Quitting Smoking in Wellington-Dufferin-Guelph

2015

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Executive Summary

Purpose

The purpose of the Gaps Analysis was to determine the availability, reach and accessibility of smoking cessation programs and services in Wellington-Dufferin-Guelph. The report sought to answer the question: who is falling through the cracks and what can we do about it? During the gaps analysis process such questions as what services are smokers aware of, what have they used and how satisfied were they with the product or service, and what would they like to see available were addressed.

By identifying gaps in cessation services, Wellington-Dufferin-Guelph can make better use of limited resources and focus efforts on the most effective way to help residents of Wellington-Dufferin-Guelph quit smoking.

Overview of Methods

The methods used in the gaps analysis included an Environmental Scan and Community Feedback Surveys. The Environmental Scan consisted of a thorough search of smoking cessation programs and resources at both a provincial and local level, as well as interviews with Key Informants to determine the strengths and weaknesses of local resources and services. Community feedback surveys were conducted with tobacco users in Wellington-Dufferin-Guelph both by telephone and online.

Key Findings

The survey of tobacco users showed that close to half of all smokers across WDG did not make a single quit attempt in the past twelve months. There is strong supporting evidence that shows increasing quit attempts is an effective way to have an impact on the smoking rate at a population health level. Thus, there is a need in Wellington-Dufferin-Guelph to increase quit attempts among tobacco users.

Young adults in WDG, when compared to older age categories, had a higher proportion of occasional smokers yet they make more quit attempts. Nevertheless younger adults intend to quit in the longer term. Given the addictive nature of nicotine, there is a need to understand and focus on young adults to ensure that cessation services are catered to their needs.

Tobacco users across WDG showed a low level of awareness of quit smoking services in the community, with the City of Guelph having the lowest rate of awareness. Key informants identified awareness as low as well. Awareness of services needs to be increased across WDG by supporting provincial campaigns and/or developing local campaigns.

Cessation services across WDG are generally accessible. Smokers Helpline is a free provincial telephone hotline but is an underutilized resource across all of WDG. Participants indicated that the cost of quit aides is a barrier to quitting and some residents of WDG cannot access low cost nicotine replacement therapy.

Best practice guidelines support the use of nicotine replacement therapy and/or medications to quit smoking. The use of NRT and medication to quit is low in WDG with NRT use being lowest in Guelph and use of medication lowest in Dufferin. There may be opportunities to better collaborate with community partners to increase access to available community resources.

Recommendations

- Quit attempts need to increase in WDG to have an impact on smoking rates. WDGPH should support regional and provincial efforts to increase quit attempts, including a provincial media campaign. WDGPH should consider local strategies to increase quit attempts.
- WDGPH should support a provincial or regional cessation strategy for young adults.
- WDGPH should develop a comprehensive plan to increase awareness of local services among tobacco users and health care professionals. The plan should include promoting Smokers Helpline.
- WDGPH should continue efforts to build strength within the existing system, especially by improving access to free NRT. WDGPH should find innovative ways to reach those people not covered by the current system. This could include offering STOP on the Road and/or partnering with the FHTs to find ways to have non-rostered patients access to STOP with FHT.
- WDGPH should work towards improving the use best practice quit aides such as NRT and medications among tobacco users making a quit attempt.
- WDGPH should raise awareness of electronic cigarettes not being a proven cessation aide.
- WDGPH should continue efforts to increase the number of health care providers who systematize tobacco interventions in their practice. The focus should be on pharmacy professionals.

1.0 Introduction

Tobacco remains the leading cause of preventable death in the developed world. In Canada, it kills one in five people[1], and as such has been identified as a Public Health priority for many years. The Smoke-Free Ontario (SFO) Strategy has set a goal of having the lowest smoking rates in Canada, and is working towards achieving this goal by a combination of efforts in prevention, protection and cessation.

Through these efforts, the smoking rate in Ontario has dropped significantly. Social acceptability has changed; people no longer assume smoking is the norm. Smoking is banned in many public places, and the youth smoking rates are considerably lower than a generation ago. These achievements are admirable, but the fact remains that many people still smoke. Smoking leads to a number of chronic diseases and the cost to the health care system is burdensome.

Although smoking rates have dropped since the middle of last century, the last decade or so has seen a leveling off.[2] According to the Canadian Community Health Survey the national level of smoking prevalence in 2005 was 21.8% and in 2014 it had dropped to 18.1% (daily or occasional smokers age 12+). In Ontario the smoking rate is 17.4% with Wellington-Dufferin-Guelph (WDG) coming in at 16.2% .[3] Comprehensive tobacco control is clearly important and cessation plays a vital role in the plan to further reduce smoking rates.

Smoke Free Ontario has recognized the need for a focus on cessation and a provincial group is working toward a new cessation strategy. It has been acknowledged that the current cessation system is fragmented, leaving tobacco users with limited awareness of, and access to services in some communities.[4] Public Health Units (PHUs) are tasked with ensuring provision of cessation programs and services for priority populations as well as increasing capacity of community partners to coordinate and develop local programs and services. To undertake this, PHUs must have a good understanding of the services at the local level.

In Wellington-Dufferin-Guelph, cessation services are predominantly provided through the primary care system. Wellington-Dufferin-Guelph Public Health (WDGPH) works with local cessation champions to increase capacity of health care providers. Historically WDGPH has also offered cessation groups and workshops. WDGPH has partnered with the Centre for Addiction and Mental Health (CAMH) to offer Stop on the Road, a community workshop model that provides nicotine replacement therapy to smokers ready to quit. This model has proven challenging to sustain due to access issues and low attendance, especially in the smaller, rural communities that comprise most of WDG. Group cessation programs have also proven challenging due to low success rates and the resource intensive nature of such groups.

Anecdotally, the vast majority of telephone calls to WDGPH regarding quitting smoking are from people looking for free nicotine replacement therapy (NRT). Many state they cannot afford to purchase NRT and identify this as their greatest barrier to quitting smoking. Some people have heard of quit clinics and free NRT offered at neighbouring health units. Some people are aware of services through family doctors, but cannot access the services as their family doctor is not part of the Family Health Team model of care through which the services are offered. Some people have no access as they have no family doctor. Although cessation services exist in WDG, people are obviously falling through the cracks.

In 2014 and 2015 the Ontario government offered one time funding of $30 000 to PHUs to be spent on NRT provision. Some PHUs have established programs to distribute NRT and were able to take advantage of this funding. WDGPH has no such cessation clinic or a system in place to distribute NRT and does not have the capacity to quickly design, implement and evaluate such a system. WDGPH looked at options to provide NRT, consulting with other PHUs about various models and identified sustainability as a concern. WDGPH decided to look at the local needs more carefully.

As such, it seemed timely for WDGPH to undertake a comprehensive gaps analysis of local cessation services and their reach prior to implementing any further programming. It is clearly outlined in the 2015 SFO Tobacco Control Program Guidelines that PHUs should undertake the gaps analysis process.[5] The Ontario Tobacco Research Unit was helpful in providing consultation and an example of a local gaps analysis conducted in Simcoe Muskoka in 2008.[6] Discussions were held with personnel at other PHUs in the Central West Tobacco Control Area Network to see what they were doing at their local level. As Wellington and Dufferin counties and the City of Guelph have unique demographics and needs, it was decided to undertake a truly local analysis instead of relying on information from provincial or other PHU sources.

With this context in mind, Wellington-Dufferin-Guelph Public Health (WDGPH) undertook a gaps analysis of tobacco cessation services available in Wellington-Dufferin-Guelph (WDG) area. The purpose of this gaps analysis was to identify and describe the current tobacco cessation services available to WDG residents, their strengths and weaknesses, and how services and programs can be improved to better meet the needs of the community.

To obtain a broad understanding of tobacco cessation services and programs in WDG, the gaps analysis consisted of two parts:

1) An *Environmental Scan*, to identify smoking cessation programs and services across WDG. This included an online database search and key informant interviews.

2) A *Community Feedback Survey*, to determine whether smoking cessation supports in WDG are meeting the needs of WDG smokers who want to quit. This included both a telephone survey and an online survey.

The objectives and outcomes of each part of the gaps analysis project will be subsequently discussed in turn.

2.0 Methods

2.1 Environmental Scan

The environmental scan phase of the gaps analysis was conducted from May 2015 to July 2015 and involved developing a list of and understanding of available cessation programs in Wellington, Dufferin, and Guelph through:

- An online database search (i.e. Smoker's Helpline database, Google);
- Key Informant Interviews.

The objectives of the environmental scan were to determine:

- What smoking cessation programs and services are available for WDG residents?
- What is the reach of smoking cessation programs and services in WDG?
- What is the existing human capacity in the area? (e.g. trained health professionals)
- What are the perceived strengths/facilitators and weaknesses/barriers of the available programs and services?

Online Database Search

The first part, an Internet scan of local tobacco cessation services and programs, was conducted using the Smoker's Helpline (SHL) database and the Google search engine. SHL offers a platform on their website where users can enter their postal code and find cessation services in their region. The project team used several postal codes from areas in Wellington, Dufferin, and Guelph to compile a list of mainly provincial and regional cessation resources. Then, a Google search was conducted to find local cessation resources, using the key term "quit smoking" with various communities in WDG including Guelph, Fergus, Mount Forest, Palmerston, Drayton, Orangeville, and Shelburne.

Key Informant Interviews

Ten key informant interviews were conducted overall to examine the current smoking cessation services available for WDG residents, their perceived strengths and weaknesses, and the perceived barriers and facilitators to implementing and accessing these services.

'Key informants' were defined as persons with insights into the smoking cessation needs of WDG residents and included nine healthcare professionals and one professional from a community organization. The list of potential key informants was drafted to include known cessation professionals in WDG and community partners that could work directly or indirectly with smokers in the community. To ensure a broad scope of participants, an additional Google search was undertaken to identify potential contacts involved in alternative (non best-practice) cessation services (e.g.

naturopathic clinics) and independent physicians and health care professionals not associated with family health teams in WDG.

An email was sent to the potential key informants to describe the study and invite them to participate. Then, an interview was scheduled at a convenient time for them. No incentives were provided for participation. This process was approved by WDGPH's ethics committee.

Participants were provided the option of a telephone interview or an in-person interview. Nine interviews were conducted over the phone and one interview was conducted in-person at WDGPH's office. The interviews lasted approximately 30 minutes and the data was recorded in a Word document by the Master's student who conducted all of the interviews. All interview data was stored on a password-protected, encrypted computer and in a locked filing cabinet.

The qualitative data was analyzed using the grounded theory approach, a systematic process to interpret meaning from the verbal descriptions of smoking cessation services and programs described by participants. Codes were assigned in the analytical breakdown of the data to create themes of meaningful words and ideas that emerged from the data; then, categories were formed.

2.2 Community Feedback Surveys

A telephone survey and online survey were used to elicit community feedback on tobacco cessation services and to develop a more thorough understanding of the types of services available in the community and WDG residents' experiences with these services and programs. The objectives of these surveys were to determine:

- What smoking cessation services are smokers aware of?
- What smoking cessation services have smokers used?
- How satisfied are smokers with the smoking cessations services they have used?
- What other smoking cessation services would they like to have?
- Which smokers who want to quit are unable to access NRT? Why?

Telephone Survey

A Random Digit Dialing (RDD) method was used to survey smokers aged 19 and over from Wellington, Dufferin, and Guelph. Recruitment and interviewing was conducted by CCI Research on behalf of WDGPH and was completed from June 2015 to July 2015. A total sample size of 300 WDG residents was sought: 100 from each area, Wellington County, Dufferin County, and City of Guelph. CCI Research accommodated the approximate age representation of the WDG population in the sampling strategy, specifically seeking the following approximate population proportions to be represented in the final sample:

- 18.7% of 19-29 age band
- 47% of 30-54 age band
- 34.3% of 55+ age band

The RDD method was used to ensure representation of each area of WDG. Cell phone samples were used to increase representation of all residents of WDG, particularly the younger population. Residential landline telephone and cell phone samples were obtained from Survey Sampling International (SSI); of the total telephone sample, 60-65% were landline telephones and 35-40% were cell phone numbers.

Once contact to a household was made, potential participants were selected by asking for the youngest person in the household who was 19 years of age or older and had smoked at least one cigarette in the last six months. To be eligible to participate in this survey, participants were required to be 19 years of age or older, to have smoked at least one cigarette in the past six months, and to be a resident of Wellington County, Dufferin County, or the City of Guelph. Area of residence was confirmed by asking the participant to provide their postal code. These surveys focused specifically on cigarette smoking and did not apply to people who ONLY use other types of tobacco and tobacco-related products such as cigars, pipes, chewing tobacco, e-cigarettes, or marijuana or other drugs. To align this project with research ethical standards, the recruitment process, question guide, and promotional material for both surveys were approved by WDGPH's ethics committee prior to implementation.

A question guide was developed in consultation with the Ontario Tobacco Research Unit (OTRU). The questions were based on examples from the Simcoe Muskoka Gaps Analysis report[6] and the OTRU Data Standards 2013.[7] Questions were added to address the unique objectives of this project, specifically dealing with local resources. CCI Research gave input into the wording of the questions and the question guide was subjected to a test phase prior to data collection. The survey took approximately ten minutes to complete.

A mixed-methods approach to analyzing the qualitative and quantitative data from the telephone survey was taken. The quantitative data was analyzed using Excel's Power Pivot program to create frequency tables and charts categorized by region, age, and gender. The qualitative data was analyzed using the grounded theory approach previously described in the key informant interview analysis description of the methods section of this report.

Online Survey

There are several barriers to relying solely on a telephone survey to represent the total population of WDG residents, including:

- Potential participants may not be able to participate in the survey if they are contacted at an inconvenient time;
- Potential participants may have hearing impairments;
- Potential participants may not have a phone;
- Potential participants may not be contacted by the research company given the random-digit-dialing design of the telephone survey.

