# National Rollout of STARSS

**(Start Thinking About Reducing Secondhand Smoke)**

# Final Report

## June 2007

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|---|---|
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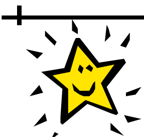


## Acknowledgements

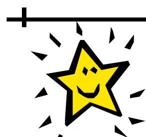
The **STARSS: Start Thinking About Reducing Secondhand Smoke** program was originally developed for use in Ontario and materials were written by Wendy Reynolds, with abundant support from Marci Swazey. The national version was rewritten by Wendy Reynolds.

The first edition of **STARSS** was produced in 2005 and for that seminal version we would like to thank the many moms who contributed to its development and in particular Carolyn Tribe, Karen Healey, and Roni Barry (and their children) who devoted so much of their insights and energy to make **STARSS** the valuable support it is for moms who smoke. At that time, the Provincial Advisory Committee included Joanne King from Killaloe, Margaret Leslie from Toronto, Carmen Robillard from Sudbury, Monica Petzoldt from Barrie, Kathy Thompson from Thunder Bay, and Michele Brandt and Janet Pearse from Kingston. They took time from their busy schedules to support our work in many different ways. Pilot sites for the first Ontario version were Breaking the Cycle in Toronto, the Single Mothers Support Network in Northbrook, the Community Resource Centre in Killaloe, Better Beginnings in Kingston, and Healthy Babies, Healthy Children in Kingston. The original version of the **STARSS** materials was funded by the Tobacco Control Programme (Prevention, Cessation, Education – Ontario Region), Health Canada and the Tobacco Control Programme, Office of Mass Media, Health Canada. As always, Henriette Déry of the Ontario Regional Office of the Tobacco Control Programme was involved and helpful in the process of the successful completion of the project.

In 2006/2007, we were excited to receive additional funding from the national office of Tobacco Control Programme of Health Canada for a national rollout of **STARSS** within Community Action Programs for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) sites across Canada and to produce this national version of the materials. We are grateful to the staff of this office, in particular Elizabeth Beckett, Joanne McCabe, and Jennifer Cozier, for their support.

We have very many people to thank for their insights and contributions to this edition. First of all, the staff members of the five CAPC/CPNP rollout sites across Canada were instrumental in supporting **STARSS** by providing their boundless enthusiasm and goodwill, in addition to their time and energy. In particular, we are indebted to: JoAnna LaTulippe-Rochon (Cape Breton Family Resource Coalition Society in Sydney, Nova Scotia); Carmen Robillard and Nancy Paquette (Our Children, Our Future in Sudbury, Ontario); Heather Leeman (Young Parents' Resource Centre in Portage La Prairie, Manitoba); Melanie Freeman (Babies Best Start in Grande Prairie, Alberta); and Prema Ladchumanopaskeran (Healthy Moms, Healthy Babies in Whitehorse, Yukon). Also, equally supportive and enthusiastic were: Shannon Duke from the Whitehorse site; Terry Weber from the Grande Prairie site; Lynne Parker from the Portage la Prairie site; and Vickey Shepherd, Lindsey MacInnes, Nicole Aboud-Ellis, and Blair Hill from the Sydney site. There were a number of other staff members from the sites who also participated and to whom we owe thanks for their work

We also had the support of a National Advisory Committee who gave willingly of their time and insights. The Committee members included: Chrysta Duff, Alberta Alcohol and Drug Abuse Commission; Madeline Bosco, Canadian Women's Health Network; Rosa Dragonetti, Centre for Addiction and Mental Health (Ontario); Janet Nevala, Program Training and Consultation Centre (Ontario); Phyllis Price, Tobacco Strategy Coordinator, Public Health Services, South Shore Health (Nova Scotia); Joanne Chabassol, Prevention & Community Education, Addiction



Services (Nova Scotia); Shannon Duke, First Nations Tobacco Control Strategy Yukon Facilitator; and Natasha Jategaonkar, British Columbia Centre of Excellence for Women's Health.

The Public Health Agency of Canada (PHAC) was very supportive of **STARSS** and gave generously of staff time to make sure the national rollout was a success. In particular, Laura Stevens (Program Consultant, CAPC/CPNP National Projects Fund in Ottawa) was an invaluable friend to the process. There were also PHAC Program Consultants from across Canada who contributed enthusiastically, including Patricia Adamek (Northern Secretariat), Ann C. Smith and Anne Clennett (Alberta), Lisa Lacroix (Manitoba), Suzanne Beaulieu (Ontario), and Sylvie Thibodeau-Sealy and Michelle Bowden (Atlantic Region).

Finally we need to extend our gratitude to our French translator, Annie Bourret, who is both extremely talented and unfailingly cheerful. The same can be said for our evaluator, Susan Cross, and the AWARE Program Assistant, Brenda Miller.

It was a privilege to work with all of these wonderful people, each and every one of whom is generous in spirit and deed. They are all instrumental in making a difference in the lives of low-income mothers and their children.

Finally, many women across Canada engaged in the national rollout of **STARSS**. As always, it is the lived experience of these women that has informed the development of the materials. Saying thank you is inadequate, but it is heartfelt.

This is dedicated to Melanie Freeman, who is a remarkable woman in every way.

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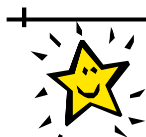

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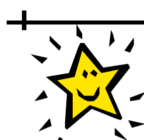

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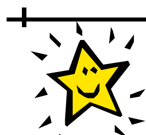


# 1. Introduction

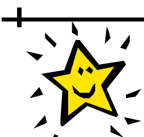
## 1.1 About AWARE

Action on Women's Addictions – Research & Education (AWARE) has a twenty year history of developing innovative, women-centred, community strategies in the field of addictions. We have developed service models for use by service providers and we have an extensive catalogue of resources developed for women in target audiences and for service providers about safe substance use. For the past ten years, one focus of our work has been low-income mothers who smoke. We are innovators in the participatory approach to community development and health promotion; we are committed to the involvement of women in target populations in all aspects of our work. We have well established connections with women from target populations, service providers, and umbrella organizations on a local, regional, provincial, and national basis.

## 1.2 Background to STARSS

The original **STARSS** project was funded by the Tobacco Control Programme (Prevention, Cessation, Education – Ontario Region), Health Canada and the Tobacco Control Programme, Office of Mass Media, Health Canada. This project unfolded over 2002 to 2005 and supported the needs of one of the highest risk groups of smokers; that is, low-income mothers and their children who are exposed to second hand smoke (SHS).

Community Action Programs for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) projects were chosen to partner in this initiative as they were already established in the community and were successful in reaching low-income women and their children who face conditions of risk (i.e., poverty, social and geographic isolation, family violence and recent arrival in Canada). CAPC/CPNP projects also increased access to programming and support for Aboriginal women and their children. Evaluation data indicated that a high proportion of CAPC/CPNP project participants were smokers. The issue of smoking among CAPC/CPNP participants and the concern for their children who are exposed to SHS was identified as an important issue by the Public Health Agency of Canada; however, many CAPC/CPNP projects were already feeling overextended by the amount of programming they delivered and, while willing to look at ways they could introduce smoking issues into their program schedules, many staff also felt they did not have the background or training to deal effectively with smoking cessation programs.



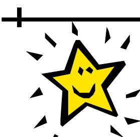
**STARSS** was developed specifically to deal with the concerns and program needs of CAPC in particular. During the Ontario pilot, we developed the **STARSS** strategies so that they could be used in flexible and adaptable ways, depending on the capacity and comfort of each CAPC site. The strategies were also developed so that they could be easily incorporated into existing programming and would require minimal training for CAPC staff to implement. Also, the message was very congruent with CAPC philosophy. Based on reviews of the current research literature and on our years of clinical experience with low-income mothers who smoke, the **STARSS** message and content was developed based on harm reduction strategies. The focus of the program was to provide mothers with the small steps and skills that enable them to protect their children as much as possible from SHS in the home. The strategies used in the program facilitated smoking cessation attempts and a reduction in the number of cigarettes smoked. Because of the congruence with CAPC philosophy and ease of implementation, **STARSS** had excellent uptake among CAPC and CPNP projects in Ontario.

Considerable interest was shown in **STARSS** by CAPC and other similar programs from across Canada. In August of 2006, funding for an eight month national rollout of **STARSS** was provided by the national office of Tobacco Control Programme of Health Canada. The national rollout was undertaken in partnership with five CAPC/CPNP programs that are funded through the Public Health Agency of Canada. Staff members of the national office of the Community Based Programs Unit, Public Health Agency of Canada (PHAC), were also actively involved in assisting with linkages among PHAC Regional Offices and project sites in order to support the rollout.

### 1.3 About the Rollout Sites

The five rollout sites were identified by PHAC regional leads as projects whose participants would benefit from the **STARSS** initiative and whose staff had an active interest in pursuing smoking strategies with participants. The Quebec region was also explored as a possible site to implement **STARSS**; however at the time the proposal for the national rollout was funded, the **STARSS** materials were only available in English. (A French adaptation was one of the deliverables for the national rollout.) Due to the time frame for the national rollout, it was recommended that it would be more appropriate to engage a CAPC/CPNP project in Quebec once the **STARSS** materials were translated and adapted into French.

The five CAPC/CPNP sites that agreed to partner for the national rollout were:



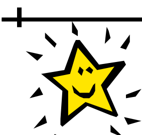
- Healthy Moms, Healthy Babies, Victoria Faulkner Women's Centre (Whitehorse, Yukon)
- Babies Best Start, Grande Prairie Friendship Centre (Grande Prairie, Alberta)
- Young Parents' Resource Centre (Portage La Prairie, Manitoba),
- Our Children, Our Future (Sudbury, Ontario)
- Cape Breton Family Resource Coalition Society (Sydney, Nova Scotia)

The **STARSS** strategies were integrated into the five national rollout sites, all of which had varying capacities (ranging from one site with a staff of 25 to a site with only one staff) and varying experiences with conducting smoking programs for their participants (ranging from one site that offered a smoking cessation program once per year to one site that had never addressed smoking issues in any way, including no distribution of printed material regarding smoking). Although some of the staff of the various sites had some experience delivering smoking reduction/cessation strategies, all of the staff began the national rollout reporting very low self efficacy scores for initiating and conducting smoking interventions with their participants.

### 1.4 National Advisory Committee

One of the goals of the national rollout of **STARSS** was to link CAPC and CPNP projects with regional/national groups who have an interest in women sensitive approaches to smoking issues. It was also envisioned as a venue to encourage the participation of PHAC regional program consultants and obtain their valuable perspective on regional issues. Members of the National Advisory Committee for the **STARSS** project included:

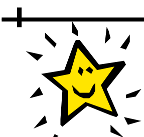
- Chrysta Duff, Alberta Alcohol and Drug Abuse Commission (Alberta)
- Madeline Bosco, Canadian Women's Health Network (Manitoba)
- Rosa Dragonetti, Centre for Addiction and Mental Health (Ontario)
- Janet Nevala, Program Training and Consultation Centre (Ontario)
- Phyllis Price, Tobacco Strategy Coordinator, South Shore District Health Authority, Nova Scotia Health (Nova Scotia)
- Joanne Chabassol, Prevention & Community Education, Addiction Services (Nova Scotia)
- Shannon Duke, First Nations Tobacco Control Strategy Yukon Facilitator (Yukon)
- Natasha Jategaonkar, British Columbia Centre of Excellence in Women's Health (British Columbia – resigned when she left her position at the BCCEWH)



Public Health Agency of Canada representatives were:

- Laura Stevens, Program Consultant, CAPC/CPNP National Projects Fund (Ottawa)
- Patricia Adamek, Program Consultant (Whitehorse)
- Ann C. Smith, Program Consultant (Calgary)
- Anne Clennett, Program Consultant (Edmonton)
- Sylvie Thibodeau-Sealy, Program Consultant (Charlottetown)
- Michelle Bowden, Program Consultant (Halifax)
- Lisa Lacroix, Program Consultant (Winnipeg)
- Suzanne Beaulieu, Program Consultant (Sudbury, Ontario)

Representatives of the Health Canada, Tobacco Control Program , Jennifer Cozier and Elizabeth Beckett (Program Consultants, Ottawa) also participated.



## 2. STARSS Project Goals and Activities

### 2.1 Project Goals

The goals of the national rollout of were to:

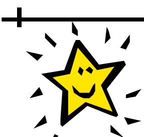
- assist CAPC staff to implement second hand smoke (SHS) protection strategies for low-income mothers who smoke by using the **STARSS** strategies.
- establish "regional champions" for **STARSS** strategies and link them with regional/national groups.
- develop a national implementation and distribution strategy for **STARSS** materials.

