Health Canada
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TOBACCO CONTROL INITIATIVE EVALUATION SYNTHESIS

Presented to:

Health Canada

Departmental Audit and Evaluation Committee

May 6, 2004

Canada

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APRIL 2004

Departmental Program Evaluation Division
Applied Research and Analysis Directorate
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Canada

TOBACCO CONTROL INITIATIVE EVALUATION SYNTHESIS

INTRODUCTION

At the request of Health Canada's Tobacco Control Programme (TCP), the Departmental Program Evaluation Division (DPED) recently undertook an evaluation of the Department's Tobacco Control Initiative (TCI). The TCI had the following objectives:

- To reduce smoking prevalence and tobacco use and the resultant adverse health effects among the Canadian population, with a particular emphasis on youth;
- to reduce tobacco caused illness and death;
- to ensure an infrastructure that supports coordinated planning, collaboration, best practices and policies and that builds capacity of organizations, communities and youth; and
- to build public support for tobacco control measures and public concern about the tobacco industry.

Building on the momentum created by previous tobacco control or reduction strategies implemented between 1986 and 1996, including the Tobacco Demand Reduction Strategy, the TCI was introduced by the federal government in 1997/98 with a budget of $50 million dollars. These resources were allocated over five years ending in March 2002 for work related to regulations and compliance. An ongoing funding stream of $10 million per year was added in 1998/99 for a public education component. A policy case was made to incorporate the ongoing stream into the Federal Tobacco Control Strategy (FTCS), which replaced the TCI in 2001. The TCI had a range of partners and clients, such as provinces and territories, the health community and non-governmental organizations. Ultimate beneficiaries included Canadians and youth.

According to Treasury Board policy, programs of this nature should be periodically evaluated against their stated objectives. The purpose of the TCI evaluation, then, was to examine the extent to which the initiative achieved its objectives; to identify areas of success and weakness; to establish baseline data for the future evaluation of the FTCS; and to provide program management with relevant information to improve the management and evaluation of the FTCS.

METHODOLOGY

After a lengthy planning process and once the purpose of the evaluation was accepted, an agreement was reached in June 2002 between DPED and the TCP regarding the nature of the evaluation and the request for proposals to hire a contractor. The section below on contracting

issues explains delays that affected the expected delivery date of the evaluation report. Methodological approaches and evaluation questions were drafted by DPED in collaboration with the TCP and shared with the hired contractor, Consulting and Audit Canada (CAC). Questions included the following: Has the TCI been pro-active in the enforcement of the Tobacco Act and its regulations? Has the TCI contributed to improvements in infrastructure that support planning and collaboration and sharing of best practices, lessons learned and policies? To what extent has the TCI contributed to enhanced public support for tobacco control measures and increased concern about the tobacco industry? Have TCI activities (i.e., prevention, cessation, protection) contributed to reduced tobacco consumption? What, if anything, about the design and delivery of the TCI should be changed for future programs? To what extent has the TCI developed surveillance, monitoring, research and evaluation programs that enable the effectiveness of each component to be assessed?

An advisory committee composed of representatives from Health Canada's Tobacco Control Programme (TCP), and an expert panel composed of an economist, a social scientist, and an epidemiologist, were struck to provide advice to DPED. The experts were not employees of the federal government. The methodology used quantitative and qualitative approaches, such as an examination of relevant surveys and documents. Stakeholder interviews were undertaken to help contextualize the information obtained in the review. This was particularly important to help fill information gaps. Interview subjects were from the TCP (9 individuals), provinces (4), non-governmental organizations and representatives (8), experts in tobacco-related research and tobacco control (7), other jurisdictions (2), and the tobacco industry (9).

Information collection and analysis took place between November 2002 and October 2003. Details pertaining to the documents and surveys reviewed, including inclusion criteria, design and sample size, and the strengths and limitations of the methodology itself, are available from Health Canada.

Contracting issues

Health Canada decided to engage a consultant to conduct the evaluation to increase its objectivity and transparency. The evaluation budget was initially set by the Tobacco Programme at $150,000.00 and set the stage for the development of a Request for Proposal (RFP). As the RFP was being developed in May 2002, representatives from the Tobacco Control Programme expressed concern about potential conflicts of interest from bidders who may have been previously engaged by the tobacco industry. Advice was sought from the Department's contracting authorities and legal representatives. An RFP with a conflict of interest clause was posted in June 2002 and was later amended to increases its clarity with potential bidders. In the end neither the first RFP nor its amendment generated a winning proposal. In exploring alternatives, it was decided that the most reasonable solution was to engage Consulting and Audit Canada (CAC), an agency of Public Works and Government Services Canada (PWGSC). This was done in November 2002.

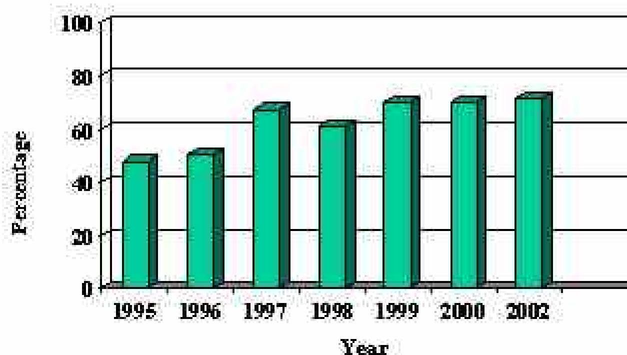
FINDINGS

This evaluation synthesis summarizes the main findings of the technical studies completed in support of the evaluation. They pertain to the following areas of the TCI: enforcement of the Tobacco Act and its regulations; improvements in infrastructure and lessons learned; public support for tobacco control; surveillance and monitoring; and program design and delivery. Other findings not related to these four areas and therefore not explored in depth are presented at the end of this section.

