of a broader strategy to help manage chronic diseases.

In addition to the BC Healthy Living Alliance, other province-wide programs are anticipated as part of the government's initiative to improve the health of British Columbians and as part of the 2010 Olympics. These programs will, it is hoped, include initiatives to reduce the onset and prevent the complications of chronic diseases as part of chronic disease management programs.

Integrating tobacco control messages and programs into chronic disease management programs will require planning and coordination on a system-wide basis.

Suggested better practices include the following:

¹⁶ Ibid.

¹⁷ Harris J., and S. Chan. The Continuum of Addiction: Cigarette Smoking in Relation to Price Among Americans Aged 15–29. *Health Economics*, Volume 8, 1999.

- Establishing a collaborative approach to chronic disease management that brings together various agencies in a coordinated strategy
- Implementing community interventions that link tobacco reduction and control with prevention of other chronic diseases
- Developing and strengthening databases that identify patients with chronic disease and can be used in prevention efforts

4. Province-Wide Programs

Comprehensive programs for reducing tobacco use have proven to be effective when commitments are made at the provincial and national levels. Provincial and national support are necessary to demonstrate leadership, provide adequate and sustainable resources, establish policy frameworks, and help provide the strategic management necessary to integrate and coordinate the efforts of all those involved.

In BC, the federal and provincial governments support tobacco control. The federal government is active in enforcement, surveillance, research, promoting best practices, and providing funding support to implement tobacco control programs at the community level. The province has developed a range of programs to support regional initiatives (e.g., Kick the Nic, quitnow.ca, Tobacco-Free Sports, and the Tobaccofacts website). The Ministry of Health Services also has a role in areas such as enforcement, issues management, best practices, and cessation.

While the province plays an important role in tobacco control, funding and the number of provincial staff responsible for tobacco control have been significantly reduced since 2001. In 2001, 16 full-time staff helped coordinate tobacco control on a province-wide basis. Today there are four full-time staff. Similarly, the budget for tobacco control has decreased from \$6.5 million in 2001/2002 to \$4.4 million in 2002/2003 and 2003/2004.

While health authorities have taken on much of the responsibility for managing tobacco control programs to meet regional needs, there continues to be a recognized need for province-wide programs and strategic management. Areas for action include the following:

- Developing a provincial tobacco control action plan that will help guide planning and implementation at a health authority level
- Identifying and managing strategic issues and direction

- Improving communication and coordination among tobacco control practitioners including those working in all levels of government, NGOs, and advocacy groups
- Continuing to promote better practices
- Providing system-wide support in such areas as surveillance, business case development, and research on the value of tobacco control programs to all sectors in the province

5. Counter Marketing

Even though the rules for advertising, sponsorship, and promotion by the tobacco industry have become significantly restricted in Canada, the industry continues to spend millions of dollars in an effort to normalize and glamorize tobacco use. Counter-marketing attempts to counteract tobacco industry advertising through raising awareness of the dangers of tobacco use, and highlighting the manipulative tactics used by the industry to get people to smoke and keep smoking. Efforts focus on reducing the acceptability of tobacco use and promoting smoke-free lifestyles and environments through the media, local events, and the public education system. Yet, despite a major advertising campaign three years ago that informed Canadians that light and mild cigarettes are just as harmful as regular ones, many smokers remain confused or misled by the labels “light” and “mild.” A significant number of smokers have a perception that these labels mean a safer or healthier cigarette.¹⁸ This demonstrates that, to be successful and effective, counter-marketing initiatives must be of adequate frequency and duration.¹⁹ The following are some examples:

- Exposing and countering the tobacco industry’s targeting of specific populations (e.g., women, youth) and the general population
- Banning or limiting tobacco advertising, promotion, and sponsorship,²⁰ including misleading labelling on tobacco products
- Advertising to counter the tobacco industry’s promotion of itself
- Providing the public with relevant and assertive information about tobacco products, including the ingredients they contain, the constituents of smoke, and industry misinformation

¹⁸ Les Études de marché Créatec +. Final Report: Canadian Opinion on the Removal of L&M Labels from Cigarette Packages: A Survey of Smokers and Non-Smokers. Prepared for Health Canada. March 2003.

¹⁹ Flay, B.R. Selling the smokeless society: 56 evaluated mass media programs and campaigns worldwide. *American Public Health Association*, 1987.

²⁰ Pan American Health Organization, Regional Office of the World Health Organization. Developing Legislation for Tobacco Control, 2002.

Counter marketing is not a high priority in BC, although the province continues to pursue litigation against the tobacco industry. An effective counter-marketing campaign would require substantial resources well beyond the current budget, and may detract from other high-priority and proven interventions.

Based on the inventory, Health Canada is more active in counter-marketing activities with efforts to change tobacco products to reduce negative effects on health, and prevent misleading advertising or information in mass media campaigns aimed at consumers.

6. Cessation Programs

Increasing awareness and the use and effectiveness of cessation programs to help people quit has the potential to reduce tobacco-related deaths.²¹ They can also result in significant health benefits and cost savings to the health care system.

The literature strongly supports cessation programs as a component of an effective tobacco control strategy. According to the CDC, initiatives that help people quit smoking produce, in the short term, public health benefits more quickly and to a larger extent than do other components of a tobacco reduction strategy.²² Current treatments known to increase the odds of quitting smoking include self-help programs (e.g., booklets, websites, videos), telephone quit lines, counseling through health care providers (e.g., physicians, dentists, pharmacists, nurses), group counseling and mutual aid programs, intensive individual counseling, and pharmacotherapy (e.g. bupropion, nicotine replacement products).

The Ministry of Health Services currently funds a variety of smoking cessation activities, including BC Smokers Helpline, BC Doctors' Stop Smoking Program, Kick the Nic, Helping Moms Quit, Northern Interior Nicotine Intervention Counseling Centre and quitnow.ca. On February 1, 2005, the province expanded telephone cessation counseling services by making the service available all day every day of the year and in over 130 languages. In addition, the Ministry of Health Services recently completed a request for proposals for innovative projects to create and prepare additional smoking cessation project opportunities. These initiatives suggest a renewed focus at the provincial level on promoting smoking cessation. Health Canada and the health authorities are also engaged in cessation projects. Cessation resources and programs

²¹ Ministry of Health Services. BC's Tobacco Control Strategy, Targeting Our Efforts. 2004.

²² Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs, August 1999.

are promoted and available in communities, and Health Canada is continuing to work on a national systems approach to smoking cessation, as well as promoting best practices.

Some suggested better practices are as follows:

- Facilitating access to appropriate smoking cessation programs, supports, and replacement therapy
- Implementing cessation programs for youth focused on cognitive behaviour principles and motivational change
- Implementing mass media campaigns combined with other interventions to increase cessation and reduce consumption²³
- Developing multi-component health care system interventions that include a minimum of provider reminder systems, patient education programs, telephone cessation support, and self-help smoking cessation materials
- Eliminating cost barriers to access and participation in cessation programs

7. Surveillance and Evaluation

Surveillance focuses on the monitoring of tobacco-related behaviours, attitudes, and health outcomes. This provides essential information necessary to ensure that resources are targeted on where they can have the greatest impact. Surveillance is also important to help measure the extent to which tobacco reduction and control goals and objectives are being achieved.

The federal government is most active in surveillance related to tobacco control in BC. This includes survey research through the Canadian Tobacco Use Monitoring Survey (CTUMS) and the Canadian Community Health Survey (CCHS) that examine tobacco control bylaws, and conduct research on regulations. Survey information is also available from the Adolescent Health Survey conducted by the McCreary Centre Society (http://www.mcs.bc.ca/rs_ahs_key-findings.htm) and from one-off research BC Ministry of Health Services projects, individual health authorities or NGOs (e.g., Context Research Ltd./Ipsos Reid provincial survey on tobacco prevalence, 2003; Kids Need Breathing Space benchmark survey, 2001; BC Clean Air Coalition surveys on second-hand smoke, 1999–2001). While current research provides relevant information, tobacco

²³ Task Force on Community Preventive Services. Recommendations Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke. *American Journal of Preventive Medicine*, Volume 20(2S), 2001.

control practitioners have identified a priority need for more frequent and more consistent data collection particularly at the regional and community levels.

These are some suggested better practices:

- Developing systems for sharing information across jurisdictions in Canada
- Embedding surveillance and evaluation into strategy development and program design and implementation
- Conducting qualitative and quantitative research at all levels (national, provincial, health authority, municipal, topic specific)
- Ensuring reporting of research results and the translation of the results into knowledge and practice
- Continuing to promote a research and evaluation agenda on issues such as population-specific interventions, second-hand smoke, and chronic disease outcomes
- Linking research with practice
- Facilitating knowledge translation and coordinating dissemination of research results

8. Policies and Enforcement of Legislation

A comprehensive policy and legislative framework provide the foundation for the design and implementation of tobacco control programs at all levels. This includes legislation and policies that deter violators, reduce access to tobacco products, reduce the effect of second-hand smoke, and send a message to the public about the importance of anti-tobacco policies. Research indicates that policies that prohibit or reduce smoking in indoor public places are the most effective methods for reducing exposure to second-hand smoke.

Enforcement activities can also be expanded beyond the role of government to include professional organizations (e.g., College of Pharmacists, retail organizations).

Some suggested better practices are as follows:

- Pricing strategies to deter tobacco use (i.e., increasing tobacco taxes) particularly among young people
- Developing legislation and policies to support protection from second-hand smoke
- Implementing smoking bans to reduce exposure to second-hand smoke

- Enforcing tobacco control legislation
- Educating merchants and the retail and hospitality industries
- Encouraging and supporting pro-health policies on tobacco
- Aligning policies across government ministries
- Litigating to recoup costs, delegitimize the tobacco industry, and force changes in practice

Tobacco Enforcement Officers enforce the federal Tobacco Control Act under a funding agreement between Health Canada and the province. While this enforcement is effective in addressing violations among retail merchants and for limiting tobacco industry advertising and promotion, it does not address promoting changes in policy that could be effective in restricting access to tobacco products. For example, in 2000 the College of Pharmacists passed a motion to support the phase-out of tobacco sales in pharmacies and recommended that government amend regulations to support this resolution. Ontario, Quebec, and New Brunswick already have legislation banning the sale of tobacco products in pharmacies and, effective June 1, 2005, Prince Edward Island will make pharmacies in the province tobacco free. The BC government has not taken action in this regard. Similarly, despite evidence on the health impact of second-hand smoke, the Workers' Compensation Board of BC has regulations in place that allow hospitality workers to knowingly expose themselves to the carcinogens in second-hand smoke.

9. Administration and Management

Administration and management are often overlooked as better practices and are not well referenced in the literature. An effective management structure is important in the planning and management of tobacco reduction and control programs. This structure includes establishing policy and legislation, enforcement, conducting surveillance, helping to integrate and coordinate tobacco control activities, and knowledge transfer. For example, efforts to link research with practice have focused on organizations such as the BC Clean Air Coalition of BC. In March 2003, the Exposed and Disclosed Forum was held to showcase research, policy, and practice among researchers and practitioners. Breakfast meetings, designed to foster networking and professional development, have occurred primarily in the Lower Mainland since February 2001. These meetings provide researchers with the opportunity to share their work with policy-makers and practitioners. Regular teleconferences are also held to showcase the work of researchers in an effort to further promote knowledge transfer. These efforts have been made possible through funding from Health Canada, the Ministry of Health Services, the Heart and Stroke Foundation of BC and Yukon, and the BC Lung Association.

The regional health authorities and practitioners involved with tobacco control have articulated the need for additional resources to provide strategic management, improved communications, and knowledge transfer. For this to occur, additional resources will be required on a system-wide or provincial basis. A key challenge is to build and nurture inter-organizational networks and achieve inter-sectoral, multi-disciplinary program development and implementation.

The administration and management of tobacco control includes a number of important better practices:

- Establishing province-wide policy and direction to guide tobacco control at all levels in the system
- Providing system-wide integration of tobacco control initiatives, such as ensuring that tobacco control is effectively incorporated into strategies the Healthy Living Alliance has established, and linking with other ministries (e.g., Action Schools! BC and NGOs to coordinate efforts
- Providing strategic management at both the policy and practice levels
- Facilitating coordination in planning and budgeting, and setting priorities on an annual basis
- Facilitating the transfer of knowledge gained in research into better practice
- Promoting networking among tobacco control practitioners

Summary

Over the past 30 years, a substantial amount of evidence has accumulated through analysis of tobacco control programs implemented nationally and internationally. Two major studies, the CDC Best Practices for Tobacco Control and the NAACHO Guidelines, have consolidated much of the research and have identified nine main components of an effective and comprehensive tobacco control program. The application of these components varies by jurisdiction and depends on program priorities at different levels of government, as well as funding availability and consideration of “best practices” (i.e., what is most appropriate in situation-specific circumstances).

In BC, the tobacco control program has undergone significant changes over the past four years. These changes have resulted in an overall reduction in tobacco control programs implemented by the province and a shift in responsibilities to regional health authorities.

Tobacco control practitioners have stated that there are significant benefits when certain programs are coordinated and managed at the system-wide level to ensure consistency and to help maximize the use of

limited resources. The better practices review suggests that improvements are required in areas such as surveillance, administration and management, funding support for community and school-based program development, and knowledge transfer.

SECTION TWO

Tobacco Control Survey and Inventory

TOBACCO CONTROL SURVEY

To identify the extent to which better practices are used in the implementation of tobacco control programs, the consultants conducted a survey of managers responsible for tobacco control programs in BC. Fourteen managers representing the health authorities, NGOs, and the Ministry of Health Services participated in the survey. In many cases, managers relied on input from their staff, thereby ensuring a fairly comprehensive review and inventory of better practices.

The survey was sent out by e-mail to the managers, and a consultant contacted each manager directly to review the results and to complete the inventory. The survey results are presented in Appendix B, and the inventory of best practices is presented in Appendix C. Results were used in the introduction to the workshop to provide information and to stimulate ideas. The following are highlights of the responses:

- Seventy per cent of respondents use research such as surveys, program evaluations, literature reviews, better practices, and case law when designing tobacco control programs.
- Only 57% routinely consult with communities to develop plans for tobacco control. Thirty-six per cent do this occasionally and the rest not at all. Consultation methods include meetings with community groups, opinion leaders, and program partners.
- Fifty-seven per cent of respondents identified their planning for tobacco control as always being evidence based. Forty-three per cent stated that planning was somewhat evidence based.
- Organizations and agencies that staff work with most often to plan and implement tobacco control programs focus on schools, health care providers, NGOs, Health Canada, and the BC Ministry of Health Services.
- When asked about gaps in the delivery of tobacco control programs, participants identified the following priorities:
 - Staff and funding
 - Sharing of information and communications
 - Coordination with other health authorities regarding evidenced-based activity

- Research and program development
- Need for an integrated strategy throughout the health authority
- Need for local statistics
- When asked about gaps at the provincial, system-wide level, participants identified the following:
 - Leadership and coordination of a province-wide tobacco strategy
 - Improved communications
 - Cessation initiative
 - Collection of tobacco statistics
 - Financial support for tobacco reduction
 - Implementation of policies and regulations that support tobacco control
- When asked about changes to make tobacco control in BC more effective, respondents identified a wide range of activities. The more frequently identified changes were the following:
 - Legislation and enforcement
 - Leadership, coordination and consistency in strategy development and implementation
 - Increased funding and resources
 - Additional emphasis on cessation strategies
 - Improved statistics and data gathering
- When asked about the factors preventing changes, the most common responses were these:
 - Lack of funding and staff
 - Loopholes in legislation
 - Lack of a coordinated, province-wide effort
 - Lack of political will; the need to see tobacco use as a priority

TOBACCO CONTROL INVENTORY

The tobacco control inventory was conducted over a two-week period as part of the best practices survey to obtain a comprehensive understanding about the scope of tobacco control programs in the province. In addition, workshop participants were asked to fill in any information that was missing from the data. The inventory is presented in Appendix C.

