



Evaluation Framework for Fiscal Years 2007-08 to 2010-11 of the Federal Tobacco Control Strategy

FINAL REPORT

Submitted to:

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EXECUTIVE SUMMARY

BACKGROUND

The Federal Tobacco Control Strategy (FTCS) was introduced in 2001 as a 10-year comprehensive, sustained and integrated strategy to achieve significant reductions in disease and death due to tobacco use. It builds on the progress made under the 1994 Tobacco Demand Reduction Strategy and the 1997 Tobacco Control Initiative. The FTCS is aimed at four main target groups: smokers, potential smokers, people involved in the sale and distribution of tobacco products, and people exposed to second-hand smoke (both voluntarily and involuntarily).

The FTCS is led by Health Canada through the Tobacco Control Programme (TCP) of the Healthy Environments and Consumer Safety Branch (HECSB), in cooperation with the Health Policy Branch and with the following partner departments: Public Safety and Emergency Preparedness Canada (PSEPC), the Royal Canadian Mounted Police (RCMP), the Office of the Director of Public Prosecutions (ODPP), the Canada Revenue Agency (CRA) and the Canada Border Services Agency (CBSA). The Strategy's budget over the next four years – from 2007-08 to 2010-11 – is approximately \$73.6 million annually.

Partnership under the FTCS is demonstrated through strong linkages not only across federal departments but also between the Government of Canada and provincial and territorial governments. The Strategy is further strengthened through close collaboration with the private and voluntary sectors and, internationally, with the world community. This approach recognizes that responsibility for tobacco control is shared and that tobacco use remains a significant and ongoing health challenge that requires the ongoing commitment of resources and attention from all tobacco control partners.

The evaluation of the first five years of the FTCS (2001-02 to 2005-06) demonstrated that the federal strategy is cost-effective, is providing good value for money, is very relevant to Canadians and stakeholders alike, and has had success in several program interventions.

Since the implementation of the FTCS, Canada has made important progress in tobacco control. It has reduced the percentage of smokers from 25 per cent (in 2000) to 19 per cent in 2005¹, reducing the number of smokers in Canada to just over 5 million, and achieving the lowest prevalence rate in 50 years. There are fewer youth trying smoking, and more than half of the people who ever smoked have quit.² Canada is one of the first countries in the world to enter the 21st Century with reduced smoking rates among youth. Few countries have seen such a reduction in prevalence and such a pervasive shift in public attitudes towards tobacco use.

¹ Canadian Tobacco Use Monitoring Survey (CTUMS), 2005.

² Ibid.

However, major challenges remain for tobacco control in Canada, and a significant role remains for a comprehensive, integrated and sustained federal strategy. More than 5 million Canadians still smoke, and have continued difficulty quitting. Thousands of young people both experiment with and start smoking each year.³ Every year at least 37,000 Canadians die prematurely as a result of smoking, and each day the health care system spends more than \$10 million to treat patients who are suffering from smoking-related diseases. When all costs are taken into account, the total annual economic cost of tobacco use is estimated at \$17 billion, surpassing the costs of alcohol and drugs combined.⁴

The long-term objective of the FTCS will remain the same for the next four years: to reduce tobacco-related disease and death in Canada. The goal of the federal Strategy will be to reduce overall smoking prevalence from 19 per cent (in 2005)⁵ to 12 per cent by 2011.

The four mutually reinforcing components of the FTCS will also remain the same:

- **Prevention:** to reduce the uptake of tobacco, to reduce access to tobacco, and to create barriers to smoking;
- **Cessation:** to increase the number of quitters, to regulate the product, and to reduce barriers to quitting;
- **Protection:** to reduce exposure to second-hand smoke; and
- **Harm Reduction:** to assess health-related claims associated with tobacco products.

The objectives for the next four years of the Strategy are as follows:

1. Reduce the prevalence of Canadian youth (15-17) who smoke from 15 per cent to 9 per cent;
2. Increase the number of adult Canadians who quit smoking by 1.5 million;
3. Reduce the prevalence of Canadians exposed daily to second-hand smoke from 28 per cent to 20 per cent;
4. Examine the next generation of tobacco control policy in Canada;
5. Contribute to the global implementation of the WHO Framework Convention on Tobacco Control (FCTC); and
6. Monitor and assess contraband tobacco activities and enhance compliance.

³ Ibid.

⁴ Rehm, J. et al. (2006). *The Costs of Substance Abuse in Canada in 2002*. Ottawa, ON: Canadian Centre on Substance Abuse.

⁵ Note that half year data (February – June 2006) from the Canadian Tobacco Use Monitoring Survey (CTUMS) released in January 2007 indicates a prevalence rate of 18 per cent.

PERFORMANCE MEASUREMENT PLAN

The performance measurement strategy is a plan that is intended to enable and guide performance monitoring. Performance monitoring is the ongoing, systematic process of collecting, analyzing and using performance information to assess and report on a program's progress in meeting expected results and, if necessary, inform the adjustments needed to ensure these results are achieved. The performance measurement plan should support the program's efforts to manage for results and meet accountability and performance reporting requirements.

The midpoint evaluation of the FTCS identified significant problems with the data collection strategy used in the first five years. To address this problem, data collection for ongoing monitoring of the program should be integrated into the management practices, operational processes and record keeping activities wherever possible.

The collection of performance information needs to be coordinated and reported on in order to ensure that program managers have reliable and timely information on how a program is progressing. Typically, a coordinating body is responsible for coordinating the performance measurement process among the various program components and partners.⁶ The evaluation group within the Office of Policy and Strategic Planning (OPSP) would coordinate the development and implementation of a performance monitoring system.

This system would utilize and enhance the performance database that was developed for the midpoint evaluation. Linkages between all program components and Health Canada databases would need to be expanded and refined to ensure that all information required for the final summative evaluation (e.g., grants and contributions reports, contract and MOU information, public opinion research results, research studies, management decisions, and operational plans) is captured.

To ensure timely and accurate performance reporting, the associated commitments of each program component would need to be identified and the purpose of each reporting activity linked to the improvement of the program's performance. The lead group within the FTCS (OPSP) would commit to developing and implementing a fully functional performance monitoring system by March 31, 2008.

It should be noted that the performance monitoring system would collect data in addition to that identified in the performance measurement table (see Table 4.1), which is confined to collecting data on the three key objectives relating to measuring success of the FTCS in terms of reducing smoking prevalence in Canada. Additional information requirements are identified in the integrated planning table (Appendix A), which includes all program components and information from all federal partners involved in the FTCS. Much of this information deals with operational process (i.e., design and delivery) issues and will be included in the final evaluation of the FTCS as part of a review of management practices.

⁶ Treasury Board of Canada Secretariat. Companion Guide: The Development of Results-based Management and Accountability Frameworks for Horizontal Initiatives, June 2002.

EVALUATION PLAN

The FTCS requires a full summative evaluation of the 10-year Strategy in 2010-11. The summative (outcomes-based) evaluation will measure the overall success of the FTCS, and whether its funding has been spent efficiently. The evaluation strategy includes a plan for evaluating all continuing and new interventions used in the final four years and a description of how the full 10 years of the FTCS is to be reviewed and analyzed.

The evaluation strategy for the final four years of the FTCS incorporates a range of methodological approaches, both quantitative and qualitative, and relies on primary as well as secondary (i.e., existing) sources of data. The suggested methodologies – or lines of evidence – include: a review of documentation and literature; review of secondary data/existing statistics; analysis of administrative and performance data; key informant interviews; online survey of stakeholders in the tobacco control community; telephone survey of the general Canadian public; demonstration project evaluations; econometric modeling; and cost-effectiveness (value for money) analysis. Additional methodological approaches that may be useful for the evaluation are focus groups, a review of funded project files, case studies/evaluations of a sample of funded projects, expert interviews/panel and a search conference.

The FTCS evaluation will address the issues identified by Treasury Board Secretariat (TBS) – the Strategy’s relevance; design and delivery; success; and cost-effectiveness. To answer these evaluation questions, the evaluation strategy will focus primarily on macro-level econometric and population-level modelling, supported by evaluation reports of grants and contributions (G&C) projects, studies of the effectiveness of regulatory interventions, analysis of social marketing campaigns, public opinion research, and interviews with key stakeholders. This approach is similar to the strategy used for the summative evaluation of the first five years of the FTCS. It will allow for a comparison of the results of each half of the Strategy, as well as an analysis of the full 10 years.

The following four-step strategy will be implemented:

1. Conduct population-level modelling that provides estimates on future prevalence and consumption rates, and then calculate health and economic benefits that accrue as a result of changes in smoking behaviour. This modelling will build on the analysis conducted at the midpoint of the FTCS and will provide decision makers with an estimate as to the *cost-effectiveness* of the FTCS.
2. The model requires an assumption that tobacco control expenditures have been effective – in order to determine return on investment. To test the validity of this assumption, two research streams will be used. Both streams will provide evidence around *success*.
 - a. First, an econometric model will be used to examine the impact of price, regulations and FTCS expenditures on prevalence (defined as the probability of being a smoker) and consumption.

- b. Second, a micro-level analysis will be conducted of the effectiveness of FTCS interventions (i.e., TCP G&C funded projects; national mass media/social marketing campaigns; regulations; and Health Canada's International Affairs Directorate funded projects). This micro-level analysis will provide precise measurement of the impacts attributable to FTCS interventions with respect to three key FTCS objectives – reducing uptake of smoking among minors, increasing the number of Canadians who quit smoking, and reducing exposure of Canadians to second-hand smoke. (As the three remaining objectives are outputs-oriented, and not expected to contribute directly to the Strategy's intended outcomes, the activities and outputs associated with these objectives will be monitored as part of the performance measurement strategy.)

Cumulatively the results from these two streams will determine whether the FTCS has been successful and whether the modelling assumption can be sustained.

3. Public opinion research on the attitudes of Canadians and a survey/interviews with stakeholders will be conducted to determine whether the FTCS continues to be *relevant*.
4. Given the stated importance of providing comprehensive and integrated tobacco control services, a review of management practices will be conducted, focusing on the ability of the FTCS to provide coordinated programs that are well funded, targeted, and sustained through sequential support to change the behaviour of individuals.

This approach provides an integrated and rigorous analysis of the success, cost-effectiveness and continuing relevance of the FTCS. The model used to determine value for money provides decision makers with quantitative estimates on the long-term health and economic benefits of reducing smoking prevalence in Canada.

The plan to evaluate success allows for an understanding of attribution – i.e., once it is determined that there are future health and economic benefits accruing to reduced smoking prevalence, it is critical that an estimate be derived that indicates the degree to which the future benefits can be attributed to the program interventions of the FTCS.

There are numerous players in tobacco control and various social factors that are contributing to the long-term decline in smoking prevalence in Canada. The key issue for the final summative evaluation is to determine the extent of the FTCS contribution to this decline.

EVALUATION COSTS AND REPORTING

Estimated costs related to the assessment of each major evaluation issue include: relevance (\$500,000); design and delivery (\$100,000); success (\$5,000,000); and cost-effectiveness (\$350,000).

Suggested reports over the next four years of the Strategy include an annual FTCS performance report, a report on the FTCS formative evaluation (by March 31, 2009) and a report on the FTCS summative evaluation (by March 31, 2011).

1. INTRODUCTION

1.1 BACKGROUND

At least 37,000 Canadians die prematurely every year from diseases and illness caused by tobacco use. More Canadians die from smoking than from car accidents, murders, suicides and alcohol combined. Tobacco use also has economic impacts, costing the health care system billions of dollars every year and costing Canadian society even more in lost productivity. Not surprisingly, smoking is considered to be the single most serious public health problem in Canada. Over five million Canadians use tobacco products, 82 per cent of whom are daily smokers.⁷

Statistics Canada data show a general decrease in smoking from 1985 to 2001.⁸ Canada has made more progress in tobacco control in recent years than most other countries, to the point where many countries are modelling their efforts on Canada's. Canada has experienced some of the greatest declines in tobacco consumption and prevalence of tobacco use, and the most pervasive shifts in attitudes towards tobacco.

Nevertheless, there is a continued need for work to be done in the area of tobacco control. Most Canadian smokers experience powerful addictions, non-smokers are affected by second-hand smoke in their homes and workplaces, and there are concerns that if effort, time or money are withdrawn from tobacco control, much of the work that has been accomplished already may be undone⁹.

To address the diversity of complex issues associated with tobacco use through a comprehensive and sustained approach, the federal government launched the Federal Tobacco Control Strategy (FTCS) on April 5th, 2001. The investment of \$560 million in the Strategy over five years was a significant step in enhancing the Government's tobacco control measures — almost five times the investment that was made in the previous initiative. The Strategy built on successful interventions with similar aims launched in 1994 (Tobacco Demand Reduction Strategy) and 1997 (Tobacco Control Initiative), as well as on successful comprehensive, integrated and sustained government efforts in Canada and elsewhere in the world.

During its first five years the FTCS has made strong progress through the achievement of many of its initial objectives. In finalizing the evaluation of the Strategy's first five years, Health Canada, the lead department for the FTCS, realized the need to develop an evaluation framework for the FTCS in order

⁷ Health Canada (2002). *The Federal Tobacco Control Strategy: A Framework for Action*.

⁸ Gilmore, J (2002). *Report on Smoking in Canada, 1985 to 2001*. Statistics Canada, online: <http://www.statcan.ca/english/research/82F0077XIE/82F0077XIE2001001.pdf>.

⁹ Health Canada (2003). *On Target: Report on Tobacco Control, an Update*.

to strengthen evaluation and performance measurement capacity and guide the summative evaluation of the Strategy in 2010-11.

1.2 APPROACH AND METHODOLOGY

Our approach to developing a results-based management and accountability framework (RMAF) and evaluation framework for the FTCS was consultative and inclusive, in the sense that representatives of Health Canada's Tobacco Control Programme (TCP) as well as partners in other federal government departments/agencies were consulted extensively for their views on aspects of a performance measurement plan for the Strategy and their feedback was sought throughout the process. Such an approach was necessary for generating a shared understanding and consensus among the various stakeholders regarding the nature of the FTCS for the next four years and the key elements of a performance measurement and evaluation plan.

The project began with a review of FTCS and related documentation and literature. This was essential for gaining an understanding of the Strategy and its operational environment. In particular, the documentation review was useful for preparing the FTCS profile, logic models and performance measurement plan. Recent work of the Canadian Tobacco Control Research Initiative (CTCRI)¹⁰ on tobacco control outcomes, indicators and data sources was especially helpful for the FTCS evaluation framework.

The next phase of the work involved a series of meetings with the various Health Canada offices that are part of the TCP as well as with the federal partners. These sessions were useful for clarifying the Strategy's activities, outputs and intended outcomes and for developing and refining the performance indicators, data sources and data collection responsibilities for the outputs and outcomes.

1.3 PURPOSE AND ORGANIZATION OF THE REPORT

The purpose of this report is to present the RMAF and evaluation framework that will guide the evaluation of the final four years of the FTCS. Chapter Two presents a profile of the FTCS including its objectives, resources and governance. In Chapter Three, the expected results and logic models for the Strategy are discussed. In Chapter Four, the performance measurement plan for the Strategy is outlined. Finally, Chapter Five describes the evaluation plan, including evaluation issues/questions, indicators, methodologies/strategies, estimated costs and a schedule for evaluation activities and associated reporting.

¹⁰ Copley T.T., Lovato G., and O'Connor S. *Indicators for Monitoring Tobacco Control: A Resource for Decision-Makers, Evaluators and Researchers*. On behalf of the National Advisory Group on Monitoring and Evaluation. Toronto, ON: Canadian Tobacco Control Research Initiative, 2006.

2. STRATEGY PROFILE

2.1 BACKGROUND

The Federal Tobacco Control Strategy (FTCS) was introduced in 2001 as a 10-year comprehensive, sustained and integrated strategy to achieve significant reductions in disease and death due to tobacco use. It builds on the progress made under the 1994 Tobacco Demand Reduction Strategy and the 1997 Tobacco Control Initiative.

The FTCS is led by Health Canada through the Tobacco Control Programme (TCP) of the Healthy Environments and Consumer Safety Branch (HECSB), in cooperation with the Health Policy Branch and with the following partner departments: Public Safety and Emergency Preparedness Canada (PSEPC), the Royal Canadian Mounted Police (RCMP), the Office of the Director of Public Prosecutions (ODPP), the Canada Revenue Agency (CRA) and the Canada Border Services Agency (CBSA).

Partnership under the FTCS is demonstrated through strong linkages not only across federal departments but also between the Government of Canada and provincial and territorial governments. The Strategy is further strengthened through close collaboration with the private and voluntary sectors and, internationally, with the world community. This approach recognizes that responsibility for tobacco control is shared and that tobacco use remains a significant and ongoing health challenge that requires the ongoing commitment of resources and attention from all tobacco control partners.

The evaluation of the first five years of the FTCS (2001-02 to 2005-06) has demonstrated that the federal strategy is cost-effective, is providing good value for money, is very relevant to Canadians and stakeholders alike, and has demonstrated success in several program interventions.

2.2 NEED

Since the implementation of the FTCS, Canada has made important progress in tobacco control. It has reduced the percentage of smokers from 25 per cent (in 2000) to 19 per cent in 2005¹¹, reducing the number of smokers in Canada to just over 5 million, and achieving the lowest prevalence rate in 50 years. There are fewer youth trying smoking, and more than half of the people who ever smoked have quit.¹² Canada is one of the first countries in the world to enter the 21st Century with reduced smoking rates among youth. Few countries have seen such a reduction in prevalence and such a pervasive shift in public attitudes towards tobacco use.

¹¹ Canadian Tobacco Use Monitoring Survey (CTUMS), 2005.

¹² Ibid.

However, significant challenges remain for tobacco control in Canada, and a significant role remains for a comprehensive, integrated and sustained federal strategy. More than 5 million Canadians still smoke, and have continued difficulty quitting. Thousands of young people both experiment with and start smoking each year.¹³ Every year at least 37,000 Canadians die prematurely as a result of smoking, and each day the health care system spends more than \$10 million to treat patients who are suffering from smoking-related diseases. When all costs are taken into account, the total annual economic cost of tobacco use is estimated at \$17 billion, surpassing the costs of alcohol and drugs combined.¹⁴

2.3 TARGET POPULATIONS/ BENEFICIARIES

The FTCS is aimed at four main target groups: smokers, potential smokers, people involved in the sale and distribution of tobacco products, and people exposed to second-hand smoke (both voluntarily and involuntarily).

2.4 DELIVERY APPROACH

The Federal Tobacco Control Strategy will be delivered through five Functional Activity Areas (FAA). The five FAAs are: *Regulations and Compliance* (including litigation, monitoring contraband, and tax collection), *Public Education, Knowledge Development and Transfer*, *Research and Policy Development*, and *TCP Programme Management and Support*.

1. **Regulations and Compliance** (including litigation, monitoring contraband, and tax collection) cover all activities related to the *Tobacco Act* and other tobacco-related acts, and the ensuing regulations. It includes the development of new regulations, amendments to existing regulations, compliance monitoring, and enforcement. This FAA also includes activity pertaining to non-compliance, such as monitoring contraband¹⁵. The defence of the *Act* and its regulations in various courts is also part of this FAA.
2. **Public Education** will build on the current levels of awareness regarding the dangers of tobacco among the general population, in order to promote healthy behaviour. This shared understanding of the dangers of tobacco (awareness levels are in the upper ninetieth percentile) can now support innovative activities that will lead to change and to the adoption of healthier behaviours.

¹³ Ibid.

¹⁴ Rehm, J. et al. (2006). *The Costs of Substance Abuse in Canada in 2002*. Ottawa, ON: Canadian Centre on Substance Abuse.

¹⁵ Contraband is defined as an illegal product which contravenes any federal or provincial law/statute or regulation.

3. **Knowledge Development and Transfer** build and share the evidence-base on best practices and lessons learned in supporting tobacco control policies, regulations and programs. The activities will provide FTCS partners and stakeholders with the conceptual basis and practical tools to better understand the tobacco environment and to influence change in behaviours.
4. **Research and Policy Development** focuses on improving tobacco control in Canada by advancing complex issues such as the Health Canada regulatory agenda, the development of a harm reduction policy position, and improved coordination between regional, national and international tobacco control activities. This FAA will also keep track of emerging industry strategies and tactics to ensure that decision-makers have the best available intelligence on tobacco issues.
5. **TCP Programme Management and Support** will handle general administrative tasks and improvement in finance and human resources to ensure that funding is available to meet priorities and that audit and evaluation accountabilities are fulfilled.

2.5 ROLES AND RESPONSIBILITIES

The roles and responsibilities of each Health Canada office and federal partner are outlined below.

a) Funded Partners

- **Health Canada:** Within Health Canada, program delivery is managed through the Tobacco Control Programme (including regional offices) and the International Affairs Directorate. These organizations will implement the described Health Canada role in support of the Federal Tobacco Control Strategy.
- **PSEPC (DPS):** PSEPC monitors increases in contraband tobacco activity and related crime.
- **RCMP:** The RCMP works with federal partners to identify criminal activities (such as tobacco thefts) and to coordinate information on national and international contraband tobacco issues.
- **ODPP:** ODPP is responsible for prosecuting offences in contravention of federal acts and regulations, including smuggling offences, offences concerning unlawful manufacture, distribution and possession of tobacco products, and other types of offences.
- **CRA:** CRA administers the *Excise Act, 2001* which governs federal taxation of tobacco and regulates activities involving the manufacture, possession, and sale of tobacco in Canada.

- **CBSA:** CBSA's role is to increase knowledge of contraband tobacco domestically and internationally by liaising with tobacco authorities at all levels and by monitoring and providing regular reports on both national and global contraband tobacco.

b) Other Federal Partners

- **Department of Human Resources and Skills Development Canada (HRSDC):** The Labour Program within HRSDC is responsible for administering the Non-smokers' Health Act (1988).
- **Department of Finance:** Finance is responsible for taxes and tax structures as they pertain to retail of tobacco products.
- **Department of Agriculture and Agri-Food Canada:** Agriculture has administered the buyout packages for tobacco farmers due to the change in demand for Canadian tobacco leaf.

c) Non-Federal Partners

- Collaboration with provincial and territorial partners occurs through the **Federal/Provincial/Territorial Tobacco Control Liaison Committee** (formerly the Advisory Committee on Population Health Working Group on Tobacco Control).
- **The Ministerial Advisory Council on Tobacco Control (MACTC)** is a committee of tobacco control experts mandated to provide advice and expertise to the Minister of Health and Health Canada on the strategies, policies, mechanisms and activities required for effective implementation of tobacco control.
- Several **NGOs** assume a variety of roles within and outside the bounds of the Strategy. They provide information, analysis and support regarding tobacco control priorities.

d) Contribution Funding Recipients

The Tobacco Control Programme (TCP) estimates that the most effective and efficient program delivery is done with key stakeholders. The following groups of recipients will be eligible for transfers from TCP:

- other levels of government including provinces, territories and municipalities;
- not-for-profit health organizations including but not limited to hospitals, regional health councils, and community health organizations;
- not-for-profit health and advocacy organizations that have historically dealt with anti-tobacco programs and messaging;

- universities and other centres of education in Canada to fund or cost-share document and other research in order to further FTCS objectives;
- crown corporations; and
- other organizations whose work supports FTCS objectives.

e) International Health Grant Recipients

International Health Grants are available to all non-profit international health organizations (intergovernmental, non-governmental) that are deemed capable of undertaking projects and have ongoing goals that are relevant to, and consistent with, the maintenance and improvement of the health and well-being of Canadians.

2.6 DELIVERY MECHANISMS

a) Contribution Funding

To help achieve the objectives, contributions will support the provinces and territories as well as key national and regional NGOs in order to build ongoing capacity for delivering effective tobacco prevention and cessation programs. Contributions will also be used to advance tobacco control initiatives to reduce harm to smokers and those exposed to tobacco smoke.

Contributions are required as Health Canada's efforts need to be coordinated and integrated with the efforts of key stakeholders to achieve a sustained reduction in tobacco use. In addition, because of their particular expertise, many of Health Canada's key stakeholders are in a better position to deliver certain FTCS activities or deliver them in a more cost-effective manner.

The expected results of the FTCS Contribution Program are:

- reduced access to tobacco products;
- reduction in smoking uptake by youth;
- reduction in the number of smokers in Canada;
- reduction in the number of Canadians who are involuntarily exposed to second-hand smoke; and
- increased awareness of harm caused by tobacco through public education initiatives.

b) Funding for Federal Partners

Funding will be provided to Federal Partners through regular ARLU adjustments.

2.7 RESOURCES

The budget for the FTCS (2007-08 to 2010-11) is presented in Table 2.1.