### 2.2 Project Activities

Over an 8 month period, the activities of the national rollout of **STARSS** included:

**2.2.1 adapting the STARSS materials into French** including the **Guide to STARSS Strategies**, the **I'm a STAR! Journal** for moms, and selected posters. A French translator, Annie Bourret, was hired. (**Appendix 1** contains Annie's resume.) A national francophone review team was established. (**Appendix 2** lists the names and affiliations of the national francophone review team.) The review team provided extensive feedback on the first draft of the French adaptation, as did representatives from PHAC (national office and Quebec regional office) and Health Canada Tobacco Control Programme office. Extensive feedback was also provided by the staff of the francophone rollout site in Sudbury; both the translator and the project coordinator attended the program to consult with the staff and participants. The adapted materials were also tested extensively with the women who are participants at the Sudbury rollout site. Three focus groups were held to review the materials with the participants. Based on all the feedback received, the name of the French adaptation was determined to be **BRAVO** (**Boucane + réduction = Amour et volonté**) and the second draft of the French materials was completed. This draft was tested again with participants and staff at the francophone rollout site. In this test run, individual women were asked to complete the **BRAVO** program with staff. A few minor suggestions were received and incorporated into the final version of the materials.

**2.2.2 disseminating the STARSS materials to the rollout sites,** all except one of which were CAPC sites that also hosted CPNP projects. One site (Whitehorse) was a CPNP project only; however, given the location of this project within a women's centre and the community it served, it



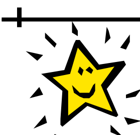
functioned, in practice if not in name, as a CAPC site. The project coordinator connected with each of the sites to reconfirm their commitment to the rollout and distributed the **STARSS** materials to them, accompanied by a preliminary teleconference that established dates and timelines for the first national meeting and provided a training overview.

**2.2.3 implementing the STARSS strategies within the rollout sites.** Partnership agreements were established with each site, depending on the capacities and needs of each site. (The partnership agreements are included in **Appendix 3**.) Some of the sites had tackled smoking cessation programs in the past, with limited success, while others had never broached the topic with participants, fearing the discussion would turn participants away from other badly needed services that CAPC provides. Some sites had more capacity to introduce more of the **STARSS** strategies than other sites had, in terms of number of staff. The varying abilities of the rollout sites reflected the varying abilities that CAPC projects across Canada generally have. The site selection for the national rollout was a great advantage, in that any CAPC project in Canada should be able to see itself reflected in one of the rollout sites, either from a staffing/capacity perspective or from the perspective of comfort in delivering smoking interventions.

**2.2.4 supporting the implementation of STARSS strategies** within the rollout sites. Support to the rollout sites was both continuous and well received and included national meetings, national teleconferences, individualized telephone and electronic communication, with two on-site consultations at each site during the rollout phase

a) **National Meetings:** Two national meetings were held in Ottawa. The first was at the beginning of the project and was attended by the rollout site staff, project staff, and representatives from PHAC (Laura Stevens) and Health Canada (Jennifer Cozier); the focus of this meeting was providing **STARSS** training and establishing time lines. The second national meeting was at the end of the project and was a two day meeting attended by rollout site staff, project staff, two representatives from the national office of PHAC, the project evaluator (Day 1), and the National Advisory Committee, including PHAC regional program consultants (Day 2); the focus of this meeting was the moving forward discussion. (Minutes of both meetings are included in **Appendix 4**.)

b) **National Teleconferences:** Monthly national teleconferences were held throughout the project and are continuing beyond the funded portion of the project. Rollout site staff and National Advisory Committee members participated in the monthly teleconferences. This provided

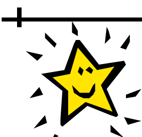


an opportunity for the rollout sites to network with each other regarding each site's unique application of the **STARSS** strategies, to connect with members of the National Advisory Committee, and to hear about women sensitive smoking strategies that have been developed elsewhere. The community of practice model was followed for the national teleconferences. (Minutes of the national teleconferences are included in **Appendix 5**.)

c) **Individualized Communication:** AWARE established a toll free phone number to enable rollout site staff to contact the program coordinator at any time they needed to. The toll free number remains in place for this purpose beyond the funded portion of the project. Also, email communications were encouraged and engaged in whenever necessary.

d) **On Site Consultations:** The project coordinator made two on site visits to the rollout sites, the first of which was in October and the focus of which was: training other rollout site staff who would be engaged in **STARSS** delivery; concluding and refining the partnership agreements; providing the sites with the evaluation tools; and ensuring that sites had sufficient **STARSS** and other smoking related resources to meet their needs. The second on site consultations were made in January, the focus of which was: to ensure that delivery of the **STARSS** strategies was unfolding smoothly and to troubleshoot any difficulties the sites might have encountered; to review the partnership agreements and refine as necessary; and to ensure that the evaluation tools were being administered properly. Site staff also could make use of the project coordinator in other ways, according to the needs of the site. For example, in Sydney, the project coordinator spent a day doing community training. In Whitehorse, the project coordinator met with staff from Territorial Health Promotion to discuss the territorial campaign on second hand smoke protection. In Sudbury, a community-wide training event was conducted, with staff in attendance from the Native Health Centre, Iris Women's Addictions Treatment Centre, the Sudbury & District Public Health Unit, in addition to the CAPC/CPNP staff. In Sydney, Grande Prairie, and Portage la Prairie, new staff had been hired or different staff assigned to deliver the **STARSS** strategies since the first visit, so the project coordinator spent time training the new staff in the deliver methods. (Reports of both on site consultations are included in **Appendix 6**.)

**2.2.5 assessing the opportunities and challenges the national CAPC rollout sites have in implementing STARSS strategies.** A number of challenges and opportunities were identified by the rollout sites. They included:



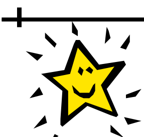
- Staff may have been reluctant to take on another challenging topic when there is no new money being provided to programs by the Public Health Agency of Canada to do so. We were able to turn this into an opportunity to encourage staff to find ways to incorporate smoking strategies into the work they already do.

- Many staff in programs are also smokers and this may increase their own personal guilt about smoking and create a barrier, in that they feel hypocritical discussing smoking with participants when they are smokers themselves. We turned this into a great opportunity to focus on the **STARSS** message; that is, not smoking cessation but trying to develop creative, positive ways to reduce smoking around children. Also, rollout sites were encouraged to, as one staff said, to "evaluate how you do business" in the sense that introducing **STARSS** into the sites was a great way to start talking to staff about ways they can reduce their own smoking (in particular at work) and to avoid smoking with program participants. All of the rollout sites re-examined their own policies and procedures regarding smoking, smoking areas, and so on and were able to take very progressive steps to change.

- In CAPC/CPNP programs where smoking has not yet been broached with participants as a topic, there might have been a fear among staff that talking about smoking too soon will prevent women from attending other programs on offer. These sites were encouraged to view this an opportunity to start small with the gentle message of **STARSS**, by putting up posters and making handouts available. This also provided women with the security of knowing that they ***could*** talk about smoking with staff, if they chose to do so. Some staff also feared that they were going to say something at the wrong moment and felt that it was better to engage participants in the CAPC/CPNP programming rather than bringing up the topic of smoking. Sites were encouraged to view this as an opportunity to see participants and staff at different levels of awareness and how to work with both staff and women at different stages of change.

- There was often staff turnover so consistency in the delivery of **STARSS** strategies was a challenge. However, the **STARSS** program was developed specifically with ease of delivery in mind, so once program staff were trained, it was fairly simple for them to transfer the learning to other staff within the organization.

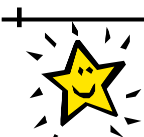
- A huge challenge was predicted regarding the building of communication skills between program staff and participants, in particular with women who may only attend CAPC/CPNP once or twice. Again, one of the real strengths of the **STARSS** program is that



there are many different levels at which a woman can get involved, from unobtrusive all the way through to intensive. Sites were encouraged to involve moms on a gradual basis, such as putting up posters and having handouts available for discrete pick up, then a focussed discussion during an informal group, then the opportunity for women to engage in the sessions of the individual intervention.

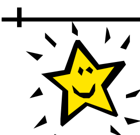
- The harm reduction message may be a difficult one for allied service providers (specifically, those in public health) who are tasked with promoting smoke free lifestyles. We have faced this challenge with some public health providers in Ontario and we try to make it clear that the **STARSS** message should be seen as an intervention message, not a general public health message. It is a way to continue to provide support to women who just are not ready to quit smoking. We also often talk about this as a way to "keep the conversation going" after the conversation has been started by asking women 'do you smoke'. That is, if a woman says 'yes, I smoke but I'm not ready to quit', then we cannot simply abandon her. We need to find ways to engage her and keep her interested. So this was one of the reasons **STARSS** was developed – it engages women and keeps them involved in the smoking conversation, until she reaches a point where she may be able to make a quit attempt. Site participants were urged to use the **STARSS** materials in whatever way is most suitable for their communities, but the posters and message component of **STARSS** were developed as a more targeted intervention for CAPC/CPNP sites in particular, not as a general public health message. Sites also discussed the need to refrain from shying away from harm reduction messages, even when there may be pressure to do so, because we know that this is an effective and supportive approach to take with moms.

- Different CAPC/CPNP sites were at different levels and capacities in their abilities to implement **STARSS**, so the national rollout was a real opportunity to develop a range of ways that CAPC/CPNP can implement **STARSS** across Canada. The rollout sites were encouraged to think of various CAPC/CPNP sites being at different stages of change, just as women are when it comes to smoking. Some sites were at precontemplation while others were in the contemplation or action stage. Sites were encouraged to use the relationship and engagement they have already developed with the women in their programs as an opportunity to gently introduce **STARSS** strategies. Staff could do this at whatever level of comfort they had. For example, those with less confidence started by just putting up posters and using handouts that women could pick up by themselves. Then, as participants approached staff, they took it up a level and started asking questions.



**2.2.6 supporting the rollout sites to act as "regional champions" for STARSS** and determining the feasibility of the rollout sites to act as training and distribution locations for the broader regional dissemination of **STARSS** materials. Over the course of the project, the rollout site staff increased their self efficacy and comfort levels in their ability, not only to deliver the **STARSS** strategies to participants, but also to act as trainers to enable other CAPC staff in their regions to adopt **STARSS** within their sites. The PHAC regional program consultants, because of their participation on the National Advisory Committee, also became confident in and enthusiastic about **STARSS**, so they will be able to support their CAPC sites in their endeavours in this regard. For example, work on **STARSS** can be included in annual work plans that are submitted to PHAC. In other regions, the PHAC program consultants have been part of the **STARSS** training and they are in turn acting as trainers for other CAPC projects within their jurisdictions. All of the PHAC regional program consultants participated in the regional distribution strategy, by holding **STARSS** materials within their offices and distributing them from there to their CAPC/CPNP projects.

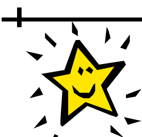
**2.2.7 updating STARSS materials** to ensure their national applicability. The **Guide to STARSS Strategies** and the **I'm a STAR! Journal** for moms were both reviewed and updated to include national references. For example, the **What Smoking Costs Handout** was changed to reflect costs of cigarettes in all provinces and territories. A list of national websites was added and Ontario specific references were eliminated. While substantively the same as the original versions, a number of refinements were made to the materials, based on the feedback from and experiences of the rollout sites in delivering the **STARSS** materials. For example, more detailed suggestions and guidelines were made for staged implementation of the **STARSS** strategies within CAPC sites, depending upon the site's capacity and history implementing smoking interventions. Ideas for the creative inclusion of **STARSS** in other CAPC programming were included. Based on the experience of one rollout site in particular, some scenarios for difficult life situations (such as living with an abusive partner and the impact of this on smoking cessation) were added to assist staff when confronted with participants whose distressed lives may prevent movement on tobacco reduction or cessation. Interestingly, the participants who used the **I'm a STAR! Journal** for moms did not have any recommendations for changes, other than to add more references to new technologies that were less in use five years ago when the materials were originally developed (such as text messaging and MP 3 players) and to provide a national perspective on the **What Smoking Costs Handout**, as noted above.