Through consultation with the client, it was determined that input was required from the groups listed in the table below.

| | | |
|--|---|---|
| <ul style="list-style-type: none"> Ministry of Health Services Tobacco Control Program | <ul style="list-style-type: none"> Ministry of Health Services Aboriginal Tobacco Strategy | <ul style="list-style-type: none"> Vancouver Island Health Authority |
| <ul style="list-style-type: none"> Interior Health Authority | <ul style="list-style-type: none"> Northern Health Authority | <ul style="list-style-type: none"> Vancouver Coastal Health Authority |
| <ul style="list-style-type: none"> Fraser Health Authority | <ul style="list-style-type: none"> Health Canada Tobacco Control Programme | <ul style="list-style-type: none"> First Nations and Inuit Branch Tobacco Control Strategy |
| <ul style="list-style-type: none"> Heart and Stroke Foundation of BC and Yukon | <ul style="list-style-type: none"> Canadian Cancer Society | <ul style="list-style-type: none"> Canadian Diabetes Association |
| <ul style="list-style-type: none"> British Columbia Lung Association | <ul style="list-style-type: none"> Canadian Breast Cancer Foundation | <ul style="list-style-type: none"> BC Cancer Agency |
| <ul style="list-style-type: none"> British Columbia Centre of Excellence for Women's Health | <ul style="list-style-type: none"> Society for Clinical Preventative Health Care | <ul style="list-style-type: none"> Workers' Compensation Board |
| <ul style="list-style-type: none"> Research community | | |

The CDC best practices components were used for classifying data collected from each organization. Results indicate that of the nine better practices components, activity is significant in the areas of community programs, chronic disease programs, school programs, enforcement, cessation, and surveillance and evaluation. Less activity occurs in the areas of province-wide programs, counter marketing, and administration and management.

Results also indicate that NGOs are actively engaged in some better practices areas, but not in other areas. Little NGO activity occurs in community programs, enforcement, province-wide programs, counter marketing, and administration and management. NGOs are moderately active in cessation programs and surveillance and evaluation, and most active in chronic disease programs and school programs.

The following points summarize the information received over the two-week period leading up to the workshop.

1. The lack of a comprehensive and real-time database makes achieving coordination, integration, and knowledge transfer among tobacco control practitioners difficult. Furthermore, this lack negatively affects the efficiency in program delivery by increasing the potential for duplication in both funding and program research and delivery.
2. The provincial government and health authorities have the most comprehensive programs, addressing all nine component areas. Health Canada provides support in all areas through funding, policy development, enforcement, and partnerships.
3. Although the inventory revealed a significant amount of cessation activity, since fall 2004, the province has been looking for opportunities to expand its cessation programs.
4. Surveillance and evaluation focuses on data collection. While Health Canada plays a major role in this area with ongoing surveys and research, more activity is needed at the health authority level, and with specific populations. This is one area of better practices that requires more funding and emphasis so that prevalence rates and the behaviour and opinions of target populations at the regional and community levels can be better understood.
5. Administration and management are focused both at the provincial and health authority levels. While each agency is effective in managing its programs, stronger leadership, coordination, and strategic management of tobacco control programs are needed across the province.
6. The inventory provided a snapshot of current activities in BC. However, the inventory took place over a two-week period and is limited by the following factors:
 - The time frame in which the data was collected was short. Numerous reminders and follow-up contacts were required to prompt people in the organizations to complete the information and return it in time for the workshop. Four to six weeks would be a more realistic time frame for additions to be made to the inventory.
 - The data was incomplete. The consultants were successful in collecting data from 16 of the 19 groups originally identified. About 15% of the organizations did not respond, and the majority had only partial information available on short notice. The data collection process also underscored the fact that there is no one source of information about the scope of

tobacco control programs and activity in the province. Information is available by jurisdiction (e.g., province, health authorities), by chronic disease (e.g., cancer, heart disease and stroke, diabetes) or by specialized function (tobacco control in the Aboriginal population, Workers' Compensation Board, British Columbia Centre of Excellence for Women.) Completing the inventory will require additional time to fill in the data gaps for the rest of the identified groups. The groups for which no information was available were the Canadian Diabetes Association, the Canadian Breast Cancer Foundation, and the research community, plus other groups that may not have been identified in the initial scan. Collecting the rest of the data will require persistent efforts to contact the organizations and to research websites and documents.

The inventory would be a useful tool for people working in the tobacco field. Requests have already been received for the initial inventory. For the inventory to be useful, however, it would need to be updated regularly.

SECTION THREE

Tobacco Control Forum

PHSA hosted a one-day workshop on November 19, 2004, to obtain input on the better practices framework and the gaps and opportunities for PHSA involvement in tobacco control in BC. The workshop included participants from the Ministry of Health Services, NGOs, health authorities, the Workers' Compensation Board, Aboriginal Tobacco Control Strategy of BC and Health Canada. Thirty-four representatives of different organizations attended the workshop.

The consultants designed the format of and facilitated the workshop in consultation with PHSA. Appendix D contains the workshop agenda, and Appendix E contains the list of workshop attendees. The workshop discussion topics were as follows:

- Workshop introduction and background
- Presentations on the respective roles of PHSA and the Ministry of Health Services in tobacco control
- Development of a better practices framework used to inventory current activities
- Identification of gaps and potential opportunities in tobacco control based on the framework developed by the workshop participants
- Group discussion of gaps and opportunities
- Prioritization of key areas in which PHSA could play a role in tobacco control, working in collaboration with the province, health authorities and other stakeholders

The research and surveys provided the basis for participant discussions on the guiding principles and components of better practice, and the gaps, opportunities, and priorities for PHSA involvement in tobacco control in BC.

GUIDING PRINCIPLES

Participants in small groups discussed the proposed guiding principles. Each group was asked to comment on whether the principles were comprehensive and relevant to tobacco control in BC. Generally, participants felt that the list of guiding principles needed to be reduced and simplified. The following are some of the specific comments the participants made about the principles:

- Combining “effective,” “evidence-based,” and “efficient”
- Adding “innovation,” which could be considered in competition with “evidenced-based”
- Adding “participation” and recognizing this is different from “collaboration”
- Adding a reference to “cultural relevance” or “diversity”
- Including “advocacy” with “commitment”

Based on the input received from the participants, the guiding principles for planning and managing tobacco control in BC could include the following:

- *Strategic* – need to be tactical and have purpose and intent
- *Effective* – includes evidence-based and cost-efficient
- *Comprehensive* – can include targeted as well as cultural diversity since specific audiences are considered in a comprehensive approach
- *Sustainable* – can include commitment
- *Participatory* – refers to the ability to truly engage communities and stakeholders in tobacco control programs and is culturally relevant
- *Innovative* – provides room for creativity, modernity, and advancement
- *Complementary* – all levels of government and NGOs working together to develop and implement tobacco control programs.

The input received from participants provides a broad perspective as well as a basis for developing a common set of guiding principles. Developing such a set of guiding principles, however, will require more discussion between the Ministry of Health Services and PHSA, and the workshop participants did not consider this to be a high priority at the current time.

BETTER PRACTICES FRAMEWORK

The nine components of better practice were initially presented as the basis for identifying gaps and opportunities in tobacco control in BC. Participants were asked whether the nine components were

sufficiently comprehensive to guide tobacco control in BC. The resulting discussion provided the basis on which to evaluate individual areas and identify opportunities for PHSA involvement.

Participants generally agreed that the nine components did not reflect the scope and strategic approach to tobacco control in BC. While the nine components are considered a good checklist, they do not reflect the integration of strategies in different settings needed to address the three main goals of prevention, cessation, and protection. The nine components relate to a combination of settings (e.g., schools, communities, media) and strategies (e.g., surveillance, enforcement). Components such as education and enforcement apply across demographic groups and geographic locations and cannot be viewed in isolation.

Rather than using the CDC best practices, participants supported maintaining the *three pillars* – protection, prevention, and cessation – as a more simplified approach for evaluating opportunities for expanding tobacco control programs in BC. At the same time, however, participants recognized that the three pillars are implemented in a variety of *settings* (e.g., schools, homes, communities, health care system). Furthermore, a common set of *strategies* can be developed for implementation and applied across the pillars for each setting. Figure 1 shows the relationship between the different components of the delivery model.

The new model recognizes three main components of a tobacco control program:

1. The *three pillars* – protection, prevention, and cessation
2. The *setting* or environment in which the intervention occurs
3. The *strategy* that is employed

Research provides the foundation for each of the three components.

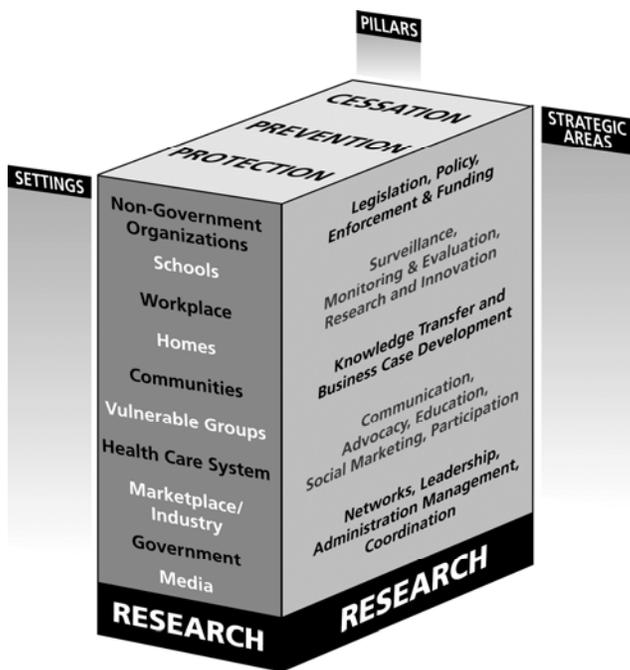
Strategies fall into five main areas:

1. Legislation, policy, funding, and enforcement
2. Surveillance, monitoring and evaluation, and research and innovation
3. Knowledge transfer and business case development
4. Communication, advocacy, education, social marketing, and participation
5. Leadership, management, and coordination

The model recognizes that for each pillar, there can be multiple strategies in a variety of settings. The strategies include the original components of legislation, surveillance and evaluation, and administration, but the model also recognizes the importance of transferring knowledge gained through research into better practices, and the importance of communications, social marketing, and partnerships in delivering tobacco control programs. The settings acknowledge the broader context in which tobacco control programs are implemented. Strategies may apply to each setting to achieve particular goals.

The participants reviewed the new model to ensure that it contained all component areas of better practice, as identified in the literature review. The new model formed the basis for group discussion about gaps and opportunities, and about priorities for PHSA involvement in tobacco control.

Figure 1: A Delivery Model for Expanding Tobacco Control Programs in BC



TOBACCO CONTROL GAPS AND OPPORTUNITIES

To help define the role for PHSA in tobacco control, participants used the five strategic areas in the better practices framework to identify the following gaps in and potential opportunities for improving tobacco control in BC:

1. Surveillance, Monitoring, Evaluation, Research, and Innovation

The need for better information on tobacco prevalence has been identified as a priority in survey research and in discussions with tobacco control managers over the past year. While Health Canada provides valuable information through the Canadian Tobacco Use Monitoring Survey (CTUMS) and other research activities, information is required on a more frequent and consistent basis and at the regional and community levels. Priority areas that workshop participants identified for surveillance, monitoring, evaluation, research, and innovation included the following:

- Establishing a comprehensive, ongoing data collection program at the provincial, regional, and community levels to include special populations with higher smoking prevalence rates. The data collection program would require coordination among different levels of government and the HAs, and would be integrated into other related research being done by NGOs and researchers.
- Conducting surveys on topics such as smoking behaviour, the effectiveness of interventions, and public opinion on policy at regional and community levels to support business case development and the development and evaluation of programs
- Conducting a provincial behavioural risk factor survey (which includes smoking) over and above the Canadian Community Health Survey (CCHS). The goals would be to ensure that the information gathered is relevant at the regional and community levels, includes special populations with higher smoking prevalence rates, such as youth, Aboriginal populations, and lower income households, and is collected on an annual basis. In the United States, for example, an annualized risk factor survey that can be adapted for more local use is conducted for adults and adolescents. Experience shows that these surveys are providing better and more regular data for strengthening local responses.²⁴
- Assisting with more detailed analysis of research data such that it can be used more effectively in designing and implementing tobacco control initiatives. This includes both survey data and research on better practices.
- Standardizing information gathering in hospitals on tobacco use among patients

²⁴ Centers for Disease Control and Prevention. Health Risks in the United States: Behavioral Risk Factor Surveillance System, 2004. http://www.cdc.gov/nccdphp/aag/pdf/aag_brfss2004.pdf

- Conducting research to determine the effectiveness of tobacco control programs on health outcomes. Currently, prevalence, attitude, and behaviour are used as the primary indicators of success. The impact of tobacco control on other health outcomes, including mortality and morbidity, preventing chronic disease, and reducing health care costs, would provide valuable information for business case development.

2. Legislation, Policy, Funding, and Enforcement

In addressing gaps and opportunities in the areas of legislation, policy, funding, and enforcement, it is important to note that PHSA does not set policy, develop legislation, or issue grants. Support in these areas could include evaluating policy options, assisting with business case development to secure program funding, and conducting research on legislation options to improve tobacco control.

Priority areas identified during the workshop were:

- Amending the Tobacco Sales Act to restrict access to tobacco products, particularly access by youth, and to better link policy with legislation
- Developing the business case for establishing a province-wide 100% smoke-free policy for public spaces and health care settings
- Developing a business case to establish a guaranteed minimum percentage of provincial revenue that could be assigned for tobacco control programs throughout the province
- Doing research on and developing business cases for an alternative to the First Nations' federal tax exemption on tobacco products. This could include establishing new approaches for using the federal tax rebate to help fund First Nations community programs to reduce tobacco use among Aboriginal populations.
- Continuing to protect against creative attempts by the tobacco industry to market their product, for example, retail “power walls,” product placements, and the depiction of smoking in movies and magazines.

3. Knowledge Transfer and Business Case Development

The transfer of knowledge focuses on two key areas. The first is the need to translate academic research on better practices into useful information for tobacco control practitioners. Research results can often go unnoticed, or staff simply do not have the time to translate this knowledge into best practices.

The second is the need to improve the exchange of information between managers, Tobacco Reduction Coordinators, Tobacco Enforcement Officers, NGOs, and the research community. This exchange is important to share best practices, avoid duplication, and enable complementary program development and implementation.

Priority areas for knowledge transfer and business case development are:

- Providing resources to identify, monitor, and report on tobacco control research. While a significant amount of research is currently underway, understanding is lacking about the scope of research projects, how they relate to current programs and activities, and how the results can be used to assist governments and health authorities in planning and delivering tobacco control programs. An updated database on past, current, and planned research projects is required.
- Translating research into applied knowledge. Again, resources are not readily available to properly analyze research findings and to translate the results into best practices in the field.
- Consolidating and evaluating evidence on better practices for tobacco control that can be used to develop programs, particularly for youth, for whom the perspectives on what constitutes effective interventions are varied.
- Improving coordination of research activities to avoid duplication. For example, in 2004 a number of youth-related research studies were conducted. Studies within health authorities and the school system overlapped, placing added pressure on school administrators and staff, and on their relationships with Tobacco Reduction Coordinators. Improving coordination and reducing duplication will enable governments to better capitalize on work that is being done.
- Developing business cases required to establish the justification for changes in legislation and policy, and to obtain more consistent funding for tobacco control programs. Information is required on the effectiveness of changes in legislation and policy, and the value of specific interventions. Health authorities can use this information to establish the justification for consistent and expanded tobacco control funding.

4. Communication, Advocacy, Education, Social Marketing, and Participation

Survey research leading up to the workshop revealed that few health authorities and NGOs have strategic communication plans to support tobacco control. However, participants at the

workshop confirmed the importance of a coordinated, province-wide communications strategy, as well as the need for communications at the regional level. The participants identified these priority areas for communication, advocacy, education, social marketing, and participation:

- Coordinating development of province-wide messaging for tobacco control. Messaging on tobacco as a major risk factor for chronic diseases should be linked with the Healthy Living Alliance.
- Linking and integrating communications on tobacco control with communications on other risk factors (e.g., depression, healthy weights, nutrition, lack of exercise)
- Recruiting champions to promote tobacco control at the community level
- Establishing a library or clearing house for information pertaining to tobacco control. This could be linked with the Centre for Addictions Research, which is already working with Microsoft to build a database.