Table 2.1: FTCS Budget 2007-08 to 2010-11

FTCS Partner	2007-08	2008-09	2009-10	2010-11 and Ongoing
Health Canada				
Vote 1 – Operating Expenditures	\$40,442,548	\$40,442,548	\$40,442,548	\$40,442,548
Vote 5 – Grants	\$500,000	\$500,000	\$500,000	\$500,000
Vote 5 – Contributions	\$15,759,000	\$15,759,000	\$15,759,000	\$15,759,000
Sub-Total	\$56,701,548	\$56,701,548	\$56,701,548	\$56,701,548
Public Safety and Emergency Preparedness Canada				
Vote 1 – Operating Expenditures	\$148,000	\$148,000	\$148,000	\$148,000
Vote 5 – Contributions	\$450,000	\$450,000	\$450,000	\$450,000
Sub-Total	\$598,000	\$598,000	\$598,000	\$598,000
Royal Canadian Mounted Police				
Vote 60 – Operating Expenditures	\$1,703,480	\$1,703,480	\$1,703,480	\$1,703,480
Vote 65 – Capital	\$20,000	\$20,000	\$20,000	\$20,000
Sub-Total	\$1,723,480	\$1,723,480	\$1,723,480	\$1,723,480
Office of the Director of Public Prosecutions				
Vote 1 – Operating Expenditures	\$2,253,045	\$2,253,045	\$2,253,045	\$2,253,045
Canada Revenue Agency				
Vote 1 – Operating Expenditures	\$806,800	\$806,800	\$806,800	\$806,800
Canada Border Services Agency				
Vote 1 – Operating Expenditures	\$9,994,000	\$9,994,000	\$9,994,000	\$9,994,000
SUB-TOTAL	\$71,040,072	\$71,040,072	\$71,040,072	\$71,040,072
PWGSC*				
Accommodation Costs (13%)	\$1,489,232	\$1,489,232	\$1,489,232	\$1,489,232
TOTAL	\$73,566,107	\$73,566,107	\$73,566,107	\$73,566,107

* Since 2001, the RCMP has negotiated a 'Custody Transfer' with Public Works and Government Services Canada (PWGSC). PWGSC has taken over the operation of many RCMP facilities and the RCMP transferred the respective budget. Due to the fact that the accommodation funding was transferred several years ago, the RCMP requires the same allocation as in the previous submission. If the 13% is taken off the top and sent to PWGSC, they would essentially receive double the amount for the areas in question.

2.8 OBJECTIVES

The long-term objective of the FTCS will remain the same for the next four years: to reduce tobacco-related disease and death in Canada. The goal of the federal Strategy will be to reduce overall smoking prevalence from 19 per cent (in 2005)¹⁶ to 12 per cent by 2011.

The four mutually reinforcing components of the FTCS will remain the same:

- **Prevention:** to reduce the uptake of tobacco, to reduce access to tobacco, and to create barriers to smoking;
- **Cessation:** to increase the number of quitters, to regulate the product, and to reduce barriers to quitting;
- **Protection:** to reduce exposure to second-hand smoke; and
- **Harm Reduction:** to assess health-related claims associated with tobacco products.

The objectives for the next four years (2007-08 to 2010-11) of the Strategy are as follows:

7. Reduce the prevalence of Canadian youth (15-17) who smoke from 15 per cent to 9 per cent;
8. Increase the number of adult Canadians who quit smoking by 1.5 million;
9. Reduce the prevalence of Canadians exposed daily to second-hand smoke from 28 per cent to 20 per cent;
10. Examine the next generation of tobacco control policy in Canada;
11. Contribute to the global implementation of the WHO Framework Convention on Tobacco Control (FCTC); and
12. Monitor and assess contraband tobacco activities and enhance compliance.

2.9 PROGRAM ACTIVITY ARCHITECTURE

The current Sub-Sub-Activities (SSAs) pertaining to tobacco control activities in Health Canada are:

- 4a.3a Tobacco Act
- 4a.3b Tobacco Use – Prevention, Cessation and Education

¹⁶ Note that half year data (February – June 2006) from the Canadian Tobacco Use Monitoring Survey (CTUMS) released in January 2007 indicates a prevalence rate of 18 per cent.

- 4a.3c Tobacco Control – Research, Evaluation and Surveillance
- 4a.3d Tobacco Control – Mass Media

Within the context of the FTCS 2007-08 to 2010-11, the SSAs align with the Functional Activity Areas (FAAs) and TCP Offices as follows:

Table 2.2: Alignment of SSAs with FAAs and TCP Offices

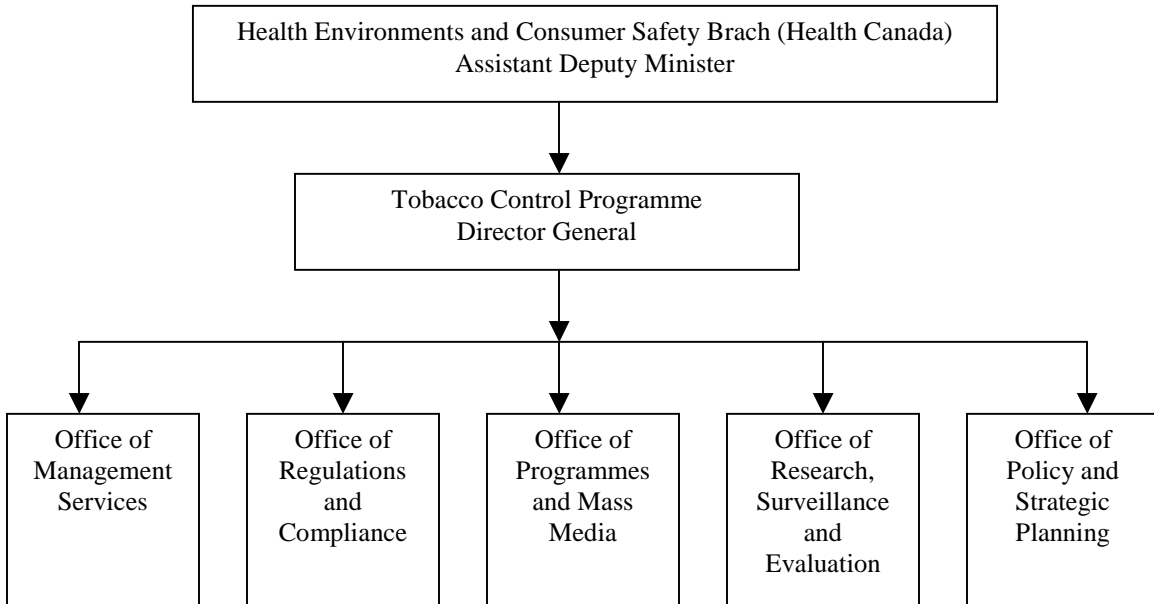
SSAs	FAAs	TCP Offices
Tobacco Act	Regulations and compliance (including litigation, monitoring contraband and tax collection)	ORC
Tobacco Use – Prevention, Cessation and Education	Public education Knowledge development and transfer	OPMM
Tobacco Control – Policy, Research, Evaluation and Surveillance	Research and policy development	OPSP ORSE
Not included or pro-rated	TCP Programme management and support	DGO OMS

Note that since mass media funding is only available through the Privy Council Office (PCO), a suggestion will be made to remove it from the PAA.

2.10 GOVERNANCE STRUCTURE

As indicated in the chart that follows, the TCP is situated within the Healthy Environments and Consumer Safety Branch (HECSB) of Health Canada and includes the Office of Policy and Strategic Planning (OPSP), Office of Programmes and Mass Media (OPMM), Office of Regulations and Compliance (ORC), Office of Research, Surveillance and Evaluation (ORSE), and Office of Management Services (OMS), all of which report directly to the Director General's Office (DGO). In addition, six regional offices are involved in the fulfillment of the FTCS.

Tobacco Control Programme



3. EXPECTED RESULTS

3.1 EXPECTED RESULTS

Of the formal FTCS objectives for 2007-08 to 2010-11, the following three objectives are directly focused on expected results related to prevention, cessation and protection and have clear, measurable outcomes:

- Reduce the prevalence of Canadian youth (15-17) who smoke from 15 per cent to 9 per cent;
- Increase the number of adult Canadians who quit smoking by 1.5 million; and
- Reduce the prevalence of Canadians exposed daily to second-hand smoke from 28 per cent to 20 per cent.

As such, these three objectives are the key expected results for the Strategy and, accordingly, are the focus of the logic models presented in the next section. The three remaining objectives are outputs-oriented objectives. That is, the implementation of the activities associated with these three objectives is not expected to directly contribute to proposed outcomes of the FTCS. As such the activities associated with these objectives will be monitored as part of the performance measurement strategy to be reported on in the formative evaluation and described in the summative evaluation of the FTCS.

Note that all activities undertaken by other federal departments under the FTCS will be evaluated based on existing evaluation plans for each department.

Given that the FTCS is already in its sixth year, many of the short-term (immediate) outcomes specified in the logic models have already been achieved. Thus the FTCS will focus primarily on intermediate and long-term outcomes. It should be noted that most long-term outcomes can be achieved within the timeframe of the FTCS, although evaluations of some interventions such as grants and contributions (G&C) projects launched after 2009 may not be completed in time for the final report.

3.2 LOGIC MODELS

A logic model is a visual depiction or flow chart of the Strategy's activities, outputs and intended outcomes as well as the causal or logical relationships among these elements. The logic model provides a "road map" illustrating the Strategy's intended chain of results and, as such, identifies the steps that indicate progress toward the achievement of objectives and intended outcomes.

A logic model has four primary purposes¹⁷:

- to clarify for managers and staff the linkages between activities, outputs and the expected outcomes of the policy, program or initiative; in so doing, it will serve to clarify and distinguish the expected immediate, intermediate and ultimate outcomes;
- to communicate externally about the rationale, activities and expected results of the policy, program or initiative;
- to test whether the policy, program or initiative “makes sense” from a logical perspective; and
- to provide the fundamental backdrop on which the performance measurement and evaluation strategies are based (i.e., determining what would constitute success).

The different elements or levels of logic models can be described with the following questions¹⁸:

- **Activities** — What are the key activities that staff members are engaged in under the policy, program or initiative? That is, what are the key activities that are intended to contribute to the achievement of the outcomes (as opposed to the administrative activities necessarily undertaken to provide the infrastructure for the policy, program or initiative)?
- **Outputs** — What are the outputs of the key activities? That is, what demonstrates that the activities have been undertaken? Outputs are the products or services generated by the activities and they provide evidence that the activity did occur.
- **Short-term (immediate) outcomes** — What are the short-term outcomes that stem from the activities and outputs? Outcomes in a logic model typically have an action word associated with them (e.g., “increased”, “improved”) and represent the consequences of the activities and outputs.
- **Intermediate outcomes** — What are the next links in the chain of outcomes that occur, flowing from the activities and outputs and occurring after the immediate outcomes have been achieved? These outcomes can be considered to be medium-term.
- **Long-term (ultimate) outcomes** — What are the final outcomes of the policy, program or initiative, or, why are these activities being engaged in? These ultimate goals are generally outcomes that take a longer time period to be realized, are subject to influences beyond the policy, program or initiative itself, and can also be at a more strategic level.

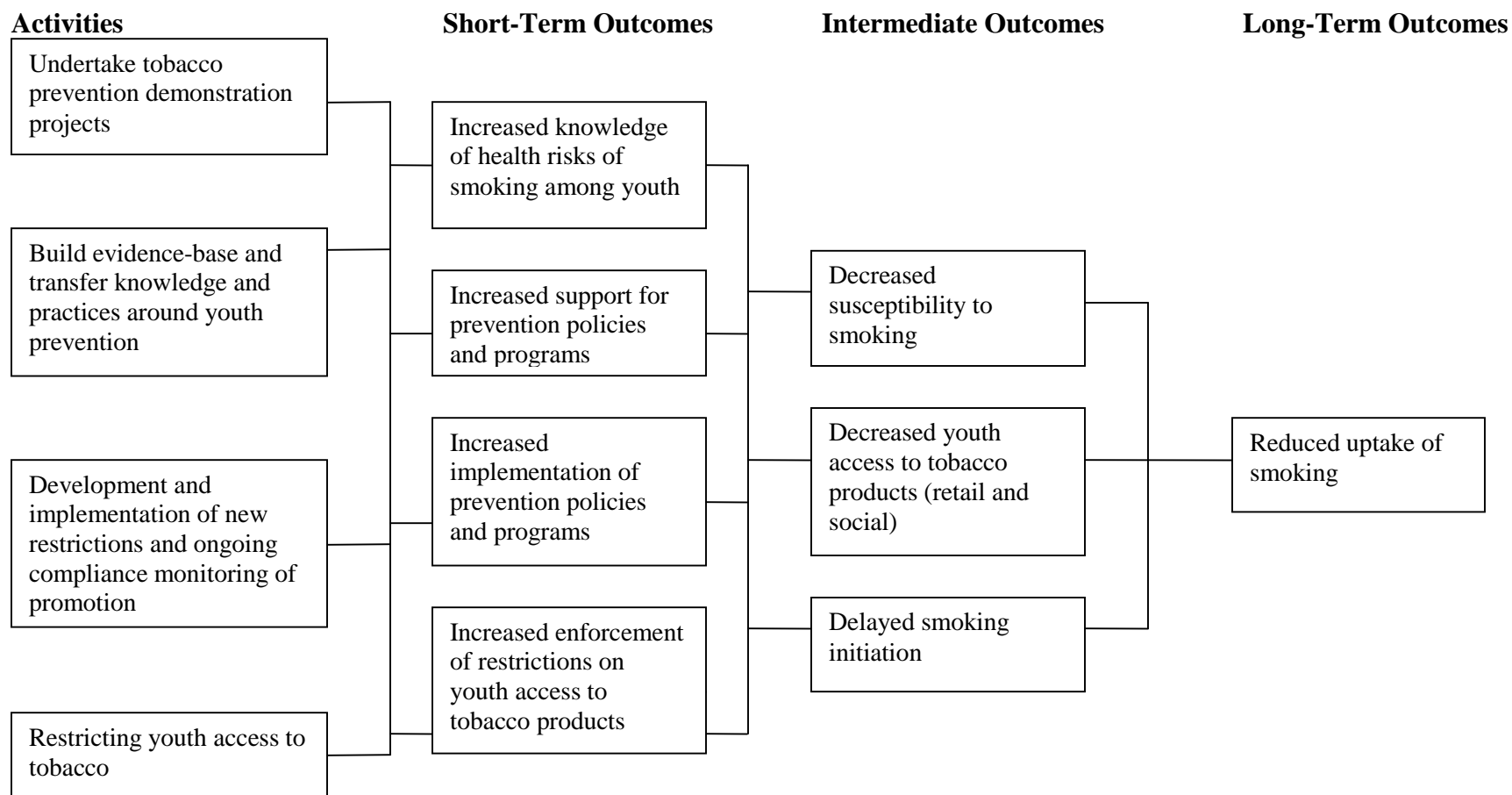
¹⁷ http://www.tbs-sct.gc.ca/eval/pubs/RMAF-CGRR/RMAF_Guide_e.pdf

¹⁸ Ibid.

FTCS logic models, depicting the key activities and outcomes for each of the three Strategy objectives that are focused on the key expected results, are presented below. Note that, where appropriate, these logic models incorporate the outcomes identified by the National Advisory Group on Monitoring and Evaluation (NAGME) of the Canadian Tobacco Control Research Initiative (CTCRI). These outcomes (and associated indicators and data sources) are recommended by NAGME so that the measurement of tobacco control outcomes related to prevention, protection and cessation can be standardized at the national, provincial and territorial levels.

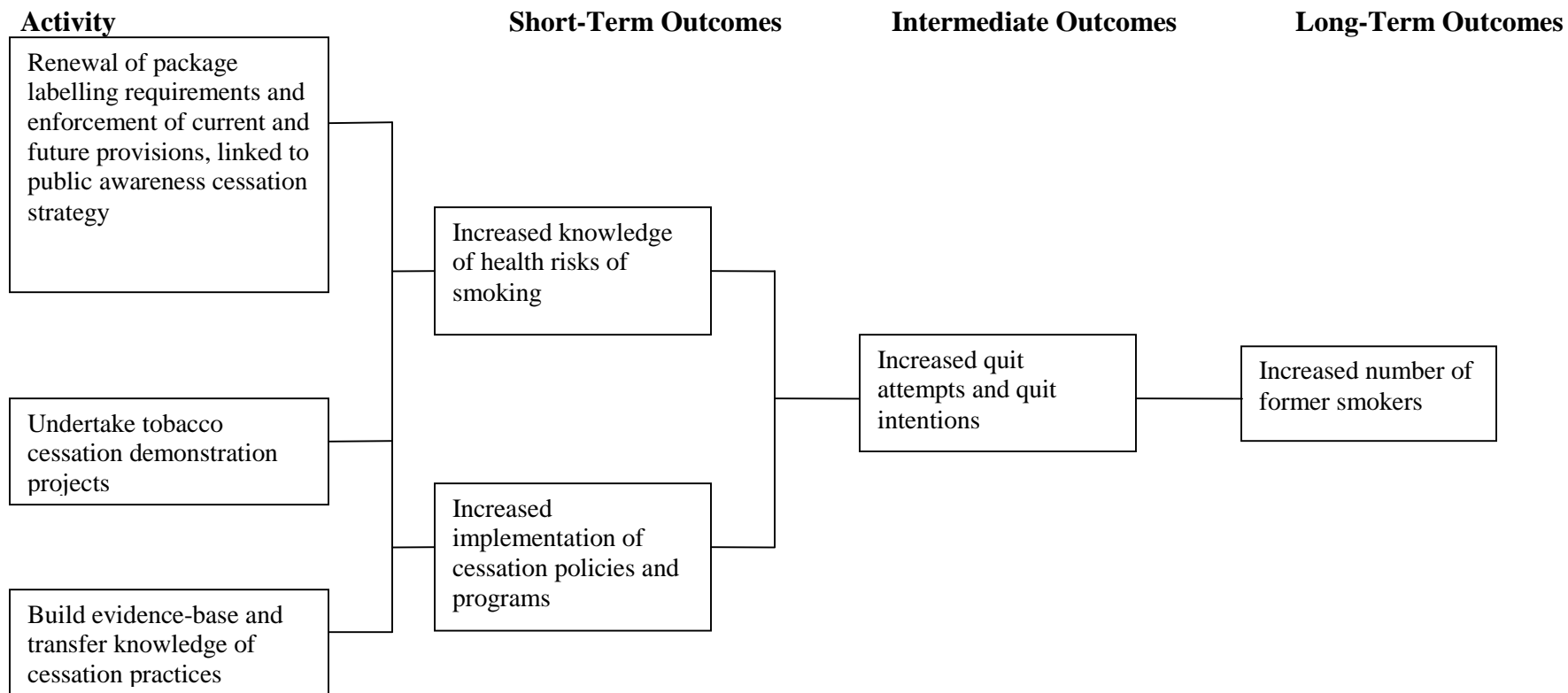
Logic Model: Prevention

Objective 1: Reduce the prevalence of Canadian youth (15-17) who smoke



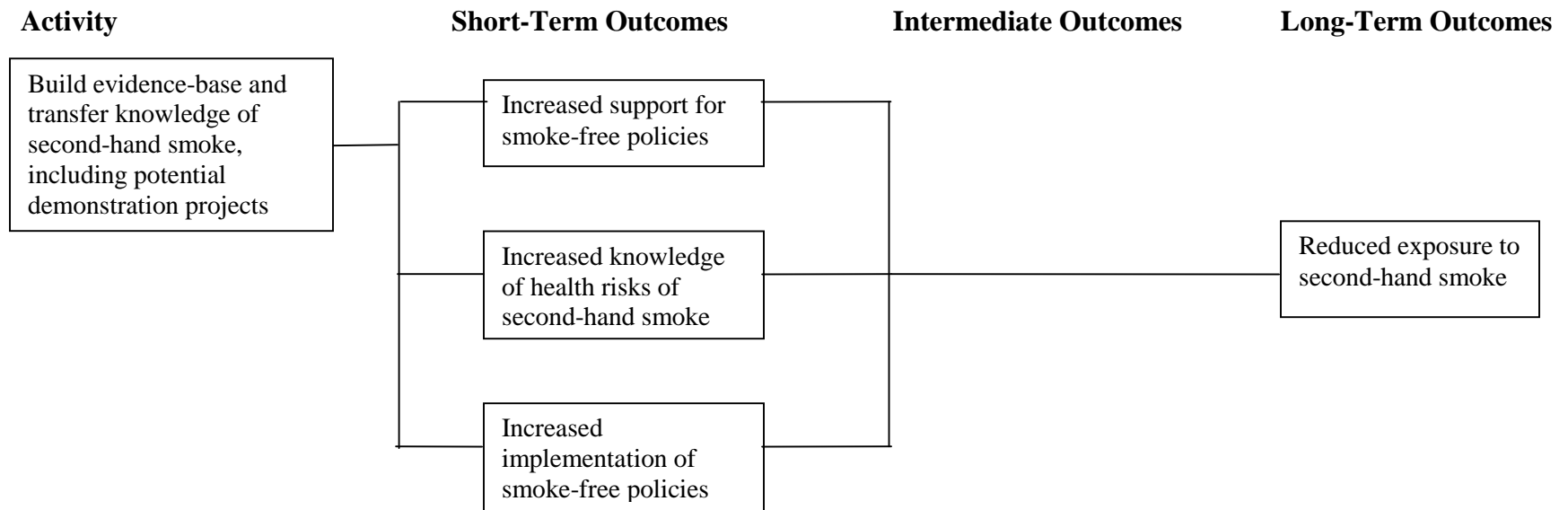
Logic Model: Cessation

Objective 2: Increase the number of adult Canadians who quit smoking



Logic Model: Protection

Objective 3: Reduce the prevalence of Canadians exposed daily to second-hand smoke



3.3 INTERNAL AND EXTERNAL FACTORS

The FTCS is not operating in isolation; therefore the impact of internal and external factors on the Strategy's delivery and outcomes should be examined. Key factors include:

- Federal government priorities;
- Health Canada priorities;
- Other federal government departments' priorities and initiatives (i.e., federal FTCS partners);
- Other governments= (provincial, territorial, municipal) priorities and initiatives; and
- International priorities (e.g., Framework Convention on Tobacco Control, United States, European Union).

4. PERFORMANCE MEASUREMENT PLAN

The performance measurement strategy is a plan that is intended to enable and guide performance monitoring. Performance monitoring is the ongoing, systematic process of collecting, analyzing and using performance information to assess and report on a program's progress in meeting expected results and, if necessary, inform the adjustments needed to ensure these results are achieved. The performance measurement plan should support the program's efforts to manage for results and meet accountability and performance reporting requirements.

This chapter outlines the performance measurement plan for the Federal Tobacco Control Strategy, which includes the planned outputs and outcomes of the Strategy as well as the key pieces of information that need to be collected (i.e., the performance indicators) in order to monitor the FTCS's progress toward the achievement of its ultimate outcomes as described in the logic models. Following a general overview of the key components of a performance measurement strategy in Section 4.1, the plan for the performance measurement of the Strategy's outputs and outcomes is presented in Section 4.2.

4.1 KEY COMPONENTS OF A PERFORMANCE MEASUREMENT STRATEGY

A robust performance measurement strategy will generate evidence-based information that will enable a program to assess whether it is achieving its expected outcomes for its key beneficiaries and stakeholders within the expected time frame and at a reasonable cost. A performance measurement strategy should outline the key performance issues, provide a rationale for the strategy, identify the current systems that are in place to support the monitoring of performance, and indicate timing and responsibility for collection and review of the performance information.¹⁹ This section outlines the key components of a performance measurement system as well as current federal government guidance on the design of these components.

¹⁹ Treasury Board of Canada Secretariat. Preparing and Using Results-based Management and Accountability Frameworks. February 2005. Table 4.2.

In order to be successful, the performance measurement strategy should be linked to the implementation of the program and guided by an acknowledgement of what is practical and reasonable to implement. The design and development of a performance measurement strategy needs to balance the rigour and completeness of the strategy with the strategy's feasibility and cost-effectiveness given the nature of the program and available resources. For example, the most rigorous of performance measurement strategies will not be implemented if it is too resource intensive or expensive. The practicality of the performance measurement system needs to be ensured by: limiting the number of indicators to a small, critical set; using multiple types of data collection methods; and using, where feasible, existing data collection methods and/or data sources.