Therefore, to mitigate these barriers, an online Fluid Survey was developed using the same question guide as the telephone survey. The online survey was developed by the project team using the Fluid Survey program and implemented via various internet platforms from July to August 2015. The target sample size was set at 20 participants. The online survey was disseminated to the public through the following promotional, no-cost strategies:

- WDGPH's website (the Adults section);
- WDGPH's Twitter account and Blog;
- WDGPH's staff e-bulletin, Stay Well Connected;
- Free advertisements.

These no-cost promotional strategies were initially used to conserve financial resources; however, low uptake of the survey was noted so two paid Facebook advertisement were used to promote the online survey to residents in the WDG area. Specific attention was paid when developing this ad to ensure that it was not directly targeted to youth under the age of 19 as per the eligibility criteria of this survey.

Additionally, a communications graphic was developed, to be used as a promotional strategy on WDGPH's website and blog, Twitter account, and Kjiji ads. Print advertisements were not considered because a decision was made that it would be more effective to advertise the online survey through an online format so that potential participants could click directly on the survey link.

The telephone survey question guide was adapted to be used for the online survey. The survey took approximately 8 to 10 minutes to complete.

Due to a small sample size (target response = 20, actual response = 8), the data from the online survey was reviewed and compared to the telephone survey data, to assess if any major differences or new themes emerged from the online survey data.

3.0 Results

3.1 Environmental Scan

The results of the environmental scan, specifically the Google search and the key informant interviews, were compiled to describe the current state of smoking cessation services in Wellington-Dufferin-Guelph. Several types of smoking cessation services were found in Wellington-Dufferin-Guelph: in primary care, acute care, and for-profit settings and also programs available at the regional and provincial level.

At the national level, Health Canada supports Break It Off and Crush the Crave. These are online and smartphone app programs to encourage quit attempts and support smokers while quitting.

Smokers Helpline is available throughout Ontario to all smokers 18+. It is both a toll-free telephone service offering counselling through quit coaches, and an online resource of information and peer support.

Smokers can access the STOP program, run by the Centre for Addiction and Mental Health (CAMH) throughout the province. This program has several arms: STOP with Family Health Teams/Community Health Centres, STOP on the Road, and STOP with Addiction Agencies. It is a long term study funded through Smoke Free Ontario that offers smokers support and free NRT. CAMH also offers free access to the prescription medication varenicline (Champix) for qualifying patients through the MATCH study.

There are several provincial programs aimed at priority populations. Leave the Pack Behind targets young adult smokers and offers online resources, including access to free NRT by mail, and the annual quit contest *wouldurather*. The Aboriginal Tobacco Program engages aboriginal communities in prevention and links to cessation resources. PREGNETS is an online resource for mothers, mothers-to-be and health professionals working with this group.

On a local level, there are several options for smokers seeking support with cessation. All hospitals in WDG offer smoking cessation support, in the form for free NRT, to their patients for the duration of their hospital stay. Hospitals will often offer other types of support depending on resources and human capacity, and will often refer to Smokers Helpline. Smokers can also access support through a community pharmacist who can offer one-on-one counselling and prescribe cessation medications. In particular, Champix and Zyban are available at no cost for Ontario Drug Benefit recipients. There have also been various group programs offered in the community, although not on a consistent basis.

The primary care system, however, is usually the first point of contact when people seek help quitting smoking. Almost all of the Family Health Teams (FHT) in WDG participate in the STOP with FHT program. STOP with FHT offers an ideal model of support to smokers who want to quit. Clients have access to individual counselling with TEACH trained cessation specialists and 26 weeks of free NRT, individualized to meet their needs. This program is only available to patients rostered with a family doctor or nurse practitioner who is part of the FHT. There is a similar program available through the Guelph Community Health Centre. Smokers who have no family doctor or whose family doctor practices independently of a FHT can see their family doctor for individual counselling and support. They do not, however, have access to the free NRT offered by STOP.

According to the Waterloo-Wellington Local Health Integration Network (LHIN), 77% of residents in the Guelph health link are rostered with a FHT. In Guelph there is one very large FHT that offers STOP and another very small FHT that does not, as well as a Community Health Centre that offers STOP. In Wellington County (excluding the city of Guelph), approximately 69% of residents are rostered with a FHT, and all four FHT's offer STOP. Due to the fact that some local residents may be rostered in other jurisdictions and residents of other areas may be rostered within the Wellington-Guelph area, it is extremely hard to ascertain what percentage of local smokers in Guelph-Wellington have access to free NRT.

According to the Dufferin Area FHT, they have approximately 45,000 patients on their roster. Without being able to get an exact percentage, one could estimate that this is approximately 79% of the Dufferin population (based upon a total population of 56,881). The Dufferin Area FHT covers the Town of Orangeville and the rest of the county as well. There are at least two physicians practicing independently in Orangeville. As with the other FHTs, it is impossible to know how many people live in Dufferin but have family doctors in other jurisdictions, especially neighbouring Peel Region. Again, this makes it very difficult to determine what percentage of the Dufferin population can or cannot receive free NRT through the STOP with FHT program.

Key Informant Interviews

Key informants indicated that there were several strengths of the local cessation system. For example, they identified that NRT is available through acute care and primary care settings, and that care is based on best practices and available with and without a physician referral. Additionally, they felt services are available to all priority populations without judgment and tailored to individual needs. That being said, key informants pointed out the limitations of the system. These emerged through several themes, including: i) availability, ii) accessibility, iii) awareness, and iv) strengthening the system.

The theme of availability emerged in community and acute care settings among key informants. Although patients in acute care settings are offered NRT, not all types are on the hospital formulary and there is a lack of pervasive one on one counselling to support the patient quitting. In the community setting some primary care services are available only in some locations. Hours of service were also identified as a limitation (i.e. limited evening hours).

Accessibility emerged strongly as a theme as well. Key informants identified that services may not be centrally accessible in a community and rural residents may have more barriers in accessing services. They also recognized the limitations of the STOP with FHT program as only rostered patients can participate.

The cost of NRT and/or medications also came across strongly as an accessibility theme. Key informants were aware of the prohibitive cost of NRT and pharmacotherapy if patients were not covered by the STOP program, in-hospital formulary or personal health benefits. The cost of quit aides can be a barrier to many people who may be ready to quit smoking.

Moreover, a common theme that arose from the key informant interviews centred on awareness. Interviewees highlighted the need to increase awareness of cessation services available in the community. A key issue was raised regarding internal organizational awareness as well. Currently the cessation program relies on clinicians asking patients about their smoking; creating more awareness of services among consumers could improve uptake of services and increase quit attempts (i.e. patient initiated).

Finally, several suggestions from key informants could be gathered under the theme of strengthening the system. While it was recognized that there are good resources in place, improvements could be made that would address the system functioning better as a whole. The key informants had insight into where the system was failing patients and how to improve it:

- Find ways to service non-rostered (non FHT) patients
- Improve the bridging from hospital to community. Patients are motivated to quit due to health issue in hospital. They start on NRT but once discharged have a waiting period to follow up with FHT and access free NRT so relapse and get discouraged. Increase hospital staff's knowledge of community cessation resources so can refer upon discharge.
- Peer/ Group support: need to overcome challenges of attrition and the labour intensive nature of groups. Evening hours are also essential.
- Targeted populations (priority populations) vs. broad community based (important in smaller community because won't get participation if focus on sub-populations)

- Increase the role of pharmacists: pharmacists are a great resource and are currently being underutilized.
- Continue to improve health care professionals knowledge/capacity—Fundamentals of Tobacco Intervention trainings of community partners.
- Strengthen already innovative ways of reaching patients who want to quit—i.e. mail out product and telephone support for people who cannot physically access clinics. This addresses rural, transportation and disability issues.
- Improve ability of addiction services to address tobacco, especially with clients with other addictions. Addictions counsellors have the expertise to help clients with co-morbidities that can be outside the scope of cessation staff.
- Stakeholder Support: improve proactive, integrated response across acute and primary care clinics to identify, assess and refer patients. (5As). Improve electronic medical records and reminder systems. Make the system seamless.

3.2 Community Feedback Surveys

Overall, 283 individuals participated in the telephone survey, with 102, 98 and 83 respondents from Guelph, Wellington and Dufferin, respectively. Upon consultation with WDGPH's epidemiologist, the project team originally set a target of 300 participants, anticipating 100 responses from each of Wellington, Dufferin and Guelph. However, CCI Research found it challenging to find 100 smokers in Dufferin County that met the eligibility criteria and agreed to participate, even upon the extension of timelines. Therefore, as Dufferin County has a smaller population than the other two areas, it was determined that 83 participants would be sufficient to offer key information.

The final participant count for the online survey was eight completed responses, compared to the target response count of twenty. Seven participants were from the City of Guelph and one participant was from Wellington County. There were four incomplete responses (participants who failed to complete the whole survey) and six terminated responses (participants who did not meet the eligibility criteria) that were not analyzed.

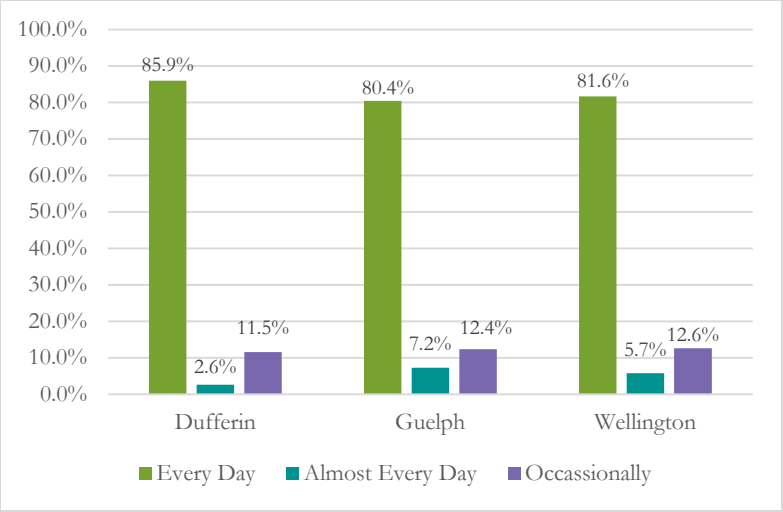
A primary reason that the target response count was not reached may be to due to the online nature of the communications strategy: these online promotion strategies are limited in reach to potential participants who follow WDGPH's Twitter account or public blog, have a Facebook account, or visit WDGPH's website and Kijiji website. The project team was aware of these limitations and made an informed decision to proceed forward with this strategy.

The quantitative data from the telephone survey was analyzed by region, gender and age using Excel's Power Pivot program. Due to the skip patterns built into the

survey question guide, there were some questions which did not have a sufficient sample size to be subjected to this breakdown.

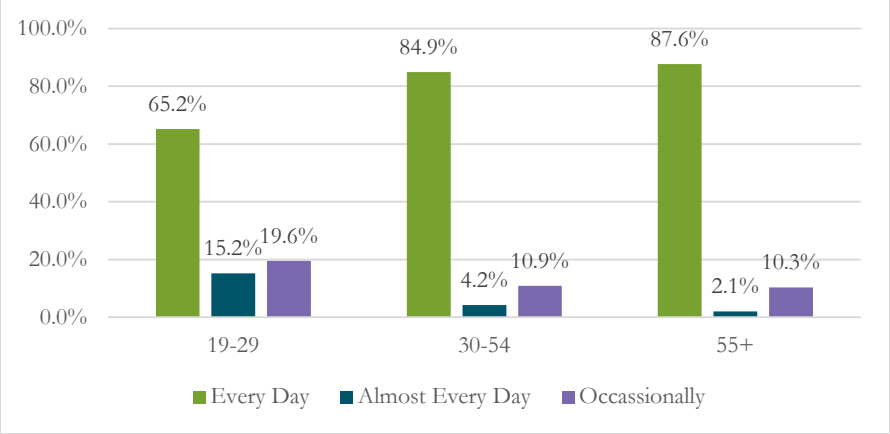
The first question respondents were asked was regarding current use of tobacco and smoking habits. As indicated in Figure 1, the majority of respondents were everyday smokers, across Wellington, Dufferin and Guelph. Slightly more females (85%) were everyday smokers than males (78%), however more males (15%) than females (10%) were occasional smokers

Figure 1: Cigarette Consumption by Region (n=283)



When cigarette consumption was examined across age categories, it was not surprising that the percentage of everyday smokers increased with age (Figure 2). For example, 65% of respondents aged 19-29 were everyday smokers, compared to 88% of those aged 55+. Furthermore, those aged 19-29 were more likely to be occasional smokers (20%) than those aged 55+ (10%).

Figure 2: Cigarette Consumption by Age (n=283)

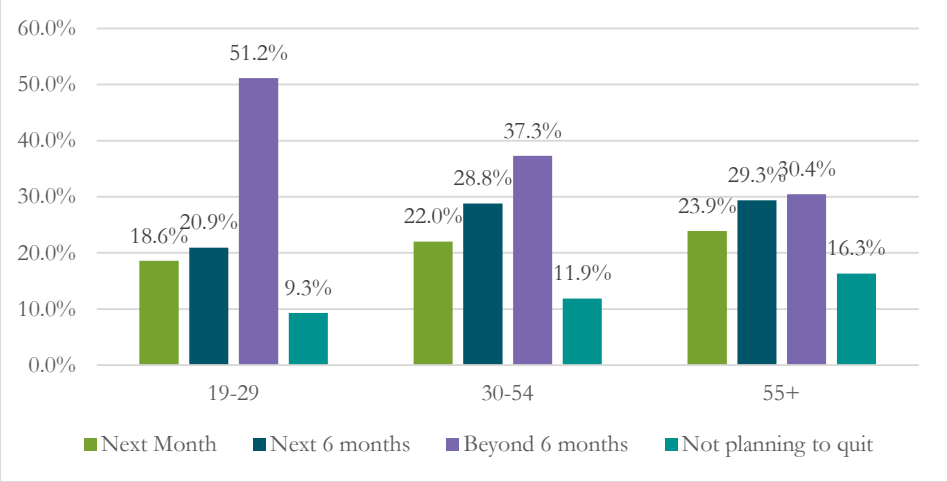


With regard to quit attempts, almost half of WDG respondents indicated that they had not tried quitting in the past 12 months (45%). This was consistent across all three regions. There were no real differences between males and females, however, there were some interesting differences among age categories, as those aged 19-29 attempted to quit more often in the past year than the other two age categories (Figure 3). For example, 64% of respondents aged 19-29 had attempted to quit once, twice, or three times or more, when compared to 52% of those aged 30-54 and 54% of those aged 55+.