5. Networks, Leadership, Administration, Management, and Coordination

BC's leadership position in tobacco control has come under scrutiny over the past three years with significant reductions in staff and financial resources. While regional health authorities have received increased responsibility for tobacco control, stronger leadership and coordination of the province's tobacco control efforts are required. Priority areas that the participants identified for networks, leadership, administration, management, and coordination included the following:

- Facilitating the alignment and integration of activities and programs across health authorities, the province, Health Canada, and NGOs
- Coordinating integration of research and activities among risk factors and health issues, as tobacco use is a leading factor that contributes to many chronic diseases
- Facilitating networking opportunities and inter-organizational development among researchers, policy-makers, practitioners, and community stakeholders
- Facilitating education of people working in the judicial system and courts about the impacts of tobacco to ensure that they realize the seriousness of violations and enforce the law, or facilitating change to the enforcement process to remove courts altogether
- Setting future prevalence targets and making sure that the goals set are being reached

- Establishing a more well-defined direction for tobacco control in the province from which health authorities and NGOs can develop their own plans
- Establishing a forum for identifying strategic issues (e.g., funding, strategic or business plan development, research requirements) that need to be addressed on a province-wide basis to improve the effectiveness of tobacco control in the province
- Integrating tobacco control messages and strategic initiatives into chronic disease management activities and the planned work of the Healthy Living Alliance and other provincial initiatives

SETTING PRIORITIES FOR PHSA INVOLVEMENT

The final component of the workshop focused on identifying priority areas for PHSA involvement in supporting tobacco control in the province. It was emphasized that this exercise was not intended to define overall provincial leadership, but rather to identify areas in which PHSA could focus its efforts in working with the Ministry of Health Services, the health authorities and NGOs as part of a collaborative tobacco control effort.

Participants used the five strategic areas in the better practices framework to identify the following priorities using a prioritization exercise.

| PRIORITY IDENTIFIED | PARTICIPANT RATING |
|---|--------------------|
| 1. SURVEILLANCE, MONITORING, EVALUATION, RESEARCH, AND INNOVATION | |
| • Coordination, collaboration of data collection, and dissemination | 9 |
| • Data collection to include determinants of health | 6 |
| • Behavioural risk factor survey | 4 |
| 2. LEGISLATION, POLICY, FUNDING, AND ENFORCEMENT | |
| • Legislation to dedicate a percentage of “sin” taxes to tobacco control funding | 10 |
| • Establishment of provincial legislation to make public places such as schools and health settings smoke free | 7 |
| • Addressing legislation issues to ensure they are consistent with the intent (e.g., youth access) | 2 |
| • Education of people working in the courts and judicial system regarding tobacco’s harms and the need to enforce tobacco legislation | 1 |
| • Advocacy for adequate staff and funding | 0 |
| • Link between legislation, policy, funding | 0 |

| PRIORITY IDENTIFIED | PARTICIPANT RATING |
|---|--------------------|
| 3. KNOWLEDGE TRANSFER AND BUSINESS CASE DEVELOPMENT | |
| <ul style="list-style-type: none"> Evidence-based public health business case development – effectiveness, cost, benefits, practical applications | 14 |
| <ul style="list-style-type: none"> Information networks – practitioners, and researchers share information | 4 |
| 4. COMMUNICATION, ADVOCACY, EDUCATION, SOCIAL MARKETING, AND PARTICIPATION | |
| <ul style="list-style-type: none"> Clearing house function – research coordination, support, communication – list research projects, list literature reviews | 9 |
| <ul style="list-style-type: none"> Central wide communication messages to counteract industry advertising and messaging | 1 |
| <ul style="list-style-type: none"> Central role for PHSA to play in local initiatives and smoke-free events | 0 |
| 5. NETWORKS, LEADERSHIP, ADMINISTRATION, MANAGEMENT, AND COORDINATION | |
| <ul style="list-style-type: none"> Mechanisms to encourage multi-sectoral networking | 12 |
| <ul style="list-style-type: none"> Link between researchers, policy-makers, and practitioners | 5 |
| <ul style="list-style-type: none"> Integration of activities and risk factors | 1 |
| <ul style="list-style-type: none"> Strengthen the linkage in planning and implementation between Aboriginal and non-Aboriginal strategies | 1 |
| OTHER | |
| <ul style="list-style-type: none"> Communication protocol with respect to targeting Aboriginal populations (i.e., through Aboriginal Tobacco Control Strategy of BC and First Nations and Inuit Branch Tobacco Control Strategy) | 3 |
| <ul style="list-style-type: none"> Regionalized training (through health authorities) to provide skills, resources (tools) to people working and volunteering in roles that are not necessarily “tobacco specific” | 2 |

On the basis of the prioritization process, participants identified the following four top priorities for PHSA to support tobacco control in BC. Emphasis in these areas will build on the work currently underway by various partners and will contribute to a more comprehensive tobacco control program for BC.

1. Establishing ongoing, comprehensive *data collection* and analysis at the provincial, regional, and community levels. This would require coordination among different levels of government and the health authorities, and would be integrated into other related research being done by these partners, as well as by university-based and -affiliated researchers, NGOs, and the Healthy Living Alliance.
2. Enhancing *coordination, communication, and knowledge transfer* among tobacco control practitioners. Initiatives here include hosting and facilitating best practices conferences and strategic planning and information sharing sessions, and helping to coordinate research activities and ensure that knowledge from research is translated into best practices in the field.

3. Developing *business cases* to obtain sustainable funding for tobacco control programs. PHSA's role would be to assist its own agencies, the Ministry of Health Services, health authorities, NGOs, and others with the research and analysis to justify expenditures on tobacco control initiatives.
4. Supporting developments in *legislation* and *policy* by helping to develop business cases for them. Two priorities participants identified are recommendations for establishing legislation to obtain dedicated funding from tobacco taxes to help fund tobacco control initiatives in the province, and establishing provincial legislation to make all public places smoke free.

CONCLUSION

BC has the lowest smoking prevalence rate in Canada and is often considered to be at the forefront of tobacco control in Canada. Throughout the province, Health Canada, the Ministry of Health Services, NGOs, and health authorities are responsible for the design and management of a full range of tobacco control programs and activities. At the same time, other agencies and organizations are implementing programs focused on chronic disease management, of which tobacco control is an integral component.

While significant strides have been made in reducing the use and prevalence of tobacco in BC, some challenges still need to be addressed. Health care practitioners have identified the need for additional funding, improved coordination and integration of planning and programs, and new requirements for research, communications, and education.

As a partner in tobacco control, PHSA can play a significant role in helping to address these challenges. The consultation process identified priority areas for PHSA involvement, with particular emphasis on supporting the Ministry of Health Services in legislation and policy development; research, surveillance, and data analysis; facilitating knowledge transfer; helping to provide leadership and coordination; and providing communication support. The focus of the PHSA in these areas will be to build on the work currently underway by various partners and will contribute to a more comprehensive tobacco control program for BC.

APPENDICES

APPENDIX A: SUMMARY OF BETTER PRACTICES REVIEW

Introduction

A substantial body of literature exists on tobacco reduction and control interventions. Similarly, there is a significant amount of literature on what constitutes best and better practices when selecting interventions to reduce the use of tobacco. The most notable of these is the report by the CDC published in 1999,²⁵ which identifies nine components of best practices for comprehensive tobacco reduction and control programs. These nine components remain the foundation for best practices in BC and form the basis for strategic plans and implementation strategies that the province and health authorities develop.

Since the 1999 publication of the CDC report, other organizations, government agencies, and researchers have identified best or better practices for tobacco reduction and control. Generally, there is consistency in the components of better practice, although there is not unanimity on what constitutes the most effective interventions. The level of research conducted for this project was not sufficient to identify levels of agreement on effective interventions. The BC Cancer Society and the BC Cancer Agency have conducted an extensive overview for the BC Healthy Living Alliance to evaluate risk factor interventions using the better practices framework,²⁶

This report provides a brief review of the components of better practice in tobacco control based on selected research studies. It begins by making a distinction between better and best practices; guiding principles common to better practices are identified; and interventions identified in the literature review that contribute to better practices in each of the nine areas are highlighted.

Best or Better Practices

The term “best practices” has been widely used to describe actions that have the greatest impact on preventing or reducing tobacco use. BC’s tobacco control strategy, *Targeting Our Efforts*, identifies principles of a comprehensive tobacco strategy and sets out best practices based on those developed by the U.S. Centers for Disease Control and Prevention (CDC) in 1999.

²⁵ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs, 1999.

²⁶ Canadian Cancer Society and BC Cancer Agency. Risk Factor Interventions: An Overview of their Effectiveness. Report Prepared by H. Krueger & Associates. February 3, 2005.

While the concept of best practices is widely used, in recent years debate about what is meant by “best practices” versus “better practices” has been increasing. This debate is fuelled by the fact that best practices are considered specific to particular situations and locations and are time sensitive. What works well in one situation or at one time may have a much different effect in a situation where the population is demographically different, where geography or environment vary, where timelines and resources differ, and so on. The alternative is to focus on better practices, defined as those “actions and processes – plausible, appropriate, evidence-based and well-executed – that will reduce the current and future burden of disease.”²⁷ Better practices become an industry standard, while best practices are context specific.

The better practices model recognizes that effective health practice is not a single endpoint, is not prescriptive, and is not “one-size-fits-all.” Rather, better practices are the full range of activities and processes, carried out vigilantly, that are associated with developing or identifying, implementing, evaluating, and improving interventions aimed at positively affecting health.²⁸ The concept of “better practices” is used in the remainder of this document to identify those practices that, when adhered to, will reduce the use of tobacco products.

Guiding Principles and Better Practices Framework for Tobacco Reduction Programs

The province, Health Canada, and the research community have identified principles of a comprehensive tobacco strategy. The principles of an effective tobacco control strategy used as a starting point for discussion at the workshop are described in the table below.

| | |
|--|--|
| Strategic | The strategy must have clearly stated goals and actions and should demonstrate linkage to provincial and federal tobacco control strategies. |
| Comprehensive (Province, Health Canada) | The strategy must have a comprehensive approach focusing on programs, taxation, and legislation. Governments and NGOs must take action at the national, provincial/territorial, regional, and community levels. |
| Targeted (Health Canada) | Reaching all Canadians does not mean that everyone in the community receives exactly the same program. Interventions directed to the community at large should be balanced with interventions for groups and individuals with particular risks and needs. |
| Committed | Responsibility for action is shared among a number of governments and organizations. Governments and NGOs must have a strong stated and demonstrated commitment to tobacco control. |
| Complementary and Collaborative (Province, Health Canada) | All levels of government, NGOs, advocates, and stakeholder groups need to work together to effectively reduce and control the use of tobacco products. The strategy and actions need to be integrated, coordinated, and complementary. The collaboration of researchers and practitioners is essential to the success of better practices interventions. |

²⁷ Moyer C., R. Cameron, J. Garcia, and C. Maule. Better Solutions for Complex Problems Summary Excerpt, 2001.

²⁸ Ibid.

| | |
|----------------------------|---|
| Sustainable (Province) | Programs must extend over a long period. |
| Communicated (Province) | A wide range of public education efforts, through events and mass media, is required to increase awareness and action and to create a supportive environment for tobacco reduction programs. |
| Effective (Province) | The effectiveness of the overall strategy and its programs needs to be measured and evaluated, along with the accountability of agencies and organizations for delivering according to their mandate. Trust is identified as an important element among collaborators in order that various partners can hold each other accountable. |
| Cost-efficient | Given limited resources, interventions should be implemented efficaciously. |
| Evidence-based | Interventions are based on practices that are supported by scientific evidence or are considered the gold standard according to prevailing knowledge. |

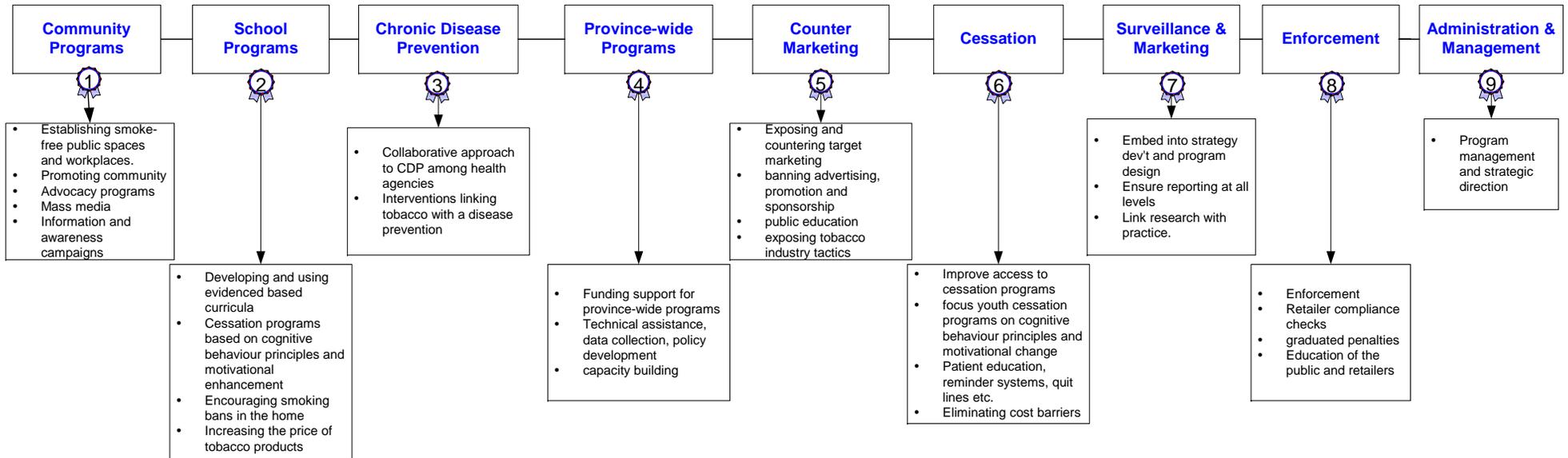
A better practices framework was also identified for discussion at the workshop. However, rather than using the CDC components of better practices in this model, participants at the consultation workshop supported maintaining the four pillars (protection, prevention, promotion, and cessation) as a more simplified approach for evaluating opportunities for expanding tobacco control programs in BC. The following figure shows the CDC framework