Performance indicators are a direct or indirect measure of whether an output was produced or an outcome has been achieved. As such, indicators should describe specific, observable, measurable characteristics or changes that represent the production/delivery of an output or the achievement of an outcome. Indicators can be either quantitative or qualitative. It is important that each output and outcome have a limited number of well-designed indicators to ensure that the most effective and efficient measures of performance are tracked; typically, each output or outcome has one to three indicators. A good performance indicator should be meaningful, reliable and practical.²⁰ In order to be meaningful, the indicator must be understandable (i.e., clearly defined and concrete), relevant (i.e., relates to objectives, significant to users and attributable to activities) and comparable (i.e., allows for comparison over time or against other relevant measures). A reliable indicator accurately represents what is being measured (valid, free from bias), is free from error, can be verified and complements other indicators. A practical indicator collects the data in a timely and cost-effective manner. In addition, a good performance indicator should be compatible with existing management information systems and valued at all levels of the organization to ensure that it is collected by those accountable for program performance. The development of well-designed performance indicators ensures that the performance measurement strategy is collecting the right data in timely and cost-effective fashion. The goal is a small, concise set of comparable indicators that measure performance at the program-level and, if appropriate, at the societal level.

The measuring of performance against indicators requires a data collection strategy, which is a system to collect, store and retrieve data as well as the data itself. The type of data collection will depend on the types of indicators and the purpose of the information being collected. Performance measurement strategies with data collection activities that are separate from the regular roles and responsibilities of program staff can result in the data not being collected because those responsible for the collection of the data do not have the time or resources to undertake the activities separately. The midpoint evaluation of the FTCS identified significant problems with the data collection strategy used in the first five years. To address this problem, data collection for ongoing monitoring of the program should be integrated into the management practices, operational processes and record keeping activities wherever possible. The integration of data collection into existing activities will help to ensure that high quality, relevant data are collected. Related to this, a performance measurement strategy should use existing administrative systems,

²⁰ Report of the Auditor General of Canada, Chapter 22: Crown Corporations: Making Performance Measurement Work. November 1997. Exhibit 22.2.

record and information management systems because these systems contain important information about program processes and people (e.g., number of program participants) and organize the information in a manner that can be manipulated and extracted. In addition, the use of relevant data collected by external administrative systems, records or existing surveys can provide important data to track performance. This method is efficient and avoids duplication; however, the accuracy, applicability and availability of these data need to be considered. In terms of developing a data collection system that integrates different databases and data input standards, the development teams should ensure that the system consists of clear, simple processes that utilize, and are integrated with, existing management practices and data collection to the extent possible.

The collection of performance information needs to be coordinated and reported on in order to ensure that program managers have reliable and timely information on how a program is progressing. Typically, a coordinating body is responsible for coordinating the performance measurement process among the various program components and partners.²¹ The evaluation group within the Office of Policy and Strategic Planning (OPSP) would coordinate the development and implementation of a performance monitoring system.

This system would utilize and enhance the performance database that was developed for the midpoint evaluation. Linkages between all program components and Health Canada databases would need to be expanded and refined to ensure that all information required for the final summative evaluation (e.g., G&C reports, contract and MOU information, POR results, research studies, management decisions, and operational plans) is captured.

To ensure timely and accurate performance reporting, the associated commitments of each program component would need to be identified and the purpose of each reporting activity linked to the improvement of the program's performance. The lead group within the FTCS (OPSP) would commit to developing and implementing a fully functional performance monitoring system by March 31, 2008.

It should be noted that the performance monitoring system would collect data in addition to that identified in the performance measurement table (see Table 4.1), which is confined to collecting data on the three key objectives relating to measuring success of the FTCS in terms of reducing smoking prevalence in Canada. Additional information requirements are identified in the integrated planning table (Appendix A), which includes all program components and information from all federal partners involved in the FTCS. Much of this information deals with operational process issues and will be included in the final evaluation of the FTCS as part of a review of management practices, under the heading of "Design, Implementation and Delivery".

The implementation of a performance measurement strategy costs time and money; these costs should be considered in light of the cost of the activities that are being measured and the value of the

²¹ Treasury Board of Canada Secretariat. Companion Guide: The Development of Results-based Management and Accountability Frameworks for Horizontal Initiatives, June 2002.

information being collected. The estimated costs of the performance measurement system need to be identified and connected to the financial resources for the program or program component.

4.2 PERFORMANCE MEASUREMENT OF OUTPUTS AND OUTCOMES

The plan for the performance measurement of the Strategy's outputs and outcomes, as specified in the three logic models (see Section 3.2), is presented in Table 4.1. For each of the Strategy's three objectives focused on expected results, this table outlines the key outputs, intended outcomes, performance indicators, data sources, responsibility for data collection (i.e., one of the Health Canada offices in the FTCS), and timing/frequency of performance measurement. The primary focus of this plan is on monitoring the *impacts and degree of success* of the FTCS in contributing to its intended outcomes. As noted earlier, this performance measurement strategy utilizes a number of the outcomes and standardized indicators recommended by the National Advisory Group on Monitoring and Evaluation (NAGME) of the Canadian Tobacco Control Research Initiative (CTCRI).

Table 4.1: FTCS 2011 Performance Measurement of Outputs and Outcomes

Expected Outputs and Outcomes		Indicators	Baseline Measure	Data Sources	Responsibility for Collection	Timing of Measure
Objective 1: Reduce the prevalence of Canadian youth (15-17) who smoke						
Activity: Undertake tobacco prevention demonstration projects						
Output	Better practices identified	› Number and type of evaluated demonstration projects	› Number of rigorously evaluated projects in 2005	› OPMM documents/files › Demonstration project evaluation reports	OPMM	› Annually
Output	Evaluation reports	› Number of evaluation and other reports produced	› Number of approved evaluation reports in 2005	› OPMM documents/files › Demonstration evaluation reports	OPMM	› Annually
Output	Report on lessons learned	› Number of better practices identified and lessons learned	› Number of reports on lessons learned in 2005	› OPMM documents/files › Stakeholder surveys › Evaluation reports › Published reports	OPMM	› Annually
Output	Cost-effective and integrated tobacco prevention approaches	› Number and type of prevention approaches identified	› Number of evaluated prevention approaches identified in 2005	› OPMM documents/files	OPMM	› Annually
Output	Informed practitioners, researchers and policy makers	› Number of informed practitioners, researchers, and policy makers	› Public opinion surveys	› Surveys	OPMM	› Annually
Output	Prevention working groups	› Number of working groups	› Number of working groups in 2005	› OPMM documents/files	OPMM	› Annually
Short-term Outcome	Increased knowledge of health risks of smoking among youth	› Knowledge of health risks of smoking among youth	› CTUMS › YSS › 2006 EKOS survey › POR	› CTUMS › YSS	ORSE OPMM	› Annual performance reporting › Formative evaluation › Summative evaluation

Expected Outputs and Outcomes		Indicators	Baseline Measure	Data Sources	Responsibility for Collection	Timing of Measure
Short-term Outcome	Increased support for prevention policies and programs	<ul style="list-style-type: none"> › Level of support for an enforcement of policies to reduce youth access to tobacco products › Level of support for increasing taxes on cigarettes 	<ul style="list-style-type: none"> › CTUMS 	<ul style="list-style-type: none"> › Demonstration project evaluations › Survey of TC community › Survey of public › Key informant interviews 	ORSE OPMM	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation › Summative evaluation
Short-term Outcome	Increased implementation of prevention policies and programs	<ul style="list-style-type: none"> › Proportion of students reporting exposure to school-based tobacco-use prevention curriculum › Proportion of schools with 100% smoke-free policies › Price of cigarettes 	<ul style="list-style-type: none"> › YSS › Stats Can 	<ul style="list-style-type: none"> › YSS › Administrative data › Statistics Canada 	ORSE OPMM	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation › Summative evaluation
Intermediate Outcome	Decreased susceptibility to smoking	<ul style="list-style-type: none"> › Among young people, proportion of never smokers or puffers who are susceptible to smoking 	<ul style="list-style-type: none"> › CTUMS › YSS 	<ul style="list-style-type: none"> › CTUMS › YSS 	ORSE OPMM ORC	<ul style="list-style-type: none"> › Summative evaluation
Intermediate Outcome	Decreased youth access to tobacco products	<ul style="list-style-type: none"> › Proportion of young people reporting that they have been sold tobacco products from a retailer › Proportion of young people reporting they have received tobacco from social source › Retailer behaviour surveys 	<ul style="list-style-type: none"> › CTUMS › YSS › Retailer behaviour survey 	<ul style="list-style-type: none"> › CTUMS › YSS › Retailer behaviour survey 	ORC ORSE OPMM	<ul style="list-style-type: none"> › Annual performance reporting › Summative evaluation
Intermediate Outcome	Delayed smoking initiation	<ul style="list-style-type: none"> › Average age at which young people smoke their first cigarette › Average age at which young people start smoking daily 	<ul style="list-style-type: none"> › CTUMS 	<ul style="list-style-type: none"> › CTUMS 	ORSE OPMM	<ul style="list-style-type: none"> › Annual performance reporting › Summative evaluation

Expected Outputs and Outcomes		Indicators	Baseline Measure	Data Sources	Responsibility for Collection	Timing of Measure
Activity: Build evidence-base and transfer knowledge and practices around youth prevention						
Output	Prevention research reports	› Number and type of research reports produced	› Number of research reports available in 2005	› ORSE documents/files › OPMM documents/files › Publications	ORSE OPMM	› Annually
Output	Knowledge of effective prevention interventions among service providers	› Extent and type of new knowledge relating to prevention	› Extent of current knowledge among service providers	› Survey results › Publications	OPMM OPSP	› Annually
Output	Inventory of better practices in prevention	› Number of better practices identified	› Number of reports on lessons learned in 2005	› OPMM documents/files › Stakeholder surveys › Evaluation reports › Published reports	OPMM OPSP	› Annually
Output	Evidence-based prevention programs identified	› Number of new evidence-based prevention programs	› Number of evaluated prevention approached identified in 2005	› OPMM documents/files	OPMM	› Annually
Output	Informed practitioners, researchers and policy makers	› Uptake of new prevention knowledge and resources across Canada	› Public opinion surveys	› Surveys	OPMM OPSP	› Annually
Output	Practice-based research networks	› Number of researchers using practice-based networks › Number of new practice-based networks established across Canada	› Number of researchers using practice-based networks in 2005 › Number of practice-based networks in 2005	› Survey results › Websites › Publications	OPMM	› Annually
Output	Trained and informed practitioners	› Number of practitioners trained › Improved prevention services for high-risk youth	› Number of practitioners trained in 2005	› Survey results › Websites › Publications	OPMM	› Annually

Expected Outputs and Outcomes		Indicators	Baseline Measure	Data Sources	Responsibility for Collection	Timing of Measure
Output	Prevention materials	› Increase in number and type of prevention information sources	› Number and types of prevention information available in 2005	› OPMM documents/files › Progress reports › Websites › Publications	OPMM OPSP	› Annually
Short-term Outcome	Increased knowledge of health risks of smoking among youth	› Knowledge of health risks of smoking among youth	› CTUMS › YSS › 2006 EKOS survey › POR	› CTUMS › YSS	ORSE OPMM	› Annual performance reporting › Formative evaluation › Summative evaluation
Short-term Outcome	Increased support for prevention policies and programs	› Level of support for an enforcement of policies to reduce youth access to tobacco products › Level of support for increasing taxes on cigarettes	› CTUMS	› Demonstration project evaluations › Survey of TC community › Survey of public › Key informant interviews	ORSE OPMM	› Annual performance reporting › Formative evaluation › Summative evaluation
Short-term Outcome	Increased implementation of prevention policies and programs	› Proportion of students reporting exposure to school-based tobacco-use prevention curriculum › Proportion of schools with 100% smoke-free policies › Price of cigarettes	› YSS › Stats Can	› YSS › Administrative data › Statistics Canada	ORSE OPMM	› Annual performance reporting › Formative evaluation › Summative evaluation
Short-term Outcome	Increased enforcement of restrictions on youth access to tobacco products	› Number of youth access: ☐ compliance checks ☐ warnings ☐ suspensions	› 2005 compliance checks › Retailer behaviour survey	› Administrative data › Retailer behaviour survey › Compliance checks	ORC OPMM	› Annual performance reporting › Formative evaluation › Summative evaluation

Expected Outputs and Outcomes		Indicators	Baseline Measure	Data Sources	Responsibility for Collection	Timing of Measure
Intermediate Outcome	Decreased susceptibility to smoking	› Among young people, proportion of never smokers or puffers who are susceptible to smoking	› CTUMS › YSS	› CTUMS › YSS	ORSE OPMM ORC	› Summative evaluation
Intermediate Outcome	Decreased youth access to tobacco products	› Proportion of young people reporting that they have been sold tobacco products from a retailer › Proportion of young people reporting they have received tobacco from social source › Retailer behaviour surveys	› CTUMS › YSS › Retailer behaviour survey	› CTUMS › YSS › Retailer behaviour survey	ORC ORSE OPMM	› Annual performance reporting › Summative evaluation
Intermediate Outcome	Delayed smoking initiation	› Average age at which young people smoke their first cigarette › Average age at which young people start smoking daily	› CTUMS	› CTUMS	ORSE OPMM	› Annual performance reporting › Summative evaluation
Long-term Outcome	Reduced uptake of smoking	› Proportion of smokers who are: ☐ never smokers ☐ puffers ☐ non-current experimenters ☐ current experimenters ☐ non-current established smokers ☐ current established smokers	› CTUMS	› CTUMS	ORSE OPMM	› Annual performance reporting › Summative evaluation
Activity: Development and implementation of new restrictions and ongoing compliance monitoring of promotion						
Output	Regulations prepared, approved or implemented	› Number of regulations prepared, approved or implemented	› TCIMS (internal database)	› TCIMS (internal database)	ORC	› Annually
Output	Inspections	› Number of inspections	› TCIMS (internal database)	› TCIMS (internal database)	ORC	› Annually
Output	Investigations	› Number and type of investigations	› TCIMS (internal database)	› TCIMS (internal database)	ORC	› Annually
Output	Compliance promotion	› Number of compliance promotion activities	› TCIMS (internal database)	› TCIMS (internal database)	ORC	› Annually

Expected Outputs and Outcomes		Indicators	Baseline Measure	Data Sources	Responsibility for Collection	Timing of Measure
Short-term Outcome	Increased knowledge of health risks of smoking among youth	› Knowledge of health risks of smoking among youth	› CTUMS › YSS › 2006 EKOS survey › POR	› CTUMS › YSS	ORSE OPMM	› Annual performance reporting › Formative evaluation › Summative evaluation
Short-term Outcome	Increased implementation of prevention policies and programs	› Proportion of students reporting exposure to school-based tobacco-use prevention curriculum › Proportion of schools with 100% smoke-free policies › Price of cigarettes	› YSS › Stats Can	› YSS › Administrative data › Statistics Canada	ORSE OPMM	› Annual performance reporting › Formative evaluation › Summative evaluation
Intermediate Outcome	Decreased susceptibility to smoking	› Among young people, proportion of never smokers or puffers who are susceptible to smoking	› CTUMS › YSS	› CTUMS › YSS	ORSE OPMM ORC	› Summative evaluation
Intermediate Outcome	Delayed smoking initiation	› Average age at which young people smoke their first cigarette › Average age at which young people start smoking daily	› CTUMS	› CTUMS	ORSE OPMM	› Annual performance reporting › Summative evaluation
Long-term Outcome	Reduced uptake of smoking	› Proportion of smokers who are: ¤ never smokers ¤ puffers ¤ non-current experimenters ¤ current experimenters ¤ non-current established smokers ¤ current established smokers	› CTUMS	› CTUMS	ORSE OPMM	› Annual performance reporting › Summative evaluation

Expected Outputs and Outcomes		Indicators	Baseline Measure	Data Sources	Responsibility for Collection	Timing of Measure
Activity: Restricting youth access to tobacco						
Output	Inspections	› Number of inspections	› TCIMS (internal database)	› TCIMS (internal database)	ORC	› Annually
Output	Investigations	› Number of investigations	› TCIMS (internal database)	› TCIMS (internal database)	ORC	› Annually
Output	Compliance promotion	› Number of compliance promotions	› TCIMS (internal database)	› TCIMS (internal database)	ORC	› Annually
Output	Enforcement agreements	› Number of enforcement agreements	› TCIMS (internal database)	› TCIMS (internal database)	ORC	› Annually
Output	Social Sources Action Plan	› Social Sources Action Plan developed and implemented	› ORC files	› ORC documentation/files › Progress report	ORC OPSP	› Annually
Short-term Outcome	Increased implementation of prevention policies and programs	› Proportion of students reporting exposure to school-based tobacco-use prevention curriculum › Proportion of schools with 100% smoke-free policies › Price of cigarettes	› YSS › Stats Can	› YSS › Administrative data › Statistics Canada	ORSE OPMM	› Annual performance reporting › Formative evaluation › Summative evaluation
Short-term Outcome	Increased enforcement of restrictions on youth access to tobacco products	› Number of youth access: ☒ compliance checks ☒ warnings ☒ suspensions	› 2005 compliance checks › Retailer behaviour survey	› Administrative data › Retailer behaviour survey › Compliance checks	ORC OPMM	› Annual performance reporting › Formative evaluation › Summative evaluation
Intermediate Outcome	Decreased susceptibility to smoking	› Among young people, proportion of never smokers or puffers who are susceptible to smoking	› CTUMS › YSS	› CTUMS › YSS	ORSE OPMM ORC	› Summative evaluation
Intermediate Outcome	Decreased youth access to tobacco products	› Proportion of young people reporting that they have been sold tobacco products from a retailer › Proportion of young people reporting they have received tobacco from social source › Retailer behaviour surveys	› CTUMS › YSS › Retailer behaviour survey	› CTUMS › YSS › Retailer behaviour survey	› ORC › ORSE › OPMM	› Annual performance reporting › Summative evaluation

Expected Outputs and Outcomes		Indicators	Baseline Measure	Data Sources	Responsibility for Collection	Timing of Measure
Intermediate Outcome	Delayed smoking initiation	<ul style="list-style-type: none"> › Average age at which young people smoke their first cigarette › Average age at which young people start smoking daily 	› CTUMS	› CTUMS	<ul style="list-style-type: none"> › ORSE › OPMM 	<ul style="list-style-type: none"> › Annual performance reporting › Summative evaluation
Long-term Outcome	Reduced uptake of smoking	<ul style="list-style-type: none"> › Proportion of smokers who are: <ul style="list-style-type: none"> ☐ never smokers ☐ puffers ☐ non-current experimenters ☐ current experimenters ☐ non-current established smokers ☐ current established smokers 	› CTUMS	› CTUMS	<ul style="list-style-type: none"> › ORSE › OPMM 	<ul style="list-style-type: none"> › Annual performance reporting › Summative evaluation
Objective 2: Increase the number of adult Canadians who quit smoking						
Activity: Renewal of package labelling requirements and enforcement of current and future provisions, linked to public awareness cessation strategy						
Output	Regulations proposed, approved or implemented	› Number of regulations proposed, approved or implemented	› TCIMS (internal database)	› TCIMS (internal database)	ORC	› Annually
Output	Integrated public education/social marketing campaigns and material	› Number and type of education/social marketing campaigns and materials	› Number of education and social marketing campaigns available in 2005	<ul style="list-style-type: none"> › OPMM documents/files › ORC documents/files 	ORC OPMM	› Annually
Output	Inspections	› Number of inspections	› TCIMS (internal database)	› TCIMS (internal database)	ORC	› Annually
Output	Investigations	› Number and types of investigations	› TCIMS (internal database)	› TCIMS (internal database)	ORC	› Annually
Output	Compliance promotion	› Number of compliance promotions	› TCIMS (internal database)	› TCIMS (internal database)	ORC	› Annually
Short-term Outcome	Increased knowledge of health risks of smoking	› Knowledge of health risks and diseases caused by smoking	<ul style="list-style-type: none"> › CTUMS › YSS 	<ul style="list-style-type: none"> › CTUMS › YSS 	ORC OPMM ORSE	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation › Summative evaluation

Expected Outputs and Outcomes		Indicators	Baseline Measure	Data Sources	Responsibility for Collection	Timing of Measure
Short-term Outcome	Increased implementation of cessation policies and programs	<ul style="list-style-type: none"> › Policies <ul style="list-style-type: none"> ☒ availability of subsidized or free pharmacological quitting aids ☒ price of cigarettes › Programs <ul style="list-style-type: none"> ☒ number of callers to telephone quitlines ☒ proportion of smokers who have been advised to reduce or quit smoking by a health care professional (doctor, dentist, nurse or pharmacist) 	<ul style="list-style-type: none"> › Administrative data › Stats Can › CTUMS 	<ul style="list-style-type: none"> › Administrative data › Stats Can › CTUMS 	ORC OPMM ORSE OPSP	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation › Summative evaluation
Intermediate Outcome	Increased quit attempts and quit intentions	<ul style="list-style-type: none"> › Rate of quit attempts for one day or longer › Proportion of former smokers quitting for a specified duration › Intentions to quit smoking (6 months and 30 days) › Stages of change 	› CTUMS	› CTUMS	OPMM ORSE	<ul style="list-style-type: none"> › Annual performance reporting › Summative evaluation
Long-term Outcome	Increased number of former smokers	› Proportion of population who are former smokers	› CTUMS	› CTUMS	OPMM ORSE	<ul style="list-style-type: none"> › Annual performance reporting › Summative evaluation
Activity: Undertake tobacco cessation demonstration projects						
Output	Better practices identified	› Number and type of evaluated demonstration projects	› Number of rigorously evaluated projects in 2005	<ul style="list-style-type: none"> › OPMM documents/files › Demonstration project evaluation reports 	OPMM	› Annually
Output	Evaluation reports	› Number of evaluation and other reports produced	› Number of approved evaluation reports in 2005	<ul style="list-style-type: none"> › OPMM documents/files › Demonstration evaluation reports 	OPMM	› Annually

Expected Outputs and Outcomes		Indicators	Baseline Measure	Data Sources	Responsibility for Collection	Timing of Measure
Output	Reports on lessons learned	› Number of better practices identified and lessons learned	› Number of reports on lessons learned in 2005	› OPMM documents/files › Stakeholder surveys › Evaluation reports › Published reports	OPMM	› Annually
Output	Cost-effective and integrated tobacco cessation approaches	› Number and type of cessation approaches identified	› Number of evaluated cessation approaches identified in 2005	› OPMM documents/files	OPMM	› Annually
Output	Informed practitioners, researchers and policy makers	› Number of informed practitioners, researchers, and policy makers	› Public opinion surveys	› Surveys	OPMM	› Annually
Output	Working groups	› Number of working groups	› Number of working groups in 2005	› OPMM documents/files	OPMM	› Annually
Short-term Outcome	Increased knowledge of health risks of smoking	› Knowledge of health risks and diseases caused by smoking	› CTUMS › YSS	› CTUMS › YSS	ORC OPMM ORSE	› Annual performance reporting › Formative evaluation › Summative evaluation
Short-term Outcome	Increased implementation of cessation policies and programs	› Policies <ul style="list-style-type: none"> ☐ availability of subsidized or free pharmacological quitting aids ☐ price of cigarettes › Programs <ul style="list-style-type: none"> ☐ number of callers to telephone quitlines ☐ proportion of smokers who have been advised to reduce or quit smoking by a health care professional (doctor, dentist, nurse or pharmacist) 	› Administrative data › Stats Can › CTUMS	› Administrative data › Stats Can › CTUMS	ORC OPMM ORSE OPSP	› Annual performance reporting › Formative evaluation › Summative evaluation

Expected Outputs and Outcomes		Indicators	Baseline Measure	Data Sources	Responsibility for Collection	Timing of Measure
Intermediate Outcome	Increased quit attempts and quit intentions	<ul style="list-style-type: none"> › Rate of quit attempts for one day or longer › Proportion of former smokers quitting for a specified duration › Intentions to quit smoking (6 months and 30 days) › Stages of change 	› CTUMS	› CTUMS	OPMM ORSE	<ul style="list-style-type: none"> › Annual performance reporting › Summative evaluation
Long-term Outcome	Increased number of former smokers	› Proportion of population who are former smokers	› CTUMS	› CTUMS	OPMM ORSE	<ul style="list-style-type: none"> › Annual performance reporting › Summative evaluation
Activity: Build evidence-base and transfer knowledge of cessation practices						
Output	Cessation research reports	› Number and type of research reports produced	› Number of research reports available in 2005	<ul style="list-style-type: none"> › ORSE documents/files › OPMM documents/files › Publications 	OPMM ORSE	› Annually
Output	National smoking cessation guidelines for researchers and practitioners	› Implementation and uptake of national cessation guidelines	› No national guidelines exist	› OPMM documents/files	OPMM	› Annually
Output	Accreditation standards and mechanisms for accessing potential programs	› Level of interest in and uptake of accreditation standards	› No national accreditation program exists	› OPMM documents/files	OPMM	› Annually
Output	Evidence-based cessation interventions	› Number and type of evidence-based cessation interventions	› Number of evidence-based cessation interventions in 2005	<ul style="list-style-type: none"> › OPMM documents/files › Stakeholder surveys › Evaluation reports › Published reports 	OPMM	› Annually
Output	Inventory of better practices in cessation	<ul style="list-style-type: none"> › Number of best practices identified › Improved access to best practices in cessation 	› Number of evaluated cessation approaches identified in 2005	› OPMM documents/files	OPMM	› Annually

