Evaluation of the Relevance and Design and Delivery of the Federal Tobacco Control Strategy (FTCS)

FINAL INTEGRATED FINDINGS REPORT

Submitted to:

Health Canada

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November 2006

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TABLE OF CONTENTS

Executive Summary ..... **iii**

Sommaire ..... **xi**

1. Introduction **1**

1.1 Description of the Strategy 1
1.2 Review Objectives and Issues 3
1.3 Methodological Approach 3
1.4 Organization of the Report 12

2. Relevance **13**

2.1 Tobacco-Related Health Risks 13
2.2 Continued Need for Tobacco Control 14
2.3 The Federal Tobacco Control Strategy 15
2.4 Role of the Federal Government 17
2.5 Role of the Federal Government Vis-à-vis other Partners 19
2.6 Continued Need for Tobacco Control: Areas of Greatest Need 21
2.7 Consistency of the FTCS with Other Organizations' Mandates 39
2.8 Consequences of Program Discontinuation 39
2.9 Relevance Summary 41

3. Program Design and Delivery **45**

3.1 Strategy Implementation 45
3.2 Strategy Targeting 48
3.3 Partner Support and Development 49
3.4 Stakeholder Satisfaction with Project-Based Funding Programs 53
3.5 Coordination 58
3.6 Duplication/Overlap 60
3.7 Performance Measurement 60
3.8 Design and Delivery Summary 61

4. Strengths, Challenges and Suggestions for Improvement **69**

4.1 Strengths 69
4.2 Challenges/Suggestions for Improvement 72

5. Review of Mass Media 77

5.2 Second Hand Smoke Campaign 83
5.3 Conclusions 88

6. Overall Conclusions 89

Appendix A: Evaluation Issues, Indicators and Data Sources
Appendix B: Manager Key Informant Interview Guide (English and French)
Appendix C: Manager Follow-up Interview Guide
Appendix D: Stakeholder Key Informant Interview Guide (English and French)
Appendix E: Stakeholder Survey Instrument (English and French)
Appendix F: General Public Survey Instrument (English and French)
Appendix G: Initial Sample Listing for Survey of Stakeholders
Appendix H: Detailed tables (under separate cover)

EXECUTIVE SUMMARY

Background, Issues and Methodology

- Launched in 2001, the Federal Tobacco Control Strategy (FTCS) sets out a 10-year agenda that ultimately aims to reduce the prevalence of smoking and tobacco-related illness and death through comprehensive, integrated and sustained efforts in a number of areas (e.g., research, public policies such as taxation, mass media). Health Canada, through its Tobacco Control Programme (TCP), has a leadership role in implementing the FTCS.
- The FTCS is mandated to provide evidence to the Treasury Board (TB) Secretariat (in the fall of 2006) about its progress at the mid-way mark of the Strategy. This review provides input into the TB submission. The scope of the evaluation, thus, concerns the first five years of the 10-year Strategy. This review study examined two key issue areas: relevance of the FTCS and design, implementation and delivery of the Strategy.
- The methodological approach to the study involved four components:
- Key informant interviews with program managers. A total of 23 program managers, including national headquarters and regional Health Canada staff, as well as representatives from other federal partner departments were interviewed for the study.
- Key informant interviews with stakeholders. A total of 22 stakeholders were interviewed as key informants in in-depth interviews. Stakeholders were selected from a list developed by TCP directors considered to be key representatives in the stakeholder community.
- On-line survey of stakeholders. To obtain feedback from a broad spectrum of FTCS stakeholders, an on-line survey was conducted. In total, 353 stakeholders organizations for whom valid contact information was available were invited to complete[1] the survey and 136 responded (for a response rate of 39 per cent).
- Telephone survey of the general public. A survey of 2,317 permanent residents of Canada, who are 15 years of age or older was conducted in August/September, 2005. The survey includes a total (oversample) of study 600 youth (between the ages of 15 and 19) and 800 smokers. (While a summary of the information from this survey can be found in this report, a full description of survey findings can be found under separate cover.)

[1] The listing for the survey was constructed from a Grants and Contributions database, existing contacts from the external relations group and stakeholders identified by TCP directors to be included in the survey, including NGO's, academics and representatives of the tobacco industry.

- Review of public opinion reports assessing recall and other measures related to 15 mass media campaigns undertaken since 2001.

Findings

Relevance

- The results of this evaluation point to overwhelming evidence that tobacco control has continued relevance in the current Canadian context. While smoking prevalence rates have declined, about 5 million people in Canada still smoke and the smoking prevalence is much higher in some sub-populations. While being cautious that vested interested is high, FTCS stakeholders strongly support continued tobacco control efforts in Canada (according to 91 per cent of stakeholders in the survey; higher when industry is excluded), especially reducing youth take-up of smoking, reducing smuggling, and reducing the number of smokers overall.
- The general public survey further confirms that Canadians believe tobacco poses a serious health risk, with 68 to 77 per cent of the public viewing smoking and second-hand smoke as very serious health issues (driven to some extent, however, by a significantly inflated estimate of the population that smokes). When about future federal activity in this area given declining smoking prevalence rates, two-thirds of Canadians say that tobacco control should continue to be a federal priority.
- While there are many players who have a stake in tobacco control, the federal government is seen by evaluation participants to have a necessary and legitimate role in this domain. The federal government was commended as playing an important and unique role in areas such as global initiatives, monitoring and surveillance research and coordination/equalization of provincial/territorial tobacco control efforts. Support for a federal role in tobacco control is corroborated by general public opinion data; more than half of Canadians believe that the federal government should be involved in tobacco control.
- The qualitative results (program manager and stakeholder respondent groups) indicated few concerns about duplication and overlap between federal activities undertaken by the FTCS and those of other jurisdictions (although it should be noted that surveyed stakeholders expressed more concern about this issue).
- There is some feeling among a few interview respondents that while the federal government may have a role in future tobacco control programming through the piloting and evaluation of demonstration projects, provinces may assume a greater role in tobacco control programming in the future given their closer links to the community.
- Overall, the FTCS as a guiding framework for federal investments in tobacco control was viewed by stakeholders and program managers as a generally appropriate mechanism to achieve objectives and having continued relevance. For many key informants and surveyed

stakeholders, the Strategy is itself a strength, by providing a national vision and enhancing the visibility of the issue. The Strategy commits the federal government to a significant and ongoing role in tobacco control, demonstrating the priority of this health challenge and fostering national attention and visibility around the issue. The comprehensive and integrated approach to tobacco control advocated by the Strategy is widely supported by evaluation respondents as the means for achieving expected outcomes.

- According to most evaluation participants, the components of the Strategy - protection, prevention, cessation and harm reduction - represent a holistic and sensible approach to tobacco control. However, while there is broad consensus around the appropriateness of protection, prevention and cessation, harm reduction does not generate the same convergence. While some support harm reduction as a way to address the health of current smokers, others object to its inclusion (often expressing a preference that denormalization be included as a component). Questions about the relative importance of harm reduction are corroborated in surveyed stakeholders' lower rated priority of this area compared to others.

Design and Delivery

- An overarching theme in the evaluation findings around design and delivery is the significant erosion in the amount of funds originally allocated to the Strategy due to an internal departmental reallocation of Strategy funds and the centralization of mass media dollars following the sponsorship scandal. Ultimately, the budget for the Strategy was less than half what was originally approved in the TB Submission.

- Despite the erosion of funds, the evaluation evidence points to many achievements during the first five years of the FTCS, including the (early) achievement of three of the four original objectives, as well as other highlights such as: Canada's leadership role in the International Framework Convention on Tobacco Control; supporting provincial and municipal activities in protecting Canadians from second hand smoke through funding of public education and programming at the local/regional level; provincial/territorial collaboration through the F/P/T Liaison Committee; defence of The Tobacco Act in two challenges by the tobacco industry; research and surveillance capacity (e.g., CTUMS is used extensively by governmental and non-governmental partners); and in the enforcement area, significant partnership development among the RCMP, CBSA and CRA through committee work, as well as liaison and common projects with US authorities (e.g., Bi-annual Tobacco Diversion Workshops).

- There is general consensus on the utility of having measurable objectives as a useful yardstick to track tobacco control progress and outcomes, with the provision that current objectives must be updated to reflect the evolving environment and be evidence-based. The objectives in the current Strategy turned out to be highly conservative for a number of reasons. Some stakeholders were critical of the "underpromise/overdeliver" thinking reflected in the underambitious objectives, arguing that they failed to build momentum and the early achievement of the objectives has inadvertently led to some feelings of complacency within

government about tobacco control. There was some suggestion from key informants to set more ambitious objectives for the next five years and that is may be useful to develop prevalence objectives for sub-populations such as Aboriginal people.

- While most stakeholders indicate support for current target groups (especially youth and Aboriginal people), few stakeholders (29 per cent according to survey results) are happy with the current balance within the FTCS between population-based strategies compared to targeted approaches. Surveyed stakeholders are more apt to say the Strategy needs to move toward more targeted approaches and program managers tend to agree with the need to diversify approached to address "hard to reach" groups (including lower SES, single mothers, urban Aboriginal people and Canadians with disabilities or mental illness). On the other hand, there are others who are wary of displacing population-based approaches (e.g., regulations, taxation) that reach the most numbers of smokers with expensive and highly targeted programming that impact small segments of smokers.

- The FTCS works through partnerships in a number of areas. The partnership with provinces and territories is accomplished through the FPT Liaison Committee, as well as at the level of regional HC offices. National NGOs are engaged through the Canadian Coalition for Action on Tobacco (CCAT). This partnership has historically been quite fractious and for its part, this tobacco control stakeholder community desires more ongoing "dialogue" and meaningful engagement to advance tobacco control. This sentiment is corroborated in the survey data. While satisfied with their project level partnerships, surveyed stakeholders provide only moderate ratings of Health Canada's effectiveness in building partner support.

- Despite the organizational consolidation of the program in 2001, staff turnover and lags in filling key management positions have contributed to stubborn weaknesses in coordination within TCP. According to some managers, the significant allocation to the Strategy and its growing size did not occur with sound management strategies and commensurate mechanisms for strategic planning, integration of activities/projects or even active information sharing. Coordination with FNIHB is also noted as a pressing issue. The Strategy's Aboriginal initiatives have lacked profile within the broader Strategy and within the stakeholder community. There was a common perception that the FNIHB component has not been well-integrated with the mainstream Strategy.

- Coordination across federal partners occurs in a number of different ways (e.g., bilateral meetings, an informal working level group), and there were mixed views as to their effectiveness. Some managers raised the possibility of a secretariat that would include senior level membership and broader representation of departments to improve coordination and the overall horizontal integration and synergy across the Strategy, though concerns about additional work burdens (voiced by others) would need to be addressed.

- For many funded organizations and for managers who are involved in administering contribution agreements and contract funding a key concern is delays. This is echoed in the survey data where, while stakeholders express satisfaction with the efforts of program staff,

they are much less impressed with the timeliness of departmental funding decisions which can and have had a negative effect on the implementation and outcomes of projects.

- The Strategy's RMAF has not been a "living" document to monitor the progress and outcomes of the program. Among federal level key informants, there is a reported need for some new approaches in defining indicators to enhance their link with activities and outputs and tracking systems to understand how the Strategy's funds have been spent in which areas, with what impacts. At the project level, federal informants also expressed a desire for a common minimum data set (akin to that used by the National Pilot Project which funded smokers' quit lines) to capture impacts of funded projects. For their part, stakeholders express a need for greater guidance in designing and implementing evaluations that will satisfy Health Canada's requirements and demonstrate results.

Mass Media

- The assessment of FTCS-sponsored national mass media campaigns produced mixed results. Strengths of the campaigns included high levels of recall, and feedback from the general public indicating the ads were generally believable and well-understood. However, the effectiveness of the campaigns was limited by their short timeframes (given conventional social marketing wisdom which calls for more sustained efforts) and the lack of dependable funding for this component. As well, the mass media efforts suffered from a lack of a comprehensive public opinion research plan. While research was conducted to inform the advertising creative and to assess recall following a campaign, the measures and methodologies were variable, thus limiting cross-campaign comparisons and relatively little evaluation was done of impacts of the campaigns on individuals' behaviour. The use of standardized measures within a comprehensive media strategy and public opinion research plan would provide a more robust analysis and address some specific gaps in the research.

Bottom Line

- Overall, managers, stakeholders and the general public support continued and significant efforts in the area of tobacco control in Canada and agree that the federal government has a necessary and legitimate role in this area. There are few among the general public (fewer than one in five) or among stakeholders (typically industry representatives) who would suggest that the federal government does not have a considerable role to play.
- The current framework for federal efforts in tobacco control – the FTCS – is perceived to have many strengths. The FTCS has contributed to and benefited from significant momentum in tobacco control over the last five years. The legacy of prior initiatives, efforts of other jurisdictions and even international visibility of the issue have reportedly together produced

notable changes in smoking prevalence in Canada over the past five years, as well as in other areas such as second hand smoke.

- While most evaluation respondents are positive about the Strategy and its general mandate and tenets (i.e., comprehensive, integrated), there is some feeling (expressed by many stakeholders and a few managers) that now, moving into the second part of its mandate, is the right time to examine the major pillars, overall objectives to be achieved and even target groups established for the FTCS. Stakeholders and managers both note that the current tobacco control environment has evolved and there is a desire to explore innovative ways of attaining results, and, in particular, reaching target groups. In particular, some believe that the harm reduction component has been vaguely formulated with few tangible results during the first five years, therefore the FTCS should be moving away from (or at least clarifying) its involvement in harm reduction, and venturing into the area of denormalization (of the tobacco industry, and therefore tobacco use). Although prevalent this is not a uniform opinion, and is the source of some debate in tobacco control.

- The Strategy is a significant initiative of considerable size. According to interviewed managers, strengthening performance measurement/financial systems and planning practices/priority setting that would allow the overall Strategy to maximize the efforts of its individual components.

- In terms of specific areas for improvement, stakeholders have pointed to the need for all parties involved in tobacco control to be more mindful of the strengths of all current partners. Specifically, references were made about working more closely together to establish clear roles and boundaries that take advantage of strengths and minimize duplication of effort. Additional efforts at reaching out to new (non-traditional) and currently under-utilized partners were also recommended. Stakeholders and managers alike emphasized the need for the FTCS to explore ways of taking greater advantage of the capacity and expertise that exists, both inside and outside of government, to maximize results.

- Related to this, there is concern about the degree of coordination and communications that exists within the FTCS, and between the Strategy, its partners and stakeholders. Many stakeholders in particular believe that more can be done to maximize the FTCS communication strategies. While viewing the Strategy positively overall (in what it is designed to do and what can be achieved), many are less than positive about the extent to which the FTCS consults with stakeholders, coordinates information about what it funds, or disseminates information (e.g., research results) that it collects. Similar improvements were also suggested with respect to the coordination across federal government departments and even between different areas of the Strategy itself.

- Significant concerns exist among stakeholders and some managers around difficulties in receiving timely approvals of funding and the one-year funding cycles imposed on projects funded under the FTCS. Stakeholders are fairly vocal about the extent to which these constraints impose significant pressure on them to conduct projects in a very restricted

timeframe (and excludes some projects from being funded). Other issues related to funding, such as the reporting requirements and evaluation, are areas of the Strategy that stakeholders believe should be reviewed in order to maximize results of the Strategy.

- Funding is also a concern (to a lesser extent) with respect to the FTCS's own activities that it undertakes (primarily pointing to mass media as the example). Some stakeholders believe that the funding cycle and need for annual approval of budgets restricts the potential for planning and launching long term (multi-year funded) mass media campaigns, and therefore, for achieving long terms objectives in this area.
- At least in the areas of mass media, evaluation of short and long-term impact must be measured in a uniform fashion that is informed by an overall plan for the component, individual campaigns and therefore public opinion research designed to measure the impacts of each. Evaluation of the impacts of any social marketing campaign that takes place in the public domain (where many variables exist and attribution is difficult), particularly in an initiative or program that is specifically designed to work in conjunction with (and build on) the efforts of other organizations. Nonetheless, without some type of overall evaluation framework for mass media and the individual mass media campaigns to guide the individual POR efforts, it is likely that impacts will be very difficult to assess.
- With regard to the three key areas for improvement indicated by informants in the study (i.e., collaboration and taking maximum advantage of expertise, communications and dissemination of information, and funding cycles), while it does not alter the reality of a need for changes within the FTCS to address these issues, it is nonetheless interesting to note that these same concerns have been widely expressed by many in the NGO community in other areas. This suggests that these pitfalls are not unique to the FTCS (or even to the areas of tobacco or health), but endemic to any larger government initiative or program designed that includes NGOs as its primary stakeholders.

SOMMAIRE

Aperçu général, enjeux et méthodologie

- Lancée en 2001, la Stratégie fédérale de lutte contre le tabagisme (SFLT) s'accompagne d'un échéancier de dix ans qui vise ultimement à réduire l'incidence du tabagisme et celle de la mortalité et des maladies associées au tabagisme au moyen d'efforts globaux, intégrés et soutenus dans divers domaines (p. ex., la recherche, les politiques gouvernementales dont la fiscalité, les médias). En vertu de son Programme de lutte au tabagisme (PLT), Santé Canada joue un rôle prépondérant dans la mise en œuvre de la Stratégie.
- La SFLT est tenue de fournir au Secrétariat du Conseil du trésor (CT) (à l'automne 2006) un compte rendu du progrès réalisé à mi-parcours de son mandat. Le présent examen s'inscrit dans le cadre de la présentation au Conseil du trésor. L'évaluation porte donc sur les cinq premières années de la Stratégie étalée sur dix ans. L'examen concerne deux aspects principaux, soit la pertinence de la SFLT de même que sa conception, sa mise en œuvre et sa prestation.
- L'approche méthodologique comportait quatre volets :
- Des entrevues avec des personnes-ressources, gestionnaires de programme. En tout, 23 gestionnaires de programme provenant de l'administration centrale et des bureaux régionaux de Santé Canada ainsi que de certains ministères fédéraux partenaires ont été interrogés dans le cadre de cette étude.
- Des entrevues avec des personnes-ressources, intervenants. En tout, 22 intervenants ont pris part à une entrevue en profondeur. Ces intervenants ont été sélectionnés d'après une liste, établie par les directeurs du PLT, de personnes connues comme porte-parole majeurs de leur milieu.
- Un sondage électronique auprès des intervenants. Afin de recueillir l'opinion d'une gamme étendue d'intervenants de la SFLT, 353 représentants d'organisations dont les coordonnées étaient connues ont été invités à répondre à un sondage en ligne[2] que 136 d'entre eux ont bien voulu remplir (pour un taux de réponse de 39 p. 100).
- Un sondage téléphonique auprès de la population en général. Ce sondage a été réalisé auprès de 2317 résidents permanents du Canada âgés de 15 ans et plus au cours des mois d'août et septembre 2005. Le sondage comportait (en suréchantillon) 600 jeunes (âgés de 15

[2] La liste en vue du sondage a été établie à partie de la base de données des Subventions et contributions, des personnes connues du groupe des relations externes et des intervenants que les directeurs du PLT souhaitaient voir répondre au sondage, notamment des ONG, des universitaires et des représentants de l'industrie du tabac.

à 19 ans) et 800 fumeurs. (Le présent rapport renferme un résumé des observations découlant du sondage mais un document distinct en donne les résultats détaillés).

- Un examen des rapports sur l'opinion publique qui évaluent le souvenir et d'autres mesures touchant 15 campagnes médiatiques entreprises depuis 2001.

Observations

Pertinence

- Les résultats de cette évaluation font ressortir de façon convaincante à quel point la lutte au tabagisme demeure pertinente dans le contexte canadien actuel. Bien que les taux de tabagisme aient diminué, il y a encore près de cinq millions de fumeurs au Canada et l'incidence du tabagisme demeure très élevée dans certaines sous-populations. Tout en reconnaissant la force des intérêts établis, les intervenants de la SFLT appuient fermement la poursuite des efforts de lutte au tabagisme au Canada (soit 91 p. 100 des intervenants du sondage, ce taux étant encore plus élevé si l'on exclut les représentants de l'industrie), en particulier ceux qui tendent à empêcher les jeunes de commencer à fumer, à réduire la contrebande et à réduire le nombre global de fumeurs.
- Le sondage auprès de la population en général confirme en outre que les Canadiens sont persuadés que le tabagisme met sérieusement la santé en danger puisque de 68 à 77 p. 100 des répondants perçoivent le fait de fumer et la fumée secondaire comme des problèmes de santé très sérieux (opinion due toutefois, dans une certaine mesure, à une estimation sensiblement exagérée de la population des fumeurs). En ce qui a trait à la poursuite des activités fédérales dans ce domaine, tout en tenant compte de la baisse des taux de prévalence du tabagisme, les deux tiers des Canadiens sont d'avis que la lutte au tabagisme doit demeurer une priorité du gouvernement fédéral.
- Bien que les intervenants qui ont un intérêt dans lutte au tabagisme soient nombreux, les répondants de l'évaluation estiment que le gouvernement fédéral a un rôle nécessaire et légitime à jouer à cet égard. On reconnaît le rôle important et unique en soi qu'il a exercé en matière, entre autres, d'initiatives globales, de contrôle et de surveillance de la recherche de même que de coordination et de répartition des efforts provinciaux et territoriaux dans la lutte au tabagisme. L'appui au rôle fédéral dans la lutte au tabagisme est corroboré par les données de l'opinion publique, selon lesquelles plus de la moitié des Canadiens croient que le gouvernement fédéral doit intervenir dans la lutte au tabagisme.
- Les résultats qualitatifs (provenant des réponses des gestionnaires de programme et des intervenants) révèlent peu d'inquiétude au sujet d'un dédoublement ou d'un chevauchement possibles entre les activités fédérales entreprises en vertu de la SFLT et celles d'autres autorités (bien que, soulignons-le, les intervenants de l'entrevue se montrent plus préoccupés à ce sujet).

- Certains (peu nombreux) de ceux qui ont participé à l'entrevue estiment que même si le gouvernement fédéral a un rôle à jouer dans la programmation future de la lutte au tabagisme, comme celui d'orienter et d'évaluer les projets pilotes, les provinces pourraient y exercer un plus grand rôle à l'avenir en raison de leurs liens plus étroits avec la collectivité.

- Dans l'ensemble, à titre de cadre de référence des investissements fédéraux dans la lutte au tabagisme, les intervenants et les gestionnaires de programme croient que la SFLT constitue de façon générale un mécanisme indiqué pour atteindre les objectifs établis et qu'elle demeure pertinente. Parmi les personnes-ressources et les intervenants interrogés, nombreux sont ceux qui perçoivent la force de la Stratégie pour ce qui est d'offrir une perspective nationale et de donner au problème une plus grande visibilité. La Stratégie oblige le gouvernement fédéral à exercer un rôle important et continu dans la lutte au tabagisme, à démontrer le caractère prioritaire de ce problème de santé de même qu'à concentrer l'attention de tous sur cette question et à lui donner une visibilité nationale. L'approche globale et intégrée que préconise la Stratégie en matière de lutte au tabagisme est fortement soutenue par les répondants de l'évaluation en tant que moyen d'atteindre les résultats attendus.

- De l'avis de la plupart des participants de l'évaluation, les éléments de la Stratégie - protection, prévention, cessation et réduction des méfaits – représentent une approche holistique et sensée à la lutte au tabagisme. Cependant, malgré le vaste consensus qui entoure la pertinence de la protection, de la prévention et de la cessation, la réduction des méfaits n'entraîne pas la même convergence. Alors que certains appuient la réduction des méfaits en tant que préoccupation envers la santé des fumeurs actuels, d'autres s'opposent à son insertion (en disant souvent préférer que cet élément soit remplacé par une «dénormalisation»). La remise en question de l'importance relative de la réduction des méfaits se trouve confirmée par la priorité plus faible que les intervenants y attribuent dans le sondage, comparativement aux autres éléments.

Conception et prestation

- Un thème se dégage constamment des résultats de l'évaluation en ce qui concerne la conception et la prestation de la Stratégie, soit l'érosion marquée des crédits qui lui ont été impartis à l'origine, en raison de la réaffectation de ces crédits au sein du ministère et de la centralisation des sommes destinées aux médias, dans la foulée du scandale des commandites. Si bien que le budget de la Stratégie s'élève à moins de la moitié des crédits qui avaient été initialement approuvés lors de la présentation au CT.

- Malgré cette érosion financière, l'évaluation fait ressortir de nombreuses réalisations au cours des cinq premières années d'existence de la SFLT, y compris l'atteinte (hâtive) de trois de ses quatre objectifs initiaux de même que d'autres faits dignes de mention, notamment : le leadership exercé par le Canada relativement à la Convention-cadre internationale sur la lutte

au tabagisme; l'appui aux activités provinciales et municipales en vue de protéger les Canadiens contre la fumée secondaire grâce au financement de programmes d'éducation populaire à l'échelle locale et régionale; la collaboration des provinces et des territoires au sein du comité de liaison FPT; la défense de la Loi sur le tabac lors de deux contestations judiciaires émanant de l'industrie du tabac; les mesures de recherche et de surveillance (p. ex., beaucoup de partenaires gouvernementaux et non gouvernementaux se servent de l'ESUTC); en matière d'exécution de la loi, la création d'importants partenariats entre la GRC, l'ASFC et l'ARC ainsi que la liaison et les projets communs avec les autorités américaines (p. ex., les Bi-annual Tobacco Diversion Workshops).

- Il existe un vaste consensus sur l'utilité d'avoir des objectifs mesurables afin de suivre de près les progrès et effets de la lutte au tabagisme, à condition de mettre à jour les objectifs actuels pour qu'ils reflètent l'évolution du contexte et soient fondés sur des données probantes. Les objectifs de la Stratégie actuelle se sont révélés très prudents pour diverses raisons. Des répondants ont déploré la tendance à promettre peu pour en donner plus qui se reflète dans les objectifs trop peu ambitieux, faisant valoir que ces objectifs n'ont pas donné l'élan nécessaire et que le fait d'atteindre rapidement certains d'entre eux a malheureusement suscité de la complaisance au sein du gouvernement à propos de la lutte au tabagisme. Quelques intervenants estiment qu'on devrait établir des objectifs plus ambitieux pour les cinq prochaines années et qu'il serait peut-être utile de fixer des objectifs de prévalence à l'égard de certaines sous-populations, notamment des Autochtones.

- Bien que la plupart des intervenants soient d'accord avec les groupes cibles actuels (surtout ceux des jeunes et des Autochtones), quelques-uns (29 p. 100 selon les données du sondage) approuvent dans la SFLT l'équilibre actuel entre les stratégies axées sur l'ensemble de la population et celles qui visent des groupes cibles. Dans les entrevues, les intervenants ont plutôt tendance à affirmer que la Stratégie doit s'orienter vers des approches ciblées tandis que les gestionnaires de programme tendent à être d'accord avec la nécessité de diversifier l'approche afin de viser les groupes «difficiles à rejoindre» (dont les personnes de niveau socioéconomique inférieur, les mères monoparentales, les Autochtones qui vivent dans les villes et les Canadiens handicapés ou ayant une maladie mentale). Par contre, d'autres s'inquiètent à l'idée de remplacer les approches visant la population en général (au moyen, par exemple, de la réglementation et de la fiscalité), qui rejoignent le plus grand nombre de fumeurs, par une programmation plus coûteuse et très ciblée qui n'atteindra que de petits segments de fumeurs.

- La SFLT fonctionne en partenariat dans plusieurs domaines. Le partenariat avec les provinces et les territoires s'exerce par le biais du comité de liaison FPT et, au niveau régional, par l'intermédiaire des bureaux régionaux de SC. Les ONG nationales travaillent au sein de la Coalition canadienne contre le tabac. Ce partenariat s'est toujours montré plutôt récalcitrant et cette collectivité d'intervenants qui luttent contre le tabagisme réclame un «dialogue» plus soutenu et un engagement plus significatif à faire progresser la lutte au tabagisme. Ce sentiment est corroboré par les données du sondage. Tout en se disant satisfaits du

partenariat au niveau de leurs projets, les intervenants de l'entrevue n'accordent qu'une note moyenne à Santé Canada pour son efficacité à susciter l'appui de ses partenaires.

- Malgré la consolidation de 2001 touchant l'organisation du programme, le roulement du personnel et la lenteur à combler certains postes de gestion essentiels ont contribué à la persistance des faiblesses dans la coordination du PLT. De l'avis de certains gestionnaires, l'affectation de crédits importants à la Stratégie et son expansion ne se sont pas accompagnées de saines stratégies de gestion et des mécanismes qu'auraient exigés une planification stratégique, l'intégration des activités et des projets, voire le partage en bonne et due forme de l'information. La coordination avec la DGSPNI laisse encore à désirer. Les initiatives de la Stratégie axées sur les Autochtones n'ont pas eu suffisamment de relief dans l'ensemble de la Stratégie et parmi les intervenants. L'impression de ne pas avoir assez bien intégré la DGSPNI comme élément de la Stratégie est plutôt répandue.

- La coordination des divers partenaires fédéraux s'accomplit de bien des façons (p. ex., rencontres bilatérales, groupes de travail non officiels) et il y a des divergences de vue quant à son efficacité. Des gestionnaires pensent qu'un secrétariat composé de responsables de niveau supérieur et qui représenteraient une gamme élargie de ministères pourrait renforcer la coordination de même que l'intégration horizontale et la synergie de l'ensemble de la Stratégie, mais il y a lieu de faire entrer en ligne de compte les craintes (soulevées par d'autres) d'une charge de travail encore plus lourde.

- L'une des préoccupations majeures de bon nombre des organismes subventionnés et des gestionnaires chargés du fonctionnement des ententes de contribution et du financement des contrats réside dans les retards. Cette préoccupation se dégage aussi des données du sondage où, malgré la satisfaction exprimée par les intervenants au sujet des efforts des préposés au programme, on note beaucoup moins de satisfaction quant à la prise en temps opportun des décisions ministérielles en matière de financement, au risque, comme cela s'est produit, de nuire à la mise en œuvre des projets et à leurs résultats.

- Le CGRR de la Stratégie n'a pas été un document «actif» pour ce qui est de surveiller de près la progression et les résultats du programme. Parmi les personnes-ressources au niveau fédéral, on note la nécessité de nouvelles approches en vue d'établir des indicateurs pour raffermir les liens avec les activités et leurs résultats, et des systèmes de surveillance pour mieux comprendre comment on a dépensé les fonds de la Stratégie, dans quels domaines, et quels en ont été les effets. Au niveau des projets, les répondants fédéraux aimeraient aussi pouvoir compter sur un ensemble de données minimales (semblables à celles du projet pilote national qui a financé les lignes téléphoniques pour aider les fumeurs à cesser de fumer) afin de mieux cerner les effets des projets subventionnés. Les intervenants, quant à eux, expriment le besoin d'être mieux orientés dans la conception et la réalisation des évaluations, de manière à répondre aux exigences de Santé Canada et à faire ressortir leurs résultats.

Les médias

- L'évaluation des campagnes médiatiques nationales parrainées par la SFLT donne des résultats variables. Comme points forts de ces campagnes mentionnons, entre autres, qu'il en reste des souvenirs précis et que, de l'avis du public, les messages étaient crédibles de façon générale et ils ont été bien compris. Cependant, l'efficacité des campagnes a souffert de leur courte durée (la tradition voulant, en marketing social, des efforts davantage soutenus) ainsi que d'un manque de financement assuré pour ce volet de la Stratégie. Les efforts médiatiques n'ont pas bénéficié non plus d'un plan global visant la recherche sur l'opinion publique. Il y a eu des travaux de recherche portant sur la création publicitaire et d'autres pour évaluer le souvenir laissé par une campagne, mais les mesures et la méthodologie ont été variables, ce qui a limité la comparaison des campagnes entre elles, et il s'est fait relativement peu d'évaluation quant aux effets des campagnes sur le comportement des individus. L'emploi de mesures standardisées dans le cadre d'une stratégie médiatique globale et d'un plan de recherche sur l'opinion publique permettrait une analyse plus robuste et pourrait combler certaines lacunes dans le domaine de la recherche.

Le bilan

- Dans l'ensemble, les gestionnaires, les intervenants et la population en général sont en faveur d'efforts soutenus et significatifs en matière de lutte au tabagisme au Canada et s'accordent à dire que le gouvernement fédéral a un rôle nécessaire et légitime à jouer dans ce domaine. Il n'y a pas beaucoup de personnes parmi l'ensemble des citoyens (moins d'un sur cinq) ou parmi les intervenants (et il s'agit surtout de porte-parole de l'industrie) qui estiment que le gouvernement fédéral n'a pas un rôle considérable à jouer.
- On reconnaît au cadre actuel de l'apport fédéral à la lutte au tabagisme – la SFLT – de nombreux points forts. La SFLT a donné à la lutte au tabagisme au cours des cinq dernières années un vigoureux élan dont elle a aussi profité. On estime que le legs des initiatives antérieures, les efforts accomplis à d'autres niveaux et même la visibilité du problème à l'échelle internationale ont eu des effets remarquables sur l'incidence de l'usage du tabac au Canada ces cinq dernières années ainsi que sous d'autres aspects dont celui de la fumée secondaire.
- Bien que la majorité des répondants de l'évaluation voient d'un œil positif la Stratégie ainsi que son mandat principal et certains de ses aspects (comme son caractère global et intégré), le moment semble être venu (comme le pensent plusieurs intervenants et quelques gestionnaires), à l'aube de la seconde partie de son mandat, de revoir les grands piliers de la SFLT, ses objectifs généraux à atteindre et même ses groupes cibles tels qu'établis. Les intervenants aussi bien que les gestionnaires font remarquer que le contexte de la lutte au tabagisme a maintenant évolué et qu'il faudrait chercher des façons innovatrices d'obtenir des résultats et, en particulier, de rejoindre les groupes cibles. Entre autres, certains sont d'avis

que le volet réduction des méfaits a été formulé da manière imprécise et n'a pas produit beaucoup de résultats tangibles au cours des cinq premières années, de sorte que la SFLT devrait délaisser son engagement envers la réduction des méfaits (ou du moins le préciser), pour se lancer dans le domaine de la «dénormalisation» (de l'industrie du tabac et, par conséquent, de l'usage du tabac). Quoique populaire, cette opinion n'est cependant pas uniforme et fait l'objet d'un débat dans la lutte au tabagisme.

- La Stratégie est une initiative importante et de grande envergure. Selon les gestionnaires interrogés, l'un de ses points faibles tient jusqu'à maintenant au fait que sa mise en ouvre n'a pas été suffisamment soutenue par des stratégies de gestion efficaces, des systèmes financiers et de mesure du rendement, une planification et un établissement des priorités qui auraient permis, dans l'ensemble, de tirer le maximum des efforts accomplis par les divers éléments de la Stratégie.

- En ce qui concerne les aspects précis à améliorer, les intervenants signalent la nécessité pour toutes les parties engagées dans la lutte au tabagisme de mieux tenir compte des points forts de tous les partenaires actuels. Ils font ressortir, en particulier, le besoin d'une collaboration plus étroite afin de délimiter les rôles et les frontières de manière à tirer profit de tous les points forts et à réduire au minimum les dédoublements. Ils recommandent aussi de faire des efforts supplémentaires pour rejoindre de nouveaux partenaires (non traditionnels) et les partenaires actuels qui sont sous-utilisés. Intervenants et gestionnaires insistent sur la nécessité que la SFLT examine d'autres moyens de tirer un meilleur parti des aptitudes et spécialisations existantes, tant à l'intérieur qu'à l'extérieur du gouvernement, afin d'optimaliser les résultats.

- Dans le même ordre d'idées, on s'inquiète quant au degré de coordination et de communication au sein de la SFLT et entre elle ainsi que ses partenaires et intervenants. En particulier, beaucoup d'intervenants croient qu'on peut en faire davantage pour maximiser les stratégies de communication de la SFLT. Même s'ils voient d'un œil favorable la Stratégie dans son ensemble (quant à ce qu'elle est sensée faire et ce qu'il lui est possible d'atteindre), plusieurs sont moins positifs en ce qui concerne la mesure avec laquelle la SFLT consulte les intervenants, coordonne l'information touchant ce qu'elle subventionne ou diffuse l'information (p. ex., les résultats de la recherche) qu'elle recueille. On propose des améliorations semblables au sujet de la coordination entre les ministères fédéraux, voire entre les divers éléments de la Stratégie elle-même.

- Les intervenants et certains gestionnaires se disent très préoccupés par la difficulté à faire approuver à temps les demandes de financement et par le cycle d'une seule année imposé au financement de projets en vertu de la SFLT. Les intervenants s'expriment assez clairement sur les graves pressions qu'ils subissent du fait que ces contraintes les obligent à réaliser leurs projets à l'intérieur d'un délai très rigoureux (et qu'elles empêchent le financement de certains projets). D'autres aspects du financement, comme les exigences touchant l'établissement des rapports et les évaluations, sont de l'avis des intervenants des domaines de la Stratégie qu'il y a lieu de réviser pour tirer le maximum de résultats de la Stratégie.

- Le financement pose aussi un problème (quoique moindre) en ce qui a trait aux propres activités que la SFLT entreprend (le principal exemple étant celui des médias). Quelques intervenants estiment que le cycle de financement et l'obligation de faire approuver annuellement les prévisions budgétaires nuisent à la possibilité de planifier et de lancer des campagnes médiatiques à longue échéance (à financement pluriannuel) et, par conséquent, à l'atteinte d'objectifs à long terme dans ce domaine.

- En ce qui concerne tout au moins les médias, l'évaluation des effets à court et à long termes doit être mesurée de façon uniforme, à l'aide d'un plan d'ensemble pour l'élément visé et les campagnes individuelles et, donc, par une recherche sur l'opinion publique conçue pour mesurer les effets de chacun. Il importe d'évaluer les effets de toute campagne de marketing social du domaine public (où les variables sont nombreuses et l'attribution est difficile), en particulier lorsqu'il s'agit d'une initiative ou d'un programme conçu précisément pour se dérouler conjointement avec les efforts d'autres organisations (et qui doivent s'en inspirer). Quoi qu'il en soit, sans un certain cadre d'évaluation des campagnes médiatiques en général ou de campagnes médiatiques particulières en vue d'orienter les efforts pour en rendre compte, leurs effets risquent d'être très difficiles à évaluer.

- Pour ce qui est des trois aspects qu'il y aurait surtout lieu d'améliorer, de l'avis des répondants (soit la collaboration et la nécessité de profiter au maximum des connaissances des autres, les communications et la diffusion de l'information ainsi que les cycles de financement), sans que cela n'altère la nécessité d'apporter des changements au sein de la SFLT afin de régler ces questions, il est néanmoins intéressant de mentionner que beaucoup d'ONG ont largement exprimé les mêmes préoccupations dans d'autres domaines. Cela laisse entendre que ces lacunes ne sont pas exclusives à la SFLT (ou même au domaine du tabagisme ou de la santé) mais qu'elles sont endémiques lorsqu'il s'agit d'une initiative ou d'un programme gouvernemental d'envergure où les ONG figurent parmi les principaux intervenants.

1. INTRODUCTION

Launched in 2001, the Federal Tobacco Control Strategy (FTCS) sets out a 10-year agenda that ultimately aims to reduce the prevalence of smoking and tobacco-related illness and death through comprehensive, integrated and sustained efforts in a number of areas (e.g., research, public policies such as taxation, mass media). Health Canada, through its Tobacco Control Programme (TCP), has a leadership role in implementing the FTCS.

Health Canada has commissioned this study to evaluate the relevance, design and delivery of the Strategy. The purpose of this *Final Integrated Findings Report* is to present findings from the study.

1.1 DESCRIPTION OF THE STRATEGY

The FTCS was announced on April 5th, 2001 as a major step in enhancing the Government's tobacco control measures. It built on successful interventions with similar aims launched in 1994 (Tobacco Demand Reduction Strategy) and 1997 (Tobacco Control Initiative), as well as on government efforts in other Canadian jurisdictions and elsewhere in the world. The FTCS's vision is to significantly reduce disease and death due to tobacco use. Its objectives are as follows:

- To reduce smoking prevalence to 20 per cent from the 1999 level of 25 per cent;
- To reduce the number of cigarettes sold by 30 per cent;
- To increase retailer compliance regarding youth access to tobacco from 69 per cent to 80 per cent;
- To reduce the number of people exposed to environmental tobacco smoke in enclosed public spaces; and
- To explore how to mandate changes to tobacco products to reduce health hazards.

Another major focus of the Strategy is to work with First Nations and Inuit Canadians in their communities and on reserves, as smoking prevalence is high in these areas. This is being done through the First Nation and Inuit Prevention and Cessation Initiative.

Though the majority of funding is the responsibility of Health Canada, monies are distributed among a number of other federal departments and agencies. These are: Public Safety and Emergency Preparedness Canada (previously the Department of the Solicitor General); The Royal Canadian Mounted Police; The Department of Justice; and The Canada Customs and Revenue Agency.

The FTCS is comprised of four mutually reinforcing components:

- ***Protection:*** The focus here is on creating an environment (physical, legal and regulatory) that supports non-smoking as the norm in Canada. Activities related to this component include working to reduce the number of people involuntarily exposed to smoke in enclosed public spaces, providing tools and resources to assist municipalities with their non-smoking by-laws, ensuring compliance with federal regulation, particularly as it relates to tobacco sales to youth, research to provide supporting evidence, and defence of the Tobacco Act and the Government's position in tobacco-related litigation.
- ***Prevention:*** Prevention efforts are aimed at discouraging people, youth in particular, from taking up smoking. These efforts consist of such activities as youth education and engagement programs, best practices research, taxation, and collaboration with provinces.
- ***Cessation:*** This component aims to help people quit smoking. To that end, the Department works with other stakeholders to address the need for a national "systems approach" to cessation, undertakes "best practice" reviews with NGOs and other levels of government to provide best approaches in the area of cessation, and works with other stakeholders to provide Canadians with services such as telephone quit line counselling services.
- ***Harm Reduction:*** Because some smokers will continue to smoke despite efforts to encourage quitting, this component is focussed on reducing the health hazards of tobacco products to the greatest extent possible. Therefore, the harm reduction piece explores ways to mandate changes to tobacco products to reduce hazards to health through collaboration with other countries to ensure that any changes to tobacco products reduce negative health impacts, and aiming to reduce the health hazards of tobacco products by ensuring that misleading information is not provided to consumers.

The activities summarized above are complemented by mass media and public education campaigns. These campaigns target Canadians of all ages, but there is special emphasis on youth and other high-risk populations. These campaigns make use of the full range of media, including the Internet. National campaigns are supported and reinforced by initiatives funded through contribution agreements at the community and regional levels.

The success of the Strategy depends not only on the actions of the federal government, but also other levels of government; therefore it emphasizes collaboration between all these stakeholders. This is particularly important, given that many provinces and territories have their own tobacco control strategies. Health Canada's national and regional offices are committed to building and supporting capacity for action.

The federal government planned to invest $560 million in the Strategy over five years — almost five times the investment that was made in the previous initiative. Of this, over $421 million was allocated to Health Canada. However, during the first five years of the Strategy the funds originally allocated to the Health Canada component of the Strategy were eroded due, in part, to Departmental reallocation to other priorities, as well as the centralization of the administration of the Strategy's mass media funds. Table 1 summarized the TCP budgets and expenditures during the first five fiscal years of the program.

Table 1: Health Canada – Initial Budget Allocation (TB Submission), Budget and Actual Expenditures by Fiscal Year

Year	Initial Budget Allocation (TB Submission)	Budget	Actual Expenditures
FY 01/02	$54,483,000	$52,346,975	$49,058,505
FY 02/03	$84,333,000	$57,768,001	$55,917,350
FY 03/04	$84,255,000	$60,177,247	$54,059,375
FY 04/05	$99,218,000	$41,348,086	$40,344,122
FY 05/06	$99,218,000	$40,428,789	$40,428,789
Total	$421,508,000	$252,069,098	$239,808,141

1.2 Review Objectives and Issues

The FTCS is mandated to provide evidence to the Treasury Board (TB) Secretariat (in the fall of 2006) about its progress at the mid-way mark of the Strategy. This review provides input into the TB submission. The scope of the evaluation, thus, concerns the first five years of the 10-year Strategy. This review study examined two key issue areas: relevance of the FTCS and design, implementation and delivery of the Strategy. A matrix of questions and data sources for the overall evaluation study is included in Appendix A.

1.3 Methodological Approach

An initial review of documents was conducted as part of this evaluation to develop a thorough understanding of the FTCS and to contribute to addressing some of the evaluation issues. The types of documents reviewed for this study included the original TB submission, operational plans and annual reports. The other lines of evidence for the evaluation are described below.

a) Interviews with FTCS Managers

Key informant interviews with 29 program managers, included national headquarters and regional Health Canada staff, as well as representatives from other federal partner departments. The Federal Tobacco Control Strategy (FTCS) evaluation team provided a list of names for inclusion in interviews. The rationale for selecting the individuals on the list involved a consideration of tenure and

experience with different aspects of the program. The list includes representation from each of the TCP Offices, TCP regional offices, internal Health Canada partners and external FTCS partners (i.e., other federal departments), with representation of senior management (i.e., Director General and Assistant Deputy Minister level) at the time of both the design of the program as well as its ongoing delivery. Finally, a select number of specific individuals were added to the list who have particular insights into specific aspects of the operation and management of the program (e.g., program planning and budgeting). In the cases of many of these selections (e.g., regional representation) multiple individuals could have been selected for the interview. In these situations, recommendations were sought from several individuals with a strong knowledge of the strategy and choices were made with a view to ensuring that participants would cumulatively be able to speak to the management and operation of the FTCS through all three phases (design, implementation and delivery) of the strategy to date.

Interview questions were developed to capture qualitative data to address the evaluation issues to which managers would be able to speak. The questions asked of managers primarily related to the design and delivery portion of the evaluation matrix, but several relevance questions were asked. The manager responses to questions of relevance are not included in the following discussions of relevance, as the opinions of FTCS managers as to the relevance of the Strategy contains an obvious bias. Key informants were initially contacted by phone or e-mail and were provided a copy of the interview guide to enable them to prepare for the interview. All interviews were carried out in the official language of choice of the key informant, typically by telephone. Interviews were conducted during late May and early June and were between 45 and 90 minutes in duration. A copy of the interview guide is included in Appendix B.

Following an analysis of the material collected in these interviews, it was determined that there were several areas that needed some further clarification/probing. In order to target these specific areas another, shorter, interview guide was developed and an additional six interviews were conducted with FTCS managers. These individuals were selected to specifically speak to particular issues and were chosen on their experience/knowledge of these items. These interviews were between 30 and 60 minutes in duration. A copy of the interview guide is included in Appendix C.

The management practices review is based on a qualitative methodology, with the respondent group being key informants within government who are familiar with the Strategy. While interviewees were highly knowledgeable in many respects, their views are informed by the timing of their involvement with the Strategy and the capacity in which they worked. Many managers did not have detailed recall of the original TB submission or were not well-versed about aspects of the Strategy with which they were not directly involved. As a result, in some areas (e.g., governance and funding structures) only a subset of interviewees could comment.

With respect to reporting, given the qualitative nature of the interview data, the results are presented in a format that uses qualifiers rather than percentages. For the sake of consistency, qualifiers such as “small number”, “minority” or “few/” or “several” refer to two to four respondents. Qualifiers such as “some” or “many” refer to more than four but less than half of respondents. “Most” refers to more than half of

respondents. These qualifiers are used in the place of actual percentages in order to provide some level of specificity, without suggesting a level of precision that is not inherent in the responses[3].

b) Stakeholder Interviews

A total of 22 stakeholders were interviewed as key informants in in-depth interviews. "Key" stakeholders to be interviewed were identified by all TCP directors. This input was used to create a list from which the interviewees were selected from, with organizational duplication removed, as well as industry representatives, as it was considered that these individuals would be better represented in the stakeholder survey. Interview questions were developed to capture qualitative data to address the evaluation issues, tailored to this respondent group. Key informants were initially contacted by phone or e-mail and were provided a copy of the interview guide to enable them to prepare for the interview. All interviews were carried out in the official language of choice of the key informant, typically by telephone. Interviews were required between 50 and 70 minutes to conduct. A copy of the interview guide is included in Appendix D.

Like the findings from the key informant interviews with managers, the stakeholder interview results are presented in a format that uses qualifiers rather than percentages.

c) Stakeholder Survey

To obtain feedback from a broad spectrum of FTCS stakeholders, an on-line survey was conducted (see Appendix E for the survey instrument). In order to gather a list of stakeholders to contact Health Canada provided a listing of 432 organizations culled from a Grants and Contributions recipient database, existing contacts from the external relations group and stakeholders identified by TCP directors to be included in the survey. This included not only NGO's, academics and others judged in a post-survey coding process conducted by the consultant to have a central mandate of tobacco control, but also organizations focused in other areas (e.g., general health, education, etc) that are involved in some way in tobacco control. Further, a number of representatives of the tobacco industry (including, for example, manufacturers, retailers and labour representatives of the industry) these contacts were gathered from the Office of Regulations and Compliance, which has frequent contact with the industry through the enforcement of the Tobacco Reporting Regulations and the development of new regulations, including receiving feedback from consultation documents.