TOBACCO REDUCTION AND CONTROL

BETTER PRACTICES FRAMEWORK



COMPONENTS OF BETTER PRACTICE



Better Practices for Tobacco Control: Comparison of References

The following table lists the better practices identified in each of the provincial and federal tobacco control strategies and the other studies that were consulted during the research process, for each of the nine components of better practices that the CDC recognizes. The strategies and studies consulted are listed in the left column of the table, while the better practices from each document are listed in the right column

| Component: Community Programs to Reduce Tobacco Use | |
|---|--|
| Strategies/Studies | Better Practices |
| BC's Tobacco Control Strategy (Ministry of Health Services) | <ul style="list-style-type: none"> • Local community programs • Protection from second-hand smoke |
| Best Practices in Tobacco Control: A Vision for Saskatchewan 2004 | <ul style="list-style-type: none"> • Establishing smoke-free public places and work places |
| Women and Smoking: A Report of the Surgeon General United States | <ul style="list-style-type: none"> • Increase awareness of the impact of smoking on health • Reduce smoking and exposure to environmental tobacco smoke |
| Model Practice: Massachusetts Tobacco Control Program | <ul style="list-style-type: none"> • Targeted media campaigns • Community-based policy, promotion, and enforcement • Tobacco-free community mobilization networks • Youth action alliances • Protection of non-smokers by reducing exposure to environmental tobacco smoke |
| Reviews of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke | <ul style="list-style-type: none"> • Evidence insufficient due to small number of studies • Mass media campaigns effective in reducing tobacco use • Strong scientific evidence supporting programs to reduce exposure to environmental tobacco smoke |
| Better Practices for Youth Tobacco Cessation | <ul style="list-style-type: none"> • No better practices identified |
| Reducing Tobacco Use: A Report of the Surgeon General | <ul style="list-style-type: none"> • Large-scale community-based interventions – results were largely disappointing, particularly regarding prevention and control of tobacco use • Effective media advocacy programs |
| World's Best Practice in Tobacco Control | <ul style="list-style-type: none"> • Over the past few decades, anti-smoking media campaigns have been employed as part of comprehensive tobacco control campaigns in selected US states, as well as Australia, the United Kingdom, Canada, and other countries • Reducing youth access to tobacco through a variety of mass media, interventions, social marketing, etc. • Establishing smoke-free public spaces |
| Workshop Proceedings from the National Tobacco Control Best Practices Working Group | <ul style="list-style-type: none"> • Increase capacity to guide evaluation at local levels • Increase political and community support for tobacco control |
| New Directions for Tobacco Control in Canada: A National Strategy | <ul style="list-style-type: none"> • Established programs for youth • Information on community-based programs |

| Component: Community Programs to Reduce Tobacco Use | |
|---|---|
| Strategies/Studies | Better Practices |
| (Health Canada) | <ul style="list-style-type: none"> • Funding sponsorship for community-based projects (e.g., Kids Need Breathing Space) |
| Manitoba Provincial Tobacco Control Strategy | <ul style="list-style-type: none"> • Establish Youth Advisory Committee ensuring that programs and mass media campaigns are relevant, engaging, and effective for young people • Develop mass media campaigns that target youth • Support community smoking prevention initiatives • Tobacco Learning Resource Initiative – educate children and youth on consequences of tobacco use |
| Comprehensive Tobacco Strategy for Nova Scotia | <ul style="list-style-type: none"> • Coordinate a provincial skill development and motivational conference in partnership with key stakeholder groups • Hire district tobacco coordinators to support community-based tobacco initiatives • Support Nova Scotia’s ethnically diverse communities in addressing their tobacco control issues • Provide ongoing technical assistance to community organizations and community tobacco coordinators • Support Provincial Youth Tobacco Advisory Committee • Develop youth site as part of government website • Educate on the known health effects of second-hand smoke • Provide support and encouragement to parents to reduce or eliminate children’s exposure to second-hand smoke in the home |
| Action on Smoking and Health (ASH) | <ul style="list-style-type: none"> • Number three effective strategy is mass media education (tobacco tax increases and smoking bans and restrictions were found by this group to be the two most effective strategies) • Insufficient evidence supporting smoke-free home campaigns |
| National Association of County and City Health Officials (NACCHO) | <ul style="list-style-type: none"> • Developing partnerships with local organizations • Conducting educational programs • Encouraging policies that support tobacco use prevention and cessation |
| Reducing Tobacco Use in Alberta: A Comprehensive Strategy | <ul style="list-style-type: none"> • Establish working relationships with other provinces, Government of Canada, the border states, and international agencies such as the World Health Organization to collectively support the development of national and international strategies, frameworks, and protocols aimed at reducing tobacco use • Develop targeted youth strategies in the provincial prevention framework • Include provision for a grant program to support community programs and organizations that focus on prevention in the provincial framework |

| Component: Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases | |
|---|--|
| Strategies/Studies | Better Practices |
| BC's Tobacco Control Strategy (Ministry of Health Services) | <ul style="list-style-type: none"> • Healthy Living Alliance |
| Best Practices in Tobacco Control: A Vision for Saskatchewan 2004 | <ul style="list-style-type: none"> • No better practices identified |
| Women and Smoking: A Report of the Surgeon General United States | <ul style="list-style-type: none"> • No better practices identified |
| Model Practice: Massachusetts Tobacco Control Program | <ul style="list-style-type: none"> • No better practices identified |
| Reviews of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke | <ul style="list-style-type: none"> • No better practices identified |
| Better Practices for Youth Tobacco Cessation | <ul style="list-style-type: none"> • No better practices identified |
| Reducing Tobacco Use: A Report of the Surgeon General | <ul style="list-style-type: none"> • No better practices identified |
| World's Best Practice in Tobacco Control | <ul style="list-style-type: none"> • No better practices identified |
| Workshop Proceedings from the National Tobacco Control Best Practices Working Group | <ul style="list-style-type: none"> • No better practices identified |
| New Directions for Tobacco Control in Canada: A National Strategy (Health Canada) | <ul style="list-style-type: none"> • No better practices identified |
| Manitoba Provincial Tobacco Control Strategy | <ul style="list-style-type: none"> • No better practices identified |
| Comprehensive Tobacco Strategy for Nova Scotia | <ul style="list-style-type: none"> • No better practices identified |
| Action on Smoking and Health (ASH) | <ul style="list-style-type: none"> • No better practices identified |
| National Association of County and City Health Officials (NACCHO) | <ul style="list-style-type: none"> • No better practices identified |
| Reducing Tobacco Use in Alberta: A Comprehensive Strategy | <ul style="list-style-type: none"> • No better practices identified |

| Component: School Programs | |
|---|--|
| Strategies/Studies | Better Practices |
| BC's Tobacco Control Strategy (Ministry of Health Services) | <ul style="list-style-type: none"> • Youth prevention programs • Public education and promotional campaigns |
| Best Practices in Tobacco Control: A Vision for Saskatchewan 2004 | <ul style="list-style-type: none"> • No better practices identified |
| Women and Smoking: A Report of the Surgeon General United States | <ul style="list-style-type: none"> • No better practices identified |
| Model Practice: Massachusetts Tobacco Control Program | <ul style="list-style-type: none"> • Prevent young people from using tobacco products through education |
| Reviews of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke | <ul style="list-style-type: none"> • No better practices identified |
| Better Practices for Youth Tobacco Cessation | <ul style="list-style-type: none"> • Interventions in classroom settings show promise, but further evidence is required |
| Reducing Tobacco Use: A | <ul style="list-style-type: none"> • Educational strategies, conducted in conjunction with the |

| Component: School Programs | |
|---|--|
| Strategies/Studies | Better Practices |
| Report of the Surgeon General | <ul style="list-style-type: none"> community, and media-based activities can prevent smoking onset School-based social influence programs have significant impacts on smoking behaviour |
| World's Best Practice in Tobacco Control | <ul style="list-style-type: none"> No better practices identified |
| Workshop Proceedings from the National Tobacco Control Best Practices Working Group | <ul style="list-style-type: none"> No better practices identified |
| New Directions for Tobacco Control in Canada: A National Strategy (Health Canada) | <ul style="list-style-type: none"> Sponsors and markets teaching resources |
| Manitoba Provincial Tobacco Control Strategy | <ul style="list-style-type: none"> No better practices identified |
| Comprehensive Tobacco Strategy for Nova Scotia | <ul style="list-style-type: none"> Develop school smoking prevention program – smoking prevention curriculum, guidelines for effective school tobacco policy, youth cessation support |
| Action on Smoking and Health (ASH) | <ul style="list-style-type: none"> Insufficient evidence to support stand-alone provider education |
| National Association of County and City Health Officials (NACCHO) | <ul style="list-style-type: none"> Tobacco-free policies Proven risk-reduction curricula Teacher training Parental involvement In-school cessation support services Developing lessons in other subject areas that integrate and reinforce tobacco use prevention messages Linking school-based efforts with community programs |
| Reducing Tobacco Use in Alberta: A Comprehensive Strategy | <ul style="list-style-type: none"> Alberta Learning to implement the new anti-tobacco curricula currently being developed for Health and Life Skills kindergarten to grade 9 and Career and Life Management 20 with additional resource support provided by the prevention framework |

| Component: Enforcement | |
|---|---|
| Strategies/Studies | Better Practices |
| BC's Tobacco Control Strategy (Ministry of Health Services) | <ul style="list-style-type: none"> Legislation and enforcement |
| Best Practices in Tobacco Control: A Vision for Saskatchewan 2004 | <ul style="list-style-type: none"> No better practices identified |
| Women and Smoking: A Report of the Surgeon General United States | <ul style="list-style-type: none"> No better practices identified |
| Model Practice: Massachusetts Tobacco Control Program | <ul style="list-style-type: none"> Prevent young people from using products by reducing access (i.e., enforcement) |
| Reviews of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke | <ul style="list-style-type: none"> Increasing the price of products reduces use |

| Component: Enforcement | |
|---|---|
| Strategies/Studies | Better Practices |
| Better Practices for Youth Tobacco Cessation | <ul style="list-style-type: none"> • No better practices identified |
| Reducing Tobacco Use: A Report of the Surgeon General | <ul style="list-style-type: none"> • Regulation of advertising and promotion is very likely to reduce prevalence of smoking and of taking it up • Limiting access to tobacco products contributes to changing social norms • Clean air regulations contribute to a changing social norm • Exposure to environmental tobacco smoke reduced through regulation • Optimal level of excise taxation on tobacco products will reduce the prevalence of smoking |
| World's Best Practice in Tobacco Control | <ul style="list-style-type: none"> • No better practices identified |
| Workshop Proceedings from the National Tobacco Control Best Practices Working Group | <ul style="list-style-type: none"> • As with virtually all other products, demand for tobacco products falls as prices rise • Tax policy has a significant impact on the overall market for tobacco |
| New Directions for Tobacco Control in Canada: A National Strategy (Health Canada) | <ul style="list-style-type: none"> • Promotes/funds enforcement under the Tobacco Control Act • Promotes policy and legislative change • Strongly encourages programs and policies to protect against environmental tobacco smoke |
| Manitoba Provincial Tobacco Control Strategy | <ul style="list-style-type: none"> • Continue to support and promote the Enforcement of Tobacco Sales to Minors Program • Introduce legislation to ban smoking in enclosed public spaces and outdoor workplaces effective Oct. 1, 2004 |
| Comprehensive Tobacco Strategy for Nova Scotia | <ul style="list-style-type: none"> • Raising tobacco taxes is most cost-effective intervention governments can make • Enforcement program concerning ban on sale of tobacco to minors under the Nova Scotia Tobacco Access Act • Passage of province-wide smoke-free workplace legislation |
| Action on Smoking and Health (ASH) | <ul style="list-style-type: none"> • Number one effective strategy is tobacco tax increases • Number two effective strategy is smoking bans and restrictions |
| National Association of County and City Health Officials (NACCHO) | <ul style="list-style-type: none"> • Community empowerment • Conducting vendor and retail organization education • Employing extensive retailer compliance checks to identify violators of state and local laws that prohibit retailers from selling tobacco to youth • Investigating complaints of violations of clean indoor air policies • Educating and imposing penalties on violators tobacco laws] • Establishing a hotline to take complaints regarding violations of clean indoor air policies and youth access laws |
| Reducing Tobacco Use in Alberta: A Comprehensive Strategy | <ul style="list-style-type: none"> • Equalize the tobacco tax between cigarettes and fine cut (loose) tobacco, including chew and snuff products • Increase taxes on tobacco products to \$22 per 200 cigarettes and 200 grams of fine cut tobacco • Pass a single piece of comprehensive legislation to reinforce and complement federal law, effective April 1, 2004 • Incorporate the principles of Bill 208 into the legislation by |

| Component: Enforcement | |
|-------------------------------|--|
| Strategies/Studies | Better Practices |
| | <p>prohibiting youth under the age of 18 from using, possessing, or selling tobacco products</p> <ul style="list-style-type: none"> • Prohibit tobacco use in all enclosed public areas in Alberta, including all schools, postsecondary institutions, hospitals, day-cares, retail shops, shopping malls, banks, restaurants, public transit, and recreation facilities • Prohibit tobacco use in all Alberta workplaces, effective April 1, 2003, with allowances for independently closed off and ventilated smoking rooms • Prohibit the sale of tobacco products in all health-related centres including in store and stand-alone pharmacies in Alberta • Provide for a provincial licensing system for all tobacco vendors in Alberta including locations that sell tobacco products from vending machines • Implement a stronger, three-stage penalty process for vendors that sell tobacco products illegally in Alberta that would result in a defined fine of \$1,000 for a first offence, and of \$2,500 for a second offence; for a third offence, permanently revoke licence • Increase enforcement capability in the province in cooperation with municipalities, RHAs, and the federal government |

| Component: Province-Wide Programs | |
|---|--|
| Strategies/Studies | Better Practices |
| BC's Tobacco Control Strategy (Ministry of Health Services) | <ul style="list-style-type: none"> • Provincial Tobacco Control Strategy |
| Best Practices in Tobacco Control: A Vision for Saskatchewan 2004 | <ul style="list-style-type: none"> • No better practices identified |
| Women and Smoking: A Report of the Surgeon General United States | <ul style="list-style-type: none"> • Implement comprehensive statewide tobacco control programs • Support World Health Organization's Framework Convention for Tobacco Control |
| Model Practice: Massachusetts Tobacco Control Program | <ul style="list-style-type: none"> • Smokers Quitline • Statewide education and information • Capacity building |
| Reviews of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke | <ul style="list-style-type: none"> • No better practices identified |
| Better Practices for Youth Tobacco Cessation | <ul style="list-style-type: none"> • No better practices identified |
| Reducing Tobacco Use: A Report of the Surgeon General | <ul style="list-style-type: none"> • State tobacco control programs have produced early encouraging evidence of reducing tobacco use |
| World's Best Practice in Tobacco Control | <ul style="list-style-type: none"> • No better practices identified |
| Workshop Proceedings from the National Tobacco Control Best Practices Working Group | <ul style="list-style-type: none"> • Develop systems for sharing information across jurisdictions in Canada |
| New Directions for Tobacco Control in Canada: A National | <ul style="list-style-type: none"> • National media campaigns |

| Component: Province-Wide Programs | |
|---|---|
| Strategies/Studies | Better Practices |
| Strategy (Health Canada) | |
| Manitoba Provincial Tobacco Control Strategy | <ul style="list-style-type: none"> • No better practices identified |
| Comprehensive Tobacco Strategy for Nova Scotia | <ul style="list-style-type: none"> • Generate momentum for overall strategy • Raise awareness of harmful effects of smoking and second-hand smoke |
| Action on Smoking and Health (ASH) | <ul style="list-style-type: none"> • No better practices identified |
| National Association of County and City Health Officials (NACCHO) | <ul style="list-style-type: none"> • No better practices identified |
| Reducing Tobacco Use in Alberta: A Comprehensive Strategy | <ul style="list-style-type: none"> • No better practices identified |

| Component: Counter Marketing | |
|---|--|
| Strategies/Studies | Better Practices |
| BC's Tobacco Control Strategy (Ministry of Health Services) | <ul style="list-style-type: none"> • Denormalization |
| Best Practices in Tobacco Control: A Vision for Saskatchewan 2004 | <ul style="list-style-type: none"> • Banning tobacco advertising and promotion • Counter advertising including denormalization of tobacco industry activities |
| Women and Smoking: A Report of the Surgeon General United States | <ul style="list-style-type: none"> • Expose and counter targeting of women • Publicize that most women are non-smokers |
| Model Practice: Massachusetts Tobacco Control Program | <ul style="list-style-type: none"> • No better practices identified |
| Reviews of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke | <ul style="list-style-type: none"> • No better practices identified |
| Better Practices for Youth Tobacco Cessation | <ul style="list-style-type: none"> • No better practices identified |
| Reducing Tobacco Use: A Report of the Surgeon General | <ul style="list-style-type: none"> • Counter marketing can promote smoking cessation • Regulating advertising and promotion, sponsorships, etc. are effective |
| World's Best Practice in Tobacco Control | <ul style="list-style-type: none"> • Concentrate on educating non-smokers about the dangers of second-hand smoke and discrediting the tobacco industry • Eliminate any advertising of tobacco products |
| Workshop Proceedings from the National Tobacco Control Best Practices Working Group | <ul style="list-style-type: none"> • No better practices identified |
| New Directions for Tobacco Control in Canada: A National Strategy (Health Canada) | <ul style="list-style-type: none"> • National media campaigns • Counter-marketing information – facts about tobacco, etc. |
| Manitoba Provincial Tobacco Control Strategy | <ul style="list-style-type: none"> • No better practices identified |

| Component: Counter Marketing | |
|---|--|
| Strategies/Studies | Better Practices |
| Comprehensive Tobacco Strategy for Nova Scotia | <ul style="list-style-type: none"> • Reduce complacency towards smoking and acceptance of smoking by beginning to shift attitudes |
| Action on Smoking and Health (ASH) | <ul style="list-style-type: none"> • No better practices identified |
| National Association of County and City Health Officials (NACCHO) | <ul style="list-style-type: none"> • Local television public service announcements • Paid educational spots • Community access cable productions • Television, radio, print, billboards, and other types of paid advertisement placements • Reducing or counteracting local tobacco industry sponsorship and promotions |
| Reducing Tobacco Use in Alberta: A Comprehensive Strategy | <ul style="list-style-type: none"> • Develop and implement mass media campaigns with a particular target emphasis on children and youth, young adults (18–29 years of age), and other adults • Develop anti-tobacco resources for use at the community level that would support the mass media marketing campaign • Prohibit all promotional practices by tobacco manufacturers and retailers in Alberta, including media advertising, sponsorships, retail displays, price discounts, starter cigarettes, and other similar activities |