Expected Outputs and Outcomes		Indicators	Baseline Measure	Data Sources	Responsibility for Collection	Timing of Measure
Output	Practice-based research networks	<ul style="list-style-type: none"> › Number of researchers using practice-based networks › Number of new practice-based networks established across Canada 	<ul style="list-style-type: none"> › Number of researchers using practice-based networks in 2005 › Number of practice-based networks in 2005 	<ul style="list-style-type: none"> › Survey results › Websites › Publications 	OPMM ORSE	› Annually
Output	Trained and informed cessation practitioners	<ul style="list-style-type: none"> › More practitioners trained in effective tobacco cessation across the country 	<ul style="list-style-type: none"> › Number of practitioners trained in 2005 	<ul style="list-style-type: none"> › Survey results › Websites › Publications 	OPMM	› Annually
Short-term Outcome	Increased knowledge of health risks of smoking	<ul style="list-style-type: none"> › Knowledge of health risks and diseases caused by smoking 	<ul style="list-style-type: none"> › CTUMS › YSS 	<ul style="list-style-type: none"> › CTUMS › YSS 	ORC OPMM ORSE	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation › Summative evaluation
Short-term Outcome	Increased implementation of cessation policies and programs	<ul style="list-style-type: none"> › Policies <ul style="list-style-type: none"> ☐ availability of subsidized or free pharmacological quitting aids ☐ price of cigarettes › Programs <ul style="list-style-type: none"> ☐ number of callers to telephone quitlines ☐ proportion of smokers who have been advised to reduce or quit smoking by a health care professional (doctor, dentist, nurse or pharmacist) 	<ul style="list-style-type: none"> › Administrative data › Stats Can › CTUMS 	<ul style="list-style-type: none"> › Administrative data › Stats Can › CTUMS 	ORC OPMM ORSE OPSP	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation › Summative evaluation
Intermediate Outcome	Increased quit attempts and quit intentions	<ul style="list-style-type: none"> › Rate of quit attempts for one day or longer › Proportion of former smokers quitting for a specified duration › Intentions to quit smoking (6 months and 30 days) › Stages of change 	<ul style="list-style-type: none"> › CTUMS 	<ul style="list-style-type: none"> › CTUMS 	OPMM ORSE	<ul style="list-style-type: none"> › Annual performance reporting › Summative evaluation

Expected Outputs and Outcomes		Indicators	Baseline Measure	Data Sources	Responsibility for Collection	Timing of Measure
Long-term Outcome	Increased number of former smokers	› Proportion of population who are former smokers	› CTUMS	› CTUMS	OPMM ORSE	› Annual performance reporting › Summative evaluation
Objective 3: Reduce the prevalence of Canadians exposed daily to second-hand smoke						
Activity: Build evidence-base and transfer knowledge of second-hand smoke, including potential demonstration projects						
Output	Public education activities and materials to promote second-hand smoke initiatives	› Number and type of public education activities and materials	› Number of public education activities available in 2005	› OPMM documents/files	OPMM	› Annually
Output	Second-hand smoke research reports	› Number of research reports	› Number of research reports available in 2005	› OPMM documents/files › Research publications	OPMM	› Annually
Output	Completed, evaluated, evidence based second-hand smoke demonstration projects	› Number and type of evaluated demonstration projects	› Number of evaluated demonstration projects in 2005	› OPMM documents/files › Demonstration project evaluation reports	OPMM	› Annually
Short-term Outcome	Increased support for smoke-free policies	› Level of support for smoke-free policies in workplaces, public places, restaurants and bars › Proportion of the population that supports adopting smoke-free policies in homes and/or vehicles	› CTUMS	› CTUMS	OPMM	› Annual performance reporting › Formative evaluation › Summative evaluation
Short-term Outcome	Increased knowledge of health risks associated with second-hand smoke	› Proportion of population that believes that second-hand smoke is harmful	› CTUMS	› CTUMS	OPMM	› Annual performance reporting › Formative evaluation › Summative evaluation

Expected Outputs and Outcomes		Indicators	Baseline Measure	Data Sources	Responsibility for Collection	Timing of Measure
Short-term Outcome	Increased implementation of smoke-free policies	<ul style="list-style-type: none"> › Proportion of adults employed outside the home who report they work in environments with a smoke-free policy › Proportion of jurisdictions with 100% smoke-free restaurant and bar policies › Proportion of schools with 100% smoke-free policies › Proportion of population that reports home and/or personal vehicle are smoke-free 	<ul style="list-style-type: none"> › CTUMS › Number of current by-laws and PT legislation 	<ul style="list-style-type: none"> › CTUMS › Administrative data 	OPMM ORC	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation › Summative evaluation
Long-term Outcome	Reduced exposure to second-hand smoke	<ul style="list-style-type: none"> › Proportion of adults employed outside of the home reporting exposure to SHS in the workplace › Proportion of population reporting exposure to second-hand smoke in public places, homes, vehicles › Proportion of non-smoking population reporting regular exposure to second-hand smoke 	<ul style="list-style-type: none"> › CTUMS › CCHS 	<ul style="list-style-type: none"> › CTUMS › CCHS 	OPMM	<ul style="list-style-type: none"> › Annual performance reporting › Summative evaluation

5. EVALUATION PLAN

5.1 OVERVIEW

a) Introduction

The FTCS requires a full summative evaluation of the 10-year Strategy in 2010-11. The summative (outcomes-based) evaluation will measure the overall success of the FTCS, and whether the money has been spent efficiently. The evaluation strategy includes a plan for evaluating all continuing and new interventions used in the final four years and a description of how the full 10 years of the FTCS is to be reviewed and analyzed.

In this chapter, we describe the evaluation plan or strategy for the final four years of the FTCS. The plan includes a listing of the evaluation issues/questions to be examined as well as associated indicators and data sources/methodologies. The suggested methodological approaches include both quantitative and qualitative methods, and rely on primary as well as secondary (i.e., existing) sources of data. In addition, the evaluation plan includes estimated costs and a schedule for the evaluation.

The suggested methodologies – or lines of evidence – for the evaluation of the FTCS (2007-08 to 2010-11) include the following:

- Review of documentation and literature;
- Review of secondary data/existing statistics;
- Analysis of administrative and performance data;
- Key informant interviews;
- Survey of stakeholders in the tobacco control (TC) community;
- Survey of the general Canadian public;
- Focus groups (optional);
- Review of funded project files (optional);
- Case studies/evaluations of a sample funded projects (optional);
- Demonstration project evaluations;
- Econometric modeling;
- Cost-effectiveness (value for money) analysis;

- Expert interviews/panel (optional); and
- Search conference (optional).

b) Scope of the Evaluation

The FTCS evaluation will address the issues identified by Treasury Board Secretariat (TBS) – relevance, success, cost-effectiveness, and design, implementation and delivery:

- relevance – the degree to which the program continues to be consistent with Departmental and government-wide priorities and addresses an actual need;
- success – extent to which the program is effective in meeting its objectives, within budget and without unwanted outcomes;
- cost-effectiveness (value for money) – degree to which the most appropriate and efficient means are being used to achieve objectives, relative to alternative design and delivery approaches; and
- design, implementation and delivery – extent to which the program is designed, delivered and implemented appropriately.

c) Evaluation Challenges

It is important to note that many factors influence tobacco use and, with the ever-changing environment surrounding tobacco products, it is conceivable that, even with a successful program, the health impacts will take a number of years to be realized. It must also be recognized that the federal government is working in conjunction with provincial, territorial and municipal governments in tobacco control as well as NGOs and the health community; reaching the FTCS objectives requires long-term, coordinated efforts from all players across all jurisdictions.

d) Overview of Evaluation Strategy

To answer the evaluation questions posed by TBS, the evaluation strategy will focus primarily on macro-level econometric and population-level modelling, supported by evaluation reports of grants and contributions (G&C) projects, studies of the effectiveness of regulatory interventions, analysis of social marketing campaigns, public opinion research, and interviews with key stakeholders. This approach is similar to the evaluation strategy used to complete the summative evaluation of the first five years of the FTCS. It will allow for a comparison of the results of each half of the Strategy, as well as an analysis of the full 10 years.

The following four step strategy will be implemented:

5. Conduct population-level modelling that provides estimates on future prevalence and consumption rates, and then calculate health and economic benefits that accrue as a result of changes in smoking behaviour. This modelling will build on the analysis conducted at the midpoint of the FTCS and will provide decision makers with an estimate as to *cost-effectiveness* of the FTCS.
6. The model requires an assumption that tobacco control expenditures have been effective – in order to determine return on investment. To test the validity of this assumption, two research streams will be used. Both streams will provide evidence around *success*.
 - a. First, an econometric model will be used to examine the impact of price, regulations and FTCS expenditures on prevalence (defined as the probability of being a smoker) and consumption.
 - b. Second, a micro-level analysis of the effectiveness of FTCS interventions (TCP G&C funded projects; national mass media/social marketing campaigns; regulations; and Health Canada's International Affairs Directorate funded projects) will be conducted. This micro-level analysis will provide precise measurement of the actual impacts that are attributable to FTCS interventions, in line with the intended outcomes (depicted in the FTCS logic models and presented in Table 4.1) associated with three key FTCS objectives – reducing uptake among minors, increasing the number of Canadians who quit, and reducing exposure of Canadians to second-hand smoke.

Cumulatively the results from these two streams will determine whether the FTCS has been successful and whether the modelling assumption can be sustained.
7. Public opinion research as to the attitudes of Canadians and a survey/interviews with stakeholders will be conducted to determine whether the FTCS continues to be a *relevant* issue.
8. Given the stated importance of providing comprehensive and integrated tobacco control services, a review of management practices will be conducted, focusing on the ability of the FTCS to provide coordinated programs that are well funded, targeted, and sustained through sequential support to change behaviour in individuals.

This approach provides an integrated and rigorous analysis of the success, cost effectiveness and continuing relevance of the FTCS. The model used to determine value for money provides decision makers with quantitative estimates on the long-term health and economic benefits of reducing smoking prevalence in Canada.

The plan to evaluate success allows for an understanding of attribution – i.e., once it is determined that there are future health and economic benefits accruing to reduced smoking prevalence, it is critical that an estimate be derived that indicates how much (if any) of the future benefits can be attributed to the program interventions of the FTCS.

There are numerous players in tobacco control and various social factors that are contributing to the long term decline in smoking prevalence in Canada. The key issue for the final summative evaluation is to determine the extent of the FTCS contribution to this decline.

Given the emphasis of the FTCS on reducing prevalence, measuring success will focus on program impacts that reduce smoking uptake of minors and increase quit rates for young adults and adults. A secondary focus of the final summative evaluation will address the FTCS impact on reducing the exposure of Canadians to second-hand smoke.

e) Management of the Evaluation Process

It is recommended that the FTCS evaluation be overseen by a Steering Committee. Chaired by the Manager of Evaluation, Tobacco Control Programme, members of this Committee will include TCP representatives of each of the five HC Offices at Headquarters (OPSP, OPMM, ORC, ORSE and OMS) as well as some representatives of Regional Offices, a representative of each of the federal partners (PSEPC, RCMP, CRA, CBSA and ODPP), and a representative of the HC Departmental Performance Measurement and Evaluation Directorate. The Steering Committee will report to the Program Management Committee within the TCP.

5.2 EVALUATION ISSUES/QUESTIONS, INDICATORS AND DATA SOURCES

Table 5.1 presents the evaluation issues/questions, indicators and data sources/data collection strategies for the FTCS. The methodologies specified in this table are discussed in Section 5.3.

5.3 METHODOLOGIES: LINES OF EVIDENCE

a) Research Design

An essential first stage in the evaluation of the FTCS will be the research design. The research design describes the methodology that will be used to gather evidence on results that can be attributed to the Strategy. This component will take the methodological guidelines provided in this evaluation framework and translate them into specific operational research procedures and data collection instruments. For example, it will be necessary to: design interview guides and survey questionnaires; specify interview candidates and sources of documentation, data and literature; draw survey samples; select and plan the demonstration projects to be evaluated; and develop an analysis plan.

Table 5.1: Evaluation Issues/Questions, Indicators and Data Sources

Evaluation Question	Indicators	Baseline Measure	Data Sources	Data Collection Methods	Collection Responsibility	Timing/Frequency
1. Relevance						
1.1 Does the FTCS continue to serve the public interest?	<ul style="list-style-type: none"> › Smoking prevalence in Canada › Economic costs of tobacco use › Tobacco-related morbidity and mortality rates › Health costs of tobacco use › Public attitudes 	<ul style="list-style-type: none"> › 1993 Survey for Tobacco Demand Reduction Strategy › CTUMS; Statistics Canada collects semi-annually since 1999 › Statistics Canada health data › 2000 Polara Study › 2006 EKOS Study 	<ul style="list-style-type: none"> › FTCS 2006-11 Relevance Study › CTUMS 	<ul style="list-style-type: none"> › Survey 	<ul style="list-style-type: none"> › ORSE › OPSP 	<ul style="list-style-type: none"> › Annual
1.2 Is there a legitimate and necessary role for government in this program area or activity?	<ul style="list-style-type: none"> › Public opinion research › Stakeholder survey of key NGOs, provincial, territorial 	<ul style="list-style-type: none"> › 2006 EKOS Study 	<ul style="list-style-type: none"> › FTCS 2006-11 Relevance Study 	<ul style="list-style-type: none"> › Survey 	<ul style="list-style-type: none"> › OPSP 	<ul style="list-style-type: none"> › Annual
1.3 Is the current role of the federal government appropriate, or is the program a candidate for realignment with the provinces?	<ul style="list-style-type: none"> › Public opinion research › Stakeholder survey of key NGOs, provincial, territorial 	<ul style="list-style-type: none"> › 2006 EKOS Study 	<ul style="list-style-type: none"> › FTCS 2006-11 Relevance Study 	<ul style="list-style-type: none"> › Survey 	<ul style="list-style-type: none"> › OPSP 	<ul style="list-style-type: none"> › Annual
1.4 What activities or programs should or could be transferred in whole or in part to the private/voluntary sector?	<ul style="list-style-type: none"> › Public opinion research › Stakeholder survey of key NGOs, provincial, territorial 	<ul style="list-style-type: none"> › 2006 EKOS Study 	<ul style="list-style-type: none"> › FTCS 2006-11 Relevance Study 	<ul style="list-style-type: none"> › Survey 	<ul style="list-style-type: none"> › OPSP 	<ul style="list-style-type: none"> › Annual

Evaluation Question	Indicators	Baseline Measure	Data Sources	Data Collection Methods	Collection Responsibility	Timing/Frequency
2. Cost-Effectiveness						
2.1 Are Canadians getting value for their tax dollars?	<ul style="list-style-type: none"> › # of lives saved › Future economic benefits versus cost of program 	<ul style="list-style-type: none"> › Risk Analytica Cost-Effectiveness Study 2006 	<ul style="list-style-type: none"> › FTCS 2006-11 Cost-Effectiveness Study 	<ul style="list-style-type: none"> › Risk-based economic and health benefits simulation 	<ul style="list-style-type: none"> › OPSP 	<ul style="list-style-type: none"> › Annual
2.2 If the program or activity continues, how could its efficiency be improved?	<ul style="list-style-type: none"> › Ratio of O&Ms to G&Cs <ul style="list-style-type: none"> ▣ TB benchmark ▣ other government departments 	<ul style="list-style-type: none"> › SAP Financial expenditure › Records › Internal audit documents 	<ul style="list-style-type: none"> › FTCS 2006-11 Cost-Effectiveness Study 	<ul style="list-style-type: none"> › Risk-based economic and health benefits simulation 	<ul style="list-style-type: none"> › OPSP 	<ul style="list-style-type: none"> › Annual
2.3 Is the resultant package of programs and activities affordable? If not, what should be abandoned?	<ul style="list-style-type: none"> › Cost-benefit analysis › Cost-benefit of other government departments and Health Canada programmes 	<ul style="list-style-type: none"> › PCO Expenditure review 	<ul style="list-style-type: none"> › FTCS 2006-11 Cost-Effectiveness Study 	<ul style="list-style-type: none"> › Risk-based economic and health benefits simulation 	<ul style="list-style-type: none"> › OPSP 	<ul style="list-style-type: none"> › Annual
3. Success						
3.1 Has the number of smokers been reduced?	<ul style="list-style-type: none"> › # of quitters 	<ul style="list-style-type: none"> › CTUMS › Evaluation results of each contribution project for fiscal years 2001-2006 	<ul style="list-style-type: none"> › CTUMS › FTCS Evaluation 2006-2011 	<ul style="list-style-type: none"> › Survey › Evaluation results of each contribution project for fiscal years 2006-2011 	<ul style="list-style-type: none"> › ORSE › OPMM › OPSP 	<ul style="list-style-type: none"> › Annual
3.2 Have quit attempts increased?	<ul style="list-style-type: none"> › # of quit attempts › Prevalence rate (macro) › Relapse rates 	<ul style="list-style-type: none"> › CTUMS › Evaluation results of each contribution project for fiscal years 2001-2006 	<ul style="list-style-type: none"> › CTUMS › FTCS Evaluation 2006-2011 	<ul style="list-style-type: none"> › Survey › Evaluation results of each contribution project for fiscal years 2006-2011 	<ul style="list-style-type: none"> › ORSE › OPMM › OPSP 	<ul style="list-style-type: none"> › Annual

Evaluation Question	Indicators	Baseline Measure	Data Sources	Data Collection Methods	Collection Responsibility	Timing/Frequency
3.3 Has the amount of cigarettes smoked been reduced?	<ul style="list-style-type: none"> › # of cigarettes sold (macro) › # cigarettes smoked 	<ul style="list-style-type: none"> › Industry reports › CTUMS › Evaluation results of each contribution project for fiscal years 2001-2006 › Youth Smoking Survey 	<ul style="list-style-type: none"> › Industry reports › CTUMS › FTCS Evaluation 2006-2011 › Youth Smoking Survey 	<ul style="list-style-type: none"> › Survey › Evaluation results of each contribution project for fiscal years 2006-2011 	<ul style="list-style-type: none"> › ORSE › ORC › OPMM › OPSP 	<ul style="list-style-type: none"> › Annual
3.4 Has knowledge of the dangers of smoking increased among smokers and non-smokers?	<ul style="list-style-type: none"> › # of attitudes changed <ul style="list-style-type: none"> ▣ normative ▣ knowledge 	<ul style="list-style-type: none"> › CTUMS › Evaluation results of each contribution project for fiscal years 2001-2006 › Public opinion research › Youth Smoking Survey 	<ul style="list-style-type: none"> › CTUMS › FTCS Evaluation 2006-2011 › Public opinion research › Youth Smoking Survey 	<ul style="list-style-type: none"> › Surveys › Evaluation results of each contribution project for fiscal years 2006-2011 	<ul style="list-style-type: none"> › ORSE › OPMM › OPSP 	<ul style="list-style-type: none"> › Annual
3.5 Has smoking uptake been reduced?	<ul style="list-style-type: none"> › Uptake rates › Smoking prevalence › # of cigarettes sold › Attitudes 	<ul style="list-style-type: none"> › CTUMS › Evaluation results of each contribution project for fiscal years 2001-2006 › Public opinion research › Industry reports › Youth Smoking Survey 	<ul style="list-style-type: none"> › CTUMS › FTCS Evaluation 2006-2011 › Public opinion research › Industry reports › Youth Smoking Survey 	<ul style="list-style-type: none"> › Survey › Evaluation results of each contribution project for fiscal years 2006-2011 	<ul style="list-style-type: none"> › ORSE › OPMM › ORC › OPSP 	<ul style="list-style-type: none"> › Annual
3.6 Has youth experimentation been reduced?	<ul style="list-style-type: none"> › Youth uptake rates › Youth smoking prevalence › Youth smoking attitudes 	<ul style="list-style-type: none"> › CTUMS › Evaluation results of each contribution project for fiscal years 2001-2006 › Public opinion research › Youth Smoking Survey 	<ul style="list-style-type: none"> › CTUMS › FTCS Evaluation 2006-2011 › Public opinion research › Youth Smoking Survey 	<ul style="list-style-type: none"> › Survey › Evaluation results of each contribution project for fiscal years 2006-2011 	<ul style="list-style-type: none"> › ORSE › OPMM › OPSP 	<ul style="list-style-type: none"> › Annual
3.7 Has youth knowledge of the dangers of smoking increased?	<ul style="list-style-type: none"> › # of youth smoking attitudes changed <ul style="list-style-type: none"> ▣ normative ▣ knowledge 	<ul style="list-style-type: none"> › Evaluation results of each contribution project for fiscal years 2001-2006 › Public opinion research › Youth Smoking Survey 	<ul style="list-style-type: none"> › FTCS Evaluation 2006-2011 › Public opinion research › Youth Smoking Survey 	<ul style="list-style-type: none"> › Surveys › Evaluation results of each contribution project for fiscal years 2006-2011 	<ul style="list-style-type: none"> › ORSE › OPMM › OPSP 	<ul style="list-style-type: none"> › Annual
3.8 Has exposure to second-hand smoke	<ul style="list-style-type: none"> › # of non-smokers exposed 	<ul style="list-style-type: none"> › CTUMS 	<ul style="list-style-type: none"> › CTUMS 	<ul style="list-style-type: none"> › Survey 	<ul style="list-style-type: none"> › ORSE 	<ul style="list-style-type: none"> › Annual

Evaluation Question	Indicators	Baseline Measure	Data Sources	Data Collection Methods	Collection Responsibility	Timing/Frequency
been reduced?	<ul style="list-style-type: none"> › # of smoking bans <ul style="list-style-type: none"> ☐ public ☐ workplace ☐ home ☐ cars › Change in attitudes 	<ul style="list-style-type: none"> › OTRU database › Public opinion research › Evaluation results of each contribution project for fiscal years 2001-2006 	<ul style="list-style-type: none"> › OTRU database › Public opinion research › FTCS Evaluation 2006-2011 	<ul style="list-style-type: none"> › Evaluation results of each contribution project for fiscal years 2006-2011 	<ul style="list-style-type: none"> › OPMM › OPSP 	
3.9 Are regulations on the manufacture and sale of tobacco enforced and effective?	<ul style="list-style-type: none"> › Development of regulations › Compliance rates <ul style="list-style-type: none"> ☐ retailer rates ☐ letters issued ☐ tickets issued ☐ prosecution ☐ compliance checks conducted › Industry reports <ul style="list-style-type: none"> ☐ manufacture product data ☐ sales 	<ul style="list-style-type: none"> › Tobacco Control Information Management System › Retailer Compliance Survey › CTUMS › Public opinion research 	<ul style="list-style-type: none"> › Tobacco Control Information Management System › Retailer Compliance Survey › CTUMS › Public opinion research 	<ul style="list-style-type: none"> › Survey › Evaluation results of each contribution project for fiscal years 2006-2011 	<ul style="list-style-type: none"> › ORC › ORSE › OPMM › OPSP 	<ul style="list-style-type: none"> › Annual

b) Review of Documentation, Literature and Secondary Data

In addition to collecting primary data, an analysis of secondary (existing) data is recommended. This line of evidence will include the following components: literature and documentation review; review/analysis of existing statistical reports and survey data; and comparative analysis of similar programs.

The review of documentation will be an important source of background information on the FTCS, thereby ensuring the evaluation team has a sound understanding of the Strategy. The review of program documentation will guide the research design phase. In addition, this component will be useful for reviewing management practices, assessing the relevance, rationale and logic of the FTCS as well as numerous other questions related to the Strategy's delivery, impacts and cost-effectiveness. The review of documentation would include numerous sources including the following:

- TB submission and other relevant policy documents;
- annual reports, strategic plans and work plans from federal departments/agencies and other major partners involved in the FTCS;
- budget and expenditure information, including funding summaries of beneficiaries (e.g., NGOs);
- Strategy documents/files maintained by each HC office and federal partner;
- Terms of Reference for FTCS Committees and Working Groups, and other relevant committee meetings (e.g., international meetings);
- minutes and records of decisions from FTCS Committee and Working Group meetings;
- Memoranda of Understanding (MOUs) between FTCS partners;
- FTCS project funding guidelines, solicitation materials, applications, review processes and contribution agreements for operational and project funding;
- FTCS research and knowledge reports and papers;
- media analysis reports on tobacco control;
- FTCS related presentations and consultations; and
- other reports/documents with performance and evaluation information (described in the next section).