**2.2.8 developing a national implementation and distribution strategy for the STARSS materials** that built upon the feedback from and experiences of the participants in the national rollout. The participation of the National Advisory Committee was instrumental in this regard. In particular, the PHAC regional program consultants were and will be an invaluable part of this process. The implementation summary below relates what could be done in the current rollout sites, what could be done in the regions and what could be done nationally to continue to move **STARSS** forward. Part of the implementation strategy is based on what could be done both ideally (i.e., if there were additional funding) and realistically (i.e., with existing resources).

**a) Nationally**

- ***Teleconferences.*** Continue the national teleconferences in the community of practice model. This is easy, inexpensive and has already been committed. PHAC will provide the teleconferencing support and AWARE will pick up the teleconferencing as needed.
- ***Access to support.*** The group wants to be able to access support from AWARE (and the project coordinator in particular) when needed. AWARE has continued to pledge the project coordinator's time to this and to provide the toll free phone line to the rollout sites.
- ***Infrastructure for the teleconferences.*** Ideally there would be funds for a paid coordinator. If funds were not available, might consider doing it on a voluntary basis with individuals taking turns coordinating. In the meantime, AWARE has pledge the project coordinator's time to this process.
- ***Website.*** Anyone could access the site but those trained would have a special web page to access more information. The AWARE website needs to be updated to be able to incorporate this and project funding has been applied for. There are many exciting things that could happen with an updated website.
- ***Videoconferencing.*** If this seems like a viable alternative to face-to-face training in the future, we will investigate this.
- ***Presentations at conferences.*** The project coordinator has submitted abstracts to and been accepted by the National Conference on Tobacco or Health, Issues of Substance (Canadian Centre on Substance Abuse annual conference), and the Early Years annual conference
- ***Reprint of resources.*** The current project funding enabled us to reprint 1,000 of the **Guide to STARSS Strategies** (in English), 2,000 of the **I'm a STAR! Journal** for moms (in English), 500 of the **BRAVO Guide** (in French) and 750 of the **BRAVO Journal** for moms (in French), plus 500 of the posters in French. These are being distributed to the rollout sites and the regional PHAC offices

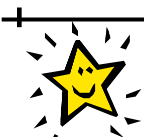


for dissemination to other CAPC/CPNP projects from there. AWARE will hold about half of the copies and distribute these to others who request the resources or to the CAPC sites as they run out of materials.

- ***Face-to-face meeting*** every two years.
- ***Support from PHAC program consultants***, who will add **STARSS** to annual work plans, find ways to train other CAPC/CPNP projects within their jurisdictions, and promote the **STARSS** program with their colleagues.
- ***Promotion by national PHAC office***, through national meetings, conference calls, and other mechanisms involving regional offices.

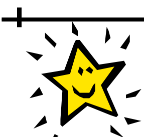
b) **Regionally.** Each region has developed implementation plans that are unique to that region. Yukon has developed a funding proposal to hire another staff person to support the CPNP site to continue working on **STARSS** exclusively. Alberta, spearheaded by the PHAC regional consultants, has organized a provincial task force along with AADAC, FNIHB, AAHS, and the regional office of the Tobacco Control Programme to provide **STARSS** training within all these programs, based on the national rollout model. In the Manitoba region, work is underway with the regional CAPC/CPNP coalition group to provide training. In Ontario, the regional consultant is training her colleagues in the **STARSS** strategies so that they, in turn, can support the work of **STARSS** within their CAPC/CPNP projects. In the Atlantic region, the tobacco strategy is in the process of being renewed and **STARSS** will be incorporated into the unfolding of the strategy. Also, the PHAC consultant and the rollout site are doing provincial **STARSS** trainings with other CAPC/CPNP sites. Other regional strategies for implementation and distribution include:

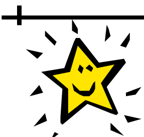
- ***Presentations and STARSS trainings*** at regional CAPC/CPNP coalition meetings.
- ***Establish mentoring relationships*** between rollout site staff and other CAPC/CPNP projects where time and work loads permit.
- ***Regional videoconferencing*** again as a possibility instead of face-to-face training if budgets do not permit these.
- ***Moving beyond CAPC/CPNP.*** Training service providers from other organizations/programs has already started. For example, FNIHB and AHS in Alberta have already received some **STARSS** training from the project coordinator. A wide range of service providers in Yukon were trained. Provincial public health agency staff in various regions have also received training, in particular in Ontario and Nova Scotia.



c) **On site.** All of the rollout sites have pledged to continue to deliver **STARSS** and will work on strategies to deal with the staff turnover issue. When possible, they will engage in site-to-site mentoring. Also, they are committed to working with community partners and will ask to have a **STARSS** presentation put on the agenda at meetings whenever possible.

**2.2.9 evaluating the national rollout of STARSS** over the course of the 8 month project. The evaluation results are included below.





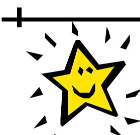
## 3. Additional Project Activities

In addition to the activities identified in the original proposal (as outlined above), a number of additional project activities also were undertaken as they flowed from the project as it progressed.

**3.1 First Nations Adaptation.** Two of the rollout sites in particular (Portage la Prairie and Whitehorse) attract participants who are primarily First Nations moms. We were fortunate, at the Whitehorse site, that the First Nations Tobacco Control Strategy Yukon Facilitator was hired to assist the rollout site with the implementation of **STARSS**. We were able to draw on her expertise to assist us in examining, delivering, and adapting the **STARSS** materials for their appropriateness in the First Nation context. She delivered the program in both the informal and formal methods and we were able to determine that, with very small modifications, the **STARSS** strategies are equally useful for First Nations moms. The modifications suggested are related to the use of graphics to accompany the text on **STARSS Handouts** and **Worksheets**, a source for which is noted in the revised national version of the **Guide to STARSS Strategies**. Some other suggestions for additional topics of conversation (such as traditional use of tobacco) are also made.

**3.2 Ontario CPNP Teleconferences.** As part of the program coordinator's involvement with Ontario's PREGNETS project, we were able to coordinate bimonthly provincial teleconferences for Ontario region CPNP staff. This helped to familiarize CPNP staff with implementation of **STARSS** strategies.

**3.3 Ontario CPNP Videoconference.** A "train-the-trainers" workshop was held to train CPNP staff to address smoking among their participants and second hand smoke in the homes of participants as well as to train other CPNP staff members. The training combined the PREGNETS workshop curriculum with that of **STARSS** in order to provide an overview of smoking among pregnant and post-partum women, brief and intensive interventions, relapse and medication issues, make recommendations on how to integrate this information into the existing work already carried out by the projects as well as help make the link between smoking cessation and reducing exposure to second hand smoke. We combined the PREGNETS and **STARSS** curricula in response to queries from CPNP staff about the compatibility of the two approaches. Combining the two programs emphasized the synergy between the two approaches and allowed CPNP staff to tailor their interventions to their participants' stated goals (i.e., smoking cessation and/or reduction of second hand smoke exposure). Moreover, reduction has been shown to increase quit attempts. The videoconferenced workshop format allowed CPNP representatives to

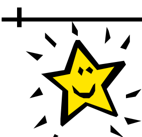


select from a range of learning opportunities. The first half focused on providing basic information to pregnant women who smoke and the second half focused on delivering interventions to help pregnant smokers make changes to their smoking behaviour and to limit their exposure and their children's exposure to second hand smoke. These presentations were shared with the rollout sites and the National Advisory Committee.

3.4 **Training Within Rollout Site Communities.** The program coordinator encouraged the rollout sites to make use of her expertise when she was on site for the consultations. All of the sites took advantage of this offer and organized in-house and/or community training events to coincide with the visit. For example, in Whitehorse, the project coordinator met several times with the community members who are interested in providing or developing strategies to support women smokers. These community members included the Territorial Health Promotion coordinator and the francophone community resource centre staff. In Sydney, the entire staff of the rollout site (about 25) attended a day long training session. In Sudbury, two community wide **STARSS** training events were held and are described in detail below. The project coordinator has made available to the rollout sites and the National Advisory Committee all of her PowerPoint presentations.

3.5 **Public Health Agency of Canada National Meetings.** The project coordinator was invited to make **STARSS** presentations at the two national meetings of PHAC regional program consultants that fell during the course of the project. These were an excellent opportunity to encourage the regional program consultants not directly involved in the **STARSS** rollout to think of ways to encourage their CAPC/CPNP projects to incorporate **STARSS** strategies into their programming.

3.6 **Other Training.** The project coordinator was invited to provide **STARSS** training to a number of groups across Canada. Due to time restrictions, she was unable to entertain all of the requests made, but was able to accept as many as the project schedule allowed, including the Alberta Aboriginal Head Start annual provincial conference, First Nations and Inuit Health Branch (in Edmonton, Ottawa, and Winnipeg) training for FASD mentors, and a combined **STARSS** / PREGNETS curriculum, similar to the one outlined above, for TEACH in Toronto, which was delivered twice during the course of the project. These training opportunities were seen as an excellent opportunity to support service providers interested in innovative strategies to deal with pregnant and parenting women who smoke and to connect them with CAPC/CPNP sites in their home communities. This cross-fertilization is one of the exciting developments of the **STARSS** national rollout.



### The STARSS Sudbury Experience – A Case Study in Ripple Effects

During her first visit to the Sudbury rollout site at Our Children, Our Future (OCOF), the **STARSS** project coordinator was asked by the OCOF Executive Director to provide a community-wide **STARSS** training, whose attendees included staff from the Native Health Centre, Iris Women's Addictions Treatment Centre, the Sudbury & District Public Health Unit, in addition to the CAPC/CPNP staff of OCOF.

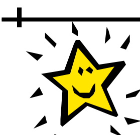
Previously, the project coordinator had met staff from the Sudbury & District Public Health Unit at the **STARSS** presentation for TEACH, through our connections with the PREGNETS project of CAMH. The Health Unit staff person was very interested in the **STARSS** approach and brought colleagues with her to the Sudbury training session. Also, the project coordinator had met staff members from the Iris Women's Addictions Treatment Centre at a **STARSS** presentation for the provincial conference of the Early Childhood Development Addictions Initiative, who were similarly interested in the **STARSS** approach and eager to introduce smoking issues into their addictions treatment program.

The Sudbury & District Public Health Unit have taken the **STARSS** message in the posters and PSAs, translating the latter into French, and have used these components extensively in their counter-smoking messaging to their community. The staff believe in the gentle, non-threatening **STARSS** approach and it is laudable that they have been able to integrate the harm reduction message into their broader-based messaging.

The Health Unit also sponsored a second, in-depth training session, also provided by the **STARSS** project coordinator. Fifteen community members attended this second, train-the-trainer session. We are pleased that our collaboration with the Sudbury & District Health Unit has been so fruitful.

The Iris Women's Addictions Treatment Centre has uniquely adapted and integrated the **STARSS** program into its general programming. In addition to using the posters and giving residents positive, informal feedback for "being a **STAR!**" when the women are seen using **STARSS** strategies, the Iris staff hold two **STARSS** group sessions every three weeks. Session 1 is an introduction and overview; Session 2 is a thorough review and explanation of how to use the **I'm a STAR! Journal**, which is given to each participant to keep. One Iris staff reported that this is the first time in her 25 years of experience that women have cut back on their smoking while in residence for addiction treatment. As the staff member said, "Finding out about **STARSS** was a gift!"

We are thrilled that **STARSS** has found application in such a wide variety of settings within one community. It is a testament to the enthusiasm of the community, the applicability of the materials, and the importance of providing cross-training in as many different locations as possible.



## 4. Evaluation

Evaluation of the National Rollout of **STARSS** focused on the implementation of the **STARSS** program in four of the five Community Action Program for Children (CAPC) national rollout sites: Whitehorse, Yukon; Grande Prairie, Alberta; Portage La Prairie, Manitoba; and Sydney, Nova Scotia. Some of these sites were also Canada Prenatal Nutrition Program (CPNP) sites. The Sudbury, Ontario site was specifically involved in adapting the materials into French and was extensively involved in this process.

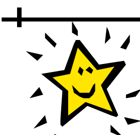
The **STARSS** program had been comprehensively evaluated during its development within Community Action Program for Children (CAPC) sites in Ontario (AWARE, 2005). The **STARSS** program was found to be very effective as an intervention to engage low-income women with children in protecting their children from secondhand smoke. Highlights of the Ontario evaluation include:

- It was well accepted and used by participants.
- It led to significant, positive attitudinal and behavioural changes with respect to women exposing their children to secondhand smoke.
- It had a dramatic positive impact on the smoking behaviour of the participants.