| Component: Cessation Programs | |
|---|--|
| Strategies/Studies | Better Practices |
| BC's Tobacco Control Strategy (Ministry of Health Services) | <ul style="list-style-type: none"> • Cessation programs |
| Best Practices in Tobacco Control: A Vision for Saskatchewan 2004 | <ul style="list-style-type: none"> • No better practices identified |
| Women and Smoking: A Report of the Surgeon General United States | <ul style="list-style-type: none"> • No better practices identified |
| Model Practice: Massachusetts Tobacco Control Program | <ul style="list-style-type: none"> • Targeted community interventions |
| Reviews of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke | <ul style="list-style-type: none"> • Mass media campaigns are effective when combined with other interventions |
| Better Practices for Youth Tobacco Cessation | <ul style="list-style-type: none"> • Nicotine replacement therapy not proven effective for adolescents • Effective treatments tend to involve a great deal of provider/adolescent contact • Absence of data on programs that use emerging delivery methods such as telephone counseling or web-based interventions • Little knowledge of the effect of mass communication and public policy on cessation |
| Reducing Tobacco Use: A Report of the Surgeon General | <ul style="list-style-type: none"> • Treating nicotine addiction is cost effective, but success varies with the type and intensity of the intervention • Small or no impact from worksite-based cessation programs |

| Component: Cessation Programs | |
|---|---|
| Strategies/Studies | Better Practices |
| World's Best Practice in Tobacco Control | <ul style="list-style-type: none"> • Cessation can be promoted by making effective treatment more available and visible • Treatment increases success in quitting, and the wide availability and promotion of treatment can promote increased attempts to quit smoking |
| Workshop Proceedings from the National Tobacco Control Best Practices Working Group | <ul style="list-style-type: none"> • No better practices identified |
| New Directions for Tobacco Control in Canada: A National Strategy (Health Canada) | <ul style="list-style-type: none"> • Provides information on cessation resources |
| Manitoba Provincial Tobacco Control Strategy | <ul style="list-style-type: none"> • Expanding teen cessation programs throughout Manitoba, including American Lung Association Not on Tobacco Program (NOT) and Health Canada Quit for Life Program • Establishing a smokers help line |
| Comprehensive Tobacco Strategy for Nova Scotia | <ul style="list-style-type: none"> • Provide treatment and cessation information via government website and links to other effective treatment and cessation sites • Develop and implement a 1-800 treatment and cessation counseling service • Dedicate addictions services staff in RHAs to provide and evaluate a range of nicotine treatment services • Support and train health care providers in providing minimal interventions • Develop an ongoing media and communication strategy to motivate and support people to stop smoking or to reduce tobacco use |
| Action on Smoking and Health (ASH) | <ul style="list-style-type: none"> • Effective cessation programs include provider reminder systems, provider reminders and provider education, treatment subsidy programs, and telephone quit lines • Insufficient evidence to support smoking cessation media series, contests, and provider feedback system |
| National Association of County and City Health Officials (NACCHO) | <ul style="list-style-type: none"> • Promoting cessation policy development and implementation among health care providers • Encouraging adequate cessation coverage by managed care and other health insurers • Supporting evidence-based tobacco cessation programs • Increasing the linkages to cessation programs for youth and adults attempting to access cessation information and services • Promoting development, distribution, and training of providers of culturally sensitive, linguistically appropriate cessation programs and materials |
| Reducing Tobacco Use in Alberta: A Comprehensive Strategy | <ul style="list-style-type: none"> • Develop a provincial tobacco cessation treatment framework that includes a 1-800 help line and enhanced treatment services |

| Component: Surveillance and Evaluation | |
|---|--|
| Strategies/Studies | Better Practices |
| BC's Tobacco Control Strategy (Ministry of Health Services) | <ul style="list-style-type: none"> • Research, surveillance, and evaluation |
| Best Practices in Tobacco Control: A Vision for Saskatchewan 2004 | <ul style="list-style-type: none"> • Ongoing monitoring of best practices |
| Women and Smoking: A Report of the Surgeon General United States | <ul style="list-style-type: none"> • Develop a research and evaluation agenda • Continue to build the science base on gender-specific outcomes • Encourage reporting of gender-specific results • Better understand how to reduce current disparities in smoking prevalence among women of different socio-economic status, race, ethnicity, and sexual orientation |
| Model Practice: Massachusetts Tobacco Control Program | <ul style="list-style-type: none"> • Independent annual evaluation |
| Reviews of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke | <ul style="list-style-type: none"> • No better practices identified |
| Better Practices for Youth Tobacco Cessation | <ul style="list-style-type: none"> • No better practices identified |
| Reducing Tobacco Use: A Report of the Surgeon General | <ul style="list-style-type: none"> • Accountability and program evaluation must be emphasized to improve understanding about how various components of a comprehensive program work |
| World's Best Practice in Tobacco Control | <ul style="list-style-type: none"> • Surveillance of tobacco use can guide policy decisions, research initiatives, and the development and evaluation of intervention programs |
| Workshop Proceedings from the National Tobacco Control Best Practices Working Group | <ul style="list-style-type: none"> • A common ongoing surveillance and monitoring framework is required • Evaluation needs to be integrated into all tobacco control programs • Monitor other factors that are not a direct part of tobacco control interventions • Develop and disseminate fundamental practices that connect tobacco control strategy objectives to outcomes |
| New Directions for Tobacco Control in Canada: A National Strategy (Health Canada) | <ul style="list-style-type: none"> • CTUMS • Youth Smoking Survey • Youth Access to Tobacco • Various statistical data to support provincial and national programs |
| Manitoba Provincial Tobacco Control Strategy | <ul style="list-style-type: none"> • No better practices identified |
| Comprehensive Tobacco Strategy for Nova Scotia | <ul style="list-style-type: none"> • Establish provincial monitoring and evaluation group to develop an evaluation strategy and long-term targets • Conduct an independent annual evaluation of the provincial Tobacco Strategy and produce annual reports • Revise strategy when needed on the basis of evaluation results |
| Action on Smoking and Health (ASH) | <ul style="list-style-type: none"> • No better practices identified |
| National Association of County | <ul style="list-style-type: none"> • Behavioural Risk Factor Surveillance System |

| Component: Surveillance and Evaluation | |
|---|--|
| Strategies/Studies | Better Practices |
| and City Health Officials (NACCHO) | <ul style="list-style-type: none"> • Youth Tobacco Survey and/or Youth Risk Behaviour Survey applied to a representative sample at the local level • Special door-to-door surveys to assess the knowledge, attitudes, and tobacco use behaviours of high-risk populations • Outcome, impact, and process evaluation of the tobacco control program components • Training and technical assistance pertaining to surveillance and evaluation • Reporting and dissemination of data |
| Reducing Tobacco Use in Alberta: A Comprehensive Strategy | <ul style="list-style-type: none"> • Develop a research framework involving universities, the private sector, and government to support implementation of the provincial strategy, help set standards, and undertake baseline measurement, performance monitoring, and research activities |

| Component: Administration and Management | |
|---|--|
| Strategies/Studies | Better Practices |
| BC's Tobacco Control Strategy (Ministry of Health Services) | <ul style="list-style-type: none"> • Strategic management and administration |
| Best Practices in Tobacco Control: A Vision for Saskatchewan 2004 | <ul style="list-style-type: none"> • No better practices identified |
| Women and Smoking: A Report of the Surgeon General United States | <ul style="list-style-type: none"> • No better practices identified |
| Model Practice: Massachusetts Tobacco Control Program | <ul style="list-style-type: none"> • No better practices identified |
| Reviews of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke | <ul style="list-style-type: none"> • No better practices identified |
| Better Practices for Youth Tobacco Cessation | <ul style="list-style-type: none"> • No better practices identified |
| Reducing Tobacco Use: A Report of the Surgeon General | <ul style="list-style-type: none"> • No better practices identified |
| World's Best Practice in Tobacco Control | <ul style="list-style-type: none"> • No better practices identified |
| Workshop Proceedings from the National Tobacco Control Best Practices Working Group | <ul style="list-style-type: none"> • Create mechanisms to support networking and coordination • Develop and disseminate clear and consistent definitions and objectives • Build financial resources |
| New Directions for Tobacco Control in Canada: A National Strategy (Health Canada) | <ul style="list-style-type: none"> • No better practices identified |
| Manitoba Provincial Tobacco Control Strategy | <ul style="list-style-type: none"> • No better practices identified |
| Comprehensive Tobacco Strategy for Nova Scotia | <ul style="list-style-type: none"> • No better practices identified |
| Action on Smoking and Health | <ul style="list-style-type: none"> • No better practices identified |

| Component: Administration and Management | |
|---|---|
| Strategies/Studies | Better Practices |
| (ASH) | |
| National Association of County and City Health Officials (NACCHO) | <ul style="list-style-type: none"> • Administration • Quality assurance • Training and education • Recruitment and staff development • Awarding and monitoring program contracts • Developing and maintaining a tobacco education clearing house and media centre • Provision of technical assistance and training to coalitions and outreach workers • Establishment and maintenance of sound fiscal management systems • Integration of tobacco control program components • Coordination with the state health department, other Local Public Health Agencies and various partner organizations |
| Reducing Tobacco Use in Alberta: A Comprehensive Strategy | <ul style="list-style-type: none"> • Provincial government implement a comprehensive Alberta Tobacco Reduction Strategy • Management and coordination of the comprehensive Alberta Tobacco Reduction Strategy be mandated to the Alberta Alcohol and Drug Abuse Commission (AADAC) • AADAC develop, implement, and evaluate a coordinated tobacco reduction plan in partnership with the Ministries of Health and Wellness, Learning, Children’s Services, Ministry of Aboriginal Affairs and Northern Development, Justice, Human Resources and Employment, and Municipal Affairs, and with municipalities, school boards, RHAs, Child and Family Services Authorities, community groups, and provincial stakeholder organizations • Develop an Aboriginal Tobacco Misuse Framework that is sensitive to the culture and use of tobacco products by Aboriginal people in partnership with Aboriginal Affairs and Northern Development and in consultation with Aboriginal stakeholders |

APPENDIX B: TOBACCO CONTROL SURVEY RESULTS

Section A: Planning

1a. When developing plans for tobacco reduction and control, to what extent do you use research such as results from past activities, past program evaluations surveys, statistics, or focus groups?

- Always (10)
- Somewhat (3)
- Not at all
- Don't Know (1)

1b. If “always” or “somewhat,” identify examples of what type of research and how it is used.

- Past activities, surveys, research from other areas, as well as local statistics
- Before implementing an initiative we look to research and past practice in all areas of tobacco control, local, provincial, federal, and international. Our strategic plan has been developed using Best Practices for Tobacco Control.
- Tobacco Atlas Used for Tobacco industry quotes, and tobacco use statistics. The cost of smoking in BC is used for showing the costs of tobacco on a provincial scale; makes the global statistics seem more real. First Nations and Inuit Tobacco Control Strategy used to make statistics relevant to First Nations communities. These are just a couple I use, I will utilize any statistics or research I can get my hands on to create resources and inform individuals and community groups about the effects of tobacco in our communities, families, and homes.
- We look at past case law as well as past reports for percentage of compliance versus non-compliance. We can then tell which areas require more education.
- Kids Need Breathing Space – we did a phone survey of participants, professionals, and businesses involved to determine the effectiveness of the campaign.
- Tobacco mini grants – we have an evaluation form that recipients complete at the end of the project to determine if they met their goals and objectives and who and how many participated.
- Nicotine Intervention Counseling (NIC) – a client evaluation and a facilitator evaluation
- In addition to research, we use best practice.

- We often conduct our own focus groups and telephone interviews with key stakeholders such as teachers when developing our curriculum program.
- We always do a literature review and environmental scan to find out what's been done locally, provincially, nationally, and internationally.
- Best practices/researching other similar initiatives (e.g., smoke-free homes/mass media campaigns – Canadian and worldwide)
- CDC best practices document used to build Northern Health Authority Comprehensive Tobacco Control Strategy
- We use best/better practices research from all over the world to develop prevention strategies and plans.
- We use data from our Smokers' Helpline program, evaluation reports, and other cessation programs and reports. Research material used is most often from government studies
- I use the Internet and resources in office and from FNIHB. Gather data specific for First Nations. I use in our training offered to communities and our newsletters and facilitation at conferences.
- Feedback questionnaires, population surveys, focus groups, and statistics

2a. To what extent do you consult with the communities in which you work to develop plans for tobacco reduction and control?

- Always (8)
- Somewhat (5)
- Not at all (1)
- Don't Know

2b. Please provide one or two examples.

- We meet with local community groups such as schools and business. We survey these same groups, as well as run materials by them for approval.
- Currently a group of local First Nations is planning an empowerment conference for youth, and tobacco reduction is a part of that. Basically, I need to involve community groups in planning because this is a part-time position and I need to have the support of the community leaders and health workers to carry out and continue any tobacco reduction plans. It does not work without community participation.

- We don't really consult with the communities. We may give a presentation to a band council or specific retailers regarding the program and staff training.
- NIC program meets with champions in the community to identify together how a NIC system could be managed and organized in the community
- Tobacco-Free Sports – communities are approached about the idea of having tobacco-free signs in designated areas for arenas, sport fields, playgrounds, etc. Presentations are offered to ensure that all involved in city council are informed before decisions are made.
- Again, when developing HeartSmart Kids for Aboriginal students in grades 4 to 6 we consulted with Aboriginal teachers and health professionals in the community.
- We try our best to consult with as many local people, organizations, and communities when developing plans. Vancouver Coastal Health Smoke-Free Property Policy – consulting Health service delivery area (HDSA) staff, Regional Tobacco Reduction Coordinators (RTRCs), and medical health officers – planning to do a comprehensive staff survey in 2005
- Stop Smoking Before Surgery – consulted RTRCs, internal partners, and BC Cancer Agency
- In planning for our Tobacco Cessation program (Nicotine Intervention Counseling (NIC), involved community stakeholders in advisory committees. Also client satisfaction surveys. Much informal input, such as the following, also occurs: What would be helpful to you in stopping smoking? Using bc.tobaccofacts in your class? What would be helpful for you to make your home/vehicle smoke free? What would you need to be able to begin assessing tobacco use in your work? What are the challenges you see?
- True North Strong and Smoke Free mass media campaign
- Health Canada video contest for middle and high school students with school staff
- We have community action coordinators working in each of the six regions serviced by the Canadian Cancer Society, BC and Yukon Division. They conducted consultations and environmental scans for five months prior to preparing their “community action” plans.
- We are part of many committees (Tobacco Cessation Network of BC and Canadian Network of Smokers' Helplines). We participate in focus groups and tobacco reduction/control initiatives (Mass Media Youth Campaign).
- We present information and receive feedback from 30 to 40 First Nation communities in BC.

- Feedback from health professional associations regarding development and distribution of CTI Guides.

3a. To what extent is your planning and design of tobacco control programs evidence based (i.e., based on published, evidence-based practices)?

- Always (8)
- Somewhat (6)
- Not at all
- Don't know

3b. Obtain examples of programs that are evidenced based .

- Clean Air Bylaw
- The goals of our program are consistent with Best Practices for Tobacco Control.
- Enforcement. The evidence shows that enforcement and education of the Tobacco Program work in reducing access to minors.
- Baby's Breath
- NIC-based on Mayo Clinic model
- HeartSmart Kids
- Stop Smoking Before Surgery
- Vancouver Coastal Health Smoke-Free Property Policy (currently planning)
- Smoking Cessation Plan for Vancouver Coastal Health (currently planning)
- Group cessation program conducted by Dr. David Aboussafy
- Mass media campaign for the gay community
- Students Working Against Tobacco (SWAT)
- Teens Kick Ash
- Beauty from the Inside Out
- Kick the Nic (2)
- BC.tobaccofacts
- Our NIC program is based on the Mayo clinic and US Public Health Services Guidelines

- BC.Tobaccofacts curriculum is based on Ministry of Health Services and Ministry of Education research
- Nicotine Intervention Counseling Centre (2) program is based on US Public Health Service guidelines and Mayo Clinic model
- BC Smokers' Helpline
- We use the Canadian Cancer Society's Smokers' Helpline software program developed by the University of Waterloo
- Documents on First Nations people and our health

3c. If evidenced based, what programs/reports provide the evidence, and are there particular models or approaches that are used?