A variety of research literature and other existing documentation will be reviewed, including literature on tobacco control programs, components of the FTCS (i.e., prevention, promotion, cessation, harm reduction and international), international programs (e.g., Framework Convention on Tobacco

Control), and articles on tobacco control research in relevant academic journals (e.g., *Nicotine and Tobacco Research* and *Journal of Consulting and Clinical Psychology*). In addition, a review of comparable programs in other countries would be conducted as part of an assessment of FTCS cost-effectiveness and alternatives. International comparative data would provide additional tests of the Strategy's rationale and logic, and the continuing need for tobacco control based on international experience. In addition, the literature review would provide a theoretical basis for the development of a conceptual model of the FTCS (if needed to guide the analysis) at the design stage of the evaluation.

In addition to the review of documentation and literature, a key element of this line of evidence will be the review and analysis of existing secondary data. There are a number of surveys that measure indicators of success relating to tobacco control programs, in particular, the Canadian Tobacco Use Monitoring Survey (CTUMS), Youth Smoking Survey (YSS) and Canadian Community Health Survey (CCHS). In addition, reports on public opinion research commissioned by Health Canada (e.g., surveys following public education or media campaigns) would be a useful source of secondary data. The review and analysis of the reports or datasets of these and other applicable surveys would provide an important source of information to track prevalence rates and assess the relevance and success of the Strategy.

c) Analysis of Administrative and Performance Data

The review of administrative and performance data will be key to describing the implementation of the FTCS and assessing its progress in contributing to intended outcomes. This information will address a number of evaluation issues relating to delivery, management practices, success and cost-effectiveness. In addition, administrative and performance data will be useful for planning other methodological components (e.g., developing the sampling frame for the stakeholder survey of the tobacco control community, selecting a sample of demonstration projects).

The analysis of administrative and performance data would include the following data sources:

- ongoing performance measurement information available from the performance monitoring system;
- reports and/or print-outs from the grants and contributions database and Tobacco Compliance Information Management System (TCIMS);
- reports and/or print-outs from Departmental/Agency financial tracking systems;
- existing reviews, evaluations and audits, including environmental scans, assessments and project evaluations; and
- Departmental/Agency performance reports (e.g., Reports to Parliament, Annual Reports, Departmental Performance Reports and Reports on Plans and Priorities).

d) Key Informant Interviews

Interviews with FTCS management and staff, representatives from key stakeholder groups in a variety of sectors (e.g., provincial and territorial governments, NGOs), experts and health care professionals will be helpful for obtaining observations and opinions on the relevance, design and delivery, success and cost-effectiveness of the Strategy. In addition, the views of key informants will be helpful in interpreting results from other data collection methods (e.g., analysis of administrative data, documentation review, stakeholder survey of tobacco control community). These interviews could be done individually as in-person or telephone interviews, or in a discussion group format.

Key informants would include the following:

- Health Canada officials from the TCP (both Headquarters and Regional Offices), including Directors, Program Analysts/Officers, Policy Analysts, members of FTCS Committees, and staff responsible for performance measurement;
- representatives of FTCS federal partner departments/agencies;
- key stakeholders from provincial and territorial governments and relevant NGOs (e.g., Canadian Cancer Society, Canadian Council for Tobacco Control); and
- representatives from relevant international organizations (e.g., World Health Organization).

e) Survey of Tobacco Control Community

Given the scope of FTCS, there are hundreds of organizations with a vested interest in or that could benefit from one or more of its components; therefore, a survey of stakeholders in the tobacco control (TC) community represents an important component to assess views on the Strategy's relevance, delivery, success and cost-effectiveness. The purpose of the stakeholder survey will be to seek opinions and observations from a broad representation of key stakeholder groups. A sampling frame would be developed with assistance from the TCP (e.g., using the database of grants and contributions recipients and other available sources), and a sample selected to be as representative as possible of FTCS stakeholders in the TC community. Given that stakeholders are likely to have varying degrees of familiarity with the FTCS, it may be useful to develop two versions of the survey: 1) a short version containing closed-ended questions administered to the outer core stakeholders who have been less involved with the Strategy; and 2) a long version containing the same questions plus a number of additional open-ended questions allowing respondents to expand upon their responses to the closed-ended questions, administered to the inner core stakeholders who are more involved in or knowledgeable of the Strategy. An on-line survey approach (with telephone follow-up, if necessary) is recommended.

The information obtained from stakeholders in this survey could include:

- Awareness of and attitudes toward the Strategy;
- Opinions regarding the need for the FTCS and the continuing relevance of the Strategy's components and priorities;
- Opinions on the Strategy's communications, delivery mechanisms and the adequacy of efforts for engaging and building the capacity of partners/stakeholders;
- Opinions about FTCS design and alternatives;
- Views on the appropriateness of resources and funding levels;
- Views on funded projects, including eligibility criteria, application and review processes, contribution agreements and funding levels;
- Views on the outcomes and success of the Strategy, in particular, impacts on the tobacco control community's knowledge and uptake of better practices for programming and policies; and
- Opinions regarding the cost-effectiveness of the Strategy as well issues of duplication, overlap and coordination with programs of provincial and territorial governments and those of other partners and stakeholders.

f) Survey of the Public

An annual survey of the general public would be a useful approach for gathering information about the continued relevance of and need for the FTSC, as well as for addressing questions about the role of the federal government, efficiency and partnerships with others. The survey would also examine public perceptions of the right emphasis or mix of efforts to reach the overall population of Canadians versus more targeted strategies to reach specific groups.

Some of the key questions to be examined by the survey of the general public would include:

- 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?
- To what degree is the public aware of federal efforts at tobacco control (and of general trends in the incidence of smoking)?
- 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 control 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 suggested methodological approach – the same as that utilized for the midpoint FTCS evaluation – would be a national telephone survey of approximately 2,000 Canadians aged 15 and older, with an average interview length of 12 minutes (i.e., a survey instrument of roughly 35 to 38 items). A national sample of 2,000 Canadians will yield sufficient cases by key demographic sub-groups such as age, economic status, etc., and will provide a margin of error of +/-2.2 percentage points, 19 times out of 20. This sample would be stratified by region to provide for a minimum of 200 cases in each. As well, the national proportionate sample would be augmented by over-sampling of two groups: 1) youth between the ages of 15 and 19; and 2) smokers. The survey would include a sample of 600 youth cases, with an associated margin of error of +/-4.0 per cent. The expected incidence of youth cases is 2.5 per cent. There would also be a sample of 1,400 adults, including an over-sample of at least 450 smokers. The overall margin of error for adults will be +/-2.6 per cent and for smokers it will be +/-3.9 per cent. The expected incidence of smokers is 20 per cent. This sample size of smokers would allow for some sub-group comparisons within the segment of smokers.

g) Focus Groups

Focus group discussions with respondents from the stakeholder and general public surveys could be useful as a supplementary qualitative research method. In these two-hour group discussions, a skilled moderator would present the group of eight to ten participants with open-end questions related to the Strategy's continuing relevance, delivery, and impacts. This approach would allow survey respondents to provide in-depth answers to open-ended questions, thereby adding depth, nuance, and roundness to their views regarding the Strategy. Separate groups could be conducted with stakeholders and members of the public from different regions across the country (e.g., in five different cities, one discussion could be held with stakeholders and a second discussion with members of the public). These focus groups would supplement survey results and provide a deeper understanding of views on key issues.

h) Review of Funded Project Files

The FTCS funds numerous projects, through grants and contributions, that support the objectives of the Strategy. The projects that have previously been funded under the Strategy (298 projects between 2001 and 2006) include the following activities: social marketing; public education; research and policy development; and capacity building. Depending upon how many small- and medium-sized projects (i.e., aside from large demonstration projects) are funded over the final four years of the Strategy, it may be useful to review a random sample of project files. The file review will assist the evaluation team in developing a thorough understanding of the FTCS project activities and help to address a number of evaluation issues and questions. In particular, the file review will provide detailed information on a range of projects, which will enable a greater understanding of project implementation, reach and (potentially) impacts by Strategy partners.

Typically, project files include documents such as the original project proposal, interim/progress reports, financial information and, if completed, summary and final reports. To ensure an efficient and effective review of files it is advisable to develop a template to capture key information from each of the files. The review of project files would provide useful information on some questions related to the Strategy's

relevance and delivery, and if final reports with credible outcome data are available, on the success and cost-effectiveness of the Strategy's funded projects.

i) Case Studies of Funded Projects

An optional methodological component of the summative evaluation, to assess the impacts of the grants and contributions component of the Strategy, would be a series of case studies/evaluations of funded projects that are small- and medium-sized. This approach would be worth considering if enough G&C projects of this size are funded over the final four years of the FTCS. This method would be particularly useful for an in-depth assessment of the impacts of the funding as well as lessons learned on what funded intervention strategies work best. Given the lack of funded projects that conducted useful, credible impact evaluations over the Strategy's first six years, it will be essential to ensure that some solid evaluations of project impacts are undertaken over the final four years of the FTCS.

FTCS program staff could assist in the selection of a variety of suitable funded projects and in the initial contacts with selected projects, assuming that they have developed a good working relationship with the project sponsors/funding recipients. It is suggested that a sample of at least six projects be selected for evaluation, as follows:

- One medium-sized and one smaller project focused on prevention;
- One medium-sized and one smaller project focused on cessation; and
- One medium-sized and one smaller project focused on protection from second-hand smoke.

In order to guide the evaluation for each selected project, it is recommended that a basic logic model specifying the project activities and outputs, and the process by which these outputs are expected to lead to intended outcomes, be developed. In addition, a detailed evaluation plan should be prepared (i.e., with the research design, sampling strategy, data collection schedule and instruments, and analysis plan).

Some recommended evaluation design features for each project case study include:

- the collection of data for both the project (intervention) participants as well as non-participants from a comparison group – ideally a control group if an experimental design is feasible (i.e., with random assignment of individuals to the intervention group and control group – which increases the certainty with which any observed post-intervention differences between the former and latter groups can be attributed to the intervention in question as opposed to pre-existing differences between the two groups) or a non-equivalent comparison group if a quasi-experimental design is utilized;
- the collection of data on the measures of interest (e.g., number of cigarettes smoked, frequency of smoking, quit intentions and attempts for a cessation program) before, during and after the intervention for both the project participants and members of the comparison group;

- data collection for a sufficiently long period of time to ensure that any observed behavioural changes are enduring – for example, monitoring of the smoking behaviour of both project participants and comparison group members for *at least 12 months* following a cessation program; and
- the collection of data from multiple sources using multiple methods (both quantitative and qualitative), for instance:
 - ◊ a review of the project file and available reports;
 - ◊ interviews or a discussion group with project staff members;
 - ◊ interviews with TCP staff responsible for the project;
 - ◊ interviews, discussion groups, and/or a survey of individuals participating in or targeted by the project as well as members of the comparison group;
 - ◊ regular collection of measures (e.g., self-reported smoking behaviour and quit attempts) from both project participants and comparison group members; and
 - ◊ interviews, discussion groups and/or a survey of key project partners/stakeholders from a variety of relevant sectors.

j) Evaluations of Demonstration Projects

Over the remaining four years of the FTCS, the OPMM is planning to undertake some national demonstration projects focused on reducing smoking uptake among minors, increasing the quit rate, and expanding coverage of second-hand smoke bans in Canada. Demonstration projects should help identify better practices and effective evidence-based interventions in these areas. Comprehensive evaluations of some demonstration projects, which would be larger in scale than the project case studies/evaluations described above, would be a highly effective methodology for examining the implementation, causal impacts and cost-effectiveness of new and innovative approaches for preventing youth access/uptake, smoking cessation and protection from second-hand smoke. In short, this approach would be useful for identifying what works best, for whom and why, so that interventions demonstrated to be effective could be implemented in other settings following the demonstration project phase.

Some general guidelines for the evaluation of demonstration projects (which include many of the same suggestions presented above for project evaluations) include:

- Develop a logic model for the intervention/demonstration project (which is aligned with the FTCS logic models) and a detailed evaluation plan. The plan should include methods for the collection of quantitative and qualitative data from several sources, the identification of the key outcomes of interest, how the outcomes will be measured (e.g., self-report, observation, clinical tests), demographic variables of interest (i.e., characteristics of the participants that may influence the impact of the intervention, such as age, gender, education and

socioeconomic status), and the timelines for measurement (i.e., baseline measures, monitoring of the intervention/activities, post-intervention measures, follow-up measures).

- If feasible, utilize an experimental design with random assignment of participants (all of whom meet pre-determined selection criteria for the particular program) to the intervention and control groups. As noted earlier, random assignment is generally the best way to ensure that the intervention and control groups are equivalent in all respects prior to the participation of the former group in the program being tested. As a result, any differences that are subsequently observed between the two groups can be attributed to the intervention with confidence. If random assignment is not feasible, try to incorporate a non-equivalent comparison group into the evaluation design. In some situations a comparison group with the presently available standard intervention would be the most feasible approach.
- Monitor the implementation of the intervention to ensure that it is being implemented as designed and intended and also to help understand how and why it works (or does not work). Also carefully monitor the control/comparison group to help ensure that it is not exposed to unanticipated influences that could affect the outcomes being measured.
- Collect several measures of the outcomes of interest before, during and after the intervention. The frequency of and interval between measurements should be considered in relation to the stability of the outcome behaviour prior to the intervention and the expected impact of the intervention on the behaviour. Taking several measurements to observe trends over time decreases the probability that any change in outcome is due to participant maturation, problems with the data collection instrument at a single point in time or observational (Hawthorne) effects. For the FTCS, it is suggested that follow-up measures be taken for one to three years for major demonstration projects to assess the degree to which observed differences between the intervention and control/comparison groups endure over time.
- Examine costs as well as impacts/benefits in order to assess the cost-effectiveness of the intervention being tested. It is important to determine if the value of any observed benefits exceeds the costs required to produce these benefits.

k) Econometric Modelling – Measuring the Demand for Cigarettes

The econometric model is a key component of the evaluation strategy to measure program success. Given the difficulty of measuring the quantitative impacts of the G&C projects, the econometric model provides statistically rigorous evidence that can be supported by secondary lines of evidence (e.g., evaluations of G&C projects, review of retail compliance rates, analysis of mass media/social marketing campaigns). The model provides a systematic view of the TCP activities related to the FTCS and defines their impact amid the various factors that influence the Canadian demand for cigarettes.

The econometric model will examine the cigarette demand of minors (aged 15 to legal age as defined by each province) and adults (legal age and over) from 2001 to 2011. While a large number of factors may have contributed to the changes in cigarette demand, the suggested analysis uses factors that are deemed relevant and for which data exist.

The sample used in this model consists of annual survey data and other provincial and federal sources. The survey data used are from the Canadian Tobacco Use Monitoring Survey (CTUMS), while the other provincial and federal data sources include a collection provided by Health Canada and CANSIM, the Statistics Canada database. Only the 10 Canadian provinces will be included since data for the Northwest Territories, Yukon and Nunavut are not available.

The scope of the econometric model includes the impact on cigarette demand that tobacco taxation, tobacco control initiatives, regulatory interventions and socioeconomic factors have had between 1999 and 2011. To assess the impact of these factors, the model divides cigarette demand into two components: smoking prevalence and cigarette consumption.

- Smoking prevalence: to smoke or not to smoke? – The decision to smoke among Canadians.
- Consumption: how much to smoke? – Smoking intensity of smokers identified in the Canadian population.

The adopted methodology attempts to model cigarette demand using the two previous questions as two equations. Estimating cigarette consumption depends on the decision to smoke. Therefore the model needs to take into account that the two equations are correlated.

The Heckman two-step model reflects such a correlation between prevalence and consumption equations, and allows for the estimation of the equations within a whole model. The model sets about to estimate an initial probit regression that calculates the effect of the socioeconomic variables and those of Health Canada on smoking prevalence.

The equations differ for each of the age groups. In other words, the variables chosen are not the same in the two equations – certain variables are specific to the age groups. Thus, in order to more accurately estimate the consumption regression, the “time smoked” variable for both age groups is added. In addition, for adults an exclusion variable (children at home) in the participation regression is used.

The model makes it possible to assess the main effects on the likelihood of being a smoker. After this, Ordinary Least Squares (OLS) regression is used to estimate the effects of the socioeconomic variables and those of Health Canada on daily consumption, also called conditional demand. This second regression allows for measurement of factors affecting smoking intensity among smokers (identified in the probit regression).

D) Cost-Effectiveness (Value for Money) Analysis

A risk-based simulation approach will be used to test for a range of scenarios that incorporate key life and economic indicators. The adopted risk-based simulation approach investigates the differences between the expected data (between the fiscal years 2001-02 and 2010-11) for Canadian smoking prevalence under the condition that the FTCS was not implemented, and the data around what actually occurred. This approach was used in the midpoint evaluation and will be replicated to understand both the impact of the final four years and the overall impact of the 10-year Strategy, with the primary focus on the latter.

The differences that result from the comparison depict whether progress has been made in Canadian tobacco control above and beyond what was expected prior to the implementation of the FTCS. For this purpose, a 35-year simulation period (2001 to 2036) that assumes no incremental tobacco control interventions were implemented between 2001-02 and 2010-11 is compared to a 25-year simulation period (2011 to 2036) that incorporates the Health Canada and provincial interventions conducted between fiscal years 2001-02 to 2010-11.

The scope of risk-based simulation will cover the impacts of smoking prevalence changes and tobacco consumption changes upon the incidence, prevalence, mortality, disability adjusted life years and key economic impacts of the disease groups of cancer, circulatory diseases and chronic obstructive pulmonary disease.

The difference between the 2001 and 2011 simulation periods will be assumed to be attributed to the events that took place between 2001 and 2011, which in this case are the tobacco control programs implemented across Canada between 2001 and 2011. The differences between the 2001 and 2011 smoking prevalence simulations are dependent upon two key assumptions:

1. the change in smoking prevalence is assumed to be directly related to the total investment in tobacco control across Canada; and
2. the change in smoking prevalence attributed to provincial and federal governments is assumed to be directly related to each level of government's share in total spending on tobacco control.

These assumptions are required as a consequence of the absence of detailed data that would have otherwise made attribution of tobacco control gains and losses attributable to the many participants in Canadian tobacco control.

The analytical methodology for this analysis utilizes a risk management approach within the populations modelling framework in which both the cost-effectiveness of past policy decisions and tobacco control interventions will be assessed per the following:

- A 35-year risk-based simulation scenario, from 2001 through to 2036, will be generated assuming no Health Canada plans or interventions between 2001 and 2011. This simulation will provide a counterfactual based case for the computation of all cost-effectiveness metrics that may accrue from Health Canada plans or interventions between 2001 and 2011;
- A 25-year risk-based simulation scenario, from 2011 through to 2036, that incorporates Health Canada interventions implemented between 2001 and 2006 will be generated. Combined with Health Canada tobacco control intervention realizations between 2001 and 2011, and as compared against the 35-year based case simulation, the results will provide for the measurement of opportunity gains and costs that can be reasonably associated with Health Canada tobacco control intervention realizations;
- Both risk-based simulation scenarios will incorporate key life metrics such as the incidence, prevalence, mortality and potential years of life lost due to premature death and disability associated with the disease groups of circulatory diseases, chronic obstructive pulmonary disease and cancer;
- Both risk-based simulation scenarios will incorporate key economic metrics (in terms of yearly future values and 2011 net present values) such as wages, corporate profitability, taxation revenues (without related tobacco taxation impacts), direct health care costs, and the opportunity cost of funds associated with intervention investment; and
- The cost-effectiveness analysis will incorporate the cost and effects of each Health Canada tobacco control intervention by computing the ratio of incremental cost to incremental effect across: (1) the expected life and economic outcomes derived from simulation; (2) the 95 per cent upper bound outcomes derived from simulation²²; and (3) the 95 per cent lower bound outcomes derived from simulation. In this way, the cost-effectiveness analysis will not only incorporate the expectation values of simulation, but will also indicate how Health Canada tobacco control interventions could change the risks and rewards of potential life and economic impacts associated with exposure to tobacco smoke.

The assessment of the FTCS effectiveness is based on comparison between the 2011 simulation scenario (intervention case) and the 2001 simulation scenario (base case which assumes no tobacco control intervention). The relative differences between these scenarios are quantitatively modeled using Monte Carlo algorithms, providing information as to the realized and potential risk and rewards faced by different Canadian agents. This requires changes to be allocated to the proper agents in the Canadian system using life and economic return metrics. Given the financial and time constraints, the agents considered will be generalized as:

²² Note that reference to 95% lower and upper bounds is not a statistical measure derived from a variance, rather it is a measure of the range that incorporates 95% of the upper expected and lower expected paths that a variable can take given a specific history set.

- The Canadian population to which key total life measures are allocated. These include disease incidence, mortality, prevalence, potential years of life lost due to disability, and potential years of life lost due to premature death;
- The Canadian public sector (Canadian Governments) to which the key economic value metrics are allocated. The relevant return measure for this group is the public sector disposable income. This metric includes a breakdown of personal income taxes, corporate income taxes, consumption taxes, direct health care costs and tobacco control intervention costs; and
- The Canadian private sector to which key economic value metrics are allocated. The relevant return measure for this group is private sector disposable income. This metric includes a breakdown of personal wages (less personal income taxes) and corporate profits (less corporate income taxes).

Cost-effectiveness will then be computed for the Canadian public sector annually (across each of the evaluation metrics noted above) as the present value of benefits less the present value of costs. A 2011 net present benefit/cost will then be used to aggregate each yearly result and to compute a present value payback period and 25-year rate of return in excess of federal government funding interest expenses.

The current model consists of four dependent modules which together simulate the possible smoking prevalence, its effects upon life measures (associated with the presence of the chronic disease) as well as the associated economic burden. The simulation within each module is carried out based upon a set of coupled diffusion equations in which the past dynamics determine the possible future behaviour across 100 independent age groups. Such future behaviour is not represented by a unique solution (forecast) but rather by a set of possible solutions (possibility space). Each possible future solution is simulated on a discrete lattice of step sizes Δa and Δt . The simulation produces a set of possible future population, risk factor, disease as well as economic solutions which together represent the life and economic perspectives of the posed problem (burden of the chronic disease).

The solution is presented with respect to the following life measures:

- Disease incidence (crude and age standardized counts of the annual new cases);
- Disease mortality (crude and age standardized counts of the annual death cases which are attributed to the disease);
- Disease prevalence (crude and age standardized counts of the number of people living with the disease); and
- DALY (Disability Adjusted Life Years lost due to the disease).

The solution is presented with respect to the following economic measures:

- Impacts upon wages which have been earned;
- Impacts upon corporate profits;
- Impacts upon government taxation revenue; and
- Impacts upon health costs.

The model used to measure value for money is complex and a fuller description of this methodology can be found in the report on the summative evaluation of the first five years of the FTCS.

m) Expert Interviews/Panel

Interviews with tobacco control experts from academia, government as well as the private and non-profit sectors would be extremely useful in assessing evaluation issues regarding FTCS relevance, probable impacts, needed improvements and alternatives. Expert interviews could be conducted in-person or over the telephone.

An enhanced approach to expert interviews, suitable for the summative evaluation stage, would be a Delphi panel discussion with experts. This methodology would require a similar group of experts and address similar issues as the interviews. A Delphi panel methodology is an effective approach for obtaining the informed, intuitive opinions of experts toward the issues at hand as well as for achieving a consensus opinion on crucial matters. In this approach, carefully selected panellists would be sent by e-mail an information package describing the FTCS and its objectives as well as a questionnaire based on the evaluation issues. After panellists have completed and returned the questionnaire, the results would be analyzed, summarized and returned to the panellists with a second questionnaire. This process continues until a reasonable degree of consensus has been reached on crucial issues.