It is important to note that while there may be thousands of organizations in Canada that are involved in the tobacco issue, the listing of 432 organizations was comprised on the basis of organizations receiving grants and contributions, and those organizations that are in contact with program managers of

[3] Two elements prevent precise quantification of the responses: there are too few cases to have any real confidence in precise percentages, and, responses provided in the interviews are general explanations, not answers selected from specific categories lists that are designed to provide uniformity (that be collated to provide specific percentages of exactly the same response in the analysis).

the FTCS. The researcher has no way of assessing the extent to which the organizations provided in the listing are (or are not) representative of the wider population of organizations involved in tobacco in Canada.

Of the 400 or so organizations in the initial listing, e-mail addresses and a primary contact could be found for 353, following telephone verification and removal of duplicates. Follow-up reminders (two by e-mail and one by telephone) were used to boost the participation rate. Appendix G provides a listing of organizations invited to participate in the survey. A total of 136 stakeholders responded to the survey for a final response rate of 39 per cent (based on the return rate of 136 out of the 353 stakeholders).[4] The response rate was as low as 30 per cent among industry representatives and as high as 52 per cent among tobacco control stakeholders (with the more general, third group of stakeholders responding 36 per cent of the time). It should be noted that the survey took place during the months of June and July[5], when many representatives of these organizations (particularly academics) might have been away.

Of the 136 stakeholder organizations, 19 were industry representatives, 39 have tobacco control as their primary mandate, and 78 have a primary mandate other than tobacco control. It is difficult to gauge the degree to which these 136 opinions accurately reflect the views of all of the organizations in the broader tobacco landscape[6]. As a result a margin of error associated with the responses cannot be provided, as there is no way of assessing the representativeness (and therefore accuracy) of the responses in reflecting the wider population of organizations involved in the tobacco issue. Similarly, any sub-group differences in results reported in the document are based on substantive judgement, rather than statistical testing of differences.

Although a full sample frame of the population is not available by which to assess the representativeness of survey respondents, the final sample was assessed against the initial list supplied by Health Canada. Based on a comparison of the final survey sample and initial sample, the stakeholder survey results were weighted on the basis of funding status (given an overrepresentation of organizations funded by the FTCS compared with the initial listing provided owing to a higher response rate among funded organizations compared to non-funded – 45 and 31 per cent respectively).

Table 2 presents a profile of the FTCS stakeholders who responded to the survey. The largest proportions of stakeholders in the survey reported themselves to be nongovernmental organizations (26 per cent) and health institutions (18 per cent). Academic organizations and professional associations represent a small minority of the stakeholder sample (seven and six per cent, respectively). Private industry, including organizations involved in tobacco sales and production, make up about 14 per cent of responses to the

[4] Beyond the initial 7 duplicate listing that were removed, the initial listing also contained several instances where multiple offices or divisions of the same organization were listed (but with different contact names). In a few cases, these organizations with multiple listings elected to complete one survey on behalf of the entire organization, thus reducing the original number of eligible stakeholder organizations.

[5] The survey was tested mid-June and initiated June 28, with reminders spaced once per week. The survey was concluded on August 1.

[6] A full (alphabetical) listing of the organizations included in the initial listing of the survey is provided as Appendix G.

survey sample. In the "other" category are mostly coalitions of governmental and non-governmental organizations who are represented in the survey.

The reported scope of operation among stakeholder organizations responding to the survey is quite evenly divided among provincial (33 per cent), national (26 per cent) and regional/community-based (25 per cent). One in ten stakeholder organizations responding to the survey operate internationally. The variability in organizations' scope of operations is reflected in a broad spectrum in organization size (while 15 per cent of stakeholder organizations have less than 10 employees 18 per cent have 100 or more).

About six in ten stakeholder organizations that responded to the survey have received funding through the Strategy. With respect to tobacco, responding organizations are most often dedicated to reducing youth take up of smoking (55 per cent), reducing the prevalence of smoking (55 per cent) and/or reducing exposure to second-hand smoke (SHS) (53 per cent). The "other" category includes mandates related to, for example, research and evaluation, litigation and international work. The general public is the common target audience of responding stakeholder organizations (68 per cent), followed by youth (55 per cent), smokers (51 per cent); researchers/health professionals (47 per cent) and young adults (44 per cent).

Table 2: Profile of Responding Stakeholder Organizations

	Per cent
Received Funding from FTCS	62
Size of Organization (by Employees/Budget – partial sample n=76)	
Less than 10 employees	27
10-30 employees	21
31-100 employees	20
101-500 employees	18
More than 500 employees	14
Size of Organization (by Employees/Budget – partial sample n=60)	
$100,000 or less	14
$100,000-$1,000,000	7
More than $1,00000,000	20
DK/NR	59
Scope of Organization	
International	10
National	26
Provincial	33
Regional/community	25
DK/NR	6

	Per cent
Nature of Organization	
NGO	26
Health institution	18
Academic	7
Professional association	6
Tobacco sales	6
Private industry	5
Tobacco production	3
Other	22
DK/NR	6

Readers should note that results are presented for the overall sample of survey respondents. Additionally, where responses between key stakeholder segments (e.g., industry representatives, tobacco control stakeholders, and other stakeholders, or funded versus non-funded stakeholders) are substantively different, these also are noted. Where no such sub-group differences are described, the reader may assume that differences are limited.

d) General Public Survey

This particular component of the evaluation was designed to gather information from the general public about the continued relevance of, and need for, the FTSC, as well as to address questions about the role of the federal government efficiency and partnerships with others. The survey also explores public perceptions of the right emphasis or mix on efforts to reach the overall population of Canadians versus more dedicated efforts to reach specific audiences.

The survey of the general public examined the following areas:

- Is tobacco control still viewed as an important and appropriate area for the federal government to be involved in? Is it perceived to serve the public interest? Does the public see a continued need?
- Awareness in the public of federal efforts at tobacco control (and the general trends regarding incidence of smoking in general).
- Is the role that the federal government is now playing seen as a useful and appropriate one?
- What type of involvement and responsibility does the public see for other tobacco partners? What kinds of organizations does the public believe that the federal government should be involved with/creating partnerships with? For what activities and in what capacities?

The survey included a total of 2,317 completed interviews with Canadians over the age of 15 (see Appendix F for the questionnaire). Residents of all provinces and territories were included. This survey also included an over-sample of youth and smokers. The total number of youth is 600 cases, while there are

800 smokers in the survey. The survey was conducted, by telephone, largely in late July and the first half of August 2006, although an additional 300 of the 600 youth cases (and of the total 2,317 cases in the survey file) were added in the first half of September. Telephone numbers were selected using a random digit dial (RDD) process to select households. No specific effort was made to randomize the selection of the respondent within the household. The interview required an average of 12 minutes to administer, with trained, bilingual interviewers. The participation rate in the survey was 33 per cent. Twenty to 25 per cent is a typical rate of participation for a national public opinion survey.

The survey was registered with the Canadian Survey Registration Centre (CSRC). Potential respondents were also given the EKOS Research toll-free number. Fieldwork for this project was conducted by highly trained interviewers. Throughout the data collection, survey supervisors continuously monitored interviewing to ensure consistency of questionnaire administration and interviewing techniques. Up to eight call-backs were made to each member of the sample for which initial attempts at contact were unsuccessful. Follow-up calls were made on subsequent days, at varying time periods to maximize the potential for reaching a given respondent. Appointments were made for respondents wishing to reschedule a survey. Daily records were kept of all calls made, whether successful (i.e. interviews completed or appointments made) or not.

Overall survey results were weighted in the analysis to reflect population proportions in terms of gender, age, region and smoking status. In the analysis of the findings[7], results are reported overall as well as by key demographic and attitudinal sub-groups for the population overall, as well as among youth and smokers specifically. Some multivariate analysis was also conducted in an attempt to better understand how attitudes coalesce, as well as to isolate primary predictors of key outcome variables (e.g., support for a strong federal role in tobacco control).

In the report, the term “youth” described Canadians under the age of 20. Smokers include all individuals who reported that they smoke tobacco products on a regular or occasional basis. The following table provides the sample sizes for major demographic groups used in the analysis, along with the associated margin of error for each segment[8]. It should be noted that while test of sub-group differences and linkages across variables in the survey file were exhaustive, only those that are significant at the .05 level or better (and are considered substantively of interest and significant) are described in the report.

A summary of the survey findings are included in this report, however, a full description of all survey findings can be found under separate cover (along with technical appendices, including a detailed set of findings).

[7] Two statistical packages were used in the analyses. StatXp, the companion software to the data collection software Interviewer, was used to create banner tables for the analysis. SPSS was used for some multivariate analysis.

[8] The margin of error is a measure of the accuracy of the results. The margin of error indicates how far the survey’s results can stray from the true value in the entire population (i.e., the finding will be accurate to within a certain number of percentage points 19 times out of 20), in each of the segments listed.

Table 3: Profile of Survey Respondents and Margin of Error by Sub-Group

	(n)	Margin of Error*
Overall	**2,317**	**2.0**
Smoking Status		
Smoker	800	3.5
Non-smoker	1,517	2.5
Age		
Under 20	600	4.0
20-24	325	5.4
25-44	494	4.4
45 or older	886	3.3
Region		
British Columbia	294	5.7
Alberta	232	6.4
Saskatchewan & Manitoba	220	6.6
Ontario	884	3.3
Quebec	457	4.6
Atlantic Provinces	230	6.5
Gender		
Male	962	3.2
Female	1,355	2.7
Education		
High school or less	1,163	2.9
College /Some post-secondary	523	4.3
University graduate or higher	606	4.0
Income		
Less than $20,000	230	6.5
$20,000-$49,000	568	4.1
$50,000-$79,000	416	4.8
$80,000-$99,000	171	7.5
$100,000 or more	261	6.1

* Calculated at the 95 per cent confidence level. That is, the overall are considered accurate to within $\pm$ 2.0 per cent nineteen times out of twenty.

e) Review of Mass Media – Public Opinion Reports

The mass media campaigns were designed to address two core issues: the reduction of overall levels of smoking through prevention and cessation, and the reduction of exposure of non-smokers to SHS, especially among vulnerable populations such as children. During the period of interest (2001-2 to 2004-5) the Tobacco Control Programme (TCP) undertook 15 separate national mass media campaigns as part of the FTCS. Most of the 15 campaigns were accompanied by public opinion research designed in part to assess their success, though sometimes also, apparently, to measure behaviour, attitudes or policy views independent from their relationship to a specific ad campaign.

The objectives of this study were to:

- Examine the public opinion research data to assess the overall effectiveness of national mass media campaigns in meeting the objectives of the FTCS;
- Collate materials that together form an inventory of the national mass media campaigns and related public opinion research;
- Describe the types of campaigns, their objectives, key messages and target audiences;
- Describe the types of public opinion research associated with these campaigns, including objectives, the methodologies employed, and key findings;
- Identify best practices as well as cautionary lessons revealed by the public opinion research;
- Where possible, draw conclusions about whether the individual campaigns met their project objectives;
- To identify any gaps in the information necessary to assess the campaigns.

A review was conducted of 57 public opinion research reports that were provided to us by the department, out of more than 60 that were undertaken in connection with the national mass media campaigns in the period under review.

An inventory of national mass media campaigns and associated public opinion research prepared for the Gomery Commission was also made available for this review. These documents provided data such as campaign dates, objectives, target audiences, media, and evaluation studies including mainly public opinion research.

In addition, documents relating to the objectives of the FTCS and its mass media objectives were also reviewed. Finally, during the key informant interviews, managers were asked their opinions about the effectiveness of the national mass media campaigns.

1.4 ORGANIZATION OF THE REPORT

The report is organized into seven chapters. The second chapter presents findings pertaining to the issue of relevance, focusing particularly on the continued need for tobacco control efforts in Canada and the role of the federal government in tobacco control. Chapter three explores issues related to the design and delivery of the FTCS. Strengths, challenges and suggestions for improvement are presented in Chapter Four. The FTCS national mass media programming is examined in Chapter Five. Summary observations are included in Chapter Six. Appendix A provides the evaluation matrix used to guide the study. Appendices B and C provide the key informant interview guides used for the key informant and follow-up interviews with managers and Appendix D presents the key informant interview guide used for stakeholders. Appendix E provides the full questionnaire used in the web survey. Appendix F provides the general public survey instrument. Appendix G is a listing of the organizations invited to participate in the stakeholder online survey.

2. RELEVANCE

This section presents the findings relating to the relevance of the FTCS. This issue area includes three main evaluation questions: the perceived health risks associated with tobacco; the relevance and continued need for tobacco control in general; and, related to this, the relevance of the federal government and the FTCS as an appropriate mechanism to address tobacco control. The anticipated consequences if funding for the Strategy was significantly reduced or discontinued are also examined. Issues pertaining to relevance are addressed from the perspective of stakeholders (interviews and survey) and the general public.

2.1 TOBACCO-RELATED HEALTH RISKS

To assess Canadians' opinions on the need for tobacco control, the general public survey, first, examined views on the seriousness of the health risks associated with tobacco. A strong majority of Canadians believe that the harm to the health of smokers caused by smoking cigarettes is "very serious" (77 per cent) and a further 18 per cent characterize the harm as "somewhat serious". The harm caused by second-hand smoke (SHS) is also widely recognized: 68 per cent of Canadians say the harm to the health of non-smokers caused by breathing in SHS from cigarettes that other people are smoking is very serious and 23 per cent say somewhat serious. Youth have similar ratings to the overall Canadian population, while, predictably, smokers rate the harm caused by smoking and second hand smoke to be less serious compared to non-smokers. There are some slight regional and educational variations in responses, but there is significant consensus in the opinion of Canadians that the health hazards of tobacco are considerable.

Canadians are divided, however, in their assessment of the evolving health risk of tobacco over time. While 35 per cent say that the general health risk to Canadians posed by tobacco has stayed about the same over the past five years, 28 per cent believe that the risk has increased and a similar proportion say the risk has decreased (six per cent don't know). Youth are more apt to say the health risk posed by tobacco has increased over the last five years compared to older age groups. Smokers more often say the risk has stayed the same compared to non-smokers.

It is notable that the responses to the various indicators of seriousness of the health risk of tobacco and the evolving risk are highly related: individuals who believe that tobacco presents a serious health risk to smokers are also more likely to believe that SHS is a serious threat and are also more apt to characterize the health risks of tobacco to be increasing over time. Similarly, there is a positive correlation between the estimate of the proportion of Canadians who smoke and the evolution of the health risks

associated with tobacco over the last five years (e.g., those who provide a higher estimate of the proportion of smokers are more apt to say risks have increased). This holds true in the youth and smoker sub-groups.

Among those who indicated that the health risk of tobacco has increased over the past five years, the most important reasons are: smoking is "everywhere"/still see smoking (36 per cent and higher among youth); youth are smoking more now (28 per cent); the cancer risks are better known now (14 per cent) and cigarettes are now more addictive (13 per cent and higher among smokers).

Members of the general public saying that the risk to the health of Canadians has decreased, the main reasons are: fewer people are now smoking (45 per cent); bans on smoking in public places (41 per cent); and greater public awareness of the health risks of tobacco (30 per cent). Youth are less apt to indicate that fewer people are smoking compared to their older counterparts (especially 45 years and older).

Canadians were asked to estimate what percentage of Canadians smoke and it was shown that they believe that, on average, 42 per cent of the population smokes even occasionally — far higher than the 19 per cent of Canadians who actually do smoke. Only 12 per cent indicated that 20 per cent or fewer Canadians smoke. Far more believe the smoking prevalence rate to be 21 to 39 per cent (26 per cent); between 40 and 49 per cent (15 per cent) and even as high as over 50 per cent (34 per cent). These estimates are somewhat linked to regional smoking prevalence, as residents of BC estimate the proportion of smokers to be lower compared to those in other regions, particularly Quebeckers who provide the highest estimate of the proportion of smokers (the current BC smoking prevalence according to the 2005 CTUMS is 15 per cent while the prevalence rate in Quebec is 22 per cent). Youth provide a higher estimate of the proportion of Canadian that smoke, while smokers provide an estimate that is similar to Canadians overall.

2.2 Continued Need for Tobacco Control

For the vast majority of surveyed stakeholders (91 per cent), there is a continued need for tobacco control in Canada. This proportion increases to 97 per cent when tobacco industry stakeholders are excluded (although 63 per cent of tobacco industry participants in the survey also agreed).

This opinion is echoed by Canadians who indicate tobacco control to be an important priority for government. When presented with a choice — "Some people say that smoking rates in Canada are decreasing and the public focus should now be on other health issues such as obesity or wait times. Others say that there are still 5 million smokers in Canada and so tobacco should continue to be a "high priority" — two in three Canadians say that the latter statement is closer to their own point of view[9]. One in four say that government focus should move on to other health issues. Seven per cent say the government should focus

[9] The ordering of presenting the two statements was rotated over the course of data collection to ensure that responses were not influenced by ordering.

on both/all issues. Youth are not significantly different on this issue from other Canadians. Smokers, however, are less likely than non-smokers to say that tobacco should continue to be a high government priority. Canadians who view the health risks posed by tobacco as serious and increasing over time are more apt to support a sustained government focus on tobacco control.

2.3 THE FEDERAL TOBACCO CONTROL STRATEGY

a) Awareness of the FTCS

Awareness and support for a tobacco control strategy such as the FTCS is quite high among the general public. More than three-quarters of Canadians (76 per cent) indicate that they could identify something the Government of Canada currently does in order to reduce tobacco-related disease and death among Canadians. Smokers are less apt than non-smokers to be aware of federal efforts to reduce disease and death due to tobacco. Awareness of federal tobacco control efforts is higher among women and also increases with education and income. Rural dwellers and those who do not perceive the health risks associated with tobacco (smoking or SHS) to be serious indicate lower levels of awareness.

When members of the public were asked to specify actions taken by the federal government in the area of tobacco control, Canadians were most likely to cite advertising related to the risks of smoking (47 per cent) and banning smoking in public (41 per cent), which is, in fact, largely a provincial and municipal role. A somewhat smaller proportion cited cigarette package warning labels (30 per cent); price/tax increases (21 per cent); community awareness program (17 per cent); and restricting sales to youth (10 per cent)/general restrictions on sales (nine per cent). Since some of these are not federal government activities, results of the follow-up question point to an overestimation of the proportion of Canadians who actually are aware of something that the federal government does in the area of tobacco control. Canadians between the age of 20-24 were less likely to cite advertising. The responses of smokers parallel those of Canadians overall.

b) Relevance and Support for Overall FTCS Approach

Most surveyed stakeholders support the cornerstones of the Strategy as a comprehensive and integrated approach to tobacco control. Three-quarters of surveyed stakeholders believe to a great extent that continued tobacco control efforts are best addressed through a comprehensive and integrated approach, although 23 per cent are less certain of this. This figures changes to 84 per cent who agree and 15 per cent who are less sure when the tobacco industry is removed (given that a full 74 per cent of the industry is less sure of this).

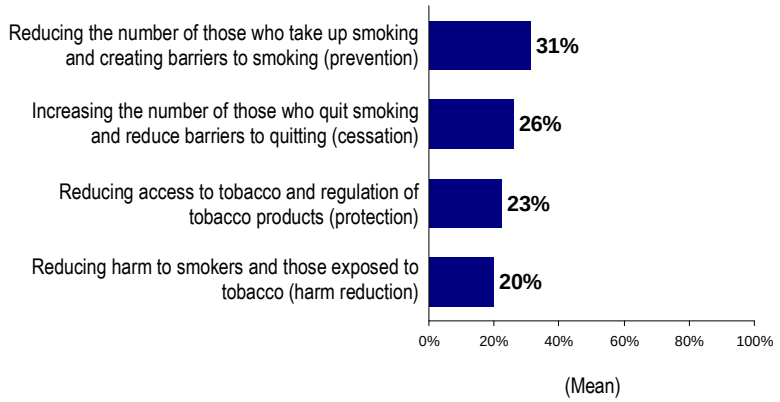
The FTCS encompasses four components or strategic directions – protection, prevention, cessation and harm reduction. Where stakeholders in the key informant interviews voiced concerns about the Strategy, these focused largely on the exclusion of denormalization in the current Strategy and the inclusion of harm reduction. Specifically, many stakeholders who were interviewed expressed disappointment that denormalization was not chosen as a focus – according to these stakeholders there is evidence that denormalization is an effective component of a comprehensive tobacco control strategy, particularly with youth. Stakeholders noted that, in contrast to the FTCS, denormalization is a component of the National Strategy to Reduce Tobacco Use in Canada that provinces, territories and non-governmental organizations (NGOs) have endorsed. On the other hand, several stakeholders also accepted the difficulties for the federal government in explicitly undertaking a denormalization strategy given the status of the tobacco as a legal product ("it's too aggressive for the government and potentially opens the door to litigation") and one respondent noted that "it's not necessary to be exhaustive in the list of strategic areas, and there are many activities which don't fit neatly into any of these categories".

With respect to harm reduction, this thrust is not seen by stakeholder interviewees to have the same importance as the other three strategic directions. Given the lack of consensus in the literature and in the tobacco control community, several stakeholders point out that Health Canada does not appear to have made much progress on defining the concept of harm reduction ("it has fallen by the wayside"). A divisive issue within the tobacco control community, there is significant wariness among some about harm reduction ("it is crazy to introduce new tobacco products in Canada…harm reduction simply can't be done", "this is an issue that has the potential to be co-opted by industry or smokers rights groups", "the concept is meaningless, not evidence based and wrong-headed"). Others describe the concept as "complicated", drawing resources from other more productive areas, lacking "bang for the buck" or, at best, an opportunity but still in the developmental stages. A small number of respondents also noted that harm reduction was too narrowly defined (focusing on toxicity), preferring that, if harm reduction is retained as a pillar, then the concept should be "fleshed out and include the full panoply such as alternate nicotine delivery and product substitution").

Doubts about the harm reduction component are corroborated in the stakeholder survey data. Surveyed stakeholders' were asked to indicate the relative importance of the components by assigning a proportion of funds to each component. Their preferred allocation of federal tobacco control dollars across the current four strategic areas – prevention, cessation, protection and harm reduction – mirror the survey findings described earlier related to rated need for government efforts. On average, stakeholders would allocate 31 per cent of the federal tobacco control budget to reducing the number who take up smoking and creating barriers to smoking (prevention). A somewhat smaller fraction – 26 per cent – would be allocated to increasing the number of those who quit smoking and reducing barriers to quitting (cessation). Stakeholders would devote 23 per cent of the federal budget to reducing access to tobacco and regulation of tobacco products (protection) and, last, 20 per cent to reducing harm to smokers and those exposed to tobacco (harm reduction).

Preferred Percentage Allocation of Federal Funding

"What percentage of federal funding would you allocate to…?"



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Tobacco industry representatives appear to allocate fewer resources to prevention (at 25 per cent) than non-industry organizations (who allocate 33-34 per cent). On the other hand, they typically seem to allocate more to harm reduction (27 per cent compared with 18-19 per cent allocated by other stakeholders). Stakeholders with an international scope typically placed a stronger emphasis on cessation and the number of smokers that quit than other stakeholders did and less than average focus on reducing access to tobacco through regulation. Larger stakeholders, as well as those with a national scope placed a higher than average emphasis on reducing harm (to smokers and those exposed to second-hand smoke).

2.4 Role of the Federal Government

Stakeholders who were interviewed for this evaluation agree unanimously that the federal government has a legitimate and necessary continued role in the area of tobacco control. Stakeholder interviewees noted that tobacco continues to be a health challenge, with significant health care and human costs and several stakeholders characterized smoking as an "epidemic", which, therefore, compels federal attention and resources. Stakeholders variously note that many issues can *only* be dealt with, or are best dealt with, at the federal level. National level programming benefits from a broad research base to inform policy and pinpoint needs, economies of scales in design and delivery, and resources not available at the provincial level. Areas that were cited as being appropriately within the federal domain include smuggling, First Nations on-reserve, taxation, regulation, research and surveillance (e.g., CTUMS)/funding for research, global efforts, linkages with other program areas (e.g., mental health, addictions), mass media, and reducing duplication through coordination (e.g., a network of researchers) and advance and support strategies.

As well, several stakeholder interviewees indicate the importance of having the federal government establish some consistency across the country in tobacco control efforts and to permit greater seamlessness across natural cycles of program renewal and recalibration ("this leapfrogging of efforts allows for continuity ….left foot, right foot progression that has efforts resting on more than one pillar"). One stakeholder states that it is "important for the federal government to establish a bar that other jurisdictions can exceed". Stakeholders also note that the level of resources and focus on tobacco control varies significantly across jurisdictions, which further emphasizes the importance of a federal role ("(some provinces)" …are totally indifferent lately…the federal presence is a pilot light that keeps the issue alive").

All general public respondents were told that the federal government has programs and legislation in place to reduce smoking-related disease and death.[10] When asked whether this is an appropriate role for the Government of Canada (or best left to others like the provinces or not-for-profit organizations), two-thirds (67 per cent) believe the FTCS is an appropriate role for the federal government. There are no significant differences on the basis of age. Smokers are less likely than non-smokers to agree that the FTCS represents an appropriate role for the federal government. Canadians who are the most concerned about the effects of tobacco (on smokers and others, believing the risk of smoking to be increasing over time) are also the strongest advocates of heavy federal involvement. Logically, individuals who think that there are more smokers than there really are in Canada argue for stronger federal involvement. While 61 per cent of Canadians who believe that more than half of the population smokes say the federal government should be highly involved, this proportion drops to 48 per cent among those who are aware that smokers currently make up less than one in four Canadians.

Considering the governments' future involvement in the issue, in the areas of reducing smoking, second-hand smoke and regulating tobacco, almost half of Canadians would like to see the federal government maintain its current level of involvement and one-third would like to see the federal government increase its level of involvement in this area. A minority — 10 per cent — would prefer the federal government reduce involvement and eight per cent would like the federal government to eliminate involvement in tobacco control altogether. Youth are more likely to favour an increasing level of government involvement compared to other age groups, while smokers are more apt than non-smokers to prefer that the government reduce or eliminate its involvement altogether. Those who express greater concern about the seriousness and increasing health risks associated with tobacco and who estimate a higher proportion of the population to be smokers are also more apt to say the government should increase its involvement.

[10] The exact text of the question was: "The federal government does have programs and legislation in place. The current Federal Tobacco Control Strategy is an initiative to reduce smoking-related disease and death. Health Canada leads this strategy that involves mass media campaigns, laws and regulations for the manufacture and sale of tobacco, aids for smokers to quit, along with a number of other efforts."

2.5 Role of the Federal Government Vis-à-vis other Partners

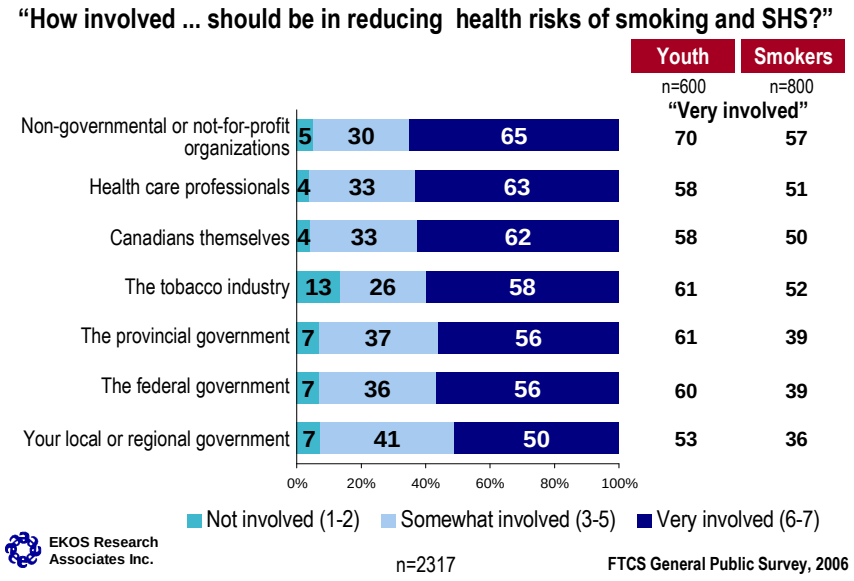
The survey of the general public examined Canadians' views of the role of the federal government in tobacco control vis-à-vis other partners. With respect to the role that the federal government should play with respect to other partners, Canadians most often prefer that the federal government be an equal partner (55 per cent). One in four (25 per cent) believe the federal government should play a leadership role in tobacco control, while 16 per cent say it is appropriate that the federal government play a very limited role in reducing the use of tobacco. There is no significant difference in responses on the basis of age. Smokers are more apt than non-smokers to say the federal government should play a very limited role.

Canadians advocate participation from a wide range of representatives in the fight to reduce the health risks of tobacco. At the top of the list, NGOs (such as the Canadian Cancer Society), health care professionals and Canadians themselves are seen as partners who should be very involved, according to 62 to 65 per cent of Canadians. Following closely behind these are the tobacco industry, and the provincial and federal governments (according to 56 to 58 per cent). Only the local or regional level of government is a less obvious choice, although even they received 50 per cent support for high involvement. There is fairly unanimous agreement that none of these partners (with the exception of perhaps the tobacco industry at 13 per cent) should be only minimally involved. Youth are more likely to advocate for government involvement (federal and provincial) to reduce the health risks of tobacco and less apt than those in other age groups to see a role for Canadians themselves and the health care professions. The gap between smokers and non-smokers is striking with respect to federal and provincial government involvement in the issue (a 21 percentage point gap between smokers and non-smokers in the proportion that indicates these partners should be very involved). Smokers are also less apt than non-smokers to indicate a role for all the other partners mentioned.

Women, parents, and non-smokers, as well as those with the highest income (compared with each of their counterparts) are more apt to argue for a strong federal role in tobacco control. A similar pattern exists with respect to gender in terms of involvement of NGOs. Men are less likely than women to advocate a strong role for health care professionals. There is also an interesting and reverse relationship with awareness of the number of smokers. Those who know that fewer than one in four Canadians smoke are more apt to advocate for a strong role for health care professionals than those who think more people smoke and the same relationships exist regarding involvement of Canadians themselves. Men and (to a lesser extent) the university educated are less apt than other Canadians to suggest a strong role for the tobacco industry. Involvement of Canadians themselves is also more strongly advocated with age of the respondent. It is noteworthy that the interest is also weaker in rural areas of the country. The same patterns exist among Canadians believing in the need for strong provincial and regional involvement.

It is noteworthy that Aboriginal Canadians are among the most likely to say that local or regional governments (perhaps including Band councils on-reserve) or the tobacco industry (according to 67 per cent) be involved in reducing the risks of smoking and second-hand smoke.

Level of Involvement



A regression model was also created to isolate the closest relationships to the public opinion that the federal government should be heavily involved in reducing the health risk of smoking and second-hand smoke. Results indicate that views about government involvement in general are by far the strongest drivers. The most influential elements in the model are the opinion that provinces should play a strong role, and generally suggesting the federal government as the organization with primary responsibility in a number of areas of tobacco control. These are followed in the model by a degree of perceived harm caused by second-hand smoke. (The strength of this predictor, however, declines slightly in the presence of other variables in the model.) Being a smoker is also strongly (negatively) associated with advocating a strong federal role in tobacco control (i.e., smokers are unlikely to do so). A fifth association exists with advocating a strong role for the tobacco industry in tobacco control (i.e., those who argue for a strong role for the federal government also argue for a strong role for the tobacco industry).

2.6 Continued Need for Tobacco Control: Areas of Greatest Need

One of the objectives of the evaluation study was to gauge stakeholder perceptions with respect to the priority of different aspects of tobacco control – for example, preventing youth from taking up smoking, controlling smuggling or reducing exposure to second hand smoke. The general public were also asked, for different priority areas, who they thought should be mainly responsible (among options such as the federal government, provincial government, health professionals, individual Canadians and so on). The following sections present, first, the results of surveyed stakeholders' priority ranking of different aspects of tobacco control. Second, the section presents findings from surveyed stakeholders and the general public survey for each aspect of tobacco control - the extent to which there is still a need for continued efforts in this area (stakeholders) and the level of responsibility (general public).

a) Stakeholders' Priority Ranking

Surveyed stakeholders' preferred priorities across a number of different tobacco control objectives was addressed through a priority ranking of strategic areas for government continued attention and directed effort (illustrated as first, second, or third choice priority). Across stakeholders, the area that requires the most continued attention and directed efforts from the Government of Canada is to reduce the number of youth who take up smoking (chosen by 37 per cent of stakeholders are their first choice priority and by 72 per cent of stakeholders as their first, second *or* third choice priority). As a blended result, this area was selected as a priority 24 per cent of the time.

While only selected by 12 per cent as a first choice priority, reducing exposure to second hand smoke was selected by 56 per cent of stakeholders as a first, second or third choice priority (and 19 per cent of the time overall), leading this issue to be ranked second as a priority area.

Based on the overall selection by stakeholders (first, second or third choice priority), the next most often selected priorities were reducing the number of smokers, regulating the sale of tobacco, reducing smuggling and regulating manufacturing. Paralleling previous results, reducing the harm to smokers was selected by a small minority as a first choice priority (five per cent) and by 21 per cent across the first, second and third choices.

Priority of Strategic Areas

"Identify the three areas that require the most/second most/third most continued attention and directed efforts from the Government of Canada?"

	1st	2nd	3rd	Total	Overall
Reducing the number of youth who take up smoking	37	21	13	72	24
Reducing exposure to SHS	12	21	23	56	19
Reducing number of smokers	14	18	15	47	16
Reducing smuggling	17	8	10	35	12
Regulating tobacco sale	9	12	18	39	11
Regulating manufacturing	6	12	12	31	10
Reducing harm to smokers	5	7	9	21	7

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b) Areas of Greatest Need/Responsibility

As described above, surveyed stakeholders were asked to rate eight aspects of tobacco control in terms of need for continued attention and directed effort on the part of the federal government. For each item, stakeholders who did *not* perceive a need for federal involvement were asked a follow-up question as to who else would be in a better position to be responsible for the issue. The general public were asked about similar areas[11] in tobacco control in the survey, specifically, who they thought should have the responsibility for each area. In each case, Canadians were offered a choice of seven partners (including Canadians themselves) and were asked to select the one that should have the primary responsibility, and then any others that should also have some responsibility in the area.

Youth Prevention

Reducing the number of youth who take up smoking received the highest rating in terms of the extent of continued need for efforts among stakeholders (83 per cent of stakeholders indicate a continued need to address this issue to a great extent). Within the non-industry stakeholders specifically, the need for government involvement in reducing the number of youth who take up smoking is felt particularly strongly among those organizations that are funded, and those in the business of tobacco control.

[11] Canadians were presented with six different areas of tobacco control (prevention of youth who take up of smoking, harm reduction through regulation of manufacturing and sale of tobacco products, protection through reduction of smuggling, cessation through support programs for smokers trying to quit, and protection through reduced exposure to second-hand smoke), whereas stakeholders were asked about eight different areas.

	Total (n=136)	Type of Stakeholders		
		Industry (n=19)	Tobacco Control (n=39)	Other (n=78)
	Per cent saying "Great Extent" (6 or 7 on 7 point scale)			
Reducing the number of youth who take up smoking	83	47	100	88

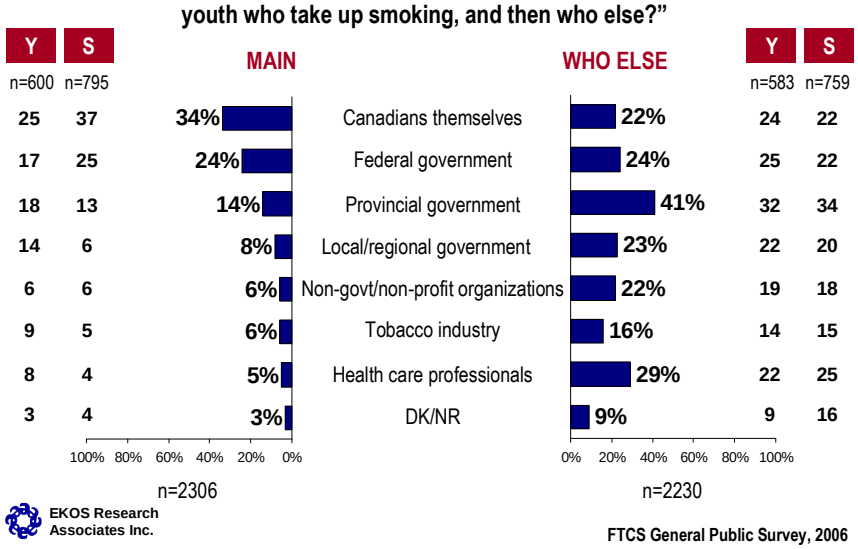
Those stakeholders who indicated that they felt that youth prevention should be the priority of Government of Canada tobacco control efforts noted that:

Reducing the number of youth who take up smoking	"Youth are a vulnerable group that has been targeted by the tobacco industry, media, etc.. They do not fully comprehend the long term health impact of this and other harmful behaviours. It is the government that stands to gain the most from preventing youth smoking — both in terms of health care savings and ensuring the ongoing productivity and prosperity of Canada. There is no other body with the mandate and resources to spearhead this." "The more effective the campaign to reduce youth smoking, the fewer smokers will exist in the future, which will continue the downward trend of smoking in the most effective, long-term strategy." "If we can prevent the next generation from ever starting then the tobacco issue will gradually become a moot point. PREVENTION is the key." "Smoking is an addiction. There are many youth who will unwittingly become the next generation of addicted smokers if efforts are not continued to educate and restrict access to smoking material." "If you look at the change cycle this is the biggest bang for the buck. It can take up to 15 years to make changes. The youth is the key for change." "Reducing the number of youth who take up smoking is proactive as opposed to the other factors which are reactive." "Because we know that this rouge industry are youth predators who need to entice our youth in order to guarantee its next generation of customers." "Very few individuals take up smoking as adults so youth are being recruited by the industry to maintain market shares."

When the public were asked who they thought should be responsible for preventing take-up of smoking by youth, the largest portion of respondents assigned this responsibility to Canadians themselves (34 per cent). The federal government runs a close second at 24 per cent, followed by the provincial government (14 per cent). Particularly among those selecting either Canadians themselves or the federal government, the provincial government is most often selected as another partner that should have some involvement (41 per cent), followed by health care professionals (29 per cent).

Responsibility for Targeting Youth

"Who do you think should have the MAIN responsibility to reduce the number of youth who take up smoking, and then who else?"



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There were no significant differences in the youth responses, but smokers were more likely than non-smokers to suggest that Canadians themselves have the primary responsibility to reduce youth who take up of smoking. Quebecers, women, and Canadians who are over 45 years of age (relative to other Canadians) were also more likely to suggest that Canadians themselves have the primary responsibility to reduce youth take-up of smoking. The federal government was selected more often for primary responsibility by Canadians with more education and those who are parents. There are also strong linkages to perceived harm, risk and role of government in general. (Those perceiving more harm from smoking and second-hand smoke, an increasing risk over time and need for greater government involvement were also more apt to select the federal government.).

The following table presents results for members of the general public selecting Canadians themselves, the three levels of government, and the tobacco industry. As shown, those advocating Canadians in the primary role most often included the federal government and health care professionals for additional roles. Among those suggesting the federal government in the primary role, typically the provincial government is also suggested as having a role, followed by Canadians themselves. Those placing the local government in the central role, most often suggested Canadians themselves in a secondary role. Finally, those isolating the tobacco industry for the primary responsibility, most often selected the federal government (followed by Canadians themselves) as also having responsibility.

SECONDARY ROLE (Selected 2nd)	PRIMARY ROLE (Selected 1st)				
	Canadians Themselves (n=762)	Federal Government (n=498)	Provincial Government (n=335)	Local/Regional Government (n=201)	Tobacco Industry (n=157)
The federal government	32	0	38	21	55
Your provincial government	38	72	0	45	42
Your local/regional government	26	28	26	0	25
Non-government/non-profit organization	23	27	23	18	21
Health care professionals	36	28	29	25	23
The tobacco industry	19	23	13	10	0
Canadians themselves	1	32	34	36	33

All stakeholders agreed with the need for federal government involvement in reducing youth uptake of smoking. There were no other suggestions from stakeholders of other groups to take control of this issue.

Smuggling

Smuggling is an area where it was clearly indicated by both stakeholders and the general public that the federal government should have the lead role. Eight in ten surveyed stakeholders indicate that smuggling is area needing continued federal attention. Even a majority of industry stakeholders noted that the federal government should have a major role in reducing tobacco smuggling. Only two per cent of stakeholders noted that there is no continued need for efforts by the Government of Canada in reducing smuggling.

	Total (n=136)	Type of Stakeholders		
		Industry (n=19)	Tobacco Control (n=39)	Other (n=78)
	Per cent saying "Great Extent" (6 or 7 on 7 point scale)			
Reducing smuggling	80	79	89	77

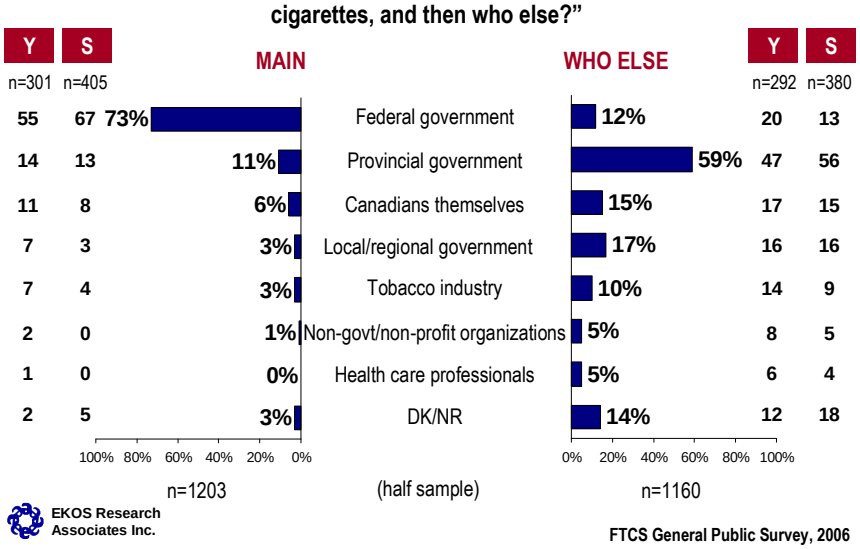
Surveyed stakeholders who would place a priority on smuggling for the Government of Canada noted:

Reducing smuggling	"Because the kind of track-and-trace technology essential to reducing smuggling and other forms of contraband, as well as sea-to-sea border and coastal surveillance and enforcement should be required at the national level for maximum effect." "This is an issue that can only be dealt with effectively at the Federal level. As the price for tobacco increases, and additional restrictions are made on the sale of tobacco, smuggling will become an even greater problem." "This is a major issue. Smuggling/black market activity is rampant thanks to high taxation and increased regulations on packaging. The result is a huge increase in the number of products in the hands of consumers which bear no health warnings, which are not regulated or necessarily approved for the market and a major loss in revenues for provincial and federal governments. Many Canadians now purchase bulk smuggled cigarettes in zip lock baggies (in some cases delivered to one's house by courier). This goes against all efforts made to date on the tobacco file."

The federal government is an obvious (and singular) choice for holding the primary responsibility for reducing smuggling among the general public (according to 73 per cent of Canadians). Provincial governments are the only other possibility, but running a distant second at 11 per cent. On the other hand, provincial governments are seen as another partner that should have some responsibility (based on responses from 59 per cent of individuals). No others stand out. Most of those who singled out the federal government for primary responsibility also indicated provincial governments as another responsible party. Similarly, those who suggest provincial governments in a primary role, also suggested involvement from federal governments. It is interesting to note that even in an area such as this six per cent of respondents believe that Canadians themselves should have the primary responsibility. The response of the youth and smoker sub-groups are similar to those of their respective counterparts.

Responsibility for Reducing Smuggling

"Who do you think should have the MAIN responsibility to reduce smuggling of cigarettes, and then who else?"



Reducing the number of smokers

Seventy-six per cent of stakeholders indicated that they felt that, to a great extent, there is a need for continued efforts by the federal government in the area of reducing the number of smokers (commonly conceptualized as cessation).

	Total (n=136)	Type of Stakeholders		
		Industry (n=19)	Tobacco Control (n=39)	Other (n=78)
	Per cent saying "Great Extent" (6 or 7 on 7 point scale)			
Reducing the number of smokers	76	21	92	87

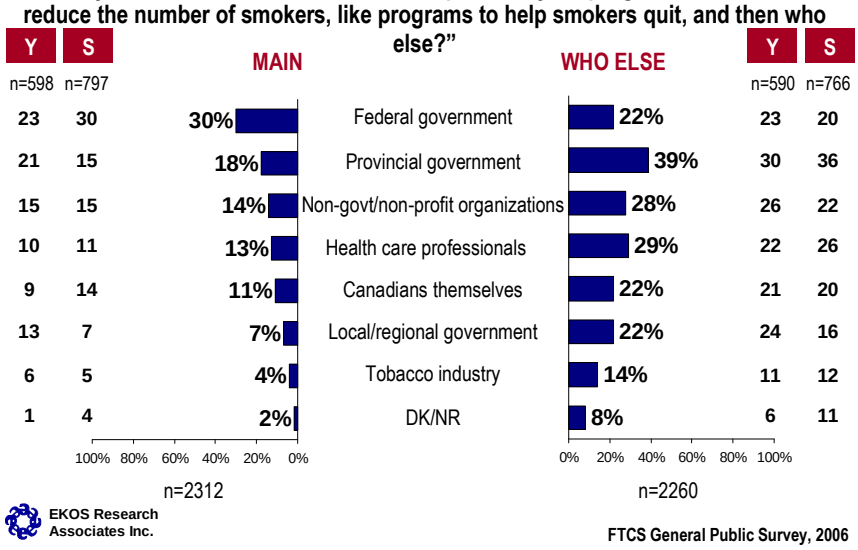
The stakeholders identifying cessation as a priority issue for the Government of Canada's tobacco control program explained:

Reducing the number of smokers	"As smoking has become less mainstream there has been a tendency by many members of the general public to believe the issue is resolved or of limited concern. It is the responsibility of the government to ensure this issue remains a visible priority and to understand the issue within a framework of complex contributing factors (poverty, mental health, ethnicity, etc)." "Because, between 4-15 billion health care dollars are spent annually on tobacco related illness and 30% of cancer is directly linked to tobacco use." "The prevalence of smoking is the bottom line of tobacco control; it is the mirror image of the tobacco industry's dollar bottom line. Especially when there is a huge gain in health and dollars spent on health care, there is a need to focus on what should be the measure to evaluate any strategy or set of strategies--a decrease in the prevalence of smoking." "Cessation should be a primary goal given that 5 million Canadian currently smoke. Youth prevention isn't terribly effective; cessation efforts are." "Reducing the total number of smokers will result in lower health care costs in the long term. It will also will save lives and reduce disease due to tobacco use. Reducing the number of adult smokers will provide better role models for youth, and will likely result in reduced youth smoking as well."

According to the general public, cessation - through support programs and activities designed to help smokers quit - is an area where many partners are seen as having some level of responsibility. In terms of primary responsibility, the federal government is at the fore with 30 per cent but this is followed closely by provincial governments, NGOs and health care professionals. A similar picture is presented with regard to possible partners with additional responsibility with provincial governments in the lead at 39 per cent. There are no significant differences on the basis of age or smoker/non-smoker status.

Responsibility for Cessation

"Who do you think should have the MAIN responsibility for programs and activities to reduce the number of smokers, like programs to help smokers quit, and then who else?"



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In cases where the federal government is suggested by the public for the lead responsibility, many other partners are suggested for additional responsibility (although provincial governments top the list) (see table below). When provincial governments are indicated as the lead, virtually all partners are suggested equally for additional responsibility (which is also the case when Canadians themselves are suggested in the lead role). When NGOs are suggested as the lead, the federal government and health care professionals are suggested equally in a secondary role. Although few selected the tobacco industry as having the primary responsibility, among those who did, about half suggested the federal government as also having a role to play.

	PRIMARY ROLE (Selected 1st)				
SECONDARY ROLE (Selected 2nd)	Federal Government (n=636)	Provincial Government (n=397)	Non-gov./ Non-Profit Organizations (n=357)	Canadians Themselves (n=262)	Tobacco Industry (n=108)
The federal government	0	34	32	38	52
Your provincial government	69	0	38	40	31
Your local/regional government	28	25	22	23	9
Non-government/non-profit organization	34	33	0	33	23
Health care professionals	34	31	39	38	17
The tobacco industry	19	11	12	21	0
Canadians themselves	24	24	27	0	17

The federal (primary) role is more popular among Canadians reporting the highest household income levels ($100, 000 or more). It is also suggested more often among those who see a need for increasing federal involvement (and think of it as an appropriate federal role). A provincial lead is more commonly advocated in Quebec and among the university-educated (and those reporting the highest household incomes) than elsewhere in Canada. Among smokers most of the demographic patterns disappear, although there are still differences by perception of the harm and risk of tobacco and the appropriateness of the federal role, and employed smokers still place a greater degree of emphasis on the federal government compared with those not employed.

Surveyed stakeholders who noted that they did not believe that the federal government should be continuing efforts in reducing the number of smokers, they tended to suggest that Canadians themselves take responsibility for this task.

Reducing the number of smokers	"Individuals would be more appropriate" "Adults are well aware of the effects that smoking has on their health, and capable of making their own decisions. They do not need 'Big Brother' deciding for them." "Individuals can persuade their friends to stop smoking."