The TCI and enforcement of the *Tobacco Act* and its regulations

The evaluation examined the effectiveness of the enforcement of the Tobacco Act, which regulates the manufacture, sale, labeling and promotion of tobacco products in Canada. An important part of the Act is the protection of Canadians, especially youth, from the negative health effects of tobacco use and addiction.

Figure 1. Percentage of Canadian Retailers Refusing to Sell to Minors, 1995 to 2002[1]



The TCI developed agreements with several provinces for enforcement activities such as retail inspections on sales to minors and compliance audits. A slight increase occurred in retailer conformity with laws regarding youth access to tobacco. Indeed, as shown by a Nielsen survey covering the duration of the TCI, the percentage of Canadian retailers refusing to sell to minors increased from 67.3% in 1997 to 69.8% in 2000.[2] Nielsen results also showed that the percentage of retailers in full compliance with the posting of mandatory tobacco age and health advisory signs increased from 37.5% in 1997 to 47.5% in 2000. The percentage of all stores with tobacco point-of-sale (POS) ads as permitted under the Tobacco Act decreased from 37.4% in 1997 to 35.2% in 2000. While the latter decrease can be explained by the Nielsen survey margin of error, which was ± 1.2, the first decrease, though not large under the TCI, seems to be part of an overall trend since 1995 toward retailer compliance with the law.

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[1] Data from 1995-96 and 2002 are from surveys using a similar, but not identical methodology to that used in 1997-2001. Caution should be exercised when analysing results for comparative purposes.

[2] AC Nielsen. Final Report on Measurement of Retailer Compliance with respect to the *Tobacco Act* and Provincial Tobacco Sales-To-Minors Legislation, 2002. Prepared for the Tobacco Control Programme Health Canada.

According to the National Population Health Survey (NPHS, 1998-99) and the Canada Tobacco Use Monitoring Survey (CTUMS), youth smoking rates declined between 1998 and 2001 from 27.7% to 22.5%.[3,4] Statistics Canada, meanwhile, in an analysis of all surveys undertaken between 1985 and 2001, concluded that youth smoking rates declined between 1994/95 and 2001 from 28.5% to 22.5%. Of note, declines in daily smoking rates in Canada have occurred for males and females and all age groups from 1985 to 2001 although, as Statistics Canada has shown, youth smoking only started declining significantly in the mid-1990s.[5]

When considering the enforcement portion of the TCI, it can be said the TCI has been somewhat effective in this area. Some retailer conformity with laws has occurred, limiting youth access to tobacco products, and a decline in youth smoking has been observed. While it is easy to think this latter decline was caused by the TCI's enforcement activities, it may also have been influenced by the broader societal trend toward smoking cessation. The availability of additional information (e.g., better tracking and a broader understanding of smokers' knowledge, attitudes and behaviour) would have been useful here to help clarify linkages.

Improvements in infrastructure and lessons learned

This section examined whether the TCI helped ensure an infrastructure that supports coordinated planning, collaboration, best practices and policies and that builds capacity of organizations, communities and youth.

At the outset, policy documents developed under the TCI provided direction regarding projects, research (e.g., the identification of best practices) and the dissemination of results, as well as the development of performance indicators for monitoring and evaluation. Building on these documents, the TCP undertook consultations regarding collaborations, information gathering and dissemination. For example, the TCP consulted with non-governmental organizations and provinces to develop mass media campaigns and conducted pre- and post-testing of its ads. The Steering Committee of the National Strategy to Reduce Tobacco Use in Canada (NSRTU) prepared a National Strategy for Tobacco Control that was endorsed in 1999 by the Ministers of Health. In April 2000, the Advisory Committee on Population Health (ACPH) was created with an affiliated working group on tobacco control.

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3 Statistics Canada. National Population Health Survey (NPHS) , 1999.

4 Health Canada. Canadian Tobacco Use Monitoring Survey (CTUMS), 2001, (http://www.hc-sc.gc.ca/hecs-sesc/tobacco/research/ctums/index.html#2001).

5 Gilmore, J. Report on Smoking in Canada, 1985 - 2001 Statistics Canada, December - 2002.

The findings indicated, however, that collaboration was weak within parts of Health Canada, including regional offices and provincial authorities. Collaboration was also weak with medical stakeholders. This is important because research shows that public health authorities, such as physicians and nurses, play an important role in smoking cessation.[6]

Regarding information sharing, the TCP stated that the health warnings on cigarette packages were intended as a way to provide information on the dangers associated with smoking. To ensure the information would be well-received by Canadians, the TCP undertook several studies to estimate possible consumer responses to different messages, to refine the optimal messages and to evaluate their impact after implementation. Presentations were also made at several international conferences on the development of these messages. Limited analyses and recommendations were available, however, on the linkages between warning messages and an individual's attitudes and smoking behaviour. It is nonetheless known that the provision of well-founded and targeted information (i.e., to specific populations and in various formats) is an important part of the results chain leading to improved health.[7]

In addition to the messages on cigarette packages, the TCI disseminated survey results, studies and papers, although this seemed to occur mainly on the Tobacco Programme's website. It also funded some targeted community-based programming. For example, a project designed to reduce and prevent smoking among the Inuit through the development of tools, training and information dissemination seems to have been well-received by the target group. However, the impact of such activities on smoking consumption is not available because trend research among the Inuit has not yet been undertaken (see section on surveillance). Nor was information found on the effect of the website and other funded activities on community capacity.

While these activities were underway, some changes were being observed at the municipal level. For example, in a survey of 965 municipalities and regions across Canada, smoking by-laws have increased to cover about 63% of the Canadian population through municipal, regional or provincial tobacco control laws restricting smoking – at least 30% of provincial and municipal governments introduced these by-laws between 1996 and 2001.[8]

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6 Rice, V. and Stead, L. Nursing interventions for smoking cessation. *Cochrane Database System Review*. 2004; 1: CD001188.