The key feature of the Delphi approach is the iterative nature of the process whereby panellists are informed of the aggregate results of each of a series of questionnaire consultations, and asked to reconsider their initial response in light of the group's perceptions. Thus, each panellist has the opportunity to consider the views of other experts, with minimal interference from the social influences that accompany face-to-face group discussions. Moreover, because the Delphi approach utilizes a questionnaire, the evaluator is not limited by the location of the expert as would be the case in a face-to-face panel discussion.

n) Integrated Analysis

The evaluation of the FTCS will include a number of lines of evidence, both quantitative and qualitative, and thus will require careful integrated analysis and reporting to present a coherent set of findings, evidence-based conclusions and recommendations. In the integrated analysis, the evidence from the difference sources should be triangulated to identify issues on which the evaluation findings converge and to help reconcile any incomplete or contradictory findings. As an option at the summative evaluation,

the integrated analysis could be supplemented with a search conference (described below) in order to refine the evaluation conclusions and recommendations and to assess future directions for the Strategy.

o) Search Conference

As an option, the integrated analysis for the summative evaluation could be supplemented with a search conference in order to refine the integration of results and assess future FTCS directions. A panel of FTCS managers, stakeholders and experts would be sent copies of the evaluation report for review and commentary. (Participants in the expert Delphi panel, if conducted, would be included in the search conference.) At a face-to-face conference/meeting, panellists would be guided through the evaluation results and asked to comment. In particular, panellists would discuss the degree to which the Strategy has contributed to preventing tobacco attributable disease and death in Canada and internationally. Panel comments would be synthesized and discussed in an effort to reach a consensus on the key recommendations for future directions of the Strategy. The results would be integrated into the report.

5.4 ASSESSING THE SUCCESS OF KEY AREAS OF FTCS ACTIVITY

In this section, the approach for assessing the degree of success and impacts of three major areas of activity under the Strategy is described – grants and contributions, national social marketing campaigns and regulatory interventions.

a) Assessing the Impacts of Grants and Contributions

A key element to measuring success of the FTCS comes through understanding the impact of G&C funded projects. Between 2001 and 2006, the FTCS funded 298 G&C projects with total expenditures of \$58M. The original evaluation strategy involved evaluating each G&C project separately, with an attempt made to collect data on key indicators that could be used as part of a meta-analysis. The midpoint summative evaluation revealed significant problems with the evaluations, and concluded that only 11 of the 298 projects produced statistically rigorous impact results.

This finding will result in a shift in emphasis away from funding a large number of small projects, to funding large-scale demonstration projects during the final four years of the FTCS. Although small projects may still be implemented, the focus of the final summative evaluation will ultimately be on the data collected from these large-scale projects. These projects will focus on reducing smoking uptake among minors, increasing the quit rate, and expanding the coverage of second-hand smoke bans in Canada.

As discussed earlier, comprehensive evaluations of the large scale demonstration projects will represent an effective methodology for examining the implementation, causal impacts and cost-

effectiveness of new and innovative approaches for preventing youth access/uptake, for smoking cessation and for protection from second-hand smoke. In short, this approach will be useful for identifying what works best, for whom and why, so that interventions demonstrated to be effective could be implemented in other settings following the demonstration project phase.

To avoid the problem identified in the midpoint evaluation of the FTCS concerning poor quality data for many G&C projects (a problem also identified in evaluations of the two previous strategies – the Tobacco Control Initiative (TCI) 1997-2001 and the Tobacco Demand Reduction Strategy (TDRS) 1994-1997), specific guidelines for evaluating demonstration projects are recommended. Key elements for all demonstration project evaluations include:

- Experimental design using control groups with random assignment of participants to the intervention and control groups. Although sometimes difficult to implement, random assignment is the only method which will ensure that the intervention and control groups are equivalent in all respects, prior to the participation of the former group in the program being tested. As a result, any differences that are subsequently observed between the two groups can confidently be attributed to the intervention.
- A logic model for the intervention/demonstration project that clearly follows the FTCS logic models (presented in Chapter Three).
- A detailed evaluation plan. The plan should include methods for the collection of quantitative and qualitative data from several sources, the identification of the key outcomes of interest, how the outcomes will be measured (i.e., self-report, observation, clinical tests), demographic variables of interest (i.e., characteristics of the participants that may influence the impact of the intervention, such as age, gender, education and socioeconomic status), and the timelines for measurement (i.e., baseline measures, monitoring of the intervention/activities, post-intervention measures, follow-up measures). Outcomes and indicators should conform to those identified for the FTCS (see Table 4.1 in Chapter Four), although additional outcomes can be measured.
- Conducting formative evaluations to monitor the implementation of the intervention in order to ensure that it is being implemented as designed and to understand how and why it works (or does not work). Also, careful monitoring of the control/comparison group should be done to help ensure that it is not exposed to unanticipated influences which could affect the outcomes being measured.
- Collecting data before, during and after the intervention and following participants for at least 12 months after they have completed the program. The frequency of, and interval between, measurements should be considered in relation to the stability of the outcome behaviour prior to the intervention and the expected impact of the intervention on the behaviour. Taking several measurements to observe trends over time decreases the probability that any change in outcome is due to participant maturation, problems with the data collection instrument at a single point in time, or observational (Hawthorne) effects. For the FTCS, it is suggested that follow-up measures be taken for one to three years for major demonstration projects to assess

the degree to which observed differences between the intervention and control/comparison groups endure over time.

- Examine costs as well as impacts/benefits in order to assess the cost-effectiveness of the intervention being tested. It is important to determine if the value of any observed benefits exceeds the costs required to produce these benefits.

The data collected from the demonstration projects would be used to assess the findings of the econometric model and, if a sufficient number of demonstration projects are implemented, new econometric models would be developed to assess various intervention strategies.

b) Assessing the Impacts of National Social Marketing Campaigns

At this time, the implementation of large social marketing campaigns is not planned during the final four years of the FTCS. However, when such campaigns are run, a more rigorous evaluation methodology would be implemented.

The midpoint evaluation of the FTCS revealed that the research tools used to assess the objectives of the campaigns were not sufficient. Many research projects were not designed to compare pre- and post-campaign effects, either due to the fact that sufficient baseline measurement 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.

Specific methodological problems with the analysis of the social marketing campaigns included the following:

- baseline samples were not followed through to analyze actual changes (i.e., different groups of people were surveyed at different time intervals);
- a theoretical control group, composed of survey respondents who did not recall the campaign, was used rather than an actual control group;
- not all public opinion surveys asked questions on smoking knowledge, attitudes and/or behaviour;
- there were incomplete data sets, which did not allow for proper weighting of results;
- respondents outside the target audience were sampled; and

- there was a lack of clarity in language used to code data.

Future social marketing campaigns would use a revised methodology that addresses these issues. Pre- and post-campaign samples would be used for all public opinion research and would track the same group of respondents. Questions used to assess effectiveness, including attitudinal and behavioural questions, would be consistent and drawn from an indicator databank used to measure all FTCS interventions. Larger samples with clearly specified and relevant target groups would also be used.

c) Assessing the Impacts of Regulatory Interventions

Assessing the impact of regulatory interventions is an extremely important element in understanding the overall success of the Strategy.

Under the FTCS, the Office of Regulations and Compliance (ORC) is involved in two main activity areas: the development of new regulations; and the compliance and enforcement activities relating to existing regulations. There are four areas of regulation that require compliance and enforcement activities: promotion regulations, youth access regulations, labelling regulations and reporting regulations. The following provides a brief overview of the approaches that have been used to assess the impacts of these activities during the first six years of the FTCS:

- Promotion Regulations: Compliance with these regulations is tracked through the Tobacco Compliance Information Monitoring System (TCIMS) based on regular monitoring by federal and provincial inspectors.
- Youth Access Regulations: Retailer compliance with youth access regulations is monitored in four ways: administrative checks, enforcement checks, surveillance, and compliance follow-up. These compliance activities are conducted by federal and provincial inspectors. Performance is monitored through a retailers behaviour survey.
- Labelling Regulations: Here, performance is tracked through public opinion research studies that gauge the public response to the health warnings and health information messages.
- Tobacco Reporting Regulations: The Report Control Database tracks the number of reports that are submitted in accordance with the regulation; however, it does not track the application of the information.

The effectiveness of the measures used to test retailer compliance are problematic for determining a true measure of retailer compliance, as the total number of tobacco retailers is not currently known. In the case of inspections by provincial inspection officers, they do not have access to the TCIMS system; therefore, there are no entries for administrative or enforcement checks in the provinces where these are conducted by provincial inspectors. In addition, TCIMS has a number of data quality issues, including duplication of entries, very specific entry criteria, ambiguous fields and no review or check function to catch data entry errors or duplicate entries. This has meant that important compliance data are either not being captured or improperly captured; therefore, it is recommended that the FTCS undertake measures to

increase the quality of compliance data, to the extent possible. This is being remedied through the implementation of a new TCIMS version planned for 2007-2008.

The assessment of the impact of regulations and compliance activities for the next four years of the FTCS will involve a number of methodologies (described in Section 5.3) to collect data on the performance indicators associated with each outcome. These data collection methods are comprised of both existing methods (e.g., CTUMS) and new methods (e.g., survey of the tobacco control community). The following is a brief description of the methods that are suggested to assess the impact and success of legislative and regulatory interventions.

The impact of retailer compliance activities supporting enforcement of restrictions on youth access to tobacco products will be assessed using administrative data, a retailer compliance survey and compliance reports.

In addition, findings from CTUMS and YSS will be used to measure the impact of activities (e.g., activities of federal and provincial inspectors) among the general public directed at decreasing youth access to tobacco products. Specifically, these methodologies will be used to measure the proportion of young people who report being sold tobacco products by retailers or obtaining tobacco products from a social source.

5.5 ESTIMATED EVALUATION COSTS

Estimating the total cost for the evaluation of the FTCS is difficult. However, the total amount of funding for evaluation activities (including data collection through surveys such as CTUMS and YSS) will meet the TB requirement of at least 10 per cent of the total budget for Health Canada's FTCS-related activities.

It is also difficult to determine the exact amount spent on evaluation activities in the first five years of the FTCS. Knowing this figure would help in developing an estimate for completing the 2010-11 evaluation.

Specific estimated costs related to the assessment of each major evaluation issue include:

- Cost-effectiveness – \$350,000;
- Relevance – \$500,000;
- Success – \$5,000,000; and
- Design and delivery – \$100,000.

The estimated costs of the suggested methodological components (both core and optional components) of the FTCS formative and summative evaluations are presented in Table 5.2.

Table 5.2: Estimated Costs of Methodological Components

Methodology	Formative Evaluation	Summative Evaluation
Research Design	Preliminary review of pertinent literature and research Design and pre-test data collection instruments and sampling strategies (\$15,000)	Preliminary review of pertinent literature and research Design and pre-test data collection instruments and sampling strategies (\$30,000)
Review of Documentation, Secondary Data and Literature	Basic needs analysis Basic review of existing documentation, data and literature (\$15,000)	Comprehensive needs analysis Comprehensive review of existing documentation, data and literature Comparative analysis of similar programs in other countries (\$30,000)
Analysis of Administrative and Performance Data	Basic review and analysis of administrative and performance data (\$10,000)	Comprehensive review and analysis of administrative and performance data (\$20,000)
Key Informant Interviews	Structured in-person or telephone interviews with key informants and stakeholders (n=25) (\$20,000)	Structured in-person or telephone interviews with key informants and stakeholders (n=50) (\$40,000)
On-line Stakeholder Survey of Tobacco Control Community	--	Stakeholder survey of tobacco control community (n=250) (\$30,000)
Survey of the Public	Survey of general public, over-sampling smokers and youth (n=2,000) (\$185,000)	Survey of general public, over-sampling smokers and youth (n=2,000) (\$185,000)
Focus Groups (Optional)	--	Focus groups with FTCS stakeholders (n=5) and members of the public (n=5) (\$40,000)
Review of Funded Project Files (Optional)	Review of a sample of 50 project files (\$10,000)	Review of a sample of 50 project files (\$10,000)
Case Studies of Funded Projects (Optional)	--	Case studies/evaluations of a sample of 6 funded projects (\$450,000)
Demonstration Project Evaluations¹	--	Prevention Projects (\$23.4 million over 4 years) Cessation Projects (\$24 million over 4 years) Protection Projects (\$16 million over 4 years)
Econometric Modelling	--	Econometric modelling to measure program success (\$100,000)

Methodology	Formative Evaluation	Summative Evaluation
Cost-Effectiveness Analysis	--	Cost-effectiveness analysis utilizing risk-based simulation approach (\$350,000)
Expert Interviews/Panel (Optional)	Basic round of interviews with experts in tobacco control (n=5) (\$1,000)	Delphi panel of experts in tobacco control (n=10) (\$20,000)
Search Conference (Optional)	--	Conference of key stakeholders and experts to discuss the evaluation results, implications, recommendations and future directions for the FTCS (\$50,000)
Integrated Analysis and Reporting	Integrated analysis of findings from various components and reporting (\$20,000)	Integrated analysis of findings and reporting (\$50,000)

¹ Estimated costs for the implementation and evaluation of national demonstration projects include salaries and benefits for both national and regional OPMM staff.

5.6 EVALUATION SCHEDULE AND REPORTING REQUIREMENTS

The success of the Federal Tobacco Control Strategy is based on the mandates, skills and expertise of a range of partners. While Health Canada takes the lead role in the Strategy, the efforts of PSEPC, RCMP, ODPP, CRA, and CBSA are critical to the success of tobacco control. The following section sets out the key commitments regarding communication and information sharing among the various partners in order to maximize the success of the program.

- **Minister of Health:** The Minister of Health will present a summative evaluation on the FTCS in 2011. In addition, the Minister of Health will provide information on tobacco control in the annual Report on Plans and Priorities and Departmental Performance Report.
- **Tobacco Control Programme:** TCP reports to the Minister of Health through the Healthy Environments and Consumer Safety Branch (HECSB). TCP, as the lead delivery agent for the FTCS, also has responsibilities to other branches, units and departments involved in the delivery of the Strategy. The following describes the ways in which TCP ensures accountability:
 - ◇ **Public Affairs, Consultation and Regions Branch:** TCP will work with the Marketing and Consultation Directorate to plan and deliver effective mass media and communications activities.
 - ◇ **Health Policy and Communications Branch:** TCP will work with the International Affairs Directorate to develop Canada's contributions to international tobacco control initiatives (e.g., FCTC).

- ◇ **Tobacco Control Liaison Committee (TCLC):** The DG of TCP is the co-chair and the Director of Policy and Strategic Planning is a member of the TCLC Working Group. The TCLC is comprised of members of each of the 13 provinces and territories, it meets twice a year and has monthly teleconferences. The TCLC shares information among members, establishes joint priorities and produces an Annual Progress Report to Ministers.
- ◇ **Grants and Contributions:** Grants and contributions have clear accountability requirements built into the terms and conditions. Responsibility for audits and evaluations is clearly identified in the Risk-Based Audit Framework (RBAF).
- ◇ **Other Government Departments:** TCP will make available, to other federal partners, information pertaining to monitoring, results and information concerning other tobacco control activities.
- ◇ **Shared Accountability:** Health Canada, in partnership with PSEPC, RCMP, ODPP, CRA, and CBSA, will report on the performance of the Federal Tobacco Control Strategy through the Parliamentary reporting process using the Report on Plans and Priorities and the Departmental Performance Report. In addition, regular meetings will be held to discuss areas of shared responsibility and options for reporting.

An interdepartmental committee on taxation, chaired by the Department of Finance, will provide a forum for the sharing of information regarding monitoring the impacts of tax increases and issues relating to future tax increases.

Accountability for the results of each federal partner will rest within the respective departments/agencies.

Additional reports based on the evaluation strategy, including annual performance reports, a formative evaluation report in 2008-09 and a summative evaluation report in 2010-11, will be produced at key intervals during the Strategy timeframe.

A suggested schedule for the FTCS formative and summative evaluations is presented in Table 5.3. Recommended performance measurement and evaluation reports are also specified.

Table 5.3: Evaluation Schedule

2007-08	
Apr. 2007	Implementation of FTCS evaluation plan
Apr. 2007-Mar. 2008	Design of enhanced FTCS Performance Monitoring System
Oct. 2007-Mar. 2008	Draft research design for Formative and Summative Evaluation
Ongoing	Planning and implementation of demonstration project evaluations
Jan.-Mar. 2008	Annual survey of the general public
Mar. 31, 2008	Annual FTCS Performance Report
2008-09	
Apr.-Oct. 2008	Selection and planning for case studies/evaluations of funded projects
Nov. 2008	Finalized research design for Formative Evaluation
Dec. 2008-Jan. 2009	Data collection for Formative Evaluation
Ongoing	Continuation of demonstration project evaluations
Jan.-Mar. 2009	Annual survey of the general public
Feb.-Mar. 2009	Integrated analysis and reporting for Formative Evaluation
Feb. 15, 2009	Draft Report on Formative Evaluation
Mar. 7, 2009	Revised Draft Report on Formative Evaluation
Mar. 31, 2009	Annual FTCS Performance Report
Mar. 31, 2009	Final Report on Formative Evaluation
2009-10	
Ongoing	Continuation of demonstration project evaluations
Jan.-Mar. 2010	Annual survey of the general public
Mar. 31, 2010	Annual FTCS Performance Report
2010-11	
July-Aug. 2010	Finalized research design for Summative Evaluation
Sept.-Dec. 2010	Data collection for Summative Evaluation
Ongoing	Continuation of demonstration project evaluations
Jan.-Mar. 2011	Annual survey of the general public
Jan.-Mar. 2011	Integrated analysis and reporting for Summative Evaluation
Jan. 31, 2011	Draft Report on Summative Evaluation
Feb. 2011	Search conference (optional)
Mar. 7, 2011	Revised Draft Report on Summative Evaluation
Mar. 31, 2011	Final Report on Summative Evaluation

APPENDIX A
PERFORMANCE MEASUREMENT
OF OUTPUTS

**FTCS 2011 Integrated Planning Table: Performance Measurement of Outputs
Health Canada Offices and Federal Partners**

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
OBJECTIVE 1: Reduce the prevalence of smoking among youth (ages 15-17) from 15% to 9% (185,000 to 125,000).								
<i>1.1 Regulations/Compliance (including litigation, monitoring contraband, and tax collection)</i>								
1.1.1 Development and implementation of new restrictions on promotion and ongoing compliance monitoring of promotional activities	ORC	<ul style="list-style-type: none"> › Regulations prepared, approved or implemented › Inspections › Investigations › Compliance promotion 	<ul style="list-style-type: none"> › Reduced promotion 	<ul style="list-style-type: none"> › Retailers › Industry › PTs 	<ul style="list-style-type: none"> › Number of regulations proposed, approved or implemented › Number of inspections › Number and type of investigations › Number of compliance promotion activities 	<ul style="list-style-type: none"> › TCIMS (Internal database) 	<ul style="list-style-type: none"> › ORC 	<ul style="list-style-type: none"> › Annually
1.1.2 Monitor compliance with and enforce sales to Youth Prohibition	ORC	<ul style="list-style-type: none"> › Inspections › Investigations › Compliance promotion › Enforcement agreements 	<ul style="list-style-type: none"> › Reduced youth access 	<ul style="list-style-type: none"> › Retailers › Non-retail sources (youth, adults) 	<ul style="list-style-type: none"> › Number of inspections › Number and type of investigations › Number of compliance promotion activities › Youth smoking prevalence › Retailer compliance 	<ul style="list-style-type: none"> › TCIMS (internal database) 	<ul style="list-style-type: none"> › ORC › YSS › CTUMS 	<ul style="list-style-type: none"> › Annually
<i>1.2 Research and Policy Development</i>								
1.2.1 National Tobacco Prevention Demonstration Projects National demonstration projects will enable the testing and evaluation of new and innovative tobacco prevention interventions for youth and young adults. In particular, the demonstration projects will: identify "best practices" in prevention; help to reduce health inequities for smokers from lower socio-economic backgrounds; test the effectiveness of social marketing campaigns in reducing youth smoking; identify cost-effective and integrated approaches to tobacco prevention; increase the number of skilled practitioners working in tobacco prevention; and yield extensive new knowledge and resources to assist communities across Canada to design and	OPMM	Completed, evaluated, evidence-based prevention demonstration projects in a variety of settings, resulting in: <ul style="list-style-type: none"> › Better practices identified › Evaluation report › Report on lessons learned on how to reduce smoking through regional mass media › Cost-effective and integrated tobacco prevention approaches › Public further educated on risks associated with tobacco use among youth (outcome) › Informed practitioners, researchers, and policy makers › Prevention working groups 	<ul style="list-style-type: none"> › Uptake of new prevention knowledge and practices in communities across Canada › More cost-effective, prevention programs › Reduced youth/young adult uptake of tobacco in those communities with demonstration projects › National and international youth engagement interventions › Tobacco prevention integrated in school-based healthy living programs › New regional tobacco 	<ul style="list-style-type: none"> › Youth/young adults › Researchers › Educators › Parents › Decision makers › Practitioners › Youth organizations › P/Ts › Researchers › Educators › Parents 	<ul style="list-style-type: none"> › Number and type of evaluated demonstration projects › Number of evaluation and other reports produced › Number of better practices identified and lessons learned › Number and type of prevention approaches identified › Number of informed practitioners, researchers, and policy makers › Number of working groups 	<ul style="list-style-type: none"> › OPMM documents/files › Policy and regulatory decisions › Demonstration project evaluation reports › CTUMS › YSS › Surveys › Evaluation reports › Published reports 	<ul style="list-style-type: none"> › OPMM 	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation (2008-09) › Summative evaluation (2010-11)

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
<p>deliver effective prevention programs. Examples of potential national demonstration projects include:</p>			<p>social marketing resources & activities in support of prevention initiatives</p> <ul style="list-style-type: none"> › New prevention interventions for high-risk youth e.g. urban/rural Aboriginal youth; dual addicted youth › Youth better informed of risk associated with smoking › Planning & delivery of more effective cessation interventions that ensure minimum standards of service 					
<p>1.2.2 Implementation of "FPT Youth/Young Adult Framework for Action on Tobacco"</p>	<p>OPMM / RCMP</p>	<ul style="list-style-type: none"> › Implemented FPT Framework › FPT collaborations 	<ul style="list-style-type: none"> › Increased FPT coordination & collaboration on Tobacco Prevention Programming, Mass Media, Policies, Legislation, etc. 	<ul style="list-style-type: none"> › FPT governments › Health practitioners › NGOs › Youth/young adults 	<ul style="list-style-type: none"> › Framework implementation › Number and type of FPT collaborations on youth prevention programs and strategies 	<ul style="list-style-type: none"> › OPMM documents/files › Annual TCLC progress report › Surveys of FPT officials and other key stakeholders 	<ul style="list-style-type: none"> › OPMM 	<ul style="list-style-type: none"> › Annual performance reporting
<p>1.2.3 Development and implementation of Social Sources Action Plan (*could include public education awareness and enforcement activities)</p>	<p>ORC / OPMM</p>	<ul style="list-style-type: none"> › Social Sources Action Plan 	<ul style="list-style-type: none"> › As laid out in to be developed Action Plan 	<ul style="list-style-type: none"> › As per Action Plan 	<ul style="list-style-type: none"> › Action Plan developed › As per Action Plan 	<ul style="list-style-type: none"> › CTUMS › YSS 	<ul style="list-style-type: none"> › ORSE for data collection 	<ul style="list-style-type: none"> › Annually

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
<i>1.3 Knowledge Development and Transfer</i>								
1.3.1 Build Evidence Base Related to Youth Smoking	OPMM	<ul style="list-style-type: none"> › Prevention research reports › National Smoking Prevention Guidelines for researchers and practitioners › Knowledge of effective prevention interventions among service providers › Strong linkages between policy makers, researchers and practitioners 	<ul style="list-style-type: none"> › Increased knowledge of youth experimentation, youth uptake, and high risk youth populations, etc. › Increased knowledge of the impact of youth resiliency, low social cohesion; and other addictions on youth smoking behaviours › Evidence-based prevention programs Enhanced relationships between policy makers, researchers and practitioners › Best practices in prevention readily accessible to practitioners › Planning & delivery of more effective cessation interventions that ensure minimum standards of service 	<ul style="list-style-type: none"> › Researchers › Practitioners › Policy makers › Parents › Educators › Youth/Young adults 	<ul style="list-style-type: none"> › Number and type of research reports produced › Extent and type of new knowledge relating to prevention › Uptake of knowledge in prevention programs/ policies › Prevention Guidelines in place › Guidelines evident in more programs › Recognition of Guidelines as an effective tool › Number of researchers and practitioners using Practice-Based Research Networks 	<ul style="list-style-type: none"> › OPMM documents/files › Research publications › Researcher and practitioner surveys 	<ul style="list-style-type: none"> › OPMM 	<ul style="list-style-type: none"> › Annually (process report)