Reducing Second-Hand Smoke

About seven in ten surveyed stakeholders (72 per cent) indicate that, to a great extent, there is a need for the Government of Canada to continue efforts in the area of second-hand smoke (only 6 per cent who said that to no extent, should the Government of Canada continue its effort in this area (the remainder said "to some extent")).

	Total (n=136)	Type of Stakeholders		
		Industry (n=19)	Tobacco Control (n=39)	Other (n=78)
	Per cent saying "Great Extent" (6 or 7 on 7 point scale)			
Reducing exposure to second hand smoke	72	11	89	84

The stakeholders choosing the reduction of second-hand smoke as the area that should have continued attention and directed effort explained:

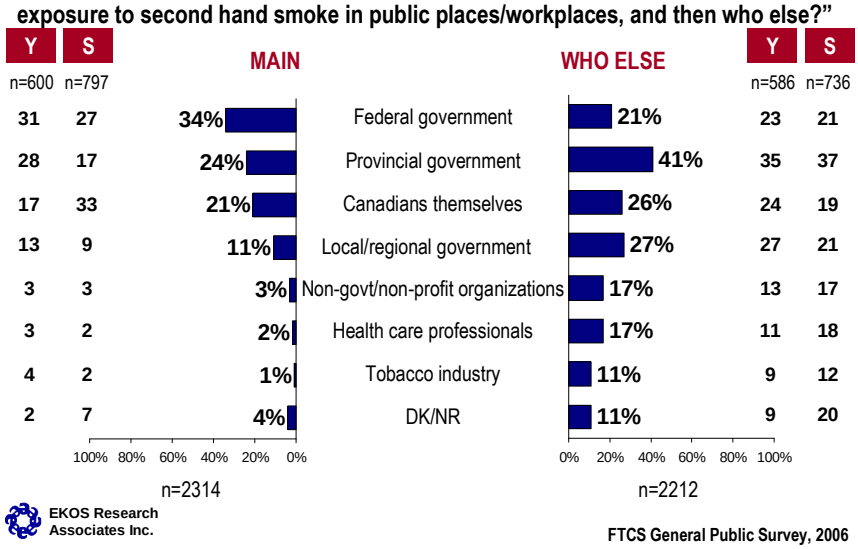
Reducing exposure to second-hand smoke	"This will reduce harm to the greatest number of people; more restrictions on where tobacco is used results in more cessation; more restrictions are effective in changing norms about acceptable behaviour." "If you reduce the number of locations where people can smoke, you also contribute to a reduction in the smoking rates generally. Reducing exposure to second hand smoke reduces the risk of non-smokers becoming ill through no fault of their own." "I think SHS requires the most continued attention because 80% of the population does not smoke and requires protection from the harmful effects. I also believe that the Government sound be responsible for creating the laws and policies since it is the most economically and wide spread way to limit the effects of SHS." "Smoking bans in public places are the number one way to reduce the smoking rate. Developing nation wide smoking by-laws are in your best interest. The government of Canada has the POWER to do this. Get the RCMP to enforce it. The local health authorities can provide the supports." "It protects both those who don't smoke, plus provides a disincentive to those who do. Great strides have been made in Canada in making smoke-free places, but we need to be vigilant that that remains the case. The tobacco industry will continue to lobby against such regulations."

Among the general public, perceived responsibility for reducing second-hand smoke yielded some interesting findings. Although more Canadians suggest a lead role for the federal government (34 per cent), a fair number also advocate provincial governments or Canadians themselves in the lead role (24 and 21 per cent, respectively). Provincial governments are typically selected for some level of responsibility, even if it is not always the primary role. Forty-one per cent of those that selected someone else in the lead responsibility also picked provincial governments for some level of involvement, followed by Canadians themselves and local or regional government. In the case of second-hand smoke, when the federal government is not selected for primary responsibility, it is only the fourth most popular choice for any responsibility. Youth responses do not differ significantly on this item from other age groups. Smokers are

less apt than non-smokers to select the federal or provincial governments as having primary responsibility. It is also smokers who more often than non-smokers suggest that Canadians themselves should take the lead on reducing second-hand smoke.

Responsibility for Reducing Second-Hand Smoke

"Who do you think should have the MAIN responsibility to reduce Canadians' exposure to second hand smoke in public places/workplaces, and then who else?"



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Among those selecting the federal government in the lead role, most members of the general public (73 per cent) also selected provincial governments for some involvement (see table below). Among those selecting provincial governments in the lead role, the federal government is tied with local governments and Canadians themselves for additional responsibility. Where respondents selected local governments for the primary responsibility, provincial governments and Canadians themselves are selected for additional responsibility more often than the federal government.

	PRIMARY ROLE (Selected 1st)			
SECONDARY ROLE (Selected 2nd)	Federal Government (n=730)	Provincial Government (n=550)	Canadians Themselves (n=508)	Local Government (n=259)
The federal government	0	39	33	24
Your provincial government	73	0	33	48
Your local/regional government	34	35	23	0
Non-government/non-profit organization	19	18	16	17
Health care professionals	18	16	18	15
The tobacco industry	14	10	11	8
Canadians themselves	29	36	0	38

Provincial (primary) responsibility is more often suggested by Canadians with the highest levels of education and income. Both levels of government are selected for the lead role more often by

people who think that smoking is harmful. Only the federal government is selected, however, for primary responsibility by those who think that second-hand smoke is harmful (and those who would like to see the federal government increase its role, and see it as one that is appropriate). Canadians who do not see tobacco as harmful, would like to see the federal role eliminated and do not see it as an appropriate federal role, are more likely to suggest that Canadians themselves should have the primary responsibility in this area.

Among surveyed stakeholders who did not see a need for federal efforts in the area of second hand smoke, most noted individuals as having the primary responsibility for this issue.

Reducing exposure to second-hand smoke	***Individuals would be more appropriate***
	"I believe that individuals can accomplish more on a one to one basis than the government can accomplish through its impersonal programmes."
	"Individuals who do not wish to be exposed to second hand smoke have no need to be exposed. By allowing business operators to decide for themselves when and where to allow smoking in their establishments, consumers and potential employees can make the choice of whether or not to be in that environment. This requires far fewer resources to administer and enforce. Attempting to mandate a no-exposure environment ignores the reality that some people will always smoke (regardless of efforts to convince them otherwise) and punishes business operators who choose to cater to this specific clientele. Individuals can then decide whether or not to be exposed to second hand smoke, just as they are empowered to decide whether to smoke or not."

Regulating Sales

A majority of surveyed stakeholders – 72 per cent - identified a continued need for federal level tobacco control efforts with respect to regulating the sale of tobacco products. However, organizations with a national scope, in particular, are less convinced of the need for federal involvement in this area (54 per cent),

		Type of Stakeholders		
	Total (n=136)	**Industry (n=19)**	**Tobacco Control (n=39)**	**Other (n=78)**
	Per cent saying "Great Extent" (6 or 7 on 7 point scale)			
Regulating the sale of tobacco	72	16	89	82

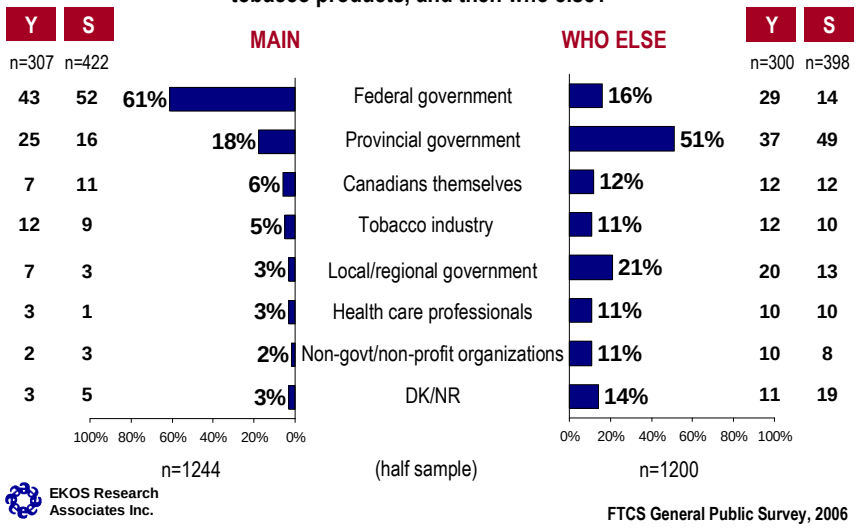
Those stakeholders who indicated that the regulation of tobacco sales should be a priority for the Government of Canada's tobacco control program stated:

Regulating the sale of tobacco	"We need much stronger regulation as it will serve to reduce the consumption of these products. They need to be treated as toxic materials, not as common consumer products. Perhaps, like alcohol, tobacco products should not be sold in stores such as supermarkets and pharmacies! But, instead be placed with liquor and beer stores. That would signal unhealthy behaviour and require a special trip which might deter consumption or at the very least make it less convenient. " "This should be the first priority. This is a lethal and addictive product that should not be sold in every corner store. Highly regulated sale in special government-run outlets is appropriate." "I don't think there is another body with enough influence or broad reach to undertake the task, nor with enough resources to confront the tobacco industry."

When respondents in the general public were asked about who should have the primary responsibility for regulating the sale of tobacco products, 61 percent advocated for the federal government in the primary role, and the provincial government as also having some (but not the primary) responsibility (51 per cent). Those who selected the federal government in the driver seat on regulating sales, largely selected the provincial government as a secondary (and vice versa) source of responsibility. There are no significant differences among youth and smokers. The federal government is more often assigned the lead role by Quebecers, as well as those who believe the risk of tobacco to be decreasing, and individuals who believe that tobacco control is an appropriate federal role to be playing, compared with other Canadians.

Responsibility for Regulating Sales

"Who do you think should have the MAIN responsibility to regulate the sale of tobacco products, and then who else?"



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The stakeholders that indicated that they did *not* feel that there is a continued need for federal efforts in regulating tobacco sales were asked who they felt should have responsibility for this task:

Regulating the sale of tobacco	***Free market*** "The restriction concerning the sale of tobacco is another example of legislation gone wild. For a legal product it sure is becoming more difficult to sell. Once retail operations have been forced to 'go black', what other legislation can there be? A waiting period or cooling off period between the purchase decision and receipt of product similar to purchasing a gun? Maybe a background check to determine genetic disposition to tobacco?" ***Tobacco Manufacturers*** "The Tobacco manufacturers have complied with all regulations as set down by the government. They have in effect 'regulated' their own product unlike any other legal product in Canada." ***Individual Retailers*** "To the best of my knowledge they are the only people selling tobacco products currently."

It should be noted, however, that these responses represent only a small number of stakeholders (eight per cent) and of this number, a disproportionate number are industry representatives.

Regulating the Manufacture of Tobacco Products

Stakeholders were asked about tobacco product regulation separately from harm reduction, as it was considered that, being involved in tobacco control, they would be more apt to distinguish between the two concepts more easily, whereas the general public might not. Two thirds (65 per cent) of stakeholders indicated that they felt that there is a continued need for the Government of Canada to address this issue to a great extent.

		Type of Stakeholders		
	Total (n=136)	**Industry (n=19)**	**Tobacco Control (n=39)**	**Other (n=78)**
	Per cent saying "Great Extent" (6 or 7 on 7 point scale)			
Regulating the manufacturing of tobacco goods	67	5	82	80

Those that picked the regulation of tobacco product manufacturing as an area for continued federal attention expressed:

Regulating the manufacturing of tobacco products	"Health Canada needs to look at further regulating the manufacturing, marketing and sale of tobacco products to reduce addiction and disease. For new products and for those under development, additional research is needed to understand more precisely whether their risks are the same as the products they would replace. Requiring the industry to report on research and toxic constituents of tobacco products will ensure that the public health of all Canadians is top priority." "The tobacco industry is always a few steps ahead of those of us working in tobacco control. It is only through regulating manufacturing that we can stay somewhat ahead of them."

The minority, six per cent, who noted that there was no need for continued efforts by the Government of Canada suggested the provincial government as a candidate to take the lead in this area instead.

Regulating the manufacturing of tobacco products	***Provinces Governments*** "Should be federal or provincial for uniformity." (responses suggest that provincial would be preferred) "The provinces have more authority in this area through their jurisdiction over property and civil rights."

Reducing the Number of Tobacco Products Sold

Reducing the number of tobacco products sold was an aspect of tobacco control that was only tested with stakeholders and not with the general public, as the differentiation between product sales and cessation was not believed to be sufficient for the latter group. Reducing the number of tobacco products sold was viewed by surveyed stakeholders as an area needing comparatively less attention that other aspects of tobacco control. Six in ten (62 per cent) of stakeholders said reducing the number of tobacco products sold requires continued federal attention to a great extent, while 15 per cent said that there was no need for efforts by the Government of Canada on this issue.

		Type of Stakeholders		
	Total (n=136)	**Industry (n=19)**	**Tobacco Control (n=39)**	**Other (n=78)**
	Per cent saying "Great Extent" (6 or 7 on 7 point scale)			
Reducing the number of tobacco products sold	62	0	79	74

Harm Reduction

Of the various aspects of tobacco control tested, harm reduction received the weakest rating in terms of continued need for federal attention and directed effort - 53 per cent of stakeholders said that, to a great extent, there is a need for efforts by the Government of Canada in this area, while 16 per cent noted that there is no need for federal efforts in this area. This reflects key informant interview comments (described in section 2.3(b)) that conveyed reservations around the concept of harm reduction and its efficacy in tobacco control.

	Total (n=136)	Type of Stakeholders		
		Industry (n=19)	Tobacco Control (n=39)	Other (n=78)
Reducing harm to smokers through product modifications reducing toxicity	53	16	56	62

Among the stakeholders who did note that harm reduction requires federal attention and effort, they put forth that:

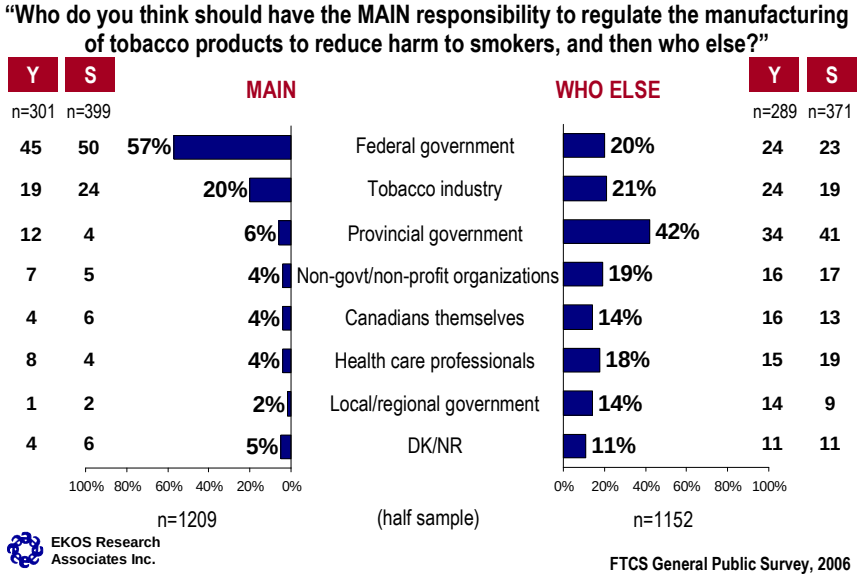
Reducing harm to smokers through product modifications reducing toxicity	"Because we will never get to zero. Reducing toxicity will ultimately save lives." "If tobacco products were less harmful, then the serious health implications caused by tobacco use would be significantly reduced. It is naive to think that we are going to eliminate tobacco use immediately so if we make the product safer, that will help save lives." "Offers greatest potential health benefits for smokers."

Of the minority - 16 per cent – who believe harm reduction does not require federal attention, some offered provincial governments or manufacturers as candidates for this activity, or they dismissed the idea of harm reduction entirely.

Reducing harm to smokers through product modifications reducing toxicity	***Provincial Governments***
	"They know their regional and local trends and situation best and can therefore respond more accordingly."
	"The provinces can adapt their programmes more easily to the needs of their citizens."
	Manufacturers
	"The manufacturers can offer a range of products. If we could advertise the reduced toxins in new developed brands it would be worth the investment to offer products. There are products available that have laboratory proven to testing that reduce 40/50% harmful cancer agents in cigarettes."
	"The evidence of government intervention actually generating a potential public health benefit is slim; the government does not have the inherent research capacity; the history of mistakes (i.e. light cigarettes) suggests that government intervention may make governments carry liability that should be with manufacturers"
	"Guide lines might be acceptable but part of the over legislation is that once a level is established it will continue to be moved. What ever happened to free choice? Are products such as Red Bull positive choices for children? Should we monitor caffeine levels for children? Age restrictions in Starbucks?"
	N/A – Product should be removed entirely
	"No point improving a product that should not exist in the first place. Improving it would reduce interest in quitting and make it more attractive to youth."
	"We have repeated examples of tobacco companies using harm reduction strategies to prolong the tobacco epidemic."
	"I believe this is fundamentally a toxic and addictive substance, often resulting in death. It should not be generally available."

Responsibility for harm reduction was tested with the general public (together with the regulation of manufacturers). The general public see the federal government as clearly having the primary role (at 57 per cent). On the other hand, 20 per cent of Canadians see this as being the responsibility of the tobacco industry. No other tobacco control partner is given a primary role in this area. Others seen as having a role are the provincial government and, to a lesser degree, the federal government, the tobacco industry and NGOs. There are no significant differences on the basis of age or smoker/non-smoker status.

Responsibility for Reducing Harm



Those Canadians viewing the federal government as having the lead role, most often select the provincial government (56 per cent) and then the tobacco industry (30 per cent) as also having a role to play. Among the Canadians suggesting that the tobacco industry has the primary role, the federal government is then most often selected as also having some responsibility (according to 57 per cent of those who picked the industry as the lead).

	PRIMARY ROLE	
SECONDARY ROLE	**Federal Government (n=624)**	**Tobacco Industry (n=243)**
The federal government	0	56
Your provincial government	56	23
Your local/regional government	15	9
Non-government/non-profit organization	19	15
Health care professionals	17	18
The tobacco industry	29	0
Canadians themselves	14	14

Residents of Quebec, men, non-smokers, and those with higher levels of education and income are each more likely than other Canadians to suggest that the federal government have the primary role. Those who are aware that fewer than one in four Canadians smoke are also more apt to point to the federal government in this area. This is also true of those who believe that smoking and second-hand smoke are harmful, and individuals who believe that the federal government should play an increasing role in tobacco control. It is interesting to note that Canadians who suggest that the federal government should play a reduced role in tobacco control in general are more likely than other Canadians to say that the

tobacco industry should be the primary regulator of manufacturing. It is also of interest to note that Canadians who believe that the federal role should be eliminated entirely from tobacco control in general are more apt than others to advocate Canadians themselves in the primary role in product regulation.

2.7 Consistency of the FTCS with Other Organizations' Mandates

Stakeholders who were interviewed as key informants indicate that the overall mandate of the FTCS aligns well with their own (with the exception of the inclusion of harm reduction as a pillar in the FTCS, whereas stakeholder organizations are more apt to embrace a commitment to denormalization). As such, some stakeholders feel a greater affiliation with the national strategy and would prefer that Canada be guided by one strategy (so stakeholders and governments are "singing from the same song sheet").

2.8 Consequences of Program Discontinuation

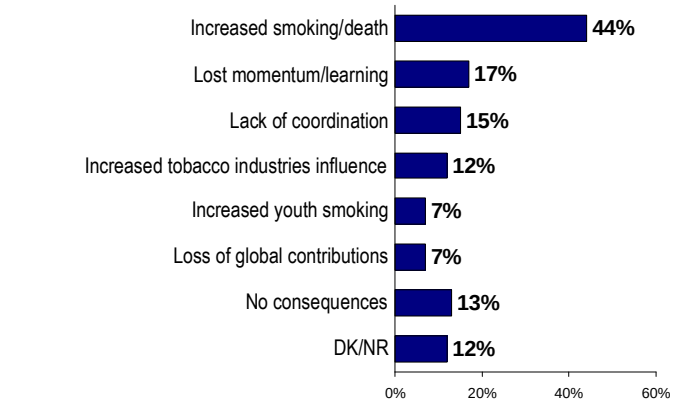
When asked what the consequences would be if the FTCS were significantly reduced or discontinued, both key informant and surveyed stakeholders agree that the consequences would be negative. Among the potential consequences identified by stakeholders who were interviewed as key informants if the FTCS were not renewed:

- a decline in focus on the topic;
- an increase in the number of smokers;
- an increase in health consequences associated with smoking;
- that the consequences would be most serious in jurisdictions where the provincial/territorial governments do not have resources to invest in this issue;
- more tobacco industry successes/pushing the envelope; and
- lost momentum/expertise in tobacco control research.

Among surveyed stakeholders, 44 per cent believed curtailing the Strategy would lead to increased rates of smoking and/or increased smoking-related death and disease. Less frequently mentioned consequences included: lost momentum/learning (17 per cent); lack of coordination of tobacco control efforts (15 per cent); and increased influence/presence of the tobacco industry (12 per cent). One in four forecasted no consequences (13 per cent) or did not know what the consequences might be (12 per cent).

Consequences if FTCS Reduced/Discontinued

"Although, at present, there are no plans to do so, what do you think the consequences would be for Canada if the Federal Tobacco Control Strategy (FTCS) were significantly reduced or discontinued?"



EKOS Research Associates Inc.

n=136

On-line Survey of FTCS Stakeholders, 2006

As might be expected, the industry response is different from other points of view (with 47 per cent of industry saying that there would be no consequences. A further 37 per cent indicated "don't know/no response). Among non-industry stakeholders the picture is more uniform (between tobacco control and other stakeholders) and quite different from that of industry representatives.

Table 8: Consequences of Discontinued FTCS

	Total (n=136)	Type of Stakeholders		
		Industry (n=19)	Tobacco Control (n=39)	Other (n=78)
	Per cent providing each response			
Increased youth smoking	7	0	11	8
Increased smoking/death	44	5	60	50
Lost momentum/learning	17	0	11	23
Increase tobacco industry	12	0	17	14
Lack of coordination	15	11	30	12
Loss of global contribution	7	0	13	7
No consequences	13	47	3	6
Don't know/no response	12	37	4	7

Apart from differences by type of stakeholder organization there are few differences, although large organizations are the most inclined to suggest that a major consequence would be the increase of smoking and death among Canadians. Although relatively small proportions of non-industry stakeholders believe that there would be no consequences, nonetheless 14 per cent of the non-industry stakeholders with an international scope believe that there would be none. An increase in smoking and smoking-related

deaths is less of a prevalent response among the non-funded stakeholders (even among the non-industry stakeholders).

2.9 RELEVANCE SUMMARY

a) Relevance of Tobacco Control and the Federal Role

Continued Need

The results of this evaluation point to overwhelming evidence that tobacco control has continued relevance in the current Canadian context. While cumulative efforts of multiple jurisdictions over several decades have resulted in a dramatically reduced smoking prevalence rate, 19 per cent of Canadians continue to smoke on a regular or occasional basis and this rate is much higher in some sub-populations such as lower income Canadians (34 per cent of lower income women and 45 per cent of lower income men in 2003 (CTUMS) and Aboriginal people (62 per cent in 1997).[12] In absolute terms, about 5 million people in Canada smoke and smoking is the leading cause of preventable death.

The link between tobacco and disease and death is clear. The 2002 study by the Canadian Centre for Substance Abuse of the costs of substance abuse in Canada estimated that over 37,000 deaths, over 500,000 potential years of life lost, and over 2 million acute care hospital days were attributable to tobacco. The overall social cost of substance abuse in Canada in 2002[13] was estimated to be $39.8 billion. Tobacco accounted for $17 billion or 42.7 per cent of that total estimate. Thus, there are significant social and economic benefits to the country in reducing the use of tobacco.

Program managers and FTCS stakeholders strongly support continued tobacco control efforts in Canada (according to 91 per cent of stakeholders in the survey; higher when industry is excluded). Still, governments face many pressing health issues, some of which are receiving increasing attention from health organizations, such as childhood obesity. As such, a key concern among FTCS stakeholders and program managers is the need to overcome perceived complacency among the general public and decision-makers around tobacco (the feeling that 'tobacco has been done'). Recent public opinion evidence suggests that the general public, in fact, *do* see tobacco control as a priority for governments, with 68 to 77 per cent of the public viewing smoking and second-hand smoke as very serious health issues. It should be noted, however, that the perceived seriousness of the issue is driven to some extent by a significantly inflated estimate on the part of the general public (more than double) of the proportion of the population that smokes.

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[12] Source: Statistical Profile on the Health of First Nations In Canada for the Year 2000, HC, and CTUMS

[13] Measured in terms of the burden on services such as health care and law enforcement, and the loss of productivity in the workplace or at home resulting from premature death and disability.

According to surveyed stakeholders, the need for government efforts in tobacco control is most pressing in reducing youth take-up of smoking, reducing smuggling, and reducing the number of smokers overall (cessation). Reducing smuggling is an area that sees significant convergence among stakeholders (tobacco control, health and industry). This is also an area where the general public clearly sees the federal government in a primary role. For other aspects of tobacco control such as reducing youth take-up and cessation, the general public view is that multiple organizations must be involved, often with Canadian themselves playing a very important role.

Role of the Federal Government

While there are many players who have a stake in tobacco control, the federal government is seen by evaluation participants to clearly have a necessary and legitimate role in this domain, if for no other reason than its legislative and regulatory responsibilities with respect to *The Tobacco Act* and the *National Smokers Health Act*. The federal government is also responsible for the health of First Nations people living on-reserve, cross-border concerns and federal cigarette taxation rates, perceived to be an important lever of tobacco control. However, there is a recognition among both government informants and the stakeholder community that the federal government does and should play a much broader role beyond purely legislated responsibilities. The federal government was noted to have played a critical role, for example, in international forums, making an important global contribution in the development of the International Framework Convention on Tobacco Control. Many interviewees argue that the resources, economies of scale and national scope of the federal jurisdiction have benefits in monitoring and surveillance research, piloting and evaluation of demonstration approaches/sharing of best practices in programming, and liaising with national health organizations. Finally, the federal government is perceived to provide an equalizing effect across provinces and territories, some of whom dedicate very few resources toward tobacco control.

Support for a federal role in tobacco control is corroborated by general public opinion data. In fact, more than half of Canadians believe that the federal government should be very involved in reducing the health risks of smoking and second-hand smoke. It should be noted though that more Canadians think that NGOs, health professionals and Canadians themselves should be very involved. However, when attributing primary responsibility for key areas of tobacco control, Canadians tended to believe that the Federal Government should have a primary role in the areas of reducing harm, regulating sales, reducing smuggling and, to a lesser extent, cessation and reducing the effects of second-hand smoke.

According to the qualitative interview evidence and stakeholder survey data gathered during the course of the evaluation, discontinuing or significantly reducing the FTCS were forecast to have a negative effect, both in terms of smoking prevalence (and associated disease and death), as well as momentum of programming efforts, the tobacco control research base, coordinating of tobacco control efforts and Canada's international stature and contribution in the area. An often cited example during the interviews was the effect on smoking rates during the mid-1990s when cigarette taxes were rolled back to address an increase in smuggling, resulting in a substantial decline in the retail price of cigarettes. The

resulting drop in tobacco prices triggered an increase in prevalence among Canadian adolescents (the proportion of youth age 15 to 19 who smoking rose from 21 per cent in 1990 to 28 per cent in 1994/95)[14].

On the other hand, some key informants noted limitations in the federal role. Health service delivery and community-based activities have traditionally been the domain of the provinces who are believed to be closer to their communities and thus better able to provide the kind of targeted, innovative programming appropriate to sub-groups. SHS is also an area where provinces and municipalities have led (with the support of the federal level). There is, therefore, some feeling among (some) interview respondents that provinces may assume a greater role in tobacco control in the future, particularly in areas related to, for example, prevention, with the federal government providing support as noted above (demonstration projects/best practices, traditional national public awareness and education campaigns).

The federal role in mass media was raised by a small number of evaluation participants with the managers and stakeholders groups as a potential candidate for realignment. The centralization of the administration of advertising funds within government has had a negative impact on the extent of the FTCS mass media efforts (discussed in more detail below (1.3(a)). Should the means not be available to restore dollars and control of these funds within the program, having third party organizations, such as national NGOs with expertise in mass media, assume the responsibility for delivery was raised as a possibility by these respondents.

b) Relevance of the FTCS

Overall Approach

Overall, the FTCS as a guiding framework for federal investments in tobacco control was viewed by stakeholders and program managers as a generally appropriate mechanism to achieve objectives and having continued relevance. For many key informants and surveyed stakeholders, the Strategy is itself a strength, by providing a national vision and enhancing the visibility of the issue. The Strategy commits the federal government to a significant and ongoing role in tobacco control, demonstrating the priority of this health challenge and national attention to the issue.

The comprehensive and integrated approach to tobacco control advocated by the Strategy is widely supported by evaluation respondents as the means for achieving expected outcomes. Three-quarters of surveyed stakeholders agree that tobacco control is best approached in this way (over 80 per cent among organizations that have a tobacco control mandate). Evaluation respondents are more muted in terms of the extent to which the Strategy was, in fact, *implemented* in a comprehensive and integrated fashion (discussed in more detail below).

[14] Canadian Tobacco Use Monitoring Survey. http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/research-recherche/stat/ctums-esutc/prevalence/index_e.html

Consistency with Partner Organization Priorities

The mandate and objectives of the FTCS were perceived to align quite well with the mandate of stakeholder organizations. The notable exception is with regard to the inclusion of harm reduction as a component of the FTCS. Many stakeholder organizations were more apt to embrace a commitment to denormalization as it is represented in the National Strategy. According to these stakeholders, there is evidence to indicate that denormalization is an important component of a comprehensive tobacco control strategy, having particular effectiveness with youth.

Strategic Directions/Strategy Components

To achieve its mandate and goals, the FTCS encompasses four strategic directions or components: protection, prevention, cessation and harm reduction. According to evaluation participants, the components represent a holistic approach to tobacco control and are, in theory, complementary. Few disagree with the Strategy's prevention, protection and cessation components. These thrusts have a strong evidence-base and reflect international experience in tobacco control. Harm reduction does not have the same status. This component is defined in the TB Submission as "to reduce harm to smokers and those exposed to tobacco smoke" and was expected to unfold as a "longer term component of the strategy". Harm reduction draws mixed opinions from evaluation participants. While some support harm reduction as a way to address the health of current smokers, others object to its inclusion, variously citing a lack of clear efficacy, complexity of the concept, overly narrow casting of the component or inherent risks of an approach that could lead to the introduction of new tobacco products in Canada and the perception that some products are less harmful or not harmful at all.

Questions about the relative importance of harm reduction is corroborated in surveyed stakeholders' lower rated priority of harm reduction and less urgent need for federal efforts in this area (vis-à-vis other strategic directions), and their preference that comparatively fewer resources be allocated to this component. There are many in the stakeholder community who would have preferred an emphasis in the Strategy that included a commitment to denormalization.

3. PROGRAM DESIGN AND DELIVERY

This section brings together the findings from managers and stakeholders (interviews and survey) relating to the design and delivery of the FTCS. This issue area included a number of issues: implementation of the Strategy, including stakeholder satisfaction; current and future targeting of FTCS activities; coordination; partnership support and development; and organizational and administrative issues such as funding, governance and performance measurement.

3.1 STRATEGY IMPLEMENTATION

a) Actual vs. Intended Implementation

According to managers interviewed as key informants, the implementation of the Strategy was positively and negatively affected by a variety of factors in the broader environment. On the positive side, several managers noted that the Strategy was initiated at a time of great momentum in tobacco control ("the Strategy was in the right place at the right time"), driven in part by federal actions, but also by provincial, municipal, non-governmental efforts that rapidly advanced the agenda and led to significant reductions in smoking prevalence. The introduction of smoke-free legislation in communities across Canada was identified specifically by managers as having had a significant impact on prevalence rates. In turn, the momentum in provincial and regional activities is partially attributed to the success of the FTCS and specific initiatives (e.g., the Heather Crowe campaign and regional campaigns are identified as having contributed to the introduction of smoke-free legislation in communities across the country).

On the negative side, most managers and stakeholders interviewed noted that, compared to the original TB submission, the implementation of the Strategy was undertaken with far fewer resources that originally requested and allocated (see Section 1.1 above). The erosion of funds was said to be due, in part, to a reallocation of funds within the department. There was also a particularly dramatic decrease in the funds originally dedicated for mass media campaigns, which interfered with the ability of the FTCS to sustain mass media activity. Revamping and centralization of the administration of government advertising dollars following the sponsorship scandal was noted to have had a negative effect on the amount of funds available. As well, the Strategy was perceived to have been hampered by some organizational issues which included turnover of key staff, human resource capacity issues in the early years and a lack of integration among Strategy components owing to their previously separate organizational locations. Some managers indicate that the TCP lacked the infrastructure to have been capable of spending the amount of funds initially allocated to the Strategy, noting that even with a reduction in resources, some funds were lapsed

each year. Progress is perceived to have been slower than hoped in some areas such as regulations (e.g., light and mild) and harm reduction, and as mentioned there has been little sustained activity in the national mass media area.

Despite these issues, most managers interviewed indicated that the Strategy has *generally* unfolded in the way it was intended ("more or less", "by and large"), citing the achievements in meeting objectives well in advance of original expectations and some unexpected successes in areas such as second hand smoke, court challenges and the international framework. The Strategy was described as being well thought out and as having enjoyed the support of successive Federal Ministers of Health. However, a common sentiment among some key informants in both the manager and stakeholder groups is that the FTCS, to date, has undertaken conventional, standard approaches to tobacco control, albeit with good results. The Strategy was seen by these interviewees to have been slower to explore bolder, more creative and strategic approaches to tobacco control. According to most respondents, a future iteration of the Strategy must also be responsive to the external environment.

b) Evolving Environment

Both manager and stakeholder key informants were asked to identify factors in the external environment that have evolved or might be expected to impact on the future delivery of the FTCS (positively or negatively). Issues that were noted by interviewees were:

- A commonly cited factor in the external environment voiced by managers and stakeholders is the concern that tobacco control as a political and public priority could wane, that there is complacency about the issue (that "tobacco is done", "tobacco is not the political priority is once was…even in my own organization, obesity is getting more attention than tobacco", "our success has led to complacency in the public"). This complacency was attributed at least in part to the fact that objectives were met. Among stakeholders, the change in government in the last year has also engendered uneasiness about the future priority of this issue. On the positive side, according to one interviewee, health is still a major priority for the Canadian public and given that tobacco is the leading cause of preventable death, it will continue to be a factor in province's drive to reduce health care costs.
- Evolution in the tobacco market. The tobacco marketplace has evolved over the last five years. Among the key trends identified through this evaluation are: 1) increasing prevalence of contraband (e.g., RCMP and CBSA seizures of contraband tobacco over the last five years have far exceeded the pre-FTCS period); 2) a shift in the tobacco pricing structure with the introduction of discount tobacco brands as much as $10 to $20 less per carton than regular brands and representing 30 to 40 per cent of sales; 3) social sources of tobacco supply for youth – according to CTUMS, 52 per cent of Canadian youth smokers obtain their cigarettes through social sources; and 4) the ongoing challenge presented by the introduction of new products by the tobacco industry (e.g., tobacco products that are individually packaged and sold, novelty cigarettes); and

- The changed landscape in tobacco control itself, including the widespread introduction of smoking bans. It is now estimated that 0ver 300 municipal or regional governments have passed non-smoking regulations or by-laws. The majority of workplaces have coverage - 94 per cent of employed individuals indicate some kind of smoking restriction at their workplace and the proportion of Canadian children exposed to second hand smoke in their home has decreased from 33 per cent in 1996/97 to 12 per cent in 2005. As smoking prevalence rates decline and the composition of the Canadian public in general shifts, the demographic profile of the smoking population also becomes something of a moving target. For example, between 1965 and 2005, the smoking prevalence rate declined by 39 per cent points for men compared to 22 percentage points for women. The profile of smokers and high risk groups must be re-evaluated in light of their profile.

- The creation of the Public Health Agency of Canada in 2004 was mentioned by a small number of managers as affecting partnership opportunities (with partnerships being "more difficult", "not as obvious" given the organizational separation between Health Canada and PHAC and the initial growing pains as the Agency was established).

c) Strategy Objectives

During its first five years, the FTCS laid out objectives in five areas: smoking prevalence rates for Canadians overall and for youth, retailer compliance with regulations on sales to minors, reducing exposure to second hand smoke and exploring ways to mandate changes to reduce the hazards of tobacco. While stakeholders who were interviewed as key informants did not disagree with the incorporation of measurable objectives per se, several commented that that the initial objectives set by the FTCS were too modest or overly cautious, given that they were met so quickly ("to be fair, the Strategy was done in a hurry and the thrust was to 'underpromise and overdeliver'"). For example, several stakeholders in particular believed that the objectives were not sufficiently ambitious and, according to some, worked against building momentum around the issue, paved the way for an administrative reallocation of Strategy funds to other areas of HC (given the ease with which objectives were met) and has also introduced the risk of drawing attention away from tobacco.

Managers interviewed towards the end of the study were asked to comment on the fact that most initial objectives were met less than halfway through the life of the Strategy. Several noted that they had no way of knowing when objectives were set that the momentum that tobacco control achieved nationally and even internationally would occur. The objectives were believed to be realistic at the time, though reportedly there was also a concern about setting unattainable objectives; with a preference to under-promise and over-deliver. Furthermore, it was noted that the initial objectives were set based on 1999 prevalence data (which was all that was available at the time), while subsequent data released for 2001 indicated that smoking prevalence had already dropped to 23 per cent, which meant that the FTCS was well on its way to achieving its goal in its inaugural year.

3.2 STRATEGY TARGETING

In terms of the selection of target audiences, according to the original TB Submission, the "FTCS focuses on all groups of Canadians, but especially high risk groups ranging from youth to young adults...to recent immigrants to Canada, to Inuit …and to First Nations…and other aboriginal groups". The prevalence data and informed opinion gathered in the evaluation indicate some success with middle age smokers and with youth (from 25 per cent in 2000 to 18 per cent in 2005 – though the prevalence has been unchanged in the last year).

For some stakeholders and a handful of managers interviewed, the Strategy, should move cautiously in its emphasis on sub-populations – perhaps beginning by researching the most appropriate interventions for these groups, but continue a thrust on population-based approaches ("the most number of smokers is in the middle class…the FTCS should still be looking at broad policy interventions", "yes, we need special population strategies, but we can't let up on general population strategies….we've not exhausted every tool, not by a long shot", ""hard to reach groups are expensive and difficult and we've seen declines in rates in all demographic groups, so the focus of the Strategy should continue to be the population as a whole"). This approach, then, favours a continuing focus on broad policy and legislative tools that impact all smokers (e.g., taxation, regulations).

Surveyed stakeholders are somewhat divided about the most effective approach for program targeting; while 44 per cent of stakeholders believe that there should be equal emphasis on specific, vulnerable populations and a more general focus on the entire Canadian population, 27 per cent prefer an approach that emphasizes specific populations, while a similar proportion (26 per cent) favours an approach that focuses on the entire population. Only one in three surveyed stakeholders believe that the FTCS currently has the right mix in the relative emphasis between specific groups and the Canadian population as a whole (although one in five say they don't know). Stakeholders are more apt to say that the FTCS should have a greater emphasis on specific target groups (37 per cent), while 15 per cent feel there should be more emphasis on the general Canadian population.

However, considering the target audiences that were identified (youth, young adults, new immigrants, Aboriginal people), key informants (both managers and stakeholders) tended to be supportive.

Of significant concern to many managers and stakeholders is targeted initiatives for First Nations and Inuit people — a current target group and an example of a population where both smoking rates and the number of smokers are high and a segment that experiences poorer outcomes on most health indicators. Key Informants noted that, this is a group that has a burgeoning youth population, is outside the influence of some population-based tobacco control strategies that have proven effective, notably taxation and, in some communities, individuals risk involvement in the illicit tobacco trade. At the same time, a small number of key informants noted that this is also a community that has many challenges (substance abuse, safe drinking water, suicide) and was at "ground zero" in terms of tobacco control, making for a "long reach"

between Aboriginal communities and the framework of the FTCS. Surveyed stakeholders also agreed (68 per cent) that Aboriginal people should continue to be a high priority.

Among key informants, there were mixed views about the importance of youth as a target group – while some managers and stakeholders argued that targeting of youth has been successful in terms of prevalence, a small number of stakeholders are more wary of a "youth centric" approach, preferring to address efforts to young adults (where prevalence rates are high) and adults (who are models for youth). 77 percent of surveyed stakeholders, however, respectively say youth should continue to be a high priority, while 62 percent supported the inclusion of young adults. As well, denormalization is an approach that has been shown to be particularly effective with youth, but is not within the scope of the current Strategy and targeting youth involves provinces and territories (e.g., public education in schools etc.).

There were also some mixed views among key informants on the extent to which recent immigrants are an appropriate target audience (based on recent research data that do not show high prevalence rates among recent immigrants). Among surveyed stakeholders there is somewhat less support for continued high priority of the more generic categories of "smokers" (49 per cent) and "Canadians exposed to second hand smoke (41 per cent).

One in four surveyed stakeholders recommended that additional target groups or sub-groups receive emphasis and support. Of those who proposed additional target groups (n=52), the most frequently suggested target groups were people with a mental illness (cited by 28 per cent of those arguing for more emphasis on specific populations); lower socio-economic status people (17 per cent); pregnant women (13 per cent); and various immigrant/ethnic groups (12 per cent). Most managers and stakeholders interviewed agree that, in its targeted programming and mass media efforts, in the next five years the Strategy will need to grapple with "hard to reach" groups that have high smoking rates or that have not been amenable to current approaches (e.g., lower SES, single mothers, urban Aboriginal, young girls, those with mental and physical disabilities, occasional or less dependent smokers), possibly working with organizations dedicated to these groups and community leaders. It was noted by one respondent that the reductions in smoking prevalence rates in the general population mask high rates among vulnerable populations — an issue of growing health disparity.

3.3 Partner Support and Development

The FTCS TB Submission includes a specific recognition of building support among partners: "FTCS also puts a new and strong emphasis on the importance of partnerships among government departments, as well as other governments and NGOs in reducing tobacco consumption…. Critical to effective implementation is the coordinated work of national, regional and community partners toward common goals". Examples in the submission of potential partners include national NGOs (tobacco control advocates, health organizations), health professionals/practitioners, school board/educators, youth organizations, regional coalitions and community groups/representatives.

According to managers, the FTCS has had many successes in building partner support. Some suggest that partner support and consultation have improved dramatically since 2001, partly due to the development of mechanisms to facilitate regular, ongoing consultation. Examples of successes include:

- Grants and contributions funding has allowed NGOs to participate as partners in many ways, such as in delivery. The support and participation of the Canadian Cancer Society around quit lines was cited as one example of a highly fruitful collaboration that has yielded a set of national best practices.
- Effective partnerships have been developed with the provinces/territories through a successful F/P/T Liaison Committee. Provincial health ministries and justice ministries have been engaged under the Strategy (though at least one manager noted that this partnership could be broadened to include other provincial ministries such as Finance, Multiculturalism, Aboriginal Affairs, etc.).
- In the research area, the availability of funding through the FTCS "changed the landscape in how the Department was able to deal with partners….tobacco used to be a poor cousin, but with funding achieved a strong measure of support and influence on research and policy". Examples of partnerships include with Canadian Tobacco Control Research Initiative, Canadian Institutes of Health Research and the Social Sciences and Humanities Research Council.
- At the regional level, partnerships have been established in the compliance area (e.g., with RCMP detachments), provincial Finance departments, and NGOs.
- In the enforcement area, there has been significant partnerships development among the RCMP, CBSA and CRA through steering and working committees on this issue, as well as liaison and common projects with US authorities (e.g., Bi-annual Tobacco Diversion Workshops). CBSA and the RCMP also have joint responsibility for the Customs Act and together produce tobacco monitoring and assessment reports.
- Several roundtables have been held with stakeholders to discuss action on specific segments or target groups (e.g., Aboriginals, youth) or to consult with specific stakeholders (e.g., mass media, educators). As well, HC consults regularly with a panel of Canadian youth through the means of the Youth Action Committee.

At the national level, consultations with NGOs occur through the Canadian Coalition for Action on Tobacco (CCAT) and, as well, NGOs may be engaged and express their views through other means (letters, media). While managers interviewed indicate that government and stakeholders each generally respects the other's role, the partnership, particularly at the national level, can be complex and somewhat fractious as the NGO's advocacy role can be at odds with the capacity of government to respond (for example, the push on the part of some advocacy groups to denormalize the tobacco industry and the legal difficulties for government given that tobacco is a legal product in Canada).

While several stakeholders who were interviewed as key informants described their partnership with Health Canada as quite positive and supportive, many other stakeholders who were interviewed for the evaluation study held the sentiment that, while their consultations and collaborations with Health Canada have been satisfactory, as a group, they have generally been underutilized ("we've been invited to comment and consult and this has gone well…but the FTCS could make better use of us", ""frankly (the partnership) is strained and formalized compared to what I've seen in other countries…we've never had a request from Health Canada, we're not viewed as an information resource"). A significant number of staff turnovers have also created challenges in establishing trust and dialogue. Overall, there is a desire for greater communication and dissemination of the activities, opportunities and results from the FTCS, as well as greater dialogue. Tobacco control stakeholders' disappointment with their partnership with government reflects a broader sentiment within the voluntary sector leading up to and since the federal Voluntary Sector Initiative (VSI) that "most government consultation was ad hoc, intended to solicit feedback on a particular policy or issue at a specific point in time, and very little by way of ongoing infrastructure for two-way dialogue was established".[15]

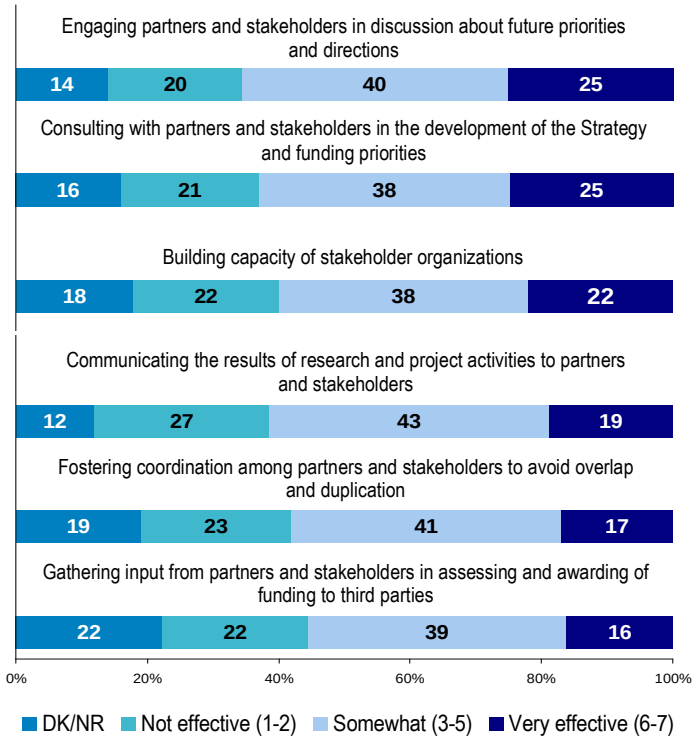
Like key informants, surveyed stakeholders give the Department only moderate satisfaction ratings in terms of its effectiveness in building partner support among FTCS stakeholders. One in four stakeholders indicate that the Department is very effective (responded 6 or 7 on a 7-point scale) in engaging partners and stakeholders in discussions about future priorities and directions, and consulting with partners and stakeholders in the development of the Strategy and funding priorities. Another one in four believes the Department is somewhat effective in these areas. Note, however, that between 14 and 16 per cent of stakeholders provided a "don't know response" for these items (when the "don't know" responses are removed the proportion saying very effective increases to three in ten).

[15] Rethinking Civil Society - State Relationships: Quebec and Canada at the Crossroads* Rachel Laforest, Ph.D. Candidate, Public Policy, School of Public Policy and Administration, Carleton University) ttp://www.cvsrd.org/eng/discussion_papers/engP_S.doc . In June 2000, the Government of Canada announced its commitment to spend $95 million over the next five years to develop its relationship with the voluntary sector and improve the quality of life in Canada. These funds were enhanced by in-kind contributions of both sectors and the Voluntary Sector Initiative (VSI) came into being.

Slightly weaker ratings are provided by surveyed stakeholders for departmental effectiveness in building capacity of stakeholder organizations and communicating the results of research and project activities to partners and stakeholders. Lowest ratings of effectiveness are for fostering coordination among partners and stakeholders to avoid overlap and duplication and gathering input from partners and stakeholders in assessing and awarding of funding to third parties (though, again, there is a comparatively higher proportion of "don't know" responses for these items – when the don't know responses are removed, 21 per cent of stakeholders rate the department as very effective in these two areas).

Effectiveness of the Department in Consultation & Building Partner Support

"How effective has the Department been to date in…?"



EKOS Research Associates Inc.

n=136

On-line Survey of FTCS Stakeholders, 2006

The FTCS has had a strong positive impact on project-based partnerships of the funded organizations themselves: 92 per cent of stakeholders who received funding through the FTCS indicated that their project involved partners other than Health Canada. Key partners were most likely to include community-based organizations/NGOs (73 per cent); health organizations (64 per cent); school/educational institutions (56 per cent); a provincial government department or agency (53 per cent); or a regional/municipal government (42 per cent). Partnerships with a private sector organization or First Nations Band/Aboriginal organization were less common (20 and 16 per cent respectively). Six in ten funded stakeholders indicate that their project helped to develop new partnerships or strengthen existing ones to a great extent (another 33 per cent said to some extent). A similar proportion (59 per cent) say they are very satisfied with quality of their project partnerships.