- Local surveys
- CDC Best Practices for Tobacco Control
- I try to incorporate best practices as much as possible; however, I do make an effort to tailor to the specific individual needs of the community and groups I am working with. I believe being flexible is key to success.
- Baby's Breath project – consult with El Taylor
- NIC – based on the Mayo Clinic model with lots of documented evidence on effectiveness
- Stop Smoking Before Surgery – complete literature review done; evaluation being done
- Vancouver Coastal Health Smoke-Free Property Policy (currently planning) – evidence from Calgary, Winnipeg, Saskatoon, Ontario
- Smoking Cessation Plan for Vancouver Coastal Health – based on report done by Dr. Joanne Stephen of BC Cancer Agency
- Group cessation program conducted by Dr. David Aboussafy – evidence based
- Mass media campaign for the gay community – literature review done
- SWAT – literature review done; evaluation being done by Malatest and Associates
- Teens Kick Ash – based on TRUTH in the United States; evaluation done using Vella's qualitative evaluation mode
- Beauty from the Inside Out – evidence-based program
- Kick the Nic

- BC.tobaccofacts
- CDC Best Practices
- US Public Health Services guidelines
- Nicotine Intervention Counseling Centre – mixed model
- Kick the Nic – social model
- Use models such as “Stages of Change” and “Motivational Interviewing.” Would need to check with developer for specific sources for software program
- Integrating evidence that is developed into a tobacco control strategy, which is delivered in four training modules for communities

4. List the three outside organizations or agencies you work with most often in PLANNING tobacco control and reduction programs. (Note to interviewer: Test for collaboration)

- Schools, community groups, businesses
- We choose our agencies on the basis of the initiative we are addressing. For example, with our mental health initiative, we are supporting the pilot program Breathe Easy.
- Coast Mountains School District Board, Kitsumkalum Education Department, Terrace Chronic Disease Prevention Management Steering Committee
- Ministry of Health Services, Health Canada
- Health Canada, schools, Canadian Cancer Society
- Teachers, Ministry of Health Services and Ministry of Education
- BC Cancer Agency, BC Doctor’s Stop Smoking Program, Providence Health Care, other BC health regions, BC Ministry of Health Services, Heart and Stroke Foundation of BC and Yukon, BC Lung Association, BC Women’s Hospital Aurora Centre, Health Canada, Channel M, Aboriginal community partnerships
- Health care providers – work with other sectors (i.e., other than public health), educators, NGOs – HSF, municipal bodies – town councils, recreation programs, and sporting organizations
- School districts, First Nations organizations
- Schools, BC Clean Air Coalition
- HSF, BC Lung Association, BC Healthy Living Alliance

- Canadian Cancer Society, Ministry of Health Services, Health Canada
- FNIHB, 16 coalition sites, BCANDS
- Health authorities (RTRCs), health associations (BC Medical Association, etc.), government (Health Canada and province)

Section B: Implementation

5. List the three outside organizations or agencies you work with most often in IMPLEMENTING tobacco control and reduction programs.

- Business groups, schools, community
- They are different for each initiative ... see strategic plan.
- Three school districts, five First Nations communities, Kermode Friendship Centre
- Ministry of Health Services, Ministry of Provincial Revenue, Insurance Corporation of British Columbia (ICBC)
- Schools, Aboriginal groups, Canadian Cancer Society
- Tobacco reduction coordinators, schools
- BC Cancer Agency, BC Lung Association, Health Canada
- Health Care providers – work with other sectors (i.e., other than public health), educators, NGOs – HSF, municipal bodies – town councils, recreation programs, and sporting organizations
- School Districts 59 and 60 and Fort Nelson School District, North Peace Alcohol and Drug Program
- Schools, Clean Air Coalition
- HSF, BC Lung Association, BC Healthy Living Alliance
- Canadian Cancer Society, Ministry of Health Services, Health Canada
- FNIHB, First Nations Chiefs' Health Committee, 16 coalition sites
- Health authorities (RTRCs), health associations (BC Medical Association, etc.), government (Health Canada and province)

6. List three organizations/agencies that you network with most often to share information and coordinate your programs.

- Other HAs, other jurisdictions in Canada, NGOs
- Different for each initiative
- Kermode Friendship Centre, school districts, First Nations communities
- Ministry of Health Services, Ministry of Provincial Revenue, ICBC
- Prevention Source BC, Schools, Aboriginal groups
- Ministry of Health Services, HAs staff (RTRCs), schools, teachers
- BC Cancer Agency, Health Canada, BC Doctor's Stop Smoking Program, Providence Health Care, local neighbourhood houses, community centres, and parks and recreation
- Health Care providers – work with other sectors (i.e., other than public health), educators, NGOs – HSF, municipal bodies – town councils, recreation programs and sporting organizations
- Nicotine Intervention Counseling Centre – Prince George, Diabetes Education Program – Dawson Creek
- School-based prevention workers, First Nations organizations, NGOs
- Canadian Cancer Society, Tobacco Cessation Network of BC, Health Canada
- FNIHB, First Nation communities, HAs
- Tobacco Cessation Network, OMA CTI Program, RTRCs

7. Provide two suggestions to address gaps in the delivery of tobacco prevention and control programs. (Note to interviewer: By providing suggestions respondent will need to identify the gaps.)

- The gap that exists in tobacco control was discussed at the meeting in Kamloops. The gaps are in the non-strategic development of programs and the need for sustainability and coordination on a provincial level.

At the HA level:

- Identify and connect with other HA staff that are trying to address the needs of clients addicted to nicotine
- Develop a clear understanding of what other HA staff are doing to address the needs of these clients and ensure that they are evidenced-based

- There is a serious shortage of funding available to this program in the Northwest Health Service Delivery Area. It makes building relationships difficult and service delivery is very dependent on cooperation from outside organizations.
- Lack of resources and support for the program in the Northwest. Make tobacco reduction in the Northwest a priority by providing adequate support, resources, and funding for the program.
- By having one supervisor in charge of both enforcement and reduction for the whole HA
- Communication
- Staff to target prevention and cessation among 19- to 24-year-olds
- Adult protection from second-hand smoke (only for workers through Workers' Compensation Board right now)
- We need an equitable funding formula for our HA to address how many resources to put into each HSDA for program expansion
- Each HSDA has their own tobacco reduction goals and objectives depending on their community's needs. We need to address this in our tobacco reduction strategy.
- Have an integrated HA-wide strategy – cross-sectorally (public health, acute care, mental health, home and community care, as well as population health and primary health care)
- Local stats including determinants of health
- Unified tobacco control strategy adopted by Northern Health Authority management
- Base funding to support core tobacco control strategy of Northern Health Authority
- Adequate annualized funding
- More cessation-support programs
- Funding for sufficient programs
- Lack of public awareness about available programs and resources
- More funding to provide more workers, as at present there are few tobacco education workers for First Nations people, to catch communities we have not reached to date
- More sharing of information and what HAs are implementing specific for working with First Nation communities and people in urban areas
- Local cessation programs (group and individual counseling)

- Dissemination of tobacco industry counter-marketing information

At the provincial or system-wide level:

- Leadership that makes sense for the HA
- A sense of coordination of the tobacco strategy that fits with the plans developed in each HA through clear and purposeful communication with the right people in each organization
- Consistency throughout the province
- Communication between HAs and Tobacco Enforcement Officers
- Cessation activities for all tobacco users
- More restrictions on places to smoke
- More communication in programs that we are all planning to deliver. For example, we could save time and money by having one poster for the Health Canada video contest. We could have a joint tobacco-free sports media campaign.
- We should have a provincial adult cessation plan and more provincial resources for adult cessation.
- Continued/ongoing support for statistics collection to provide for comparison data to other HAs, as well as other provinces (Ministry of Health has initiated – hopefully it will be ongoing even if government changes)
- Financial support of Tobacco Reduction Initiatives – recent reduction in government funding and provincial tobacco coordination is problematic. Funding should closely match what has been identified as necessary according to CDC Best Practices. Tobacco use remains our number one preventable cause of illness and death in our society.
- No comment
- Provincial coordination of tobacco control activities
- Implementation of policies/regulations that support tobacco control
- More legislation and policy to help create supportive environments
- Funding for sufficient programs
- Lack of long-term on-going commitment to proven programs and services
- More funding
- Provincially – more dollars going directly to communities

- Increased per capita spending as recommended by best practices
- Surveillance, including asking smokers what services they want, would use, and believe would help

8. Do you have a strategic communications plan as part of your tobacco control strategy?

- Yes (3)
- I believe so, but I don't really know what it is.
- It is in process and we are working on it. Presently we work with our communications team at the Interior Health Authority.
- No. We have a communications plan for our Stop Smoking Before Surgery program but not one in general. We recognize that we should develop a strategic communications plan as part of our tobacco control strategy.
- Not yet, but hope to. Currently it is done on an ad hoc basis.
- No
- Not yet, but working on it
- Yes, but it is a work in progress.
- Yes, with FNIHB
- In development

Section C: Evaluation

9. How do you evaluate the success of your programs and activities?

- We have indicators in our strategic plan.
- We develop each initiative with an evaluation plan attached.
- Community involvement, community ownership of programs, number of requested community and school visits, community participation in programs
- I think both enforcement and reduction are very successful with Vancouver Coastal Health.
- We conduct surveys with teachers, clients, partners, and health professionals.
- Through surveys and interviews with teachers
- We evaluate each of our programs separately. We use process indicators for most of our programs. For grant-funded programs, we are able to evaluate them using process and

outcome indicators. We also use smoking prevalence rates from CTUMS, Canadian Community Health Survey, and other local research.

- See documents previously forwarded. We are working to improve this. (Interior Health Authority)
- No formal evaluation process in place. Current evaluations of the program are done with immediate supervisor and are qualitative.
- Long-term – reduction in tobacco use and exposure to second-hand smoke
- Short-term – feedback from participants, positive behaviour change (e.g., clients accessing cessation program, making home smoke free)
- Our Manager, Policy, Planning and Evaluation does this.
- Data collection and independent evaluations
- Evaluation will be done at the national level with input regionally.
- Feedback questionnaires, population surveys, achieved measured outcomes

10. Please identify how you present or report on the results of your work to the community, if at all. (Note to interviewer: Test for translating practice to knowledge and wisdom)

- Our Communication Team works with the local media to deliver the message to the community. Most recently, there has been a book written by Barb McLintock, called *Smoke-Free*, which thoroughly describes how our city successfully banned smoking in all indoor public places.
- We have a communications plan.
- I am currently working on my first annual report to the communities regarding tobacco reduction activities in the northwest. I have been at this position for 13 months.
- We don't report to the community but we do report to the individual retailers if they request the information.
- We report results to partners both within and outside of the Interior Health Authority by mail and e-mail. We also do TV and radio reports.
- Present to master trainers who train teachers on the program
- We report results to the community in the reports of our grant-funded projects. Our Chief medical health officer and other MHOs, Regional Director of Health Protection, Health Protection Manager, other managers, and RTRCs send reports of our progress to the

community via the Senior Executive Team, Vancouver Coastal Health board meetings, conferences, internal and external newsletters, meetings with staff, and community organizations. We also use our www.vch.ca website to report progress and reports.

- A variety of ways from written updates, PowerPoint presentations, discussions, and media opportunities
- Currently no reporting mechanism to the community
- Don't currently do a lot of this – mainly through media
- Website, toll-free Cancer Information Services, other organizations' publications – e.g., Ministry of Health Services
- Informally through committees, networks, surveys
- Through website and prior to Oct 1 through First Nations Chiefs' Health Committee and our newsletter
- Website, newsletters, medical journals, reports

Section D: Looking Forward

11. If you could make two changes to make tobacco control and reduction in BC more effective, what would those changes be? (Note to interviewer: Probe for two, and take more if offered.)

- Have province-wide smoking bans that do not include ventilation options
- Fund cessation aides for addicted smokers on a sliding scale
- Make cessation counseling a billable service for physicians that have taken a tobacco cessation counseling course
- Offer a tobacco cessation counselor course in the province that is standardized
- Change legislation that would address the issue of drifting smoke in multi-family dwellings
- Already discussed in Kamloops
- I would like to see tobacco reduction as a priority in our region.
- I would also like to see adequate resources in the north.
- I would like the cost of smoking in BC to be more publicized through the media.
- I would like to see tobacco reduction as part of the formula for repairing and rebuilding the health care system in BC.

- Reduce the loopholes in the legislation
- Consistency throughout the provinces when dealing with enforcement issues
- More regular interaction between reduction and enforcement officers
- Increase staff
- Increased leadership at the provincial level, for example, province-wide smoke-free public places legislation and increased coordination with medical health officers
- Cheaper tobacco on band reserves
- More collaboration on programs and activities
- A funded adult cessation plan for BC – right now our programs are different across the province and mostly grant funded. Grant funding runs out!
- Have an integrated HA-wide strategy – cross-sectorally (public health, acute care, mental health, home and community care, as well as population health and primary health care)
- Local statistics including determinants of health
- Continued/ongoing support for statistics collection to provide for comparison data to other HAs, as well as other provinces (Ministry of Health Services has initiated – hopefully it will be ongoing even if government changes)
- Financial support of Tobacco Reduction Initiatives – recent reduction in government funding and provincial tobacco coordination is problematic. Funding should closely match what has been identified as necessary according to CDC best practices. Tobacco use remains our number one preventable cause of illness and death in our society.
- Establish tobacco control network across BC to coordinate activities
- Increase funding for tobacco control
- Implement 100% smoke-free provincial legislation
- Change Medical Services Plan coverage so that cessation counseling and nicotine replacement therapy products are covered
- Smoking bans
- A more comprehensive and well-funded provincial tobacco control program
- Make available consistent and long-term programs and services
- More visual aids – people ask to see samples, e.g., good/bad lungs, etc.

- Funding for all First Nation communities to receive training modules and written materials
- Increased per capita funding
- Reduce the political implications of funding (i.e., Do what's right in the long term, not just what offers short-term political gain – announceables. See example of N. Rarellia in Finland). Political will – focus on announceable or new programs at the expense of evidence-based long-term strategies. Reluctance to fund strategy at recommended levels – if tobacco was a new phenomenon (e.g., SARS, West Nile) that killed 5,700 BC residents a year, funding would likely be increased – governments have perhaps gotten used to tobacco being around.

12. In your opinion, what factors are preventing tobacco control and reduction to move to the next level (i.e., to implement the changes identified in Q. 11)?