7 Visit the Health Canada website at http://www.hc-sc.gc.ca/hecs-sesc/tobacco/prof/clinical/intervention/biblio.html and the Cochrane database at www.cochrane.org for additional research.

8 Health Canada. Tobacco Control By-laws in Canada. Office of Research, Surveillance, and Evaluation- Tobacco Control Programme, Healthy Environments and Consumer Safety Branch, Health Canada, 2001.

The findings show the TCI was partially effective in the area of infrastructure changes to support planning and collaboration and the sharing of best practices, lessons learned and policies. Significant policy documents helped provide direction, some collaboration occurred, and information, though not specifically identified as best practices, was disseminated. At the same time, the findings did not show that capacity was built among organizations, communities and youth. Regular status or progress reports on the TCI were not found in the documents reviewed. It cannot be stated, then, that the TCI had actually improved infrastructure or identified in a systematic fashion tobacco control best practices. It is not clear that by-laws changed directly as a result of TCI's interventions. There is a compelling case, though, that the TCI contributed to this change by consulting and sharing information with federal/provincial/territorial partners, and by funding non-governmental organizations to help raise awareness about smoking and health.

Public support for tobacco control

This portion of the evaluation examined the effectiveness of the TCI at building public support for tobacco control measures and concern about the tobacco industry.

In 1999, an Environics survey showed that 72% of Canadians and 52% of smokers said tobacco use in Canada was a major problem.[9] Eighty-four percent (84%) of Canadians were aware that the federal government regulates the sale, content and promotion of tobacco products. Tobacco manufacturers are also required to provide detailed and comprehensive information to the federal government on the level of tobacco sales and the ingredients in tobacco products, including toxic substances. Eighty percent (80%) of Canadians and 73% of smokers believe this requirement enables Health Canada to do its job. Fifty-four percent (54%) of Canadians, meanwhile, support the ban on promotional activities related to event sponsorship by tobacco companies.

The support Canadians show for funding is also a good indicator of public support for tobacco control. For example, 49% of Canadians said the $100M allocated for tobacco control strategies was about right, 20% said it was too little, while 23% said it was too much. In addition, a majority of Canadians believed the federal government should give high priority to strategies discouraging young people from taking up smoking (88%) and helping young smokers to quit (86%). Various strategies were supported, such as: the enforcement of regulations prohibiting sale of tobacco products to minors (73%); the identification of successful local anti-smoking programs and promoting them nationally (84%); smoking cessation aids covered by health care plans (79%); comprehensive information on the Internet on the dangers of tobacco (68%); and television advertisements against the corporate activities of tobacco companies (62%).

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[9] Environics. Canadian Attitudes Towards Tobacco Regulations. March 1999. Report for Health Canada.

The evidence suggested the TCI was somewhat effective at building public support for tobacco control at the inception of the TCI. The public clearly believed the federal government has an important role to play in this area. However, because there was no indication of changes in public support at the end of the TCI, it cannot be said the initiative improved or sustained this support across time. Additional trend information would certainly have been useful in this instance.

Surveillance and Monitoring

This part of the evaluation examined the effectiveness of the TCI's surveillance and monitoring of prevention, cessation and protection activities. While the findings did not show how surveillance gaps were identified and resolved, significant surveillance activities were undertaken, such as the Canadian Tobacco Use Monitoring Survey (CTUMS, undertaken by Statistics Canada for Health Canada) and public opinion research, retailer compliance audits, and research into smoking prevalence among First Nations and Inuit.

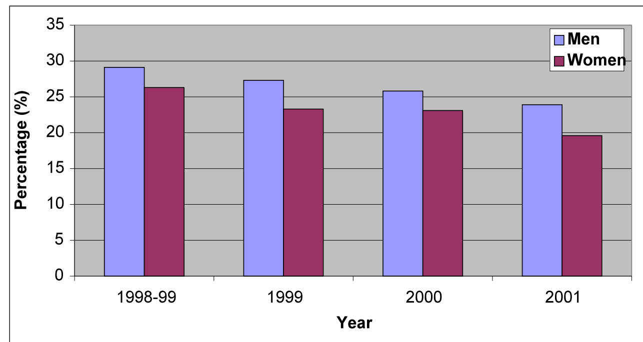

Figure 2. Current smoking prevalence by sex, population aged 15 years and over, Canada 1998-99 to 2001[10,11]

Smoking prevalence has declined between 1998 and 2001 from 27.7% (NPHS, 1998-99) to 21.7% (CTUMS, 2001).[10,11] However, information from the Canada Community Health Survey (CCHS, 2001) showed smoking prevalence in 2001 at 26.8%. Sample sizes, though, varied considerably between CTUMS and CCHS.[12] The latter, for example, had a response rate of 85%, representing in real numbers 118,491 Canadians aged 15 years and older. CTUMS, meanwhile, had a response rate of 77.5%, representing 21,788 Canadians aged 15 years and older. CCHS data may at first glance inspire greater confidence, as the response rate and sample size were higher. An analysis of methodological differences between these and other surveys can be found in *Report on Smoking in Canada 1985 to 2001*, published by Statistics Canada.[13] The interview context, the report suggested, may have influenced the results, given that CTUMS was administered by telephone and CCHS was done in-person. However, this report could not explain the differences in the

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[10] Statistics Canada. National Population Health Survey (NPHS) , 1998-1999.

[11] Health Canada. Canadian Tobacco Use Monitoring Survey (CTUMS), 2001, (http://www.hc-sc.gc.ca/hecs-sesc/tobacco/research/ctums/index.html#2001).