3.4 Stakeholder Satisfaction with Project-Based Funding Programs

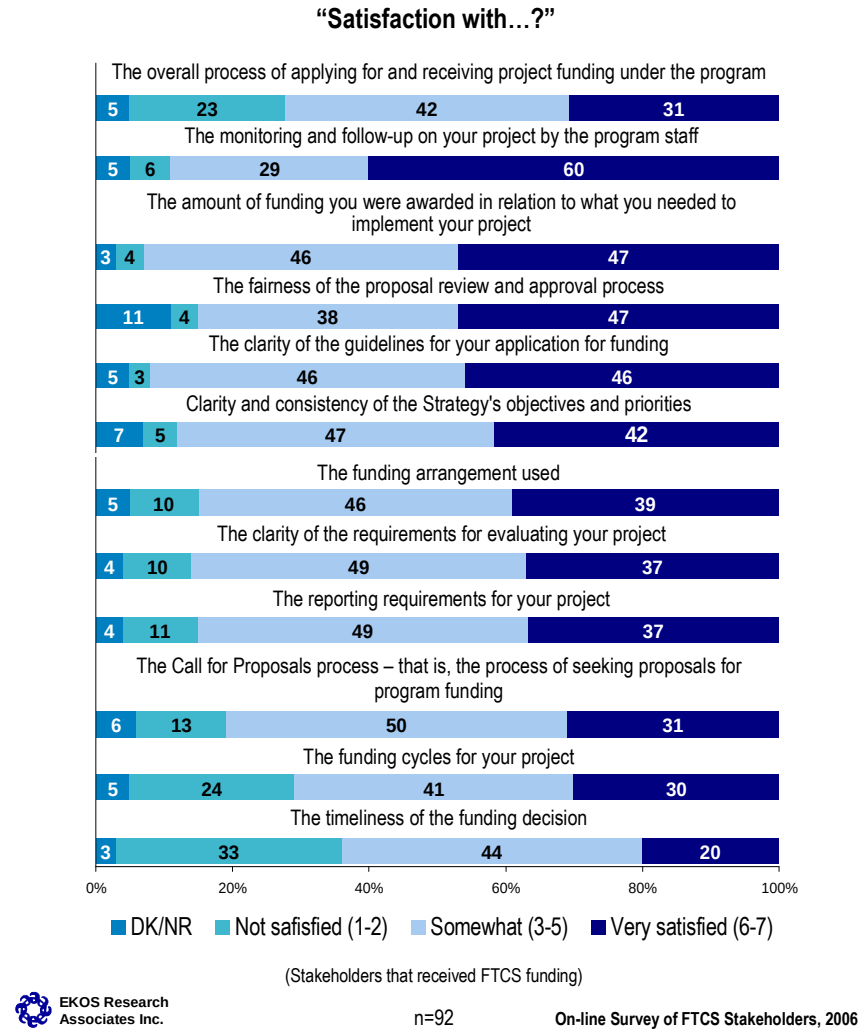
a) Satisfaction and Barriers

Among surveyed stakeholders, 62 per cent indicated that they have received funding from the FTCS for a project or activity. This is 75 per cent of non-industry stakeholders. Overall, 31 per cent of stakeholders who received funding are very satisfied with the overall process of applying for and receiving project funding under the program and another 42 per cent of stakeholders are somewhat satisfied. About one in four (23 per cent) are dissatisfied.

In terms of the various aspects of program delivery, six in ten funded stakeholders say they are very satisfied (responded 6 or 7 on a 7-point scale) with the monitoring and follow-up on their project by the program staff. The amount of funding available for projects under the Strategy and the application process (clarity of guidelines and priorities, fairness) received moderate satisfaction ratings (between 42 and 47 per cent very satisfied). Slightly lower ratings are provided for the evaluation and reporting requirements associated with program funding (37 per cent very satisfied with these elements).

Echoing the comments of key informants, greater dissatisfaction with program delivery is evident with respect to program funding cycles and the timeliness of the funding decision (30 and 20 per cent of stakeholders are satisfied with these elements respectively, while 24 and 33 per cent are dissatisfied). Similarly, among stakeholders who reported being dissatisfied with the funding mechanism used (10 per cent), by far their most frequent complaint expressed in a follow-up question was the delays in funding decisions (and consequently, necessitating one year of project activity to be compressed into a shorter timeframe). This is also reflected in the suggested improvements (see next page), which is a comment made more often by those who provide a less satisfied rating on the overall measure.

Stakeholder Satisfaction with Project-based Funding Programs



(Stakeholders that received FTCS funding)

EKOS Research Associates Inc.

n=92

On-line Survey of FTCS Stakeholders, 2006

When asked what barriers, if any, they had encountered in working with the FTCS, one in five surveyed stakeholders said no barriers and one in four indicated "don't know/no response". Of the remaining responses, the most commonly cited barriers were delays/timeliness (17 per cent); lack of coordination (14 per cent); lack of information (12 per cent); onerous reporting requirements (nine per cent); and lack of opportunities for input in policy and priorities (nine per cent). It is noteworthy that stakeholders with a regional scope are more apt to have cited delays or timelines than other organizations. Some illustrative quotes regarding barriers encountered include:

- "The main barrier to effective and efficient programming is the timing of projects being awarded. Late notification jeopardizes effective outcomes, efficient use of resources and adequate evaluation."

- "It would be better if projects were approved and started as originally planned in the project submissions. There are always delays while awaiting project approvals and announcements and this sometimes affects the ability to complete all activities as originally intended."
- "The federal government leads the FTCS, but not as effectively as it could. There is high turnover in staff, resulting in a sense that no one really knows what they're doing at the program manager level. Program managers also tend to work in silos. Senior managers are overworked and don't have enough time to be creative. From the outside, it doesn't seem as if there are enough linkages among the various departments working in tobacco control."
- "Lack of input from provincial and local stakeholders into national TC directions and decisions. Health Canada will not provide ongoing programming funding to TC organizations."
- "Various departments or levels of government not coordinating or sharing information, leading to funding being generated in pockets of people who are in the know, while other communities fail to capture any dollars or programming because of limitations in their size and skill sets — leading to an uneven allocation of resources."
- "Financial reporting is unrealistic; smaller organizations with fewer resources need extra resources just to handle the reporting process; proposed funding timeline (during calls for proposals) and actual funding timelines (the reality)are not the same — why not ask for funding projects of 5-7 months as that is all that can be accomplished given the poor timing from proposal deadlines to arrival of cheques."
- "It is entirely a top-down approach. There is little or not effort made to gather let alone consider information from industry stakeholders prior to the development of policy. We never know who to contact for questions, who to consult for information and are generally treated with little respect when contact is made. Inspectors are often uneducated about legislation and policy and take liberties with respect to interpretation of laws. There is no impartial party for stakeholders to contact and instead, we are simply dictated to, having recourse only to taking issues to court (which none of us can afford)."

In terms of differences in responses, funded stakeholders were more apt to cite delays and timelines (although they were also more likely than non-funded stakeholders to say that there are no barriers). Timelines and delays is also more of an issue for stakeholders with a regional scope compared with other stakeholders. Industry representatives more often say that they don't have opportunity for policy input (according to 32 per cent of industry). Lack of sustained funding is an issue for those in tobacco control.

b) Funding

Among the structures available for flowing FTCS funds, contribution agreements and contracts have been predominant. MOUs (initially used overly "loosely") are now reserved for agreements with other government bodies or agencies (e.g., provinces/territories). In the early years of the Strategy, the TCP reportedly suffered from capacity challenges – in essence, an inadequate number of staff to "spend the money". This issue was eased as the offices were appropriately staff and, too, the amount of funds available to the Strategy deceased. Some managers and a few stakeholders were also frustrated by HC's financial systems to provide needed information on expenditures. A small number of managers linked some of the difficulties with project approvals back to weak strategic planning for the Strategy as a whole. It was argued that clear priorities, with projects clearly linked to priorities, would result in a smoother approval process. Several link delays in approval to the number of layers of approval required, with funding decisions ultimately requiring approval from the Minister's office. Several managers suggested that delegating signing authority for projects under $100,000 to a lower level within the hierarchy might alleviate the situation somewhat. There were also some isolated comments regarding the perceived inability of the financial tracking system at HC to accurately track expenditures in different areas (e.g., in response to NGO questions) and the need for flexibility at the regional level to disburse funds for outreach and promotion and to stabilize smaller organizations through nominal operational funding.

Among key informant stakeholders who had received funding through the FTCS, views on FTCS funding arrangements are mixed. However, there were many complaints about the burdensome paperwork and, particularly, delays. The common perception is that following the HRSD Grants and Contributions and sponsorship scandals, federal "checks and balances" have been tightened excessively. Specific criticisms include: reliance on one-year funding arrangements which create instability; with contracting and contribution agreements, placing NGOs in a competitive position with the private sector and provinces; lack of gradients in expectations for proposals/reporting based on the dollar value of the agreement (the burden in some cases reportedly being a disincentive to apply); time lags and delays in sign off and between notification of a successful project and flow of funds leading to accounting nightmares; last minute notification of funding opportunities; an "insider game" that tilts funding toward established groups and away from new or innovative partners; and need to prepare individual proposals for programs in each province rather than a more efficient national proposal

Surveyed stakeholders indicating low levels of satisfaction with the funding arrangement were asked to comment on what would have worked better. Those who were unsatisfied found that:

- the "system suffers from lack of timeliness. Proposals are requested too late; funding decisions are made too late; funding is received too late."
- "Annual, project funding does not work well to support organizations to do the type of long-term program and partnership development that is necessary for effective tobacco control."

In terms of other needs and how this process could be improved, a number of surveyed stakeholders identified:

- more efficient means of obtaining funding, knowledge and awareness of certain proposals that exist or are up and coming, as well, assistance and the "capacity to write these proposals".
- "More lead time to allow for project development before the funding process begins (e.g. let us know earlier when the call for proposals will happen)."
- "It is difficult to know when RFP's are going out. Perhaps email notices could be sent to those who have previously received funding and completed successfully projects/programs."
- "When accessing funding, and as a non-profit we have to do this a lot, we often have to spend more time writing the proposals interfering with time we could actually be DOING the project. Quite frustrating."
- "Speed up the process — make the call for proposal more public — make the decision making process more transparent."
- "Faster turn-around. Call for proposals before April 1st so they are ready to be approved right away. Be more flexible in money transfer and what the people need not just what you think is most important. Listen more closely to the people you are trying to assist. Just more flexibility is needed!"
- "Funding needs to be multi-year, at least three years to have any impact at the community level. The first year is always the foundation, letting people know that the project exists. One year projects build false expectations and have very little success effecting health outcomes."
- "The major improvement for our organization would be a longer time frame for the project funding. The last cycle was 9 months and it is very difficult to develop, implement, evaluate and report on a project of any significance in 9 months."
- "I know the reporting process is necessary, but find it very time-consuming, exhaustive, and repetitive. Almost makes us NOT want to apply for funds."
- "There needs to be clarity of communication from national and regional staff. There needs to be a reasonable expectation for completing the application/proposal process and a reasonable expectation of time for resolving any areas requiring clarity or additional information, etc."
- "Make it more transparent. Although we were funded (and I feel very well supported by Health Canada), it comes across very much as a closed shop. It's as though there is a funding decision, and then agencies are allowed to bid on pre-determined allotments."

More small sized stakeholders are typically satisfied across a range of dimensions than other stakeholders. On the other hand, those with a provincial scope are often the least likely to be satisfied (along with those with a regional focus in some cases).

Dissatisfaction with federal government funding mechanisms among stakeholders is not unique to the FTCS. Since the 1990s, core funding of organizations has been virtually eliminated. However, "the use of project-based funding has…been associated with shorter funding time frames and greater unpredictability regarding initial project funding – that is, whether a project will be funded or not and at what level – and its subsequent renewal….Longer-term…funding opportunities are few and far between".[16]

3.5 COORDINATION

As part of the review of management practices, FTCS managers were asked to comment on the level of coordination, cooperation and integration of the FTCS at various levels: between the offices of the TCP, between regional offices of Health Canada and TCP offices, and among federal partners in the FTCS.

Mangers interviewed as key informants hold mixed views on the level of coordination and integration across the various facets of the Strategy. With respect to the offices of the TCP, several managers noted the improvement in the organization of the FTCS over the previous iteration. The TCP has had three successive locations within Health Canada: the Health Protection Branch (1994 to1999); Population and Public Health Branch (2000); and the Healthy Environments and Consumer Safety Branch (2001 and onward). The final move unified the different TCP offices under one directorate (with the exception of the First Nations/Inuit component and International Affairs). Several managers noted the significant challenges in overcoming the historical operational silos of the different components of the Strategy – a challenge that is perceived to have not yet been fully overcome. Despite this, some underline the unification of offices as a significant improvement over the previous model, in that it has facilitated coordination and communication, resulting in gradual and steady improvement in coordination. As well, initially there were "serious capacity issues" (with respect to staffing) – there were pressures initially to "spend the money" without adequate staff resources and over the first five years of the Strategy some key management positions were left vacant for a year or more. Some challenges related to territoriality/protection of turf and resources were also noted. While there have been efforts to increase integration across offices (e.g., through the use of project-based working groups, annual operational planning at the team level), the offices were variously described as "still operating in silos", "competition rather than synergy", "not effectively representing itself as a program", and "needing clarification of some functions". One example of an area where roles and responsibilities are perceived to be unclear is with respect to liaising with external partners.

A frequent recommendation from managers interviewed was that the planning function be augmented to enhance integration/cohesiveness, clarify roles and priorities, encourage greater daring/vision and improve responsiveness based on evolutions in the tobacco control landscape and lessons learned. There is a perceived need to incorporate strategic planning into what is now largely a work planning

[16] Funding Matters: The Impact of Canada's New Funding Regime on Nonprofit and Voluntary Organizations. http://www.vsi-isbc.ca/eng/funding/fundingmatters/03.cfm

exercise. There were some suggestions as to how this function might be improved, for example, by establishing a middle management table to share information, implement activity-based planning rather than budget-based planning (which would see year-to-year flexibility in the amount allocated across offices), relocate the function within the Director General's office and recognition that the Department "cannot do everything…pick a priority and then stick to it". Effective management of the Strategy was also perceived to be hindered by a lack of management infrastructure – contracting systems, reporting systems to easily track activities and expenditures, and monitoring and adjustment of workplans over the year and from year to year.

Beyond this, there were divergent views as to further organizational restructuring. There was a common recognition among managers of a need for greater coordination between the Strategy/TCP and the FNIHB – many managers admitted to having little knowledge about the activities or accomplishments resulting from Aboriginal initiatives and believed there was a need to seek a way to better apply the Strategy in this area. For several, this implied incorporating this component within the TCP or at least establishing a closer relationship between the two areas. At least two managers felt the international component could be repatriated to the Program.

The relationship and level of coordination between NHQ and the HC regional offices were most often deemed by managers to be improving. The "regionalization" process (regional operations and staff report to regional Director Generals (not to the program authority)) was a department-wide strategy that affected all health strategies and the FTCS was noted by a small number of managers to "have fared as well or better than others".

The level of coordination across federal partners received mixed reviews from managers interviewed. Initially during the development of the TB Submission there were frequent meetings among federal partners, however, this contact reportedly dissipated once the funds were dispersed. Many feel that partners essentially "went their own way once they received their piece of the pie". The mechanism that is currently in place involves a periodic interdepartmental meeting at the working (officer) level where information is shared by all participating departments. There are additional coordination mechanisms - a steering committee and working committee — that have been established by the departments involved in enforcement activities (RCMP, CBSA, CRA), as well as bilateral mechanisms (e.g., between Finance and RCMP) which are perceived to be functioning effectively.

The coordination across federal partners was variously described by managers as being "poor" or "routine", to being "not extensive but probably sufficient". Coordination and sharing of information has suffered in some instances with turnover of key staff. Several managers, from HC in particular, wished for a partnership that, in addition to addressing operational issues, had a more strategic focus. To enhance horizontal management, several managers raised the possibility of establishing a secretariat (akin to other strategies such as Canada's Drug Strategy) and possibly with representation from other relevant departments such as Agriculture, though others were wary of a secretariat that would be labour intensive for partner departments.

3.6 DUPLICATION/OVERLAP

There were few serious concerns among managers and stakeholders interviewed about duplication or overlap of activities undertaken by the FTCS and other jurisdictions or organizations (many stakeholders characterized tobacco use as an "epidemic" where you "can't do enough", with the leapfrogging and reinforcing of complementary efforts at the federal, provincial and municipal levels being critical to success). Provinces/territories themselves are widely divergent in the level of investment and activity in tobacco control and in some provinces where resources are scarce, the federal government is by far the predominant player. According to a small number of managers, for some activities such as those related to public education (where the roles of the provinces/territories and federal government are not as clearly delineated), there could be overlapping activities between jurisdictions, but managers, for the most part, viewed these as complementary activities (as long as the messages are consistent). Several program managers also noted that the provinces/territories and federal government work hard to avoid duplication and overlap. The F/P/T Liaison Committee was mentioned by these interviewees as being an effective body in this area.

One potential area of overlap between the federal and some provincial/territorial jurisdictions raised by a small number of managers is in the inspection area (though notably some provinces have taken deliberate steps to avoid this situation by having inspections for federal and provincial laws conducted by the same body).

In terms of potential re-alignment of activities, some stakeholder interviewees suggested that the federal government is better positioned to conduct and evaluate demonstration or pilot projects rather than have significant responsibility direct interventions with target audiences (e.g., cessation activities, education aimed at special target groups), which is best performed by jurisdictions or organizations that are closer to the target audience. While some stakeholders noted that there are economies of scale in having national media campaigns, several stakeholders indicated that, given current federal government constraints around mass media spending, this may be an area that could be better carried out by NGO partners (with funding provided by the federal government). A small number noted it is valuable to have research conducted outside of Health Canada (but not surveillance).

3.7 PERFORMANCE MEASUREMENT

Managers were asked about the extent to which performance measurement and accountability approaches have been consistent with the original FTCS submission to Treasury Board and how well the current approach supports decision-making. Managers were often critical of the original Results-Based Management and Accountability Framework (RMAF) — a document that was reportedly developed in haste and was among the earliest experiences at HC and TB with the RMAF process. For some activities, the indicators in the original RMAF were not appropriate (the most common complaints were that indicators were too high level/not sufficiently detailed for TB or for input into policy and also that the indicators were not

reflective of the actual activities and their intended objectives). While the document has been amended at least once to refine performance indicators, the RMAF has not been a "living", well-used guide for monitoring the progress and outcomes of the Strategy in practice. Among federal level key informants, there is a reported need for some new approaches in defining indicators to enhance their link with activities and outputs. As well, the program was noted as lacking some critical infrastructure to monitor results (financial systems, monitoring systems) to allow managers to understand how the Strategy's funds have been spent in which areas, with what impacts.

A key challenge that was noted by several managers is developing a way to determine attribution of individual program or policy initiatives toward declines in smoking prevalence, given the involvement of multiple players and an evolving external environment. These are issues that are not unique to the FTCS, but are challenging for other tobacco control and related health and social programs. A final issue related to performance measurement that was noted by managers, again not unique to the FTCS, is the capacity (human resources and expertise) of smaller projects to undertake rigorous evaluations. This was noted to be a stumbling block at the policy level in recommending approaches that worked when there was no substantiating data.

The majority of stakeholder interviewees who have received funding do not have significant complaints about the FTCS performance measurement and accountability requirements, stating that expectations are clear and they are appropriate. Many NGOs, however, face challenges in some cases in demonstrating impact (attribution) and there is perceived to be too little in the way of guidance for NGOs to provide sound and rigorous evaluations of their programs. As well, similar to proposals, a small number of interviewees noted that the expectations for reporting should be better geared to the value of the project.

At the project level, federal informants also expressed a desire for a common minimum data set (akin to that used by the National Pilot Project which funded smokers' quit lines) to capture impacts of funded projects. For their part, stakeholders express a need for greater guidance in designing and implementing evaluations that will satisfy Health Canada's requirements and demonstrate results. Reporting requirements and clarity of requirements for evaluation projects are among those aspects of program delivery receiving a lower satisfaction rating from surveyed stakeholders. Smaller, volunteer-based organizations with limited capacity face particular barriers in meeting evaluation requirements. As well, some stakeholders voiced concerns about the current infrastructure to disseminate results.

3.8 Design and Delivery Summary

a) Implementation

An overarching theme in the evaluation findings around design and delivery is the significant erosion in the amount of funds originally allocated to the Strategy due to an internal departmental

reallocation of Strategy funds and the centralization of mass media dollars following the sponsorship scandal. Considering, first, the internal departmental reallocation, the initial allocation to the FTCS was $84 million annually in the early years of the Strategy and $99 million annually in the last two years of the five year term. The allocation, while generous, presented the Strategy with capacity challenges initially to "spend the money" (the initial allocation represented a five fold increase from the predecessor program, the Tobacco Control Initiative). Thus in the early years funds were lapsed. The reallocation in 2002/03 reduced the annual funds from $84 million to about $58 million, though funds were also lapsed. By 2005/06, the $99 million initial annual allocation had been reduced to an annual Strategy budget of about $40 million. The stakeholder community, for example CCAT, have voiced their disappointment with the erosion of funds and have urgently called for the restoration of full funding to the Strategy (CCAT 10 Point Federal Action Plan to Curb the Tobacco Epidemic – 2006). At the same time, the reallocation has dovetailed with the Strategy's actual expenditures, causing some federal level informants to indicate that the reallocation, in fact, had little impact on the Strategy's day-to-day implementation.

Considering the mass media funds, the TB Submission indicates that initially $40 million was planned for national mass media campaigns annually in 2002/03 and 2003/04, increasing to $50 million in 2004-5 and 2005/06 and ongoing. Expenditure data indicate that in 2002/03 and 2003/04 about $26 million was spent on national mass media. Since the 2003/04 centralization of the administration of government advertising funds, there has been little national mass media activity in tobacco control. The decline in mass media funding was identified by some key informants (stakeholders and some managers) as a setback for the Strategy. While some efforts in the early years of the Strategy such as the Heather Crowe campaign were viewed as impressive by some, the federal government has been largely absent with respect to national tobacco control advertising in the last two years. The void has been addressed in larger provinces such as in Ontario and Quebec by provincial strategies, and to some extent through smaller mass media projects through the Grants and Contributions.

One element of the Strategy that has not achieved its full intended potential is the Ministerial Advisory Council on Tobacco Control (MAC). The TB submission outlines the role for the MAC within the Strategy. Composed of health professionals, tobacco control advocates, social marketing experts and academics, the mandate of the Ministerial Advisory Council on Tobacco Control was to advise the Minister of Health and work with Health Canada on the design and delivery of the FTCS. The influence of this body has waned over time, however, and some of its original members have resigned.

b) Achievements

The evaluation evidence points to many achievements during the first five years of the FTCS. Tobacco control benefits from synergy across many players and the legacy of several successive tobacco control initiatives. So, recognizing that the FTCS is contributing to but certainly not solely driving results, according to key informants, notable highlights include: the achievement of three of four objectives; Canada's leadership in the International Framework Convention on Tobacco Control; supporting provincial and municipal activities in protecting Canadians from second hand smoke through funding of public education and programming at the local/regional level and provincial/territorial collaboration through the FPT

Liaison Committee; defense of The Tobacco Act in two challenges by the industry; research and surveillance capacity (e.g., CTUMS is used extensively by governmental and non-governmental partners), as well as building of a network of tobacco control researchers through the Canadian Tobacco Control Research Initiative; and, in the enforcement area, significant partnership development among the RCMP, CBSA and CRA through committee work, as well as liaison and common projects with US authorities (e.g., Bi-annual Tobacco Diversion Workshops).

While the regulatory area in Canada is lauded as being rigorous and well-researched, processes are also slow and have not achieved the kinds of regulatory outputs that many in the stakeholder community, in particular, had hoped for. The only clear action in this area was the Cigarette Ignition Propensity Regulations (2005) (itself initiated by a private member's bill). The stakeholder community has pointed to numerous areas where the federal government could lead or at least be initiating the preparatory work to put in place regulations to address emerging products and practices on the part of the tobacco industry. However, litigation threats/challenges under the Charter, the need to obtain parliamentary approval for some amendments, and challenges in staffing this area are reportedly hurdles to progress in this area.

c) Strategy Objectives

There is general consensus in the evaluation evidence on the utility of having measurable objectives as a useful yardstick to track tobacco control progress and outcomes, with the provision that current objectives must be updated to reflect the evolving environment and be evidence-based. When the Strategy was designed, objectives were based on historical rates and trends available at the time (the stated initial smoking prevalence rate of 25 per cent was based on 1999 data, though when the Strategy was implemented in 2001 the prevalence rate had decreased further to 23 per cent). These objectives turned out to be highly conservative for a variety of reasons, including the legacy of predecessor programs (e.g., cigarette package warnings implemented under the Tobacco Control Initiative), unexpected momentum around the issue (generated by increased provincial and international attention to the issue) and, as mentioned above, the "head start" with the 2001 prevalence rate already at 23 per cent. Together, these factors changed the downward trajectory of prevalence rates. Still, some were critical of the "underpromise/overdeliver" thinking reflected in what many feel to be the underambitious objectives, arguing that they failed to build momentum and the early achievement of the objectives has inadvertently led to some feelings of complacency within government about tobacco control.

Smoking prevalence rates are, of course, the "gold standard" measure of progress in tobacco control. Currently, the FTCS has prevalence objectives for the overall Canadian population and for youth. There was some suggestion from key informants that is may be useful to develop prevalence objectives for other sub-populations such as Aboriginal people. According to a small number of stakeholders, current FTCS objectives on retailer compliance and number of cigarettes sold are not on as solid footing as prevalence given confounding factors such as contraband tobacco (which is sold outside legal channels and therefore not counted in the tally of cigarettes sold that is supplied by licensed retailers).

d) Strategy Targeting

In terms of targeting of the Strategy, two interrelated issues were addressed: first, what should the relative emphasis ideally be between population-based strategies compared to targeted approaches; and, second, within targeted efforts, with which target audiences has the FTCS been successful and are there other groups that require attention. In terms of the former, there are divergent opinions among stakeholders – while many prefer an equal emphasis between population and targeted strategies, substantial and equal minorities prefer an emphasis that leans more heavily toward population or targeted. Not surprisingly given this divergence, few stakeholders (29 per cent according to survey results) are happy with the current balance within the FTCS, though surveyed stakeholders are more apt to say the Strategy needs to move toward more targeted approaches. Program managers tend to agree with the need to diversify approaches to address "hard to reach" groups (including lower SES, single mothers, urban Aboriginal people and Canadians with disabilities). On the other hand, there are those in the stakeholder community (and some managers) who are wary of displacing population-based approaches (e.g., regulations, taxation) that reach the most numbers of smokers with expensive and highly targeted programming that impacts small segments of smokers. One viewpoint, held by several interviewees, is to continue to pursue population-based approaches, while beginning to research the needs of target groups.

Among surveyed stakeholders, the youth target groups has most widespread support (though a small number of stakeholders in the interviews expressed concern about "youth centric" approaches). There is also great agreement among evaluation participants on the importance of First Nations and Inuit people as a continuing target audience for the Strategy. The smoking rate is higher among Aboriginal people compared to Canadians overall, and tobacco control is faced with challenges such as a host of competing health priorities on-reserve, the relative isolation of many Aboriginal communities, and the unique aspects of Aboriginal communities – inexpensive tobacco, lack of smoke free public places and, in some cases, proximity to the illegal trade. Programming for off-reserve Aboriginal people is also a gap because outside of FNIB (who are responsible for on-reserve programming) there is little emphasis on developing programs specific to Aboriginal people. Key informants within government and the stakeholder community expressed great concern over this issue and its importance for future tobacco control initiatives. Among those who believe that additional targets should receive further emphasis and attention, target audiences proposed most often include those with a mental illness and people with less education/income.

e) Building Partner Support

Considering, first, provinces and territories, the partnership with provinces and territories is accomplished through the FPT Liaison Committee. FPT partnerships also occur at the regional level where regional HC offices liaise with partners from various provincial departments. As well, there are federal-provincial agreements in place in many jurisdictions to streamline compliance inspections.

At this time, national NGOs are engaged through the Canadian Coalition for Action on Tobacco (CCAT), which provides a way for the government and stakeholders to consult and share information on a quarterly meeting basis. Grants and Contributions also afford further opportunities for non-

governmental organizations to partner with Health Canada in a service delivery or similar capacity and to build additional networks. The vast majority of surveyed stakeholders that received funding indicated that their project involved at least one partner other than Health Canada. There is a great range in the types of project-based partners and stakeholders' ratings were positive both in terms of the effect of the project on developing or strengthening partnerships and their satisfaction with the quality of the partnership.

At the national level, the partnership between NGOs and Health Canada has historically been quite fractious. For its part, the tobacco control stakeholder community is generally not satisfied with its partnership role. Partnership building efforts were seen to have suffered, in part, from turnover of staff in key positions within Health Canada. The steep learning curve and need to build trust and alliances in a complex partnership environment have proved challenging to building partner support. Stakeholder informants describe the partnership with Health Canada as overly formalized and somewhat shallow, leaving some stakeholders with the impression that their role is a perfunctory one that does not take full advantage of their resources and expertise. There was an identified need by some stakeholders for more ongoing "dialogue" and meaningful engagement of stakeholders to advance tobacco control. This sentiment is corroborated in the survey data. While satisfied with their project level partnerships, surveyed stakeholders provide only moderate ratings of Health Canada's effectiveness in aspects of building partner support such as consultation on future priorities, building capacity, and dissemination of results. In fact, across consultation, communications, capacity building and coordination, at least as many stakeholders provided a negative ratings of the Strategy's performance as provided a positive rating, and more negative ratings were provided by NGO's involved in tobacco control.

Further, it is also not clear that all the appropriate stakeholders are involved or engaged in the Strategy – including, for example, other relevant federal departments (e.g., HRSDC, Agriculture), as well as a perceived overly narrow casting of the net in partners for service delivery and information dissemination. Several federal and stakeholder representatives further urged the FTCS to broaden its partnership strategy to include non-traditional partners (e.g., the private sector/large employers, mental health organizations, ethnic/cultural groups, youth centres/clubs, national and Band leaders in the First Nations community), particularly critical for any research or programming initiatives that are targeted to these audiences, and to reach out to establish and fortify linkages with other program areas (e.g., health eating, active living, mental health, addictions).

f) Coordination

Coordination of the Strategy is accomplished through a Program Management Committee that meets periodically to present operational plans. The Committee was described by several managers as more concerned with work planning than strategic planning. While most managers agree that coordination across offices within the TCP has benefited from the organizational consolidation of the program in 2001, staff turnover and lags in filling key management positions have been problematic. Stubborn weaknesses in coordination persist and some managers continue to characterize the TCP offices as working in "silos" or "little empires". According to some managers, the significant allocation to the Strategy and its growing size did not occur with sound management strategies and commensurate mechanisms for strategic planning,

integration of activities/projects or even active information sharing. For some managers, the link between Strategy priorities and decisions about resources and activities during the Strategy's first five years has been quite tenuous.

Between NCR and Health Canada regions, the level of coordination varies according to jurisdiction. Key informants generally characterized the relationship as "improving", with room for continued enhancement.

Coordination with FNIHB is also noted as a pressing issue. The Strategy's Aboriginal initiatives have lacked profile within the broader Strategy and within the stakeholder community. There was a common perception that the FNIHB component has not been well-integrated with the mainstream Strategy. The TCP has a seat on the Aboriginal Advisory Circle to assist with integration of Aboriginal initiatives with the broader FTCS. The current arrangement, however, is not perceived to have been completely effective in encouraging collaboration. The working relationship between TCP and FNIHB appears to lack a robust, formalized framework that would take advantage of the resources that each has to offer and to maintain contact between the two groups.

Coordination across federal partners occurs in a number of different ways: there are bilateral meetings between departments; departments concerned with enforcement have both working group and steering group bodies; and an informal working level group including representatives from federal partners at the officer level which meets two to three times each year, though its activities consist mainly of information sharing rather than strategic decision-making. Some managers raised the possibility of a secretariat that would include senior level membership and broader representation of departments to improve coordination and the overall horizontal integration and synergy across the Strategy, though concerns about additional work burdens (voiced by others) would need to be addressed.

g) Funding

For those managers who are involved in administering contribution agreements and contract funding and for funded organizations, a key concern is delays. This is echoed in the survey data where, while stakeholders express satisfaction with the efforts of program staff, they are much less impressed with the timeliness of departmental funding decisions Current processes are plagued by delays due to multiple sign-offs, which can and have had a negative effect on the implementation and outcomes of projects. Other issues such as narrowly disseminated/last minute calls for proposals, reliance on one-year project funding and inadequate gearing of proposal requirements to contract/agreement dollar values were also raised by funded organizations.

h) Performance Measurement

The Strategy's RMAF has not been actively used to monitor the activities and results of the Strategy. Federal level key informants would welcome some new approaches in defining indicators to be more tightly linked with the activities and outputs of different program areas, as well as tracking systems to

understand how the Strategy's funds have been spent in which areas, with what impacts. For funded projects, program managers see a need for a minimum data set (akin to that used by the National Pilot Project which funded smokers' quit lines) applied to funded projects to understand their impacts. For their part, stakeholders desire more guidance in designing and implementing evaluations to demonstrate outcomes.

4. STRENGTHS, CHALLENGES AND SUGGESTIONS FOR IMPROVEMENT

This section summarizes the key strengths of the current FTCS according to evaluation participants, as well as identifying challenges and proposed suggestions for improvement.

4.1 STRENGTHS

In terms of strengths, key informants – both managers and stakeholders – often mentioned the Strategy itself as a strength. The Strategy reflects an acceptance and recognition of a consistent federal role in the area of tobacco control. The key features of the Strategy - comprehensive, integrated and sustained — were praised, as well as the inclusion of the NGO community in many aspects. The approach was noted as being holistic, with many elements being grounded in an evidence base. While some interviewees, particularly within the stakeholder group, noted their preference both for one strategy and for the National Strategy which accepts denormalization as a pillar, nevertheless, the federal framework was viewed as being necessary for federal purposes to direct resources. Recognizing that attribution of outcomes to the activities undertaken by the Strategy is difficult, there have been many notable successes in tobacco control over the past five years (e.g., decline in smoking prevalence).

Specific strengths that were mentioned by manager and stakeholder key informants included:

- Several managers and stakeholders noted that FTCS staff are committed and passionate about what they do, which is very important in terms of their effectiveness and engaging the enthusiasm of others;
- Provincial/territorial collaboration through the F/P/T Liaison Committee was identified as a strength of the FTCS which cemented coordination between the two jurisdictions and led to tangible results (such as the Youth and Young Adult Framework on Action on Tobacco). Several stakeholders stressed the need for on-going coordination and collaboration in this area to reduce overlap, increase impacts and to support provincial goals;;
- Canada (and the FTCS) is acknowledged as a world-leader in tobacco control. The negotiation of the International Framework Convention on Tobacco Control was viewed as a significant achievement in the first five years of the Strategy. Canada played an important role in these negotiations, drawing from the experience of the FTCS to supply much of the wording and language of the treaty;

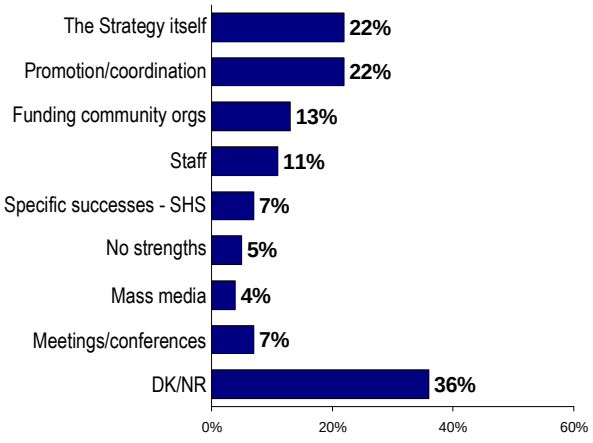
- Research and surveillance capacity (e.g., CTUMS was cited by several managers and stakeholders as a critical piece of Canadian monitoring that informs the work of other governmental and non-governmental partners); and
- Sundry other isolated comments: rigorous regulatory efforts (well-researched), mass media efforts in the initial years (e.g., Heather Crowe), support for second hand smoke bylaws, quit lines and promotion of partnership among agencies involved in enforcement.

Like key informants, surveyed stakeholders identified the Strategy itself as a major strength (comprehensive, national approach, vision) (22 per cent), as well as promotion of the issue/coordination/ support for partnerships and networking (22 per cent). The next most frequently mentioned strengths included: funding community organizations (13 per cent); the FTCS staff (11 per cent); examples of specific successes (e.g., mass media campaigns, second hand smoke, CTUMS, regulations) (12 per cent) and the opportunities for conferences and meetings (four per cent). One in three stakeholders (36 per cent) did not suggest any particular strengths of the Strategy.

Certainly it is not a surprise that representatives from the tobacco industry are not present in most of the results from this question. In fact, 83 per cent of this group said that either the FTCS has no strengths or that they "don't know". Also, tobacco control stakeholders were more apt to suggest mass media (at 13 per cent) than is reflected in the overall results. Other types of stakeholder were more likely than suggested by the overall results, to suggest that staff is a strength (15 per cent). The strategy itself is more of a strength for funded stakeholders (compared with non-funded organizations). The promotion and coordination is more of a strength among stakeholders with a regional focus, as are staff.

Strategy Strengths

"What would you say are the major strengths of the FTCS in terms of how it was designed and delivered? What worked best?"



EKOS Research Associates Inc.

n=136

On-line Survey of FTCS Stakeholders, 2006

The following table provides some illustrative quotes of the major strengths cited above.

Table 12: Stakeholder Quotes Regarding FTCS Strengths

Major Strengths of the FTCS	Illustrative Quotes
The Strategy itself	"Its' comprehensiveness, its sustain over 6 years, it's breadth and depth in Canada. The way it supported provincial and municipal actions. The second hand smoke gains over the past 5 years could not have happened without Health Canada." "Comprehensiveness of the initiative, integrating the key components of protection, prevention, cessation, and harm reduction/product modification. New regulations to the Tobacco Act in 2000 (e.g., mandatory reporting by tobacco manufacturers of information on sales, research and promotion activities, product ingredients, and toxic constituents and emissions of tobacco products). Prohibiting tobacco sponsorship (2003). Mass media campaigns featuring horror images, also on the packages of tobacco products; Partnerships formed and resulting synergies." "It was created in a timely fashion with input from concerned agencies and partners. It is comprehensive in nature and is perceived as a strong strategy." "The comprehensive approach of the FTCS has been its greatest strength. No one strategy alone will be effective in reducing tobacco use -- it takes a variety of strategies working together to address the various target groups involved." "Comprehensive, multi-layered, coordinated approach. The results regarding rates of tobacco use show how very effective this has been. Did the FCTS support the development of the OTCU online course? If so, well done. That's terrific!"
The Strategy providing funding to community organizations, community-based, capacity building	"Once the funding was in place, the contractors were allowed to do their work. The trust HC gives its contractors is commendable." "Opportunity to access project funding has allowed the province and it's partners to move forward on approaches that otherwise likely never would have been funded." "We were approached to undertake a project based on previous research that the FTCS funded. This worked very well. There was funding available for different phases of the project. The staff really helped us through the process."
Promotion, support of partnerships/coordination	"Personal contact between federal representatives and specific projects, guidance on mandate of projects and evaluation frameworks...bringing others together to share knowledge." "We looked at our population and came up with a plan that we thought was important for the people who lived within our boundaries. I feel that is a major strength — we designed it and implemented the plan." "There is a real demonstration of effort to be inclusive, progressive, and accountable through communication and follow up efforts at the central level."
Staff	"Kind knowledgeable and committed public servants." "Our regional tobacco reduction coordinators (for us — public health people) are fabulous to work with and very helpful. Once I connect with an actual person (provincially or federally) (not a paper or phone system) most are very helpful and try to make the system work. Without these people it would be impossible to get anything."
Mass Media	"The visibility of the program." "I think the smoking ban was very effective in "denormalizing" smoking! I like the fact that tobacco products have to be put out of the public view and I appreciate the media coverage regarding tobacco use and abuse!"

4.2 CHALLENGES/SUGGESTIONS FOR IMPROVEMENT

As mentioned above in other sections, there has been significant disappointment in many quarters about the erosion of funding for the Strategy and the reduction in the funds made available to the mass media component.

In terms of other challenges or areas for improvement, addressing the deficit in *coordination and integration* was raised by many managers and some stakeholders as an area for enhancement. As mentioned above, the notion of a secretariat was raised by some managers (but when proposed to others, the reaction was not uniformly enthusiastic) to improve horizontal management and governance, and to enhance the ability of the Strategy to be proactive and bolder in addressing strategic issues (e.g., emerging trends, new products). As well, there was a common perception that the FNIHB component has not been well-integrated with the mainstream Strategy.

Many in the stakeholder community have taken issue with the exclusion of denormalization as a pillar of the Strategy and disagree that harm reduction is a suitable "replacement" and several managers also believed this to be a weaker element of the Strategy (not a true pillar). Some managers noted that many stakeholders were unhappy that denormalization was not included in the Strategy, however the crux of this issue, as explained by one manager, lies in the denormalization of the smoking habit which is acceptable, as opposed to denormalization of the tobacco industry, which, given its status as a legal industry in Canada was not perceived to be appropriate for the federal government at the time the Strategy was designed. Harm reduction recognizes or accepts that there continues to be smokers and there is, therefore, an obligation to reduce harm. There was a call among some stakeholders for consideration of denormalization of the tobacco industry as a pillar of the FTCS (with a smaller number urging the government to begin to discuss the possibility of phasing out the tobacco industry entirely), while harm reduction was variously described as "vague in its initial formulation", "complex", "soft" and thus, since the Strategy was initiated the issue has not been tackled in a meaningful way and with the same types of achievements as in other areas. Also notable, one respondent characterized harm reduction as being a "double edged sword for government since the tobacco industry itself is also working on harm reduction… possibly having the effect of tobacco being perceived as healthier").

The (original) RMAF was perceived to be weak (according to some managers interviewed as key informants) and several managers urged that the performance measures be revamped to ensure that they are useful, pragmatic, and reflect the activities and goals of the Strategy. Some managers were critical of the Strategy's policy, structures and staffing to adequately *evaluate* its activities (e.g., the results of contribution agreements — where is the 'biggest bang for the buck" in cessation interventions? For which target groups?). "We need a minimum data set…fundamental indicators that can be applied widely for Grants and Contributions". "We should enhance the capacity of staff to assess what is a good evaluation plan". One key informant noted that the approach must also strike a balance between rigour and the participation of community-based groups in smaller projects that do not have this capacity. Beyond this, a

few managers felt a better job could be done in dissemination of results and best practices – including supporting the capacity for uptake of the research in organizations and assessing how and when lessons learned can be applied in other settings. On the enforcement side, it would be useful to know the percentage of cigarette consumption that is represented by the illicit trade (though there are significant methodological challenges in estimating this). For their part, several stakeholders were concerned about a lack of reporting of the results of the Strategy – including information on expenditures and activities under the Aboriginal initiatives. As mentioned above, some stakeholders also noted challenges in demonstrating impact (attribution) of their FTCS-sponsored activities and there is perceived to be too little in the way of guidance for NGOs to undertake credible evaluations of their projects.

Several managers and stakeholders interviewed urged that the federal government show greater leadership in the area of *policy and regulations*. While the years leading up to the current Strategy showed some achievements in the regulatory area (precedent-setting cigarette package warnings), productivity was perceived to have slowed. This is a weakness particularly troubling for the stakeholder community who have identified opportunities for the federal government to advance this agenda on many fronts (light and mild, plain packaging, second round of cigarette package warnings, power walls, point of sale advertising, retail promotions). It was noted among some key informants, however, that this is an extremely difficult area, with the preparatory work leading up to new regulations being extremely demanding to ensure that regulations do not expose the government to litigation (e.g., challenges under the Charter). Regulations, like TCP in general, has reportedly experienced challenges in adequate and appropriate staffing given their needs for very particular kinds of expertise.

The issue of *enforcement* was raised by several managers and stakeholders key informants in varying contexts: growth of smuggling and the emergence of counterfeit cigarettes; enforcement barriers on some First Nations reserves; "shallow" enforcement focusing on large, mainstream retailers while resources are insufficient to be proactive in addressing more difficult areas such as the social sources of cigarettes. FTCS funding to enforcement agencies was focused in the first five years on intelligence gathering and monitoring. Some saw the need for more activity in this area (e.g., development of enforcement approaches and tools) (though not necessarily funded by the FTCS as a strategy primarily concerned with health).

Some managers and stakeholders urged that the next iteration of the Strategy be more strategic or innovative - that is, to move beyond what has worked in the past to be more responsive to the changed landscape. An example is rethinking strategies and approaches for reaching target audiences through non-traditional partnerships (e.g., the private sector/large employers, mental health organizations, ethnic/cultural groups, youth centres/clubs, national and Band leaders in the First Nations community). Another example is to engage more proactively in compliance and enforcement in the more complex and challenging areas of, for example, the social supply of cigarettes and contraband on First Nations reserves and to expand the focus beyond cigarettes to include chew tobacco and emergent products such as flavoured cigars sold individually).

In a similar vein, several managers interviewed mentioned that they would have liked to have seen the Strategy be more *flexible and responsive* to the evolving environment. The earmarking of funds to

the various components was viewed by these interviewees as a weakness of the original design, which impeded the ability of managers to question the original allocation and to determine or adjust priorities based on the shifting environment and lessons learned. Others recommended that the next five years see a concerted effort to address a limited number of priority areas with a strong, sustained commitment.

Other isolated comments from manager and stakeholder key informants with respect to improvements included:

- simplify the contracting processes;
- expand the program to include other federal departments (HRSD is an example related to the issue of smoke-free workplaces) and other program areas such as healthy eating/active living;
- review allocation of funds across components — there were various views here, with some interviewees arguing for more funds dedicated to cessation, better financing of the international component;
- adjust the current objectives. Many interviewees noted the current objectives are now obsolete[17] and should be adjusted to be more ambitious, taking into consideration the current environment, the evidence base and linkages between tobacco control resources and activities and outcomes (a further five percentage point reduction in prevalence was a common suggestion) and/or develop objectives for particular sub-populations — for example, prevalence rate objectives for Aboriginal people or for low income men and women;
- explicitly recognize significant facets of the Strategy. While recognizing that the organizing concepts of the Strategy need not be exhaustive, a few managers recommended that the current Strategy could be tweaked to better reflect current activities and priorities such as mass media and public education, reducing contraband, and Aboriginal initiatives; and
- restore funds to the mass media component and place them within the purview of the Strategy.

Among surveyed stakeholders, the most commonly perceived weakness of the FTCS (mentioned by one in four surveyed stakeholders) has to do with the funding and reporting elements (e.g., onerous paperwork, lack of multi-year funding, delays, limited flexibility of funding arrangements). About one in ten stakeholders (between eight and 10 per cent) mentioned weaknesses in terms of a lack of clarity in federal versus provincial jurisdiction; lack of progress on regulations/legislation and enforcement; lack of public awareness and support; lack of fairness/ transparency and inclusiveness in funding calls; and weak coordination/integration of Aboriginal component.

[17] To reduce smoking prevalence to 20 per cent from the 1999 level of 25 per cent (achieved in 2004); To reduce the number of cigarettes sold by 30 per cent (22 per cent reduction achieved in 2004); To increase retailer compliance regarding youth access to tobacco from 69 per cent to 80 per cent (achieved in 2004); To reduce the number of people exposed to environmental tobacco smoke in enclosed public spaces (reduction of more than 50 per cent from 2001 to 2004).

The following table provides some illustrative quotes of the major weaknesses cited above.

Table 13: Stakeholder Quotes Regarding FTCS Weaknesses

Major Weaknesses of the FTCS	Illustrative Quotes
Funding and reporting	"The barriers created by an unrealistic funding timeline and cumbersome/unrealistic financial reporting system has led to some groups refusing to apply for funds (amount of funds received not enough to justify the hassle or extra expenses incurred.) Projects have to be able to start and finish in real world time (i.e. if it is a school-based program, obviously it has to revolve around the school year). If it revolves around a seasonal activity, obviously it has to revolve around the season. And so much effort is expended on finishing up one fiscal year, applying for the next, and waiting for the review and approval process, that the actual time to accomplish the work is restricted to a few months." "The reporting is onerous for an organization which has no staff, is working with volunteers." "There needs to be improvements of the evaluation process. There needs to be more clarification of what is wanted in the evaluation, more support of how to implement and more education/conferences on effective evaluation delivery and design."
Lack of clarity, national and regional roles, federal vs. provincial	"Policy and strategy with very little legislation or enforcement. Downloading onto provincial and municipal governments so that there was very little consistency from province to province, within provinces, and even within counties where several municipalities exist." "No coordination with provincial strategy, and if there is then the profile needs to be raised so that those of us involved in tobacco control are aware of the federal strategy, and the model that's being used, if any." "I think a federal decision on tobacco control acts and such are good instead of leaving some things up to individual provinces. Also having different rules for different communities and people."
Lack of public awareness, support and mass media campaigns	"A major weakness has been the failure to spend the full amount promised on mass media campaigns. The mass media campaigns have consistently been run at lower weight levels and for shorter durations than originally planned, due to reductions in funding available for mass media." "Insufficient public information on programmes available and efforts being made. Much greater public awareness is required but most importantly efforts directed at target groups most vulnerable." "The overwhelming focus on limiting advertising seems a waste when energies could be better directed at education of target groups."
Lack of progress on regulatory, legislation	"The FTCS needs to be reviewed and updated more frequently with changing times." "The regulatory process moves slower than molasses – not clear to me that this is something specific to TCP or the FTCS, but it is certainly very frustrating for everybody" "Inability to implement light and mild cigarette ban".