Because the effectiveness of the **STARSS** program with low-income women had been previously evaluated, this evaluation focused more on the national implementation of the **STARSS** program to the four CAPC rollout sites. The evaluation examined four primary areas:

1. Service Provider Ratings of Knowledge, Skills, and Confidence Levels
2. Analysis of the Implementation Process
3. Educational Intervention at Informal Groups
4. Formal Intervention either through Group or Individual Sessions.

Service Provider questionnaires were received from 11 people in the four sites who provided the **STARSS** program. An initial questionnaire (see **Appendix 7 - Service Provider Initial Questionnaire**) was administered prior to training on the **STARSS** program, and a follow-up questionnaire (see **Appendix 7 - Service Provider Follow-up Questionnaire**) was administered close to the end of the project.



## 4.1. Service Provider Ratings of Knowledge, Skills and Confidence Levels

**Table 1. Service Provider Ratings Prior to Training Compared with Ratings After Implementing the STARSS Program**

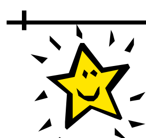
| Issue | Rating Prior to Training<br>Average rating on 5 pt. scale* | Rating After Implementing Program<br>Average rating on 5 pt. scale* |
|---|---|---|
| 1. Level of skill in providing SHS counselling. | 2.5 | 4.5 |
| 2. Confidence level in providing SHS counselling. | 2.4 | 4.75 |
| 3. Importance of providing SHS counselling. | 5 | 5 |
| 4. Harmfulness of SHS to children. | 5 | 5 |
| 5. Level of knowledge of SHS. | 3.5 | 4.5 |
| 6. Level of knowledge of harm reduction. | 3 | 4.75 |

*Note: 1 indicates a low rating, 3 a moderate rating and 5 a high rating on the 5 point scale

Only two service providers had been involved in SHS counselling prior to this program. Table 1 illustrates that prior to receiving training on the **STARSS** program, all service providers strongly believed that SHS is very harmful to children and they also felt that it is very important to provide SHS counselling to parents who smoke. In addition, a question was asked about the importance of providing an intervention that focuses on SHS to low-income mothers, given the many significant challenges in their lives. Prior to training 73% felt that it was "very important" while 27% felt it was "important, but only after other life areas have been addressed". Therefore, prior to becoming involved in the **STARSS** program, service providers expressed a strong belief in the value of this type of program for the population of women with whom they work.

The two areas that showed the greatest change (see Table 1) were the level of skill that service providers believed they had in providing the program and confidence in their ability to provide SHS counselling. Level of skill and confidence levels increased to 4.5 and 4.75 respectively out of 5 points from initial ratings of 2.5 and 2.4. Service providers indicated that the onsite training, onsite visits, and the telephone support available allowed them to follow through with introducing this program into their sites.

There was a moderate increase in both knowledge of SHS issues and harm reduction. Prior to the training session, service providers felt "somewhat knowledgeable" of secondhand smoke (SHS) issues. Only one person rated themselves as "very knowledgeable". After providing the **STARSS** program, service providers had an average rating of 4.5 out of 5 points. Knowledge of harm reduction also increased from "somewhat knowledgeable" to "very knowledgeable" (4.75 out of 5 points).



It is important to note that the service providers involved in this project already had a strong belief in the importance of addressing SHS with low-income women. The training, program materials, and ongoing support increased their knowledge, skill level, and confidence in their ability to work with their clients on this issue.

### 4.2. Analysis of the Implementation Process

Telephone interviews (see **Appendix 7 – Service Providers' Feedback on Implementing STARSS**) were conducted with each of the four rollout sites to discuss the project implementation process. In total eight service providers were interviewed, two at each site. In addition, minutes of teleconferences, site visits, and national meeting were reviewed to add contextual information on the implementation process.

#### 4.2.1 Training

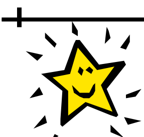
In terms of the amount of training that service providers felt they would need to provide SHS counselling to low-income mothers, no one indicated that they would require a lot of training. Three-quarters of respondents indicated that they were familiar with the topic, but not fully aware of the current level of knowledge on the topic; while one quarter indicated they were quite familiar with the topic and just needed to learn the specifics about the **STARSS** program.

To provide training, the project coordinator, Wendy Reynolds, conducted on-site consultations at each of the four rollout sites, visiting each site twice. There was also an accessible hotline to call the project coordinator for support and problem solving. In addition, monthly national teleconferences were scheduled to share ideas and information.

All service providers interviewed felt that they had received sufficient training in order to provide the program in their agency. They identified the following aspects of training as particularly helpful:

- **on-site training.** It was important that the training was conducted on-site and that the service providers had someone they could talk to about implementing the program. Respondents indicated that the training provided a lot of information that was not otherwise available to them. Having someone come on-site was viewed as beneficial both to the trainer and the trainees. They felt that the trainer would better understand the services they provided and the climate of the agency, and the trainees had someone with whom they could discuss implementation issues and ask questions. One individual indicated that coming on-site added "a personal touch".

- **ongoing support.** There was the possibility of contacting



someone to discuss any issues that arose. As one person described, “Wendy was only a phone call away”. This aspect of training and continued support was described as strongly contributing to having the confidence to run the program.

- **tailoring the program.** Training also focused on how to customize the **STARSS** program into programs that they were already offering. This somewhat relieved the pressure of adding another program to their workload, as they could integrate the **STARSS** program in their current work.

- **problem-solving.** Service providers appreciated Wendy’s willingness to discuss various problems that might arise in implementing the program.

- **national teleconferences.** These helped to keep a focus on the program and to hear about how others were using the materials. Networking and keeping in touch with others who were trying out the program was viewed as an important element to staying focused on their task.

- **multiple trainings.** Having more than one training was helpful as not all staff at each site could attend the first training. Also, there was the inevitable staff turnover, so new staff could be trained during the second on-site consultation.

- **quality of materials.** The **STARSS** materials were described as easy to understand, read, and follow. The Handouts, Worksheets, and Journals are user friendly.

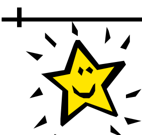
The only suggestion about improving the training was related to training a larger group of people. It was suggested that, had funding been available for this, that more than one site attend to provide more interaction and ideas from others.

During telephone interviews with each site, service providers consistently emphasized the need for training in order to provide smoking interventions. Training was deemed as essential for staff who do not have a background in delivering tobacco strategies in order for them to have the knowledge, skills, and confidence to introduce smoking strategies into their agencies.

#### 4.2.2 Structure of implementation process

When asked what was helpful about the structure used to introduce the **STARSS** program into each site, respondents indicated:

- **honoraria.** These were seen as important to allow staff to spend time



on this project. An honorarium was viewed as extremely important as implementing a new program takes a lot of management / organizational time and delivery time.

- **on-site consultations.** These were viewed as critical to the process in order to really understand what each site offered and how the program could be adapted to the site. It was so helpful to have a person on-site to discuss ideas regarding program implementation.

- **teleconferences.** These were seen as important to hear each other's ideas. It was helpful to hear how others were using the program and to share innovative strategies to advertising the program and introducing it into their work.

- **training.** As discussed above, this was viewed as a critical element.

- **1-800 number.** This acted as a confidence booster. One service provider indicated that having the 1-800 telephone number available gave her the confidence to use the program, knowing that she did not have to have all of the answers herself to use the program with her clients.

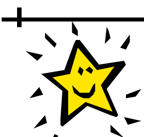
- **support and advice.** Respondents felt that having a knowledgeable, supportive, available person to provide ongoing support and advice was a critical element to success. Wendy Reynolds, the project coordinator, was consistently praised for her knowledge, support, and commitment to the project.

- **integration into existing programs.** It was essential that staff understood from the outset of the project that the **STARSS** program could be integrated into their daily work.

Suggestions given to improve the structure of the implementation process included:

- **honoraria to promote the program in other communities.** In order to keep the momentum of the dissemination of the **STARSS** program, it was felt that honorariums should include reaching out to other services/communities that could benefit from using the program.

- **longer time frame for the project.** The short time-frame of the project contributed to a feeling of being rushed into the implementation phase. Ideally, the sites would have liked to have been provided with training one or two months prior to implementation.



All service providers stated that the way in which the program had been introduced was extremely helpful and assisted their ability to implement **STARSS**.

#### 4.2.3 Characteristics of STARSS

Service providers were asked if the **STARSS** program was a good fit with the services the agency provides and the population of women with whom they work. Everyone indicated that it was an extremely good fit. These characteristics of the **STARSS** program made it fit well:

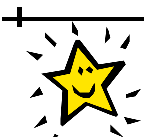
- **philosophy of the STARSS program.** The emphasis on harm reduction and the philosophy of being non-judgemental fit well with the CAPC/CPNP approach in working with low-income women. All service providers mentioned the fact that this was not a smoking cessation program and did not make women feel guilty about smoking. Many had tried offering smoking cessation programs in the past and all agreed these were not successful with the women with whom they worked.

- **flexibility of the STARSS program.** This aspect was really valued by all respondents. It could be offered over the phone, formally, informally; whatever the participant needed. It was flexible enough to fit into any work plan.

- **tailoring the STARSS program.** The fact that one did not have to offer the entire program in a set order was viewed as helpful. Service providers indicated that they could choose some parts or the entire program and not feel bad about changing it. Service providers had previous experience with programs that had to be delivered in a rigid format. They found that those programs did not work well within their settings and tended to be "put on the shelf". Respondents were very supportive of being able to customize the **STARSS** strategies into their programming. One service provider described it as a "do-able" program.

- **a topic that fit.** Service providers could fit the topic into structured programs they were already offering; it provided another topic to cover which was helpful. **STARSS** could also be introduced into unstructured programs which typically would not have a set topic, e.g., within a playgroup or a mom's discussion group. The materials were well suited to starting a discussion in an informal setting.

- **user-friendly, attractive materials.** The **STARSS** materials attracted the women's attention and were easy to read and understand. Women were attracted to the display, and would pick up the handouts and read them.



- **the STARSS Welcome Kit.** The Welcome Kit was also called the "stop cravings" kit by some sites. It was helpful to actually give out hands-on, concrete aids to deal with cravings and stress.

- **positive emphasis.** Service providers particularly liked the positive emphasis of the **STARSS** materials. They found that the materials were really encouraging and empowering for the women coming to their agencies.

- **diversity.** It was felt that the materials could be used with any groups of women; for example, Aboriginal women, multiracial groups, and older/younger women.

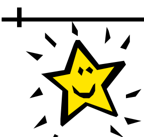
Clearly, there were extensive reasons why the **STARSS** program fit so well into these existing CAPC and CPNP projects and this long list of positive characteristics helps to explain why service providers reported a very solid fit.

### 4.2.4 Challenges in providing STARSS

The major challenge reported by a few service providers was the short time-frame (i.e., eight months) for the project. Because smoking has a stigma attached to it, introducing this topic was described by some service providers as more difficult and requiring more time compared with other, more straightforward topics. It was emphasized that dedicated time to this project was essential to successfully promote the program. It was important that trust was built up gradually with the women that attended their services to fully discuss this sensitive topic. It was difficult to encourage some women to talk about their smoking and to reach the stage where they could identify SHS as an important issue. One service provider described the project as "a feeling of being rushed". Another indicated that they felt the program was cut off when they finally got it into motion.

Scheduling the sessions was sometimes challenging for the population of women served. For example, when working with a transient population, it can be difficult to schedule sufficient sessions to complete the program as the client's contact information cannot be found. This was confirmed by other service providers indicating that trying to offer a formal **STARSS** group was difficult. For example, at one group 10 signed up for the group, but only 4 attended. This confirms the importance of the flexibility of the **STARSS** materials, which can be used in a variety of ways, based on the needs of the participants.

One service provider commented that support and encouragement needs to continue once the **STARSS** program has been completed with the client. It is an ongoing process to help clients maintain their initial positive changes. She found that some of her clients would slip back to old patterns of behaviour and she would have to



encourage the clients to try to move forward once more. It is often a process of celebrating small gains and then moving to the next step. Thus, it is important to use the **STARSS** materials as they were intended; that is, not as a brief, one-time intervention, but rather as an ongoing process.

One service provider expressed concern about the sustainability of the project, being attached to CAPC sites, whose future funding is not secure. Thus, the alignments made with provincial health promotion agencies through the **STARSS** National Advisory Committee will ensure its sustainability.