Figure 3: Past Quit Attempts by Age (n=283)

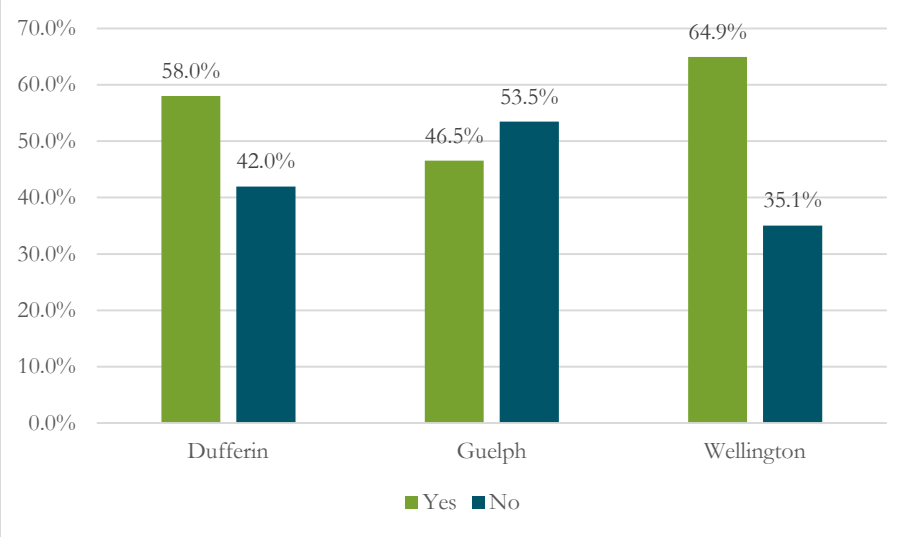
Participants were also asked about intention to quit, based upon the Stages of Change model.[8] Across WDG, 21% of respondents were planning to quit in the next month, 27% were planning to quit in the next 6 months, and 36% were planning on quitting sometime in the future, beyond six months. As shown in Figure 4, there were some interesting trends for intention to quit across the age categories. For example, for the youngest age category, it seems that they were less likely to consider quitting in the near future and more likely to consider it beyond 6 months. When examined across age categories, 40% of those aged 19-29 were considering quitting in the next month or next 6 months compared to 53% of those aged 55+. Conversely, 51% of those aged 19-29 were considering quitting beyond 6 months, followed by 37% of those aged 30-54 and 30% of those aged 55+.

Figure 4: Plan to Quit by Age (n=262)



In order to determine the level of awareness of smoking cessation services in the community, participants were asked if they could name one place or service in the community where they could go for help to quit smoking cigarettes. Across Wellington-Dufferin-Guelph as a whole, just over half (56%) of the participants stated they could name a place or service. When broken down by the three regions (Figure 5), it appeared that a higher percentage of respondents from Wellington County (65%) could name a place or service, when compared to Dufferin (58%) and Guelph (47%). There were no significant differences by age.

Figure 5: Awareness of Local Cessation Services (n=283)



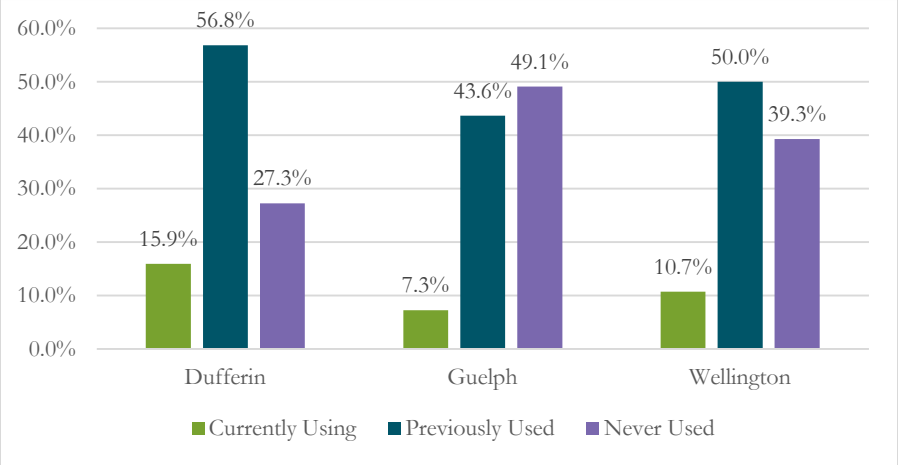
Overwhelmingly, those residents who could name a place or service in the community identified primary care services (72% of respondents). Second was Public Health (5%), and Pharmacies at 4.2%.

The people who stated they could *not* name a place or service in their community to get help quitting smoking (n=126) were asked whether in the past two years they had received any information about quit smoking medications, services or resources from a variety of health care professionals, their workplace and their family and friends. Overwhelmingly, 90% of respondents stated they had *not* received information from certain health care providers (pharmacists, dentists, or cessation counsellors) or from their workplace. Nonetheless, 51% of respondents indicated family doctors, nurse practitioners and nurses had provided information and 43% had received information from family or friends in the last two years.

The next series of questions were multi-faceted. For example, if participants answered "yes" they had tried to make a quit attempt in the past 12 months, they were then asked about their experience using various quit aides and/or services to help them quit or reduce smoking cigarettes. If participants stated they had used or were currently using a particular product or service, they were then asked who had recommended the product or service to them and if they were successful at cutting down their cigarette use while using it. Due to the nature of such a pattern, some questions generated very few responses and therefore the data cannot be reported upon for those questions.

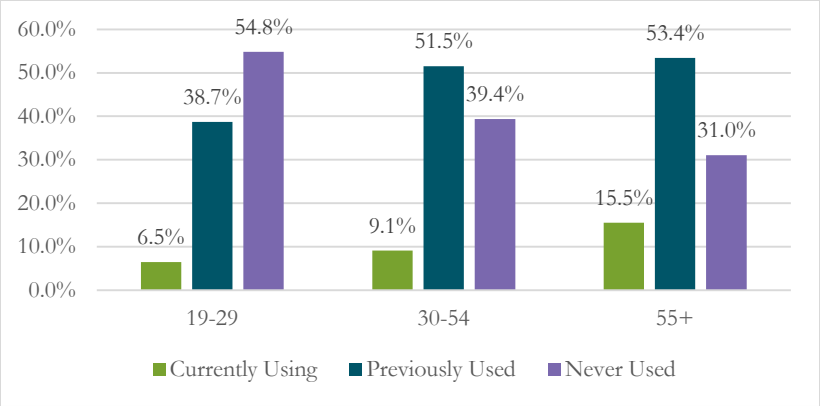
The aide most frequently mentioned by respondents as being used to assist them in quitting was nicotine replacement therapy (NRT). NRT includes the patch, gum, lozenge, nicotine inhaler and nicotine mouth spray. Dufferin respondents appear to use NRT more than the other 2 regions, as 73% of Dufferin respondents currently or have previously used NRT, in comparison to 61% in Wellington and 51% in Guelph (Figure 6).

Figure 6: Use of Nicotine Replacement Therapy by Region (n=156)



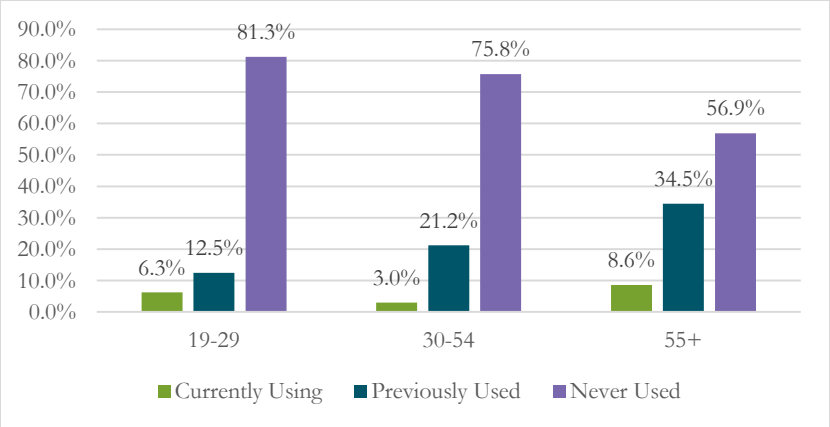
Usage of NRT also appears to increase with increasing age, as 45% of those aged 19-29 are currently using or have previously used NRT when compared to 69% of those 55+ years old. (Figure 7). When asked who recommended NRT to them, most participants identified their primary care practitioner (family physician, nurse practitioner or nurse) at 35%. One quarter stated they just tried it themselves, and 14% had NRT recommended by a family member or friend.

Figure 7: Use of NRT by Age (n=155)



Following NRT, physician counselling was the second most popular cited aide or service to help respondents quit smoking. Dufferin had slightly more respondents indicate that they are currently or have previously used physician counselling (35%), followed by Wellington (28%) and Guelph (28%). There did not appear to be a major difference between males and females. Nevertheless, there were significant differences among the age categories, as respondents age 55+ were twice as likely be using or have previously used physician counselling than the youngest age category. (Figure 8). Regardless of age category, it was apparent that over half of respondents have never used a physician to seek cessation support.

Figure 8: Use of Physician Counselling by Age (n=156)

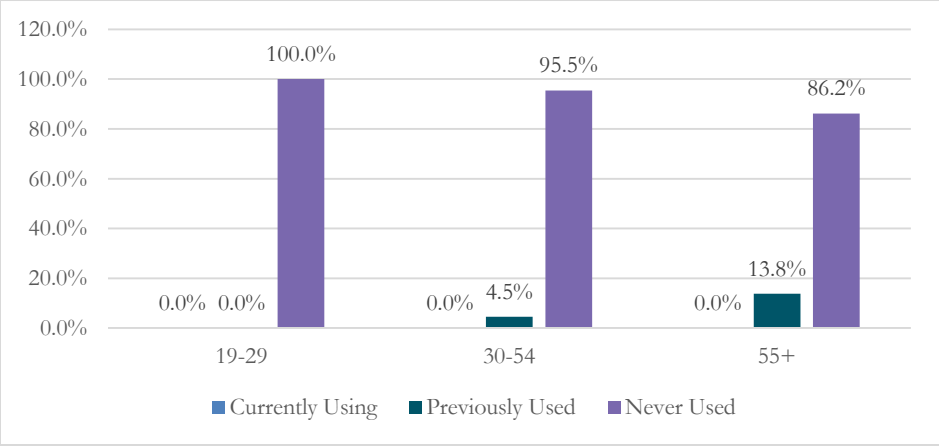


Interestingly, when asked who recommended physician counselling, 66% of those who were currently using physician counselling, or had used physician counselling in the past stated that it was their family physician, nurse practitioner or nurse who had recommended it. Only 26% sought out physician counselling on their own.

Specifically, participants were asked about whether they had ever used a cessation counsellor to assist them in their quit attempt. There were at total of 19 people who stated they had previously used, or were currently going to a cessation counsellor to help them quit smoking and most of those people (68%) stated a family physician, nurse practitioner, or nurse recommended the specialized cessation counsellor to them. Wellington County respondents appeared to have used or are currently using a cessation counsellor the most (16%), followed by Dufferin (13%) and Guelph (7%). According to respondents, females were more likely to use a cessation counsellor (16%) than males (9%). Similar to the use of a physician, the older age categories were more likely than the younger age categories to use a cessation counsellor.

Participants were also asked if they had attended a group quit smoking program to assist them in their quit attempt. The vast majority in WDG (93%) had not attended a group program. Of the people that had attended a group, more had attended in Wellington (11%) or Guelph (7%) than Dufferin (2%). There were no respondents age 19-29 that had ever attended a group program for quitting smoking (Figure 9).

Figure 9: Use of Group Program by Age (n=156)

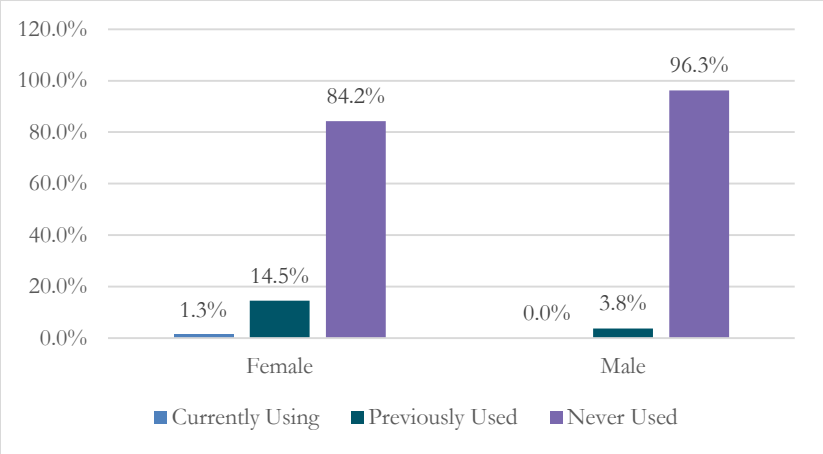


Questions were also asked about the use of prescription medication to quit smoking. Prescription medications include buproprion (Zyban or Wellbutrin) and varenicline (Champix). Across the region, 38% in Dufferin, 39% in Wellington and 45% in Guelph were currently using or had previously used prescription medication in their quit attempt. More females (46%) than males (36%) were using or had previously used medications. Additionally, use of prescription medication increased with age. Of the 64 people that stated they had used or were currently using prescription

medications to quit smoking, 83% stated it had been recommended to them by their family physician, nurse practitioner or nurse.