- Political will, lack of money, conflicting opinions about the evidence supporting these changes
- Lack of funding, not a priority, not seen as a cost-saving measure, lack of awareness of the program and other resources
- Hindered by loopholes in legislation
- Lack of appropriate funding for tobacco control
- We are very grateful that the British Columbia Ministry of Health Services provides core funding for RTRC position.
- It would be great if the British Columbia Ministry of Health Services could partner with the HAs to provide more funding and support for adult cessation services, resources, and specific recommendations for urban and rural communities.
- Limited capacity. I believe we are doing the best we can with very limited resources.
- Lack of coordinated province-wide effort
- Lack of funding and staff at provincial level
- Resources and political will
- Lack of funding, better collaboration, and less unhealthy competition among stakeholders. Less duplication of services and programs
- Funding dollars

APPENDIX C: TOBACCO CONTROL INVENTORY IN BC

The following table presents the best practices activities currently taking place in BC. The inventory includes the provincial, federal, and Aboriginal tobacco control strategies, the HAs, NGOs, and the Workers' Compensation Board. The table is categorized according to the nine components of better practices the CDC recognizes. The organizations are listed in the left column of the table and the better practices activities in the right column.

| Component: Community Programs to Reduce Tobacco Use | |
|--|---|
| Organization | Better Practices |
| Ministry of Health Services: Tobacco Control Program | <ul style="list-style-type: none"> • Improve and promote website materials for youth and young adults • Promote Tobacco-Free Sports • Expand Honour Your Health Challenge • Encourage smoke-free homes, vehicles, and public places especially to protect infants and children • Implement sustainable strategies that give facts about tobacco; inform public of resources available to prevent, reduce, or eliminate tobacco use • Regional Tobacco Reduction coordinators • Tobacco Enforcement Officers • Mass media campaign • Cessation in the workplace |
| Ministry of Health Services: Aboriginal Health, Aboriginal Tobacco Strategy for BC | <ul style="list-style-type: none"> • Community grants to support reduction of misuse • Smoke-free spaces • Honour Your Health Challenge to support reduction of misuse • Integrate and adapt existing programs |
| Vancouver Island Health Authority | <ul style="list-style-type: none"> • Promotion of tobacco-free sports |
| Interior Health Authority | <ul style="list-style-type: none"> • Nicotine Intervention Counseling (NIC) • Baby's Breath • Kids Need Breathing Space and community grants • Tobacco mini grants • Tobacco-free sports • National Non-Smoking Week • World No Tobacco Day • Aboriginal partnerships |
| Northern Health Authority | <ul style="list-style-type: none"> • Butt Out tobacco reduction grants |
| Vancouver Coastal Health Authority | <ul style="list-style-type: none"> • Beauty from the Inside Out (target group age 11–18) • Cool to the Core • Health Protection – planning and advocating for a Vancouver Coastal Health smoke-free property policy |
| Fraser Health Authority | <ul style="list-style-type: none"> • National Non-Smoking Week • Maureen Smith Clearing the Air Award • Tobacco-Free Sports • Standardize information for distribution • Consult with clinical program planning teams |

| Component: Community Programs to Reduce Tobacco Use | |
|--|---|
| Organization | Better Practices |
| | <ul style="list-style-type: none"> • Produce community assessment of tobacco-reduction activities • Increase community capacities with local community groups, school districts and NGOs by providing grants and resources • Advocate healthy lifestyles by stimulating grassroots interest among 19- to 24-year-olds • Educate community care sites on second-hand smoke |
| Health Canada: Tobacco Control Programme | <ul style="list-style-type: none"> • Work in collaboration with voluntary sector and municipal and provincial/territorial governments to reduce the number of people involuntarily exposed to smoke in enclosed public spaces • Continue to develop programs aimed at youth on dangers of tobacco use and second-hand smoke, and peer programs • Identify best practices and distribute information to health care professionals, teachers, and parents through website • Mass media campaign messages will target Canadians of all ages, with special emphasis on youth and other high-risk populations • Specialized strategies and programs will be used for Inuit and First Nations and implemented through community-based programs in targeted areas |
| First Nations and Inuit Tobacco Control Strategy | <ul style="list-style-type: none"> • 16 coalitions established in BC representing approximately 88 bands • Offer free cessation training as requested by BC bands |
| Heart and Stroke Foundation of BC and Yukon | <ul style="list-style-type: none"> • No better practices identified |
| Canadian Cancer Society | <ul style="list-style-type: none"> • No better practices identified |
| BC Lung Association | <ul style="list-style-type: none"> • No better practices identified |
| BC Cancer Agency | <ul style="list-style-type: none"> • No better practices identified |
| BC Centre of Excellence for Women's Health | <ul style="list-style-type: none"> • No better practices identified |
| Society for Clinical Preventative Health Care | <ul style="list-style-type: none"> • Baby's Breath Program |
| Workers' Compensation Board | <ul style="list-style-type: none"> • Education of stakeholders • Consultation with stakeholders |

| Component: Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases | |
|---|---|
| Organization | Better Practices |
| Ministry of Health Services: Tobacco Control Program | <ul style="list-style-type: none"> • Involve NGOs and private sector in partnerships that prevent tobacco use in youth and young adults • Increase our partnerships • Mass media campaign |
| Ministry of Health Services: Aboriginal Health, Aboriginal Tobacco Strategy for BC | <ul style="list-style-type: none"> • Integration with HIV/AIDS, Head Start Healthy Heart, diabetes and alcohol prevention • Healthy lifestyles programs |
| Vancouver Island Health Authority | <ul style="list-style-type: none"> • Develop all materials with educational message • Develop materials directed at specific target audiences • Have information available in different mediums • Smoke-Free Places for Kids campaign |

| Component: Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases | |
|---|--|
| Organization | Better Practices |
| Interior Health Authority | <ul style="list-style-type: none"> • Nicotine Intervention Counseling (NIC) • BC Smokers' Helpline • BC Healthy Living Alliance • Target setting 2010 |
| Northern Health Authority | <ul style="list-style-type: none"> • National Non-Smoking Week blue ribbon awareness campaign • Public Education Programs |
| Vancouver Coastal Health Authority | <ul style="list-style-type: none"> • National Non-Smoking Week • World No Tobacco Day • Tobacco-Free Sports. Partnerships with Junior Hockey Leagues, Vancouver Giants, Vancouver Canadians, and Vancouver Curling Club • Mass media campaign (targets 19- to 24-year-olds) • Mass media campaign for the gay community (targets the gay, lesbian, bisexual, and transgender community under 35) • Promotions with Channel M – have provided TV spots to air winning Health Canada videos |
| Fraser Health Authority | <ul style="list-style-type: none"> • National Non-Smoking Week • Tobacco Reduction Mass Media Campaign among 19 to 24 year olds. • Develop strategy to familiarize primary care with tobacco reduction resources and initiatives • Consult with Diabetes Care Centre and respiratory therapists to integrate tobacco information into their protocols • Liaise with Healthy Heart Programs to ensure consistency |
| Health Canada: Tobacco Control Programme | <ul style="list-style-type: none"> • Continue to work with provinces, territories, and NGOs to build on current networks and enhance the ability of communities to take action • Capacity building through facilitating collaboration, transfer of knowledge, enriched community problem-solving ability, full coordination of efforts, and infrastructure support |
| First Nations and Inuit Tobacco Control Strategy | <ul style="list-style-type: none"> • Invited to participate in regional conferences • Developed Aboriginal Headstart Manual, colouring book for children • Policy development manual |
| Heart and Stroke Foundation of BC and Yukon | <ul style="list-style-type: none"> • Kids Need Breathing Space (in Interior Health Authority) • Provincial tobacco control agenda – advocacy based. Includes the following: <ol style="list-style-type: none"> 1. Increase in funding for a comprehensive tobacco control program 2. Smoking bans in all public places – no designated smoking rooms (DSRs) 3. Banning sale of tobacco products in pharmacies 4. Encourage government to continue the medicare cost recovery litigation 5. Advertising bans at point of purchase |
| Canadian Cancer Society | <ul style="list-style-type: none"> • Provincial tobacco control agenda – advocacy based. Includes the following: <ol style="list-style-type: none"> 1. Increase in funding for a comprehensive tobacco control |

| Component: Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases | |
|---|---|
| Organization | Better Practices |
| | <ul style="list-style-type: none"> program 2. Smoking bans in all public places – no DSRs 3. Banning sale of tobacco products in pharmacies 4. Encourage government to continue the medicare cost recovery litigation 5. Advertising bans at point of purchase |
| BC Lung Association | <ul style="list-style-type: none"> • Provincial tobacco control agenda – advocacy based. Includes the following: <ol style="list-style-type: none"> 1. Increase in funding for a comprehensive tobacco control program 2. Smoking bans in all public places – no DSRs 3. Banning sale of tobacco products in pharmacies 4. Encourage government to continue the medicare cost recovery litigation 5. Advertising bans at point of purchase |
| BC Cancer Agency | <ul style="list-style-type: none"> • Clinical Tobacco Intervention for the Dentist • Continuing education courses in tobacco intervention for physicians, pharmacists, dental hygienists, dentists, radiation therapists • Project courses for nurses, respiratory therapists, rehabilitation therapists (2005) |
| BC Centre of Excellence for Women’s Health | <ul style="list-style-type: none"> • No better practices identified |
| Society for Clinical Preventative Health Care | <ul style="list-style-type: none"> • Continuing education courses in tobacco intervention for physicians, pharmacists, dental hygienists, dentists, radiation therapists • Project courses for nurses, respiratory therapists • BC Doctors’ Stop-Smoking Program • Baby’s Breath Program • Prevention program – physical activity, nutrition, depression, alcohol, and interactions with tobacco |
| Workers’ Compensation Board | <ul style="list-style-type: none"> • No better practices identified |

| Component: School Programs | |
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| Organization | Better Practices |
| Ministry of Health Services: Tobacco Control Program | <ul style="list-style-type: none"> • Ensure prevention materials are in schools • Eliminate smoking on school grounds – smoke-free policies • BC.tobaccofacts grades 4 to 12 • HeartSmart Kids kindergarten to grade 3/BC.tobaccofacts kindergarten to grade 3 • Think Smart Don’t Start peer mentorship • Tobacco/marijuana accompanying lesson to BC.tobaccofacts • Spit Tobacco • www.tobaccofacts.org • Orientation materials for teachers and parents • Newsletter for teachers and parents • Poster, bookmarks, and other collateral material |

| Component: School Programs | |
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| Organization | Better Practices |
| | <ul style="list-style-type: none"> • Prevention Source BC |
| Ministry of Health Services: Aboriginal Health, Aboriginal Tobacco Strategy for BC | <ul style="list-style-type: none"> • Early childhood education programs • HeartSmart Kids • Kick the Nic • After-school cultural and recreational programs |
| Vancouver Island Health Authority | <ul style="list-style-type: none"> • Work with public health nursing to promote tobacco reduction focused, comprehensive school health programming • Provide training and marketing for the bc.tobaccofacts curriculum • Behind the Smokescreen video contest for students in grades 8 to 12 • Poster contest for elementary students • Raising the profile of the danger of tobacco use with schools in Central Vancouver Island through peer training, health displays, classroom discussions • Follow-up consultation with schools regarding issues raised in recent youth smoking surveys |
| Interior Health Authority | <ul style="list-style-type: none"> • Kick the Nic • BC.tobaccofacts • School visits • Tobacco mini grants • Video contests • Peer leadership/mentoring program • Lending library |
| Northern Health Authority | <ul style="list-style-type: none"> • Tobacco Smokers Youth Symposium • Public education school programs • Health Canada video contest |
| Vancouver Coastal Health Authority | <ul style="list-style-type: none"> • BC.tobaccofacts (target group grades K–12) • Students Working Against Tobacco (SWAT) • Teens Kick ASH • Health Canada video contest (target students grades 8–12) |
| Fraser Health Authority | <ul style="list-style-type: none"> • Behind the Smokescreen • Integrate tobacco reduction information into course content – postsecondary |
| Health Canada: Tobacco Control Programme | <ul style="list-style-type: none"> • No better practices identified |
| First Nations and Inuit Tobacco Control Strategy | <ul style="list-style-type: none"> • Three communities where youth took all four training modules • Youth tobacco manual being developed • Youth posters |
| Heart and Stroke Foundation of BC and Yukon | <ul style="list-style-type: none"> • HeartSmart Kids K–3/bc.tobaccofacts • HeartSmart Kids 4–6 • HeartSmart Kids Aboriginal 4–6 |
| Canadian Cancer Society | <ul style="list-style-type: none"> • No better practices identified |
| BC Lung Association | <ul style="list-style-type: none"> • Smoke Signals activity book • Teachers packages for elementary and secondary levels • Lungs Are For Life class presentations |
| BC Cancer Agency | <ul style="list-style-type: none"> • No better practices identified |

| Component: School Programs | |
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| Organization | Better Practices |
| BC Centre of Excellence for Women's Health | <ul style="list-style-type: none"> • No better practices identified |
| Society for Clinical Preventative Health Care | <ul style="list-style-type: none"> • BC Doctors' Stop-Smoking Program |
| Workers' Compensation Board | <ul style="list-style-type: none"> • No better practices identified |

| Component: Enforcement | |
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| Organization | Better Practices |
| Ministry of Health Services: Tobacco Control Program | <ul style="list-style-type: none"> • Explore options to limit youth access through stronger legislation and improved enforcement • Explore public place smoking control legislation • Clean Air Coalition |
| Ministry of Health Services: Aboriginal Health, Aboriginal Tobacco Strategy for BC | <ul style="list-style-type: none"> • No better practices identified |
| Vancouver Island Health Authority | <ul style="list-style-type: none"> • Clean Air Bylaw routine inspections of hospitality venues and schools (south) • Provide information to Vancouver Island Health Authority schools about the provincial Tobacco Sales Act and the federal Tobacco Act • Encourage no smoking on school property • Respond to complaints from the public • Do administrative checks of premises (using minors) three times per year • Do enforcement purchase attempts at businesses that fail administration checks • Offer compliance plans to retailers who sell tobacco to minors |
| Interior Health Authority | <ul style="list-style-type: none"> • Public Health Inspectors doing <ol style="list-style-type: none"> 1. Inspections 2. Compliance checks for youth access 3. Prosecuting from noncompliance checks 4. Education of retailers 5. Standardization of procedures and staff training • Working on development of tobacco reduction policies • Tobacco Sales Act |
| Northern Health Authority | <ul style="list-style-type: none"> • Pursuing smoke-free bylaw in Prince George • Tobacco Sale Act enforcement |
| Vancouver Coastal Health Authority | <ul style="list-style-type: none"> • Planning and advocating for a Vancouver Coastal Health smoke-free property policy • Completion of retail sales enforcement work units • Advocacy for improved legislation and licensing of retailers • Retailer education through development kits and letters • Monitoring of youth tobacco use and access to tobacco by minors |
| Fraser Health Authority | <ul style="list-style-type: none"> • Fully participate with Ministry of Health Services and Health Canada to enforce provincial Tobacco Sales Act, Tobacco Sale Regulation, and federal Tobacco Act |

| Component: Enforcement | |
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| Organization | Better Practices |
| | <ul style="list-style-type: none"> • Provide training sessions to vendors on tobacco control legislation • Publish on Fraser Health Authority website names of retailers convicted |
| Health Canada: Tobacco Control Programme | <ul style="list-style-type: none"> • Provide tools and resources to assist municipalities in planning, implementing, and evaluating non-smoking bylaws • Ensure compliance with federal legislation, ensuring points of sale do not sell to youth • Continue to defend the Tobacco Act and the government’s position in tobacco-related litigation |
| First Nations and Inuit Tobacco Control Strategy | <ul style="list-style-type: none"> • Communities have identified they want changes, but difficult as selling tobacco products in most cases by band offices yields profits – much the same as government taxes off reserve |
| Heart and Stroke Foundation of BC and Yukon | <ul style="list-style-type: none"> • No better practices identified |
| Canadian Cancer Society | <ul style="list-style-type: none"> • No better practices identified |
| BC Lung Association | <ul style="list-style-type: none"> • No better practices identified |
| BC Cancer Agency | <ul style="list-style-type: none"> • No better practices identified |
| BC Centre of Excellence for Women’s Health | <ul style="list-style-type: none"> • No better practices identified |
| Society for Clinical Preventative Health Care | <ul style="list-style-type: none"> • No better practices identified |
| Workers’ Compensation Board | <ul style="list-style-type: none"> • Regulation enforcement for workers |

| Component: Province-Wide Programs | |
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| Organization | Better Practices |
| Ministry of Health Services: Tobacco Control Program | <ul style="list-style-type: none"> • Ensure a tobacco-free Olympics in BC • Promote a smoke-free BC • Tobacco-Free Sports Campaign • BC Doctors’ Stop Smoking Program • BC Smokers Helpline • Kick the Nic • Worksite cessation – mobilizing business • Helping Moms Quit |
| Ministry of Health Services: Aboriginal Health, Aboriginal Tobacco Strategy for BC | <ul style="list-style-type: none"> • Annual Honour Your Health Challenge training • Networking • Poster model and logo contest • Developing educators’ manual and website |
| Vancouver Island Health Authority | <ul style="list-style-type: none"> • Survey of Central/Upper Vancouver Island to assess public support for smoking control measures • Mobilize communities that have the highest degree of risk • Provide health information and research to local government |
| Interior Health Authority | <ul style="list-style-type: none"> • BC Doctors’ Stop Smoking Program |
| Northern Health Authority | <ul style="list-style-type: none"> • Smoke-Free Homes Program for new moms |
| Vancouver Coastal Health Authority | <ul style="list-style-type: none"> • Kids Need Smoke-Free Space magnets distributed to high-risk pregnant and parenting women • Ministry of Health Services mass media campaign for 20- to 30- |