### 4.2.5 Program adaptations

Program adaptations can be broken into three different areas:
4.2.5.1 Promoting **STARSS** within the community/other communities.
4.2.5.2 Advertising **STARSS** within the agency.
4.2.5.3 Incorporating **STARSS** into existing programs.

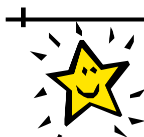
#### *4.2.5.1 Promoting STARSS within the community/other communities*

One site was able to secure some extra funding to contribute to their community development approach to this project. Their approach was to introduce **STARSS** to programs and organizations throughout the region rather than only engaging their own participants in the program. They acted as a mentoring program for other Canada Prenatal Nutrition Program (CPNP) programs across a large geographical area. As long as they had this extra funding, they were able to provide support to other programs, but cannot continue to do so. During the project coordinator's on-site consultations, they were able to develop a tobacco screener for use across their community. The screener provides a roadmap for service providers of what to do step by step to provide help to a woman who smokes.

One service provider conducted an awareness campaign in order to familiarize the community with the **STARSS** program. Short presentations were made at agencies that might see women who could benefit from the program, such as addiction services, Children's Aid Society, and other social services. The program was well received in the community. In addition, one of the **STARSS** handouts was inserted in a monthly calendar that was widely distributed throughout the community, including doctors' offices. A different handout was inserted each month. Some service providers also promoted the **STARSS** program at health fairs.

#### *4.2.5.2 Advertising STARSS within the agency*

Service providers experimented and learned a lot about how to display information and attract attention to the materials. One site in particular studied the placing of materials and handouts in order to stimulate discussion of this topic. They found that having bright, shiny stars as decorations in their main gathering area would attract the attention of the children. The children would point to the stars and ask



their parents about them. Parents then would ask staff what the stars were for in order to answer their children's questions. This allowed the topic to be opened up for discussion in a very natural way.

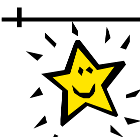
Service providers found that the visual display was a key element in stimulating discussion of the topic. It was important to be creative, and service providers at the rollout sites showed their creativity in using stars as a symbol for both advertising the program and empowering the women to recognize their strengths. For example, some sites replaced their mouse pads with stars; some created yellow Jello star moulds or star cupcakes, or even star fruit for treats; one site found stress stars (as compared to stress balls) for mothers to use. One of the service providers wrote "Be a STAR! Ask us how" on a star posted on the wall. At one site, children were asked what their moms did to protect them (in all life areas, not just smoking) and these were written down on a star. These stars were then displayed which led to a feeling of empowerment and self-esteem. The colour yellow and star shapes of every order were prominent at these sites which created a welcoming atmosphere.

Service providers discovered that it was important to move the display to other parts of the agency. Leaving the display in one area for too long led to fewer questions being asked; but moving it to other rooms or other areas of the agency re-stimulated discussion of the topic. One service provider described presenting the materials in "flows". This relates to putting out information on SHS for a couple of weeks and then changing to a different topic, but coming back to SHS again to raise the issue once more. One agency puts handouts in the bathroom so that parents who did not want to be seen taking the information could still access it.

Handouts were photocopied on different coloured paper in many of the sites. It was felt important not to put too many handouts/information out at a time as it can become overwhelming. At one site, the handouts were chosen to be displayed in a particular order and these were left in various rooms of the agency. On the whole, they found that women were more likely to pick them up and read them while they were there rather than taking them with them. This site believes that having the handouts on a poster board on the wall would work just as well as having them as handouts. As a result of studying this process of displaying materials, this agency has started a "Do You Know?" program on various topics. This service provider commented that having the **STARSS** program made them really think about how participants looked at materials and resources displayed within their site overall.

In some sites, the handouts were actually given out rather than waiting for people to pick them up in case they had forgotten to pick them up or hadn't seen them.

One service provider described trying to integrate the topic into a conversation with women who dropped into the agency. This service provider would then make notes about the conversation in order to remember to bring the topic back up the next time the women dropped in.



One service provider shared that she always carries some copies of the worksheets and handouts, never knowing when an opportunity might arise to share the information.

#### *4.2.5.3 Incorporating STARSS into existing programs*

Service providers introduced the **STARSS** program into as many activities/contacts with women that they could manage. As the **STARSS** strategies fit so well into their current work, it was introduced at drop-ins, informal groups, formal groups, home visits, telephone counselling, and email counselling. One site tried using Telehealth, but found that access to remote Telehealth stations could prove difficult to arrange; therefore, they found using the telephone easier.

Some of the rollout sites had several different satellite locations spread over a large geographical area. They found that the program had to be adapted to the needs of each location. For example, one site described using the program with moms living on the street at a drop-in location, at another satellite that held groups twice each month and where one-on-one counselling would also take place, and at another location where the program didn't currently fit as there were so few moms that smoked. Some sites indicated that many moms attended several groups they offered and therefore would be exposed to the message several times.

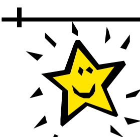
It was also mentioned that a service provider working with a woman on the individual program would not necessarily cover a module every week; the program had to be spaced to fit both the service provider's schedule and within other life challenges experienced by the woman taking the program.

Two of the sites used the materials with First Nations women, slightly modifying the materials, for example, incorporating graphics taken from "Healing from Smoking".

### 4.2.6 What service providers would do differently in continuing to offer STARSS

Although service providers felt that the program worked very well in their agencies, they did have a few suggestions about what they would do differently if they had the opportunity to continue to run the program.

- One site would offer the program in intervals; for example, stop over the summer and start again in the fall to create renewed interest in the program.
- Several service providers indicated that they would not attempt a formal group. They would continue to introduce the program informally and then continue with 1:1 individual sessions with clients who wanted to access the formal program.



- One service provider indicated that funding for quit smoking aids would be really beneficial and she would have liked to be able to provide these for her clients.

- Two of the sites indicated that although the 3 to 4 week follow-up telephone call was a requirement for the evaluation for women attending informal groups, they would continue with that follow-up call to stimulate involvement in the program and discussion of the topic. They felt it was very important to record the names and phone numbers of women attending informal groups as the follow-up call provided a clinical opportunity to help the woman move to the next step.

- One of the sites that assisted other communities to offer the program indicated that they would only deliver the program within their organization.

#### 4.2.7 Suggestions for other services adopting this program

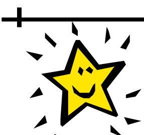
Service providers were asked for their suggestions/comments to others who were thinking of adopting this program. The following is their advice based on their eight month experience with the **STARSS** program:

- The program is easier to introduce than it at first appears. At the onset it looks like a big commitment, but it is not.
- Make the program a priority. Ensure that everyone gets trained.
- Talk to someone who has already used to program.
- It is adaptable to any program format.
- Don't bring an outside facilitator in to run the program. The service provider should already have a relationship with the women and have gained their trust.
- Make sure service providers read the materials themselves – you must be informed.
- Important to provide incentives, for example, childcare, transportation, for women who attend.
- Have fun with it.

The suggestions focused on using in-house staff who have a relationship with the women accessing the service, ensuring that everyone is well trained on the program, providing incentives for women to attend, and using the experience of others who have incorporated the program into their services.

#### 4.2.8 Three most important things learned from this experience

Service providers were asked to list the three most important things they learned



over this experience.  The first two items were listed by several respondents.

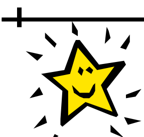
- Person delivering the program cannot act in a judgemental manner towards those who smoke.  The focus must be on harm reduction and not on quitting.
- Flexibility of the program – The program could be delivered in so many different ways.  Based on the service providers' experience and knowledge, they could pick out the materials that they knew would work with particular groups of women.
- Patience – approaching smoking from a different angle was a learning experience.
- Learned that for low-income single moms, smoking is an enjoyment, a break from a stressful life.
- Learned that lots of people don't know the harmful effects of SHS.
- Learned that a lot of people do smoke; did not realize that as a non-smoker.
- To incorporate the program within an existing program.
- Simple messages are powerful tools to empower the person – they work the best.
- Formal groups are difficult to set up.  It is daunting for clients to come to a formal group that is focusing on smoking behaviours.
- It's very helpful not to work in isolation.  Can learn from others' experiences and try to adapt innovations within one's own community.
- Need to dedicate time to the project to make it successful.
- Important to provide incentives to women who attend.

Clearly, different service providers learned different things from their experience offering **STARSS**.  Many of the items relate to information learned about smoking and its role in the lives of low-income women.

#### 4.2.9 Advice on approaching harder-to-reach women

These service providers have tremendous experience in working with harder-to-reach women.  This is their advice on approaching women with this sensitive topic:

- Make sure the message is clear that the **STARSS** program focuses on changing smoking behaviours related to SHS rather than quitting smoking.
- Understand that it will take time to build trust on this sensitive topic.
- Need to work from an already existing relationship; does not work as well with women coming to a service for the first time.
- Need to meet clients where they are at; accept people where they are rather than expecting them to quit smoking.
- Help clients to see and celebrate successes.
- Use empathy and be non-judgemental.



- Share other women's experiences.
- Be casual and non-threatening – introduce the topic just like any other topic.
- Person providing **STARSS** program should be an in-house staff person; not a new person from outside the agency.

From these comments, it is clear that these service providers understand and appreciate the benefits of using a gentle, motivational approach and understand that change takes time. It is clearly very important that anyone offering the **STARSS** program would need to be aware and sensitive to these issues.

#### 4.2.10 Primary areas requiring funding

Service providers agreed across sites on the primary areas that require funding when incorporating the **STARSS** program with existing CAPC/CPNP sites. Funding should include:

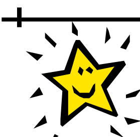
- Incentives for women to attend such as childcare, transportation, and snacks.
- Supply costs such as photocopying, promotional materials, and coping with craving (the Welcome Kits) such as stress stars, plastic cigarettes, licorice.
- Quit smoking aids such as the nicotine patch, nicotine gum.
- Compensation for staff time dedicated to organizing and delivering the program.
- Person to train, support and mentor services offering **STARSS**.
- National meetings to network and share ideas.

#### 4.2.11 Benefits of combining STARSS with existing CAPC/CPNP sites

***Benefits to Funders***

The primary benefit to funders recognized by all service providers was that a new service did not have to be created and funded. In fact, service providers believe that it is essential to combine **STARSS** with existing services as an essential element of providing the program is having an established relationship with women who already come to receive services at their agencies. It is bringing a program that fits well into services that already attract harder-to-reach women who could benefit from the program. The cost of establishing these relationships from scratch was estimated to be high. It was felt that there were minimal funding costs to integrate **STARSS** into these CAPC/CPNP sites. In fact, this program is extremely cost-effective as it can be incorporated into existing services with minimal additional costs.

The **STARSS** program fits well with the mandate and objectives of the services; therefore, staff were able to add on this program in a very natural way. It provided a



type of early intervention with a wide range of people at different stages of change.

***Benefits to CAPC/CPNP sites***

The primary benefit to CAPC/CPNP sites was the **STARSS** program raised an awareness of a topic that fit extremely well into their objectives and philosophy of working with women. It was a usable format that could be integrated with existing programs and extended their programs, making them more comprehensive. It increased their confidence in dealing with tobacco issues. One person interviewed felt that introducing a new program so smoothly into their services reflected on the quality of the services they were offering. One service provider commented that it was of most benefit to the babies and children of the women who came for services.

## 4.3 Educational Intervention at Informal Groups

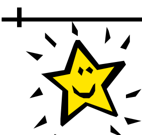
**Table 2. Characteristics of Informal Groups**

| Characteristic | Number | Mean/Median | Range |
|---|---|---|---|
| 1. Number of informal groups | 31 | | |
| 2. Number of women attending | 280 | 9/group (mean) | 3 to 17/group |
| 3. Number of women who smoked or someone in household smokes | 125 (45%) | Groups: 41% (median) | Groups: 0% to 100%; Sites: 37% to 64% |
| 4. Level of interest in topic - scale of 1(low interest) to 5(high interest) | | 3.4 (mean) | 1 to 5 |
| 5. Number of women moving to structured sessions | 17 out of 76 smokers or 22% | | |
| 6. Number of women providing feedback r informal group | 58 from 17 groups | | |

Service providers introduced the topic of SHS at many informal groups. Informal groups are those groups at which an educational introduction into SHS was shared with women who were already attending the service rather than the group being set up specifically to comprehensively cover this topic. The group is not advertised as a smoking discussion group; rather, the topic is raised informally. These may be groups that typically do not have a topic such as a playgroup, or they could be groups that meet regularly to discuss various issues such as a Healthy Babies group and SHS is introduced as one of the topics.