5. REVIEW OF MASS MEDIA

This component of the study analyzes national mass media (advertising) campaigns undertaken as part of the Federal Tobacco Control Strategy (FTCS) through the vehicle of public opinion research undertaken in association with those campaigns. The mass media campaigns were designed to address two core issues: the reduction of overall levels of smoking through prevention and cessation, and the reduction of exposure of non-smokers to SHS, especially among vulnerable populations such as children.

The objectives of this study are to examine the public opinion research data to assess the overall effectiveness of national mass media campaigns in meeting the objectives of the FTCS; collate materials that together form an inventory of the national mass media campaigns and related public opinion research; describe the types of campaigns, their objectives, key messages and target audiences; describe the types of public opinion research associated with these campaigns, including objectives, the methodologies employed, and key findings; identify best practices as well as cautionary lessons revealed by the public opinion research; where possible, draw conclusions about whether the individual campaigns met their project objectives; and to identify any gaps in the information necessary to assess the campaigns.

Over 60 public opinion research studies were undertaken in association with the 15 advertising campaigns discussed in the study. Their objectives ranged from creative development to ad recall, and they applied a wide variety of different methodologies. However, they can be divided into four broad categories: baseline quantitative surveys aimed at establishing behavioural and attitudinal patterns, and in some instances, policy preferences; ad-recall surveys (quantitative), often incorporating some behavioural, attitudinal and policy indicators; pre-creative focus group studies or surveys; and testing of creative concepts or products in focus groups

a) Key Findings

There are a number of conclusions that can be drawn about the accomplishments of the campaigns under review, some weaknesses or gaps they revealed, and some best practices that might be adopted in the future. First of all, the research tools used to assess the objectives of the campaign were not sufficient. Many research projects were not designed to compare pre and post campaign effects, either due to the fact that a sufficient baseline was not conducted or that comparable information was not collected. In addition, the research was not designed to assess long-term objectives and therefore relied on shorter-term indicators of success, such as recall rates. These indicators, while helpful in providing information on the exposure of the advertisements, do little in the way of assessing the effectiveness of the campaigns or evaluating the campaigns according to their original objectives.

Secondly, the mass media campaigns were primarily short-term campaigns with long term objectives. Many of the campaigns ran for a short period of time (ranging from a few weeks to a few months) with no consistency with or association to other Health Canada tobacco campaigns, although they may have reflected or supported other Health Canada initiatives running at the time. This has proven problematic, both from a social marketing as well as a measurement perspective. Without a consistent and long-term plan, a short-term campaign will have difficulties fulfilling longer term objectives, if the theories behind social marketing are correct.

The public opinion research related to the ad campaigns, with the provisos stated above, have demonstrated some elements of success. It also accomplished important goals, specifically, generating data on behaviour and attitudes connected with smoking, SHS, government advertising and public policy; helping to develop and shape creative content, often through the direct participation of the creative team in observing focus group discussions; providing hard measures of the reach and penetration of ad campaigns; and providing suggestions for the way in which ads were understood among specific groups, such as smokers, which should help frame discussion and research around the strategic goals and approaches of future campaigns as well as their creative content.

The ads reached very large proportions of the Canadian public, and generally speaking achieved higher penetration among their target audiences (e.g. "youth" or "adult smokers"). All the evidence suggests that many of the national mass media campaigns had high recall among the general public. In the few cases where studies compared the level of recall with advertising industry norms, the Government of Canada campaign invariably exceeded the average recall. For example, a study by Ipsos Reid at the end of the Bob/Martin campaign series reported that recall of this series of Government of Canada advertising spots was 77 per cent, which compared favourably with their "industry average" (50 per cent). The public health messages conveyed were by and large those intended (with some caveats explained below). Moreover, where tested, it seems substantial numbers of people claimed to have taken action as a result of the ads, and by and large, the actions they took were the intended ones. Of those who saw the "No Problem" ad (Bob/Martin campaign), 37 per cent either talked about this advertisement with someone or did something else, such as quitting or trying to quit smoking, reducing their smoking, or changing their smoking habits in some other way. This was also true of 41 per cent who recalled the "Cough" ad in the Bob/Martin campaign.[18] However, it must be emphasized that these results reflect only self-reported action. Thus, the general pattern that emerged from most of the mass media campaigns under review is that they performed well against industry standards as measured by ad recall; measured this way they were successful, in some cases very successful. Where this was measured, ads were generally considered believable, and the messages the ads contained were generally well-understood by most of those reached by the ads.

There is also an indication that awareness of some the issues they addressed rose, though the evidence is sometimes partial, contradictory or unclear. As for attitudes and behaviour, there is relatively little evidence of success of the mass media campaigns to be found in the public opinion research under

[18] It should be noted that in addition to these positive actions, a few people reportedly reacted by lighting up a cigarette.

review – *though it may be that this is to be expected.* There were even some instances of apparent regression in public attitudes as measured by the surveys (such as an apparent slippage in the number of Canadians who regard SHS exposure to be a hazard to health), though the significance of these findings is not entirely clear and will be discussed in an upcoming section.

Although the precise impact of the advertising campaigns on attitudes and behaviour is difficult to gauge from findings available, they did coincide with a period in which levels of smoking declined and practices with regard to SHS (in 2001, 19 per cent of children under 12 or 22 per cent of children under the age of 18 were regularly exposed to second hand smoke. In 2005, these figures dropped to nine per cent of children under the age of 12 or 12 per cent of children under the age of 18, and many provinces have implemented smoke-free policies in the past few years) improved, and they can be presumed to have contributed to those trends. In instances where it was tested, survey respondents generally reported high levels of taking or contemplating action as a result of advertisements, and generally speaking the actions they took or contemplated were those intended.

Turning to issues of awareness, attitudes and behaviour which, to repeat, are more difficult to identify, measure and analyze in relatively short timeframes, the public opinion research presented an array of findings, both positive and negative. On the positive side, among smokers, those who said they smoked every day seemed to have dropped in the later part of the period covered, though there are methodological issues that make it difficult to reach a firm conclusion.[19] Awareness of the health benefits of quitting smoking appears to have increased, while the number of people saying they were bothered by SHS increased and the feeling that others were similarly bothered intensified during the period of the Heather Crowe campaign.

On the negative side, the belief that exposure to second-hand smoke is a hazard to people's health appears to have declined during the period under study,[20] while belief among smokers that smoking will lead to health problems has fluctuated but appears to be in decline in the most recent surveys. Several other indicators are more difficult to interpret. The percentage of smokers reporting that they are seriously thinking about quitting has fluctuated erratically, and interest in quitting has remained stable (though there are only two data points). Belief that smoking cigarettes is a serious health problem in Canada has fluctuated erratically.

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[19] All the surveys taken between September 2001 and early March 2004 show daily smoking among smokers in the low 90 per cent range. In three later surveys, the number is consistently in the 80 per cent range. However, the tracking here is complicated by the fact that all the earlier results are the product of a single company, while the later three surveys were conducted by different companies. Moreover, the change in reported rates of daily smoking emerged between two polls taken only days apart by two different companies, suggesting that methodological issue are indeed at play.

[20] There is no evidence in the research to explain this puzzling finding which does not fit the pattern of other results. It may be that the declining prevalence of SHS is interpreted as a decline in the hazard of exposure due to municipal/provincial by-laws and other factors – though this is speculation. The methodological problem of changing POR suppliers may also be in play here.

Additional areas of concern raised by the research include the following:

- Research needs to be appropriate for the particular campaign. If the objective of the campaign is to change behaviour, then the research tools employed must be able to provide this evidence. Little, if any, details were available on behavioural change if that was the objective of the campaign.
- More attention may need to be paid to the issue of "smoker backlash", as the cohort of smokers increasingly consists of "hardened cases" who feel embittered and besieged by public health campaigns directed at them and problems associated with their habit. There is a danger that although the ads may be well received by the majority of non- and ex-smokers, they may be poorly received with the primary target audience.
- In the case of the Bob/Martin ads, the sequencing clearly did not work as well as was intended. If a similar series of ads is contemplated, consideration should be given to placing the ads closer together or to designing the creative element so that the individual ads stand better on their own.
- Some of the advertisements that were pre-tested in focus groups were not completed, and sometimes, these incomplete creative components were tested alongside ones that were completed. It is subsequently difficult to truly compare these creative components and their effectiveness on a viewer with others being tested, because a complete ad is more sophisticated and finished (e.g., use of music, editing, etc.) and would likely test better in focus groups.

In order to achieve long term objectives that can be reasonably evaluated, mass media campaigns should be embedded in a multi-year strategy, with an associated public opinion research plan. This would allow a baseline of behaviour and attitudes to be established in conjunction with the media strategy, so that progress in attitudes and behaviour could be measured over a significant period, and not only in the short timeframes of individual ad campaigns. In other words, not only individual ad campaigns should be measured and evaluated, but also the mass media strategy in terms of meeting the FTCSs overall objectives. This obviously has implications for coordination, but also for the development and implementation of a standard set of measures designed to capture awareness, perceptions and behaviour in standard ways and timeframes tied to campaigns. It also has serious implications for the financial investment required to populate the key performance indicators on an ongoing basis (pre and post each campaign/ad launched.

In addition, we note that even if campaign objectives are clear, they are not necessarily easily measurable. A campaign whose objective is defined very generally -- "promoting non-smoking" to take one individual example from those studies under review – is inherently difficult to assess. Similarly, fuzziness in defining the target audience(s) may make evaluation difficult. Most of the campaigns we looked at had a primary audience (e.g., adult smokers) along with secondary audiences (e.g., opinion leaders, the media), and as we have suggested above, implicitly a tertiary audience (those who have chosen not to smoke or have already quit.) Generally, only the primary audience was systematically assessed. In future we suggest

that the objectives set for campaigns not only be clear and specific, but also measurable. In the case of the mass media campaigns currently under review, for the methodological reasons discussed above, the assessment of the narrow goals of the individual campaigns was sometimes problematic.

b) Cessation/Prevention Campaign

Reports on the various cessation campaigns indicate a few clear patterns. Recall of TV advertisements is higher than print advertisements (not an unusual finding in the industry). For example, during the "light" and "mild" campaign, aided recall of the television advertisements for "Cocktail" and "Poison" were 41 per cent, and 46 per cent respectively. However, the "Cocktail" print execution had only 19 per cent aided recall, while for "Breathe Easy" it was 13 per cent. Television ad recall for "Poison" and "Cocktail" was higher among smokers (46% recalled the "Cocktail" execution and 51% recalled the "Poison" execution) than among non-smokers (39% recalled "Cocktail" execution and 45% recalled "Poison" execution), Print recall of these two ads was also higher for smokers than for non-smokers. There was no significant difference in aided recall between smokers and non-smokers for the "Numbers" ad.

Most focus group participants indicated that TV advertising needs to be powerful, hard-hitting or dramatic to have impact on TV viewers, and that it is not enough just to provide information. In particular, many participants said that messages that point out the impact of smoking on children have the potential to influence them. Use of a statistic can be effective if it is believable, and if it is combined with other components such as dramatic visuals that show the outward physical signs of smoking. However, when trying to reach smokers, it is important to note that smokers resist advertisements that come across as "preachy", and resent advertisements that talk down to them, as smokers already feel singled out for their habit. In addition, quitting smoking is seen as something they have to do on their own, and smokers dislike advertisements implying that it is easy to quit smoking.

A number of studies reported that the perception that "light" and "mild" cigarettes are less harmful to health than regular cigarettes still persists in the general population, and that people sometimes switch from regular cigarettes to "light" and "mild" versions believing they will do less damage to their health. A baseline study of Canadians conducted in 2001 showed that 42 per cent of smokers believed it was very likely that smoking would lead to serious health problems for them (by 2002, this figure was even higher, at 52 per cent). In 2001, 74 per cent of Canadian adults believed that the Government of Canada should require more information about the effects of light and mild cigarettes to be on cigarette packages. This information was clearly still required - in the same survey, results showed that one-third of Canadians believed that there is less nicotine in light cigarettes (one-quarter believed this was true of mild cigarettes).

Among smokers, 44 per cent who had switched from a regular cigarette to a light or mild brand believed that these kinds of cigarettes were safer and less harmful to their health. One year later, in 2002, these patterns persisted; 48 per cent of smokers who had switched to a light or mild brand did so believing it was less harmful to their health. The 2002 study found that of those who switched from a regular brand of cigarettes to a light or mild brand, 32 per cent believed at the time when they switched that their risk of dying earlier due to smoking was somewhat or much less. The same study revealed that 34 per cent of smokers

who had switched from a regular to a light or mild cigarette would have considered quitting had a light or mild version of their cigarettes not been available (64 per cent said this was unlikely), while 54 per cent said they likely would have cut back (46 per cent disagreed).

The "Athletes" advertising campaign had less impact on non-smokers or former smokers than "Numbers", "Poison", or "Cocktail". Fewer viewers felt critical of the tobacco industry, and non-smoking viewers were less likely to say this ad influenced them not to start smoking. Viewers were also less likely to try to persuade others not to start smoking as a result of this campaign.

Bob/Martin

The Bob/Martin campaign illustrated both the potency of public health campaigns regarding smoking and the obstacles they face. It is difficult to cite definitive numbers or based conclusions on specific findings for Bob/Martin given that there were two separate sets of studies, using different methodologies to examine the impacts of the ads as they aired. In 2003-2004, four recall surveys were conducted, each one immediately or within a month after the end of an ad run. In 2005 a rolling poll was conducted over the course of three months from January through March asking about recall of the five ads at one time (as the five ads were aired one at a time from January to March). The 2005 study is useful insofar as it shows were the recall begins to increase and decay relative to the dates of the ad, on the other hand, it makes it more difficult to pinpoint a specific number or level for aided recall. Also, the initial recall surveys run over the course of different periods of the year (March-April, June, and October-November) making comparison difficult again, given that "high season" for cessation is in the early months of the year (often stemming from New Year's resolutions). It should be stated, however, that the recall survey had to be appropriate for the media buy.

These considerations help explain some of the features of the ad recall data. The study that embraced the whole Bob/Martin campaign compared it with a large database of mostly commercial campaigns. It found that aided recall of the Bob/Martin ads was high: total recall was 70 per cent versus the Ipsos Reid industry norm of 50 per cent. However, correct sponsorship linkage was lower than the industry average (20 per cent versus 28 per cent). Of course, this lower-than-average sponsorship linkage may be considered acceptable if it is the price paid for higher impact of the core public health message. It is important to note that the same study also found that among those who recalled seeing at least one of the Bob/Martin ads and identified the Government of Canada as the sponsor, 84 per cent had a favourable or very favourable impression of the ads. Assessment of the Government of Canada's performance in combating smoking was higher among those who had seen the ads than among those who had not, though more generally assessments of the Government of Canada's role in combating smoking was concentrated in the middle range (on a seven point scale from "excellent" to "terrible".)

More important from the point of view of the public health objectives of the campaign, perhaps, were the findings that the Bob/Martin campaign ads had generally high and consistent marks for their creative content and were generally considered interesting (38 per cent, versus Ipsos Reid industry norm of 28 per cent). For the Bob/Martin campaign, an examination of the findings for all eight ads revealed

consistently positive evaluation of the creative content. Based on the 2005 report, evaluating the Bob/Martin campaign as a whole, among those who could recall at least one of the ads in the series and correctly identify the sponsor as the Government of Canada, 84 per cent offered either a "very favourable" (41 per cent) or "somewhat favourable" (43 per cent) impression of the television advertisements. Yet aided recall varied considerably depending on the advertisement: "Kids" had the highest aided recall (44 per cent), while "Basket" had the least recall (17 per cent). This same report from 2005 that analyzed the Bob/Martin campaign in its entirety concluded that aided recognition of the television spots from the Bob/Martin campaign was "impressive", as it had reached 77 per cent of respondents (with most recall being from television). However, as mentioned earlier, the report did note that the individual campaign spots failed to build on each other. Rather there was a "yo-yo" effect, with recall rising and falling with individual ad buys, when the intended effect was to create a cohesive campaign whereby recall would gradually rise as each subsequent ad was aired.

Results from the four individual surveys conducted over 2003 and 2004, point to different types of conclusions. Aided recall ranges from as low as 24 per cent for "Wife" and as high as 60 per cent for "cough" suggesting that some ads were definitely more effective than others in getting the attention of the public. However, the ads in this series with the higher recall are not necessarily the ads that are seem to be the most effective at getting the point across. Of the eight Bob/Martin ads, "Kids", Blip" and "Basket" are the ones that the public rated as being more believable, effective and got smokers thinking about quitting (even though they did not stand out in recall or linkage). The last three ads of the campaign may have capitalized on the cumulative effect of the ad series or it may be that the ads with the more dramatic and real life messages were more effective (possible death and being around for your kids, real life troubles with quitting, and the positive feeling associated with success). Of all of the ads, the last one "Basket" was the most successful, according to the 2003/4 evidence, at driving the point home, with 61 per cent of smokers saying that they were seriously thinking about quitting smoking.

Evidence from the initial series of studies also suggest that smokers were really moved to some level of action in some fairly strong numbers. Over the course of the surveys, between four and ten per cent said that they went to the website. E-quit sign ups were also tracked month over month over the period of two years (2003-2004), indicating spikes in sign-ups when the ads were on. In particular, the start of the campaign, during the airing of the first ad "No Problem" saw a large spike in sign-ups. Similarly when "Wife" and "Kids" were airing the sign-ups increased dramatically, and then during the time of "Blip" and "Basket" (which had fairly low recall at 33 and 43 per cent, but high levels of believability and effectiveness), the sign-ups were at their highest level of the two year period.

5.2 SECOND HAND SMOKE CAMPAIGN

The campaign against SHS aimed to alert Canadians to the dangers of SHS, to encourage smokers to curb their behaviour, to encourage non-smokers to be vocal in asserting their rights, and perhaps also to encourage Canadians generally to support regulatory or legal actions to restrict smoking. The anti-SHS campaigns were conducted between November 2002 and March 2005. They consisted of

three major mass media paid advertising campaigns aimed primarily at youth, adults and opinion leaders, costing a total of $17.7 million. In addition, there were four campaigns aimed at aboriginal people with a total cost of $4.2 million. This section looks more specifically at the SHS campaigns, including “Heather Crowe” in a number of iterations as well as “Couch”, “Target”, and “Home”.

Heather Crowe and Couch

The SHS ads had very substantial reach, helped by a substantial media buy and creative content that tested well with the target audience. For example, according to an ad recall survey, four in ten adults (38 per cent) and seven in ten youth (71 per cent) recalled seeing the “Couch” ad aimed at youth (demonstrating a reasonably high recall in the mainstream, but also, a significantly greater reach in the target audience). More than half (57 per cent) of adult Canadians recalled seeing the “Heather” ad aimed at SHS in the workplace in 2002 and 49 per cent in the first quarter of 2003. Although not a target of the campaign, 35 per cent of youth nonetheless also recalled the ad. Later that year, 73 per cent of opinion leaders and 57 per cent of movie-goers said they recalled a “Heather” ad. In fact, fully 44 per cent of opinion leaders recalled the ad in unprompted recall, indicating that the target audience was reached more effectively than others (e.g., youth, who were less apt to recall the ad). These rates of recall are on par to above average when compared with the Ipsos Reid industry norm of 50 per cent. The reach for non-television ads was considerably smaller, which is not a surprise, given that recall of these types of media are substantially lower than television advertisements.

Recall of the sponsor was also quite high in these campaigns. For the “Heather” ad, 41 per cent of the adults and 50 per cent of the youth who recalled the ad (prompted), linked it with the Government of Canada. The same proportion of opinion leaders recalled the correct sponsor (41 per cent of those who recalled the ad) and a slightly lower proportion of movie-goers (35 per cent) did the same. For “Couch”, the recall of sponsorship was 41 per cent of youth who recalled the ad (and 50 per cent among adults). This is also well above average, given that the industry norm is 28 per cent, according to the Ipsos Reid database for ads of relatively similar media weight. This relatively high recollection of the Government of Canada sponsorship in comparison with the cessation campaign may be attributable to the relative novelty of the anti-SHS message. Whereas the cessation message is “shared” in a sense with other advertisers, ranging from provincial governments to health organizations to commercial anti-smoking products, the Government of Canada came to “own” the anti-SHS message since it was the only significant advertiser in the field with this distinctive message.

The “Heather” ads were regarded as credible or believable by many of those who saw them. Nine in ten adults and similar numbers of youth found them to be either somewhat or very believable. Recorded believability was even higher among opinion leaders (96 per cent, of which 77 per cent said very believable) and movie-goers (96 per cent, of which 76 per cent said very believable). In fact, this credibility extended even to smokers, given that 91 per cent of smokers who are opinion leaders and the same proportion of smokers who are movie-goers found them to be believable. Believability of the “Couch” ad was only slightly lower, at 80 per cent of adults and 87 per cent of youth (saying that the ad was very or somewhat believable). Numbers were only slightly lower among smokers in both the youth population and

were the same for adult smokers and non-smokers. Most Canadians also found the "Heather" ads to be effective in getting their message across (in fact, 60 per cent of adults and 58 per cent of youth found them to be very effective). This was also reflected among opinion leaders and movie-goers (with 66 and 61 per cent, respectively, finding them to be very effective). In fact, almost one in three opinion leaders and movie-goers alike (30 per cent) reported that they had spoken with someone else (i.e., friend, colleague or family member) about the ad.

The "Couch" ad aimed at Canadian youth showed more mixed results. Among the youth who reported that they recalled the ad (prompted), no single clear message was reported (unlike recall of the Heather ad). Three-quarters of youth who recalled the ad said that it was very or somewhat effective (which is reasonably high, but considerably lower than the Heather ad), and 87 per cent of youth said that the "Couch" ad was believable. Results regarding action following the ad were typically more tepid.

Perhaps more indicative of its influence (and overall success), the Heather Crowe ads seem to have increased public awareness of the issue of second-hand smoke. Based on measurements taken in a baseline survey in June of 2002 and a mid-campaign ad recall survey in November of that same year, more Canadians said in November (six weeks into the "Heather" campaign) that they were bothered by second-hand smoke, that they experienced a physical irritation from other people's smoke and that others are bothered by second-hand smoke. In each of these cases, the proportion of Canadians who were aware of these issues (reporting some level of irritation) had increased between six and 16 percentage points (see chart below) following the campaign. The "Heather" ads were also seen to have an influence on people's view of the tobacco industry. In fact, 42 per cent of Canadians said that the ads made them more critical of the tobacco industry than they had been before seeing the ads. This is even true among smokers, although to a lesser degree, with 30 per cent saying that they felt more critical of the industry after the ads.

However, this evidence of positive change in awareness needs to be tempered by other indicators that showed no movement or even negative change. The level of support from the public for smoke-free workplaces and other spaces (e.g., restaurants and bars) did not change over time, nor did comfort in asking an employer to consider a smoke-free policy in the workplace, comfort in asking a smoker to butt out a cigarette or preference in attending a smoking or smoke-free restaurant or bar shift from pre- to post-campaign. So while the "Heather" ads seemed to have some impact on awareness of the issue, this did not translate into attitudinal change – e.g., greater support for smoke-free policies -- nor did it result in differences in behaviour (at least in the measures under study). This suggests that the ad successfully raised public awareness of second hand smoke as a danger, but was not as successful in suggesting solutions to the problem that people found to be relevant and actionable. There is also no evidence that it was effective in raising awareness and concerns about exposure that is particular to the workplace (although some qualitative respondents did dismiss the ads because they already have smoking restrictions in existence in their place of work). At the same time, it is important to note that many municipalities were in

the midst of going smoke free. From October 2002, Heather Crowe did much personal campaigning to discuss this issue with influential decision-makers at the municipal, provincial and federal level [21]

It should be said more broadly that there are methodological challenges in reviewing all the public opinion research with regard to "Heather Crowe". The original "baseline" study was conducted in June 2003, which included the questions on an "omnibus" survey with other unrelated matters. The follow-up study was in November of 2003, only a few weeks into the "Heather Crowe" ad buy, thus not reflecting the full impact of the campaign. Moreover, although a follow-up study repeated some of the questions asked in the baseline, the survey employed different methodology, raising questions about the comparability of the data. Perhaps for this reason the report of the follow-up survey did not attempt any "tracking" against the original results. Thus the comparative data assembled and displayed here should be treated with caution.

Target and Home

Some post-campaign ad recall results also suggested that another ad targeting 20-54 year adults (and parents in particular) was successful. The "Target" ad used a smoking mother and smoke ring as a target on children to bring home the idea that second-hand smoke is bad for others, and children in particular. In March of 2003, survey measurement indicated that 50 per cent of Canadians recalled the ad (in a prompted question). This is directly in line with the 50 per cent industry norm cited earlier (Ipsos Reid data base). This recall also seems to be fairly solid, given that about half of those who recalled the ad also said that they recalled one or more specific expressions related to the ad (regarding second-hand smoke being linked to a number of diseases, and that it kills). Further, 39 per cent said (unaided) that the ad was about how second-hand smoke harms children, and was higher among smokers at 44 per cent). A high proportion of those who recalled the ad also recalled that the Government of Canada was the sponsor (46 per cent). In terms of specific action, one in four said that they talked to others about the ad. A modified version of the "Target" ad was aired in late 2004 and early 2005, and new survey follow-up measures were collected. A very high level of recall was found (67 per cent), perhaps because it was an ad that people had recalled seeing (in a slightly different form) previously.

An ad recall survey undertaken with regard to the "Target" and "Home" campaign in early 2005 provided especially rich data. It showed very high total recall for SHS ads (83 per cent) as well as high identification of the Government of Canada as the sponsor (30 per cent). In fact, according to the study, the campaign exceeded industry norms in both instances. This is particularly notable because the one other campaign reviewed according to these measures, Bob/Martin, as noted above, also had high recall, but lower sponsorship linkage. The study offers no explanation for this dramatic difference in sponsorship recognition, but it may be, as already suggested, that the SHS message is more distinctive from other anti-smoking messages than the cessation message contained in Bob/Martin.

[21] Physicians for a Smoke-free Canada have documented Heather's story. This can be found on http://www.smoke-free.ca/heathercrowe/

This same 2005 campaign elicited a revealing mixture of mainly positive, but some negative, reactions. The ad far exceeded industry norms according to the same study, for personal meaning (44 per cent versus the industry norm of only 16 per cent), interest (35 per cent versus the average of 28 per cent) and being informative (40 per cent versus the average of 25 per cent). On the other hand, the "Target" ad was also rated low in terms of being enjoyable (16 per cent versus 39 per cent) and had a higher than usual fatigue factor. Given the content, message and objectives of the ad, it is not surprising that it was not considered enjoyable. The ad was also considerably below the industry norms in terms of its uniqueness (38 per cent said that it was unique compared with an industry norm of 47 per cent), although there is no evidence that this affected its success.

There was also some attempt to measure change in attitudes and behaviour related to second-hand smoke. Eighty-two per cent of those who recalled the ad and the correct sponsor agreed (somewhat or strongly) that it made them think about the effects of SHS. The impact was greater among non-smoking parents than with smoking parents. Another 56 per cent said that the ad led them to start eliminating second-hand smoke from their home. Of those who placed restrictions in smoking in their home, 47 per cent did so to reduce their children's exposure to SHS; these restrictions were also more common among those who recalled seeing one of the SHS ads than among those who did not see an ad. One-quarter of those who saw the ads had taken action as a result, and another 21 per cent were planning to do so. The actions most frequently mentioned were to introduce smoking restrictions in the home and to stop smoking or to consider stopping. (Again, it must be noted that these are examples of self-reported actions). These measures suggest the campaign had positive effects from a public health perspective. It should be noted however, that fully 44 per cent said that they strongly or somewhat agree that the SHS ads were difficult to believe – a warning sign about the perceived credibility of elements of the SHS message.

Despite the many indicators of the success of the SHS ads to be found in the recall survey, the research did raise some issues. As in the case of the "Heather Crowe" campaign, the baseline and recall surveys were conducted by different companies. Similarly, there was apparently a repetition of certain questions, but no evident attempt to replicate methodology and no "tracking" contained in the later survey report but this could be due to budgetary or time restrictions. This complicates the measurement and analysis of attitudinal and behavioural change. Moreover, although the broad message that SHS is a serious problem was clearly well received, some elements of the campaign were met with scepticism, particularly among smokers. These issues were much more evident in the qualitative research than in the quantitative surveys.

In qualitative studies, some participants also reacted to the "Heather" ad, which portrays the plight of a non-smoking waitress who has contracted cancer in the workplace, by pointing out that smoking is no longer permitted in workplaces in their jurisdiction. They concluded, therefore, that the message was irrelevant, addressing as it did an issue they felt had already been resolved. Furthermore, one qualitative study conducted in December 2005 showed that smokers felt they were already taking mitigating measures against SHS (opening windows for example), that they had trouble identifying with the examples used in the SHS campaign, and that the relationship between SHS and its effects on health were poorly understood. Findings such as these suggest that Health Canada may need to refine and adapt the message to adjust to

a changing environment to be effective to the highest priority group as it is to the population in general. (In fact, it is our understanding that this is the focus of upcoming Health Canada campaigns.) These results do not impugn the positive effects of the mass media ad campaigns. However, it does suggest the need for further research to determine whether the "hardest cases", as it were, need a more targeted campaign which responds to their particular psychological and social situation, at the same time as the anti-SHS message continues to be reinforced for the general population.

Definitive judgements on the positive effects of the Second Hand Smoke mass media campaign may be difficult. If one evaluates the most obvious factor - whether Canadians saw the advertisements that were produced and distributed over the course of this campaign - results show that in fact, recall is relatively good, particularly for the television advertisements. The fact remains, however, that the true impact of social marketing campaigns often only emerges over the long term. Changes in awareness, attitudes, and behaviour are usually slow to gain momentum and thus difficult to measure during a short-time span; thus conclusive findings of the effects of the Second Hand Smoke mass media campaign on these measures are less certain at this time.

5.3 CONCLUSIONS

Taken as a whole, the national mass media campaigns were generally successful in promoting public health and may have helped in addressing the goals of the FTCS, although conclusive evidence of attributing behaviour change to this is difficult due to methodological difficulties. Key informants held similar views, indicating that national mass media campaigns were important in contributing to the strategy's objectives with respect to cessation (Bob and Martin) and second hand smoke (Heather Crowe). More specifically, of the five FTCS objectives, the content of the national mass media campaigns clearly supported three: reduce the number of people who smoke from 25 per cent to 20 per cent; decrease the number of cigarettes sold by 30 per cent; and reduce the number of people involuntarily exposed to environmental tobacco smoke

The content of all the campaigns clearly addressed two of the five objectives of the mass media component: to support objectives of the FTCS such as prevention, cessation, avoidance of second hand smoke, education, enforcement and policy; and to help establish non-smoking as the social norm for all ages. In addition, the content of specific campaigns supported two of the other objectives of the mass media component: to educate smokers and non-smokers of the dangers associated with smoking and exposure to SHS (SHS campaigns); and to hold the tobacco industry accountable for its actions in promoting and selling a lethal product ("Light" and "Mild" campaigns). In most cases, the creative content of the ads supported the fifth objective of the media component but only as a *secondary* objective: that is, to build public support for federal government activities in the area of tobacco control. None of the mass media campaigns had the building of public support for federal government activities as its *primary* aim. However, all of them were clearly branded and many directed viewers or readers to Government of Canada websites or the toll-free number.

6. Overall Conclusions

Overall, managers, stakeholders and even the general public support continued and significant efforts in the area of tobacco control in Canada and agree that the federal government has a necessary and legitimate role in this area. There are few among the general public (fewer than one in five) or among stakeholders (typically industry representatives) who would suggest that the federal government does not have a considerable role to play.

The current framework for federal efforts in tobacco control – the FTCS – is perceived to have many strengths. The FTCS has contributed to and benefited from significant momentum in tobacco control over the last five years. The legacy of prior initiatives, efforts of other jurisdictions and even international visibility of the issue have together produced notable changes in smoking prevalence in Canada over the past five years, as well as in other areas such as second hand smoke.

While most evaluation respondents are positive about the Strategy and its general mandate and tenets (i.e., comprehensive, integrated), there is some feeling (expressed by many stakeholders and a few managers) that now, moving into the second part of its mandate, is the right time to examine the major pillars, overall targets to be achieved and even target groups established for the FTCS. Stakeholders and managers both note that the current tobacco control environment has evolved and there is a desire to explore innovative ways of attaining results, and, in particular, reaching target groups. In particular, some believe that the harm reduction component has been vaguely formulated with few tangible results during the first five years. FTCS should be moving away from (or at least clarifying) its involvement in harm reduction, and forging further into the area of denormalization (of the tobacco industry, and therefore tobacco use). Although prevalent this is not a uniform opinion, and is the source of some debate in tobacco control. Even recognizing the barriers faced by the federal government in this area, some would still argue that the objectives of harm reduction and denormalization need further consideration and a thorough rethinking of their role in tobacco control and the FTCS, as the Strategy moves forward.

The Strategy is a significant initiative of considerable size. To date, one of its weaknesses has been that its implementation has not been sufficiently supported by effective management strategies, performance measurement/financial systems and planning practices/priority setting that would allow it the overall Strategy to maximize the efforts of its individual components.

In terms of specific areas for improvement, stakeholders have pointed to the need for all parties involved in tobacco control to be more mindful of the strengths of all current partners. Specifically, references were made about working more closely together to establish clear roles and boundaries, that take advantage of strengths and minimize duplication of effort. Additional efforts at reaching out to new (non-traditional) and currently underutilized partners were also recommended. Stakeholders and managers alike emphasized the need for the FTCS to explore ways of taking greater advantage of the capacity and expertise that exists, both inside and outside of government, to maximize results.

Related to this, there is concern about the degree of coordination and communications that exists within the FTCS, and between the Strategy, its partners and stakeholders. Many stakeholders in particular believe that more can be done to maximize the federal role of communication. While viewing the Strategy positively overall (in what it is designed to do and what can be achieved), many are less than positive about the extent to which the FTCS consults with stakeholders, coordinates information about what it funds, or disseminates information (e.g., research results) that it collects. Similar improvements were also suggested with respect to the coordination across federal government departments and even between different areas of the Strategy itself.

Significant concerns also exist among stakeholders about one-year funding cycles imposed on projects funded under the FTCS and difficulties in receiving timely approvals of funding. Stakeholders are fairly vocal about the extent to which this imposes significant pressure on them to conduct projects in a very restricted timeframe (and excludes some projects from being funded). Other issues related to funding, such as the reporting requirements and evaluation, are also areas of the Strategy that stakeholders believe should be reviewed in order to maximize results of the Strategy.

The same issue is also a concern (to a lesser extent) with respect to the FTCS's own activities that it undertakes (primarily pointing to mass media as the example). Some stakeholders believe that the funding cycle and need for annual approval of budgets restricts the potential for planning and launching long term (multi-year funded) mass media campaigns, and therefore, for achieving long terms objectives in this area.

In these three key areas for improvement highlighted by the study (i.e., collaboration and taking maximum advantage of expertise, communications and dissemination of information, and funding cycles), while it does not alter the reality of a need for changes within the FTCS to address these issues, it is nonetheless interesting to note that these same concerns have been widely expressed by many in the NGO community in other areas (and over the past decade or more). This suggests that these pitfalls are not unique to the FTCS (or even to the areas of tobacco or health), but endemic to any larger government initiative or program that includes NGOs as its primary stakeholders.

In the area of mass media, evaluation of short and long-term impact must be measured in a uniform fashion that is informed by an overall plan for the component, individual campaigns and therefore public opinion research designed to measure the impacts of each. Evaluation of the impacts of any social marketing campaign that takes place in the public domain (where many variables exist and attribution is difficult), particularly in an initiative or program that is specifically designed to work in conjunction with (and build on) the efforts of other organizations. Nonetheless, without some type of overall evaluation framework for mass media and the individual mass media campaigns to guide the individual POR efforts, it is likely that impacts will be very difficult to assess.

APPENDIX A
EVALUATION ISSUES, INDICATORS AND DATA SOURCES

Evaluation Issues, Indicators and Data Sources

Evaluation Issues/Questions	Indicators	Data Sources
Relevance		
R1. Public interest: does the program continue to serve the public interest? Does there continue to be a need for this Strategy? Are the mandate and objectives of the FTCS relevant? Do the existing components of the TCP – regulations and compliance; research, surveillance and evaluation; prevention, cessation and education; and mass media make sense?	› Trends in smoking prevalence in Canada. › Trends in the number of cigarettes sold in Canada. › Trends in retailer compliance. › Trends in the number of people exposed to second hand smoke in Canada. › Trends in health impacts of smoking in Canada. › Opinions on the need for the Strategy. › Opinions on the relevance of the FTCS mandate and objectives. Opinions on the program components (appropriateness of current configuration, anything missing) › To what extent has the mass media component provided support to other program components?	› Key informant interviews › External stakeholders › Program managers › Program partners › Survey of stakeholders › Document review › Mass media review
R2. Does the Strategy reflect government wide and Health Canada departmental priorities?	› Alignment between government wide and Health Canada priorities with respect to smoking. › Opinions on the extent to which the FTCS aligns with Federal government priorities.	› Key informant interviews ¤ Program managers › Document review
R3. Role of government: is there a legitimate and necessary role for government in this program area or activity?	› Opinions on the need for federal government involvement in this area. › Opinions on what would occur in the absence of federal government involvement in this area.	› Key informant interviews ¤ Program managers ¤ External stakeholders ¤ Program partners › Survey of stakeholders
R4. Federalism: is the current role of the federal government appropriate, or is the Strategy a candidate for realignment with the provinces?	› Extent of overlap between federal and provincial activities. › Opinions on the extent to which provinces/territories could deliver the same or better results.	› Key informant interviews ¤ Program managers ¤ External stakeholders ¤ Program partners › Survey of stakeholders
R5. Partnership: what activities or components of the Strategy should or could be transferred in whole or in part to the private/voluntary sector?	› Opinions on what activities or components could be transferred to the private/voluntary sector.	› Key informant interviews ¤ Program managers ¤ External stakeholders ¤ Program partners › Survey of stakeholders
R6. Has the funding structure been appropriate to attain the proposed objectives? (from RMAF)	› Funding structure for the FTCS. › Opinions on the appropriateness of the funding structure relative to the proposed objectives. › Suggestions for alternative funding structures	› Key informant interviews ¤ Program managers › Document review

Evaluation Issues/Questions	Indicators	Data Sources
R7. Have external factors changed to impact on FTCS desired outcomes? (from RMAF)	❯ Chronology/history of FTCS with respect to management and attainment of desired outcomes. ❯ Opinions on external challenges/barriers encountered and impacts on outcomes. ❯ Opinions on extent to which external factors have positively or negatively impacted the attainment of FTCS desired outcomes.	❯ Key informant interviews ¤ Program managers ¤ Program partners ¤ External stakeholders ❯ Mass media review ❯ Document review ❯ Survey of stakeholders
Design and Delivery		
D1. Is the Strategy building the required partner support (from stakeholders, provinces/territories, partner departments)?(Delivery)	❯ Opinions on the extent to which the FTCS has built partner support/opinions of stakeholders on responsiveness of Strategy and satisfaction with their level of engagement ❯ Examples of how the FTCS has built partner support. ❯ Challenges in partnering ❯ Opinions/suggestions on how the FTCS can better build partner support.	❯ Key informant interviews ¤ Program managers ¤ External stakeholders ¤ Program partners ❯ Survey of stakeholders
❯ D1a. Has the FTCS been successful in working with NGOs? (from RMAF)	❯ Opinions on the extent to which the FTCS has been successful in working with NGOs/satisfaction of NGO stakeholders on partnership under Strategy ❯ Examples of how the FTCS has worked successfully with NGOs. ❯ Opinions/suggestions on how the FTCS can better work with NGOs.	❯ Key informant interviews ¤ Program managers ¤ External stakeholders ¤ Program partners ❯ Survey of stakeholders
❯ D1b.Has there been a high level of cooperation and integration with provinces and territories? (from RMAF)	❯ Opinions on the extent to which the FTCS has succeeded in cooperating and integrating with provinces and territories/satisfaction of provincial/territorial stakeholders on partnership under Strategy ❯ Examples of how the FTCS has cooperated and/or integrated with provinces and territories. ❯ Opinions/suggestions on how the FTCS can improve cooperation and integration with the provinces and territories.	❯ Key informant interviews ¤ Program managers ¤ External stakeholders ¤ Program partners ❯ Survey of stakeholders

Evaluation Issues/Questions	Indicators	Data Sources
› D1c. Has there been a high level of cooperation and integration among regional offices of Health Canada, the Tobacco Control Program and the TCP offices (Research, Programs and Mass Media, Policy, Regulations and Compliance, Management Services)?	› Opinions on the extent of cooperation and integration among regional offices of health Canada and other federal partners. › Opinions on the extent to which TCP Offices (Research, Programs and Mass Media, Policy, Regulations and Compliance, Management Services) have cooperated. › Examples of cooperation and/or integration among and with regional offices of Health Canada, other federal partners and TCP offices. › Opinions/suggestions on how the FTCS can improve cooperation and integration with and among regional offices of Health Canada, other federal partners and TCP offices.	› Key informant interviews ¤ Program managers ¤ External stakeholders ¤ Program partners › Survey of stakeholders › Management review
D2. Is the Strategy, as designed, the appropriate mechanism for achieving longer-term outcomes? Is it reaching the intended target populations? (Design)	› Extent to which the program is reaching its target populations. › Opinions on the appropriateness of the FTCS as designed in achieving its longer-term outcomes.	› Key informant interviews ¤ Program managers ¤ External stakeholders ¤ Program partners › Survey of stakeholders › Mass media review
D3. Has the FTCS been implemented as intended (i.e., as described in the TBS submission)? What, if any barriers have been encountered (by managers, partners, stakeholders) in implementing and delivering the Strategy? What strategies, if any, have been implemented to adapt to barriers encountered? (Delivery)	› Chronology/history of FTCS with respect to implementation. › Activities undertaken by the Strategy › Approaches to flowing funding. › Barriers/challenges encountered by managers, partners and stakeholders in implementing the FTCS. › Implications of barriers/challenges encountered. › Reasons for/causes of barriers/challenges. › Responses to barriers/challenges by managers, partners and stakeholders in implementing the FTCS. › Reasons for any changes to implementation of the FTCS relative to the TBS submission. › Impacts of changes in implementation of the FTCS relative to the TBS submission. › Opinions on the effectiveness and success of changes in implementation in response to barriers/challenges.	› Key informant interviews ¤ Program managers ¤ External stakeholders ¤ Program partners. › Survey of stakeholders › Management review

Evaluation Issues/Questions	Indicators	Data Sources
D4. To what extent has there been effective and/or efficient coordination, collaboration and integration among federal FTCS partners?	› Approaches to coordination and collaboration implemented among federal departments (federal TCS partners). › Opinions on the extent to which mandates of federal partners complement or overlap with respect to the FTCS. › Examples of successful and less successful approaches to coordination and collaboration. › Opinions on the extent to which coordination and collaboration among partners has been effective and efficient. › Opinions on how coordination and collaboration can be improved. › Barriers/challenges to effective and efficient coordination, collaboration and integration among partners.	› Key informant interviews ¤ Program managers ¤ External stakeholders ¤ Program partners › Survey of stakeholders › Document review › Management review
D5. Is performance measurement adequate to support decision-making and accountability?	› Performance measurement approaches implemented by the FTCS. › Opinions on the extent to which performance measurement is adequate to support decision-making and accountability. › Reasons for any departures from the performance and accountability approaches described in the TBS for the FTCS.	› Key informant interviews ¤ Program managers ¤ Program partners › Document review › Mass media review › Management review
D6. Is the governance structure appropriate to support decision-making and accountability?	› Governance structure implemented by the FTCS. › Opinions on the appropriateness of the governance structure in supporting decision-making and accountability. › Reasons for any departures from the governance structure described in the TBS for the FTCS.	› Key informant interviews ¤ Program managers ¤ Program partners › Document review › Management review
D7. Is the current governance structure the most effective mechanism for meeting FTCS objectives over the long term?	› Opinions on the effectiveness of the current governance structure in facilitating the FTCS in meeting its objectives over the long term.	› Key informant interviews ¤ Program managers ¤ Program partners › Document review
D8. What are the strengths and weaknesses of the FTCS? Lessons learned?	› Opinions on the strengths and weaknesses. › Examples of lessons learned	› Key informant interviews ¤ Program managers ¤ External stakeholders ¤ Program partners

APPENDIX B

MANAGER KEY INFORMANT INTERVIEW GUIDE (ENGLISH AND FRENCH)

Evaluation of the Relevance and Design and Delivery of the Federal Tobacco Control Strategy (FTCS)
Moderators' Guide: Program Managers

A. Introduction

You have been asked to participate in an interview as part of an evaluation of the relevance and design and delivery of the Federal Tobacco Control Strategy (FTCS). EKOS Research Associates has been contracted by Health Canada to conduct this evaluation, which is being carried out under the guidance of a Steering Committee.

The issues to be addressed by this evaluation include: the role of Government in tobacco control; use and value of partnerships; the specific activities undertaken by the federal government; a review of management practices; and any barriers facing stakeholders in working with the Tobacco Control Program (TCP).

This interview will take approximately one hour of your time. Please be assured that your responses will be kept strictly confidential. Responses will be analysed and reported only in aggregate form and stripped of all identifying information. Please feel free to tell the interviewer if you do not feel confident answering specific questions, you are not required to respond to all questions.

B. Relevance

1. Is the Strategy, as designed, the appropriate mechanism for achieving longer_term outcomes? (D2) In your view, to what extent are the current mandate, strategic directions (protection, prevention, cessation and harm reduction) and targets of the FTCS appropriate? Why or why not? Please elaborate on your response. (R1)

    a) In retrospect, at the time of the strategy's design were the mandate, strategic directions and targets the right ones?

    b) To what extent is each of these elements still relevant?

    c) What changes, if any, would you suggest to the current mandate of the FTCS? To its strategic objectives? Targets?

2. How well do the mandate and strategic objectives of the FTCS align with the mandate of Health Canada or other federal departments? Please provide examples.

3. To what extent is there a legitimate and necessary role for the federal government in the area of tobacco control? (R3)

    a) In your opinion, what are the benefits of having a federal strategy to address smoking?

    b) Do you believe there is a continued need for the FTCS? Why or why not?

    c) Is there any overlap or duplication between the activities of the FTCS and those of the provinces/ territories? If so, please identify any duplication or overlap. Is this problematic or complementary? (R4)

    d) Are there activities currently undertaken by the FTCS that could be more appropriately carried out by other organizations/jurisdictions?

        I) By the provinces/territories? (R4)

        ii) The voluntary sector?

        iii) The private sector?

    e) What would be the consequences if the FTCS was not renewed? Please explain, providing examples where possible.

C. Design and Delivery

4. Was the FTCS been implemented as intended (i.e., as described in the TB submission)? Does it's continuing delivery adhere to the TB submission? In what areas and for what reasons has the delivery of the Strategy diverged from original intentions (e.g., in its mandate, strategic objectives or targets)? (D3)

    a) What have been the key factors in the external environment that have positively or negatively affected the implementation and delivery of the Strategy? With what implications? (R7)

    b) What strategies, if any, have been implemented to adapt to any barriers? With what success and implications?

5. How comprehensive and appropriate are the different program "components"of the FTCS – regulations and compliance; research, surveillance and evaluation; programs and mass media; and policy _ at the time of program design, at implementation and during the continuing delivery. (R1)

a) Do the "components" complement each other?[22]

b) Are there any "components" that are missing or should be given more or less emphasis?

c) Has there been sufficient coordination across the program "components"?

d) To what extent has there been a high level of cooperation and integration: (D1c)

   i) between the offices of the TCP

   ii) between regional offices of Health Canada and TCP offices (Research, Programs and Mass Media, Policy, Regulations and Compliance, Management Services); and (D1c)

6. To what extent has the mass media component (national and local/regional) of the FTCS supported the achievement of the objectives of the other components? Please explain, providing examples where possible. How (if at all) could the mass media component or its operation be improved? (R1)

   a) Has there been sufficient coordination between the national and local/regional mass media?

7. Are the current activities of the FTCS reaching the target populations How? Which target populations are being successfully reached? Are there target populations[23] that require more attention? What have been the barriers in reaching these populations? Is the FTCS the mechanism to reach these populations/should they be a target group for the FTCS? (D2)

8. To what extent has the FTCS built support among partners? For each of the following, please:

   a) describe the nature of linkages and partnerships the FTCS has established;

   b) what sort of barriers (if any) have had to be overcome to establish these partnerships and whether/what barriers still remain;

   c) In what areas (if any) and how can partner support be improved? (D1);

   d) To what extent has the cooperation, collaboration and integration among partners been effective and efficient? (D1a);

[22] Please see Appendix A for the resources allocated to each component.