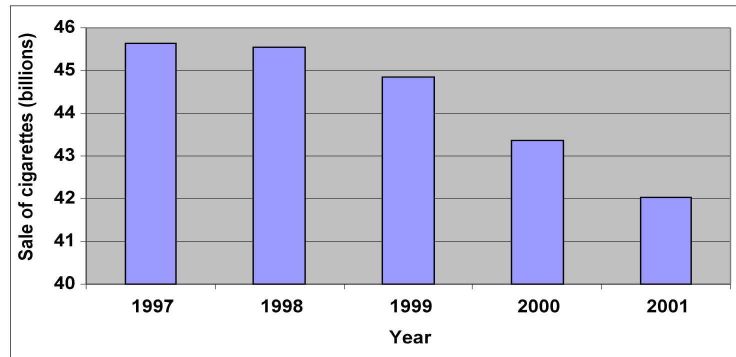
[12] Statistics Canada. Canada Community Health Survey, 2000-2001.

[13] Gilmore, J. Report on Smoking in Canada, 1985 - 2001. Statistics Canada, December - 2002.

reported smoking rates between CCHS and CTUMS. Nevertheless, Statistics Canada has concluded that smoking consumption has been declining steadily since 1985.
The smoking rate among First Nations and Inuit at the inception of the TCI, as shown in the First Nations and Inuit Health Survey (1997), was 62%.[14] This is more than double the Canadian average, a signal that the health care and social burden for smoking-related illness and death in these populations may become significant in the future.

Domestic cigarette sales have declined significantly between 1997 and 2001, from 45.6 billion to 42 billion. Of note, especially as it pertains to smoking consumption, survey information showed a drop in the proportion of people smoking 11 to 25 cigarettes a day from 64% in 1997-98 to 58% in 2001. Also, the smoking cessation rate among adult smokers (57%) is significantly higher than that among youth smokers (21%), with moderate differences across provinces. Fifty percent (50%) of former smokers stated they quit mainly for health reasons. Among the top approaches were will-power (cold turkey) and a Nicotine patch or Zyban. Moreover, people who smoked cigarettes labelled either "light or mild" - about two of every three smokers - were more likely to be planning to quit.

Figure 3. Imported and domestic cigarette sales 1997-2001, Canada[15]



Surveillance and monitoring activities also examined where Canadians got information on the health effects of smoking. In 2001, according to Environics, Canadians got information on the health effects of smoking from television (62%), newspapers (25%) or cigarette packages (20%).[16] Ninety percent (90%) of the survey population recalled the health warning messages on cigarette packages. However, among smokers who have tried to quit, 70% stated that ads or information about the effects of tobacco or the practices of the tobacco industry would not have helped them to quit. Nevertheless, 30% of

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14 Survey report available at: http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/aboriginalhealth/reports_summaries/regional_survey_ch4.pdf

15 Health Canada Tobacco website (http://www.hc-sc.gc.ca/hecs-sesc/tobacco/research/index.html#sales).

16 Environics. Health effects of tobacco and health warning messages on cigarette packages. February 2001. Report for Health Canada.

smokers did find this information useful. This is important, given that research published in 2003 showed that some smokers who had read, thought about and discussed cigarette package labels at the beginning of one study were more likely to have quit, made a quit attempt, or reduced their smoking three months later.[17]

Meanwhile, in a CTUMS (2001) sub-sample of 11,140 Canadians aged 15 and older, respondents said a significant reduction in children's exposure to second-hand tobacco smoke at home had occurred, dropping from 33% in 1996-97 to 21% in 2001. Canadian workers in this sub-sample also indicated that workplace bans on smoking had increased from 52% in 1998-99 to 61% in 2001. The reader should note here these figures represent self-reported information and have not been substantiated by additional data.

While stakeholders who were interviewed expressed a range of beliefs regarding TCI's impact on smoking consumption, the data here suggested that surveillance and monitoring activities have been useful to monitor relevant changes. The TCI, therefore, was partially effective in the area of surveillance and monitoring of prevention, cessation and protection activities, although they could have been bolstered by additional information on the identification of surveillance and prevention gaps. The clear articulation of targets (e.g., a 10% decrease of cigarette sales) would also certainly have helped. Furthermore, it is always important to take measurements through surveys and related work at the implementation and end of any initiative. This helps track changes that may be of interest to stakeholders and program managers.

Design and Delivery of the TCI

The evaluation examined how the TCI was designed and delivered to determine what could be changed for future programs and whether alternative mechanisms could have delivered the TCI or its components more effectively and efficiently.

The findings showed the TCI's design and delivery had many problems. For example, regular monitoring and reporting of activities were weak and indicators linked to expected results were not always available. Record-keeping was also poor and some reports lacked analysis, a description of the methodology used and recommendations. In some cases multiple versions of a document were on file and it was not clear which was the final one. It was also not clear how survey information was used to deliver the TCI. Information is often used by governments to make changes to a program or disseminated to specific populations as part of a communications strategy. TCI communications were insufficient, however, as shown by stakeholder interviews, which in some instances revealed frustrations, most notably from the private sector, regarding regulatory decisions affecting it. There was also no common, unified approach to tobacco control within Health Canada, as the TCI was originally located under

[17] Hammond, D. et al. Impact of the graphic Canadian warning labels on adult smoking behaviour. Tobacco Control. 2003; (12)4; 391-195.

three separate Branches with different leadership. This was partially addressed in 1999 when TCI activities were unified under a single Director General. Still, high turnover and poor morale among staff were noted within the TCP. Since the program seemed to be set to end, it is not surprising that some employees felt uncertain about their jobs and therefore sought and found opportunities elsewhere.

The findings also found limited evidence that the TCI had actually eliminated some identified weaknesses in its programming during the life of the initiative. For example, problems in Western Canada related to enforcement tickets (fines) were corrected once they became known. Other evidence showed that improved infrastructure in one region (e.g., through cost-sharing with the province to minimize duplication) was not shared or transferred to another.