Next, participants were questioned about the use of Smoker's Helpline. Only 11% of participants in Wellington and Guelph had used the telephone service and use was even less in Dufferin (4%). Of those people who had used Smoker's Helpline, the vast majority were female (14%) over male (4%) (Figure 10). Of all three age categories, those aged 30-54 were the most likely to use the service (12%). Of the fifteen people who identified having used Smokers Helpline, most people contacted Smokers Helpline on their own initiative or had it recommended by a health care professional.

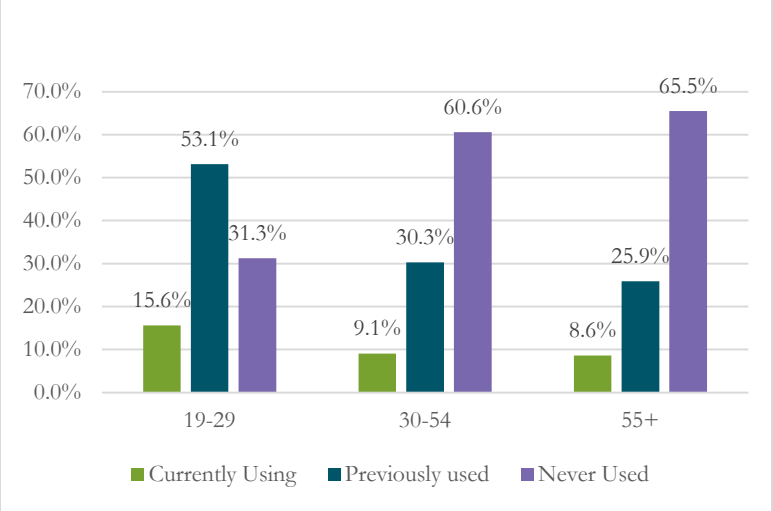
Figure 10: Use of Smoker's Helpline by Gender (n=156)



Participants were asked next about use of electronic cigarettes to help quit or reduce smoking cigarettes. Although the literature is inconclusive around e-cigarettes and cessation, they are being used by some people to quit smoking. E-cigarettes were defined as including vape pens, vapes, sheesha pens and e-hookahs. Of the 68 people who stated they had used or were currently using electronic cigarettes, 71% had e-cigarettes recommended by a friend or family member, and 16% just tried e-cigarettes on their own.

The data that stands out the most is the use of e-cigarettes when broken down by age categories (Figure 11). Tobacco users 19-29 years old were most likely to be current users (16%), as well as most likely to have used an e-cigarette in the past (53%).

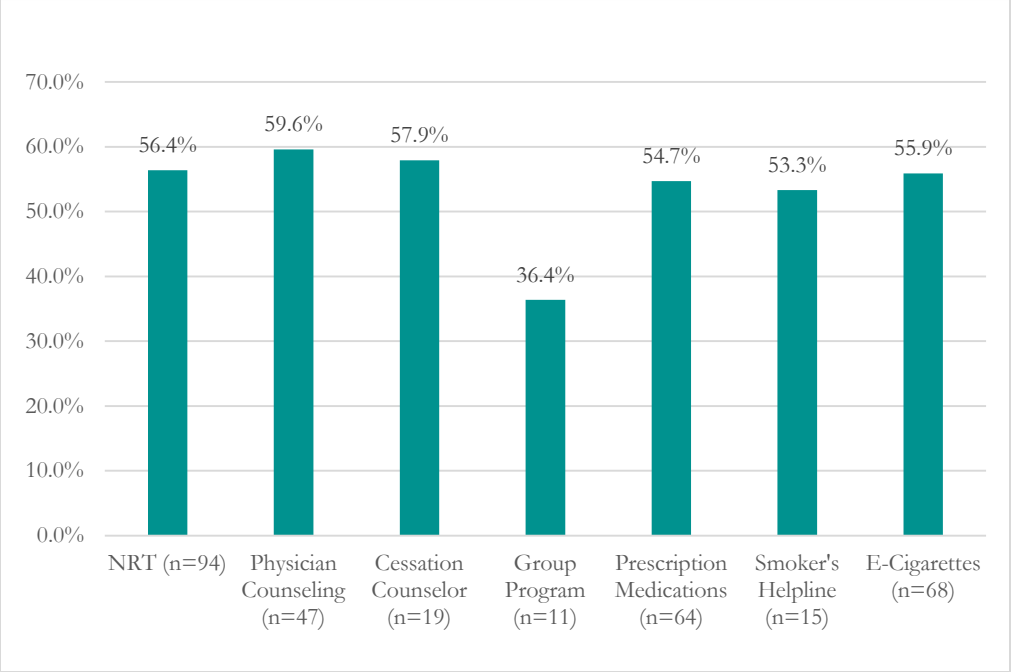
Figure 11: Use of Electronic Cigarettes by Age (n=156)



There was a small difference in use of e-cigarettes by gender, with more females currently using e-cigarettes to quit smoking (12%) than males (9%). More males however had tried e-cigarettes (38%) in the past compared to females (29%). There were some differences by region, with Guelph having the most respondents stating they were currently using cigarettes (13%) compared with Wellington (11%) and Dufferin (7%).

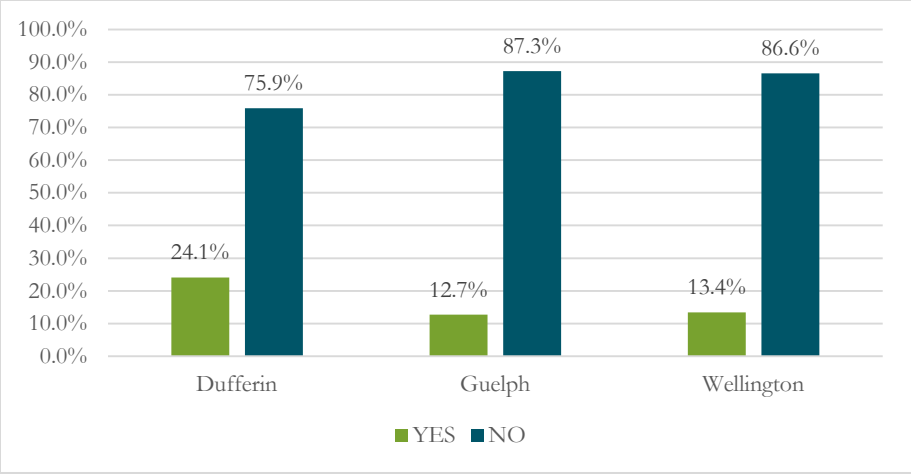
Once participants identified using a cessation aide or resource, they were asked how successful they were at cutting down their cigarette use while using the resource. If the client rated their success as "very successful" or "somewhat successful" the answers were included in the data below. As evident in Figure 12, success rates for quit aides/services were fairly consistent with no one aide perceived to be more successful than others. The exception was that participants perceived the group program to be the least successful (although only 11 participants answered they had participated in a group session).

Figure 12: Success Rates for Different Quit Aides/Resources



Participants were then asked whether in the past two years they had wanted to but were not able to access a product or service to help them quit smoking. Overall 84% of respondents did not identify access to cessation products or services as a problem. Respondents in Dufferin County, however, appear to be almost twice as likely to have difficulty accessing products or services than the other two regions as shown in Figure 13.

Figure 13: Unable to Access Product/Service by Region (n=282)



There was a small difference in respondents stating they were unable to access products or services by gender, as a greater number of females stated they were unable to access services (18%) compared to males (14%). There were also differences in access when broken down by age groups with 30-54 year olds having the most difficulty accessing a product or service (21%) compared to 19-29 year olds (10%) and people 55+ (13%).

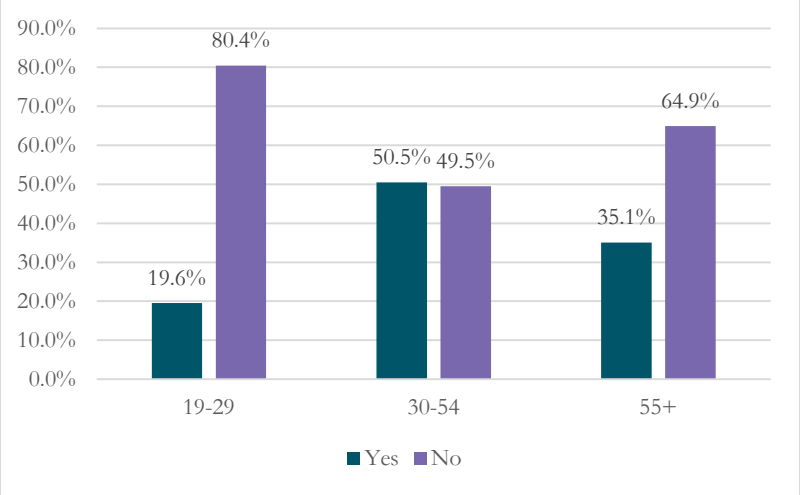
If participants identified that they had been unable to access a product or service, they were then asked which product or service they had trouble accessing and the reasons they could not access the particular product or service.

Forty six people across WDG stated they were unable to access a product or service when they had wanted to. The top two products identified were quit smoking medications (including buproprion and varenicline) at 28% and Nicotine Replacement Therapy (which includes the patch, gum, lozenges, inhaler and mouth spray) at 20%. Due to the small sample size, other products and services cannot be reported on.

Although the sample size is small (n=13), the main reason identified by people who stated they could not access NRT was the cost (i.e. too expensive). Other reasons people stated were contraindications or side effects and not being aware of the product being available.

Participants were next asked whether there were any quit smoking services they would like to have available in their community. Across WDG, 55% of respondents answered no to the question of whether there were any services they would like available in their community. There were not any remarkable differences by region, but when broken down by age the 19-29 year old cohort had less than 20% of respondents who stated they would like to have additional resources or services available in their community (see Figure 14). Conversely, half of those aged 30-54 stated there were additional products or services they would like to have available in the community.

Figure 14: Desired Product/Service by Age



Of those participants who stated they would like additional products or services available, Table 1 represents several themes that emerged (n=98, open ended responses).

Table 1:

Top Responses: What Products/Services Desired in Community	(n=98)
More Education & Awareness of local supports	17
Readily Accessible services & supports	13
Access to Alternative Therapy	13
Access to Group Program	12
Specialized Cessation Clinic	7
Access to Cessation Counsellor	7
Don't Know	7

At the end of the survey clients were given a final opportunity to give comments about quit smoking services in their community. Sixty nine out of the 283 participants shared comments and these comments were sorted into themes. The most prevalent themes were availability, awareness and cost.

Some people shared their positive experience with the services available and there were by far more positive comments about availability than negative comments. For example, there were 21 comments where people felt the services in their community were adequate and available versus 6 comments about the need for more services in the community.

Awareness was the second most prevalent theme that surfaced. People felt that there were services out there, but that the services needed to be advertised more and smokers needed to be made more aware of what was available (15 comments).

The third most common theme was cost. Comments were shared that the cost of nicotine replacement therapy and medications should be free and/or covered by government or private insurance companies.

Other themes were readiness to quit (i.e. smokers will only quit when ready), the difficult nature of quitting smoking, government policy and youth prevention. Accessibility and alternate therapies were mentioned only a couple of times and did not emerge as an important issue in the comments. A full list of the comments can be seen in Appendix B.

The online survey results reflected a similar pattern to the telephone survey. As there were only 8 respondents (all male and majority from the City of Guelph), the data from the online survey is not included in this report.

4.0 Discussion

The local gaps analysis project provided an assessment of current cessation services in Wellington-Dufferin-Guelph and perceptions by smokers with regard to their awareness, availability and effectiveness. An analysis of the data suggests several areas that can be focussed upon for making informed choices in program planning for tobacco cessation at the local level.

Profile of Quitting Smoking in WDG

To be able to direct meaningful quit smoking programming, one must first understand the profile of tobacco use in Wellington-Dufferin-Guelph. Although there exists a great deal of information about tobacco use on a provincial and national level, the information gained in the gaps analysis will help focus local efforts.

The results of the telephone survey provided information about local patterns. Overall the profile of daily/non daily smokers is similar across WDG. Dufferin has the highest daily use rate at 86%, compared to 81% for Wellington County and 80% in Guelph. The average number of cigarettes smoked per day by daily smokers age 12+ in WDG was 15.2.[9]

In the telephone survey, age appears to show various themes. For example, 65% of 19-29 year olds were daily smokers; this had increased to 85% in the 30-54 year old age group and 88% in the 55+ age group. On the other hand, it is worth noting that the occasional smoking rate of 19-29 year olds is almost double the occasional smoking rate of older smokers in WDG (20% vs. 10%). Also notable is the fact that males have a higher rate of occasional smoking (15%) compared to females (10%) in WDG. Given the addictive nature of nicotine, many of these younger smokers will go on to become daily smokers as they age.[10,11] Thus, WDGPH should better understand the young adult population in order to develop cessation strategies.

There also appears to be a difference in quit attempts by age. The 19-29 year old age group has the most quit attempts in the last 12 months compared to the older age groups. Both of these factors support the evidence and the move towards establishing a provincial cessation initiative targeted at young adult smokers in 2016 (TCAN planning). The fact that younger smokers make more quit attempts and tend to smoke less regularly can have a positive impact on their success in quitting such an addictive substance as tobacco.[12] WDGPH should support a provincial cessation initiative aimed at young adult smokers.