Service providers were asked to complete a questionnaire (see **Appendix 7 – Educational Intervention at Informal Groups; Service Provider Questionnaire**) for each **STARSS** educational intervention at an informal group. In total, information on 31 informal groups was submitted across the four rollout sites. A total of 280 women attended these groups, with an average of 9 women per group and a range in group size from 3 persons to 17 persons.

Service providers were asked to record the number of women attending the group



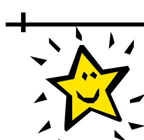
who smoke or who have someone in the household who smokes. Forty-five per cent of women attending these groups either smoked themselves or had someone living in their household who smoked. The household smoking rate in these groups varied significantly across the four sites, ranging from an average of 37% at one site to 64% at another site. In 2005, 16% of women in Canada smoked (Health Canada, 2005). Smoking among aboriginal women is double the national average in Canada (Public Health Agency of Canada, 2003) and two of the sites serve primarily First Nations' communities. The data illustrate that the program is being targeted to a population of women with children who live in households with high smoking rates.

Service providers were asked to rate on a scale from 1 to 5 the level of interest that participants showed in the discussion of SHS with 1 reflecting a low level of interest and 5 a high level of interest. Ratings of interest in the topic for informal groups ranged from 1 to 5, with an average rating of 3.4, a moderate level of interest. Data were examined to see if there was a relationship between the percentage of smokers in a group and the level of interest generated in the topic. There appeared to be a higher level of interest in the topic when the majority of the group were smokers. Groups that were rated as 1 or 2 (low level of interest) had a median of 20% who were smokers compared with a median of 64% who were smokers in groups receiving a rating of 4 or 5 (high level of interest in the topic).

In addition, service providers were asked to record how many of the women attending the informal group moved on to participate in either group or individual **STARSS** structured sessions. This may have been difficult for some service providers to track as data were incomplete on this measure. In 18 of the 31 groups (58% of informal groups) service providers documented the number of women who had moved to more formal sessions. From the 18 groups providing data, 17 women moved on to more structured sessions. There were 76 women in these 18 groups who smoked or had someone in their household who smoked. For groups that were tracked, 22% of women who smoked or had someone in their household who smoked moved on to participate in formal **STARSS** interventions.

**Table 3. Participant Feedback on Informal Groups**

| Characteristic | Number (%) |
|---|---|
| 1. Number of feedback participants | 58 from 17 groups |
| 2. Number of women who smoked or someone in household smokes | 41 (71%) |
| 3. Importance of talking about how to reduce SHS. | a. very important - 53 (91%)<br>b. sort of important - 5 ( 9%) |
| 4. Number of women who remembered ideas talked about to reduce SHS | 46 out of 50 responses (92%) |
| 5. Number of women who reduced SHS | a. yes - 39 (91%)<br>b. no - 4 ( 9%) |
| 6. Number of women interested in taking formal **STARSS** program | a. yes - 25 (60%)<br>b. maybe in future - 11 (26%)<br>c. no - 6 (14%) |



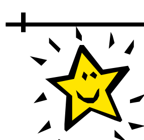
Service providers were asked to try to contact women who attended the informal groups 3 to 4 weeks after the group to provide some feedback on the informal session (see **Appendix 7 - Group Participant Questionnaire**). For 17 of the 31 groups, one or more participants were contacted and completed the feedback form. In total, feedback was received from 58 participants. Table 3 presents a summary of participants who provided feedback on informal groups. Seventy-one per cent of participants providing feedback were smokers or someone in their household smoked.

Ninety-one per cent of the women contacted felt it was "very important" to talk about how to reduce secondhand smoke. Nine per cent felt it was "sort of important" and no one rated it as "not very important". Ninety-two per cent of the women remembered some of the ideas that had been discussed at the informal group.

**Table 4. List of Ideas Respondents Remembered From Informal Groups**

| List of Ideas to Reduce SHS Respondents Remembered | Number of respondents |
|---|---|
| 1. Smoke outside if you cannot stop smoking. | 36 |
| 2. Don't smoke at all/quit smoking | 8 |
| 3. Do not smoke in the car. | 7 |
| 4. Designate a room in the house as a smoking room (where children are not allowe in). | 7 |
| 5. Delay having a cigarette until the child leaves for school or is not in the house; d not smoke 3 hours before child returns home From school. | 7 |
| 6. Smoke near a window/blow smoke out window. | 5 |
| 7. Smoke in another room away from the kids. | 5 |
| 8. Smoke when your kids are not there. | 4 |
| 9. Smoke with a fan so it blows outside. | 3 |
| 10. Delay smoking 10 minutes. | 3 |
| 11. Cut down on smoking | 3 |
| 12. Don't let other people smoke in your house/ask people to smoke outside. | 2 |
| 13. Move away/stay away from smokers. | 2 |
| 14. Move away when smoking. | 1 |
| 15. Keep busy. | 1 |
| 16. Chemicals stay on your clothes. | 1 |
| 17. 4,000+ chemicals in cigarettes. People who do not smoke take in just as many chemicals into their bodies from SHS. | 1 |
| 18. Allergies in children rise. | 1 |
| 19. Don't smoke in house at all. | 1 |
| 20. Take small steps | 1 |
| 21. Air fresheners do not work. | 1 |

Table 4 provides a list of the ideas that respondents had remembered from their informal group. The table shows the number of women who cited a particular idea. Only four respondents indicated they did not remember any ideas. The number and range of responses given indicate that discussing SHS at an informal group using the



**STARSS** program leads to retention of strategies to reduce SHS over a 3 to 4 week interval.

Smokers or women who had someone in the household who smoked were asked if they had done anything to reduce SHS exposure to their children. Table 3 shows that 91% of the women had used one or more strategies to reduce SHS exposure to their children. Only four women had not tried any of the strategies.

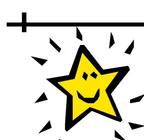
**Table 5. List of Strategies to Reduce SHS Used by Women Attending Informal Groups**

| List of Strategies to Reduce SHS | Number of Respondents |
|---|---|
| 1. Smoking outside as much as possible. | 10 |
| 2. Stopped smoking in the car. | 4 |
| 3. Blowing smoke outside from a window. | 3 |
| 4. Everyone smokes outside. | 3 |
| 5. Gave information to my husband/talked to partner about different ways of reducing SHS. | 2 |
| 6. Only smoke in one room with open window and fan blowing smoke out. | 2 |
| 7. Asked others to stop smoking | 2 |
| 8. Cut down the amount of smoking. | 2 |
| 9. Remove ashtrays; open windows | 2 |
| 10. Stay away from it – get up and move when people light up. | 1 |
| 11. Not smoking in house. | 1 |
| 12. When outside with kids, I move away from them to smoke. | 1 |
| 13. Talking about quitting smoking altogether and we already smoke outside. | 1 |
| 14. Created a smoking room | 1 |
| 15. Turned on fan above stove and blew the smoke up through the vent. | 1 |
| 16. Tried talking to person who smoked in house, but they didn't change. | 1 |
| 17. Participant smokes outside, but partner won't. | 1 |
| 18. Not smoking while breast-feeding. | 1 |
| 19. Smoke in a different room while baby is sleeping. | 1 |
| 20. Reduced smoking in car. | 1 |

Table 5 demonstrates that smoking outside is the most common strategy used by respondents. Some women also stopped smoking in their vehicle and many asked others not to smoke in their house. Others have a designated smoking room in their house. These responses demonstrate that a brief intervention using the **STARSS** program within an existing group for women with children leads to positive behaviour changes in protecting children from SHS.

Sixty per cent of respondents indicated they would be interested in taking the formal **STARSS** program and an additional 26% said they might take it in the future. Offering an educational component at an informal group can act as a screener to identify those women who may be interested in a more formal intervention.

All sites used the **STARSS** program within informal groups. Some service providers indicated that it was surprisingly easy to stimulate and carry on a



discussion of SHS within a group that typically had no formal topic. One person described an initial feeling of discomfort within the group when the topic of smoking was raised, but once the group knew that the expectation was not to quit smoking, but rather to protect their children from harmful effects of SHS, the discussion would take off. Service providers indicated that it was helpful to have both smokers and non-smokers within a group as everyone knows someone who smokes, and the non-smokers brought a different perspective into the group. The informal groups also identify those women who perceive themselves as non-smokers because they view themselves as “social smokers. The discussion at these groups can help these women to move towards seeing themselves as smokers.

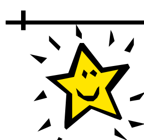
One site used the “Smokes n Ladders” and Jeopardy games to promote more discussion. They added games to the program as they were presenting to a group who did not know the facilitators and found the games to be very effective in stimulating discussion in that situation.

Service providers indicated that the informal groups “caused a lot of ripples” in that it stimulated discussion with family and friends; many participants in the informal groups became very interested in the topic and spread the information and concern about SHS to others.

One service provider described how the topic of SHS would be introduced to a playgroup. They had a sign-in table that had other materials on it for women to pick up. The **STARSS** information would be put right beside the sign-in book. If anyone was interested, they could pick up the information. As well, any newcomers were informed about the program. This process would start an informal discussion about the topic that would lead to a lot of sharing and discussion of the information. The service provider gave an example of one mom who had visited the centre for four years and the staff had never known that she smoked, but she felt comfortable enough at this informal group joining in on the discussion.

Introducing the **STARSS** strategies into informal groups that did not typically have a topic or theme was extremely successful. Service providers commented that they were surprised at how easy it was to start a discussion about this sensitive topic. Virtually all of the moms participating could recall some of the strategies discussed to reduce SHS and most of the moms had tried one or more strategies three to four weeks following the informal group. Over one-half of the moms indicated they would be interested in further discussing the topic in more depth.

Service providers indicated how important it was to get the names and phone numbers of women attending informal sessions because they felt that the call back was very important, not only for evaluation, but also for clinical purposes. Service providers found that in this call, women shared a lot of information and that this call offered the opportunity for the woman to take the next step.



### 4.4 Formal Intervention through Group or Individual Sessions

Formal interventions were those that presented the **STARSS** program intensively with women, either in a group that focused on the **STARSS** strategies or in individual counselling sessions.

**Formal Groups**

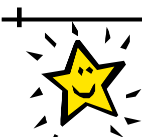
When the **STARSS** program had been introduced into CAPC sites in Ontario (AWARE, 2005), the **STARSS** program was developed to be offered either in informal settings or on an individual basis. Given the complicated and demanding lives of low-income moms with children, setting up and maintaining a therapeutic group can be difficult. However, this option was suggested for the national rollout of the **STARSS** program to see if it was a viable option in some services that had already established a positive working relationship with women with children.

It was very difficult to try to establish a formal group in areas where a small population of people is spread over a large geographical area. Trying to attract women from various agencies or from the general community did not work. For example, a group was widely advertised to the community at one site on the radio, in the library, in the newspaper, even offering a brown bag lunch and no one came. Clearly, to reach women with children with SHS information and strategies, using existing groups in which relationships of trust have already been established is the most beneficial way to deliver **STARSS**.

One formal group was held in which 8 participants completed at least four modules of the program. Eight attended the first session and five women attended the second session. Each session was two hours long and all of the handouts and materials were covered. Four of the eight women were smokers, and four had someone either living in the house who smoked or spent a lot of time around their children smoking. Two of the eight women agreed to sign the consent form to be contacted for follow-up. Both women reported benefiting strongly from the program and especially liking the group format.

One site offered an "informal plus" group. Although it did not cover all of the modules, it was structured around the **STARSS** program and was advertised as a group which would talk about smoking. Ten women signed up and four attended. Three of the four women had previously attended an informal group in which SHS had been discussed. The group lasted two hours and focused on short-term goals. The group covered many aspects of the program including why women smoke, patterns of smoking, barriers, triggers, and strategies.

Formal groups offering the **STARSS** program may be a viable option in particular sites that have sufficient numbers of women who are interested in attending the program and are able to manage attending more than one session. It is likely better to offer the materials over two longer group sessions, e.g., two hours, rather than scheduling several shorter group sessions. Setting up formal groups, however, was



not possible in most of the rollout sites given the many challenges in these women's lives that may deter them from attending a scheduled group and the large geographical areas that many sites serve.