It cannot be said the TCI was effective in its design and delivery. The initiative had at its disposal numerous policy documents to guide its implementation, but it also had significant gaps in strategic research and planning as well as in performance monitoring. A mid-term evaluation, which is often undertaken for programs of this size, was not undertaken for the TCI. This would have helped management make adjustments to improve program delivery.

Tobacco-related morbidity and mortality

The evaluation team did not examine whether the TCI had reached its objective to reduce the adverse health consequences of tobacco consumption; this was viewed as beyond the scope of the evaluation. During the data collection stage, some disagreements were expressed by stakeholders regarding the number of tobacco-related deaths per year in Canada. Given the nature of this disagreement, the author believes it is best discussed and debated at the proper fora, such as through academic publications, scientific conferences and, perhaps, symposia held by Health Canada. Regarding health outcomes, changes in health status are generally viewed as longer-term outcomes that are not observable during the life of relatively brief initiatives such as the TCI. Still, the legacy of TCI's activities could continue to influence changes in health status for years to come. Indeed, international efforts show that reductions in illness and death have sometimes been attributed to concerted, multi-pronged efforts incorporating legislation and enforcement, research and information dissemination, and including public health authorities, academia, non-governmental organizations, concerned populations and the public at large.[18]

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[18] United States Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General - Executive Summary.* United States Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2000.

Other Findings

This evaluation took place after the TCI was rolled into a new initiative, the Federal Tobacco Control Strategy (FTCS). When asked about the TCI, interview subjects did not always make this distinction and spoke rather about the FTCS. Some of their comments included concerns about the consultation on Light and Mild regulations, environmental tobacco smoke and harm reduction, and activities on the denormalization agenda and industry reaction to them. These comments are represented because of their value to FTCS program management as issues worth addressing.

CONCLUSIONS

The goal of evaluation is not always to establish a definitive linkage between a program and anticipated and actual results. Rather, it is to show a compelling case based on fact and analysis that a causal relationship is there. In this instance, the findings showed the TCI has made some valuable contributions to tobacco control in Canada. While the initiative might not have contributed directly to a reduction in smoking prevalence and tobacco use, it has certainly helped through its regulatory and legislative framework. Enforcement has limited both access to and the consumption of tobacco products, and this approach is supported by many Canadians. Many of the surveillance activities, although incomplete, have helped monitor some changes in this field. Also, at the inception of the TCI, the federal government enjoyed good public support for its tobacco control activities. In particular, Canadians supported strategies discouraging tobacco use among minors and enforcement of regulations prohibiting the sale of tobacco products to minors.

Future strategies should make better use of consultation to help improve stakeholder participation and program efficiency. They could also be bolstered by articulating clear targets for important outcomes like reductions in smoking rates. There should, then, be an overall performance measurement and evaluation strategy using a harmonized approach to data collection. Moreover, tobacco strategies should continue to identify information gaps and maintain solid information systems. Strong leadership can help ensure that relevant findings are incorporated as soon as possible into the program architecture.

Smoking prevalence continues to decline in Canada. Strategies like the TCI are known to be important contributors to changes in health status and social attitudes. While these changes may not have all been demonstrated here, it is encouraging to see recent evidence that suggests benefits have already occurred in the area of health warning messages and smoking cessation. Meanwhile, government efforts must be sustained to ensure that individuals continually have access to sound, accurate information and an appropriate regulatory and legislative framework. This will help Canadians maintain and protect their health.

RECOMMENDATIONS

As stated, the TCI was eventually rolled into the FTCS. The recommendations below, therefore, apply to existing and future tobacco control strategies, in particular the current Federal Tobacco Control Strategy (FTCS), which began in 2001 and has on-going funding:

- clearer goals for tobacco-control infrastructure development, which will help improve performance monitoring and evaluation;
- strengthened performance monitoring and evaluation through the development and implementation of related results-based management and accountability frameworks (RMAFs) across all aspects of tobacco control programs, including strategic, measurable, attainable and realistic indicators that are linked to a logic model and anticipated outcomes, with appropriate baseline information;
- better, more rigorous information (e.g., better tracking and a broader understanding of smokers' knowledge, attitudes and behaviour) reflecting both the range of groups affected by tobacco consumption and the range of interventions that are used;
- strengthened record-keeping and file management systems to document and track changes in objectives, plans, administration, coordination, activities and results;
- strengthened provisions within *all* contribution agreements for ongoing performance and results reporting to the appropriate parties, such as managers, so they can incorporate relevant and timely information into the program architecture;
- performance and evaluation training to tobacco program managers and stakeholders;
- consistent survey methodologies and data that are comparable over time;
- further development and strengthening of partnerships and formal linkages across governments and relevant ministries;
- a continued central role in tobacco control for Health Canada, with a clear, single point of accountability;
- the development of a tobacco control research agenda aligned with programming objectives, ensuring that research identifies information gaps, epidemiologic and economic considerations, effectiveness of interventions, and other related research topics;
- a clear enforcement strategy using a risk-based approach to determine enforcement priorities;

- improved documentation and dissemination of best practices and lessons learned, including the identification of relevant criteria (e.g., what constitutes a best practice);
- a reassessment of the role of partners and stakeholders in tobacco control to determine the most effective and appropriate way to engage them; and
- workshops to provide relevant information to stakeholders (e.g., health workers).

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ACTION PLAN

Once funding was secured for the Federal Tobacco Control Strategy, the Tobacco Control Programme (TCP) requested that an evaluation be done on the previous program, the Tobacco Control Inititiative (TCI). Although the TCI no longer existed, it was believed that valuable lessons could be learned from the Iniative. While the evaluation took longer than expected TCP was working to improve areas that were known to be weak and as a result a number of actions had already been undertaken before the evaluation was complete. The following document addresses each of the recommendations by identifying actions, which have already been initiated, and with planned actions which will be implemented during the remainder of the Federal Tobacco Control Strategy.