[23] Primary audiences of the FTSC are youth, smokers, parents/expectant parents, Canadian expose to ETS and non-smokers. Secondary audiences are health professionals, retailers, community leaders, corporate sector and opinion leaders.

i) What aspects of coordination have been effective and what aspects need more attention?

ii) What have been the key barriers/challenges to coordination among federal partners? Are there overlapping elements in the mandates of federal partners with respect to the FTCS?

If yes, has this been problematic?

e) In what ways, if any, can coordination among federal FTCS partners be improved?

I) provincial/territorial governments

ii) non_governmental organizations

iii) other federal departments

9. Please provide examples of areas/activities where there has been effective cooperation and integration.

a) Have there been instances where there has been less cooperation and integration? How can cooperation and integration among regional offices and between regional offices and other partners be improved?

10. Has the funding structure of the FTCS been appropriate to attain the objectives of the Strategy? (R6)

a) In your opinion, are funding vehicles such as MOUs being used appropriately?

b) Are there examples of funding arrangements that are inconsistent with the original intentions of the program? Why?

c) What alternative approaches or changes could make the funding arrangements more straightforward?

11. To what extent is the current governance structure consistent with the original FTCS submission to Treasury Board – what changes, if any, were made to the governance mechanism and why? (D3 + D6)

a) To what extent does the current governance structure operate effectively and contribute to meeting FTCS objectives? Please explain, providing examples where possible. (D7)

b) To what extent does the current governance structure support decision_making and accountability? (D6)

c) How (if at all) could the current governance structure or its operation be improved?

12. To what extent are FTCS performance measurement and accountability approaches consistent with the original FTCS submission to Treasury Board – what changes, if any, were made to these approaches and why?

a) How well are performance measures supporting decision_making and accountability requirements of the FTCS? (D5)

b) Is the information that is collected adequate (in both content and amount)? If not, what other information or intelligence is needed?

c) Is reporting appropriate and useful? What have been the barriers, if any?

D. Strengths and Weaknesses

13. What would you identify as the key strengths of the FTCS? (D8)

a) What are some of the best practices that can be identified based on the experience to date?

14. What would you identify as the key weaknesses of the FTCS? (D8)

a) What specific improvements would you suggest for this Strategy in order to increase the degree to which it achieves its intended results?

15. Do you have any other comments that you'd like to add?

Thank you for your time and participation in this evaluation!

ANNEX A
MANDATE, STRATEGIC OBJECTIVES AND TARGETS OF THE FTCS

Mandate

The primary mission of the Federal Tobacco Control Strategy (FTCS) is to reduce tobacco_related disease and death among Canadians.

Strategic Directions

1. Protection
2. Prevention
3. Cessation
4. Harm Reduction

Program Objectives

1a. Reduce exposure to second_hand smoke
1b Regulate manufacturers and sale of tobacco
2. Reduce uptake by youth
3. Reduce number of smokers
4. Reduce harm to smokers and those exposed to second_hand smoke
5. Reduce contraband

Targets

Five Targets of FTCS (2001_2011):

1. Reduce smoking prevalence to 20% from 25% (level in 1999).
2. Reduce the number of cigarettes sold by 30%.
3. Increase retailer compliance regarding youth access to tobacco from 69% to 80%.

Resources

Total Budget Allocation 2005_06 by Program Component

Regulations and Compliance and Regions:	$12,270,000
Research, Surveillance and Evaluation:	$ 8,555,200
Programs and Mass Media and Regions:	$22,807,350
Policy:	$ 2,777,000

Évaluation de la pertinence ainsi que de la conception et de la prestation de la Stratégie fédérale de lutte contre le tabagisme (SFLT)
Guide d'entrevue : Gestionnaires de programme

A. Introduction

Vous avez été invité à prendre part à une entrevue dans le cadre d'une évaluation de la pertinence ainsi que de la conception et de la prestation de la Stratégie fédérale de lutte contre le tabagisme (SFLT). Santé Canada a confié aux Associés de recherche EKOS le soin d'effectuer cette évaluation qui se déroule avec le soutien d'un comité d'orientation.

Parmi les aspects à évaluer, il y a le rôle que joue le gouvernement dans la lutte contre le tabagisme; le recours à des partenariats et la valeur de ces derniers; les activités particulières entreprises par le gouvernement fédéral; les méthodes de gestion ainsi que tout obstacle pouvant nuire à la collaboration des intéressés avec le Programme de lutte contre le tabagisme (PLT).

Notre entrevue est d'une durée d'environ une heure. Nous vous garantissons que vos réponses seront traitées de manière absolument confidentielle. Les réponses ne seront analysées et divulguées que sous forme globale et seront dépouillées de tout renseignement pouvant servir à identifier quelqu'un. S'il y a des questions qui vous gênent, n'hésitez pas à le dire à l'enquêteur car vous n'êtes pas obligé de répondre à toutes les questions.

B. Pertinence

1. La stratégie, telle que conçue, est-elle le mécanisme qui convient pour atteindre les résultats à long terme? (D2) Selon vous, dans quelle mesure le mandat actuel de la SFLT, ses orientations stratégiques (protection, prévention, abandon et réduction des méfaits) de même que ses cibles sont-ils adéquats? Pourquoi? Pourriez-vous développer votre réponse? (R1)

    a) En rétrospective, au moment de concevoir la stratégie, est-ce que le mandat, les orientations stratégiques et les cibles ont été bien choisis?

    b) Dans quelle mesure chacun de ces éléments demeure-t-il pertinent?

    c) Quels changements proposeriez-vous d'apporter, le cas échéant, au mandat actuel de la SFLT? À ses objectifs stratégiques? À ses cibles?

2. À quel point le mandat et les objectifs stratégiques de la SFLT s'alignent-ils sur le mandat de Santé Canada ou d'autres ministères fédéraux? Veuillez donner des exemples.

3. Dans quelle mesure le gouvernement fédéral a-t-il un rôle légitime et nécessaire à jouer dans le domaine de la lutte contre le tabagisme? (R3)

   a) Selon vous, quels sont les avantages d'une stratégie fédérale pour s'attaquer au tabagisme?

   b) Croyez-vous que la SFLT demeure nécessaire? Pourquoi?

   c) Y a-t-t-il du chevauchement ou du dédoublement entre les activités de la SFLT et celles des provinces ou des territoires? En l'occurrence, veuillez identifier tout dédoublement ou chevauchement. Est-ce problématique ou complémentaire? (R4)

   d) Parmi les activités courantes de la SFLT, y en a-t-il qui pourraient être exécutées de façon plus adéquate par d'autres organisations ou autorités?

      i) Par les provinces ou territoires? (R4)

      ii) Par le secteur bénévole?

      iii) Par le secteur privé?

   e) Quelles seraient les conséquences du non-renouvellement de la SFLT? Veuillez fournir des explications et, autant que possible, des exemples.

C. Conception et prestation

4. La SFLT a-t-elle été mise en oeuvre tel que prévu (i.e., conformément à la présentation au CT)? Sa prestation demeure-t-elle conforme à la présentation au CT? Dans quels domaines et pour quelles raisons la prestation de la Stratégie s'est-elle écartée des intentions initiales (p. ex., prévues dans son mandat, ses objectifs stratégiques ou ses cibles)? (D3)

   a) Quels sont les principaux facteurs de l'environnement externe qui ont eu un effet positif ou négatif sur la mise en oeuvre et la prestation de la Stratégie? Quelles en ont été les conséquences? (R7)

   b) Quelles stratégies a-t-on adoptées, le cas échéant, pour faire face aux obstacles? Avec quel succès et quelles conséquences?

5. Dans quelle mesure les divers « éléments » du programme de la SFLT étaient-ils complets et adéquats – réglementation et conformité; recherche, surveillance et évaluation; programmes et médias d'information; politiques - lors de la conception du programme, de sa mise en oeuvre et au cours de sa prestation? (R1)

   a) Les « éléments » se complètent-ils les uns les autres?[24]

[24] Voir l'annexe A pour les ressources affectées à chaque élément.

b) Y a-t-il des « éléments » qui font défaut ou sur lesquels il faudrait mettre plus ou moins d'accent?

c) Y a-t-il eu suffisamment de coordination entre les « éléments » du programme?

d) Dans quelle mesure y a-t-il eu un haut niveau de collaboration et d'intégration : (D1c)

   i) entre les bureaux du PLT

   ii) entre les bureaux régionaux de Santé Canada et les bureaux du PLT (Recherche, Programmes et médias d'information, Politiques, Réglementation et conformité, Services de gestion) (D1c)

6. Dans quelle mesure l'élément médias d'information (nationaux et locaux/régionaux) de la SFLT a-t-il soutenu la réalisation des objectifs des autres éléments? Veuillez fournir des explications et, autant que possible, des exemples. Comment pourrait-on (s'il y a lieu) améliorer l'élément médias d'information ou son fonctionnement? (R1)

   a) Y a-t-il eu suffisamment de coordination entre les médias d'information (nationaux et locaux/régionaux)?

7. Les activités courantes de la SFLT rejoignent-elles les populations cibles? Comment? Quelles populations cibles sont effectivement atteintes? Y a-t-il des populations cibles[25] qui exigeraient plus d'attention? Quels ont été les obstacles à l'atteinte de ces populations? La SFLT est-elle le bon mécanisme pour atteindre ces populations/celles-ci devraient-elles être un groupe cible de la SFLT? (D2)

8. Dans quelle mesure la SFLT a-t-elle acquis le soutien de ses partenaires? Dans chaque cas, veuillez répondre aux questions suivantes :

   a) Décrire la nature des liens et des partenariats que la SFLT a établis.

   b) Quels obstacles (le cas échéant) a-t-il fallu surmonter pour établir ces partenariats; y a-t-il des obstacles qui persistent et lesquels?

   c) Dans quels domaines (le cas échéant) et de quelle manière pourrait-on améliorer le soutien des partenaires? (D1)

   d) Dans quelle mesure y a-t-il eu coopération, collaboration et intégration efficaces entre les partenaires? (D1a)

      i) Quels aspects de la coordination ont été efficaces et quels sont les aspects qui exigent plus d'attention?

[25] Le public principal de la SFLT se compose des suivants : jeunes, fumeurs, parents et futurs parents, Canadiens exposés à la fumée ambiante et non-fumeurs. Le public secondaire comprend les professionnels de la santé, les détaillants, les dirigeants communautaires, l'entreprise privée et les leaders d'opinion.

ii) Quels ont été les principaux obstacles ou défis à la coordination entre les partenaires fédéraux? Y a-t-il des éléments qui se chevauchent dans les mandats des partenaires fédéraux en ce qui concerne la SFLT?

Dans l'affirmative, cela a-t-il été problématique?

e) De quelle manière pourrait-on, le cas échéant, améliorer la coordination entre les partenaires fédéraux de la SFLT?

i) les gouvernements provinciaux ou territoriaux

ii) les organisations non gouvernementales

iii) les autres ministères fédéraux

9. Veuillez donner des exemples de domaines ou d'activités où il y a eu effectivement de la coopération et de l'intégration.

a) Y a-t-il eu dans certains cas moins de coopération et d'intégration? Comment pourrait-on améliorer la coopération et l'intégration au sein des bureaux régionaux et entre les bureaux régionaux et les autres partenaires?

10. La structure de financement de la SFLT a-t-elle été adéquate afin d'atteindre les objectifs de la Stratégie? (R6)

a) Selon vous, les moyens de financement comme les protocoles d'entente sont-ils utilisés de façon adéquate?

b) Avez-vous des exemples de modalités de financement qui ne sont pas conformes aux intentions initiales du programme? Pourquoi?

c) Quels sont les solutions de rechange ou les changements qui pourraient simplifier les modalités de financement?

11. Dans quelle mesure la structure de gouvernance actuelle est-elle conforme à la présentation initiale de la SFLT au Conseil du trésor – quels changements a-t-on apportés, le cas échéant, au mécanisme de gouvernance, et pourquoi? (D3 + D6)

a) Dans quelle mesure la structure de gouvernance actuelle fonctionne-t-elle de façon efficace et contribue-t-elle à l'atteinte des objectifs de la SFLT? Veuillez fournir des explications et, autant que possible, des exemples. (D7)

b) Dans quelle mesure la structure de gouvernance actuelle soutient-elle la prise de décisions et la responsabilisation? (D6)

c) Comment pourrait-on (s'il y a lieu) améliorer la structure de gouvernance actuelle ou son fonctionnement?

12. À quel point les méthodes de la SFLT en matière de mesure du rendement et de responsabilisation sont-elles conformes à la présentation initiale de la SFLT au Conseil du trésor – quels changements a-t-on apportés, le cas échéant, à ces méthodes et pourquoi?

a) À quel point la mesure du rendement répond-elle aux exigences de la SFLT touchant la prise de décisions et la responsabilisation? (D5)

b) Les renseignements recueillis sont-ils adéquats (en contenu et en quantité)? Dans la négative, de quels autres renseignements aurait-on besoin?

c) L'établissement des rapports est-il adéquat et utile? Quels ont été les obstacles, le cas échéant?

D. Points forts et points faibles

13. Quels sont selon vous les principaux points forts de la SFLT? (D8)

a) Quelles sont quelques-unes des méthodes exemplaires dont on a pu faire l'expérience jusqu'ici?

14. Quels sont selon vous les principaux points faibles de la SFLT? (D8)

a) Quelles améliorations particulières recommanderiez-vous afin que la Stratégie puisse mieux atteindre ses résultats attendus?

15. Y a-t-il quoi que ce soit que vous aimeriez ajouter?

Merci de votre temps et de votre participation à cette évaluation!

ANNEXE A
MANDAT, OBJECTIFS STRATÉGIQUES ET CIBLES DE LA SFLT

Mandat

La mission essentielle de la Stratégie fédérale de lutte contre le tabagisme (SFLT) est de réduire la morbidité et la mortalité attribuables à l'usage du tabac parmi les Canadiens.

Orientations stratégiques

1. Protection
2. Prévention
3. Abandon
4. Réduction des méfaits

Objectifs du programme

1a. Réduire l'exposition à la fumée ambiante
1b Réglementer les fabricants et la vente de tabac
2. Réduire le nombre de jeunes qui commencent à fumer
3. Réduire le nombre de fumeurs
4. Réduire les méfaits causés aux fumeurs et aux personnes exposées à la fumée ambiante
5. Réduire la contrebande

Cibles

Les cinq cibles de la SFLT (2001_2011) :

1. Faire baisser la prévalence du tabagisme de 25 % (niveau de 1999) à 20 %.
2. Réduire le nombre de cigarettes vendues de 30 %.
3. Faire passer le taux de conformité des détaillants en ce qui regarde l'accès des jeunes au tabac de 69 % à 80 %.

Ressources

Allocation budgétaire par élément du programme en 2005_2006

Réglementation et conformité, et régions :	12 270 000 $
Recherche, surveillance et évaluation :	8 555 200 $
Programmes et médias d'information, et régions :	22 807 350 $
Politiques :	2 777 000 $

APPENDIX C
MANAGER FOLLOW-UP INTERVIEW GUIDE

Evaluation of the Relevance and Design and Delivery of the Federal Tobacco Control Strategy (FTCS) Follow-up Interviews: Program Managers

A. Introduction

You have been asked to participate in an interview as part of an evaluation of the relevance and design and delivery of the Federal Tobacco Control Strategy (FTCS). EKOS Research Associates has been contracted by Health Canada to conduct this evaluation, which is being carried out under the guidance of a Steering Committee.

The issues to be addressed by this evaluation include: the role of Government in tobacco control; use and value of partnerships; the specific activities undertaken by the federal government; a review of management practices; and any barriers facing stakeholders in working with the Tobacco Control Program (TCP).

EKOS recently completed interviews with a group of program managers and key stakeholders of the FTCS as well as a larger on-line survey of FCTS stakeholders. You are being asked to participate in a series of interviews with program managers which focus on further follow-up with respect to a limited set of key evaluation issues.

This interview will take between 30 and 60 minutes of your time. Please be assured that your responses will be kept strictly confidential. Responses will be analyzed and reported in aggregate form only and stripped of all identifying information. Please feel free to tell the interviewer if you do not feel confident answering specific questions.

1. Please describe the nature of your role or involvement with the FTCS/TCP to date.

B. Design and Delivery

2. To what extent do you feel the FTCS implemented as intended (i.e., as described in the TB submission)? In what areas or for what reasons has the delivery of the Strategy diverged from original intentions (e.g., in its mandate, strategic objectives or targets)?

    a) What have been the key factors in the external environment that have positively or negatively affected the implementation and delivery of the Strategy? With what implications?
    b) What strategies, if any, have been implemented to adapt to any barriers? With what success or implications?

3. How did the reduction in total resources allocated to the FTCS affect implementation and delivery? How was the day to day implementation and delivery of the Strategy affected by this? What have the consequences been in terms of effectiveness of the overall Strategy?

    a) What impact did this have on activities and initiatives planned? What was not done or scaled back as a result of reduced resources?

4. Despite the reduction in resources available to the strategy, targets identified for the Strategy were met or exceeded. Why? Were initial targets too low? Was the initial budget set too high? In retrospect, what could or should have been done differently in terms of targets and budgeting?

5. How comprehensive and appropriate are the different program "components" of the FTCS – regulations and compliance; research; surveillance and evaluation; programs and mass media; and policy – at the time of program design, at implementation and during the continuing delivery.

    a) Do the "components" complement each other?
    b) Is there any central function or set of activities that is missing or allocated in with another set that doesn't belong there (or belongs on its own)?

6. To what extent has the mass media component (national and local/regional) of the FTCS supported the achievement of the objectives of the other components? Please explain, providing examples where possible. Were the national and local regional campaigns coordinated to support each other? How or why not? If not, what was the result of lack of coordination between the two? Were the two funding approaches to mass media (national vs. local/regional, which was primarily through Gs and Cs) appropriate?

7. As far as you know is there any evidence that the current activities of the FTCS are reaching target populations? [26] Which target populations are being successfully reached, according to evidence collected to date? Are there target populations that require more attention?

8. How appropriate and effective do you think the current system of funding cycles and approval processes are? What are the challenges? What have been the implications of delays in funding decisions? Have any steps been taken to improve the timing of funding decision-making? Can you suggest any potential improvements to address these concerns?

9. To what extent has the FTCS built partner support among its stakeholder community? What mechanisms are available to engage stakeholders? Are these sufficient? In your view, do you perceive a need to improve consultation and communication with stakeholders? If so, in what areas (if any) can partner support, collaboration and coordination be improved (e.g., dissemination of activities/results, fostering coordination to avoid overlap, obtaining input from partners and stakeholders on funding decisions)? Have any steps or changes been made in any of these areas already?

10. The FTCS was designed to be a comprehensive, integrated and coordinated approach to tobacco control. To what extent do you think the implementation of the Strategy has been integrated and coordinated? Is it really important that the Strategy operate in a coordinated and integrated fashion? (Why or why not?) What are the strengths and weaknesses of the Strategy in terms of coordination and collaboration a) within HC, and b) among all federal partners? What are the implications? What was the planning and decision-making process for the operation of the FTCS? Did this support an integrated and coordinated approach? Is there a need to augment the planning function of the FTCS? Do you have suggestions for improvement? Please be as specific as possible.

[26] Primary audiences of the FTSC are youth, smokers, parents/expectant parents, Canadians exposed to ETS and non-smokers. Secondary audiences are health professionals, retailers, community leaders, corporate sector and opinion leaders.

C. Strengths and Weaknesses

11. What would you identify as the key strengths of the FTCS?

    a) What are some of the best practices that can be identified based on your experience to date?

12. What would you identify as the key weaknesses of the FTCS?

    a) What specific improvements would you suggest for this Strategy in order to increase the degree to which it achieves its intended results?

13. Do you have any other comments that you'd like to add?

Thank you for your time and participation in this evaluation!

APPENDIX D

STAKEHOLDER KEY INFORMANT INTERVIEW GUIDE (ENGLISH AND FRENCH)

Evaluation of the Relevance and Design and Delivery of the Federal Tobacco Control Strategy (FTCS)
Moderators' Guide: Stakeholders

A. Introduction

You have been asked to participate in an interview as part of an evaluation of the relevance and design and delivery of the Federal Tobacco Control Strategy (FTCS). EKOS Research Associates has been contracted by Health Canada to conduct this evaluation, which is being carried out under the guidance of a Steering Committee.

The issues to be addressed by this evaluation include: the role of Government in tobacco control; use and value of partnerships; the specific activities undertaken by the federal government; a review of management practices; and any barriers facing stakeholders in working with the Tobacco Control Program (TCP).

This interview will take approximately one hour of your time. Please be assured that your responses will be kept strictly confidential. Responses will be analysed and reported only in aggregate form and stripped of all identifying information. Please feel free to tell the interviewer if you do not feel confident answering specific questions, you are not required to respond to all questions.

1. What are the objectives/ and/or primary focus of your organization?

2. Please describe the nature of your/your organization's involvement with the FTCS/TCP.

    a) Is/has your organization received funding through the FTCS/TCP? For what type of program or activity?
    b) How would you characterize your interactions with the FTCS?

B. Relevance

3. In your view, to what extent are the current mandate, strategic directions (protection, prevention, cessation and harm reduction) and targets of the FTCS appropriate? Why or why not? Please elaborate on your response. (R1)

    a) In retrospect, at the time of the Strategy's design in 2001, were the mandate, strategic directions and targets appropriate and relevant ?
    b) To what extent is each of these elements still relevant?
    c) What key factors in the external environment may have affected (positively or negatively) the relevance of the Strategy (mandate, strategic directions and targets) through its implementation and delivery phases? What environmental factors do you see as threatening or beneficial to the continued relevance of the FTCS?
    d) What changes, if any, would you suggest to the current mandate of the FTCS? To its strategic objectives? Targets?

4. How well do the mandate and strategic objectives of the FTCS align with the mandate of your organization? Please provide examples.

5. To what extent is there a legitimate and necessary role for the federal government in the area of tobacco control? (R3)

   a) In your opinion, what are the benefits of having a federal strategy to address smoking?
   b) Do you believe there is a continued need for the FTCS? Why or why not?
   c) Is there any overlap or duplication between the activities of the FTCS and your own organization? If so, please identify any duplication or overlap. Is this problematic or complementary? (R4)
   d) Are there activities currently undertaken by the FTCS that could be more appropriately carried out by other organizations/jurisdictions? (R5)
      I) By the provinces/territories?
      ii) The voluntary sector?
      iii) The private sector?
   e) What would be the consequences for your organization if the FTCS was not renewed? Please explain, providing examples where possible.

C. Design and Delivery

6. To what extent do you feel the target audiences (youth, young adults, recent immigrants to Canada, Inuit, First Nations and other aboriginal groups) identified for the FTCS are appropriate? Do you believe the FTCS is reaching its target audiences? Which ones? If no, what are the challenges? (D2) What other mechanisms would you suggest as more appropriate to reach these groups?

7. To what extent have you built partnerships with partners in the FTCS?

   a) What have been the challenges in the development of partnerships between your organization and the FTCS? In what areas could this be improved?
   b) What have been the benefits of your partnership with the FTCS? What has gone well in this partnership? What has gone less well?
   c) To what extent has the FTCS facilitated partnerships between your organization and other agencies?

8. [If received funding through the FTCS/TCP]: What is the nature of your funding arrangement with the FTCS (e.g., funding vehicle, amounts, time frame)? Has this funding changed over the course of the past 5 years? If yes, why? Are you satisfied with this arrangement? Do you have any suggestions to improve the funding structure? (R6) What would be the implications if funding from the FTCS was reduced?

9. [If received funding through the FTCS/TCP]: To what extent are the FTCS performance measurement and accountability requirements acceptable for your organization? Are the roles and responsibilities of your organization in this area clear? Is the information that is collected reasonable(in both content and amount) from the perspective of your organization? What have been the challenges, if any? (D5)

D. Strengths and Weaknesses

10. What would you identify as the key strengths of the FTCS? (D8)

    a) What are some of the best practices that can be identified based on your experience to date?

11. What would you identify as the key weaknesses of the FTCS? (D8)

    a) What specific improvements would you suggest for this Strategy in order to increase the degree to which it achieves its intended results? (Not to be asked of tobacco industry representatives)

12. Do you have any other comments that you'd like to add?

Thank you for your time and participation in this evaluation!

ANNEX A
MANDATE, STRATEGIC OBJECTIVES AND TARGETS OF THE FTCS

Mandate

The primary mission of the Federal Tobacco Control Strategy (FTCS) is to reduce tobacco-related disease and death among Canadians.

Strategic Directions

1. Protection
2. Prevention
3. Cessation
4. Harm Reduction

Program Objectives

1a. Reduce exposure to second-hand smoke

1b. Regulate manufacturers and sale of tobacco

2. Reduce uptake by youth
3. Reduce number of smokers
4. Reduce harm to smokers and those exposed to second-hand smoke
5. Reduce contraband

Targets

Targets of FTCS (2001-2011):

1. Reduce smoking prevalence to 20% from 25% (level in 1999).
2. Reduce the number of cigarettes sold by 30%.
3. Increase retailer compliance regarding youth access to tobacco from 69% to 80%.

Resources

Total Budget Allocation 2005-06 by Program Component

Regulations and Compliance and Regions:	$12,270,000
Research, Surveillance and Evaluation:	$ 8,555,200
Programs and Mass Media and Regions:	$22,807,350
Policy:	$ 2,777,000

Évaluation de la pertinence ainsi que de la conception et de la prestation de la Stratégie fédérale de lutte contre le tabagisme (SFLT)
Guide d'entrevue : Intervenants

A. Introduction

Vous avez été invité à prendre part à une entrevue dans le cadre d'une évaluation de la pertinence ainsi que de la conception et de la prestation de la Stratégie fédérale de lutte contre le tabagisme (SFLT). Santé Canada a confié aux Associés de recherche EKOS le soin d'effectuer cette évaluation qui se déroule avec le soutien d'un comité d'orientation.

Parmi les aspects à évaluer, il y a le rôle que joue le gouvernement dans la lutte contre le tabagisme; le recours à des partenariats et la valeur de ces derniers; les activités particulières entreprises par le gouvernement fédéral; les méthodes de gestion ainsi que tout obstacle pouvant nuire à la collaboration des intervenants avec le Programme de lutte contre le tabagisme (PLT).

Notre entrevue est d'une durée d'environ une heure. Nous vous garantissons que vos réponses seront traitées de manière absolument confidentielle. Les réponses ne seront analysées et divulguées que sous forme globale et seront dépouillées de tout renseignement pouvant servir à identifier quelqu'un. S'il y a des questions qui vous gênent, n'hésitez pas à le dire à l'enquêteur car vous n'êtes pas obligé de répondre à toutes les questions.

1. Quels sont les objectifs et/ou quel est le but principal de votre organisation?

2. Veuillez décrire la nature de votre engagement ou de celui de votre organisation à l'égard de la SFLT/du PLT.

    a) Votre organisation reçoit-elle ou a-t-elle déjà reçu du financement dans le cadre de la SFLT/ du PLT? Pour quel genre de programme ou d'activité?
    b) Comment qualifieriez-vous vos interactions avec la SFLT?

B. Pertinence

3. Selon vous, dans quelle mesure le mandat actuel de la SFLT, ses orientations stratégiques (protection, prévention, abandon et réduction des méfaits) de même que ses cibles sont-ils adéquats? Pourquoi? Pourriez-vous développer votre réponse? (R1)

    a) En rétrospective, au moment de concevoir la Stratégie en 2001, est-ce que le mandat, les orientations stratégiques et les cibles étaient adéquats et pertinents?
    b) Dans quelle mesure chacun de ces éléments demeure-t-il pertinent?
    c) Quels sont les facteurs clés de l'environnement externe qui ont pu avoir un effet (positif ou négatif) sur la pertinence de la Stratégie (mandat, orientations stratégiques et cibles) lors de sa mise en oeuvre et dans sa phase de prestation? Quels facteurs environnementaux constituent à votre avis une menace ou un avantage pour la pertinence continue de la SFLT?

d) Quels changements recommanderiez-vous d'apporter, le cas échéant, au mandat actuel de la SFLT? À ses objectifs stratégiques? À ses cibles?

4. À quel point le mandat et les objectifs stratégiques de la SFLT s'alignent-ils sur le mandat de votre organisation? Veuillez donner des exemples.

5. Dans quelle mesure le gouvernement fédéral a-t-il un rôle légitime et nécessaire à jouer dans le domaine de la lutte contre le tabagisme? (R3)

   a) Selon vous, quels sont les avantages d'une stratégie fédérale pour s'attaquer au tabagisme?
   b) Croyez-vous que la SFLT demeure nécessaire? Pourquoi?
   c) Y a-t-t-il du chevauchement ou du dédoublement entre les activités de la SFLT et celles de votre organisation? En l'occurrence, veuillez identifier tout dédoublement ou chevauchement. Est-ce problématique ou complémentaire? (R4)
   d) Parmi les activités courantes de la SFLT, y en a-t-il qui pourraient être exécutées de façon plus adéquate par d'autres organisations ou autorités?
      i) Par les provinces ou territoires?
      ii) Par le secteur bénévole?
      iii) Par le secteur privé?
   e) Quelles seraient pour votre organisation les conséquences du non-renouvellement de la SFLT? Veuillez fournir des explications et, autant que possible, des exemples.

C. Conception et prestation

6. Dans quelle mesure les populations cibles établies de la SFLT (adolescents, jeunes adultes, immigrants récents au Canada, Inuits, membres des Premières nations et autres groupes autochtones) sont-ils adéquats? Croyez-vous que la SFLT rejoint ses populations cibles? Lesquelles? Dans la négative, quels sont les défis? (D2) Quels mécanismes de rechange vous sembleraient plus adéquats pour rejoindre ces groupes?

7. Dans quelle mesure avez-vous créé des partenariats avec des partenaires de la SFLT?

   a) Quels ont été les obstacles à la création de partenariats entre votre organisation et la SFLT? Dans quels domaines pourrait-on apporter des améliorations?
   b) Quels ont été les avantages de votre partenariat avec la SFLT? Qu'est-ce qui a bien fonctionné dans le cadre de ce partenariat? Qu'est-ce qui a moins bien fonctionné?
   c) Dans quelle mesure la SFLT a-t-elle facilité les partenariats entre votre organisation et d'autres organismes?

8. [S'il y a eu du financement par le biais de la SFLT/du PLT] : Quelle est la nature de vos modalités de financement avec la SFLT (p. ex., moyen de financement, montants, durée)? Ce financement a-t-il été modifié au cours des 5 dernières années? Dans l'affirmative, pourquoi? Êtes-vous satisfait de ces dispositions? Avez-vous des suggestions pour améliorer la structure de financement? (R6) Quelles seraient les conséquences d'une baisse du financement provenant de la SFLT?

9. [S'il y a eu du financement par le biais de la SFLT/du PLT] : À quel point les exigences de la SFLT en matière de mesure du rendement et de responsabilisation sont-elles acceptables pour votre organisation? Les rôles et responsabilités de votre organisation dans ce domaine sont-ils clairs? Les renseignements recueillis sont-ils raisonnables (en contenu et en quantité) dans la perspective de votre organisation? Quelles ont été les difficultés, le cas échéant? (D5)

D. Points forts et points faibles

10. Quels sont selon vous les principaux points forts de la SFLT? (D8)

    a) Quelles sont quelques-unes des méthodes exemplaires dont vous avez pu faire l'expérience jusqu'ici?

14. Quels sont selon vous les principaux points faibles de la SFLT? (D8)

    a) Quelles améliorations particulières recommanderiez-vous afin que la Stratégie puisse mieux atteindre ses résultats attendus? (Ne pas poser aux représentants de l'industrie du tabac)

12. Y a-t-il quoi que ce soit que vous aimeriez ajouter?

Merci de votre temps et de votre participation à cette évaluation!

ANNEXE A
MANDAT, OBJECTIFS STRATÉGIQUES ET CIBLES DE LA SFLT

Mandat

La mission essentielle de la Stratégie fédérale de lutte contre le tabagisme (SFLT) est de réduire la morbidité et la mortalité attribuables à l'usage du tabac parmi les Canadiens.

Orientations stratégiques

1. Protection
2. Prévention
3. Abandon
4. Réduction des méfaits

Objectifs du programme

1a. Réduire l'exposition à la fumée ambiante
1b Réglementer les fabricants et la vente de tabac
2. Réduire le nombre de jeunes qui commencent à fumer
3. Réduire le nombre de fumeurs
4. Réduire les méfaits causés aux fumeurs et aux personnes exposées à la fumée ambiante
5. Réduire la contrebande

Cibles

Cibles de la SFLT (2001_2011) :

1. Faire baisser la prévalence du tabagisme de 25 % (niveau de 1999) à 20 %.
2. Réduire le nombre de cigarettes vendues de 30 %.
3. Faire passer le taux de conformité des détaillants en ce qui regarde l'accès des jeunes au tabac de 69 % à 80 %.

Ressources

Allocation budgétaire par élément du programme en 2005_2006

Réglementation et conformité, et régions :	12 270 000 $
Recherche, surveillance et évaluation :	8 555 200 $
Programmes et médias d'information, et régions :	22 807 350 $
Politiques :	2 777 000 $

APPENDIX E

STAKEHOLDER SURVEY INSTRUMENT (ENGLISH AND FRENCH)

INTRO [0,0]

Federal Tobacco Control Strategy (FTCS) – Stakeholder's Survey Thank you very much for agreeing to participate in this survey.

An evaluation is currently underway of the relevance and design and delivery of the Federal Tobacco Control Strategy (FTCS). EKOS Research Associates has been contracted by Health Canada to conduct this evaluation, which is being carried out under the guidance of a Steering Committee.

As a stakeholder or service provider in the area of tobacco control, you are invited to participate in an online survey designed to gather feedback on the issues of relevance, design and delivery of the FTCS. The issues to be addressed by this evaluation include: the role of Government in tobacco control; use and value of partnerships; the specific activities undertaken by the federal government; a review of management practices; and any barriers facing stakeholders in working with the Tobacco Control Program (TCP).

The interview will take you approximately 25 minutes to complete. Please be assured that your responses will be kept strictly confidential. Responses will be analysed and reported only in aggregate form and stripped of all identifying information. In addition to the closed-ended questions (e.g., yes, no, scaled items), there are a number of opportunities to add your feedback in your own words. Early in the questionnaire you will be asked if you are willing to release your comments to Health Canada (without any linkage to the identity of your organization).

INSTRUCTIONS

! Please consider the questions and your answers carefully.

! On each screen, after selecting your answer, click on the "Back" or "Continue" buttons at the bottom of the screen to move forward or backwards in the questionnaire.

! If you leave the survey before completing it, you can return to the survey URL later and enter your PIN, and you will be returned to the page where you left off. Your answers up to that point in the survey will be saved.

! If you have any questions about how to complete the survey, please call EKOS Research Associates at 1-800-388-2873.

! At the end of the survey you will find a link that will enable you to print out this questionnaire with your responses, should you wish to keep a copy for your own records.

Q2R

All of the responses that you provide in this questionnaire are confidential. That is, no information will be provided to Health Canada (or anyone else) that would link answers provided in this survey to identities of individuals or organizations. Health Canada staff would benefit, however, from reading through the responses provided to open ended questions (e.g., where comments are typed in). If you do not wish to release your answers they will only be reviewed by the EKOS research staff reporting on the results. If you are willing to release the responses you make to open questions throughout this questionnaire, they will be provided (without a link to identities) in a listing of comments in an appendix to a report which will be made public.

Are you willing to release your answers to open end questions (the answers where you type comments in) for wider viewing? They will not be linked to your organization.Yes.....1
No.....2
Don't know/No response.....9

QREL1

Relevance Is there a continued need for tobacco control in Canada

Yes.....1
No.....2
Don't know/No response.....9

QREL2

To what extent are continued tobacco control efforts best addressed through a comprehensive and integrated approach?

1 To no extent.....1
2.....2
3.....3
4 To some extent.....4
5.....5
6.....6
7 To a great extent.....7
Don't know/No response.....9

QREL3 [1,3]

If... QRel2.GE.1.and.QRel2.LE.3

Why do you feel that there is little need for a comprehensive and integrated approach?

Response -> AQREL3; C150 L3 C50.....77
Don't know/No response.....99 X

Q1 [0,0]

To what extent is there a continued need for efforts by the Government of Canada in the following areas of tobacco control?

Q1A

Reducing exposure to second-hand smoke

To no extent 1 1
2 2
3 3
To some extent 4 4
5 5
6 6
To a great extent 7 7
Don't know/ No response 9

Q1B

Regulating the manufacturing of tobacco products

To no extent 1 1
2 2
3 3
To some extent 4 4
5 5
6 6
To a great extent 7 7
Don't know/ No response 9

Q1C

Reducing the number of youth who take up smoking

To no extent 1 1
2 2
3 3
To some extent 4 4
5 5
6 6
To a great extent 7 7
Don't know/ No response 9

Q1D

Reducing the number of smokers

To no extent 1 1
2 2
3 3
To some extent 4 4
5 5
6 6
To a great extent 7 7
Don't know/ No response 9

Q1E

Reducing harm to smokers through product modifications reducing toxicity

To no extent 1 1
2 2
3 3
To some extent 4 4
5 5
6 6
To a great extent 7 7
Don't know/ No response 9

Q1F

Reducing smuggling

To no extent 1 1
2 2
3 3
To some extent 4 4
5 5
6 6
To a great extent 7 7
Don't know/ No response 9

Q1G

Regulating the sale of tobacco

To no extent 1 1
2 2
3 3
To some extent 4 4
5 5
6 6
To a great extent 7 7
Don't know/ No response 9

Q1H

Reducing the number of tobacco products sold

To no extent 1 1
2 2
3 3
To some extent 4 4
5 5
6 6
To a great extent 7 7
Don't know/ No response 9

Q1A2

If... Q1A.GE.1.AND.Q1A.LE.3

If not the Government of Canada, who do you think would be more appropriate to handle the task of reducing exposure to second-hand smoke?

provinces 1
NGOs 2
local government (i.e., municipalities / health boards) 3
individuals 4
other (please specify) -> AQ1A2; C50 L1 C30 77
Don't know/No response 99

Q1A3

If... Q1A2.EQ.1,2,3,4,77

Why do you feel that &Q1A2 is more appropriate to handle the task of reducing exposure to second-hand smoke?

Response -> AQ1A3; C150 L3 C50 77
Don't know/No response ..... 99 X

Q1B2

If... Q1B.GE.1.AND.Q1B.LE.3

If not the Government of Canada, who do you think would be more appropriate to handle the task of regulating the manufacturing of cigarettes?

provinces 1
NGOs 2
local government (i.e., municipalities / health boards) 3
individuals 4
other (please specify) -> AQ1B2; C50 L1 C30 77
Don't know/No response 99

Q1B3

If... Q1B2.EQ.1,2,3,4,77

Why do you feel that &Q1B2 is more appropriate to handle the task of regulating the manufacturing of cigarettes?

Response -> AQ1B3; C150 L3 C50 77
Don't know/No response .....99 X

Q1C2

If... Q1C.GE.1.AND.Q1C.LE.3

If not the Government of Canada, who do you think would be more appropriate to handle the task of reducing the number of youth who take up smoking?

provinces.....1
NGOs.....2
local government (i.e., municipalities / health boards).....3
individuals 4
other (please specify) -> AQ1C2; C50 L1 C30 77
Don't know/No response 99

Q1C3

If... Q1C2.EQ.1,2,3,4,77

Why do you feel that &Q1C2 is more appropriate to handle the task of reducing the number of youth who take up smoking?

Response -> AQ1C3; C150 L3 C50 77
Don't know/No response .....99 X

Q1D2

If... Q1D.GE.1.AND.Q1D.LE.3

If not the Government of Canada, who do you think would be more appropriate to handle the task of reducing the number of smokers?

provinces.....1
NGOs.....2
local government (i.e., municipalities / health boards).....3
individuals 4
other (please specify) -> AQ1D2; C50 L1 C30 77
Don't know/No response 99

Q1D3

If... Q1D2.EQ.1,2,3,4,77

Why do you feel that &Q1D2 is more appropriate to handle the task of reducing the number of smokers?

Response -> AQ1D3; C150 L3 C50 77
Don't know/No response ..... 99 X

Q1E2

If... Q1E.GE.1.AND.Q1E.LE.3

If not the Government of Canada, who do you think would be more appropriate to handle the task of reducing harm to smokers through product modifications reducing toxicity?

provinces 1
NGOs 2
local government (i.e., municipalities / health boards) 3
individuals 4
other (please specify) -> AQ1E2; C50 L1 C30 77
Don't know/No response 99

Q1E3

If... Q1E2.EQ.1,2,3,4,77

Why do you feel that &Q1E2 is more appropriate to handle the task of reducing harm to smokers through product modifications reducing toxicity?

Response -> AQ1E3; C150 L3 C50 77
Don't know/No response ..... 99 X

Q1F2

If... Q1F.GE.1.AND.Q1F.LE.3

If not the Government of Canada, who do you think would be more appropriate to handle the task of reducing smuggling?

provinces 1
NGOs 2
local government (i.e., municipalities / health boards) 3
individuals 4
other (please specify) -> AQ1F2; C50 L1 C30 77
Don't know/No response 99

Q1F3

If... Q1F2.EQ.1,2,3,4,77

Why do you feel that &Q1F2 is more appropriate to handle the task of reducing smuggling?

Response -> AQ1F3; C150 L3 C50 77
Don't know/No response ..... 99 X

Q1G2

If... Q1G.GE.1.AND.Q1G.LE.3

If not the Government of Canada, who do you think would be more appropriate to handle the task of regulating the sale of tobacco?

provinces 1
NGOs 2
local government (i.e., municipalities / health boards) 3
individuals 4
other (please specify) -> AQ1G2; C50 L1 C30 77
Don't know/No response 99

Q1G3

If... Q1G2.EQ.1,2,3,4,77

Why do you feel that &Q1G2 is more appropriate to handle the task of regulating the sale of tobacco?

Response -> AQ1G3; C150 L3 C50 77
Don't know/No response ..... 99 X

Q1H2

If... Q1H.GE.1.AND.Q1H.LE.3

If not the Government of Canada, who do you think would be more appropriate to handle the task of reducing the number of tobacco products sold?

provinces 1
NGOs 2
local government (i.e., municipalities / health boards) 3
individuals 4
other (please specify) -> AQ1H2; C50 L1 C30 77
Don't know/No response 99

Q1H3

If... Q1H2.EQ.1,2,3,4,77

Why do you feel that &Q1H2 is more appropriate to handle the task of reducing the number of tobacco products sold?

Response -> AQ1H3; C150 L3 C50 77
Don't know/No response ..... 99 X

Q2 [0,0]

Please identify the 3 areas that you think require the most continued attention and directed efforts from the Government of Canada in their order of importance. &Q2ERR

Q2A

First1

reducing exposure to second-hand smoke 1
regulating the manufacturing of tobacco products 2
regulating the sale of tobacco 3
reducing the number of smokers 4
reducing harm to smokers through product modifications reducing toxicity 5
reducing smuggling 6
reducing the number of youth who take up smoking 7

Q2B

Second2

reducing exposure to second-hand smoke 1
regulating the manufacturing of tobacco products 2
regulating the sale of tobacco 3
reducing the number of smokers 4
reducing harm to smokers through product modifications reducing toxicity 5
reducing smuggling 6
reducing the number of youth who take up smoking 7

Q2C

Third3

reducing exposure to second-hand smoke 1
regulating the manufacturing of tobacco products 2
regulating the sale of tobacco 3
reducing the number of smokers 4
reducing harm to smokers through product modifications reducing toxicity 5
reducing smuggling 6
reducing the number of youth who take up smoking 7

Q2ERR

If... Q2A.EQ.Q2B.OR.Q2A.EQ.Q2C.OR.Q2B.EQ.Q2C

Sorry. The following table demands that you select the category only once. Please correct your answer(s). .....1 ->Q2

Q3A [1,3]

Why do you think that &Q2A requires the most continued attention and directed effort from the Government of Canada?

Response -> AQ3A; C150 L3 C50 77
Don't know/No response .....99 X

Q3B [1,3]

Why do you think that &Q2B requires the second most continued attention and directed effort from the Government of Canada?

Response -> AQ3B; C150 L3 C50 77
Don't know/No response .....99 X

Q3C [1,3]

Why do you think that &Q2C requires the third most continued attention and directed effort from the Government of Canada?

Response -> AQ3C; C150 L3 C50 77
Don't know/No response .....99 X

Q4 [1,3]

The priorities listed in the previous question are the priorities that currently guide the Federal Tobacco Control Strategy (FTCS). Reducing exposure to second-hand smoke

Regulating the manufacturing of tobacco products

Regulating the sale of tobacco

Reducing the number of smokers

Reducing harm to smokers through product modifications reducing toxicity

Reducing smuggling

Reducing the number of youth who take up smoking

In your view, are there additional priorities that the FTCS should focus on?

Yes (Please spesify) -> AQ4; C150 L3 C50 1
No 2
Don't know/No response 99

Q6 [0,0]

Currently, funding for the Federal Tobacco Control Strategy (FTCS) is divided amongst its four objectives.With a finite budget and competing priorities, what percentage of federal funding would you allocate to each of these objectives?(Please ensure that your total adds to 100%) &Q10ERR

Q7 [0,1]

Reducing access to tobacco and regulation of tobacco products (protection)

% -> AQ7; N4.0 [0-100] FORMAT = PERCENT0 1

Q8 [0,1]

Reducing the number of those who take up smoking and creating barriers to smoking (prevention)

-> AQ8; N4.0 [0-100] FORMAT = PERCENT0 1

Q9 [0,1]

Increasing the number of those who quit smoking and reduce barriers to quitting (cessation)

-> AQ9; N4.0 [0-100] FORMAT = PERCENT0 1

Q10 [0,1]

Reducing harm to smokers and those exposed to tobacco (harm reduction)

-> AQ10; N4.0 [0-100] FORMAT = PERCENT0 1

Q10CL

CALC(($AQ7+$AQ8+$AQ9+$AQ10),"Q10CL")

Q10ERR

If... Q10CL.NE.100

The sum of the percentages must be equal to 100. Please correct your answer(s). .....1 ->Q6

Q11G [1,3]

Although, at present, there are no plans to do so, what do you think the consequences would be for Canada if the Federal Tobacco Control Strategy (FTCS) were significantly reduced or discontinued?

Response -> AQ11G; C150 L3 C50 77		
No consequences 88	X	
Don't know/No response 99	X	

Q12A

Currently 20% of the general population smoke. This number rises to 25% among youth, 32% among young adults. It is considerably higher in Aboriginal population, such as 72% among Inuit.Some people say that tobacco control strategies should be focused on vulnerable populations such as low income, Aboriginal people or those who are mentally ill because smoking rates are high among these groups, leading to poor health compared to the rest of Canadians. Others say that tobacco control strategies should have a mainstream focus to affect the greatest numbers of smokers. How much

emphasis do you think that tobacco control strategies should place on specific, vulnerable populations versus a more general focus on the entire Canadian population?

1 Entire emphasis on specific populations 1
2 2
3 3
4 Equal emphasis on specific populations and entire Canadian population 4
5 5
6 6
7 Entire emphasis on entire Canadian population 7
Don't know/No response 9

Q12D

Do you think that the relative emphasis that the Federal Tobacco Control Strategy (FTCS) currently places on specific groups (e.g., youth and Aboriginal peoples) and on the Canadian population as a whole is the right mix?

Yes 1
No there should be more emphasis placed on target groups 2
No there should be more emphasis placed on general public 3
Don't know/No response 9

Q13 [1,3]

If... Q12D.EQ.2.OR.Q12D.EQ.3

Why do you feel the relative emphasis of the FTCS approach should be changed?

Response -> AQ13; C150 L3 C50 77
Don't know/No response ..... 99 X

Q14 [1,5]

In your view which of the current groups targeted by the Federal Tobacco Control Strategy (FTCS) should continue to be a high priority?Check each one of the current targets that you feel are appropriate.

First Nations, Inuit and other Aboriginal people 1
Youth 2
Young adults 3
Smokers 4
Canadians exposed to second-hand smoke 5
Don't know/No response ..... 9 X

Q15

Are there target groups or sub-groups that are not currently emphasized and supported by the Federal Tobacco Control Strategy (FTCS) that you feel should be, or that need to be further emphasized and supported?

Yes.....1
No.....2
Don't know/No response.....9

Q16 [1,3]

If... Q15.EQ.1

Please indicate which target groups or sub-groups need to be further emphasized and supported and why?

Response -> AQ16; C150 L3 C50.....77
Don't know/No response.....99 X

Q30 [0,0]

Coordination and Partnership How well has Health Canada built support among partners and stakeholders under the Federal Tobacco Control Strategy (FTCS)? For example, how effective has the Department been to date in . . . ?