| Component: Province-Wide Programs | |
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| Organization | Better Practices |
| | year-old blue-collar workers |
| Fraser Health Authority | <ul style="list-style-type: none"> • No better practices identified |
| Health Canada: Tobacco Control Programme | <ul style="list-style-type: none"> • No better practices identified |
| First Nations and Inuit Tobacco Control Strategy | <ul style="list-style-type: none"> • 25 bands funded to assist in developing tobacco-related policies for their community • Posters sent to each BC band • Social marketing – “No S” signs, pamphlets, and baby bibs (Don’t smoke around me) |
| Heart and Stroke Foundation of BC and Yukon | <ul style="list-style-type: none"> • Second-hand smoke in multi-unit dwellings project • Clean Air Coalition (advocacy) |
| Canadian Cancer Society | <ul style="list-style-type: none"> • Advocacy is province wide • BC Smokers’ Helpline |
| BC Lung Association | <ul style="list-style-type: none"> • www. quitnow.ca |
| BC Cancer Agency | <ul style="list-style-type: none"> • No better practices identified |
| BC Centre of Excellence for Women’s Health | <ul style="list-style-type: none"> • No better practices identified |
| Society for Clinical Preventative Health Care | <ul style="list-style-type: none"> • BC Doctors’ Stop-Smoking Program • Baby’s Breath Program • Continuing education courses in tobacco intervention for physicians, pharmacists, dental hygienists, dentists, radiation therapists • Prevention program – physical activity, nutrition, depression, alcohol, and interactions with tobacco |
| Workers’ Compensation Board | <ul style="list-style-type: none"> • Workers’ Compensation Board regulations regarding smoking for workers |

| Component: Counter Marketing | |
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| Organization | Better Practices |
| Ministry of Health Services: Tobacco Control Program | <ul style="list-style-type: none"> • Mass media campaign |
| Ministry of Health Services: Aboriginal Health, Aboriginal Tobacco Strategy for BC | <ul style="list-style-type: none"> • At community level, value-based programming incorporating respect (social marketing) |
| Vancouver Island Health Authority | <ul style="list-style-type: none"> • Regular articles in the <i>Island Parent</i> magazine • Media interviews • Behind the Smokescreen video contest • Retailer education • Campaign on how the tobacco industry targets youth in Central Vancouver Island schools |
| Interior Health Authority | <ul style="list-style-type: none"> • Nicotine Intervention Counseling (NIC) • Kick the Nic • School programs • Peer mentoring |
| Northern Health Authority | <ul style="list-style-type: none"> • True North Strong and Smoke Free mass media campaign |
| Vancouver Coastal Health Authority | <ul style="list-style-type: none"> • Training of Teens Kick Ash youth in history of tobacco industry tactics and counter-marketing techniques – this is also done in |

| Component: Counter Marketing | |
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| Organization | Better Practices |
| | bc.tobaccofacts sessions and SWAT school activities |
| Fraser Health Authority | <ul style="list-style-type: none"> • No better practices identified |
| Health Canada: Tobacco Control Programme | <ul style="list-style-type: none"> • Explore ways to mandate changes to tobacco products to reduce hazards to health • Work in collaboration with other countries to ensure that any changes made to tobacco products reduce negative health impacts on the smoker and those exposed to smoke • Aim to reduce the health hazards of tobacco products by ensuring that misleading information is not provided to consumers |
| First Nations and Inuit Tobacco Control Strategy | <ul style="list-style-type: none"> • Have funded consultant to research existing smoking policies and how policies are developed and enforced • Coalition groups encouraged to speak to people who sell tobacco not to sell to minors |
| Heart and Stroke Foundation of BC and Yukon | <ul style="list-style-type: none"> • No better practices identified |
| Canadian Cancer Society | <ul style="list-style-type: none"> • No better practices identified |
| BC Lung Association | <ul style="list-style-type: none"> • Involvement in mass media campaigns |
| BC Cancer Agency | <ul style="list-style-type: none"> • No better practices identified |
| BC Centre of Excellence for Women's Health | <ul style="list-style-type: none"> • No better practices identified |
| Society for Clinical Preventative Health Care | <ul style="list-style-type: none"> • No better practices identified |
| Workers' Compensation Board | <ul style="list-style-type: none"> • No better practices identified |

| Component: Cessation Programs | |
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| Organization | Better Practices |
| Ministry of Health Services: Tobacco Control Program | <ul style="list-style-type: none"> • Request for proposal for cessation activities • Cessation pilot – Validation of a Treatment Referral Algorithm for current smokers • Cessation scan of BC programs • Improve access to telephone-based services • Develop and launch cessation website – quitnow.ca • Work with youth and young adults to develop and promote age-specific cessation tools • Promote cessation programs for pregnant women, pre- and post-natal programs • Develop cessation programs at universities, colleges, and trade schools • Cessation message on back of cheque stub • BC Smokers' Helpline – operated by Canadian Cancer Society • Kick the Nic • Worksite cessation • BC Doctors' Stop Smoking Program |
| Ministry of Health Services: Aboriginal Health, Aboriginal Tobacco Strategy for BC | <ul style="list-style-type: none"> • One-to-one and group sessions • Community Grant Program |

| Component: Cessation Programs | |
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| Organization | Better Practices |
| Vancouver Island Health Authority | <ul style="list-style-type: none"> • Train and provide support to facilitators of Kick the Nic for teen smokers • Catching Our Breath for pregnant women or women with young children • Quit Smoking Program for clients with mental illness • Brief intervention counseling by public health nurses for clients with young families • Update and maintain an informational brochure and website outlining cessation options available to the public • Develop a quit smoking brochure on resources for teens • Promotion of the QuitNow website through school newsletter • Support physician-led cessation clinic in Central Vancouver Island |
| Interior Health Authority | <ul style="list-style-type: none"> • Nicotine Intervention Counseling (NIC) • Kick the Nic • Intervention program for pre-natal women – Baby’s Breath (with Society for Clinical Preventative Health Care) • “Brief Intervention in Tobacco” staff training • Working towards tobacco-free facilities and grounds |
| Northern Health Authority | <ul style="list-style-type: none"> • Nicotine Intervention Counseling Centre • School-based Kick the Nic cessation |
| Vancouver Coastal Health Authority | <ul style="list-style-type: none"> • Kick the Nic • Stop Smoking Before Surgery Program • Smoking cessation program for gay men – Fall 2004 • Smoking cessation program for lesbians – January 2005 • Planning a large group smoking cessation program with BC Cancer Agency |
| Fraser Health Authority | <ul style="list-style-type: none"> • Consult with Canadian Mental Health Association in New Westminster to obtain cessation information specific to mental health • Work with pre-natal groups to provide cessation and protection information to new mothers • Develop employee cessation packages and distribute through Wellness Committees or Joint Occupational Health and Safety Committees |
| Health Canada: Tobacco Control Programme | <ul style="list-style-type: none"> • Continue to work in collaboration with stakeholders to address need for a national “systems approach” to cessation, including planning, development, and implementation • Undertake best practices reviews to provide best approaches of cessation – public access to information, programs and resources on best practices will be enhanced • Provide Canadians with telephone quitline counseling services through a national network of quitlines – provide funding for training and resources, and establishment of national standardized approach to monitoring and evaluation |
| First Nations and Inuit Tobacco Control Strategy | <ul style="list-style-type: none"> • Developed cessation manual – provided training to 16 coalition sites and other BC bands as requested |
| Heart and Stroke Foundation of | <ul style="list-style-type: none"> • No better practices identified |

| Component: Cessation Programs | |
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| Organization | Better Practices |
| BC and Yukon | |
| Canadian Cancer Society | <ul style="list-style-type: none"> • BC Smokers' Helpline is primarily a cessation program – telephone help and intervention for individuals who want to quit or want to help others quit |
| BC Lung Association | <ul style="list-style-type: none"> • www.quitnow.ca • One-to-one telephone counseling • Quit tips • Freedom from Smoking |
| BC Cancer Agency | <ul style="list-style-type: none"> • No better practices identified |
| BC Centre of Excellence for Women's Health | <ul style="list-style-type: none"> • No better practices identified |
| Society for Clinical Preventative Health Care | <ul style="list-style-type: none"> • Intervention program for pre-natal women – Baby's Breath (with Interior Health Authority) • BC Doctors' Stop-Smoking Program • Continuing education courses in tobacco intervention for physicians, pharmacists, dental hygienists, dentists, radiation therapists |
| Workers' Compensation Board | <ul style="list-style-type: none"> • No better practices identified |

| Component: Surveillance and Evaluation | |
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| Organization | Better Practices |
| Ministry of Health Services: Tobacco Control Program | <ul style="list-style-type: none"> • Performance indicators • Prevalence survey • Cessation evaluation – evaluate implementation • Monitor and evaluate the progress of our tobacco control initiatives |
| Ministry of Health Services: Aboriginal Health, Aboriginal Tobacco Strategy for BC | <ul style="list-style-type: none"> • Evaluation of 2003 Honour Your Health Challenge • Evaluate annual training event • Grant reports |
| Vancouver Island Health Authority | <ul style="list-style-type: none"> • Keeping partners up to date on best practices in tobacco control through newsletters and other media • Track the number of complaints concerning and monitor compliance with Clean Air Bylaw |
| Interior Health Authority | <ul style="list-style-type: none"> • Using our partners, we increase our sample size for surveys done in our projects |
| Northern Health Authority | <ul style="list-style-type: none"> • Tobacco Algorithm Research Project • Evaluation of Tobacco Sales Act – enforcement |
| Vancouver Coastal Health Authority | <ul style="list-style-type: none"> • Relationships with local researchers to keep up to date with latest research being done • SWAT – goals to increase youth and public knowledge of tobacco industry tactics, to shift public perceptions about tobacco, and to make use less socially acceptable. |
| Fraser Health Authority | <ul style="list-style-type: none"> • Review of data sources on youth access |
| Health Canada: Tobacco Control Programme | <ul style="list-style-type: none"> • Report on the Cost of Smoking in BC and the Economics of Tobacco Control (February 2004) • Research will continue to be conducted to provide evidence and support for all initiatives and any new regulations |

| Component: Surveillance and Evaluation | |
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| Organization | Better Practices |
| | <ul style="list-style-type: none"> • Data from CTUMS will be used annually to survey prevalence • Research will be undertaken to measure changes in awareness, attitudes, knowledge, and behaviours of Canadian smokers and non-smokers in order to judge the effectiveness of marketing campaigns • Research will provide significant insight into the marketing efforts of tobacco companies • Examining tobacco control bylaws and control measures at municipal and provincial levels will monitor community involvement and support for federal Tobacco Control Strategy objectives • Regular monitoring of behaviour patterns of Canadian smokers will provide information about smoking initiation, prevalence, and cessation, and location where young people purchase tobacco products • Contributions made to NGOs and international organizations will be assessed regularly to ensure they support federal tobacco control |
| First Nations and Inuit Tobacco Control Strategy | <ul style="list-style-type: none"> • Completed two surveys with coalition groups – Dr. Dennis Wardman evaluated results and shared with coalition • Working with Vancouver Island Health Authority to complete three surveys with communities to get snapshot of tobacco use and overall health of members |
| Heart and Stroke Foundation of BC and Yukon | <ul style="list-style-type: none"> • No better practices identified |
| Canadian Cancer Society | <ul style="list-style-type: none"> • Evaluation of advocacy efforts |
| BC Lung Association | <ul style="list-style-type: none"> • Direct mail surveys regarding second-hand smoke and tobacco-free workplaces |
| BC Cancer Agency | <ul style="list-style-type: none"> • |
| BC Centre of Excellence for Women’s Health | <ul style="list-style-type: none"> • Reducing harm – best practices review of the impact of tobacco control policies on vulnerable populations • Filtered Policy – gendered analysis of tobacco control policies • Expecting to Quit – best practices review of smoking cessation interventions for pregnant and postpartum women |
| Society for Clinical Preventative Health Care | <ul style="list-style-type: none"> • No better practices identified |
| Workers’ Compensation Board | <ul style="list-style-type: none"> • No better practices identified |

| Component: Administration and Management | |
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| Organization | Better Practices |
| Ministry of Health Services: Tobacco Control Program | <ul style="list-style-type: none"> • Continue to hold the tobacco industry accountable • Awarding and monitoring program contracts • Evaluating contracts • Ensure program best practices followed – provide staff training • Research |
| Ministry of Health Services: Aboriginal Health, Aboriginal Tobacco Strategy for BC | <ul style="list-style-type: none"> • Provincial coordinator • Working group (volunteers) |

| Component: Administration and Management | |
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| Organization | Better Practices |
| Vancouver Island Health Authority | <ul style="list-style-type: none"> • To assist and support staff of Vancouver Island Health Authority in making all facility sites smoke free |
| Interior Health Authority | <ul style="list-style-type: none"> • Director and managers of health protection • Development of Interior Health Tobacco Reduction Plan • Cross-sectorally • Tobacco reduction coordinators |
| Northern Health Authority | <ul style="list-style-type: none"> • Developing and implementing a comprehensive tobacco strategy |
| Vancouver Coastal Health Authority | <ul style="list-style-type: none"> • Hired a new position called Leader, Tobacco Reductions Strategy to focus on regional activities |
| Fraser Health Authority | <ul style="list-style-type: none"> • Develop performance expectations with Ministry of Health Services • Produce communications plan • Provide tobacco reduction information on Fraser Health Authority's intranet |
| Health Canada: Tobacco Control Programme | <ul style="list-style-type: none"> • Continue to work with Department of Finance to ensure taxation policy is consistent with health objectives |
| First Nations and Inuit Tobacco Control Strategy | <ul style="list-style-type: none"> • In fifth year of tobacco strategy • Meet monthly with FNIHB to review ongoing progress of Tobacco Control Strategy Review Framework |
| Heart and Stroke Foundation of BC and Yukon | <ul style="list-style-type: none"> • No better practices identified |
| Canadian Cancer Society | <ul style="list-style-type: none"> • Manage advocacy agenda |
| BC Lung Association | <ul style="list-style-type: none"> • Manage advocacy positions • Support for tobacco industry accountability |
| BC Cancer Agency | <ul style="list-style-type: none"> • |
| BC Centre of Excellence for Women's Health | <ul style="list-style-type: none"> • No better practices identified |
| Society for Clinical Preventative Health Care | <ul style="list-style-type: none"> • No better practices identified |
| Workers' Compensation Board | <ul style="list-style-type: none"> • No better practices identified |

APPENDIX D: WORKSHOP AGENDA

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| Welcome and Introductions: Workshop introduction – John Forsdick, Context Research | 9:00–9:10 a.m. |
| Roles in Tobacco Reduction and Control <ul style="list-style-type: none"> John Millar, Provincial Health Services Authority (PHSA) Brian Emerson, Medical Consultant, Ministry of Health Services | 9:10–10:00 |
| Break | 10:00–10:20 |
| Components of Better Practice <ul style="list-style-type: none"> Review of Better Practices Framework – John Forsdick Small group discussion of Better Practices Framework <ul style="list-style-type: none"> Are the principles and components of better practices sufficient to guide the planning and implementation of tobacco control and reduction initiatives in BC? Are any principles or better practices missing? How well are we doing in each area? Plenary discussion | 10:20–10:35 10:35–11:15 11:15–11:45 |
| Tobacco Reduction and Control Activity Scan <ul style="list-style-type: none"> Group review and input to Tobacco Reduction and Control Activity Inventory | 11:45–12:15 |
| Lunch | 12:15–1:00 p.m. |
| Opportunities in Tobacco Reduction and Control Lydia Drasic, Director, Provincial Primary Health Care and Population Health Strategic Planning | 1:00–1:15 |
| Identifying Gaps and Opportunities Group discussion to identify: <ol style="list-style-type: none"> What gaps and opportunities need to be addressed to enhance tobacco reduction and control in BC <ul style="list-style-type: none"> At the HA level (either programs or support initiatives) At the system-wide level (either programs or support initiatives) What roles can specific partners, including PHSA, play in addressing the gaps and opportunities? Group feedback on gaps and opportunities | 1:15–2:45 |
| Break | 2:45–3:00 |
| Priorities for PHSA Involvement | 3:00–3:30 |
| Next Steps and Final Comments | 3:30– 3:45 p.m. |
| Adjourn | |