RECOMMENDATION # 1

CLEARER GOALS FOR TOBACCO-CONTROL INFRASTRUCTURE DEVELOPMENT, WHICH WILL HELP IMPROVE PERFORMANCE MONITORING AND EVALUATION;

The Federal Tobacco Control Strategy implemented in 2001 no longer uses the term infrastructure, instead the aim was to improve tobacco control capacity of stakeholders in provinces, communities and non governmental organizations. However, TCP recognizes that a similar problem exists without a clear definition of what is meant by capacity and our expected goals.

Planned Action

Health Canada will work with their provincial and territorial stakeholders within the Tobacco Control Liaison Committee in order to better define capacity and related goals, plus identify meaningful performance indicators. Establishment of a data gathering system, including baseline data, to help measure success in building capacity is also required. These indicators will be used for all evaluation activities including those for contribution agreements.

Planned Implementation date

Initiated: September 2004

Responsible Manager

Director of Office of Policy and Strategic Planning

RECOMMENDATION # 2

FURTHER DEVELOPMENT AND STRENGTHENING OF PARTNERSHIPS AND FORMAL LINKAGES ACROSS GOVERNMENTS AND RELEVANT MINISTRIES;

A) Action

The Canada Customs and Revenue Agency, the RCMP, the Department of Justice and the Office of the Solicitor General were all identified as partners with Health Canada in the Federal Tobacco Control Strategy. Their primary role was to monitor and assess contraband and report to the Minister of Finance. Meeting of the FTCS Partners plus a representative of Department of Finance are held several times a year and subgroups meet and/or share information on key issues as they arise.

Planned Action

Ensure that at least two meetings, to share contraband information, are held per year with FTCS partners and the Department of Finance. The overall goal is to achieve, at the federal level (and ideally in collaboration with the P/T) a policy approach that will yield sustainable tobacco taxation levels, with attention to unwanted impacts, such as contraband. HC does not have a direct role in taxation policy decisions or on the management of contraband issues; however, as taxation is an major tool of tobacco control, it is important that HC be aware of the issues and contribute the health perspective to the deliberations.

Planned Implementation date

April 2004 and September 2004

Responsible Manager

Director of Office of Policy and Strategic Planning

B) Action

The Tobacco Control Liaison Committee, composed of federal, provincial and territorial representatives, shares information on a regular basis. The Committee first created Terms of Reference and determined priorities to guide the actions of the group, and to coordinate their efforts in 2001. In both 2002, and 2003 the Committee reviewed its Terms of Reference and revised priorities as appropriate.

Planned Action

TCLC will implement its strategic plan, and annual reports will be completed to reflect accomplishments.

Planned Implementation date

September 2004

Responsible Manager

Director of Office of Policy and Strategic Planning

C) Action

As part of the leadership role that TCP is playing in the ratification of the Framework Convention on Tobacco Control (FCTC), the Programme has been working with HRDC, Correctional Service Canada and other federal departments where relevant to FCTC obligations on which Canada may not have achieved full compliance.

Planned Action

If the FCTC is ratified, the Programme will work with other government departments and other jurisdictions on the implementation and management of FCTC.

Planned Implementation Date

2004 - 2005 and Ongoing

Responsible Manager

Director of Office of Policy and Strategic Planning

D) Planned Action

TCP will make funding available to provinces and researchers to allow them to undertake further analysis of survey data collected by Health Canada (e.g. CTUMS).

Planned Implementation date

Annual

Responsible Manager

Director of Office of Research Surveillance and Evaluation

RECOMMENDATION # 3

WORKING WITH PROVINCES WHERE APPROPRIATE, DEVELOP A CLEAR ENFORCEMENT STRATEGY USING A RISK-BASED APPROACH TO DETERMINE ENFORCEMENT PRIORITIES;

Action

Under the *Tobacco Act*, Health Canada is responsible for the enforcement of provisions respecting youth access to tobacco, the promotion and labelling of tobacco products, and the reporting of tobacco-related information. Under their own legislation, provincial governments also enforce provisions on youth access to tobacco and tobacco promotion at retail.

Risk is usually defined as the probability of harm. Since tobacco products are inherently harmful, the issue of "probability of harm" is irrelevant in the context of compliance and enforcement of the *Tobacco Act*. Therefore, a risk-based approach to determining tobacco product-related enforcement priorities is neither appropriate, nor feasible.

Every year, Health Canada plans compliance resources in order to achieve a fair and balanced enforcement of the *Tobacco Act*. Criteria used include: the level of resources available; the location, number, type and past compliance profile of the regulated businesses; the number of inspectors available and their training profile. Proportionally higher resources are usually assigned to monitoring compliance with new provisions upon their coming into force.

Resource levels for monitoring compliance with tobacco-youth-access provisions are discussed and agreed-to with the six provinces with whom an enforcement agreement exists. Because of the differences in federal and provincial legislation and regulations, Health Canada is exploring the possibility of harmonizing future legislative and regulatory initiatives with its provincial and territorial counterparts.

Planned Action

Discussions to be held with provincial and territorial counterparts within established F/P/T mechanisms.

Planned Implementation

2004 - 2005

Responsible Manager

Director of Office of Regulations and Compliance

RECOMMENDATION #4

IMPROVED DOCUMENTATION AND DISSEMINATION OF BEST PRACTICES AND LESSONS LEARNED, INCLUDING THE IDENTIFICATION OF RELEVANT CRITERIA (E.G., WHAT CONSTITUTES A BEST PRACTICE);

A) **Planned Action**

Develop an inventory of established practices with information available on where they work well, why and assessment criteria.

Planned Implementation date

March 31, 2005

Responsible Manager

Director of Office of Programs and Mass Media

B) **Planned Action**

TCP will undertake with key national and provincial stakeholders a review of electronic venues currently being used to share information in order to better coordinate and improve information sharing capacity. The study will include venues funded directly by Health Canada as well as those funded under contribution agreements.