Q30A

Consulting with partners and stakeholders in the development of the Strategy and funding priorities

Not at all effective 1.....1
2.....2
3.....3
Somewhat effective 4.....4
5.....5
6.....6
Extremely effective 7.....7
Don't know/ No response.....9

Q30B

Engaging partners and stakeholders in discussion about future priorities and directions

Not at all effective 1
2
3
Somewhat effective 4
5
6
Extremely effective 7
Don't know/ No response 9

Q30C

Gathering input from partners and stakeholders in assessing and awarding of funding to third parties

Not at all effective 1
2
3
Somewhat effective 4
5
6
Extremely effective 7
Don't know/ No response 9

Q30D

Building capacity of stakeholder organizations

Not at all effective 1
2
3
Somewhat effective 4
5
6
Extremely effective 7
Don't know/ No response 9

Q30E

Communicating the results of research and project activities to partners and stakeholders

Not at all effective 1
2
3
Somewhat effective 4
5
6
Extremely effective 7
Don't know/ No response 9

Q30F

Fostering coordination among partners and stakeholders to avoid overlap and duplication

Not at all effective 1	1	
2	2	
3	3	
Somewhat effective 4	4	
5	5	
6	6	
Extremely effective 7	7	
Don't know/ No response	9	

Q31 [1,3]

What barriers have you encountered, if any, in working with the Federal Tobacco Control Strategy (FTCS)?

Response -> AQ31; C150 L3 C50	77	
No barriers	88	X
Don't know/No response	99	X

Q32

Has your organization received funding from the Federal Tobacco Control Strategy (FTCS) for a project or activity?

Yes	1	
No	2	->Q39
Don't know/No response	9	->Q39

Q33

For the next questions please think of your most significant project funded by the Federal Tobacco Control Strategy (FTCS). Did your project involve any PARTNERS, other than Health Canada?

Yes	1
No	2
Don't know/No response	9

Q34 [1,11]

If... Q33.EQ.1

What types of organizations are your key partners?Check all that apply

Other federal government department(s)	1	
Provincial government department(s)	2	
Regional/municipal governments	3	
Community-based organization/NGO	4	
Health organizations (e.g., hospitals, health professional associations)	5	
School/educational institution	6	
Employers/businesses	7	
Band/First Nation/Tribal Council/Inuit organization	8	
Other (Please specify) -> AQ34; C150 L3 C50	77	
Don't know/No response	99	X

Q35

In general terms, to what extent do you feel your project has helped develop new partnerships or strengthen existing ones?

1 To no extent	1
2	2
3	3
4 To some extent	4
5	5
6	6
7 To a great extent	7
Don't know/No response	9

Q36

How satisfied were you with the quality of your partnership with these other partners that were involved in your project or activities?

1 Not at all satisfied	1
2	2
3	3
4 Somewhat satisfied	4
5	5
6	6
7 Extremely satisfied	7
Don't know/No response	9

Q37 [0,0]

How satisfied were you with the following aspects of the project application and funding process?

Q37A

Clarity and consistency of the Strategy's objectives and priorities

Not at all satisfied 1 1
2 2
3 3
Somewhat satisfied 4 4
5 5
6 6
Extremely satisfied 7 7
Don't know/ No response 9

Q37B

The Call for Proposals process – that is, the process of seeking proposals for program funding

Not at all satisfied 1 1
2 2
3 3
Somewhat satisfied 4 4
5 5
6 6
Extremely satisfied 7 7
Don't know/ No response 9

Q37C

The clarity of the guidelines for your application for funding

Not at all satisfied 1 1
2 2
3 3
Somewhat satisfied 4 4
5 5
6 6
Extremely satisfied 7 7
Don't know/ No response 9

Q37D

The fairness of the proposal review and approval process

Not at all satisfied 1 1
2 2
3 3
Somewhat satisfied 4 4
5 5
6 6
Extremely satisfied 7 7
Don't know/ No response 9

Q37E

The amount of funding you were awarded in relation to what you needed to implement your project

Not at all satisfied 1 1
2 2
3 3
Somewhat satisfied 4 4
5 5
6 6
Extremely satisfied 7 7
Don't know/ No response 9

Q37F

The funding cycles (i.e., timing of payments from the FTCS) for your project

Not at all satisfied 1 1
2 2
3 3
Somewhat satisfied 4 4
5 5
6 6
Extremely satisfied 7 7
Don't know/ No response 9

Q37G

The timeliness of the funding decision

Not at all satisfied 1 1
2 2
3 3
Somewhat satisfied 4 4
5 5
6 6
Extremely satisfied 7 7
Don't know/ No response 9

Q37H

The funding arrangement used

Not at all satisfied 1 1
2 2
3 3
Somewhat satisfied 4 4
5 5
6 6
Extremely satisfied 7 7
Don't know/ No response 9

Q37I

The clarity of the requirements for evaluating your project

Not at all satisfied 1 1
2 2
3 3
Somewhat satisfied 4 4
5 5
6 6
Extremely satisfied 7 7
Don't know/ No response 9

Q37J

The monitoring and follow-up on your project by the program staff

Not at all satisfied 1 1
2 2
3 3
Somewhat satisfied 4 4
5 5
6 6
Extremely satisfied 7 7
Don't know/ No response 9

Q37K

The reporting requirements for your project

Not at all satisfied 1 1
2 2
3 3
Somewhat satisfied 4 4
5 5
6 6
Extremely satisfied 7 7
Don't know/ No response 9

Q37L

The overall process of applying for and receiving project funding under the program

Not at all satisfied 1 1
2 2
3 3
Somewhat satisfied 4 4
5 5
6 6
Extremely satisfied 7 7
Don't know/ No response 9

Q38 [1,3]

If... Q37H.GT.0.AND.Q37H.LT.4

You indicated that you are not satisfied with the funding mechanism used for your project. Please explain why and what other possible arrangements could have worked better.

Response -> AQ38; C150 L3 C50	77	
Don't know/No response	99	X

Q38B [1,3]

Is there particular information, services or other supports that you feel your organization needs in order to be in a position to access funding from the Government of Canada?

Yes (Please specify) -> AQ38B; C150 L3 C50	1	O
No	2	
Don't know/No response	99	X

Q38C [1,3]

What, if any, other improvements could Health Canada make to improve project funding or the project funding process?

Response -> AQ38C; C150 L3 C50	77	
Don't know/No response	99	X

Q39 [1,3]

Overall Impressions What would you say are the major strengths of the FTCS in terms of how it was designed and delivered? What worked best?

Response -> AQ39; C150 L3 C50	77	
No strengths	88	X
Don't know/No response	99	X

Q40 [1,3]

What are the major weaknesses of the FTCS in terms of how it was designed and delivered? What did not work as well as you would have liked?

Response -> AQ40; C150 L3 C50	77	
No weaknesses	88	X
Don't know/No response	99	X

Q41 [1,3]

What changes or improvements would you suggest to enhance the delivery and success of the FTCS?

Response -> AQ41; C150 L3 C50	77	
No need for changes/improvements	88	X
Don't know/No response	99	X

Q42 [1,3]

Characteristics of the Organization Please briefly describe your organization and the type of work you do?

Response -> AQ42; C150 L3 C50	77	
Don't know/No response	99	X

Q43 [1,8]

Who is your target audience?Select all that apply

General public	1	
First Nations, Inuit and other Aboriginal people	2	
Youth	3	
Young adults	4	
Smokers	5	
Researchers, health professionals, policy makers	6	
Canadians exposed to second-hand smoke	7	
Other (Please specify) -> AQ43; C150 L3 C50	77	
Don't know/No response	99	X

Q44 [1,10]

What is your organization's mandate in relationship to tobacco?Select all that apply

Reducing exposure to second-hand smoke	1	
Regulating tobacco manufacturers	2	
Regulating tobacco retailers	3	
Reducing the number of youth who take up smoking	4	
Reducing the number of smokers	5	
Reducing harm to smokers through product modifications reducing toxicity	6	
Tobacco production	7	
Tobacco sales	8	
Reducing smuggling	9	
Other (Please specify) -> AQ44; C150 L3 C50	77	
Don't know/No response	99	X

Q45

How large is your organization?

Answer in annual dollar value of budget	1	
Answer in number of employees	2	D
-> AQ45; N9.0 [1-900000000]	3	N
Don't know/No response	999	

Q46

What is the scope or jurisdiction that your organization covers?

International	1	
National	2	
Provincial	3	
Regional/community	4	
Don't know/No response	9	X

Q47

Which category best describes the nature of your organization?

Academic	1
Professional association	2
NGO	3
Private industry/business association	4
Tobacco production	5
Tobacco sales	6
Health institution	7
Band/Tribal Council/First Nation/Aboriginal organization	8
Other (Please specify) -> AQ47; C150 L3 C50	77
Don't know/No response	99

QPRE [0,0]

If... 0.EQ.1

PRETESTAs a part of our pretest group, we would like you to answer the following questions about the survey. Once again, your cooperation is greatly appreciated.

# OF MINUTES	1

QP1

If... 0.EQ.1

How many minutes did it take you to complete the questionnaire?

# OF MINUTES -> AQP1; N2.0 [0-99]	1

QP2

If... 0.EQ.1

Did the flow of questions make sense to you?

Yes.....1
No, why not? -> AQP2; C250 L4 C40 2

QP3

If... 0.EQ.1

Considering the questions posed, was there anything that you think we missed? If yes, what was it?

Yes -> AQP3; C250 L4 C40 1
No.....2

QP4

If... 0.EQ.1

Were there any specific questions, terms or response categories that were not clear to you? If yes, which ones were they and why was that the case?

Yes -> AQP4; C250 L4 C40 1
No.....2

QTHNK [0,0]

If... 0.EQ.1

Thank you very much for taking the time to answer these questions.

QEND

[EN][FR]

.....1

THNK [0,0]

Your responses have now been collected. Thank you for taking the time to complete this survey!

QPRINTOUT

Would you like a printout of your responses?

Yes.....1
No.....2

QMEMO [0,0]

If... QPRINTOUT.EQ.1

INTRO-QP4

INTRO [0,0]

Stratégie fédérale de lutte contre le tabagisme (SFLT) – Sondage auprès des intervenants Merci beaucoup d'avoir accepté de participer à ce sondage.

Une évaluation est en cours concernant la pertinence, la conception et la prestation de la Stratégie fédérale de lutte contre le tabagisme (SFLT). Santé Canada a confié aux Associés de recherche EKOS le soin d'effectuer cette évaluation, avec le concours d'un comité de direction.

À titre d'intervenant ou de fournisseur de services dans la lutte contre le tabagisme, nous vous invitons à participer sur Internet à ce sondage destiné à recueillir des renseignements touchant la pertinence, la conception et la prestation de la SFLT. Cette évaluation portera sur divers sujets dont le rôle du gouvernement dans la lutte contre le tabagisme; l'utilisation et la valeur des partenariats; les activités particulières entreprises par le gouvernement fédéral; un examen des pratiques de gestion ainsi que les obstacles contre lesquels peuvent buter les intervenants qui collaborent au Programme de lutte contre le tabagisme (PLT).

Le sondage devrait vous prendre environ 25 minutes. Nous vous garantissons que vos réponses seront traitées de manière absolument confidentielle. Les réponses seront analysées et ne feront l'objet d'un rapport que sous forme globale et dépouillées de tout renseignement pouvant servir à vous identifier. Outre les questions fermées (auxquelles il faut répondre par oui ou non ou à l'aide d'une échelle), l'occasion vous sera donnée ici et là d'exprimer votre opinion en vos propres mots. Au début du questionnaire, on vous demandera si vous êtes d'accord pour que vos commentaires soient transmis à Santé Canada (sans lien avec l'identité de votre organisation).

DIRECTIVES

! Réfléchissez bien avant de répondre aux questions.

! Après avoir sélectionné votre réponse, veuillez cliquer sur les boutons « Reculer » ou « Continuer » qui se trouvent au bas de chaque écran afin de pouvoir passer à la page précédente ou suivante du questionnaire.

! Si vous quittez le sondage avant de l'avoir terminé, vous pourrez revenir à l'adresse URL du sondage et, en inscrivant votre NIP, vous obtiendrez la page où vous étiez en quittant. Les réponses que vous aurez données jusqu'alors auront été sauvegardées.

! Si vous avez des questions sur la façon de remplir le questionnaire, veuillez les adresser aux Associés de recherche EKOS en composant le 1-800-388-2873.

! À la fin du sondage, un lien vous permettra d'imprimer le questionnaire comportant vos réponses, si vous souhaitez en avoir une copie pour vos dossiers.

Q2R

Toutes vos réponses au questionnaire sont confidentielles. C'est-à-dire que nous ne transmettrons à Santé Canada (ni à qui que ce soit) rien qui puisse associer les réponses au présent sondage à l'identité d'une personne ou d'une organisation. Toutefois, le personnel de Santé Canada trouverait utile de pouvoir prendre connaissance des réponses données à des questions ouvertes (c.-à-d. qui sont tapées dans l'aire de réponse). Si vous ne souhaitez pas que ces réponses lui soient transmises, elles ne seront examinées que par le personnel de recherche d'EKOS chargé de faire rapport des résultats. Par contre, si vous n'y voyez pas d'objection, vos réponses aux questions ouvertes du questionnaire figureront (sans lien permettant de vous identifier) dans une liste de commentaires qui sera annexée au rapport devant être rendu public.

Êtes-vous d'accord pour que vos réponses aux questions ouvertes (c.-à-d. les commentaires que vous aurez tapés) soient connues du plus grand nombre? Elles ne seront pas liées à votre organisation.Oui.....1
Non.....2
Je ne sais pas/Pas de réponse.....9

QREL1

Pertinence Est-il encore nécessaire au Canada de lutter contre le tabagisme?

Oui.....1
Non.....2
Je ne sais pas/Pas de réponse.....9

QREL2

Dans quelle mesure une approche globale et intégrée est-elle ce qui convient le mieux aux efforts continus pour lutter contre le tabagisme?

1 Pas du tout.....1
2.....2
3.....3
4 Dans une certaine mesure.....4
5.....5
6.....6
7 Dans une très grande mesure.....7
Je ne sais pas/Pas de réponse.....9

QREL3 [1,3]

Si... QRel2.GE.1.and.QRel2.LE.3

Pourquoi pensez-vous qu'il n'est pas tellement nécessaire d'adopter une approche globale et intégrée?

Réponse -> AQREL3; C150 L3 C50 77
Je ne sais pas/Pas de réponse ..... 99 X

Q1 [0,0]

Dans quelle mesure les efforts du gouvernement du Canada sont-ils toujours nécessaires dans les domaines suivants de la lutte contre le tabagisme?

Q1A

Réduire l'exposition à la fumée secondaire

Pas du tout 1 1
2 2
3 3
Dans une certaine mesure 4 4
5 5
6 6
Dans une très grande mesure 7 7
Je ne sais pas/ Pas de réponse 9

Q1B

Réglementer la fabrication des produits du tabac

Pas du tout 1 1
2 2
3 3
Dans une certaine mesure 4 4
5 5
6 6
Dans une très grande mesure 7 7
Je ne sais pas/ Pas de réponse 9

Q1C

Réduire le nombre de jeunes qui commencent à fumer

Pas du tout 1 1
2 2
3 3
Dans une certaine mesure 4 4
5 5
6 6
Dans une très grande mesure 7 7
Je ne sais pas/ Pas de réponse 9

Q1D

Réduire le nombre de fumeurs

Pas du tout 1 1
2 2
3 3
Dans une certaine mesure 4 4
5 5
6 6
Dans une très grande mesure 7 7
Je ne sais pas/ Pas de réponse 9

Q1E

Réduire le tort causé aux fumeurs en modifiant le produit afin d'en réduire la toxicité

Pas du tout 1 1
2 2
3 3
Dans une certaine mesure 4 4
5 5
6 6
Dans une très grande mesure 7 7
Je ne sais pas/ Pas de réponse 9

Q1F

Réduire la contrebande

Pas du tout 1 1
2 2
3 3
Dans une certaine mesure 4 4
5 5
6 6
Dans une très grande mesure 7 7
Je ne sais pas/ Pas de réponse 9

Q1G

Réglementer la vente du tabac

Pas du tout 1 1
2 2
3 3
Dans une certaine mesure 4 4
5 5
6 6
Dans une très grande mesure 7 7
Je ne sais pas/ Pas de réponse 9

Q1H

Réduire le nombre de produits du tabac mis en vente

Pas du tout 1 1
2 2
3 3
Dans une certaine mesure 4 4
5 5
6 6
Dans une très grande mesure 7 7
Je ne sais pas/ Pas de réponse 9

Q1A2

Si... Q1A.GE.1.AND.Q1A.LE.3

Si ce n'est pas le gouvernement du Canada, qui est selon vous le plus indiqué pour être chargé de réduire l'exposition à la fumée secondaire?

les provinces 1
les ONG 2
les administrations locales (i.e., municipalités / conseils de santé) 3
les individus 4
autre réponse (veuillez préciser) -> AQ1A2; C50 L1 C30 77
Je ne sais pas/Pas de réponse 99

Q1A3

Si... Q1A2.EQ.1,2,3,4,77

Pourquoi pensez-vous que &Q1A2 sont les plus indiqué(e)s pour être chargé(e)s de réduire l'exposition à la fumée secondaire?

Réponse -> AQ1A3; C150 L3 C50 77
Je ne sais pas/Pas de réponse ..... 99 X

Q1B2

Si... Q1B.GE.1.AND.Q1B.LE.3

Si ce n'est pas le gouvernement du Canada, qui est selon vous le plus indiqué pour être chargé de réglementer la fabrication de cigarettes?

les provinces 1
les ONG 2
les administrations locales (i.e., municipalités / conseils de santé) 3
les individus 4
autre réponse (veuillez préciser) -> AQ1B2; C50 L1 C30 77
Je ne sais pas/Pas de réponse 99

Q1B3

Si... Q1B2.EQ.1,2,3,4,77

Pourquoi pensez-vous que &Q1B2 sont les plus indiqué(e)s pour être chargé(e)s de réglementer la fabrication de cigarettes?

Réponse -> AQ1B3; C150 L3 C50 77
Je ne sais pas/Pas de réponse ..... 99 X

Q1C2

Si... Q1C.GE.1.AND.Q1C.LE.3

Si ce n'est pas le gouvernement du Canada, qui est selon vous le plus indiqué pour être chargé de réduire le nombre de jeunes qui commencent à fumer?

les provinces 1
les ONG 2
les administrations locales (i.e., municipalités / conseils de santé) 3
les individus 4
autre réponse (veuillez préciser) -> AQ1C2; C50 L1 C30 77
Je ne sais pas/Pas de réponse 99

Q1C3

Si... Q1C2.EQ.1,2,3,4,77

Pourquoi pensez-vous que &Q1C2 sont les plus indiqué(e)s pour être chargé(e)s de réduire le nombre de jeunes qui commencent à fumer?

Réponse -> AQ1C3; C150 L3 C50 77
Je ne sais pas/Pas de réponse ..... 99 X

Q1D2

Si... Q1D.GE.1.AND.Q1D.LE.3

Si ce n'est pas le gouvernement du Canada, qui est selon vous le plus indiqué pour être chargé de réduire le nombre de fumeurs?

les provinces 1
les ONG 2
les administrations locales (i.e., municipalités / conseils de santé) 3
les individus 4
autre réponse (veuillez préciser) -> AQ1D2; C50 L1 C30 77
Je ne sais pas/Pas de réponse 99

Q1D3

Si... Q1D2.EQ.1,2,3,4,77

Pourquoi pensez-vous que &Q1D2 sont les plus indiqué(e)s pour être chargé(e)s de réduire le nombre de fumeurs?

Réponse -> AQ1D3; C150 L3 C50 77
Je ne sais pas/Pas de réponse ..... 99 X

Q1E2

Si... Q1E.GE.1.AND.Q1E.LE.3

Si ce n'est pas le gouvernement du Canada, qui est selon vous le plus indiqué pour être chargé de réduire le tort causé aux fumeurs en modifiant le produit pour en réduire la toxicité?

les provinces 1
les ONG 2
les administrations locales (i.e., municipalités / conseils de santé) 3
les individus 4
autre réponse (veuillez préciser) -> AQ1E2; C50 L1 C30 77
Je ne sais pas/Pas de réponse 99

Q1E3

Si... Q1E2.EQ.1,2,3,4,77

Pourquoi pensez-vous que &Q1E2 sont les plus indiqué(e)s pour être chargé(e)s de réduire le tort causé aux fumeurs en modifiant le produit pour en réduire la toxicité?

Réponse -> AQ1E3; C150 L3 C50 77
Je ne sais pas/Pas de réponse ..... 99 X

Q1F2

Si... Q1F.GE.1.AND.Q1F.LE.3

Si ce n'est pas le gouvernement du Canada, qui est selon vous le plus indiqué pour être chargé de réduire la contrebande?

les provinces 1
les ONG 2
les administrations locales (i.e., municipalités / conseils de santé) 3
les individus 4
autre réponse (veuillez préciser) -> AQ1F2; C50 L1 C30 77
Je ne sais pas/Pas de réponse 99

Q1F3

Si... Q1F2.EQ.1,2,3,4,77

Pourquoi pensez-vous que &Q1F2 sont les plus indiqué(e)s pour être chargé(e)s de réduire la contrebande?

Réponse -> AQ1F3; C150 L3 C50 77
Je ne sais pas/Pas de réponse ..... 99 X

Q1G2

Si... Q1G.GE.1.AND.Q1G.LE.3

Si ce n'est pas le gouvernement du Canada, qui est selon vous le plus indiqué pour être chargé de réglementer la vente du tabac?

les provinces 1
les ONG 2
les administrations locales (i.e., municipalités / conseils de santé) 3
les individus 4
autre réponse (veuillez préciser) -> AQ1G2; C50 L1 C30 77
Je ne sais pas/Pas de réponse 99

Q1G3

Si... Q1G2.EQ.1,2,3,4,77

Pourquoi pensez-vous que &Q1G2 sont les plus indiqué(e)s pour être chargé(e)s de réglementer la vente du tabac?

Réponse -> AQ1G3; C150 L3 C50 77
Je ne sais pas/Pas de réponse ..... 99 X

Q1H2

Si... Q1H.GE.1.AND.Q1H.LE.3

Si ce n'est pas le gouvernement du Canada, qui est selon vous le plus indiqué pour être chargé de réduire le nombre de produits du tabac mis en vente?

les provinces 1
les ONG 2
les administrations locales (i.e., municipalités / conseils de santé) 3
les individus 4
autre réponse (veuillez préciser) -> AQ1H2; C50 L1 C30 77
Je ne sais pas/Pas de réponse 99

Q1H3

Si... Q1H2.EQ.1,2,3,4,77

Pourquoi pensez-vous que &Q1H2 sont les plus indiqué(e)s pour être chargé(e)s de réduire le nombre de produits du tabac mis en vente?

Réponse -> AQ1H3; C150 L3 C50 77
Je ne sais pas/Pas de réponse ..... 99 X

Q2 [0,0]

Veuillez indiquer en ordre d'importance les 3 domaines qui, selon vous, exigent le plus l'attention soutenue et les efforts concertés du gouvernement du Canada. &Q2ERR

Q2A

Premier1

réduire l'exposition à la fumée secondaire 1
réglementer la vente des produits du tabac 2
réglementer la vente du tabac 3
réduire le nombre de fumeurs 4
réduire le tort causé aux fumeurs en modifiant le produit afin d'en réduire la toxicité 5
réduire la contrebande 6
réduire le nombre de jeunes qui commencent à fumer 7

Q2B

Deuxième2

réduire l'exposition à la fumée secondaire 1
réglementer la vente des produits du tabac 2
réglementer la vente du tabac 3
réduire le nombre de fumeurs 4
réduire le tort causé aux fumeurs en modifiant le produit afin d'en réduire la toxicité 5
réduire la contrebande 6
réduire le nombre de jeunes qui commencent à fumer 7

Q2C

Troisième3

réduire l'exposition à la fumée secondaire 1
réglementer la vente des produits du tabac 2
réglementer la vente du tabac 3
réduire le nombre de fumeurs 4
réduire le tort causé aux fumeurs en modifiant le produit afin d'en réduire la toxicité 5
réduire la contrebande 6
réduire le nombre de jeunes qui commencent à fumer 7

Q2ERR

Si... Q2A.EQ.Q2B.OR.Q2A.EQ.Q2C.OR.Q2B.EQ.Q2C

Désolé. Le tableau suivant exige de ne sélectionner la catégorie qu'une seule fois. Veuillez corriger votre ou vos réponses. .....1 ->Q2

Q3A [1,3]

Pourquoi croyez-vous que &Q2A exige, de façon proritaire, une attention soutenue et des efforts concertés de la part du gouvernement du Canada?

Réponse -> AQ3A; C150 L3 C50 77
Je ne sais pas/Pas de réponse .....99 X

Q3B [1,3]

Pourquoi croyez-vous que &Q2B exige, en façon secondaire, une attention soutenue et des efforts concertés de la part du gouvernement du Canada?

Réponse -> AQ3B; C150 L3 C50 77
Je ne sais pas/Pas de réponse .....99 X

Q3C [1,3]

Pourquoi croyez-vous que &Q2C exige, en troisième importance, une attention soutenue et des efforts concertés de la part du gouvernement du Canada?

Réponse -> AQ3C; C150 L3 C50 77
Je ne sais pas/Pas de réponse .....99 X

Q4 [1,3]

Les priorités énumérées à la question précédente sont celles qui orientent actuellement la Stratégie fédérale de lutte contre le tabagisme (SFLT). Réduire l'exposition à la fumée secondaire

Réglementer la fabrication des produits du tabac

Réglementer la vente du tabac

Réduire le nombre de fumeurs

Réduire le tort causé aux fumeurs en modifiant le produit pour en réduire la toxicité

Réduire la contrebande

Réduire le nombre de jeunes qui commencent à fumer

À votre avis, la Statédie devrait-elle se fixer d'autres priorités?

Oui (Veuillez préciser) -> AQ4; C150 L3 C50 1
Non 2
Je ne sais pas/Pas de réponse 99

Q6 [0,0]

À l'heure actuelle, les fonds destinés à la Stratégie fédérale de lutte contre le tabagisme (SFLT) sont répartis entre ses quatre objectifs.Avec un budget préétabli et des priorités qui se font concurrence, quel pourcentage des crédits fédéraux affecteriez-vous à chacun de ces objectifs?(Veillez à ce que la somme des crédits atteigne 100 %) &Q10ERR

Q7 [0,1]

Réduire l'accès au tabac et réglementer les produits du tabac (protection)

% -> AQ7; N4.0 [0-100] FORMAT = PERCENT0 1

Q8 [0,1]

Réduire le nombre de personnes qui commencent à fumer et créer des obstacles au tabagisme (prévention)

-> AQ8; N4.0 [0-100] FORMAT = PERCENT0 1

Q9 [0,1]

Augmenter le nombre de personnes qui renoncent au tabac et réduire les obstacles à leur renoncement (cessation)

-> AQ9; N4.0 [0-100] FORMAT = PERCENT0 1

Q10 [0,1]

Réduire le tort causé aux fumeurs et aux personnes exposées à la fumée du tabac (réduction des méfaits)

-> AQ10; N4.0 [0-100] FORMAT = PERCENT0 1

Q10CL

CALC(($AQ7+$AQ8+$AQ9+$AQ10),"Q10CL")

Q10ERR

Si... Q10CL.NE.100

La somme des pourcentages ne peut dépasser 100. Veuillez corriger votre ou vos réponses. .....1 ->Q6

Q11G [1,3]

Toutefois, présentement il n'existe aucun plan pour le faire, mais selon vous, quelles seraient les conséquences pour le Canada si la Stratégie fédérale de lutte contre le tabagisme (SFLT) serait considérablement réduite ou abolie?

Réponse -> AQ11G; C150 L3 C50 77		
Aucune conséquence.....88		X
Je ne sais pas/Pas de réponse 99		X

Q12A

À l'heure actuelle, les fumeurs représentent 20 % de la population. Le taux est de 25 % parmi les adolescents et de 32 % parmi les jeunes adultes. Il est beaucoup plus élevé au sein de la population autochtone et, notamment, il atteint 72 % chez les Inuits.Certains sont d'avis que les stratégies de lutte contre le tabagisme devraient viser les populations vulnérables comme les personnes à faible revenu, les Autochtones ou les personnes souffrant de maladies mentales parce que les taux de tabagisme sont élevés

parmi ces groupes, ce qui nuit à leur santé comparativement au reste des Canadiens. Par ailleurs, d'autres sont d'avis que les stratégies de lutte contre le tabagisme devraient viser l'ensemble de la population afin de toucher le plus grand nombre de fumeurs possible. Selon vous, quelle sorte d'importance les stratégies de lutte contre le tabagisme devraient-elles accorder à certaines populations vulnérables, par opposition à la population canadienne dans son ensemble?

1 Accorder toute l'importance à des populations particulières.....1
2.....2
3.....3
4 Accorder une importance égale à des populations particulières et à l'ensemble de la population canadienne 4
5.....5
6.....6
7 Accorder toute l'importance à l'ensemble de la population canadienne 7
Je ne sais pas/Pas de réponse 9

Q12D

Trouvez-vous que l'importance accordée à des groupes particuliers (p. ex., les adolescents et les Autochtones) par la Stratégie fédérale de lutte contre le tabagisme (SFLT) est la plus appropriée relativement à celle accordée à l'ensemble de la population canadienne?

Oui 1
Non – on devrait accorder plus d'importance aux groupes cibles 2
Non – on devrait accorder plus d'importance à la population en général.....3
Je ne sais pas/Pas de réponse 9

Q13 [1,3]

Si... Q12D.EQ.2.OR.Q12D.EQ.3

Pourquoi faudrait-il, selon vous, modifier l'importance relative accordée dans l'approche de la SFLT?

Réponse -> AQ13; C150 L3 C50 77
Je ne sais pas/Pas de réponse .....99 X

Q14 [1,5]

Selon vous, lequel des groupes visés maintenant par la Stratégie fédérale de lutte contre le tabagisme (SFLT) devrait demeurer fortement prioritaire?Cochez chacun des groupes cibles qui vous semblent pertinent.

Premières nations, Inuits et autres Autochtones	1	
Adolescents	2	
Jeunes adultes	3	
Fumeurs	4	
Canadiens exposés à la fumée secondaire	5	
Je ne sais pas/Pas de réponse	9	X

Q15

Y a-t-il des groupes cibles ou des sous-groupes auxquels la Stratégie fédérale de lutte contre le tabagisme (SFLT) n'accorde pas suffisamment d'importance et qui, selon vous, devraient être visés et soutenus davantage?

Oui	1
Non	2
Je ne sais pas/Pas de réponse	9

Q16 [1,3]

Si... Q15.EQ.1

Veuillez indiquer quels groupes cibles ou sous-groupes il faudrait viser et soutenir davantage, et dire pourquoi.

Réponse -> AQ16; C150 L3 C50	77	
Je ne sais pas/Pas de réponse	99	X

Q30 [0,0]

Coordination et partenariat Trouvez-vous que Santé Canada est parvenu à soutenir ses partenaires et les intervenants dans le cadre de la Stratégie fédérale de lutte contre le tabagisme (SFLT)? Par exemple, dans quelle mesure le ministère a-t-il été efficace jusqu'ici pour ce qui est de . . . ?

Q30A

Consulter ses partenaires et les intervenants sur le développement de la Stratégie et ses priorités de financement

Pas du tout efficace 1 1
2 2
3 3
Assez efficace 4 4
5 5
6 6
Extrêmement efficace 7 7
Je ne sais pas/ Pas de réponse 9

Q30B

Faire participer ses partenaires et les intervenants à la discussion sur ses futures priorités et orientations

Pas du tout efficace 1 1
2 2
3 3
Assez efficace 4 4
5 5
6 6
Extrêmement efficace 7 7
Je ne sais pas/ Pas de réponse 9

Q30C

Obtenir l'avis de ses partenaires et des intervenants touchant l'évaluation et le financement des tiers

Pas du tout efficace 1 1
2 2
3 3
Assez efficace 4 4
5 5
6 6
Extrêmement efficace 7 7
Je ne sais pas/ Pas de réponse 9

Q30D

Habiliter les organisations intéressées

Pas du tout efficace 1 1
2 2
3 3
Assez efficace 4 4
5 5
6 6
Extrêmement efficace 7 7
Je ne sais pas/ Pas de réponse 9

Q30E

Communiquer les résultats des activités de recherche et des projets à ses partenaires et aux intervenants

Pas du tout efficace 1	1	
2	2	
3	3	
Assez efficace 4	4	
5	5	
6	6	
Extrêmement efficace 7	7	
Je ne sais pas/ Pas de réponse	9	

Q30F

Favoriser la coordination entre ses partenaires et les intervenants afin d'éviter les chevauchements et les dédoublements

Pas du tout efficace 1	1	
2	2	
3	3	
Assez efficace 4	4	
5	5	
6	6	
Extrêmement efficace 7	7	
Je ne sais pas/ Pas de réponse	9	

Q31 [1,3]

Le cas échéant, quels obstacles avez-vous dû affronter dans votre collaboration avec la Stratégie fédérale de lutte contre le tabagisme (SFLT)?

Réponse -> AQ31; C150 L3 C50	77	
Aucun obstacle	88	X
Je ne sais pas/Pas de réponse	99	X

Q32

Votre organisation a-t-elle reçu du financement de la Stratégie fédérale de lutte contre le tabagisme (SFLT) pour un projet ou une activité?

Oui	1	
Non	2	->Q39
Je ne sais pas/Pas de réponse	9	->Q39

Q33

Les questions qui suivent vont porter sur votre projet le plus important qui a été financé par la Stratégie fédérale de lutte contre le tabagisme (SFLT). Votre projet comprenait-il d'autres PARTENAIRES que Santé Canada?

Oui 1
Non 2
Je ne sais pas/Pas de réponse 9

Q34 [1,11]

Si... Q33.EQ.1

Quels genres d'organisations constituent vos principaux partenaires?Cochez toute réponse pertinente

Autres ministères fédéraux 1
Ministères provinciaux 2
Municipalités locales ou régionales 3
Organisations communautaires ou ONG 4
Organisations de santé (p. ex., hôpitaux, associations de professionnels de la santé) 5
Écoles ou établissements d'enseignement 6
Employeurs ou entreprises 7
Conseils de bande, de Première nation ou de tribu, organisations inuites 8
Autre réponse (Veuillez préciser) -> AQ34; C150 L3 C50 77
Je ne sais pas/Pas de réponse ..... 99 X

Q35

De façon générale, dans quelle mesure avez-vous l'impression que votre projet a permis d'établir de nouveaux partenariats ou de renforcer les partenariats existants?

1 Pas du tout 1
2 2
3 3
4 Dans une certaine mesure 4
5 5
6 6
7 Dans une très grande mesure 7
Je ne sais pas/Pas de réponse 9

Q36

À quel point êtes-vous satisfait de la qualité de votre partenariat avec ces autres partenaires qui ont participé à votre projet ou à vos activités?

1 Pas du tout satisfait 1
2 2
3 3
4 Assez satisfait 4
5 5
6 6
7 Extrêmement satisfait 7
Je ne sais pas/Pas de réponse 9

Q37 [0,0]

Dans quelle mesure êtes-vous satisfait des aspects ci-dessous du processus de demande et de financement?

Q37A

La clarté et la cohérence des objectifs et des priorités de la Stratégie

Pas du tout satisfait 1 1
2 2
3 3
Assez satisfait 4 4
5 5
6 6
Extrêmement satisfait 7 7
Je ne sais pas/ Pas de réponse 9

Q37B

L'appel de propositions – c'est-à-dire le processus d'invitation à faire des propositions en vue d'obtenir du financement

Pas du tout satisfait 1 1
2 2
3 3
Assez satisfait 4 4
5 5
6 6
Extrêmement satisfait 7 7
Je ne sais pas/ Pas de réponse 9

Q37C

La clarté des lignes directrices touchant votre demande de financement

Pas du tout satisfait 1 1
2 2
3 3
Assez satisfait 4 4
5 5
6 6
Extrêmement satisfait 7 7
Je ne sais pas/ Pas de réponse 9

Q37D

Le caractère équitable du processus d'examen et d'approbation des propositions

Pas du tout satisfait 1 1
2 2
3 3
Assez satisfait 4 4
5 5
6 6
Extrêmement satisfait 7 7
Je ne sais pas/ Pas de réponse 9

Q37E

La somme qui vous a été accordée en regard de celle dont vous aviez besoin pour mettre en œuvre votre projet

Pas du tout satisfait 1 1
2 2
3 3
Assez satisfait 4 4
5 5
6 6
Extrêmement satisfait 7 7
Je ne sais pas/ Pas de réponse 9

Q37F

Les cycles de financement de votre projet (c.-à-d. le moment des versements provenant de la SFLT)

Pas du tout satisfait 1 1
2 2
3 3
Assez satisfait 4 4
5 5
6 6
Extrêmement satisfait 7 7
Je ne sais pas/ Pas de réponse 9

Q37G

La prise en temps opportun de la décision touchant votre financement

Pas du tout satisfait 1 1
2 2
3 3
Assez satisfait 4 4
5 5
6 6
Extrêmement satisfait 7 7
Je ne sais pas/ Pas de réponse 9

Q37H

Les modalités de financement utilisées

Pas du tout satisfait 1 1
2 2
3 3
Assez satisfait 4 4
5 5
6 6
Extrêmement satisfait 7 7
Je ne sais pas/ Pas de réponse 9

Q37I

La clarté des exigences touchant l'évaluation de votre projet

Pas du tout satisfait 1 1
2 2
3 3
Assez satisfait 4 4
5 5
6 6
Extrêmement satisfait 7 7
Je ne sais pas/ Pas de réponse 9

Q37J

La surveillance et le suivi de votre projet par le personnel du programme

Pas du tout satisfait 1 1
2 2
3 3
Assez satisfait 4 4
5 5
6 6
Extrêmement satisfait 7 7
Je ne sais pas/ Pas de réponse 9

Q37K

Les exigences en matière d'établissement de rapports relatifs à votre projet

Pas du tout satisfait 1 1
2 2
3 3
Assez satisfait 4 4
5 5
6 6
Extrêmement satisfait 7 7
Je ne sais pas/ Pas de réponse 9

Q37L

L'ensemble du processus de demande et d'obtention de financement pour votre projet en vertu du programme

Pas du tout satisfait 1 1
2 2
3 3
Assez satisfait 4 4
5 5
6 6
Extrêmement satisfait 7 7
Je ne sais pas/ Pas de réponse 9

Q38 [1,3]

Si... Q37H.GT.0.AND.Q37H.LT.4

Vous avez répondu ne pas être satisfait des modalités de financement de votre projet. Veuillez expliquer pourquoi et dire quelles autres modalités auraient pu mieux fonctionner.

Réponse -> AQ38; C150 L3 C50 77
Je ne sais pas/Pas de réponse ..... 99 X

Q38B [1,3]

Y a-t-il des renseignements ou services particuliers ou d'autres formes d'aide dont vous croyez que votre organisation aurait besoin en vue d'obtenir du financement du gouvernement du Canada?

Oui (Veuillez préciser) -> AQ38B; C150 L3 C50 ..... 1 O
Non 2
Je ne sais pas/Pas de réponse ..... 99 X

Q38C [1,3]

Quelles mesures Santé Canada pourrait-il prendre afin d'améliorer, le cas échéant, le financement lui-même ou le processus de financement des projets?

Réponse -> AQ38C; C150 L3 C50	77	
Je ne sais pas/Pas de réponse	99	X

Q39 [1,3]

Impressions générales Quels sont, selon vous, les principaux points forts de la Stratégie en ce qui concerne sa conception et sa prestation? Qu'est-ce qui a le mieux fonctionné?

Réponse -> AQ39; C150 L3 C50	77	
Aucun point fort	88	X
Je ne sais pas/Pas de réponse	99	X

Q40 [1,3]

Quels sont les principaux points faibles de la Stratégie en ce qui concerne sa conception et sa prestation? Qu'est-ce qui n'a pas fonctionné aussi bien que vous l'auriez souhaité?

Réponse -> AQ40; C150 L3 C50	77	
Pas de point faible	88	X
Je ne sais pas/Pas de réponse	99	X

Q41 [1,3]

Quelles modifications ou améliorations proposeriez-vous afin de rehausser la prestation et le succès de la Stratégie?

Réponse -> AQ41; C150 L3 C50	77	
Pas besoin de modification ou d'amélioration	88	X
Je ne sais pas/Pas de réponse	99	X

Q42 [1,3]

Caractéristiques de l'organisation Veuillez décrire brièvement votre organisation et le genre de travail que vous faites?

Réponse -> AQ42; C150 L3 C50	77	
Je ne sais pas/Pas de réponse	99	X

Q43 [1,8]

Quel est votre public cible?Cochez toute réponse pertinente

Population en général	1	
Premières nations, Inuits et autres Autochtones	2	
Adolescents	3	
Jeunes adultes	4	
Fumeurs	5	
Chercheurs, professionnels de la santé, décideurs	6	
Canadiens exposés à la fumée secondaire	7	
Autre réponse (Veuillez préciser) -> AQ43; C150 L3 C50	77	
Je ne sais pas/Pas de réponse	99	X

Q44 [1,10]

Quel est le mandat de votre organisation en ce qui concerne le tabac?Cochez toute réponse pertinente

Réduire l'exposition à la fumée secondaire	1	
Réglementer les fabricants de tabac	2	
Réglementer les détaillants de tabac	3	
Réduire le nombre de jeunes qui commencent à fumer	4	
Réduire le nombre de fumeurs	5	
Réduire le tort causé aux fumeurs en modifiant le produit afin d'en réduire la toxicité	6	
La production de tabac	7	
La vente du tabac	8	
Réduire la contrebande	9	
Autre réponse (Veuillez préciser) -> AQ44; C150 L3 C50	77	
Je ne sais pas/Pas de réponse	99	X

Q45

Quelle est l'ampleur de votre organisation?

Réponse selon la valeur du budget	1	
Réponse selon le nombre d'employés	2	D
-> AQ45; N9.0 [1-900000000]	3	N
Je ne sais pas/Pas de réponse	999	

Q46

Quel est la portée de votre organisation?

International	1	
National	2	
Provincial	3	
Régional ou communautaire	4	
Je ne sais pas/Pas de réponse	9	X

Q47

Quelle catégorie décrit le mieux la nature de votre organisation?

Université 1
Association professionnelle 2
ONG 3
Entreprise privée/association commerciale 4
Production de tabac 5
Vente de tabac 6
Établissement de santé 7
Conseil de bande, de Première nation ou de tribu, organisation inuite 8
Autre réponse (Veuillez préciser) -> AQ47; C150 L3 C50 77
Je ne sais pas/Pas de réponse 99

QPRE [0,0]

Si... 0.EQ.1

PRÉ-TESTÀ titre de participant à notre pré-test, nous vous invitons à répondre aux questions suivantes au sujet du sondage. Votre collaboration, ici encore, nous sera très précieuse.

NOMBRE DE MINUTES 1

QP1

Si... 0.EQ.1

Combien de minutes vous a-t-il fallu pour remplir le questionnaire?

NOMBRE DE MINUTES -> AQP1; N2.0 [0-99] 1

QP2

Si... 0.EQ.1

Le déroulement des questions vous a-t-il semblé logique?

Oui 1
Non, pourquoi? -> AQP2; C250 L4 C40 2

QP3

Si... 0.EQ.1

À votre avis, y a-t-il d'autres questions que nous aurions dû poser? Dans l'affirmative, lesquelles?

Oui -> AQP3; C250 L4 C40 1
Non 2

QP4

Si... 0.EQ.1

Y a-t-il des questions, des expressions ou des catégories de réponse qui, selon vous, manquaient de précision? Dans l'affirmative, lesquelles était-ce et pourquoi?

Oui -> AQP4; C250 L4 C40 1
Non 2

QTHNK [0,0]

Si... 0.EQ.1

Merci beaucoup d'avoir pris le temps de répondre à nos questions.

QEND

[EN][FR]

.....1

THNK [0,0]

Vos réponses nous sont parvenues. Merci d'avoir pris le temps de répondre à ce sondage!

QPRINTOUT

Aimeriez-vous imprimer vos réponses?

Oui 1
Non 2

QMEMO [0,0]

Si... QPRINTOUT.EQ.1

INTRO–QP4

APPENDIX F
GENERAL PUBLIC SURVEY INSTRUMENT (ENGLISH AND FRENCH)

```
   Hello, my name is _____ and I work for Ekos Research Associates.
We are conducting a survey for Health Canada to obtain the views of Canadians
16 years of age or older on a variety of issues. All of your responses to the
survey are completely confidential and no personal information will be provided
to Health Canada or any other organization as a result of this survey.
The interview will take about 10 minutes. Is now a good time?

**NOTE: THEY MUST BE UNDER 25 YEARS OLD OR SMOKERS TO DO THE SURVEY SO IF YOU
        GET KICKED OUT OF THE SURVEY, CODE QF.

@F6 @intro
Notes
@NOT1
@NOT2
@NOT3
@NOT4
@not5
@not6
```

29: **RECAL**

=> * if	IF((ROT5=#1),1,2)

in public places 1
in workplaces 2

30: **SMK7S**

At the present time do you smoke cigarettes (manufactured or roll your own) every day, occasionally, or not at all?
Not at all 1
Occasionally 2
Every day 3
DK/NR 9

31: **SMKRS**

=> * if	IF((SMK7S=#2,#3),1,2)

Smoking status
Smoker 1
Non-smoker 2

32: **SMK2S**

=> +1 if	NOT (SMKRS=#1)

PROBE FOR PRECISE NUMBER PER DAY IF TOLD ABOUT # OF "PACKS"
On average, how many cigarettes do you smoke per day?
DK/NR 99

33: **SMK9S**

=> +1 if	SMKRS=#1

Have you smoked at least 100 cigarettes in your life?
Yes 1
No 2
DK/NR 9

34: **SMR2S**

=> * if	IF((SMKRS=#1),1,IF((SMK9S=#1),2,3))

Smoking status
Smoker 1
Past smoker 2
Non-smoker 3

35: **AGEXS**

IF HESITANT MOVE ONTO NEXT QUESTION

In what year were you born? NOTE: ANSWER THE FULL YEAR, I.E. 1977 as "1977"
HESITANT 9999

36: **AGEYS**

=> +1 if	NOT (AGEXS=#1)

May I place your age into one of the following general age categories?
Under 25 01
25-34 years 02
35-44 years 03
45-54 years 04
55-64 years 05
65 years or older 06
(DO NOT READ) DK/NR 99

37: **AGES**

=> * if	IF((AGEXS>1981 AND AGEXS<1991),1,IF((AGEXS>1971 AND AGEXS<1982),2,IF((AGEXS>1961 AND AGEXS<1972),3,IF((AGEXS>1951 AND AGEXS<1962),4,IF((AGEXS>1941 AND AGEXS<1952),5,IF((AGEXS>=1900 AND AGEXS<1942),6,AGEYS))))))

Computed age
Under 25 01
25-34 years 02
35-44 years 03
45-54 years 04
55-64 years 05
65 years or older 06
(DO NOT READ) DK/NR 99

38: **SEX**

=> INT if SMR2S=#2-#3 AND AGES=#2-#7

DO NOT ASK

Record gender of respondent

Male 1
Female 2

40: **SERPR**

Please tell me if you think that each of the following is very, somewhat, not very or not at all serious...

41: **SER2**

The harm to the health of smokers caused by smoking cigarettes

Not at all serious 1
Not very serious 2
Somewhat serious 3
Very serious 4
Don't know 8
No response 9

42: **SER3**

The harm to the health of non-smokers caused by breathing in second hand smoke from cigarettes that other people are smoking

Not at all serious 1
Not very serious 2
Somewhat serious 3
Very serious 4
Don't know 8
No response 9

43: **RISK2**

Would you say the health risk to Canadians generally that is posed by tobacco has increased, decreased or stayed about the same over the past 5 years?

Increased 1
Stayed the same 2
Decreased 3
Don't know 8
No response 9

44: **WHYI**

=> +1 if	NOT (RISK2=#1)

DO NOT READ LIST

Why do you think the level of health risk of tobacco has increased?

Youth smoking more now	01	
See it/smoking everywhere (GENERAL VIEWS: PERVASIVE, AVAILABLE...)	02	
Hear more about someone with cancer/disease these days (INCLUDES AGING POPULATION, HEALTH ISSUES...)	03	
Other (specify)	77	O
DK/NR	99	X
CIGARETTES ARE MORE ADDICTIVE/MORE CHEMICALS/MORE ADDITIVES	04	N
MEDIA REPORTS	05	N
INCREASED STRESS IN PEOPLE'S LIVES/JOBS	06	N
GOVERNMENTAL BANS/LEGISLATION/POLICIES/REACTIONS	07	N

45: **WHYD**

=> +1 if	NOT (RISK2=#3)

DO NOT READ LIST

Why do you think the level of health risk of tobacco has decreased?

Higher awareness in public now about risks/MESSAGE/ADVERTISING GETTING THROUGH	01	
See/know fewer and fewer people smoking these days/MORE PEOPLE QUITING (GENERAL VIEWS)	02	
Smoking not allowed in public places anymore/GIVERNMENTAL LEGISLATION	03	
Other (specify)	77	O
DK/NR	99	X
PRICE/INCREASE IN TAXES	04	N

46: **SMPER**

About what percentage of all Canadians do you think smokes even occasionally?

DK/NR 999

47: **CONT2**

=> +1 if	NOT(ROT7=#1)

Some people say that smoking rates in Canada are decreasing and public focus should now be on other health issues such as obesity or wait times. Other people say that there are still 5 million smokers in Canada and so tobacco should continue to be a high priority. From your own point of view, should tobacco continue to be a high government priority?