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
<i>1.4 Public Education</i>								
1.4.1 Transfer and Uptake of Tobacco Prevention Knowledge and Practices	OPMM	<ul style="list-style-type: none"> › Inventory of better practices in prevention › Evidence-based prevention programs; identification of under-served communities › Practice-Based Research Networks › Public further educated on risks associated with tobacco use among youth (outcome) › Trained and informed practitioners › Prevention materials 	<ul style="list-style-type: none"> › Increased public receptivity to importance of helping youth stay smoke-free › Reduced number of youth who receive cigarettes from social sources › Increased number of evidence-based prevention interventions › Strong partnerships and collaborations between researchers and practitioners across the country › Readily accessible information on the risks associated with tobacco use › Enhanced transferability of knowledge and resources › Reduced disparities among underserved youth and communities › More practitioners trained in effective tobacco prevention across the country 	<ul style="list-style-type: none"> › General population smokers & non-smokers › Decision makers › Youth/young adults › Parents › Researchers › Practitioners 	<ul style="list-style-type: none"> › Number of better practices identified › Number of new evidence-based prevention programs › Number of new practice-based research networks established across Canada › Uptake of new prevention knowledge and resources across Canada › Number of practitioners trained › Increase in number and type of prevention information sources, e.g., websites, e-based training programs, publications, regional workshops, research reports, etc. › Improved prevention services for high-risk youth across Canada 	<ul style="list-style-type: none"> › OPMM documents/files › POR Results › Survey Results › Progress reports › Websites › Publications 	› OPMM	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation (2008-09) › Summative evaluation (2010-11)
<i>1.5 Programme Management</i>								

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
OBJECTIVE 2: Increase the number of smokers who quit smoking by 1.5 million.								
<i>2.1 Regulations/Compliance</i>								
2.1.1 Continued renewal of package labelling requirements (linking to Public Awareness Cessation Strategy) and enforcement of current and future provisions	ORC / OPMM, ORSE, OPSP	<ul style="list-style-type: none"> › Regulations proposed, approved or implemented › Integrated public education/social marketing campaigns and materials › Inspections › Investigations › Compliance promotion 	<ul style="list-style-type: none"> › Product labelling requirements and provisions are enforced effectively 	<ul style="list-style-type: none"> › Industry › TCP › PTs 	<ul style="list-style-type: none"> › Number of regulations proposed, approved or implemented › Number and type of education/social marketing campaigns and materials › Number of inspections › Number of investigations › Number of compliance promotion activities 	<ul style="list-style-type: none"> › TCIMS (internal database) › ORC files 	<ul style="list-style-type: none"> › ORC/ OPMM 	<ul style="list-style-type: none"> › Annually
<i>2.2 Research and Policy Development</i>								
2.2.1 Develop departmental linkages/approach concerning nicotine products and TCP Cessation strategies	OPSP/ OPMM	<ul style="list-style-type: none"> › Working group tasked to develop policy statements › Meetings/consultations within HC (HPB, HECSB, HPFB) › Nicotine policy statement 	<ul style="list-style-type: none"> › Improved coordination within HC (HPB, HECSB and HPFB) on nicotine policy issues 	<ul style="list-style-type: none"> › HC(HPB, HECSB, HPFB) › FPT Partners 	<ul style="list-style-type: none"> › Working group formed › Number of meetings between HPB, HECSB and HPFB › Nicotine policy statement in place 	<ul style="list-style-type: none"> › OPSP documents/files › Working group meeting documents (e.g., RODs) › Policy position paper 	<ul style="list-style-type: none"> › OPSP 	<ul style="list-style-type: none"> › Annual performance reporting
2.2.2 Develop strategic policy linkages with relevant partners regarding tobacco, nicotine addiction, and other risk factors	OPSP	<ul style="list-style-type: none"> › Discussion papers › Policy documents › Expert Panel results 	<ul style="list-style-type: none"> › Improved internal/external coordination 	<ul style="list-style-type: none"> › HC › FPT › NGOs › Academia › Stakeholders 	<ul style="list-style-type: none"> › 	<ul style="list-style-type: none"> › OPSP documents and files 	<ul style="list-style-type: none"> › OPSP 	<ul style="list-style-type: none"> › Bi-annually
<i>2.3 Knowledge Development and Transfer</i>								
2.3.1 Build Evidence Base Related to Tobacco Cessation Activities will be undertaken to:	OPMM	<ul style="list-style-type: none"> › Cessation research reports › National Smoking Cessation Guidelines for researchers and practitioners › Accreditation standards/ mechanisms for assessing potential programs/process for reviewing/monitoring accredited programs/ monitoring national accredited programs (e.g., 1-800 quitlines) › Evidence-based cessation interventions; knowledge of 	<ul style="list-style-type: none"> › Enhanced knowledge of such factors as: best practices in cessation; motivating and helping smokers (including occasional smokers) to quit; relapse prevention; cessation strategies for high-risk smokers; and examination of effective risk communication messages › National Cessation 	<ul style="list-style-type: none"> › Smokers of all ages › Practitioners › Researchers › Health professionals › Educators › Decision makers 	<ul style="list-style-type: none"> › Number and type of research reports produced › Extent and type of new knowledge relating to cessation › Implementation and uptake of national cessation guidelines › Level of interest in and uptake of accreditation standards › Number and type of evidence-based cessation interventions › Degree to which practitioners, policy makers and researchers 	<ul style="list-style-type: none"> › OPMM documents/files › Research publications 	<ul style="list-style-type: none"> › OPMM › Evaluators 	<ul style="list-style-type: none"> › Annual performance reporting

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
<ul style="list-style-type: none"> reduce health inequities by increasing knowledge of effective cessation interventions for high-risk smokers 		interventions; knowledge of effective cessation interventions › Strong linkages between policy makers, researchers, and practitioners	Guidelines developed and piloted › Piloting of accreditation strategies in selected programs Enhanced relationships between policy makers, researchers and practitioners › Improved cessation programming for smokers of all		work together			
<i>2.4 Public Education</i>								
2.4.1 Transfer and Uptake of Tobacco Cessation Knowledge and Practices	OPMM	› Inventory of better practices in cessation › Evidence-based tobacco cessation programs; further identification of under-served communities › Practice-Based Research Networks › Trained and informed cessation practitioners	› Increased number of evidence-based cessation interventions › Improved access to best practices in cessation › Increased number of quit attempts › Reduced relapse rates › Strong partnerships and collaborations between researchers and practitioners across the country › Readily accessible information on the risks associated with tobacco use and an increase in smoking cessation › Enhanced transferability of knowledge and resources › Reduced disparities among underserved populations and communities › More practitioners trained in effective tobacco cessation across the country	› Smokers › Ex-Smokers › Parents › Educators › Practitioners › Researchers › Policy Makers	› Number of better practices identified › Number of new evidence-based cessation programs › Number of new practice-based research networks established across Canada › Uptake of new cessation knowledge and resources across Canada › Number of practitioners trained in effective cessation practices › Increase in number and type of information sources e.g., websites, e-based training programs publications, regional workshops, research reports, etc. › Improved access to cessation programs for high-risk smokers › 1-800 quitline number on cigarette packages	› OPMM documents/files › Evaluation reports › Research reports › POR reports › CTUMS › Cigarette packages	› OPMM › Evaluators	› Annual performance reporting › Formative evaluation (2008-09) › Summative evaluation (2010-11)

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
			<ul style="list-style-type: none"> › 1-800 Quitline number on cigarette packages 					
<p>2.4.2 National Tobacco Cessation Demonstration Projects</p> <p>National demonstration projects will enable the testing and evaluation of new and innovative tobacco cessation interventions for smokers of all ages and stages of smoking (e.g. novice, long-term smoker). In particular, the demonstration projects will: identify “best practices” in cessation; help to reduce health inequities for smokers from lower socio-economic backgrounds; test the effectiveness of social marketing campaigns in helping smokers to quit; identify more cost-effective and integrated approaches to tobacco cessation; increase the number of skilled practitioners working in tobacco cessation; and yield extensive new knowledge and resources to assist communities across Canada to design and deliver effective cessation programs.</p> <p>Examples of potential national demonstration projects include:</p> <ul style="list-style-type: none"> • work-based cessation initiatives e.g. hospital-based • routine cessation provided to all hospital patients who smoke (e.g. Heart Health Institute) • outreach cessation to high-risk pregnant smokers • cessation support to smokers with dual addictions or poor mental health • national social marketing activities to support smoking cessation 	OPMM	<p>Completed, evaluated, evidence-based cessation demonstration projects resulting in:</p> <ul style="list-style-type: none"> › Better practices identified › Evaluation report › Report on lessons learned on how to reduce smoking through regional mass media › Cost-effective and integrated tobacco cessation approaches › Public further educated on risks associated with tobacco use among youth (outcome) › Informed practitioners, researchers, and policy makers › Working groups 	<ul style="list-style-type: none"> › Decreased number of smokers living in those communities with demonstration projects › Uptake of new cessation training and public education curricula and materials › More cost-effective cessation programs › Improved understanding of the benefits and importance of quitting › Improved access to affordable and effective cessation programs/ resources › Increased number of smokers who make a quit attempt › Decreased number of smokers who relapse after quitting › regional social marketing activities encouraging and supporting smoking › new FPT & NGO partnerships 	<ul style="list-style-type: none"> › Smokers of all ages › Researchers › Practitioners › Policy makers › Educators › Parents › Decision makers › Employers › General Public 	<ul style="list-style-type: none"> › Number and type of evaluated demonstration projects › Number of evaluation and other reports produced › Number of better practices identified and lessons learned › Number and types of cessation approaches identified › Number of informed practitioners, researchers and policy makers › Increased number of trained health professionals providing cessation counselling › Number of working groups › Quit attempts by smokers at 6 months, 1 year 	<ul style="list-style-type: none"> › OPMM documents and files › Conference Board of Canada Update › Health professional surveys › Practitioner surveys › Demonstration project evaluation reports › Smoker Surveys 	› OPMM	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation (2008-2009) › Summative evaluation (2010-11)
2.5 Programme Management								

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
OBJECTIVE 3: Reduce the prevalence of Canadians exposed daily to second-hand smoke from 28% to 20%.								
3.1 Regulations/Compliance								
3.2 Research and Policy Development								
3.3 Knowledge Development and Transfer								
3.4 Public Education								
3.4.1 Development, Transfer and Uptake of Second-Hand Smoke Knowledge for purposes of: <ul style="list-style-type: none"> • Eliminating second-hand smoke exposure for Canadians in the remaining 20% of workplaces; and in homes, cars, multi-unit dwellings etc. • filling gaps in knowledge of health impacts associated with exposure to SHS • reducing health disparities 	OPMM	<ul style="list-style-type: none"> › Public education activities and materials to promote second-hand smoke initiatives to change behaviour in remaining 20% of workplaces, in homes, cars, and multi-unit dwellings, etc. › Second-hand smoke research reports 	<ul style="list-style-type: none"> › Reduced exposure to SHS at work, in public spaces and private spaces › Reduced exposure of children to SHS › Reduced health disparities › Improved access to information on SHS e.g. on websites, research reports 	<ul style="list-style-type: none"> › Employers › Landlords › Decision makers › Parents › Adults › Business owners › Employers › Health professionals 	<ul style="list-style-type: none"> › Number and type of public education activities and materials › Number of research reports 	<ul style="list-style-type: none"> › OPMM documents/files › Research publications 	› OPMM	› Annually
3.4.2 National Demonstration Projects To Reduce Exposure to SHS Undertake national demonstration projects to pilot, promote and evaluate strategies for eliminating exposure to SHS in: <ul style="list-style-type: none"> › home › cars › workplaces › public and private spaces › multi-unit buildings etc. 	OPMM	<ul style="list-style-type: none"> › Completed, evaluated, evidence-based second-hand smoke demonstration projects which include public education activities and materials to promote initiatives toward behaviour change in a variety of settings where non-smokers are exposed to second-hand smoke. 	<ul style="list-style-type: none"> › Reduced exposure by children to second-hand smoke in homes and cars › regional mass media campaigns on reducing exposure to SHS › Reduced exposure to SHS in the workplace › reduced exposure to SHS in multi unit dwellings 	<ul style="list-style-type: none"> › Parents › Adults › Decision makers › Researchers › Practitioners 	<ul style="list-style-type: none"> › Number and type of evaluated demonstration projects › Number and type of public education activities and materials 	<ul style="list-style-type: none"> › OPMM documents/files › Demonstration project evaluation reports 	› OPMM	› Annually
3.5 Programme Management								

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
OBJECTIVE 4: Examine the next generation of tobacco control policy in Canada.								
<i>4.1 Regulations/Compliance</i>								
4.1.1 Develop a pre-market notification approach and review industry health-related claims	ORC / ORSE	› Reviews	› Claims reviewed	› Public › Tobacco industry	› Number of claims reviewed	› ORC files › ORSE files	› ORC	
4.1.2 Post supreme court legislative analysis of the Tobacco Act -- Strengthen legislation to meet evolving tobacco control issues -- Augment Reporting Regulations - Develop potential Memorandum to Cabinet to strengthen the Tobacco Act	ORC ORSE/ OPSP	› Position on needed amendments › Consultations › Policy development papers › Potential MC	› Draft of new Tobacco Act (MC) with amendments to legislation and regulations	› Public › Tobacco Industry › Retailers	› MC developed with changes to legislation and regulations	› ORC › TCIMS › FETRES	› ORC	› Annually
4.1.3 Develop tobacco- related test methods and standards	ORC, ORSE	› Test methods › Standards	› Test methods developed › Standards developed	› Tobacco industry	› Number of test methods › Number of standards	› ORC	› ORC	› Annually
4.1.4 Operationalize compliance enforcement strategy	ORC	› Operationalize strategy	› Operationalized strategy	› Regulatees	› Operationalized strategy in place	› ORC documents/ files	› ORC	› Annually
<i>4.2 Research and Policy Development</i>								
4.2.1 Develop a federal policy position for harm reduction	OPSP / ORC, ORSE, OPMM	› Work plan for THR policy framework development › Meetings/consultations with experts and stakeholders on THR (2007-08) › Summary documents on consultations with experts and stakeholders (2009) › Research papers on THR › Public Opinion Research (POR) on THR › Complete THR policy framework (2011) › Decision on HC's role in THR (2011)	› Improved clarity on HC's role in harm reduction	› TCP › FPT partners › Research community (medical and scientific) › NGOs › International community	› Number of consultation meetings › Number and type of experts and stakeholders consulted › Number and type of consultation documents (2009) › Number and type of research reports › Number and type of POR reports › Completed THR policy framework (2011) › Record of decision (ROD) of Departmental Management Committee (DMC) (2011)	› OPSP Director › OPSP documents/files › Working group meeting documents (e.g., minutes) › Framework documents › Consultation documents › DMC documents (e.g., RODs)	› OPSP	› Biannually (progress reports on implementation of work plan and milestones)
-- Routinely monitor consumer knowledge, attitudes and behaviour regarding novel tobacco products through public opinion research	ORSE	› Public opinion research reports	› Better knowledge of consumer attitudes and behaviour	› TCP › TC community › Public	› Number and type of reports	› ORSE › FETRES	› ORSE	› Annually

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
-- Bio-monitoring- health exposure and/or other measures relevant to the use of tobacco products	ORSE	› Measures of population exposure to tobacco products	› Baseline levels of exposure and changes in exposure over time	› TCP › Stakeholders › Public › Tobacco Industry	› Number of reports	› Canadian Health measures › Maternal Infant Research on Environmental Chemicals (MIREC)	› ORSE	› 2008-9
4.2.2 Business intelligence -- Supply and retail analysis of industry, corporate social responsibility	ORSE/ OPSP, ORC	› System to monitor tobacco industry documents › Annual report on emerging industry trends	› Public, researchers, tobacco control community benefit from business intelligence and information received	› TCP › Stakeholders › Public › Tobacco Industry	› Monitoring system › Reports	› OPSP, ORSE, ORC	› OPSP, ORSE, ORC	› Annually
-- Industry Reports - Wholesale sales, Chemistry, Toxicology	ORSE	› Industry situation reports	› Unit formed › Better informed stakeholders (government, TC community, public)	› TC community › Tobacco industry › Public	› Series of Reports (3-5) › Trend Analysis Report (1) › Formation of unit	› FETRES	› ORSE	› Year 1- Building Unit › Annual reports thereafter
-- Special Studies – Retail sales data, consumer purchasing patterns, product testing	ORSE	› Special studies	›	› TCP › TC community › Public	› Number and type of reports	› ORSE	› ORSE	› Annually
-- Information dissemination	OPMM	› Data and information shared with public, researchers, tobacco control community	› Better informed stakeholders	› TCP › PTS › Smokers	› Information shared › Number of information requests	›	›	›
4.2.3 Further policy analysis of the supply and placement chain	ORC / OPSP	› Decision on federal government role in availability of product › Knowledge of transfer to PTs	› Decision on federal government role in availability of product › Knowledge transferred to PTs	› PTs	› Decision made	› ORC	› ORC	› 2008/9
4.2.4 Update the National Strategy (FPT); evaluation of current strategy; create FPT policy documents; consultations with partners, experts	OPSP / OPMM, ORSE, ORC	› National Strategy evaluation report › Consultation documents › Policy documents › Updated National Strategy (FPT)	› Updated National Strategy	› TCP › Federal partners › FPT tobacco community › NGOs › Researchers › Public	› Evaluation report on National Strategy (2001-11) › Number and type of consultation documents › Number and type of FPT policy documents › National Strategy (FPT) for 2011-21 in place	› OPSP documents/files › TCLC Minutes	› OPSP	› Quarterly

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
4.2.5 Development of the Federal Tobacco Control Strategy III (FTCS); evaluation of current strategy; create policy documents; consultations with partners, experts	OPSP / OPMM, ORSE, ORC	<ul style="list-style-type: none"> › FTCS evaluation report › Consultation documents › Policy documents › FTCS III 	›	<ul style="list-style-type: none"> › TCP › Federal partners › FPT tobacco community › NGOs › Researchers › Public 	<ul style="list-style-type: none"> › Evaluation report of FTCS for 2007/08-2010/11 › Number and type of consultation documents › Number and type of FPT policy documents › FTCS for 2011-21 	› OPSP documents/files	› OPSP	› Quarterly
<i>4.3 Knowledge Development and Transfer</i>								
4.3.1 Develop Research Networks to build capacity and share knowledge in Canada on tobacco product-related applied, social and regulatory sciences.	ORC / ORSE,	<ul style="list-style-type: none"> › Research networks › Development of new knowledge 	<ul style="list-style-type: none"> › Networks developed › Knowledge developed 	<ul style="list-style-type: none"> › NGOs › Academia 	› Number of networks developed	› ORC	› ORC	› Annually
<i>4.4 Public Education</i>								
<i>4.5 Programme Management</i>								

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
OBJECTIVE 5: Contribute to the global implementation of the I WHO Framework Convention on Tobacco Control (FCTC).								
5.1 Regulations/Compliance (including litigation, monitoring contraband, and tax collection)								
5.2 Research and Policy Development								
5.3 Knowledge Development and Transfer								
5.3.1 Provide support to international tobacco control efforts	OPSP / IAD, ORC, OPMM, ORSE	<ul style="list-style-type: none"> › Contribution to International guidelines and WGs › National research and international research programs' support in the field of tobacco control (Article 20) › Meetings with FCTC parties; Meetings with other federal departments, FPT partners and NGOs; Meeting reports; Policy position papers › G&C funds distributed for international activities; International programming and mass media initiatives › Meetings, presentations, conferences attended; Collaborations and partnerships; Funded tobacco surveillance and research projects (individual and joint efforts); Reports › Scientific, technical and legal training (e.g., regional training workshops); Internet based training program; training sessions delivered in Canada 	<ul style="list-style-type: none"> › Improved clarity in FTCS's (Canada's) role internationally › Increased influence on the tobacco control approaches of other countries › International guidelines under the FCTC Conference of the Parties › Increased level of research in international tobacco control, through increased support of the Research for International Tobacco Control at the International Development Research Institute; and shared Canadian research with the international community › Canada's policy positions delineated at FCTC Conference of Parties (CoP) › Technical and program support and expertise provided to other nations regarding programming and mass media development › FCTC supported, responded to requests from other countries; collaboration with other countries; shared expertise; funding provided › Counterparts in developing countries better able to develop and implement tobacco control programs and initiatives › Multilateral organisations 	<ul style="list-style-type: none"> › International TC community › TCP › HC › FPT partners › NGOs › FCTC Signatories 	<ul style="list-style-type: none"> › Contributions (knowledge sharing) › Number and type of meetings with FCTC parties › Number of meetings with other federal departments, FPT partners and NGOs › Number and type of meeting reports › Number and type of policy position papers › Number and amount of G&Cs distributed › Number and type of international projects implemented › Number and type of technical support provided (e.g., workshops, exchange programs) › Number of meetings, presentations, and conferences › Number of collaborations and partnerships › Number of funded projects › Number of reports 	<ul style="list-style-type: none"> › ORC files › OPSP documents/files (e.g., FCTC articles, CoP reports, letters from FCTC members) › OPMM files › ORSE 	<ul style="list-style-type: none"> › ORC › OPSP › OPMM › ORSE 	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation (2008-09) › Summative evaluation (2010-11)

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
			<p>funded (e.g., WHO-TFI, PAHO) to support their work in assisting non-FCTC member countries to ratify the FCTC, and assistance to FCTC member states in meeting their obligations through the development and implementation of tobacco control-related legislation and tobacco control initiatives and program</p> <ul style="list-style-type: none"> › Strengthening and guidance to the work of the FCTC Secretariat through our on-going voluntary assessed contribution and our active participation in future CoPs › NGO tobacco-related activities funding to assist developing countries in ratifying and meeting their obligations under the FCTC 					
5.3.2 Establish a FCTC Secretariat by 2011	OPSP	<ul style="list-style-type: none"> › Federal Secretariat established by 2007 › Quarterly meetings of the DG led committee 	<ul style="list-style-type: none"> › Federal Secretariat established by 2007; quarterly meetings of the DG led committee (these are more so outputs) › Increased federal coordination on policy and reporting to central agencies on tobacco control issues › Increased integration of tobacco control policy directions within policies of other federal departments 	<ul style="list-style-type: none"> › TCP; Federal partners; Other government departments (OGD) (e.g. AAFC, IC, TBS, PCO) 	<ul style="list-style-type: none"> › Established Federal Tobacco Control Secretariat with TOR › Number of meetings › Number and type of decisions taken 	<ul style="list-style-type: none"> › OPSP documents/files › FTCS Secretariat documents › Meeting documents (e.g., RODs, minutes) 	<ul style="list-style-type: none"> › OPSP 	<ul style="list-style-type: none"> › Quarterly
5.3.3 Host the Conference for Parties IV (COP IV) in 2010	OPSP	<ul style="list-style-type: none"> › Meeting 	<ul style="list-style-type: none"> › Meeting › Maintaining Canada's leadership role in the FCTC 	<ul style="list-style-type: none"> › International community 	<ul style="list-style-type: none"> › 	<ul style="list-style-type: none"> › OPSP documents/files 	<ul style="list-style-type: none"> › OPSP 	<ul style="list-style-type: none"> › 2010
5.4 Public Education								
5.5 Programme Management								

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
OBJECTIVE 6: Monitor and assess contraband tobacco activities, and enhance compliance. (*high level outcomes)								
<i>6.1 Regulations and Compliance</i>								
6.1.1 Enhance organizational capacity to provide dedicated support and advice to Ministers concerning the nature, size and scope of the illicit tobacco trade and participate with partners to assess the impact of taxation policy on the level of contraband in Canada (e.g., by informing the Department of Finance on the status of contraband so they can take appropriate steps to adjust tobacco tax rates)	PSEPC / RCMP, CBSA	<ul style="list-style-type: none"> › Briefings to senior officials and Ministers as required › Monthly intelligence reports › Annual reports › Meetings of FTCS federal partners 	<ul style="list-style-type: none"> › Improved understanding of the impact of taxation policy on the level of contraband in Canada 	<ul style="list-style-type: none"> › Senior officials and Ministers in all involved federal departments › Department of Finance 	<ul style="list-style-type: none"> › Number of briefings to senior officials and Ministers › Number of monthly intelligence reports produced › Completion of each annual report 	<ul style="list-style-type: none"> › Documents/files of PSPEC, RCMP, CBSA 	<ul style="list-style-type: none"> › PSEPC, RCMP, CBSA 	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation (2008-09) › Summative evaluation (2010-11)
6.1.2 Through the CBSA, increase the knowledge of contraband tobacco domestically and internationally through the activities undertaken by the officers in the regions and at Headquarters. These activities include: liaising with other tobacco authorities; regionally, nationally and internationally; cultivating sources of information; gathering intelligence on source, routing, mode of transportation, and high risks ports of entry; monitoring people, places and activities of interest; participation in joint forces operations with other law enforcement partners and providing training and guidance to Border Services Officers across Canada.	CBSA	<ul style="list-style-type: none"> › CBSA contraband tobacco seizure statistics › Newly established and sustained existing partnerships (domestic and international) › Training sessions delivered › Intelligence reports › Meetings concerning contraband tobacco issues with federal partners 	<ul style="list-style-type: none"> › Increased knowledge of contraband tobacco activity domestically and internationally 	<ul style="list-style-type: none"> › Department of Finance › National and International partners (law enforcement, and tobacco authorities) › CBSA front-line Border Services Officers › Senior management in involved federal departments and Department of Finance 	<ul style="list-style-type: none"> › CBSA contraband tobacco seizure data produced › Number and type of partnerships › Number and type of training sessions delivered to BSOs › Number of intelligence reports exchanged between federal partners › Number of monthly meetings held 	<ul style="list-style-type: none"> › CBSA (Intelligence Directorate) documents/files and databases 	<ul style="list-style-type: none"> › CBSA 	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation (2008-09) › Summative evaluation (2010-11)