Planned Implementation date

November 2004 - Results of the review.
April 2005 - Implement recommendations

Responsible Manager

Director of Office of Programs and Mass Media
Director of Office of Policy and Strategic Planning

RECOMMENDATION #5

STRENGTHENED PERFORMANCE MONITORING AND EVALUATION THROUGH THE DEVELOPMENT AND IMPLEMENTATION OF RELATED RESULTS-BASED MANAGEMENT AND ACCOUNTABILITY FRAMEWORKS (RMAFS) ACROSS ALL ASPECTS OF TOBACCO CONTROL PROGRAMS, INCLUDING STRATEGIC, MEASURABLE, ATTAINABLE AND REALISTIC INDICATORS THAT ARE LINKED TO A LOGIC MODEL AND ANTICIPATED OUTCOMES, WITH APPROPRIATE BASELINE INFORMATION;

A) Action

A Results-based Management and Accountability Framework (RMAF) was developed as part of the Treasury Board Submission for the Federal Tobacco Control Strategy in September 2001.

Planned Action

The RMAF is continuously assessed to allow it to remain current and relevant as the FTCS evolves. The RMAF will be updated and revised, as necessary, as part of the Treasury Board Submission required by March 2006 for the continuation of the Federal Tobacco Control Strategy.

Implementation

2005 - 2006

Responsible Manager

Director General, Tobacco Control Programme
Programme Management Committee

B) Action

An Audit and Evaluation Policy was developed and adopted by TCP to help coordinate ongoing review of initiatives undertaken by TCP and facilitate information sharing in March 2004.

Planned Action

The Policy will be implemented by TCP, and an audit and evaluation plan will be completed each year to coordinate evaluation activities.

Planned Implementation date

April - May 2004

Responsible Manager

Director of Office of Policy and Strategic Planning

RECOMMENDATION # 6

BETTER, MORE RIGOROUS INFORMATION REFLECTING BOTH THE RANGE OF GROUPS AFFECTED BY TOBACCO CONSUMPTION AND THE RANGE OF INTERVENTIONS THAT ARE USED;

and

RECOMMENDATION #7

CONSISTENT SURVEY METHODOLOGIES AND DATA THAT ARE COMPARABLE OVER TIME;

The programme is interpreting a link between these two recommendations. Information from surveys provide basic information on the specific groups affected by tobacco consumption as well as an indication of the effectiveness of the overall initiative. Consequently we are linking the responses to both.

Under the FTCS, the Canadian Tobacco Use Monitoring Survey (CTUMS) provides the department, its stakeholders, as well as the Canadian public, with ongoing and systematic national and provincial estimates of smoking prevalence and amounts smoked. CTUMS began bi-annual data collection in Feb. 1999 which formed the baseline for comparison.

A) Action

CTUMS tracks smoking status, amount smoked and other factors on a 20,000 per year sample size. Modular structure with a continuous core set of questions and a variable set of questions depending upon policy and programme needs.

B) Action

The programme has also initiated a biennial Youth Smoking Survey (YSS) which will provide greater data on the school age youth. Both CTUMS and the YSS provide information with respect to age, sex, income, education and socio-economic status. In addition, other large national surveys are available to TCP for additional information on the range of groups and interventions.

C) Planned Action

In order to increase surveillance coverage, especially in the Territories, TCP has allocated funds for support of surveys conducted in the Territories under the direction of Territorial officials. These surveys will capture greater First Nations people as well as being compatible and comparable with on-going surveys conducted by Statistics Canada on behalf of TCP.

Planned Implementation

2004 - 2005

Responsible Manager

Director Office of Research Surveillance and Evaluation

D) Planned Action

A survey of available interventions will be conducted.

Planned Implementation

2005 - 2006

Responsible Manager

Director Office of Research Surveillance and Evaluation

RECOMMENDATION #8

STRENGTHENED RECORD-KEEPING AND FILE MANAGEMENT SYSTEMS TO DOCUMENT OBJECTIVES, PLANS, ADMINISTRATION, COORDINATION, ACTIVITIES AND RESULTS;

A) Action

The former fragmented and dispersed file management has been brought together within TCP and there is a common classification system. The TCP system falls in line with the Department's "Functional classification system" for the administrative and operational functions.

Planned Action

Retention schedules are being revised and applied for the corporate memory.

Planned Implementation date

October 2004

Planned Action

Hard copy corporate memory will be scanned into PDF format, electronic documents that are available on the shared drive will be saved in a PDF format also and integrated into a database called TIMS (Tobacco Information Management Solution).

Planned Implementation date

May - September 2004 - TIMS pilot test
October 2004 - Implementation.

B) Training tools for TCP staff

An Information Management module is under development to ensure consistency in the way staff manage information and records.

Planned Implementation date

September 2004

Responsible Manager (Title)

Director of Office of Management Services for all of the above.

RECOMMENDATION #9

A CONTINUED CENTRAL ROLE IN TOBACCO CONTROL FOR HEALTH CANADA, WITH A CLEAR, SINGLE POINT OF ACCOUNTABILITY;

Action

In 1999, the majority of Health Canada's tobacco control activities were brought together under the Bureau of Tobacco Control which in 2000 became the Tobacco Control Programme (TCP) in the Healthy Environments and Consumer Safety Branch. A few specific activities are carried out by the First Nations and Inuit Health Branch (FNIHB) and the Health Policy and Communications Branch in collaboration with TCP. With the design of the Federal Tobacco Control Strategy, a comprehensive and integrated approach was established and clearly outlined an accountability agreement. The Tobacco Control Programme, under the direction of a DG, has overall responsibility for the Strategy and works closely with FNIHB and Health Policy and Communications Branch to ensure that the Strategy has clear accountability.