Yes	1
No	2
(DO NOT READ) Focus on both/all issues	3
(DO NOT READ) Don't know	8
(DO NOT READ) No response	9

48: **CNT2B**

=> +1 if	NOT(ROT7=#2)

Some people say that there are still 5 million smokers in Canada and so tobacco should continue to be a high priority. Other people say that smoking rates in Canada are decreasing and public focus should now be on other health issues such as obesity or wait times. From your own point of view, should tobacco continue to be a high government priority?

Yes 1
No 2
(DO NOT READ) Focus on both/all issues 3
(DO NOT READ) Don't know 8
(DO NOT READ) No response 9

49: **AWAR**

Can you identify anything the Government of Canada does currently in order to reduce tobacco related disease and death among Canadians?

Yes 1
No 2
DK/NR 9

50: **AWAR2**

=> +1 if	NOT(AWAR=#1)

DO NOT READ LIST

What does the Government of Canada currently do to reduce tobacco-related disease and death among Canadians?

Ban smoking in public places 01
Advertising about risk of smoking 02
Warning labels of packages 03
Increase prices/higher taxes 04
Restriction on sales of cigarettes to youth 05
General restrictions on sales of tobacco products 07
Community/educational (school) awareness programs(INCLUDES STOP SMOKING CAMPAIGNES AND HOT LINES) 06
Other (specify) ..... 77 O
(DO NOT READ) Don't know ..... 98 X
(DO NOT READ) No response ..... 99 X

51: **FTCS**

```
The federal government does have programs and legislation in place. The current
Federal Tobacco Control Strategy is an initiative to reduce smoking-related
disease and death. Health Canada leads this strategy that involves mass media
campaigns, laws and regulations for the manufacture and sale of tobacco, aids
for smokers to quit, along with a number of other efforts. Is this an
appropriate role for the Government of Canada, or would this role be best left
up to others, like the provinces or not for profit organizations like the
Canadian Cancer Society?

1 - Yes, appropriate for federal government
2 - No, better left to others
9 - DK/NR

@FTCS
```

52: **INVOL**

In the area of reducing smoking, second hand smoke and regulating tobacco, in the future, would you like to see the federal government increase its level of involvement, maintain its current level of involvement, reduce its level of involvement or eliminate its involvement altogether.

Increase involvement 1
Maintain involvement 2
Reduce involvement 3
Eliminate involvement 4
DK/NR 9

53: **PARTN**

READ LIST

There are many partners who have an interest in reducing the use of tobacco. Which of the following do you think is the most appropriate role for the federal government to play?

A leadership role 1
An equal partner with the provinces and not for profit organizations like the Canadian Cancer Society 2
A very limited role, assisting and/or coordinating with the provinces and not for profit organizations 3
DK/NR 9

54: **MNVO**

There are a variety of organizations that have an interest in tobacco and health. Please indicate how much involvement you feel each of the following organizations or groups of individuals should have in reducing the health risks of smoking and second hand smoke. Please use a 7-point scale where 1 is not all involved, 7 is extremely involved and 4 is somewhat.

55: **INVO1**

How involved...should be in reducing health risks of smoking and SHS

The federal government

1. Not at all involved 1
2 2
3 3
4. Somewhat involved 4
5 5
6 6
7. Extremely involved 7
DK/NR 9

56: **INVO2**

How involved...should be in reducing health risks of smoking and SHS

The provincial government

1. Not at all involved 1
2 2
3 3
4. Somewhat involved 4
5 5
6 6
7. Extremely involved 7
DK/NR 9

57: **INVO3**

How involved...should be in reducing health risks of smoking and SHS

Non-governmental or not-for-profit organizations like the Canadian Cancer Society

1. Not at all involved 1
2 2
3 3
4. Somewhat involved 4
5 5
6 6
7. Extremely involved 7
DK/NR 9

58: **INVO4**

How involved...should be in reducing health risks of smoking and SHS

Health care professionals like doctors, nurses and dentists

1. Not at all involved 1
2 2
3 3
4. Somewhat involved 4
5 5
6 6
7. Extremely involved 7
DK/NR 9

59: **INVO5**

How involved...should be in reducing health risks of smoking and SHS

The tobacco industry

1. Not at all involved 1
2 2
3 3
4. Somewhat involved 4
5 5
6 6
7. Extremely involved 7
DK/NR 9

60: **INVO6**

How involved...should be in reducing health risks of smoking and SHS

Your local or regional government, such as the health board

1. Not at all involved 1
2 2
3 3
4. Somewhat involved 4
5 5
6 6
7. Extremely involved 7
DK/NR 9

61: **INVO7**

How involved...should be in reducing health risks of smoking and SHS

Canadians themselves

1. Not at all involved 1
2 2
3 3
4. Somewhat involved 4
5 5
6 6
7. Extremely involved 7
DK/NR 9

63: **RESP**

Next, I would like you to think about the organization that should be responsible for different activities. For each one I will ask you which one you think should have the main responsibility and then which other organizations, if any, should also have some responsibility...

64: **RESP1**

=> +1 if	NOT(ROT1=#1)

ACCEPT ONLY 1 ANSWER

Who do you think should have the MAIN responsibility to regulate the manufacturing of tobacco products to reduce harm to smokers. This could be through research to find ways of reducing nicotine content in cigarettes, for example. Should it be.....(read list)/ Would you like me to read the list again?

The federal government	01	
Your provincial government	02	
Your local or regional government (if asked - health board)	03	
----------	04	
Non-governmental or not-for-profit organizations like the Canadian Cancer Society	05	
Health care professionals like doctors, nurses and dentists	06	
----------	07	
The tobacco industry	08	
----------	09	
Canadians themselves	10	
DK/NR	99	X

65: **RSP1B**

=> +1 if	NOT(RESP1=#1-#10)

ACCEPT ALL THAT APPLY

Who else do you think should have responsibility for regulating the manufacturing of tobacco products to reduce harm to smokers. Would you like me to read the list again? Is there anyone else?

The federal government	01	
Your provincial government	02	
Your local or regional government (if asked - health board)	03	
----------	04	
Non-governmental or not-for-profit organizations like the Canadian Cancer Society	05	
Health care professionals like doctors, nurses and dentists	06	
----------	07	
The tobacco industry	08	
----------	09	
Canadians themselves	10	
DK/NR	99	X

66: **RESP2**

ACCEPT ONLY 1 ANSWER

Who do you think should have the MAIN responsibility to reduce the number of youth who take up smoking Should it be....(read list) / Would you like me to read the list again?

The federal government	01	
Your provincial government	02	
Your local or regional government (if asked - health board)	03	
----------	04	
Non-governmental or not-for-profit organizations like the Canadian Cancer Society	05	
Health care professionals like doctors, nurses and dentists	06	
----------	07	
The tobacco industry	08	
----------	09	
Canadians themselves	10	
DK/NR	99	X

67: **RSP2B**

=> +1 if NOT(RESP2=#1-#10)

ACCEPT ALL THAT APPLY

Who else do you think should have responsibility to reduce the number of youth who take up smoking Would you like me to read the list again? / Is there anyone else?

The federal government	01	
Your provincial government	02	
Your local or regional government (if asked - health board)	03	
----------	04	
Non-governmental or not-for-profit organizations like the Canadian Cancer Society	05	
Health care professionals like doctors, nurses and dentists	06	
----------	07	
The tobacco industry	08	
----------	09	
Canadians themselves	10	
DK/NR	99	X

68: **RESP3**

=> +1 if NOT(ROT3=#1)

ACCEPT ONLY 1 ANSWER

Who do you think should have the MAIN responsibility to reduce smuggling of cigarettes Should it be....(read list) / Would you like me to read the list again?

The federal government	01	
Your provincial government	02	
Your local or regional government (if asked - health board)	03	
----------	04	
Non-governmental or not-for-profit organizations like the Canadian Cancer Society	05	
Health care professionals like doctors, nurses and dentists	06	
----------	07	
The tobacco industry	08	
----------	09	
Canadians themselves	10	
DK/NR	99	X

69: **RSP3B**

=> +1 if NOT(RESP3=#1-#10)

ACCEPT ALL THAT APPLY

Who else do you think should have responsibility to reduce smuggling of cigarettes Would you like me to read the list again? Is there anyone else?

The federal government	01	
Your provincial government	02	
Your local or regional government (if asked - health board)	03	
----------	04	
Non-governmental or not-for-profit organizations like the Canadian Cancer Society	05	
Health care professionals like doctors, nurses and dentists	06	
----------	07	
The tobacco industry	08	
----------	09	
Canadians themselves	10	
DK/NR	99	X

70: **RESP4**

ACCEPT ONLY 1 ANSWER

Who do you think should have the MAIN responsibility for programs and activities to reduce the number of smokers, like programs to help smokers quit. Should it be....(read list) / Would you like me to read the list again?

The federal government	01	
Your provincial government	02	
Your local or regional government (if asked - health board)	03	
----------	04	
Non-governmental or not-for-profit organizations like the Canadian Cancer Society	05	
Health care professionals like doctors, nurses and dentists	06	
----------	07	
The tobacco industry	08	
----------	09	
Canadians themselves	10	
DK/NR	99	X

71: **RSP4B**

=> +1 if NOT(RESP4=#1-#10)

ACCEPT ALL THAT APPLY

Who else do you think should have responsibility for programs and activities to reduce the number of smokers, like programs to help smokers quit. Would you like me to read the list again? Is there anyone else?

The federal government	01	
Your provincial government	02	
Your local or regional government (if asked - health board)	03	
----------	04	
Non-governmental or not-for-profit organizations like the Canadian Cancer Society	05	
Health care professionals like doctors, nurses and dentists	06	
----------	07	
The tobacco industry	08	
----------	09	
Canadians themselves	10	
DK/NR	99	X

72: **RESP5**

ACCEPT ONLY 1 ANSWER

Who do you think should have the MAIN responsibility to reduce Canadians' exposure to second hand smoke <recal > Should it be ...(read list) / Would you like me to read the list again?

The federal government	01	
Your provincial government	02	
Your local or regional government (if asked - health board)	03	
----------	04	
Non-governmental or not-for-profit organizations like the Canadian Cancer Society	05	
Health care professionals like doctors, nurses and dentists	06	
----------	07	
The tobacco industry	08	
----------	09	
Canadians themselves	10	
DK/NR	99	X

73: **RSP5B**

=> +1 if NOT(RESP5=#1-#10)

ACCEPT ALL THAT APPLY

Who else should have responsibility to reduce Canadians' exposure to second hand smoke <recal >. Would you like me to read the list again? Is there anyone else?

The federal government	01	
Your provincial government	02	
Your local or regional government (if asked - health board)	03	
----------	04	
Non-governmental or not-for-profit organizations like the Canadian Cancer Society	05	
Health care professionals like doctors, nurses and dentists	06	
----------	07	
The tobacco industry	08	
----------	09	
Canadians themselves	10	
DK/NR	99	X

74: **RESP6**

=> +1 if	NOT(ROT6=#1)

ACCEPT ONLY 1 ANSWER

Who do you think should have the MAIN responsibility to regulate the sale of tobacco products. Should it be ...(read list) / Would you like me to read the list again?

The federal government	01	
Your provincial government	02	
Your local or regional government (if asked - health board)	03	
----------	04	
Non-governmental or not-for-profit organizations like the Canadian Cancer Society	05	
Health care professionals like doctors, nurses and dentists	06	
----------	07	
The tobacco industry	08	
----------	09	
Canadians themselves	10	
DK/NR	99	X

75: **RSP6B**

=> +1 if	NOT(RESP6=#1-#10)

ACCEPT ALL THAT APPLY

Who else do you think should have responsibility to regulate the sale of tobacco products. Would you like me to read the list again? Is there anyone else?

The federal government	01	
Your provincial government	02	
Your local or regional government (if asked - health board)	03	
----------	04	
Non-governmental or not-for-profit organizations like the Canadian Cancer Society	05	
Health care professionals like doctors, nurses and dentists	06	
----------	07	
The tobacco industry	08	
----------	09	
Canadians themselves	10	
DK/NR	99	X

77: **BACK**

Now I have just have a few background questions to complete the survey.

83: **HOU**

read list

Which of the following types best describes your current household?

One person, living alone	01	
Single, with child/children	02	
A married or common-law couple, without children	03	
A married or common-law couple, with children	04	
Single, without children, living with roommate(s)	05	
Single, without children, living with family/ parents	06	
Other (please specify)	77	O
DK/NR	99	

84: **KID1A**

=> +1 if NOT (HOU=#2,#4,#7)

READ LIST

Do you have any children in the following age groups?

under 2	1	
2-6	2	
7-12	3	
13-17	4	
18 or over	5	
(DO NOT READ) Do not have any children	8	X
(DO NOT READ) DK/NR	9	X

85: **EDU20**

What is the highest level of schooling that you have completed?

Some high school or less	01
High school graduate	02
Some college	03
Community/Technical college or CEGEP graduate	04
Private college graduate	05
Some university	06
Bachelor's degree	07
Graduate degree	08
DK/NR	99

86: **EMPL**

What is your current employment status?

Self-employed	01	
Employed full-time	02	
Employed part-time/seasonal/contract	03	
Unemployed and looking	04	
Unemployed and not looking	05	
Student	06	
Retired	07	
Leave (maternity, disability)	08	
Homemaker	09	
Other (specify)	77	O
DK/NR	99	

87: **INCM**

read list

What is your annual HOUSEHOLD income from all sources before taxes? Is it....(read list)

<$20,000	1
$20,000-$29,999	2
$30,000-$39,999	3
$40,000-$49,999	4
$50,000-$59,999	5
$60,000-$79,999	6
$80,000-$99,999	7
$100,000 or more	8
DK/NR	9

91: **MINOR**

READ LIST, CHOOSE ALL THAT APPLY

Do you consider yourself to be .....read list PROMPT IF NECESSARY: A member of a visible minority by virtue of your race or colour

A member of a visible minority	1	
An Aboriginal person	2	
(DO NOT READ) None	8	X
(DO NOT READ) DK/NR	9	X

92: **THNK**

Thank you for completing our survey!

Completion	1	D

```
Bonjour. Je m'appelle ____ et je travaille pour les Associés de recherche Ekos.
Nous faisons un sondage pour Santé Canada afin de connaître l'opinion de
Canadiens âgés de 16 ans et plus sur divers sujets. Toutes vos réponses au
sondage seront traitées de façon absolument confidentielle et aucun
renseignement personnel ne sera transmis à Santé Canada ni à aucune autre
organisation à la suite de ce sondage. L'entrevue devrait prendre environ 10
minutes. Pouvons-nous la faire maintenant?

@F6 @intro
Notes
@NOT1
@NOT2
@NOT3
@NOT4
@not5
@not6
```

29: **RECAL**

=> * si	IF((ROT5=#1),1,2)

dans les lieux publics 1
au travail 2

30: **SMK7S**

Est-ce que vous fumez présentement la cigarette (manufacturer ou que vous roulez vous-même) tous les jours, à l'occasion ou pas du tout?
Pas du tout 1
A l'occasion 2
Tous les jours 3
NSP/PDR 9

31: **SMKRS**

=> * si	IF((SMK7S=#2,#3),1,2)

État de fumeur ou non-fumeur
Fumeur 1
Non-fumeur 2

32: **SMK2S**

=> +1 si	NOT (SMKRS=#1)

CHERCHER NOMBRE PRÉCIS PAR JOUR SI LA RÉPONSE EST UN # DE "PAQUETS"

En moyenne, combien de cigarettes fumez-vous par jour?
NSP/PDR 99

33: **SMK9S**

=> +1 si	SMKRS=#1

Avez-vous fumé au moins 100 cigarettes au cours de votre vie?
Oui 1
Non 2
NSP/PDR 9

34: **SMR2S**

=> * si	IF((SMKRS=#1),1,IF((SMK9S=#1),2,3))

État de fumeur ou non-fumeur
Fumeur 1
Ancien fumeur 2
Non-fumeur 3

35: **AGEXS**

EN CAS D'HÉSITATION PASSER A LA QUESTION SUIVANTE

En quelle année êtes-vous né? NOTE: INSCRIRE L'ANNÉE AU COMPLET, P. EX., "1977"
HÉSITANT 9999

36: **AGEYS**

=> +1 si	NOT (AGEXS=#1)

Puis-je vous situer dans l'un des groupes d'âges suivants?
Moins de 25 ans 01
25-34 ans 02
35-44 ans 03
45-54 ans 04
55-64 ans 05
65 ans ou plus 06
(NE PAS LIRE) NSP/PDR 99

37: **AGES**

=> * si	IF((AGEXS>1981 AND AGEXS<1991),1,IF((AGEXS>1971 AND AGEXS<1982),2,IF((AGEXS>1961 AND AGEXS<1972),3,IF((AGEXS>1951 AND AGEXS<1962),4,IF((AGEXS>1941 AND AGEXS<1952),5,IF((AGEXS>=1900 AND AGEXS<1942),6,AGEYS))))))l

Computed age
Moins de 25 ans 01
25-34 ans 02
35-44 ans 03
45-54 ans 04
55-64 ans 05
65 ans ou plus 06
(NE PAS LIRE) NSP/PDR 99

38: **SEX**

=> INT si AGES=#2-#7

NE PAS DEMANDER

Inscrire le sexe du repondant

Homme 1
Femme 2

40: **SERPR**

Dites-moi s'il vous plaît si vous croyez que ce qui suit est très, assez, pas tellement ou pas du tout sérieux...

41: **SER2**

Les méfaits causés à la santé des fumeurs par la cigarette

Pas du tout sérieux 1
Pas tellement sérieux 2
Assez sérieux 3
Très sérieux 4
Je ne sais pas 8
Pas de réponse 9

42: **SER3**

Les méfaits causés à la santé des non-fumeurs par la fumée secondaire provenant des cigarettes fumées par d'autres personnes

Pas du tout sérieux 1
Pas tellement sérieux 2
Assez sérieux 3
Très sérieux 4
Je ne sais pas 8
Pas de réponse 9

43: **RISK2**

Diriez-vous que le risque pour la santé des Canadiens en général posé par le tabac a augmenté, a diminué ou est resté à peu près le même au cours des 5 dernières années?

A augmenté 1
Est resté le même 2
A diminué 3
Je ne sais pas 8
Pas de réponse 9

44: **WHYI**

=> +1 si	NOT (RISK2=#1)

NE PAS LIRE LA LISTE

Pourquoi le niveau de risque du tabac pour la santé a-t-il augmenté, selon vous?

Les jeunes fument davantage maintenant	01	
On fume partout	02	
On entend plus souvent parler de nos jours de quelqu'un qui a le cancer/est malade	03	
Autre réponse (préciser)	77	O
NSP/PDR	99	X

45: **WHYD**

=> +1 si	NOT (RISK2=#3)

NE PAS LIRE LA LISTE

Pourquoi le niveau de risque du tabac pour la santé a-t-il diminué, selon vous?

Le public est plus au courant des risques maintenant	01	
On voit/connaît de moins en moins de gens qui fument de nos jours	02	
Il n'est plus permis de fumer dans les lieux publics	03	
Autre réponse (préciser)	77	O
NSP/PDR	99	X

46: **SMPER**

Selon vous, quel est le pourcentage de tous les Canadiens qui fument, même à l'occasion?

NSP/PDR	999

47: **CONT2**

=> +1 si	NOT(ROT7=#1)

Certains disent que les taux de tabagisme diminuent au Canada et qu'il faut maintenant attirer l'attention du public sur d'autres problèmes de santé comme l'obésité ou les temps d'attente. D'autres disent qu'il y a encore 5 millions de fumeurs au Canada et que le tabac doit donc demeurer une priorité importante. A votre avis, le tabac doit-il demeurer une forte priorité pour le gouvernement?

Oui	1
Non	2
(NE PAS LIRE) Attirer l'attention sur les deux/ tous les problèmes	3
(NE PAS LIRE) Je ne sais pas	8
(NE PAS LIRE) Pas de réponse	9

48: **CNT2B**

=> +1 si	NOT(ROT7=#2)

Certains disent qu'il y a encore 5 millions de fumeurs au Canada et que le tabac doit donc demeurer une priorité importante. D'autres disent que les taux de tabagisme diminuent au Canada et qu'il faut maintenant attirer l'attention du public sur d'autres problèmes de santé comme l'obésité ou les temps d'attente. A votre avis, le tabac doit-il demeurer une forte priorité pour le gouvernement?

Oui 1
Non 2
(NE PAS LIRE) Attirer l'attention sur les deux/ tous les problèmes 3
(NE PAS LIRE) Je ne sais pas 8
(NE PAS LIRE) Pas de réponse 9

49: **AWAR**

Pouvez-vous nommer quelque mesure que ce soit actuellement prise par le gouvernement du Canada pour réduire les maladies et les décès associés au tabac chez les Canadiens?

Oui 1
Non 2
NSP/PDR 9

50: **AWAR2**

=> +1 si	NOT(AWAR=#1)

NE PAS LIRE LA LISTE

Que fait actuellement le gouvernement du Canada pour réduire les maladies et les décès associés au tabac chez les Canadiens?

Interdiction de fumer dans les lieux publics	01	
Publicité sur les risques associés au tabac	02	
Avertissements sur les paquets de cigarettes	03	
Hausse des prix/taxes	04	
Restriction sur la vente de cigarettes aux jeunes	05	
Restrictions générales sur la vente des produits du tabac	07	
Programmes communautaires/scolaires de sensibilisation	06	
Autre réponse (préciser)	77	O
(NE PAS LIRE) Je ne sais pas	98	X
(NE PAS LIRE) Pas de réponse	99	X

51: **FTCS**

Le gouvernement fédéral dispose bel et bien de programmes et de mesures législatives. Présentement, la Stratégie fédérale de lutte contre le tabagisme est une initiative destinée à réduire les maladies et décès liés au tabagisme. Santé Canada est le chef de file de cette stratégie qui comporte des campagnes médiatiques, des lois et règlements sur la fabrication et la vente de tabac, des moyens pour aider les fumeurs à abandonner la cigarette et diverses autres mesures. Ce rôle convient-il au gouvernement du Canada ou faudrait-il plutôt laisser ce rôle à d'autres comme aux provinces ou à des organisations sans but lucratif, comme à la Société canadienne du cancer?

1 - Oui, convient au gouvernement fédéral
2 - Non, le laisser à d'autres
9 - NSP/PDR
@FTCS

52: **INVOL**

Pour ce qui est de réduire le tabagisme et la fumée secondaire et de réglementer le tabac, voudriez-vous qu'à l'avenir le gouvernement fédéral augmente son engagement, le maintienne à son niveau actuel, réduise son engagement ou élimine carrément son engagement.

Augmente son engagement..... 1
Maintienne son niveau actuel d'engagement 2
Réduise son engagement 3
Elimine son engagement..... 4
NSP/PDR..... 9

53: **PARTN**

LIRE LA LISTE

Il y a plusieurs partenaires qui demontrent un intérêt à vouloir réduire la consommation de tabac. Parmi les rôles suivants, lequel est le plus approprié selon vous pour le gouvernement fédéral?

Un rôle de chef de file 1
Un partenariat à égalité avec les provinces et les organisations sans but lucratif comme la Société canadienne du cancer..... 2
Un rôle très limité de soutien et/ou de coordination avec les provinces et les organisations sans but lucratif 3
NSP/PDR..... 9

54: **MNVO**

Diverses organisations ont un intérêt en matière de tabagisme et de santé. Dites-moi s'il vous plaît dans quelle mesure les organisations ou groupes de personnes ci-dessous devraient s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire. Veuillez répondre selon une échelle de 7 points où 1 signifie qu'ils ne devraient pas du tout s'engager, 7, qu'ils devraient s'engager énormément et 4, s'engager moyennement.

55: **INVO1**

.

(Mesure où...devrai(en)t s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire) Le gouvernement fédéral

1. Pas du tout s'engager 1
2 2
3 3
4. S'engager moyennement 4
5 5
6 6
7. S'engager énormément 7
NSP/PDR 9

56: **INVO2**

.

(Mesure où...devrai(en)t s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire) Le gouvernement provincial

1. Pas du tout s'engager 1
2 2
3 3
4. S'engager moyennement 4
5 5
6 6
7. S'engager énormément 7
NSP/PDR 9

57: **INVO3**

.

(Mesure où...devrai(en)t s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire) Les organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer

1. Pas du tout s'engager 1
2 2
3 3
4. S'engager moyennement 4
5 5
6 6
7. S'engager énormément 7
NSP/PDR 9

58: **INVO4**

.

(Mesure où...devrai(en)t s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire) Les professionnels de la santé comme les médecins, infirmières et dentistes

1. Pas du tout s'engager 1
2 2
3 3
4. S'engager moyennement 4
5 5
6 6
7. S'engager énormément 7
NSP/PDR 9

59: **INVO5**

.

(Mesure où...devrai(en)t s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire) L'industrie du tabac

1. Pas du tout s'engager 1
2 2
3 3
4. S'engager moyennement 4
5 5
6 6
7. S'engager énormément 7
NSP/PDR 9

60: **INVO6**

.

(Mesure où...devrai(en)t s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire) Votre administration locale ou régionale, comme votre agence de santé

1. Pas du tout s'engager 1
2 2
3 3
4. S'engager moyennement 4
5 5
6 6
7. S'engager énormément 7
NSP/PDR 9

61: **INVO7**

.

(Mesure où...devrai(en)t s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire) Les citoyens eux-mêmes

1. Pas du tout s'engager 1
2 2
3 3
4. S'engager moyennement 4
5 5
6 6
7. S'engager énormément 7
NSP/PDR 9

63: **RESP**

Et maintenant, j'aimerais savoir quelle organisation devrait, selon vous, avoir la responsabilité de diverses activités. Pour chacune, je vais vous demander à qui devrait revenir la responsabilité principale et quelles autres organisations devraient, le cas échéant, avoir une certaine responsabilité...

64: **RESP1**

=> +1 si NOT(ROT1=#1)

ACCEPTER UNE SEULE REPONSE

Selon vous, qui devrait avoir la PRINCIPALE responsabilité pour ce qui est de réglementer la fabrication des produits du tabac en vue de réduire les méfaits causés aux fumeurs? Il pourrait s'agir, par exemple, de travaux de recherche en vue de diminuer la teneur en nicotine des cigarettes. Est-ce que ça devrait être...(lire la liste)/Voulez-vous que je relise liste?

Le gouvernement fédéral 01
Votre gouvernement provincial 02
Votre administration locale ou régionale (si on le demande - votre agence de santé) 03
---------- 04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer 05
Les professionnels de la santé comme les médecins, infirmières et dentistes 06
---------- 07
L'industrie du tabac 08
---------- 09
Les citoyens eux-mêmes 10
NSP/PDR ..... 99 X

65: **RSP1B**

=> +1 si NOT(RESP1=#1-#10)

ACCEPTER TOUTE REPONSE PERTINENTE

Qui d'autre devrait avoir une responsabilité pour ce qui est de réglementer la fabrication des produits du tabac en vue de réduire les méfaits causés aux fumeurs? Voulez-vous que je relise la liste? Y en a-t-il d'autres?

Le gouvernement fédéral 01
Votre gouvernement provincial 02
Votre administration locale ou régionale (si on le demande - votre agence de santé)03
---------- 04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer 05
Les professionnels de la santé comme les médecins, infirmières et dentistes 06
---------- 07
L'industrie du tabac 08
---------- 09
Les citoyens eux-mêmes..... 10
NSP/PDR..... 99 X

66: **RESP2**

ACCEPTER UNE SEULE REPONSE

Selon vous, qui devrait avoir la PRINCIPALE responsabilité pour ce qui est de réduire le nombre de jeunes qui commencent à fumer? Est-ce que ça devrait être... (lire la liste)/ Voulez-vous que je relise la liste?

Le gouvernement fédéral 01
Votre gouvernement provincial 02
Votre administration locale ou régionale (si on le demande - votre agence de santé)03
---------- 04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer 05
Les professionnels de la santé comme les médecins, infirmières et dentistes 06
---------- 07
L'industrie du tabac 08
---------- 09
Les citoyens eux-mêmes..... 10
NSP/PDR..... 99 X

67: **RSP2B**

=> +1 si	NOT(RESP2=#1-#10)

ACCEPTER TOUTE REPONSE PERTINENTE

Qui d'autre devrait avoir une responsabilité pour ce qui est de réduire le nombre de jeunes qui commencent à fumer? Voulez-vous que je relise la liste? Y en a-t-il d'autres?

Le gouvernement fédéral 01
Votre gouvernement provincial 02
Votre administration locale ou régionale (si on le demande - votre agence de santé) 03
---------- 04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer 05
Les professionnels de la santé comme les médecins, infirmières et dentistes 06
---------- 07
L'industrie du tabac 08
---------- 09
Les citoyens eux-mêmes 10
NSP/PDR ..... 99 X

68: **RESP3**

=> +1 si	NOT(ROT3=#1)

ACCEPTER UNE SEULE REPONSE

Selon vous, qui devrait avoir la PRINCIPALE responsabilité pour ce qui est de réduire la contrebande de cigarettes? Est-ce que ça devrait être... (lire la liste)/ Voulez-vous que je relise la liste?

Le gouvernement fédéral 01
Votre gouvernement provincial 02
Votre administration locale ou régionale (si on le demande - votre agence de santé) 03
---------- 04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer 05
Les professionnels de la santé comme les médecins, infirmières et dentistes 06
---------- 07
L'industrie du tabac 08
---------- 09
Les citoyens eux-mêmes 10
NSP/PDR ..... 99 X

69: **RSP3B**

=> +1 si NOT(RESP3=#1-#10)

ACCEPTER TOUTE REPONSE PERTINENTE

Qui d'autre devrait avoir une responsabilité pour ce qui est de réduire la contrebande de cigarettes? Voulez-vous que je relise la liste? Y en a-t-il d'autres?

Le gouvernement fédéral 01
Votre gouvernement provincial 02
Votre administration locale ou régionale (si on le demande - votre agence de santé) 03
---------- 04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer 05
Les professionnels de la santé comme les médecins, infirmières et dentistes 06
---------- 07
L'industrie du tabac 08
---------- 09
Les citoyens eux-mêmes 10
NSP/PDR ..... 99 X

70: **RESP4**

ACCEPTER UNE SEULE REPONSE

Selon vous, qui devrait avoir la PRINCIPALE responsabilité des programmes et activités en vue de réduire le nombre de fumeurs, comme les programmes pour aider les fumeurs à cesser de fumer? Est-ce que ça devrait être... (lire la liste)/ Voulez-vous que je relise la liste?

Le gouvernement fédéral 01
Votre gouvernement provincial 02
Votre administration locale ou régionale (si on le demande - votre agence de santé) 03
---------- 04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer 05
Les professionnels de la santé comme les médecins, infirmières et dentistes 06
---------- 07
L'industrie du tabac 08
---------- 09
Les citoyens eux-mêmes 10
NSP/PDR ..... 99 X

71: **RSP4B**

=> +1 si NOT(RESP4=#1-#10)

ACCEPTER TOUTE REPONSE PERTINENTE

Qui d'autre devrait avoir une responsabilité pour ce qui est des programmes et activités en vue de réduire le nombre de fumeurs, comme les programmes pour aider les fumeurs à cesser de fumer? Voulez-vous que je relise la liste? Y en a-t-il d'autres?

Le gouvernement fédéral 01
Votre gouvernement provincial 02
Votre administration locale ou régionale (si on le demande - votre agence de santé)03
---------- 04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer 05
Les professionnels de la santé comme les médecins, infirmières et dentistes 06
---------- 07
L'industrie du tabac 08
---------- 09
Les citoyens eux-mêmes 10
NSP/PDR ..... 99 X

72: **RESP5**

ACCEPTER UNE SEULE REPONSE

Selon vous, qui devrait avoir la PRINCIPALE responsabilité pour ce qui est de réduire l'exposition des Canadiens à la fumée secondaire <recal >? Est-ce que ça devrait être... (lire la liste)/ Voulez-vous que je relise la liste?

Le gouvernement fédéral 01
Votre gouvernement provincial 02
Votre administration locale ou régionale (si on le demande - votre agence de santé)03
---------- 04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer 05
Les professionnels de la santé comme les médecins, infirmières et dentistes 06
---------- 07
L'industrie du tabac 08
---------- 09
Les citoyens eux-mêmes 10
NSP/PDR ..... 99 X

73: **RSP5B**

=> +1 si	NOT(RESP5=#1-#10)

ACCEPTER TOUTE REPONSE PERTINENTE

Qui d'autre devrait avoir une responsabilité pour ce qui est de réduire l'exposition des Canadiens à la fumée secondaire? Voulez-vous que je relise la liste? Y en a-t-il d'autres?

Le gouvernement fédéral 01
Votre gouvernement provincial 02
Votre administration locale ou régionale (si on le demande - votre agence de santé) 03
---------- 04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer 05
Les professionnels de la santé comme les médecins, infirmières et dentistes 06
---------- 07
L'industrie du tabac 08
---------- 09
Les citoyens eux-mêmes 10
NSP/PDR ..... 99 X

74: **RESP6**

=> +1 si	NOT(ROT6=#1)

ACCEPTER UNE SEULE REPONSE

Selon vous, qui devrait avoir la PRINCIPALE responsabilité pour ce qui est de réglementer la vente des produits du tabac? Est-ce que ça devrait être... (lire la liste)/ Voulez-vous que je relise la liste?

Le gouvernement fédéral 01
Votre gouvernement provincial 02
Votre administration locale ou régionale (si on le demande - votre agence de santé) 03
---------- 04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer 05
Les professionnels de la santé comme les médecins, infirmières et dentistes 06
---------- 07
L'industrie du tabac 08
---------- 09
Les citoyens eux-mêmes 10
NSP/PDR ..... 99 X

75: **RSP6B**

=> +1 si	NOT(RESP6=#1-#10)

ACCEPTER TOUTE REPONSE PERTINENTE

Qui d'autre devrait avoir une responsabilité pour ce qui est de réglementer la vente des produits du tabac? Voulez-vous que je relise la liste? Y en a-t-il d'autres?

Le gouvernement fédéral	01	
Votre gouvernement provincial	02	
Votre administration locale ou régionale (si on le demande - votre agence de santé)	03	
----------	04	
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer	05	
Les professionnels de la santé comme les médecins, infirmières et dentistes	06	
----------	07	
L'industrie du tabac	08	
----------	09	
Les citoyens eux-mêmes	10	
NSP/PDR	99	X

77: **BACK**

Il me reste quelques questions personnelles avant de terminer le sondage.

83: **HOU**

read list

Lequel des ménages suivants décrit le mieux celui dans lequel vous vivez?

Une personne seule	01	
Célibataire, avec enfant(s)	02	
Couple marié ou en union de fait, sans enfant	03	
Couple marié ou en union de fait, avec enfant(s)	04	
Célibataire, sans enfant, vivant avec colocataire(s)	05	
Célibataire, sans enfant, vivant avec famille/ parents	06	
Autre réponse (veuillez préciser)	77	O
NSP/PDR	99	

84: **KID1A**

=> +1 si	NOT (HOU=#2,#4,#7)

LIRE LA LISTE

Avez-vous des enfants dans les groupes d'âges suivants?

moins de 2 ans	1	
2-6 ans	2	
7-12 ans	3	
13-17 ans	4	
18 ans et plus	5	
(NE PAS LIRE) DO NOT HAVE ANY CHILDREN	8	X
(NE PAS LIRE) NSP/PDR	9	X

85: **EDU20**

Quel est le plus haut niveau de scolarité que vous avez atteint?

Un peu d'école secondaire ou moins	01	
Diplôme d'études secondaires	02	
Un peu d'études collégiales	03	
Diplôme d'un collège communautaire/technique ou CEGEP	04	
Diplôme d'un collège privé	05	
Un peu d'études universitaires	06	
Baccalauréat	07	
Diplôme d'études supérieures	08	
NSP/PDR	99	

86: **EMPL**

Quelle est votre situation d'emploi actuelle?

Travailleur autonome	01	
Employé à temps plein	02	
Employé à temps partiel/saisonnier/à contrat	03	
Sans emploi et qui en cherche	04	
Sans emploi et qui n'en cherche pas	05	
Etudiant	06	
Retraité	07	
En congé (de maternité, d'invalidité)	08	
Personne au foyer	09	
Autre réponse (préciser)	77	O
NSP/PDR	99	

87: **INCM**

LIRE LA LISTE

Quel est le revenu annuel de votre MÉNAGE, de toutes sources, avant impôts?

<20,000$	1
20,000$-29,999$	2
30,000$-39,999$	3
40,000$-49,999$	4
50,000$-59,999$	5
60,000$-79,999$	6
80,000$-99,999$	7
100,000$ ou plus	8
NSP/PDR	9

91: **MINOR**

LIRE LA LISTE, RETENIR TOUTE RÉPONSE PERTINENTE

Considérez-vous que vous appartenez à l'un des groupes suivants? SUGGÉRER AU BESOIN: Membre d'une minorité visible en raison de votre race ou de la couleur de votre peau

Membre d'une minorité visible	1	
Autochtone	2	
(NE PAS LIRE) Aucun	8	X
(NE PAS LIRE) NSP/PDR	9	X

92: **THNK**

Merci d'avoir répondu à notre sondage
Complet ..... 1 D

APPENDIX G

INITIAL SAMPLE LISTING FOR SURVEY OF STAKEHOLDERS

7-Eleven Canada
Aboriginal Cancer Care Unit, Cancer Care Ontario
Aboriginal Health
Access to Media Education Society
Access to Media Education Society (AMES)
ADL Tobacco
British Columbia Institute of Technology, School of Health Sciences
Airspace Action on Smoking and Health
Alberta Alcohol and Drug Abuse Commission
Alberta Cancer Board
Alberta Lung Association
Alberta Sports Hall of Fame and Museum Society
Alberta Tobacco Reduction Alliance
Alcan Packaging
Alliance for the Control of Tobacco
Alpine Canada Alpin
Altadis European Tobacco Company
Annapolis Valley Regional School
Aro Tobacco
Association des intervenants en toxicomanie du Québec inc.
Association House
Association of Local Public Health Agencies (ALPHA)
Association Pulmonaire du Canada
Association régionale du sport étudiant de Québec et de Chaudière-Appalaches (ARSEQCA)
AWARE (Action on Women's Addictions - Research and Education)
Bastos du Canada Limitée
Bondelé Cigar Co. Ltd.
Bosco Homes: A Society For Children And Adolescents
Boutique hors taxe de Lacolle
Brewery, General and Professional Worker's Union
Brigham Enterprises Inc.
British Colombia Lung Association
British Columbia Institute of Technology, School of Health Sciences
British Columbia Lung Association
British Columbia School Superintendents' Association
Brock University
Butt Ugly
Calgary Health Region
Canada Research Chair in Health and Development, University of Toronto
Canadian Airports Council
Canadian Cancer Society - New Brunswick
Canadian Cancer Society

Canadian Cancer Society, British Columbia and Yukon Division
Canadian Cancer Society, Manitoba Division
Canadian Cancer Society, Nova Scotia Division
Canadian Cancer Society, Ontario Division, Smokers Helpline
Canadian Cancer Society, P.E.I. Division
Canadian Cancer Society, Saskatchewan Division
Canadian Chiropractic Association
Canadian Council for Tobacco Control
Canadian Dental Association
Canadian Dental Hygienists Association
Canadian Foundation for the Study of Infant Deaths
Canadian Institute of Child Health
Canadian International Development Agency, Social Development Policies (YSD)
Canadian Medical Association
Canadian Mental Health Association, Simon Fraser Branch
Canadian Pharmacists Association
Canadian Public Health Association
Canadian Public Health Association, NWT / Nunavut Branch
Canadian Research Institute for Social Policy
Canadian Society for International Health
Canadian Tobacco Control Research Initiative
Canadian Tobacco Control Research Initiative CTCRI - ICRCT
Cancer Care Ontario
Casa Cubana
Catholic Health Association of Canada
Center for Health Promotion, Health Agency of Canada
Centers for Disease Control and Prevention,
Central Tobacco Awareness Coalition (CTAC)
Centre de formation et de consultation
Centre de santé St-Boniface
Centre for Addiction and Mental Health
Centre for Disease Control and Prevention
Chinook Health Region
Choice Tobacco Inc.
Choices Adolescent Treatment Program - Clinician Bosco Child and Adolescent Mental Health
City of Toronto Health Department
Coalition québécoise pour le contrôle du tabac
College Éducacentre College
Communications, Energy and Paperworkers' Union of Canada
Community-Based Programs, Addictions Services
Community Health Programs, Health and Social Services, Yukon Territorial Government
Community Health Science Department, Faculty of Applied Health Sciences, Brock University

Community Services Branch
Community Services, Niagara Region
Community Youth Services
Conseil québécois sur le tabac et la santé
Coopérative Agricole Profid'or Siège Social
Council for a Tobacco Free Hastings and Prince Edward
Cumberland Health Authority
Cypress Consulting
Dalhousie University Health Services - Health Education office
David Cigar Corporation of Canada
Department of Health and Community Services
Department of Health and Social Services, Government of Northwest Territories
Department of Health and Social Services, Government of Nunavut
Department of Public Health Sciences
Department of Sociology and Anthropology
Department of Surgery, St.Boniface General Hospital
Direction de la santé publique de Montréal
DIRECTOR GENERAL'S OFFICE
Domo Gasoline Corporation
Dynasty Tobacco
Eastern Ontario Health Unit
Eastern School District
Edmonton YMCA (Enterprise Centre Branch)
Esteem Team
Fédération des travailleurs et travailleuses du Québec (FTQ)
Federation of Canadian Municipalities
Five Hills Health Region
Fondation des maladies du coeur du Québec
FPC Flexible Packaging Corp.
FPC Flexible Packaging Corporation
Frank Correnti Cigar
Fraser House Society
Fraser Milner Casgrain
Frontier Duty-Free Association
GlobalLink
Goodman, Solomon & Gold Barristers & Solocitors
Governement Relations
Government of Yukon, Health Promotion Unit, Health and Social Services
Gowling Lafleur Henderson
Grand River Enterprises
Grand River Enterprises Six Nations Ltd.
Grande Prairie Friendship Centre (Project "Smoking Cessation During Pregnancy")

Grey Bruce Council on Smoking and Health
Groupe de recherches et d'intereventions en promotion de la santé (GRIPS) / Research and Intervention Group for the Advancement of Healthy Living (RIGAHL)
Groupe de recherches et d'interventions en promotion de la santé (GRIPS) / Research and Intervention Group for the Advancement of Healthy Living
Havana House Cigar & Tobacco Merchants Ltd.
Health and Community Services - Eastern
Health Behaviour Change Consultants
Health Connections Association of South Eastern Alberta
Health Promotion Association of Lethbridge and Area
Health Sciences Building
Health Studies and Gerontology
Heart and Stroke Foundation of B.C. and Yukon
Heart and Stroke Foundation of Canada
Heart and Stroke foundation of New Brunswick
Heart and Stroke Foundation of Prince Edward Island
Heart and Stroke Foundation of Saskatchewan
Holland College
House of Horvath Inc.
Human Rights, Gender Equality, Health and Population Division, Foreign Affairs Canada
Husky Oil Marketing Company/Mohawk Canada Ltd.
Imperial Tobacco
Imperial Tobacco Canada Limited
Indian and Northern Affairs Canada (INAC)
Info-tabac
International Association of Machinists and Aerospace Workers
Inuit Tapiriit Kanatami
Jewish Family Services of the Baron de Hirsch Institute (JFS)
Joh. Wilh von Eicken GmbH
JTI-Macdonald Corp.
JTI MacDonald Inc.
Kelsey Trail Health Region
Kickin' Ash: Youth Tobacco Cessation Projects and Programming Inc.
Kindersley School Division
Knowledge Network - Open Learning Agency
Labourer's International Union of North America
Lanwest MFG Technologies Inc.
Lawrence Commanda Health Centre
Le Centre Option-Prévention T.V.D.S.
Les Entreprises Steeve Lépine Inc. Changé pour Tabac Lépine Inc.
Les EssentiElles
Les Tabacs Tabec Inc.

Lethbridge Research Centre
London Drugs Ltd.
London School of Hygiene and Tropical Medicine
Lung Association
Maison l'Alcôve inc.
Manitoba Lung Association, Winnipeg Division
Manitoba Tobacco Reduction Alliance Inc.
McGill University
Medical Society of Prince Edward Island
Ministry of Health Government of British Columbia
Ministry of Health Planning
Ministry of Health Promotion, Chronic Disease Prevention and Health Promostion Branch
More Than Cigars
National Aboriginal Health Organization
National Association of Friendship Centres
National Cancer Institute of Canada
National Convenience Stores Distributors Association (NACDA)
National Tobacco Company Limited
Native Human Services
NBATC Smokers' Helpline Coordinator
Neustra Familia Cigar Co. Ltd
New Brunswick Advisory Council on Youth
New Brunswick Lung Association
Newfoundland and Labrador
Newfoundland and Labrador Alliance for the Control of Tobacco
Newfoundland and Labrador Lung Association
Nicholby's Franchise System Inc.
Non-Smoker's Rights Association
Non-Smokers' Rights Association
North Bay Parry Sound District Health Unit
Northern Health Authority - Northern Interior Health Unit
Northern Health Authority
Nova Scotia Department of Health
Nova Scotia Health Promotion
Nova Scotia Lung Association
NT/Nu Branch CPHA
Occupational Health and Safety - Policy
Okanagan University College
Ontario Farm Products Marketing Commission
Ontario Medical Association
Ontario Smoker's Helpline
Ontario Tobacco Research Unit

Osler, Hoskin & Harcourt
Ottawa Public Health
Pan American Health Organization
Partners for Rural Family Support
Pauktuutit Inuit Women's Association
PEI Department of Health
PEI Lung Association
PEI Recreation and Facilities Association
Performance Management and Improvement Division, Ministry of Health Services
Perth District Health Unit
Peterborough County-City Health Unit
Physicians for a Smoke-Free Canada
Physicians For a Smoke-Free Canada
Pictou County Women's Centre
Pluri-elles (Manitoba) inc.
Population Health Branch, Saskatchewan Health
Porcupine Health Unit
Prairie North Regional Health Authority
Program Training and Consultation Centre (PTTC) c/o City of Ottawa, Public Health and Long-Term Care Branch
Programme for Appropriate Technology in Health (PATH Canada)
Provincial Tobacco Control Program
Public Health Agency of Canada
Public Health Agency of Canada, Integrated Chronic Disease and Policy Office
Public Health Division, Capital Health
Public Health Management Services, Department of Health and Wellness
Punjabi Community Health Centre
Quickie Convenience Stores
Regina Qu'Appelle Health Region Population and Public Health Services
Regional Health Authority # 6 - Public Health Services South East District Health
Registered Nurses Association of Ontario (RNAO)
Research Division
Retail Council of Canada
Ridgewood Addiction Services Atlantic Health Sciences
RITC - Research for International Tobacco Control (International Development Research Centre)
Rothmans, Benson & Hedges Inc.
Samco Inc.
Saskatchewan Coalition for Tobacco Reduction C/O Public Health Services Healthy Lifestyles Department
Saskatchewan Health - Population Health Branch, Health Promotion Unit
Saskatchewan Institute on Prevention of Handicaps Inc.
Saskatchewan Prevention Institute
Second Story Women's Centre

Services à la famille Juive de l'Institue Baron de Hirsch
Shell Canada Ltd.
Shorewood Packaging Corp. of Canada Ltd
Simcoe Muskoka District Health Unit
Smoke-Free Kings Eastern Kings Memorial Community Health Centre
Smoke-free Nova Scotia
Smoke Free Kings
Society for Clinical Preventive Health Care
Somerset West Community Health Centre
Sport New Brunswick
Sport, Recreation and Active Living Branch
Stikeman Elliot
Surrey Memorial Hospital Foundation
SWAT Saskatchewan Inc.
Syndicat international des travailleurs et travailleuses de la Boulangerie, confiserie, tabac et meunerie
Tabac Amical Inc
Tabac Galaxy
Teamsters Canada
Tel-Star Marketing Group Ltd.
The Alder Group
The Association of Canadian Airport Duty-Free Operators
The Brainstorm Group
The Capital Hill Group
The Coalition for a Smoke-Free Nova Scotia
The Eddy Match Company Ltd.
The Lung Association of Manitoba - Brandon Division
The Montreal Gazette
The Nuance Group
The Old Port and Colts Cigar Company Limited
The Ontario Flue-Cured Tobacco Growers' Marketing Board
The Ontario Lung Association
The Student's Commission - National Office
The Students Commission
The Toronto Board of Trade
Tobacco Control Program, Ministry of Health Services
Town of Aylmer
TYPS
UBC - Okanagan
United Transportation Union
Université d'Alberta, 1E1.12 Walter C. McKenzie Center
University of Calgary
University of Manitoba, Faculty of Nursing

University of New Brunswick, Faculty of Education
University of Prince Edward Island
University of Regina, Faculty of Administration
University of Waterloo - Dep. Health Studies
University of Waterloo
Vancouver Coastal Health Authority
Vancouver Island Health Authority
Vietnamese Canadian Friendship Society
West Coast Gay Men's Health Project
Western Regional Integrated Health Authority
Winnipeg Regional Health Authority
Women's Health Clinic
Wood Buffalo Tobacco Reduction Coalition
World Health Organization
YMCA / YWCA of Greater Victoria
Youth Action Committee
Youth In Media
Youth Net
Yukon College
YWCA Halifax