Perhaps the most telling result from the telephone survey was the number of quit attempts per year. Tobacco users were asked how many quit attempts they had made in the past 12 months. The results were astonishing; however, they were also in keeping with provincial data. Although at any given time 70% of smokers state they

want to quit[13], practically half of smokers in WDG (45%) stated they had not made a single quit attempt in the past year. This seems dismally low but the data from the CCHS 2013 suggests that WDG is consistent with the provincial average.

Wellington County had a higher rate of people making multiple attempts to quit per year, with 23% making three or more attempts. Dufferin, on the other hand had only 16% of people making three or more quit attempts in a year. As noted above, younger people make significantly more quit attempts.

This issue of quit attempts is a central theme. According to a 2015 document published by PTCC entitled Smoking Cessation in Ontario: Increasing Cessation Rates by Increasing Quit Attempts[14], quit attempts are the key to decreasing the smoking rate in Ontario. Dr. Zhu from the University of California, San Diego School of Medicine analyzed the data and concluded that the most effective cessation strategy to decrease the smoking rate favoured quantity over quality when it comes to tobacco dependence interventions. In other words, at a population health level, the most telling indicator of successful cessation is the number of quit attempts, regardless of the quality of the quit attempt. While best practice cessation support is important, the number of quit attempts a person makes is a better indicator of success. It is therefore evident that WDGPH needs to focus on strategies that increase quit attempts by tobacco users across all of Wellington- Dufferin-Guelph. Dufferin may have the lowest rate of quit attempts, but focusing solely on this region would reach the smallest number of smokers, so plans to increase quit attempts would have the greatest impact across all of WDG. Any efforts by WDGPH to increase quit attempts should compliment an upcoming provincial strategy and media campaign.

Another area of interest in planning localized cessation programs is intention to quit. Dufferin has the highest percentage of people who intend to quit overall, but Guelph has more tobacco users stating they plan to quit in the next month. There did not appear to be any measurable difference in intention to quit by gender, and when analyzed by age not surprisingly the younger cohort stated they would quit further in the future. As people age and begin to see the effects of smoking manifest on their personal health, they may be more motivated to quit.[15] One could argue that efforts should be focussed on groups of people who are most ready to quit, however interventions at all stages of change can provide motivation to quit.[16]

Health care professionals are key players in reaching tobacco users and it has been shown that if a HCP addresses smoking status, advises quitting and provides support (5As), the tobacco user is more likely to make a quit attempt.[16] The telephone survey showed that overall tobacco users are not receiving very much information from health care professionals. Just over half of tobacco users had received information on quitting smoking from a family doctor, nurse practitioner or nurse in the last two year, but almost none (10%) had received information from other health care

professionals (such as dental and pharmacy professionals) or from their workplace. Clearly there is room for improvement in implementing best practice tobacco dependence interventions such as the 5As, especially with dental and pharmacy professionals. The results of the local study clearly support the provincial SFO and regional efforts to target pharmacy and dental professionals. The results also show the possibility of targeting workplaces and family/friend networks to support smokers who would like to quit.

Awareness

An essential component of the gaps analysis was to understand not only what services are offered but also the extent to which smokers are aware of available smoking cessation services and supports. A common theme that arose from the telephone survey data was that WDG residents are not aware of the smoking cessation services available to them in their community and how to access them. Survey participants also identified the need for more education & awareness of local supports, in fact this was the number one suggestion when asked about smoking services they would like to have in their community (see Table 1).

This theme was echoed by the key informants who identified a lack of awareness among tobacco users as well as among health care professionals. The key informants stated that health care professionals may not be aware of supports both within their own agency, as well as where to refer patients in the community.

Awareness of local cessation services was quite low across Wellington, Dufferin and Guelph, with only 56% of respondents overall being able to name a place they could go for help quitting smoking. In Guelph under half of respondents could name one place or service in the community where they could go for help quitting smoking. Indeed, many studies have found that awareness of cessation services and resources is generally low among tobacco users.[17] It has been shown that the more cessation services or resources a person used, the more likely they were to be confident in staying smoke-free and be further along in their cessation journey.[17] Awareness is the first step in encouraging smokers to make use of the cessation services and resources available to ensure success in quitting smoking.

Most people who could name a place or service in the community where they could go for help to quit smoking, named their primary care health care professional (75%). A distant second was WDGPH and only 4% named a pharmacy. The response about WDGPH could indicate bias as the respondents were aware that the survey was conducted on behalf of WDGPH. Of interest is the low number of respondents who identified a pharmacy as a place they could access help quitting smoking. Pharmacies are widespread throughout communities, open accessible hours, and staffed by knowledgeable health care professionals. Smoke Free Ontario has identified pharmacists as a key target for promoting cessation services and pharmacies represent a key component of the cessation system. The low number of

people who think of pharmacies as an option for cessation help indicates a need to increase public awareness of pharmacy cessation services as part of a wider awareness campaign.

Across WDG, there is a need to improve the awareness of local services, with a special focus on Guelph. To address the issue of awareness, WDGPH should develop a comprehensive plan to improve awareness of cessation services among both tobacco users and health care professionals. This plan could include but is not limited to working with community partners and building on existing relationships with communities of practice members; advertising the STOP with FHTs program and the MOHLTC pharmacy program on the WDGPH website and in the media; supporting provincial mass media campaigns; and linking with workplaces and local non-health care agencies who represent a priority demographic. The plan should also include working with acute care settings to improve the primary care referral system and increase awareness of community programs (i.e. hospital exit packages for patients and/or professional development for staff).

Availability/ Accessibility

Availability was a conflicting theme in the qualitative data and emerged as both a strength and barrier. Survey participants felt that there were enough services available to support smokers who were ready to quit and wanted to make use of the services. There were, however, a small number of people who said services were non-existent in their community. This may be dependent on where the participant lives and his/her awareness of the available services. The number of comments indicating a lack of services was too small to be a reliable indicator. When asked about what services they would like to have in their community, the importance of readily accessible services and supports to quit smoking did emerge as a key theme (see Table 1), so regardless of whether residents believe there are adequate services or not, they do believe that having the services available and accessible is important. By concentrating efforts on increasing awareness of existing services as outlined above, WDGPH could alleviate the belief that there is nothing out there in some communities.

The key informant interviews also revealed availability and accessibility as an area that could be improved in WDG. Location and hours of service in the community, transitions from acute to primary care, and the STOP program only being available to rostered FHT patients were the major issues identified, however there was also a belief that that rural residents may have more barriers to accessing services.

The project team wanted to find out whether people in different areas had difficulty accessing services depending on where they lived. The majority of people in all areas stated they were able to access the products and services that they wanted (Figure 13). In Dufferin County the numbers were somewhat lower, and suggest people had a harder time accessing products and services. One may infer that there are unique

reasons for this inaccessibility in Dufferin County. Unfortunately, the small numbers of responses to this question prevent forming any conclusion. Overall, for all of Wellington, Dufferin and Guelph, there were no responses identifying transportation as a barrier, and statistically insignificant responses identifying location (i.e. too far, not convenient) and the product or service not being available in the community as barriers to accessibility. The qualitative data does not support the idea that people do not have access to products or services based on where they live. Nevertheless, when planning services WDGPH must be aware of accessibility issues and ensure that residents in smaller rural communities have the same services available as those in larger centres.

An interesting phenomenon that emerged from the telephone survey data was that the 30-54 year old cohort had the most difficulty accessing services. This group also identified that they would like more services available. It is possible that this age group has difficulty accessing services because at this life stage people tend to be busy with work, leaving little time for them to pursue appointments at their primary care provider during the work hours. They are also busy raising a family after work hours so even if after hours appointments were available, one could hypothesize people in this age group may not take advantage of such appointments. WDGPH could explore the feasibility of targeting workplace with cessation programming to reach this busy age group.

The final issue of accessibility centred on cost. The issue of cost surfaced from the community feedback surveys on a consistent basis. The cost of quit aides can be a barrier to many people who are ready to quit smoking. Some people cannot afford NRT or medication if not covered by STOP, in hospital formulary or personal health benefits. NRT is not covered in the Ontario Drug Formulary although Champix and Wellbutrin are listed. The cost may not seem significant with clinicians often saying that NRT is priced similar to the cost of cigarettes. (Of note, this is not true for people that purchase cigarettes from First Nations sources; such cigarettes are priced very low, making it very affordable to smoke.) The social determinants of health come in to play here: as a general rule, lower income Canadians have a higher smoking rate. Even for those people who can afford NRT, spending money on something difficult like quitting is not as motivating as spending money on something they enjoy like smoking.[18] Therefore having NRT available free may motivate people to increase quit attempts and ultimately improve cessation levels. WDGPH should work towards improving access to free NRT for those tobacco users that cannot access current programs.

Tobacco Users: What are they using to quit and what do they want?
Nicotine Replacement Therapy has been shown to improve quitting success and its use is considered a best practice in tobacco dependence interventions.[16,19,20] There were some significant differences in the use of NRT in the three regions. Almost half of Guelph smokers (49%) have *never used* NRT, compared to 39% in Wellington and

27% in Dufferin. In Dufferin County there were 16 % of smokers currently using NRT, compared to a low in Guelph of 7% and 11% in Wellington. Overall, females use NRT more than males and young adults made the least use of both NRT and medications to quit smoking. Prescription medications have also been shown to improve cessation success.[19] The highest use of medications to quit was in Guelph at 45% (current and previous use), then Wellington (39%) and Dufferin (38%). The rates of NRT and medication use for quitting smoking in WDG are similar to those across the province: 48% of Ontario smokers used a quit aide during a cessation attempt.[21] If it has been shown that people have a better success quitting smoking when using NRT or a medication, it stands to reason that by increasing the number of people using NRT of medication, quit rates in WDG could be improved. Use of quit aides is best practice in tobacco cessation and perhaps more people wanting to quit need to know that. Key messaging on quitting with the help of NRT or medications could be included in efforts to increase awareness of services, or in a unique campaign. This may need to be tailored differently in each region, given the differences in NRT usage across the three areas.

Another interesting finding in the telephone survey was the use of e-cigarettes. Electronic cigarettes are an emerging issue in public health. Despite the federal laws in place to limit health claims and distribution of nicotine, e-cigarettes are readily available and marketed for quitting smoking. The evidence is mixed on the benefits and risks of using e-cigarettes as a cessation aide.[22] This is concerning because of unknowns. Most of the emerging research does not support the use of e-cigarettes for cessation and shows that people who use e-cigarettes also continue to use tobacco. In fact, one recent study produced alarming results, concluding that smokers who have used e-cigarettes may be at increased risk for not being able to quit smoking.[23] In Wellington-Dufferin-Guelph, the telephone survey showed that younger adults have the highest use of e-cigarettes to quit smoking. In one study, the use of e-cigarettes by young adults did not result in a lower chance of starting smoking.[24] WDGPH needs to be a leader in the community regarding e-cigarettes. Raising awareness and educating tobacco users on the fact that e-cigarettes are not a proven cessation aide should be part of the awareness strategy.

The results of the telephone survey demonstrated that smokers would like to be able to access alternative therapies, such as laser therapy, hypnosis, and e-cigarettes more readily. These practices are not supported as best practices in smoking cessation, and as such were not mentioned by the key informant interviewees. In light of the unproven claims of such alternative therapies for cessation, no action or support of alternative therapies should be undertaken by WDGPH.

Furthermore, a number of tobacco users stated that they would like to have access to a group program in the community to help them quit smoking. This is a somewhat contradictory issue. The overwhelming majority of respondents have never attended a group; of those respondents 19-29 years old absolutely none had attended a group.

Low attendance may be because there are not too many groups offered in the community. In Wellington County, the use of group programs was highest, likely due to the availability of a weekly group run by the FHT. Paradoxically, when agencies run groups at the request of smokers, the groups tend to run for a finite amount of time and end due to low attendance and attrition. Groups are also resource intensive as far as staff time/wages for the measurable outcomes. In the telephone survey, participants rated group programs as the lowest by far in satisfaction/ success rate compared to other programs and resources (see Figure 12). Even though group programs were identified by participants as a service they would like to have in their community, WDGPH does not have the capacity to run group programs.

Finally, Smokers Helpline is a free service easily available to residents across Ontario. The quit coaches are trained and the service is based upon best practices. Considering the benefits of the service, it is disappointing that relatively few tobacco users in WDG are making use of SHL. Only 4% of the tobacco users polled in Dufferin County report having used SHL, compared to 13% in Guelph and 11% in Wellington County. Females are much more likely to use SHL than males as are 30-54 year olds compared to the other age groups. Smokers Helpline provides both counselling from trained quit coaches by telephone and peer to peer support online, as well as readily available self help materials. Telephone quitlines provide an important route of access to support for smokers.[25] Increasing the awareness of Smokers Helpline could increase the use by tobacco users and provide them with readily accessible support and access to a cessation counsellor. Including information about Smokers Helpline in the awareness campaign would therefore be a crucial step. Supporting regional and provincial efforts to promote Smokers Helpline should also be a role of WDGPH.

Strengthening the System

Feedback from both key informants and tobacco users highlighted the strengths of the current tobacco cessation system. Participants in the telephone survey who had used cessation services generally described good experiences with the system and the care they received, keeping in mind the difficult nature of quitting smoking. When given the opportunity at the end of the survey, a large proportion of tobacco users had positive things to say about the support available to help them quit smoking; by far the most comments were about good experiences and good availability of services. Key informant responses similarly identified positive aspects of the current cessation system. Despite general satisfaction with services, several ideas emerged regarding ways to strengthen the system.