**Formal Individual Sessions**

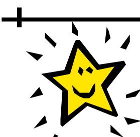
All sites reported providing some individual sessions to women, working through the modules of the **STARSS** program. Individual interventions have been offered to a wide variety of women handling difficult issues in their lives, from a grandmother who has almost full-time care of her grandchild to a recovering heroin addict.

Service providers were asked to request that women who had completed at least four modules of the program sign a consent form to be interviewed either by the service provider or the project evaluator at three months following completion of the program. Because of the short time-frame of the project, the follow-up period was reduced to at least one month to enable information to be gathered on more participants. Six interviews were completed (see **Appendix 7 – Follow-up Form for Participants Receiving Either Individual or Group Interventions**); two who received the group intervention and four who received the individual intervention.

Sessions ranged in number and time spent with the individual. For example, in one instance there were seven sessions conducted on the telephone with a client ranging from 10 minutes up to 43 minutes at a time. Two individuals received three to four sessions of 10 to 15 minutes each. Another person spent 1.5 hours with a participant for four sessions.

Four of the five women responding already believed that it was important to protect their children from SHS before they took part in **STARSS**. One person did not believe it was very important prior to the program, but currently believes it is very important. After their participation in **STARSS**, all women tried many different strategies to reduce SHS exposure to their children. All women reported smoking outside and all indicated it was a very effective strategy to use. One woman has established a smoking room that is vented outside and rated that strategy as really effective. Another woman goes to one area of the house to smoke. One of the women is not smoking when the baby is in the house and again, rated this as a really effective strategy. One woman doesn't smoke in her vehicle and doesn't smoke around children when outside; both of which were viewed as very effective strategies. Chewing gum was also rated as really effective. Three women reported that smoking near open windows was somewhat effective. The step-by-step process and distraction were viewed as somewhat effective and trying to stop smoking completely was rated as not very effective by one person.

Before **STARSS**, two women indicated that their children were exposed to SHS during all hours of the day. Subsequent to taking **STARSS**, for one respondent, the children are now never exposed to SHS. For the other respondent the children are not exposed at their own home, but still are exposed to SHS at the babysitter's.



However, the respondent has spoken to the babysitter about SHS. Another woman reported her children were exposed 2 to 3 hours per day on the weekend and one hour per weekday prior to **STARSS** and now are never exposed to SHS. One respondent indicated that her children had never been exposed to SHS, including prior to **STARSS**.

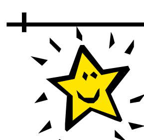
One woman really wanted to quit smoking, but was only "somewhat confident" she could do so prior to taking **STARSS**. She has successful moved from smoking ½ pack per day to quitting with the exception of one or two puffs on stressful days which she estimates to be about ½ of the days. One woman has cut down by one full pack per week, from 7 packs to 6 packs per week. One woman reduced her cigarette consumption from 25 cigarettes per day prior to the program to 15 cigarettes per day. Another woman cut her consumption in half, from 12 cigarettes per day to 6 cigarettes per day. One woman has cut her cigarette consumption by half by waiting 45 minutes between cigarettes. Another woman cut down on the number of cigarettes she smoked, but did not indicate how much she reduced her smoking. All but one of the women who have not quit smoking now really want to quit after their participation in **STARSS** and are "somewhat confident" that they could do so. Two women indicated that having a quit smoking aid provided would have been very helpful to them. All of the women concluded that they were successfully able to reduce the number of times their children were in a room or in a car with someone smoking.

These are very small numbers, but do describe some of the dramatic changes that women with children make when taking the formal **STARSS** program and are consistent with the findings from the Ontario pilot (AWARE, 2005).

Women who completed at least four modules of the **STARSS** program were also asked to complete a satisfaction survey (see **Appendix 7- Participant Satisfaction Survey**) and return it by mail. Seven women returned this survey. Table 6 describes their satisfaction ratings.

**Table 6. Participant Satisfaction Ratings**

| Issue | Ratings (Scale of 1 to 5 points) | No. of participants |
|---|---|---|
| 1. Rating of program's helpfulness | a. Very helpful (5 out of 5 points)<br>b. Quite helpful (4 out of 5 points)<br>c. Somewhat helpful (3 out of 5 points) | 4<br>2<br>1 |
| 2. No. of information sessions | a. There were enough sessions<br>b. There were not enough session | 4<br>3 |
| 3. Information was easy to understand | a. Very understandable (5 out 5 points)<br>b. Quite understandable (4 out of 5 points)<br>c. Somewhat understandable (3 out of 5 points) | 5<br>1<br>1 |
| 4. Suggestions on reducing SHS were practical and ones that could be applied. | a. Very easy to apply (5 out of 5 points)<br>b. Quite easy to apply (4 out of 5 points)<br>c. Somewhat easy to apply (3 out of 5 points) | 3<br>2<br>1 |



| 5. Service provider was knowledgeable about SHS and strategies to reduce SHS. | a. Very knowledgeable (5 out of 5 points)<br>b. Quite knowledgeable (4.5 out of 5 points)<br>c. Somewhat knowledgeable (3 out of 5 points) | 5<br>1<br>1 |
|---|---|---|
| 6. Service provider was helpful in explaining information. | a. Very helpful (5 out of 5 points)<br>b. Quite helpful (4 out of 5 points) | 5<br>1 |
| 7. Service provider was non-judgemental | a. Not judgemental (5 out of 5 points)<br>b. Not very judgemental (4 out of 5 points) | 5<br>1 |
| 8. Program format | a. I prefer a small group<br>b. I prefer individual sessions<br>c. Doesn't matter to me, group or individual | 2<br>1<br>3 |

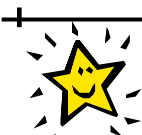
The **STARSS** program was rated as being very helpful. Only one person found it somewhat helpful. Three women indicated that there could have been more sessions to cover the material. Two of these women attended the formal group. Most of the women found the material to be very understandable. Half of the women found it very easy to apply the strategies while one woman indicated that it was somewhat easy at first and got easier with practice. Service providers were rated as knowledgeable, helpful and non-judgemental. Both of the women in the formal group indicated that they preferred taking the program in a group setting, while one woman who received individual counselling indicated that was her preference. The other three women indicated that either group or individual would have been fine for them. All respondents would recommend this program to other moms who smoke. Two women reiterated that quit smoking aids would have been helpful and one woman encouraged the promotion of the program to reach other people who smoke.

Women who responded were very satisfied with the **STARSS** program and they incorporated many different strategies to reduce SHS exposure to their children. The program also had a major impact on reducing their smoking.

## 4.5. Conclusions

**4.5.1 The STARSS program was successfully integrated** into the national rollout sites included in this evaluation. Although these sites were all CAPC/CPNP sites and had established relationships with and programs for low-income moms with children, in many other respects, they differed significantly from each other. Staffing ranged from a site with 25 staff to a site with only one staff. Past experience in working with tobacco issues ranged from offering smoking cessation programs once per year to a site that had never addressed smoking issues at all. In addition, several sites had very large geographical areas to cover. Two sites provided services primarily to First Nations women. These variations attest to the flexibility of the **STARSS** program and indicate that it can be tailored to meet the needs of a variety of services for low-income women.

**4.5.2 Having an attractive, welcoming, empowering display of information and messages** results in women asking questions about the topic and opens up a



discussion of the topic. Service providers experimented with and learned that handouts and other materials need to be placed in the agency strategically at focal points for women to notice, read, and pick up materials. The display needs to change from time-to-time to attract renewed attention to the topic.

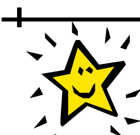
4.5.3 **STARSS was easily integrated into existing programs.** Implementation was a process of involving staff in tailoring the materials and format of the program into their day-to-day work as opposed to running a smoking cessation program once per year. **STARSS** could fit into all different types of existing programs and formats of delivery, from drop-ins, informal groups, formal groups, home visits, telephone counselling, and email counselling. The program also worked well with all types of women, from women living on the street, young, pregnant women, older women who were looking after grandchildren, and First Nations women.

4.5.4 **It was imperative that staff had an already developed relationship and engagement with the women** in the programs which created a platform to gently introduce **STARSS** strategies.

4.5.5 **The training, program materials, and ongoing support increased service providers' knowledge, skill level, and confidence in their ability to work with their participants on this issue.** Aspects of training that were particularly helpful included on-site consultation, ongoing support, assistance in tailoring the program to the site, problem-solving, teleconferences, having multiple trainings, and the high quality of the materials. Training was deemed as essential; reading the program manuals would not be sufficient training to give service providers the knowledge, skills, and confidence to introduce this program into their agencies.

4.5.6 **The structure of the implementation process greatly assisted the rollout sites** in being able to integrate the **STARSS** program into their work. Aspects of the implementation structure that were particularly helpful included honorariums, on-site consultations, teleconferences, training, 1-800 number, support and advice, and the fact that the **STARSS** program would be integrated into their current work, rather than being viewed as an additional program to add to their workload. To improve the implementation process, it was suggested that honorariums be given to assist with promoting the program in other communities and providing training one to two months prior to implementation to give staff time to absorb the materials and plan for implementation.

4.5.7 **The characteristics of the STARSS program contributed greatly to the ease of implementation.** These characteristics include: the philosophy of the **STARSS** program which focuses on harm reduction and espouses a non-judgemental approach; the flexibility of offering the program in many different modalities; the ability to tailor the program to fit the needs of different populations of women and staffing needs; the user-friendly, attractive materials



and hands-on concrete aids to deal with stress and cravings; and the positive emphasis of the **STARSS** materials.

**4.5.8 Service providers' suggestions for new sites adopting the program** focused on using in-house staff who have a relationship with the women accessing the service, ensuring that everyone is well trained on the program, providing incentives for women to attend, and using the experience of others who have incorporated the program into their services.

**4.5.9 The program was extremely cost-effective** as it was integrated into existing programs who had already established trusting relationships with low-income women with children. The primary benefit to the funders of combining the **STARSS** program with CAPC/CPNP sites was that an entirely new service did not have to be created and that the target group of women was already being seen by these services. The primary benefit to CAPC/CPNP sites was the **STARSS** program raised an awareness of a topic that fit extremely well into their objectives and philosophy of working with women. It was a usable format that could be integrated with existing programs and extended their programs, making them more comprehensive. It increased their confidence in dealing with tobacco issues.

**4.5.10 The STARSS program fit extremely well within informal groups**; that is, groups that women were already attending. Service providers found it easier than they expected to raise the topic of SHS and to keep the discussion going. The level of interest in the topic was higher in groups where the majority of women were smokers or who had someone in the household who smoked.

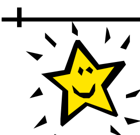
**4.5.11 Women attending informal groups retained information learned at the group and used a variety of strategies to reduce SHS exposure to their children.**

- 92% of women could recall specific strategies discussed at informal groups 3 to 4 weeks after the informal group.
- 91% of the women attending informal groups had used one or more strategies to reduce SHS exposure to their children.

A brief intervention using the **STARSS** program within an existing group for women with children leads to positive behaviour changes in protecting children from SHS.

**4.5.12 Offering an educational component at an informal group can act as a screener** to identify those women who may be interested in a more formal intervention. 22% of women attending informal groups moved to the more intensive intervention.

**4.5.13 Formal groups were difficult to set up and maintain and were offered rarely.** It is likely that formal groups are appropriate only in situations where



there are particular sites that have sufficient numbers of women who are interested in attending the program and are able to manage attending more than one session.

**4.5.14 Women responded well and reduced their smoking.** Women who received formal interventions who responded to questionnaires reported being very satisfied with the **STARSS** program and they incorporated many different strategies to reduce SHS exposure to their children. The program also had a major impact on reducing their smoking.

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AWARE (2005). *Start Thinking About Reducing Secondhand Smoke (STARSS) Final Report.* Kingston, Ontario: AWARE Press.

Public Health Agency of Canada (2003). *Women's Health Surveillance Report*. Ottawa, Ontario: Canadian Institute for Health Information.

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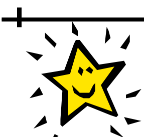
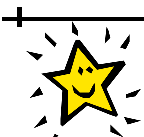


# Appendices



## Appendix 1: French Translator Resume

### Annie Bourret

### PROFILE

Annie Bourret (a-bourret@shaw.ca)
A linguist specialised in French language, published author and certified translator, Annie Bourret provides since 1989 freelance communication and research services to private firms and government agencies, including: adaptation, translation, revision, proofreading, writing, lexicography/terminology and research. Projects include web sites, promotional brochures, exhibition materials; video and script translation/adaptation; reports, pamphlets, magazine articles, press releases and newsletters; pedagogical materials (teachers' guides, grammar and writing handbooks, curriculum guidelines); and reference books (dictionaries, glossaries, bibliographies).