Responsible Manager(s)

Deputy Minister, ADM of Healthy Environments and Consumer Safety Branch
Implementation by the Director General, Tobacco Control Programme

RECOMMENDATION #10

STRENGTHENED PROVISIONS WITHIN *ALL* CONTRIBUTION AGREEMENTS FOR ONGOING PERFORMANCE AND RESULTS REPORTING TO THE APPROPRIATE PARTIES, SUCH AS MANAGERS, SO THEY CAN INCORPORATE RELEVANT AND TIMELY INFORMATION INTO THE PROGRAM ARCHITECTURE;

A) Action

Terms and Conditions for Contribution agreements were developed as part of the RMAF in 2001 and will be renewed every five years.

Planned Action

Work horizontally in TCP (e.g. TCP Audit and Evaluation sub-group) to ensure common provisions and standards in order to measure performance in contribution agreements.

Planned Implementation date

2004 - 2005

Responsible Manager

Director of Office of Programs and Mass Media

B) Action

TCP has adopted the HECSB Risk Assessment Check List which ensures a methodical review and provides an objective assessment of risk for all contribution agreements.

Planned Action

TCP will undertake risk assessment on an annual basis in order to facilitate the development of the audit and evaluation plan.

Planned Implementation date

May - June 2004 and ongoing

Responsible Manager
Director of Office of Programs and Mass Media

RECOMMENDATION #11

THE PROVISION OF PERFORMANCE AND EVALUATION TRAINING TO TOBACCO PROGRAMME MANAGERS AND STAKEHOLDERS SO THEY ARE BETTER ABLE TO DO THEIR JOBS;

Planned Action
TCP will work with the Departmental Program Evaluation Division and Healthy Environments and Consumer Safety Branch to adapt existing training modules to Tobacco Control and undertake to providing training sessions in NCR and regions with staff and NGOs so that they have a better understanding of the principles of managing for results and measuring performance.

Planned Implementation Date
Development of materials: September 2004
Training: Ongoing

Responsible Manager
Director of Office of Policy and Strategic Planning

RECOMMENDATION #12

THE DEVELOPMENT OF A TOBACCO CONTROL RESEARCH AGENDA ALIGNED WITH PROGRAMMING OBJECTIVES, ENSURING THAT RESEARCH IDENTIFIES INFORMATION GAPS, EPIDEMIOLOGIC AND ECONOMIC CONSIDERATIONS, EFFECTIVENESS OF INTERVENTIONS, AND OTHER RELATED RESEARCH TOPICS;

The Federal Tobacco Control Strategy undertakes research and surveillance to support programme objectives. TCP uses and builds on the epidemiologic research done within Health Canada and elsewhere. However the FTCS's mandate does not include preforming or funding epidemiological research.

A) Action

In 2002, TCP conducted a workshop with provincial counterparts to develop a government-specific research agenda. As part of developing the agenda, care was taken to avoid duplication of research efforts. The conclusion of the exercise was a clear research agenda focussing on surveillance. In response to this agenda, TCP is funding provincial governments and researchers to analyse data collected by TCP.

Responsible Manager

Director of Office of Research Surveillance and Evaluation

B) Action

TCP is an active member of the Canadian Tobacco Control Research Initiative (CTCRI) whose goal is to provide strategic leadership to catalyze, coordinate and sustain research that has a direct impact on programs and policies aimed at reducing tobacco abuse and nicotine addiction. Members include the Canadian Cancer Society, the National Cancer Institute of Canada and the Canadian Institutes of Health Research.

Responsible Manager

Director of Office of Research Surveillance and Evaluation,

Planned Action

Office of Research Surveillance and Evaluation will work with each office within TCP to determine research needs and information gaps in order to develop their annual research plans.

Planned Implementation Date

Ongoing as part of annual work plan

Responsible Manager

Director of Office of Research Surveillance and Evaluation

RECOMMENDATION #13

A REASSESSMENT OF THE ROLE OF PARTNERS AND STAKEHOLDERS IN TOBACCO CONTROL TO DETERMINE THE MOST EFFECTIVE AND APPROPRIATE WAY TO ENGAGE THEM;

A) Action

In keeping with the Health Canada policy of public involvement, TCP has approached this recommendation from the perspective that clear, well defined engagement processes will provide clarity on the roles and responsibilities of participants and enhance the contribution of stakeholders. To that end the Programme has developed a Guide to Consultation and Engagement. The Guide encourages a consistent and coordinated approach to consultation. It also guides the programme to ask the appropriate questions in order to define the roles and responsibilities of all players for any particular engagement activity.

Responsible Manager

Director of Office of Policy and Strategic Planning

B) Action

In reviewing the experience with Anti-tobacco Advocates under the previous programme, it was concluded that a more effective and appropriate way of engaging them would be as a coalition. Since 2000 TCP has established regular meetings with the membership of the Canadian Coalition for Action on Tobacco.

C) Action

A Ministerial Advisory Council (MAC) was established to advise the Minister (and Programme) on issues related to policy, legislation and research. The MAC is composed of representatives from national/regional anti-tobacco organizations, health professions (e.g. physicians, nurses, dentists), First Nations and Inuit organizations, research institutions, youth, and the social marketing sector.

Responsible Manager

Director General

D) Planned Action

Health Canada will continually assess the role of stakeholders to ensure that their engagement is both appropriate and effective.

Planned Implementation

Ongoing

Responsible Manager
Director of Policy and Strategic Planning

RECOMMENDATION #14

WORKSHOPS TO PROVIDE TRAINING TO UPGRADE THE SKILLS OF HEALTH WORKERS;

Planned Action
Training of health care workers falls within provincial jurisdiction and is not part of the mandate of Health Canada, nor the Tobacco Control Programme. However, as part of a strong leadership role TCP works cooperatively with the provinces and territories where appropriate.

Planned Implementation Date
N/A

Responsible Manager
N/A