Recognizing that the above recommendations of increasing awareness of cessation services, improving access to free NRT and embedding SHL promotion into all cessation opportunities are in and of themselves ways of strengthening the current cessation system, an additional theme of partnership, collaboration and capacity

emerges to help build a truly comprehensive system in WDG where fewer tobacco users fall through the cracks.

For example, greater partnerships could be built with other health care agencies to deliver tobacco programs in the community. This could include investigating collaboration with FHTs to find innovative ways to service non rostered patients within the current system. An example could be collaborating to run STOP on the Road workshops to provided free NRT. Moreover, increased collaboration with local hospitals and FHTs could help to support quit attempts of acute care patients upon discharge. Supporting patients with NRT upon discharge from hospital prior to follow up with their primary care provider can help motivated tobacco users be successful with their quit attempt. If there is dependable funding from the MOHLTC for NRT, such funding could be used for purchasing the NRT needed for a bridging program. Further study of the possibilities and reach and cost is needed.

Additionally, WDGPH could continue to build partnerships and collaborate with community agencies in an effort to increase systematization of the 5As. This involves continuing to strengthen the Tobacco Cessation Communities of Practices, supporting Community of Practice members with learning opportunities and consulting with health care providers regarding improving the implementation of the 5As. Where opportunities exist, support should be focussed on pharmacy and dental professionals. Finally, WDGPH should continue to build capacity among health care providers by offering Fundamentals of Tobacco workshops and consider partnering with local FHTs to provide professional development for hospital staff on resources and programs available in the community.

5.0 Recommendations

- Quit attempts need to increase in WDG to have an impact on smoking rates. WDGPH should support regional and provincial efforts to increase quit attempts, including a provincial media campaign. WDGPH should consider local strategies to increase quit attempts.
- WDGPH should support a provincial or regional cessation strategy for young adults.
- WDGPH should develop a comprehensive plan to increase awareness of local services among tobacco users and health care professionals. The plan should include promoting Smokers Helpline.
- WDGPH should continue efforts to build strength within the existing system, especially by improving access to free NRT. WDGPH should find innovative ways to reach those people not covered by the current system. This could include offering STOP on the Road and/or partnering with the FHTs to find ways to have non-rostered patients access to STOP with FHT.
- WDGPH should work towards improving the use best practice quit aides such as NRT and medications among tobacco users making a quit attempt.
- WDGPH should raise awareness of electronic cigarettes not being a proven cessation aide.
- WDGPH should continue efforts to increase the number of health care providers who systematize tobacco interventions in their practice. The focus should be on pharmacy professionals.

Appendix A

Smoking Cessation Telephone Survey

INTRODUCTION

Landline Introduction

I-1a **Hello, my name is _____ and I am calling from CCI Research on behalf of Wellington-Dufferin-Guelph Public Health. We are conducting a survey on services that help people quit smoking within the Wellington-Dufferin-Guelph area. We are not asking for money or selling anything. May I please speak to the youngest person in the household who is 19 years of age or older and who has smoked at least one cigarette in the last six months?**

[Interviewer prompt: This survey is specifically about cigarette smoking. May I please speak to the person in the household who is 19 years of age or older and who has smoked at least one cigarette in the last six months?]

[Interviewer prompt if asked about what kind of cigarettes: We are referring only to tobacco cigarettes.]

[Interviewer note: This survey is specifically about cigarette smoking and does not apply to those who **ONLY** use other types of tobacco-related products such as cigars, pipes, chewing tobacco, e-cigarettes, or marijuana or other drugs.]

[Interviewer prompt if asked why we are seeking someone of a specific age/gender: In conducting this survey, our goal is to seek the opinions of a sample of residents that reflects all people living in the community. For this reason, we try to reach a variety of ages and genders within the community, including those who are younger and older.]

1. Yes, speaking	**Go to I-3**
2. Goes to get them	**Go to I-2**
3. No, not available	**Go to Call Back screen**
4. No, don't smoke/no one of age smokes	**Thank you for your time. [Not eligible]**
5. Refused	**Thank you for your time. [Refused]**

Cellphone Introduction

I-1b **Hello, my name is _____ and I am calling from CCI Research on behalf of Wellington-Dufferin-Guelph Public Health. Is now a good time to speak with you?**

[Interviewer prompt if asked what this is about: We are conducting a survey on services that help people quit smoking. May I continue?]

[Interviewer probe if respondent says yes: Are you in a safe and appropriate environment to talk on the phone for the next 5 to 10 minutes?]

[Interview prompt if the respondent asks what we mean: I need to ensure that you are not driving or engaging in other activities.]

[Interviewer prompt: If they are NOT in an appropriate environment, say "I will try you at another time. Thank you". And record as a general callback].

1. Yes	**Goes to I-1c**
2. No	**Go to Call Back screen**
3. Not eligible (e.g. youth)	**Thank you for your time. (Not eligible)**
4. Refused	**Thank you for your time. (Refused)**

I-1c **We are conducting a survey on services that help people quit smoking within the Wellington-Dufferin-Guelph area. We are not asking for money or selling anything. We are looking to speak with people who are 19 years of age or older and have smoked at least one cigarette in the last 6 months. Would that be you?**

[Interviewer prompt if asked about what kind of cigarettes: We are referring only to tobacco cigarettes.]

1. Yes	**Goes to I-3**
2. No/don't smoke/under 19	**Thank you for your time. [Not eligible]**
3. Refused	**Thank you for your time. (Refused)**

ELIGIBILITY

All

I-2 **Hello, my name is _____ and I am calling from CCI Research on behalf of Wellington-Dufferin-Guelph Public Health. We are conducting a short survey with residents about smoking cigarettes and quitting smoking. The results will be used to develop strategies to help reach smokers with quit smoking services in your community. The survey will only take about 10 minutes and is completely voluntary and anonymous. Your phone number was randomly selected and we do not have**

access to your name or address. You are free to withdraw from the survey at any time and you can choose not to answer any questions that make you feel uncomfortable. Your decision about whether or not to participate will not affect the services you receive from Public Health.

Do you have a few minutes to speak with me now?

1.	**Yes**	**Go to I-4**
2.	**No, later**	**Go to Call Back screen – Record first name**
3.	**No, don't smoke/no one of age smokes**	**Thank you for your time. [Not eligible]**
4.	**No, never**	**Thank you for your time. Goodbye. [Refused]**

I-3 **We are conducting a short survey with residents about smoking cigarettes and quitting smoking. The results will be used to develop strategies to help reach smokers with quit smoking services in your community. The survey will only take about 10 minutes and is completely voluntary and anonymous. Your phone number was randomly selected and we do not have access to your name or address. You are free to withdraw from the survey at any time and you can choose not to answer any questions that make you feel uncomfortable. Your decision about whether or not to participate will not affect the services you receive from Public Health.**

Do you have a few minutes to speak with me now?

1.	**Yes**	**Go to I-4**
2.	**No, later**	**Go to Call Back screen – Record first name**
3.	**No, don't smoke/no one of age smokes**	**Thank you for your time. [Not eligible]**
4.	**No, never**	**Thank you for your time. Goodbye. [Refused]**

I-4 **Before we begin the survey, could you please confirm your area of residence? That is, do you live in . . .?**

[Interviewer note: Wellington County includes the Town of Erin, Town of Minto, Township of Wellington North, Township of Mapleton, Township of Centre Wellington, Township of Guelph/Eramosa and the Township of Puslinch.

Dufferin County includes the Townships of Amaranth, East Garafraxa, Melancthon, Mulmur and the Towns of Grand Valley, Mono, Orangeville and Shelburne]

1. The City of Guelph	**Go to I-5**
2. Wellington County	**Go to I-5**
3. Dufferin County	**Go to I-5**

4. None of the above	**Thank you, but at this time we are looking to speak to residents of Guelph, Wellington County, and Dufferin County. Goodbye. [Code as Not Eligible]**
5. Don't know	**Thank you, but at this time we are looking to speak to residents of Guelph, Wellington County, and Dufferin County. Goodbye. [Code as Not Eligible]**
6. Refused	**Thank you, but at this time we are looking to speak to residents of Guelph, Wellington County, and Dufferin County. Goodbye. [Code as Refused]**

I-5 And could you please confirm that you are 19 years of age or older and have smoked at least one cigarette in the last 6 months?

[Interviewer prompt if asked about what kind of cigarettes: We are referring only to tobacco cigarettes.]

1. Yes	**Go to I-6A**
2. No	**Thank you for your time. [Not Eligible]**
3. Refused	**Thank you for your time. [Refused]**

I-6A Gender (by observation)

1. Male

2. Female

I-6B And could you please tell me your age?

[Interviewer prompt if necessary: As part of the study we are looking to record people's age. Could you please tell me your exact age?]

1. Enter number from drop-down (19-99+)	**Go to I-6age**
2. Refused	**Go to I-6C**

I-6C Okay, would you be willing to specify your broad age range? Are you . . .

1. 19-29	**Go to I-6age – Calculated field**
2. 30-54	**Go to I-6age – Calculated field**
3. 55+	**Go to I-6age – Calculated field**

	6. Refused	**Okay, we are looking for an age-representative sample to complete our survey about tobacco use. Thank you for your time. Goodbye.**

I-6age **Calculated field for use in quota comparison from I-6A and I-6B or I-6C**

19-29	**Go to I-7**
30-54	**Go to I-7**
55+	**Go to I-7**

I-6D **[Only if age quota is reached based on 1-6age] Okay, thank you. We actually have reached our quota for people in your age and gender group. Is there someone else in the household who I could speak to who is 19 years of age or older and has smoked at least one cigarette in the last six months?**

1. Yes, goes to get them	**Go to I-6E**
2. No	**We need to call other households to find people in other age groups. Thank you very much for your time. Goodbye. [Code as Quota Filled]**
3. Not available	**Record Call Back including Name – come back to survey at I-6E**
4. Refused	**Thank you for your time. Goodbye [Refused]**

[Interviewer prompt if asked who we are looking for/what the quotas are: I would need to speak to that person and enter the information to know. Are they available now?]

[Interviewer Prompt if asked why: We are looking to speak to a representative sample of residents in the Wellington-Dufferin-Guelph Public Health area and we have reached our quota for people in your age and gender group. We need to speak with other respondents in order to learn the opinions from a range of demographic groups.]

I-6E **Hello, my name is _____ and I am calling from CCI Research on behalf of Wellington-Dufferin-Guelph Public Health. We are conducting a short survey with residents about smoking cigarettes and quitting smoking. The results will be used to develop strategies to help reach smokers with quit smoking services in your community. The survey will only take about 10 minutes and is completely voluntary and anonymous. Your phone number was randomly selected and we do not have access to your name or address. You are free to withdraw from the survey at any time and you can choose not to answer any questions that make you feel uncomfortable. Your decision about whether or not to participate will not affect the services you receive from Public Health.**

Do you have a few minutes to speak with me now?

1. Yes	**Go to 1-5**
2. No, later	**Go to Call Back screen – Record first name. Come back to survey at I-6E**
3. No, don't smoke	**Thank you for your time. Goodbye. [Not eligible]**
4. No, never	**Thank you for your time. Goodbye. [Refused]**

I-7 **Thank you. Please note that there are no foreseeable risks to participating in this study and you will have the benefit of helping to direct the work of your local Public Health Unit.**

Once the survey is finished, the anonymous results will be compiled into a report that will be available on the Wellington-Dufferin-Guelph Public Health website.

This call may be monitored for quality assurance purposes.

[Interviewer prompt if needed: This survey has been approved through the Wellington-Dufferin-Guelph Public Health ethics process. If you have any questions about the survey or its ethics approval you can contact Dawn MacRae-Stevens of Wellington-Dufferin-Guelph Public Health at 1-800-265-7293, ext. 2637]

QUESTIONS

The first few questions will be about your use of tobacco and smoking habits. Please remember that your responses are confidential and in no way will ever be linked to your name or residence.

Q1. **Currently, do you smoke cigarettes…**

Every day	
Almost every day	
Occasionally	
Not at all	**Ask all questions except Q3**
Other	**{Record response}**
Don't know	
Refused	

Q2. **In the past 12 months, how many times have you tried to quit smoking cigarettes, lasting at least 24 hours?**

Once	**Ask all questions except Q5**
Twice	**Ask all questions except Q5**
Three or more times	**Ask all questions except Q5**

Never tried to quit	**Go to Q3, Q4, and Q5, and then 10, 11, 12, 13, 14, 15 – i.e., skip questions 6, 7, 8, and 9 for those who have made no attempts.**
Don't know	
Refused	

Q3. *SKIP LOGIC: Only ask if answered anything other than 'not at all' for Q1.*

Are you planning to quit smoking cigarettes…

Within the next month
Within the next six months
Sometime in the future
Beyond 6 months
Not planning to quit
Don't know
Refused

Q4. **Can you name one place or service in the community where you can go for help to quit smoking cigarettes? _____**

Yes	**[Interviewer prompt: And where would that be?] (Record open-ended response)**
No	
Don't know	
Refused	

Q5. *SKIP LOGIC: Only ask if answered 'No Attempts' to Q2.*

In the past 2 years, have you received information about quit smoking medications, other quit smoking services, or resources from any of the following? Please indicate yes or no for each option.

(Interviewer probe: Are there any others that I have not mentioned.)

(Interviewer Note: Quit smoking medications and resources include Nicotine Replacement Therapy (NRTs) such as gum, patch, lozenges; quit smoking medications such as Zyban, Wellbutrin, bupropion, Champix, varenicline; quit smoking group support programs; and, counseling from health care professionals and specialized quit smoking counselors)

Pharmacist
Dentist
Family physician, nurse practitioner, nurse
Quit Smoking Counselor
Workplace
Family or Friend
Other (specify)

Q6. *SKIP LOGIC: Only ask if answered anything other than 'no attempts' to Q2.*

Now I am going to ask you if you have never used, previously used, or are currently using any of the following resources or medications to help you quit or reduce smoking cigarettes.