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
6.1.3 Support prevention/protection through enhanced contributions to the Akwesasne Mohawk Police (AMP) to augment AMP capacity to assess the impact of smuggling activity in the Mohawk Territory, including enhanced inter-agency cooperation between the RCMP, CBSA and the AMP	PSPEC / AMP-JIT	<ul style="list-style-type: none"> › Five-year Agreement/MOU › Information exchange among police/law enforcement › Meetings with law enforcement partners (Canadian, US and other First Nations Police Services) 	<ul style="list-style-type: none"> › Increased exchange of information among the RCMP, CBSA and AMP › Increased number of seizures of contraband stemming from AMP on reserve › Increased interdictions off reserve (as a result of intelligence gathered from on reserve seizures) 	<ul style="list-style-type: none"> › Mohawk Community of Akwesasne › Law enforcement partners 	<ul style="list-style-type: none"> › Signed MOU in place › Number and type of law enforcement partnerships (Joint Forces Operations) › Production of three reports on or before April 15th, August 15th and December 15th › Number of law enforcement partner meetings attended 	<ul style="list-style-type: none"> › PSEPC documents/files › Interviews with members of the Mohawk Community of Akwesasne › Interviews with AMP-JIT members and Chief of Police › AMP-JIT through PSEPC 	<ul style="list-style-type: none"> › PSEPC 	<ul style="list-style-type: none"> › Ongoing data collection, with reporting annually
6.1.4 AMP-JIT members are involved in outreach activities aimed at youth to heighten their awareness as to the criminality of smuggling		<ul style="list-style-type: none"> › Outreach initiatives targeting the youth of the Mohawk Territory of Akwesasne 	<ul style="list-style-type: none"> › Increased youth awareness of the criminality of smuggling 	<ul style="list-style-type: none"> › Youth of the Mohawk Territory of Akwesasne 	<ul style="list-style-type: none"> › Number and type of outreach initiatives for youth implemented, including visits to schools, youth organizations and sporting events 	<ul style="list-style-type: none"> › AMP-JIT through PSEPC 	<ul style="list-style-type: none"> › PSEPC 	<ul style="list-style-type: none"> › Ongoing data collection, with reporting annually
6.1.5 The RCMP and CBSA each provide the Department of Finance and other Government Departments with strategic analyses in the form of regular reports and annual assessments that will contribute to the overall determination of the impacts of tax increases on the contraband tobacco market								
RCMP: Through the activities of five analysts in the Divisions across Canada collect and analyse tobacco related intelligence within the Atlantic, Central, Northwest and Pacific Regions, and the development and maintenance of contacts with provincial and territorial and other authorities to identify criminal related activities such as tobacco thefts. Strategic Analysts at national headquarters ensure the coordination of information and intelligence related to national and international contraband tobacco issues	RCMP	<ul style="list-style-type: none"> › Strategic analyses in bi-monthly and annual reports 	<ul style="list-style-type: none"> › Increased capacity to monitor and assess contraband activities › Increased knowledge of the impacts of tax increases on the contraband tobacco market 	<ul style="list-style-type: none"> › Department of Finance › Other Government Departments 	<ul style="list-style-type: none"> › Number of bi-monthly and annual reports produced 	<ul style="list-style-type: none"> › RCMP documents/files 	<ul style="list-style-type: none"> › RCMP 	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation (2008-09) › Summative evaluation (2010-11)

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
<p>CBSA: Through the activities of the analysts in the regions and at headquarters, provide monthly reports on the national contraband tobacco situation, alerts and bulletins on potential threats, concealment methods, changes in source, and high risk areas of concern. The analysts conduct post-seizure analysis on all major tobacco seizures, contribute to the annual national risk assessment by determining and reporting on the legal and illicit tobacco market in Canada, and monitor the importation of tobacco-related products to ensure compliance</p>	CBSA	<ul style="list-style-type: none"> › Reports › Annual Assessment › Alerts and Bulletins – national and international › Post-seizure analysis 	<ul style="list-style-type: none"> › Increased capacity to monitor and assess contraband activities › Increased knowledge of the impacts of tax increases on the contraband tobacco market 	<ul style="list-style-type: none"> › Department of Finance and Other government departments › CBSA Intelligence Directorate and Regional offices; front-line BSOs; and other law enforcement partners as appropriate 	<ul style="list-style-type: none"> › Number of monthly and annual reports produced › Number of alerts and bulletins produced › Number of post-seizure analyses conducted 	<ul style="list-style-type: none"> › CBSA documents and files 	<ul style="list-style-type: none"> › CBSA Intelligence Directorate 	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation (2008-09) › Summative evaluation (2010-11)
<p>6.1.6 RCMP provides technical support for border monitoring between ports of entry, e.g., sensor technology</p>	RCMP	<ul style="list-style-type: none"> › Data/intelligence on patterns of illegal activity and/or movement on the border between ports of entry 	<ul style="list-style-type: none"> › Increased capacity to monitor contraband activities › Increased successful investigations and convictions of offenders illegally crossing the border 	<ul style="list-style-type: none"> › Law enforcement partners 	<ul style="list-style-type: none"> › Number of hours technical staff work with sensor technology › Number of files in which sensor technology is referred to as contributing to investigations of movement of illicit tobacco products across the border 	<ul style="list-style-type: none"> › RCMP documents/files 	<ul style="list-style-type: none"> › RCMP 	<ul style="list-style-type: none"> › Annual performance reporting
<p>6.1.7 Continue assessment, verification and collection activities related to the imported personal amounts of tobacco (previously exempted) at border crossings and other ports of entry (e.g., airports)</p>	CBSA	<ul style="list-style-type: none"> › Duties collected (on personal importations of tobacco products, previously exempted) from returning Canadian residents 	<ul style="list-style-type: none"> › Improved administration of assessment and collection of new tobacco taxes on imported tobacco 	<ul style="list-style-type: none"> › Returning Canadian residents 	<ul style="list-style-type: none"> › Amount of duties collected from returning residents on previously exempted tobacco products 	<ul style="list-style-type: none"> › CBSA documents/files 	<ul style="list-style-type: none"> › CBSA 	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation (2008-09) › Summative evaluation (2010-11)

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
6.1.8 Publish Tariff Notices and directives, maintain website, communicate with and provide functional guidance to officers and industry	CBSA	<ul style="list-style-type: none"> › Tariff bulletins › Departmental Memoranda › Website updates 	<ul style="list-style-type: none"> › Improved administration of assessment and collection of new tobacco taxes on imported tobacco 	<ul style="list-style-type: none"> › CBSA front-line Border Services Officers › Clients of CBSA › Industry › General public 	<ul style="list-style-type: none"> › Number of new or revised tariff bulletins › Number of revised Departmental Memoranda › Website updated 	<ul style="list-style-type: none"> › CBSA documents/files › CBSA website 	<ul style="list-style-type: none"> › CBSA 	<ul style="list-style-type: none"> › Annual performance reporting › Formative evaluation (2008-09) › Summative evaluation (2010-11)
6.1.9 CBSA, through expanding contacts and cooperation with national and international law enforcement partners, monitors the nature and growth of the global tobacco contraband market and its impact on Canada	CBSA	<ul style="list-style-type: none"> › New established and maintained existing international contacts and partnerships › Contribution to the annual report on the Global Movement of Contraband Tobacco produced by the World Customs Organization (WCO) 	<ul style="list-style-type: none"> › Increased participation of Canada at the international level with WCO/OLAF › Improved monitoring of the international movement of tobacco 	<ul style="list-style-type: none"> › CBSA Border Services Officers › Senior officials › Law enforcement partners › International customs community › International law enforcement agencies 	<ul style="list-style-type: none"> › Number of contacts and partnerships (international) › Annual input to WCO report provided 	<ul style="list-style-type: none"> › CBSA documents/files 	<ul style="list-style-type: none"> › CBSA 	<ul style="list-style-type: none"> › Annual performance reporting
6.1.10 Increase audit and regulatory review coverage	CRA	<ul style="list-style-type: none"> › Audits › Regulatory reviews 	<ul style="list-style-type: none"> › Improved oversight of legal tobacco production and distribution › Improved monitoring of tobacco exports 	<ul style="list-style-type: none"> › FTCS Stakeholders 	<ul style="list-style-type: none"> › Number of audits and regulatory reviews completed with FTCS funding 	<ul style="list-style-type: none"> › Legislative Policy and Regulatory Affairs Branch 	<ul style="list-style-type: none"> › CRA 	<ul style="list-style-type: none"> › Annual performance reporting
6.1.11 Enhance the Tobacco Export Verification and Tracking Program	CRA	<ul style="list-style-type: none"> › Enhancements to Tobacco Export Verification and Tracking Program 	<ul style="list-style-type: none"> › Improved monitoring of tobacco exports 	<ul style="list-style-type: none"> › FTCS stakeholders 	<ul style="list-style-type: none"> › Completion of program enhancements 	<ul style="list-style-type: none"> › Legislative Policy and Regulatory Affairs Branch 	<ul style="list-style-type: none"> › CRA 	<ul style="list-style-type: none"> › Annually
6.1.12 Provide reports on legal tobacco trends, including tobacco export trends, for use by FTCS stakeholders and to aid in policy development, including the setting of new rates of excise duty on tobacco.	CRA	<ul style="list-style-type: none"> › Reports on legal tobacco trends 	<ul style="list-style-type: none"> › Improved oversight of legal tobacco production and distribution › Improved monitoring of tobacco exports 	<ul style="list-style-type: none"> › FTCS stakeholders 	<ul style="list-style-type: none"> › Number of regular reports provided 	<ul style="list-style-type: none"> › Legislative Policy and Regulatory Affairs Branch 	<ul style="list-style-type: none"> › CRA 	<ul style="list-style-type: none"> › Annually
6.1.13 Develop operational guidelines for CRA officers concerning their role in the tobacco enforcement process	CRA	<ul style="list-style-type: none"> › Operational guidelines 	<ul style="list-style-type: none"> › Improved support for FTCS enforcement partners 	<ul style="list-style-type: none"> › CRA officers 	<ul style="list-style-type: none"> › Completion of operational guidelines 	<ul style="list-style-type: none"> › Legislative Policy and Regulatory Affairs Branch 	<ul style="list-style-type: none"> › CRA 	<ul style="list-style-type: none"> › Annually

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
6.1.14 Provide support to FTCS enforcement partners	CRA	› Support/advice provided in response to telephone calls and e-mails	› Improved support for FTCS enforcement partners	› FTCS enforcement partners	› Number of activities and/or time spent on activities	› Legislative Policy and Regulatory Affairs Branch	› CRA	› Annually
6.1.15 Process returns and rebate applications filed in respect of special duties on certain tobacco imports and exports	CRA	› Processed returns › Processed rebate applications	› Ongoing administration of new export duties and refunds resulting from FTCS initiative	› FTCS Stakeholders	› Number of returns and rebate applications processed	› Assessment and Benefit Services Branch	› CRA	› Annually
6.1.16 Monitor and track outstanding criminal fines across Canada	ODPP / Provincial courthouses, Relevant departments	› Reports on number and amount of outstanding fines, actions taken and results obtained	› More consistent and coordinated collection of outstanding fines ordered as sentences for tobacco-related and other federal offences	› ODPP and regional senior management › Relevant departments	› Number of quarterly reports for planning and reporting purposes › Number of on-demand reports to relevant departments	› ODPP	› ODPP National Fine Recovery Program (NFRP) Headquarters › ODPP Fine Recovery Units	› Annually
6.1.17 Enforce fines through all available and appropriate enforcement options, including: demand letters; telephone calls; negotiated payment arrangements; seizure of assets; garnishment of salary; income tax refund set-off; suspension/denial of federal licences or permits; summons to hearings; warrants of committal (RCMP works with ODPP to execute outstanding warrants where and when required)	ODPP / RCMP	› Voluntary payments and payment arrangements › Fines recovered through civil actions	› More consistent and coordinated collection of outstanding fines ordered as sentences for tobacco-related and other federal offences › Enhanced deterrent value of tobacco-related and other federal fines (by ensuring that offenders comply with the sentencing court's order)	› Offenders	› Total number and amount of fines recovered and sentences satisfied › Cost of enforcement as a percentage of recoveries › Reduction in age and size of inventory	› ODPP	› ODPP Fine Recovery Units	› Annually
<i>6.2 Research and Policy Development</i>								
<i>6.3 Knowledge Development and Transfer</i>								
6.3.1 Explore options for new partnerships and coordination with pertinent federal and provincial organizations and determine feasibility of these options, including required legislative amendments	ODPP/ Other Government Departments	› Feasibility study/analysis of options for new partnerships and coordination and required legislative amendments (e.g., privacy issues)	› More consistent and coordinated collection of outstanding fines ordered as sentences for tobacco-related and other federal offences	› Partners	› Completed feasibility study/analysis › Number of new partnerships approved	› ODPP	› ODPP NFRP HQ	› 2007-2008
6.3.2 Implement chosen options for new partnerships and coordination with relevant federal and provincial partners, including legislative amendments	ODPP / Relevant federal and provincial partners	› Implementation plan	› More consistent and coordinated collection of outstanding fines ordered as sentences for tobacco-related and other federal offences	› Partners	› Completed, approved implementation plan › Majority of options implemented within 2 years	› ODPP	› ODPP NFRP HQ, Fine Recovery Units	› Annually

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
6.3.3 Establish MOUs or other formal agreements with current partner organizations, as required	ODPP / RCMP & other police services, Provincial courthouses, Relevant departments	› Signed agreements with relevant partner organizations to clarify roles and responsibilities, and increase available information, levels of cooperation, and program efficiency	› More consistent and coordinated collection of outstanding fines ordered as sentences for tobacco-related and other federal offences	› Partners	› Number of agreements signed	› ODPP	› ODPP NFRP HQ	› Annually
6.4 <i>Public Education</i>								
6.5 <i>Programme Management</i>								

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
OBJECTIVE 7: Strengthen infrastructure for Tobacco Control Programme.								
<i>7.1 Regulations/Compliance</i>								
7.1.1 Maintenance and improvement of compliance and enforcement database (TCIMS, TRRS) and industry data reports (FETRES)	ORC/ ORSE	› Maintained/improved compliance and enforcement data base	› Improved information management and improved tracking of compliance and enforcement activities	› TCP (ORC/ORSE)	› Database developed and implemented	› ORC files › FETRES	› ORC	› Annually
7.1.2 Defence of the Tobacco Act against industry actions -- Provide litigation funds to defend laws and regulations (support to Department of Justice)	DGO	› Litigation funds		› ODPP	› Amount of funds provided	› DGO documents/ files	› DGO	› Annually
<i>7.2 Research and Policy Development</i>								
7.2.1 Research, Surveillance and Evaluation Sustainability through: -- Training for new researchers and involvement of researchers from other disciplines or fields -- Fostering of greater community involvement in research and programs -- Facilitating access to technical support -- Quality control and assurance of research, surveillance and evaluation data	ORSE	›						
	ORSE / OPMM	› Researchers hired › Researchers trained	›	› ORSE › TCP	› Number of researchers hired › Number of researchers trained	› ORSE	› ORSE	› Annually
	ORSE	› Community-level pilot projects	›	› TCP › TC community › Pilot community	› Number and type of pilot projects	› ORSE	› ORSE	› Annually
	ORSE	› Technical support system	›	› ORSE › TCP	› Technical support and system developed and implemented	› ORSE	› ORSE	› Annually
	ORSE	› Reviews of studies › Guidance › Recommendations for quality improvement	›	› TCP › TC community	› Number of studies reviewed › Number and nature of guidance provided › Number of studies in which recommended quality improvements were implemented	› ORSE	› ORSE	› Ongoing, reported on annually
7.2.2 Implementation of management response to FTCS 2001-2005 Evaluation	OPSP	› Management response and action plan	›	›	› Management response and action plan implemented	› OPSP documents/files	›	›
7.2.3 Surveillance and Monitoring through: -- Canadian Tobacco Usage Monitoring Survey (CTUMS)	ORSE	› Survey reports	›	› TCP › TC community › Target groups › Public	› Number and type of reports on survey	› ORSE	› ORSE	› Annually

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
-- Youth Smoking Survey (YSS)	ORSE	› Survey reports	›	› TCP › TCP community › Youth › Public	› Number and type of reports on survey	› ORSE	› ORSE	› Annually
-- Mortality, morbidity attributable to smoking	ORSE	› Reports	›	› TCP › TC community › Public	› Number and type of reports	› ORSE	› ORSE	› Annually
--“Missed” and Hard to Reach populations – mental health, acute macular degeneration; Institutionalized populations (penitentiaries, health care institutions and military)	ORSE	› Reports on surveys	›	› TCP › TC community › Target groups › Public	› Number and type of reports on surveys	› ORSE	› ORSE	› Annually
-- Support monitoring in the three Territories in monitoring tobacco use, knowledge, attitudes and behaviour	ORSE	› Reports on surveys	›	› TCP › TC community › Territories › Public	› Reports on surveys	› ORSE	› ORSE	› Annually
7.2.4 Improved Dissemination, through the following: -- Conduct research on developing effective dissemination products and venues	ORSE	› Research reports › Better practices reports	›	› TCP › TC community › Smokers › Public	› Number of research reports › Number of better practice reports › Number of better practices implemented	› ORSE	› ORSE	› Annually
-- Develop and disseminate communications products	ORSE	› Communication products (e.g., websites, pamphlets)	›	› Smokers › Public	› Number and type of communication products and practices	› ORSE	› ORSE	› Annually
-- Evaluate communications products	ORSE	› Evaluated communication products	›	› TCP › TC community	› Number of evaluated and improved communication products and practices	› ORSE	› ORSE	› Annually
-- Increased use of Geographic Information Systems (GIS)	ORSE / OPMM	› GIS › Reports on regional trends	›	› TCP › TC community › Public	› GIS developed and implemented › Number of reports on regional trends in tobacco use and control produced	› ORSE	› ORSE	› Annually

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
7.2.5 Development of evergreen diagnostic/environmental scan	OPSP / ORSE, ORC, OPMM	<ul style="list-style-type: none"> › Contracts to produce data › Annual environmental scan document › Related documents (e.g., Fact Sheets) › Communications with FPT tobacco community 	<p>An evergreen overview of smoking and tobacco control that contains information on</p> <ul style="list-style-type: none"> › Smoking in Canada (prevalence, trends, etc.) › Tobacco control (PT overview, industry trends, contraband, etc.) › International comparison (regarding rates, policies, progress, etc.) 	<ul style="list-style-type: none"> › TCP › Central agencies (PCO/PMO/Finance/TBS) › FPT TC community › Researchers › NGOs › Public 	<ul style="list-style-type: none"> › Number and type/amount of contracts › Completed annual environment scan document › Number and type of related documents › Number and type of communications with FPT tobacco community 	<ul style="list-style-type: none"> › OPSP documents/files › Environmental scan documents 	› OPSP	› Biannually
7.2.6 Evaluation Strategy for TCP/FTCS for 2007/08-2010/11 (links to Federal Secretariat)	OPSP / DG	<ul style="list-style-type: none"> › Evaluation strategy/framework › Annual evaluation reports on TCP/FTCS G&Cs › Formative Evaluation of TCP/FTCS for 2008/09 › Final (Summative) Evaluation for 2010/2011 	<ul style="list-style-type: none"> › Properly evaluated program 	<ul style="list-style-type: none"> › TCP decision makers › Federal partners › TBS › Parliament › TC community › Public 	<ul style="list-style-type: none"> › Evaluation Framework document completed for 2006/07 › Formative Evaluation report of TCP/FTCS completed for 2008/09 › Final Evaluation report of TCP/FTCS completed for 2010/11 	› OPSP documents/files	› OPSP	› Quarterly
7.2.7 Development and input to a performance monitoring system to capture program expenditures, etc.	OPSP / OMS	<ul style="list-style-type: none"> › Performance monitoring system › Annual performance reports 	›	<ul style="list-style-type: none"> › TCP › Federal partners › TBS 	<ul style="list-style-type: none"> › Performance monitoring system implemented › Completed annual performance reports › Performance information reported in DPR/RPP documents 	<ul style="list-style-type: none"> › OPSP documents/files › DPR/RPP documents 	› OPSP	› Quarterly
7.2.8 HECS-driven compliance and enforcement management risk review	ORC	› Risk review report	› Risk reviewed	› HECS	› Risk review completed	› ORC documents/files	› ORC	› 2007-8
7.2.9 To develop and maintain an integrated, comprehensive, annual public opinion research plan	ORSE	<ul style="list-style-type: none"> › An integrated POR plan that maximizes output, while minimizing costs › POR studies 	<p>An integrated plan that maximizes output, while minimizing costs;</p> <ul style="list-style-type: none"> › Increased coordination › Increased knowledge › Improved dissemination › Improved programs, policies and regulations 	<ul style="list-style-type: none"> › TCP › Federal partners › Practitioners › NGOs › Public 	<ul style="list-style-type: none"> › Implemented, maintained annual POR plan › Number of POR studies conducted 	<ul style="list-style-type: none"> › ORSE documents/files › POR reports 	› ORSE	› Annually

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
7.2.10 Modelling: Develop models for estimating trends in smoking, disease outcomes, econometric trends and impacts of interventions (for evaluation purposes)	ORSE	› Series of models	›	› TCP › TC community › Public	› Number of models › Accuracy of models (i.e., predictive power)	› ORSE	› ORSE	› Annually
7.3 Knowledge Development and Transfer								
7.3.1 Improve programme administrative regulations (e.g. QP notes, ATIs, Human Resources)	OMS	› Improved programme administrative regulations	›	›	› Number and types of improved programme administrative regulations	›	›	› Annually
7.4 Public Education								
7.5 Programme Management								
7.5.1 Programme Knowledge Management: › Manage TCP litigation knowledge; Gathering business intelligence and information related to the tobacco industry, its practices and plans; › Knowledge Management/dissemination projects › Meet ongoing Programme requirements and Department's direction such as the introduction of iRIMS and the expansion of REFMAN to non-reference documents	DGO/OMS	›	› Protection of the Crown in relation to court cases › n/a › n/a					
7.5.2 Human Resources Plan Coordinate annual HR planning as part of Operational Planning cycle and ensuring needs related to staffing are met	DGO/OMS							
7.5.3 Operational Planning Providing coordination and guidance on preparation of documents related to the annual planning cycle including the Operational Plan, HR plans, IT plan, Official Languages reporting and Long-Term Capital Plan.	DGO/OMS							

ACTIVITY	LEAD/ PARTNER	OUTPUTS	OUTCOMES	REACH	PERFORMANCE INDICATORS	DATA SOURCES	RESPONSIBILITY	TIMING/ FREQUENCY
7.5.4 Administrative services/finances/contracts/etc.: › Managing and reporting on contracting, contributions and the Programme's finances, including coordinating the response to exercises such as the A-based review and budget reallocations › Ensuring that the Programme manages the provision of audit information for departmental and outside audits and ensuring that internally generated audits are managed effectively. › Manage day-to-day Programme support including purchasing, accounts payable, budgeting, accommodation including the physical health and safety needs such as ergonomic assessments, Access to Information coordination, and office equipment needs.	DGO/OMS							

Acronyms								
DGO	Director General's Office							Public Safety and Emergency Preparedness Canada (PSEPC)
IAD	International Affairs Directorate							Royal Canadian Mounted Police (RCMP)
OMS	Office of Management Services							Office of the Director of Public Prosecutions (ODPP)
OPMM	Office of Programmes and Mass Media							Canada Revenue Agency (CRA)
OPSP	Office of Policy and Strategic Planning							Canada Border Services Agency (CBSA)
ORC	Office of Regulations and Compliance							
ORSE	Office of Research, Surveillance and Evaluation							