6a. Nicotine Replacement Therapy (NRT) which includes the patch, gum, lozenge, nicotine inhaler, and nicotine mouth spray

Have never used
Previously used **If yes, go to Q7a then Q8a and return to Q6b**
Currently using **If yes, go to Q7a then Q8a and return to Q6b**
Don't know
Refused

6b. Doctor/physician counseling

Have never used
Previously used **If yes, go to Q7b then Q8b and return to Q6c**
Currently using **If yes, go to Q7b then Q8b and return to Q6c**
Don't know
Refused

6c. Specialized stop smoking counselor

Have never used
Previously used **If yes, go to Q7c then Q8c and return to Q6d**
Currently using **If yes, go to Q7c then Q8c and return to Q6d**
Don't know
Refused

6d. Group quit smoking program

Have never used
Previously used **If yes, go to Q7d then Q8d then Q9 and return to Q6e**
Currently using **If yes, go to Q7d then Q8d then Q9 and return to Q6e**
Don't know
Refused

6e. Prescription quit smoking pills, which include medications such as Zyban, Wellbutrin, bupropion Champix, varenicline)

[Interviewer Note: Pronunciation of bupropion = bue-PROE-pee-on]
[Interviewer Note: Pronunciation of varenicline = var-EN-i-kleen]
[Interviewer Note: Champix is the brand name of varenicline while Zyban and Wellbutrin are the brand names of bupropion]

Have never used
Previously used **If yes, go to Q7e then Q8e and return to Q6f**
Currently using **If yes, go to Q7e then Q8e and return to Q6f**

Don't know
Refused

6f. Smoker's Helpline which includes telephone, online, and texting services [Interviewer prompt: This is the provincial toll-free telephone helpline and website to help people quit smoking. This includes the "Driven to Quit" annual contest to win a car.]

Have never used	
Previously used	**If yes, go to Q7f then Q8f and return to Q6g**
Currently using	**If yes, go to Q7f then Q8f and return to Q6g**
Don't know	
Refused	

6g. E-cigarettes, which are also referred to as vape pens, vapes, sheesha pens or e-hookahs, among other terms

Have never used	**Go to Q10**
Previously used	**If yes, go to Q7g then Q8g and go to Q10**
Currently using	**If yes, go to Q7g then Q8g and go to Q10**
Don't know	**Go to Q10**
Refused	**Go to Q10**

Q7. *SKIP LOGIC: Only ask if answered 'Previously Used' or 'Currently Using' to any sub-question of Q6.*

7a. Who recommended Nicotine Replacement Therapy (NRT) to you?
7b. Who recommended doctor/physician counseling to you?
7c. Who recommended a specialized stop smoking counselor to you?
7d. Who recommended a group quit smoking program to you?
7e. Who recommended quit smoking pills to you?
7f. Who recommended the Smoker's Helpline to you?
7g. Who recommended e-cigarettes to you? (Do not read. Select all that apply.)

Pharmacist
Dentist
Family physician, nurse practitioner, nurse
Quit Smoking Counselor
Workplace
Family or Friend
Other (specify)

Q8. *SKIP LOGIC: Only ask if answered 'Previously Used' or 'Currently Using' to any sub-question of Q6.*

8a. How successful were you at cutting down your cigarette use while using Nicotine Replacement Therapy (NRT)? Would you say you were . . .

8b. How successful were you at cutting down your cigarette use while using doctor/physician counseling? Would you say you were . . .

8c. How successful were you at cutting down your cigarette use while using specialized stop smoking counseling? Would you say you were . . .

8d. How successful were you at cutting down your cigarette use while using a group quit smoking program? Would you say you were . . .

8e. How successful were you at cutting down your cigarette use while using quit smoking pills? Would you say you were . . .

8f. How successful were you at cutting down your cigarette use while using the Smoker's Helpline? Would you say you were . . .

8g. How successful were you at cutting down your cigarette use while using e-cigarettes? Would you say you were . . .

Very successful
Somewhat successful
Not very successful
Not successful at all
Don't know
Refused

Q9. *SKIP LOGIC: Only ask if answered 'Yes' to Q6d*

Can you share the name and/or location of the group program you attended?

Yes	**[Interviewer prompt: And what was the name and/or location of the group program you attended?] (Record open-ended response)**
No/don't know	
Refused	

Q10. **In the past 2 years, have you wanted to access a quit smoking product or service but were unable to?**

Yes	
No	**Go to Q13**
Don't know	**Go to Q13**
Refused	**Go to Q13**

Q11. *SKIP LOGIC: Only ask if answered 'Yes' to Q10.*

Which product or service were you unable to access?

[Do not read list. Select all that apply.]

[Interviewer probe: Is there anything else?]

Nicotine Replacement Therapy (NRT), which includes the patch, gum, lozenges, nicotine inhaler, and nicotine mouth spray		**Go to Q12a**
Doctor/physician counseling		**Go to Q12b**
Specialized stop smoking counseling		**Go to Q12c**
A group quit smoking program		**Go to Q12d**
Quit smoking pills (which include medications such as Zyban, Wellbutrin, bupropion, Champix, varenicline)		**Go to Q12e**
Smoker's Helpline, which includes telephone, online, and texting services		**Go to Q12f**
E-cigarettes, which are also referred to as vape pens, vapes, sheesha pens or e-hookahs, among other terms		**Go to Q12g**
Other 1	**(record response)**	**Go to Q13**
Other 2	**(record response)**	**Go to Q13**
Don't know		**Go to Q13**
Refused		**Go to Q13**

Q12. *SKIP LOGIC: Only ask if answered 'Yes' to any of Q10.*

12a. What were the reasons you were not able to access a quit smoking product or service?

12b. What were the reasons you were not able to access Nicotine Replacement Therapy, which includes the patch, gum, lozenges, nicotine inhaler, and nicotine mouth spray?

12c. What were the reasons you were not able to access doctor/physician counseling?

12d. What were the reasons you were not able to access a specialized stop smoking counselor?

12e. What were the reasons you were not able to access a group quit smoking program?

12f. What were the reasons you were not able to access quit smoking pills?

12g. What were the reasons you were not able to access the Smoker's Helpline?

12h. What were the reasons you were not able to access e-cigarettes?

[Do not read list. Select all that apply.]

Cost/too expensive
Transportation (couldn't get there, no vehicle, no public transportation)
Location (too far, not convenient)
Product/service not available in my community

Lack of health benefits/insurance
Language
Need a prescription/don't have a doctor
Time of day/time of program or service
Lack of time/too busy
Too difficult for me to do/too hard to try to quit
Other, (specify)
Don't know
Refused

Q13. Are there any quit smoking services you would like to have available in your community.

Yes **[Interviewer prompt: And what would they be?] (Record open-ended response)**
No
Don't know
Refused

Q14. Okay, we are near the end of the survey. Do you have any comments about quit smoking services in your community that you would like to share?

Yes **(Record open-ended response)**
No
Don't know
Refused

Q15a. Can you provide your postal code (or the first three digits)?

Yes **(Record)**
Don't know
Refused

Q15b. Confirm postal code

Q 16. And finally, which of the following describes your use of a phone. Do you . . .

Use a cell phone only
Use both a cell phone and a landline telephone
Use only a landline telephone
Refused

On behalf of Wellington-Dufferin-Guelph Public Health, I would like to thank you for your participation in the survey. If you are interested in the results of this survey, a final report will be available on the Wellington-Dufferin-Guelph Public Health website in the fall of 2015. Thanks again. Have a great day/evening.

Appendix B

Open Ended Comments from Telephone Survey

Question 14: Do you have any comments about quit smoking services in your community that you would like to share?

I THINK THEY ARE A GREAT SERVICE FOR PEOPLE WHO ARE LOOKING TO QUIT. I THINK SOME DRUGS ARE DANGEROUS AND ACTUALLY AFFECTED MY FATHER BADLY. THERE SHOULD BE MULTIPLE OPTIONS FOR PEOPLE. I HAVE SEEN MANY PEOPLE QUIT AND AS MUCH HELP SHOULD BE AVAILABLE AS POSSIBLE

I DONT KNOW OF ANY. WOULD LIKE TO SEE MORE

WOULD BE NICE TO HAVE ACCESSIBILITY FOR PEOPLE THAT CANNOT AFFORD THE EXTRA COSTS BUT THEY SINCERELY DO WANT TO QUIT. ALSO IT WOULD BE GOOD TO HAVE OPTIONS FOR THOSE PEOPLE ON OTHER MEDICATIONS AND WITH MENTAL HEALTH ISSUES

I THINK THE SERVICES ARE GOOD ARE MORE BENEFICIAL FOR OLDER SMOKERS

GOOD EXPERIENCE AT MY DOCTORS. NICORETTE INHALER WAS NOT STRONG ENOUGH TO HELP ME. I FELT THE SPRAY MIGHT HAVE DONE A BETTER JOB

INTRODUCE POLICY IN GOVERNMENT ABOUT SMOKING. LIKE BY LAWS AGAINST SMOKING AROUND SCHOOLS AND IN CHILDREN'S PARKS.

I HAD NO IDEA THAT THEY EVEN EXISTED

WOMEN SEEM TO HAVE THE HARDER TIME TO QUIT ... I AM NOT AWARE OF THE SERVICES THAT ARE AVAILABLE THAT ARE NOT EXPENSIVE

WOULD LIKE A SUPPORT PERSON TO CALL TO KEEP ON THE PROGRAM. I WOULD LOVE TO QUIT SMOKING BUT AM AFRAID OF GAINING WEIGHT. IF THEY HAD A CLINIC IN ORANGEVILLE THAT WAS COST EFFECTIVE AND HAD COUNSELING AND LASER THERAPY I WOULD BE INTERESTED. MAYBE INCLUDE AN EXERCISE PROGRAM AS WELL.

THERE'S NOTHING OUT THERE READILY AVAILABLE. YOU HAVE TO GO OUT THERE AND LOOK FOR IT.

BECAUSE OF WHERE I LIVE, AS FAR AS IM AWARE, THERE'S LITTLE SUPPORT INTHE TOWN AT ALL.

THEY ARE SUPPORTIVE, TO QUIT SMOKING IS SELF MOTIVATED, HAVE TO BE READY TO QUIT

I DIDN'T KNOW THERE WAS ANY! I ALSO HAVEN'T LOOKED

FOR ANYONE WHO WANTS TO QUIT SMOKING BUT CANT THERE SHOULD BE A GROUP OF PEOPLE THAT GET TOGETHER TO HELP EACH OTHER, SMOKING IS VERY EXPENSIVE, AND IS BAD FOR YOUR HEALTH.

GET AFTER THE YOUNG PEOPLE, EDUCATE THEM IN SCHOOL, ESPECIALLY HIGH SCHOOL, THERE SHOULD BE MORE PRESSURE ON THOSE KIDS TO QUIT SMOKING OR TO NEVER START SMOKING, SOMETHING TO ELIMINATE THE PEER PRESSURE IN SCHOOL TO SMOKE, SPEAK TO THEM LIKE A GROWN UP

A LOT OF THE TIME THE QUIT SMOKING CAMPAIGNS FOR PEOPLE WHO CHOOSE TO SMOKE CAN BE INSULTING

QUIT SMOKING PROGRAMS IN OUR COMMUNITY SHOULD BE DIRECTED TO 16 T0 35 YEAR OLDS INSTEAD OF THE OLDER LONGER SMOKERS

THEY ARE ALL GOOD NO MATTER WHAT THEY ARE BECAUSE DIFFERENT THINGS WORK FOR DIFFERENT PEOPLE.

NICE PEOPLE AT THE DUFFERIN FAMILY HEALTH TEAM

EVERYONE SHOULD HAVE ACCESS TO A STOP SMOKING COUNSELOR AS WE DO THROUGH OUR FAMILY PHYSICIAN AND GROUP HEALTH OFFICE.

THEY NEED TO HAVE THE INSURANCE COMPANIES PROVIDE COMPENSATION

SOMETHING FOR PEOPLE LIKE ME WITH MEDICAL CONDITIONS WHICH RESTRICTS WHAT WE CAN USE. SIDE EFFECTS ARE TOO EXTREME FOR TOO MANY PEOPLE.

THEY DON'T SEEM TO UNDERSTAND THE FEELINGS THAT YOU GET WHEN YOU QUIT SMOKING AND HOW YOU YEARN FOR A CIGARETTE

QUITTING SMOKING IS VERY DIFFICULT IT IS SOMETHING IN OUR WHOLE FAMILY

I THINK THEY ARE ADEQUATE

I THINK IT IS A VERY GOOD SERVICE AND BELIEVE THAT IF PEOPLE WANT TO QUIT THEY QUIT ON THEIR OWN. IT IS AN INDIVIDUAL'S CHOICE AND I DON'T THINK THAT ANY AMOUNT OF SMOKING CESSATION AIDS OR COUNSELLING WILL HELP IF SOMEONE DOESN'T WANT TO QUIT. THEY HAVE TO WANT TO QUIT. THE EVIDENCE IS OVERWHELMING THAT IT IS BAD FOR YOU AND FOOLISH BUT PEOPLE DO IT TO HANDLE STRESS AND IT IS A FORM OF SELF MEDICATION.

THE QUIT SMOKING HOTLINE IS REALLY GOOD

WOULD BE NICE IF THERE WERE MORE SERVICES AND BETTER ADVERTISED..DON'T KNOW WHERE TO START

HAVE MORE ADVERTISING LIKE SIGNS TO REMIND YOU HOW BAD IT IS. MAYBE A SIGN WITH A MOTHER PUSHING A BABY IN A STROLLER TO REMIND THEM IT IS NOT ONLY THEM IT AFFECTS.

AVAILABILITY AND BEING ABLE TO FIND THEM

YOU JUST NEED TO SAY NO AND STOP

THERE ARE A FAIR NUMBER OF SERVICES AVAILABLE IN THE COMMUNITY IF YOU WANT TO USE THEM.

I THINK THAT THESE SERVICES ARE NON-EXISTENT IN MY COMMUNITY. MAYBE THE GOVERNMENT SHOULD WORK HAND-IN-HAND WITH THESE SERVICES. THERE SHOULD BE ONE PLACE TO GO TO GET ALL THE OPTIONS AVAILABLE - STEP BY STEP SLOW QUITTING OPTIONS MAY BE VERY HELPFUL AND SUCCESSFUL. THERE ARE LOTS OF REASONS WHY PEOPLE SMOKE.

I DONT THINK QUIT SMOKING SERVICES WOULD HELP ME UNTIL I DECIDE I WANT TO STOP SMOKING

WHEN DOING COUNSELLING WITH DOCTOR I WOULD HAVE LIKED TO HAVE MORE TIME. I AM A CHRONIC SMOKER AND I AM JUST UNABLE TO QUIT.

I KNOW THAT A DOCTOR WOULD BE WILLING TO GET PATCHES TO STOP SMOKING.

IF THERE ARE MORE THEN WHAT I KNOW OF IT WOULD BE NICE IF THEY WERE MORE WELL ADVERTISED

I THINK THERE SHOULD BE MORE I QUIT THINGS POSTED AROUND AREAS THAT HAVE A LOT OF FOOT TRAFFIC IN MALLS AND PLACES LIKE THAT

I'VE TRIED IT AND SOME SUCCESS WITH 50% IMPROVEMENT BUT I THINK THERE IS LOTS OF AVAILABLE RESOURCES - THE DOCTORS' OFFICE; INFO ON THE INTERNET, SO I DON'T KNOW WHAT MORE WE CAN EXPECT TO HAVE IN A COMMUNITY AS THERE IS A LOT OUT THERE. WHILE I WAS DOING THE NRT, I FOUND I HAD SYMPTOMS THAT WERE NOT REALLY ADDRESSED BY THE DOCTORS.

IM NOT FAMILIAR WITH WHAT IS OUT THERE, I KNOW ABOUT GOING TO THE DR.'S AND GETTING THE PATCH, I WOULD LIKE TO KNOW WHAT'S OUT THERE, BUT THAT COULD BE BECAUSE I HAVEN'T SEARCHED IT.

THERE ARE LOTS OF SERVICES AND IT IS READILY AVAILABLE FOR ANYONE WHO WANTS TO USE IT.

THAT THEY NEED TO LET PEOPLE KNOW MORE ABOUT THEIR SERVICES BE MORE OUT IN THE OPEN ABOUT THEIR SERVICES FOR A GUY LIKE ME WHO DOESNT KNOW WHERE TO LOOK WHO REALLY WANTS TO QUIT SMOKING. IF

THEY HAD A PERSON WHO COULD STAND BEHIND ME AND HIT ME IN THE HEAD EVERY TIME I TRIED TO SMOKE IT WOULD WORK

IN TERMS OF MY AGE, A LOT OF US DON'T SEE QUITTING AS NECESSARY. THERE ARE HEAVY SMOKERS AND LIGHTER SMOKERS. WE ALSO ARE FINDING THAT THERE ARE WAYS TO MANAGE THE ADDICTION . WE DON'T FEEL LIGHT HEADED OR SHORT OF BREATH WHEN CLIMBING STAIRS. WE DON'T FEEL A NEED TO SEEK OUT QUIT SMOKING SERVICES IF WE ARE NOT SMOKING ON A REGULAR BASIS. USED AN AUDIO BOOK "ALEX CARR" WHICH I ACTUALLY FOUND WAS EFFECTIVE.

THE PROGRAM THAT'S IN EFFECT WOULD BE HELPFUL EXCEPT FOR CERTAIN STRESS FACTORS; IE. ON DEPRESSION DRUGS WHICH CAN MAKE A PERSON SUICIDAL. A DRUG PLAN DOESN'T COVER ME TO QUIT SMOKING.

THINKS THERE IS GOOD INFORMATION OUT THERE, PEOPLE AREN'T STOPPING BECAUSE THEY CHOOSE TO SMOKE, PERCENTAGE OF THE POPULATION THAT HAVE AN ADDICTION.

MORE ADVERTISING FOR WHERE THEY ARE AND WHAT THEY ARE ...AND LESS EXPENSIVE SERVICES

I WOULD LIKE TO GET MORE HELP WITH IT.

THE PRODUCTS USED TO QUIT SMOKING ARE VERY EXPENSIVE SO I WOULD LIKE TO SEE THE COST OF QUIT SMOKING PRODUCTS TO BE LOWERED

THEY SHOULD HAVE IT COVERED BY OHIP IF APPROVED OR RECOMMENED BY A DOCTOR FOR THE MEDICATION. THE PRODUCT'S ARE NOT COVERED AND IT WOULD HELP WITH COSTS.

I THINK THERE ARE PRETTY AVAILABLE .IM JUST NOT INTERESTED IN QUITTING

IF THERE ARE SERVICES, THEY ARE NOT WELL KNOWN. I WOULD LIKE TO SEE IT BETTER ADVERTISED LOCALLY FOR THE SMALL TOWNS IN YOUR AREA.

MY DAUGHTER IN LAW GOT ME A QUIT SMOKING BOOK AND I READ IT ; I'M GOINGTO READ IT AGAIN IT WAS WRITTEN BY A SMOKER SO HE UNDERSTANDS WHAT YOU WOULD BE GOING TO GO THROUGH; ALLAN CARR, AUTHOR AND IT HELPED MY DAUGHTER IN LAW QUIT; I READ THE WHOLE THING IT MADE A LOT OF SENSE TO ME BUT I SHOULD OF TRIED THEN BUT I DIDN'T AND I BELIEVE THIS WOULD BE BENEFICIAL TO HELP OTHERS QUIT.

I THINK THAT THEY ARE VERY GOOD AND THEY ARE A VALUABLE AND NEEDED SERVICE I THINK THAT MORE EDUCATION AVAILABLE AT DIFFERENT TIME FRAMES WOULD BE SOMETHING THAT WOULD BE AN ASSET AS WELL. I THINK THAT IF PEOPLE UNDERSTOOD HOW NICOTINE WORKS IN THE BODY THAT THEY WOULD UNDERSTAND BETTER THE THINGS THAT ARE NEEDED TO HELP THEM QUIT

THERE ARE NO QUIT SMOKING SERVICES IN MY COMMUNITY

I THINK THE TRANSPARENT NICOTINE PATCHES ARE BRILLIANT AND I AM LOWERING MYSELF ONTO DIFFERENT PATCHES VERY WELL THROUGH THIS

THE GOVERNMENT USING TAXPAYERS MONEY ON QUIT SMOKING PRODUCTS THAT ARE 5% EFFECTIVE.

I WISH THEY COULD STOP THE KIDS FROM SMOKING IM A TRAVELING SALES MAN AND I GO PAST THE SELF HELP CENTRES AND HIGH SCHOOLS, AND THEY ARE ALL OUTSIDE SMOKING.

I THINK PEOPLE NEED TO BE INCENTIVIZED TO QUIT SMOKING OR REDUCE CIGARETTES; THE INSURANCE INDUSTRY COULD GIVE BETTER PREMIUMS IE. REDUCED FOR NON-SMOKERS AND THE MINISTRY OF HEALTH COULD COPY THE SAME PROGRAMS THAT THE PRIVATE LIFE INSURANCE COMPANIES ARE DOING.

THE HELPLINE ACTUALLY HELPS. THEY ALSO HAVE A STOP SMOKING PROGRAM AT THE HOSPITAL.

SET UP A KIOSK IN PHARMACIES.

SOME OF THE COMMERCIALS ARE A LITTLE TOO GRAPHIC, THEY ARE REALLY DISTURBING.

GOVERNMENT SHOULD BE MORE INVOLVED SUCH AS COVERING UNDER OHIP. IE, ZYBAN

I THINK IT SHOULD BE POSTED A LITTLE BIT MORE OF WHERE THE SERVICES ARE AND HOW TO HELP PEOPLE THAT COULDN'T AFFORD TO QUIT SMOKING OR THERE SHOULD BE SELF HELP GROUP,

THERE IS A NATURAL WAY TO QUIT BUT I HAVEN'T FOUND ONE YET. I HAVE A NATUROPATH ASSISTING ME TO FIND SOMETHING.

WE SHOULD MAKE SMOKING CIGARETTES ILLEGAL.

I WANTED TO QUIT AND THE SERVICES WERE THERE.

I THINK THEY ARE EASILY AVAILABLE

THE STOP SMOKING SERVICES HAVE BEEN INEFFECTIVE SO FAR

THE HELP TO QUIT SHOULD ALL BE FREE, MORE PEOPLE WOULD QUIT IF IT WAS

Appendix C

Health Care Provider Interview Guide

INTRODUCTION: Hello, my name is Leslie Binnington (or Dawn MacRae-Stevens) and I am a summer Masters of Public Health student (or Public Health Nurse) at Wellington-Dufferin-Guelph Public Health. I am working on an assessment of the tobacco cessation or quit smoking services and programs offered in the Wellington-Dufferin-Guelph area. I would like to ask you some questions about the types of tobacco cessation services and programs offered in the community, their reach, and what the strengths and weaknesses of these services and programs are. This interview will take approximately 30 minutes. The information you provide in this interview will be kept confidential and stored in locked filing cabinets and on password-protected and encrypted laptops. By participating in this interview, you will have the opportunity to contribute information that will help Public Health to develop strategies to improve the cessation services offered in the community.

Although there is a working relationship between your practice and Wellington-Dufferin-Guelph Public Health, there is no obligation to participate. You are free to withdraw from the interview at any time and you can choose not to answer any questions that you do not wish to answer. Your decision about whether or not to participate will not affect the services you receive from Public Health. I would like to include the information you share with me today in a report on ways to improve tobacco cessation services and programs in the community. Do you have any questions? (pause) Do you agree to participate in this interview? (informed consent)

Types of Available Services/Programs

1. Briefly describe the tobacco cessation services/programs that your organization offers.
   ***ALTERNATIVE** (If services are known to interviewer (e.g. STOP Program): I understand that you offer _____ service/program. Can you briefly describe this service/program?
   PROBE: Is there a cost associated with this service/program? Is there criteria to attend (e.g. age? Where individuals live?)? Do you offer free or subsidized NRT?
   PROBE: What are the strengths of your service/program? Weaknesses? Do you experience any challenges in providing your service/program?

Reach of Service/Program

2. Can you provide me with a rough idea of who attends this service/program?
   PROBE: Age? Gender? SES?
   The following groups of people have been identified as priority populations for smoking cessation. Do you see these populations in your service/program?
   Youth and young adults
   Aboriginal community
   People with a mental health diagnosis

People with low SES
LGBTTQQ community
New immigrants/refugees
Pregnant women

3. Can you provide me with an estimate of how many people attend this service/program monthly (or yearly)?
   ***ALTERNATIVE for FHT:** Approximately how many patients (who are smokers?) are rostered with your FHT? Do you have an idea of the percentage of rostered smokers that access the STOP program?

4. Do you feel that these services/programs are being well used? **If Yes** – can you explain? **If No** – why not?
   PROBE: Can you comment on attendance? Attrition?

5. Do you think there are any barriers to *accessing* this service/program? **If yes** – can you explain? Facilitators?

Effectiveness of Service/Program

6. Do you collect evaluation data of your service/program? **If Yes/No** – can you comment on participants' experience with this service/program?

7. We would like to get an idea of how effective this service/program is in helping people quit or reduce their smoking. Do you keep any client records on how many people have successfully quit smoking as a result of your service/program?

Types of Services/Programs in the Community

8. Are you aware of any workplaces in Wellington/Dufferin/Guelph that offer services/programs to help their employees quit smoking?

9. What services/programs do these workplaces typically offer? (Counseling, free/subsidized NRT/pharmacotherapy, self-help materials, support groups)
   PROBE: What are the strengths of these workplace services/programs? Weaknesses?

10. Are you aware of any other services/programs in the community that offer free or subsidized NRT? What about group quit smoking programs?
    PROBE: What are the strengths of these services/programs? Weaknesses?

Community Perspective

11. In thinking about the smoking cessation services/programs in Wellington/Dufferin/Guelph, can you comment on the following:
    a. Whether or not they are accessible?
    b. Whether or not they meet the needs of the community?

PROBE: In what ways could the services/programs be improved to better meet the needs of the community?
c. Whether or not they are successful?
d. Whether or not they are based on best practices?

12. Are there any services/programs that you think should be offered in the community but aren't?
PROBE: What barriers could you foresee in implementing these suggestions?

13. Do you think there are any groups of smokers in Wellington/Dufferin/Guelph that need tailored services/programs but do not have any? **If Yes** – what would these services/programs look like?
(Reminder for interviewer: list of priority populations)

Conclusion

14. How do you think Public Health could support you in your continued smoking cessation efforts?
(Note to Interviewer: distributing best practice literature, training, networking, internal policy development, program consultation – program development and evaluation)

15. Is there anything else that you would like to share about the smoking cessation services/programs that currently exist in Wellington/Dufferin/Guelph?

CONCLUSION: Thank you so much for taking the time to talk with me today. If you have any questions about this interview or decide after reflection that you would like to remove your comments, please feel free to contact Dawn MacRae Stevens at 1-800-265-7293 ext. 2637. The deadline to remove comments is August 1, 2015. If you are interested in the results of this assessment, you may email Dawn at dawn.macraestevens@wdgpublichealth.ca to request a copy of the final report. Alternatively, it will be available on the Wellington-Dufferin-Guelph Public Health website in the fall of 2015. Thanks again, and have a great day.

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