#### UNIVERSITY STUDIES

M.A. in French Linguistics, 1990, Laval University.
B.A. in French Studies and Linguistics, 1987, Laval University.
PROFESSIONAL CERTIFICATION

Certified translator – Society of Translators and Interpreters of British Columbia, Canadian Translators and Interpreters Council.

#### TRANSLATION AND ADAPTATION EXPERIENCE

*Education – Translation, writing, translation quality control and copyediting*

- B.C. Teachers' Federation (2002)
- BCIT (2003)
- Government of the NWT, Languages Services Section (since 1999)
- International Centre of Research on Bilingualism, Laval University (1989)
- Ministry of Education and Training of Ontario (1990-1994)
- Ministry of Education, Skills and Training, British Columbia (1995, 1996, 1997)
- Network of Centres of Excellence in TeleLearning, Simon Fraser University (1997-2002)
- Open Learning Agency – ICES (2002)
- TVOntario (1990-1994)
- University Affairs/Affaires universitaires, Association of University and Colleges of Canada, since 1995

*Video – Versioning, captioning and adaptation*

- Airwaves Sound Design Ltd., British Columbia (since 2004)
- RealWorld Media Inc., British Columbia (since 2000)
- Teddy Bear Productions, British Columbia (1998)
- ThirdWave Communications (since 2003)
- Software and computer-related projects – Translation and localization
- Excape (2000-2002)
- Icron Systems (2003)
- Minisis (since 2002)
- Pacificon Systems (since 2004)
- Transoft Solutions Inc., British Columbia (since 1997)

*Social issues (health, welfare, womens' issues, legal issues) – Translation*

- Basham, Thompson and Liu (2003-2004)
- BC Council for Families (2004)
- BC Legal Services Society (since 1999)
- Begbie Contest Society (since 2002)
- Broadway Youth Resources Centre, The Unloading Zone, British Columbia (2001)
- Francophone Affairs Program, Intergovernmental Relations Secretariat, British Columbia (since 2002)
- Government of the NWT, Languages Service Section (since 1999)
- Ministry of Community and Social Services, Ontario (1994)
- Ontario Women's Directorate (since 1994)
- Réseau-Femmes Colombie-Britannique (French Women's Network of B.C.) (since 1996)
- WestCoast LEAF, British Columbia (since 2001)
- Youthco, Youth Community Outreach Aids Society, British Columbia (2002)

*Terminology, lexicography and thesaurus projects – Research*

- Dictionnaire des canadianismes (Larousse, first edition, 1989)
- Mountain Equipment Co-op, British Columbia (2003-2006)
- Collins Gage Canadian Intermediate French Dictionary (2005)
- Nelson Canadian Dictionary of The English Language (1995-1996)
- Ontario Arts Council (1990)

*Miscellaneous, general translation*

- BC Carpenters Union, British Columbia (since 2002)
- Canada Communication Group, Editing Section, Editorial Services, Ontario (1992)
- Canadian Baseball League, British Columbia (2003)
- Canadian Fruit Wine National Committee (2000)
- Canadian Heritage, NWT (since 2002)
- Chem-Dry Canada (since 2003)
- Coletta Consultants, British Columbia (since 2000)
- Connective Intelligence (2005)
- Eureka Translations (since 2001)
- Feminine Freedom (since 2005)
- France Consulate, British Columbia (since 2002)
- Future Shop, British Columbia (1994-2000)
- Golder Associates, Canada (1999)
- HiEx Technology, British Columbia (2003)
- L.A. Translations and Design (1999-2003)
- Mountain Equipment Co-op, British Columbia (since 2000)
- New Zealand Consulate, British Columbia (since 2002)
- Oliver Weiss Historical Translations, Massachusetts (1995)
- Oracle Communications, British Columbia (1998)
- Orca Sand and Gravel Ltd.
- Original Bug Shirt Company, Ontario (2004)
- Parks Canada, NWT (since 2001)
- Polaris Minerals Corporation
- Purdy's Cocolates, British Columbia (since 2003)
- Rhéal Leroux and Associates Inc., Ontario (1992-1994)

- RR Donnelley Financial, New York (since 2002)
- Sino Translations, British Columbia (1999-2003)
- SRK Consulting, Engineers and Scientists, British Columbia (1999)
- Telus (since 2004)
- Tribal DDB, British Columbia (since 2003)
- Vancouver Classics, British Columbia (since 2003)

## JOURNALISM

Regular contributor to the French Canadian Broadcasting Corporation (the C.B.C.): 1) for a monthly column on French language at the morning radio show; 2) for a radio column on French language aired in several provinces every week (1995 to June 2001); 3) for a TV column every two weeks (1998-2001).

Author of a syndicated column on the French language for the Association of Francophone Press, 1994 to present, distributed in 26 French Canadian weeklies and various public Francophone organizations.

Freelance author of articles published in the following magazines and newspapers: Ad Pages, The Globe and Mail, Peace Magazine, University Affairs, L'actualité, Le Devoir, Le Soleil, Franc-Nord, La Gazette des femmes and Option paix.

Author of a weekly column on the French language for the newspaper L'Express de Toronto, October 1990 to October 1995.

## EMPLOYMENT HISTORY

Research Partner, with Prof. Diana Masny, University of Ottawa, various projects : "Oral Proficiency in French for Preschoolers", a 3 year project involving the production of tailored teaching aids for oral skills in French and parent kits, started in 2004; "Linguistic Planning in a French School Board", which was a 5 year longitudinal study from 1999 to 2004; "Cultural, linguistic and community factors in Franco-Albertan Education"; "Cultural animation"; "ESL Grade 4 to 8"; 1996 to present.

Research Assistant, Exemplary Schools Project, University of British Columbia, January to February 1995.

Senior Research Officer, Exemplary Schools Project and Library and Dissemination Project, Ontario Institute for Studies in Education, Centre for Franco-Ontarian Studies, March 1994 to July 1994.

French language instructor

- French Training and Evaluation Centre, Ontario government, Oct. 1990 to Dec. 1991.
- Queen's University French Centre, Spring 1992.
- French Language Services (private company), March 1993 to June 1994.
- Adult Education, University of British Columbia, in 1998 and 1999.

## Appendix 2: Francophone Review Team

| | |
|---|---|
| **Danielle Michel** | Private Consultant, Kingston ON |
| **Josee Arsenau** | Centre de Benevolat de la Peninsule Acadienne, Caraquet NB |
| **Sandra St. Laurent** | Coordonnatrice, Partenariat communaute en sante, Whitehorse YT |
| **Nathalie Brassard** | Linking the Circles of Support for Breastfeeding in CAPC/CPNP, Vancouver BC |
| **Suzanne Leroux** | Coordonnatrice, Centre St. Pierre, Montreal QC |
| **Carmen Robillard** | Our Children, Our Future, Sudbury ON |
| **Nancy Paquette** | Our Children, Our Future, Sudbury ON |

# Appendix 3: Sample Partnership Agreement with Rollout Sites

## Partnership Agreement between Babies Best Start and AWARE

### *Project Objectives*

To train and deliver **STARSS (Start Thinking About Reducing Secondhand Smoke)** strategies to low-income mothers who smoke and are program participants with Community Action Programs for Children (CAPC) and/or Canada Prenatal Nutrition Programs (CPNP).

As a training site, your organization will facilitate individual and group sessions with women who have an interest in reducing their children's exposure to second hand smoke (SHS) within their homes, focusing on taking small steps that enable them to protect their children as much as possible from SHS.

### *Responsibilities and Expectations of Rollout Site*

1. To review the **Guide to STARSS Strategies** and the **I'm a STAR! Journal** to prepare yourself with the basis of the **STARSS** program. In particular, you and/or your project staff are expected to become familiar with the following underlying principles as outlined in the **Guide to STARSS Strategies,** including:
   - harm reduction principles
   - basic principles of, and approaches used in, motivational counselling
   - the context and functional role that smoking plays in the lives of low-income women
2. To record information for evaluation purposes, progress reports, and follow-up as designated by the project evaluator.
3. To engage 5 low-income women in the individual **STARSS** intervention, 7 low-income women in the group intervention, and up to 20 mothers in playgroups or other group interventions.
4. To attend training sessions and teleconferences as provided by AWARE.
5. To support the implementation of **STARSS** philosophy within your work place through direct communications and the **STARSS** posters.
6. To commit to work four hours per week until March 31/07 applying the **STARSS** strategies.

## Deliverables

**Deliverable 1:** Review the **Guide to STARSS Strategies**, the **I'm a STAR! Journal**, and the **STARSS** posters.

**Date: September 2006**

**Deliverable 2:** Attend the national training workshop as provided by AWARE. Review contract, expectations, and deliverables.

**Date: September 2006**

**Deliverable 3:** Engage in on-site training with the AWARE trainer at two points during the national rollout.

**Date: October 2006 and January 2007**

**Deliverable 4:** Participate in on-going **STARSS** training through national meetings, teleconferences, telephone consultation, and electronic communication.

**Deliverable 5:** Identify 5 number of CAPC and/or CPNP participants who have difficulty quitting smoking and encourage these mothers to engage in the individual component of the **STARSS** strategies. Assist these participants to:

**a)** Identify realistic, manageable goals and negotiate a contract that supports self-efficacy, through the use of the **Progress Report**.
**b)** Review the **I'm a STAR! Journal** with each participant and assess her motivators to changing behaviour through the use of the Decisional Balance Index (**Worksheet #4**).
**c)** Introduce new worksheets each session throughout the seven individual sessions.
**d)** Assess short and long term contracts and offer support to help achieve success.
**e)** Encourage the journal keeping to help identify barriers to change.
**f)** Evaluate and celebrate improvements the woman was able to make.

**Deliverable 6:** Engage 7 participants to participate in a group model of the delivery of the seven sessions of **STARSS** strategies.

**Deliverable 7:** Initiate playgroup discussions (or discussions within other existing programs) about protecting children from SHS using the specified **STARSS** worksheets and handouts.

**Deliverable 8:** Identify the challenges and the opportunities of using the **STARSS** strategies in your worksite.

**Deliverable 9:** Be part of the on-going community of practice, established by way of teleconferences with the project's National Advisory Committee

**Deliverable 10:** Support the national implementation and distribution strategy for the **STARSS** materials.

**Deliverable 11:** Be consistent in completing all required documentation.

**Deliverable 12:** Conduct the required evaluation component as established by the project evaluator.

### ***Responsibilities and Expectations of AWARE***

AWARE will undertake to provide:

1. all materials and resources necessary to implement **STARSS** within the designated national rollout sites.

2. support for implementation through on-site training, resources, consultation, support, teleconferences, and the establishment of a national toll free telephone number for rollout sites to access.

3. an honorarium to the five designated rollout sites for their participation in the national rollout project – the honorarium is intended to provide 4 hours per week of staff time to devote to **STARSS** strategies within the rollout site.

4. evaluation reports that show both global information and site-specific information

# Appendix 4: Minutes of National Meetings

## National Rollout of STARSS
**(Start Thinking About Reducing Secondhand Smoke)**

## Report of the First National Meeting of Participating Rollout Sites Southway Inn, Ottawa September 18th, 2006

**Present:** Wendy Reynolds (AWARE), Brenda Miller (AWARE), Heather Leeman (Portage La Prairie), JoAnna LaTulippe-Rochon (Sydney), Melanie Neufeld (Grand Prairie), Prema Ladchumanopaskeran (Whitehorse) Carmen Robillard (Sudbury), Shannon Duke (Whitehorse), Jennifer Cozier (Tobacco Control Program, Health Canada), Laura Stevens (CAPC/CPNP National Projects Fund, Public Health Agency of Canada)

**1. Welcome, introductions, and housekeeping issues:** Wendy welcomed everyone and introductions were made. Participants were asked to introduce themselves by telling the group something about their program, something about their community, and something about themselves that would surprise the rest of us. Shannon clarified that she was attending the meeting due to the generosity of Prema's sponsoring organization, that she has been working in Yukon with First Nations and Inuit Health Branch (FNIHB) on smoking related programs, and that she will be working with Prema to implement **STARSS** in their region. Wendy also walked everyone through their handout packages. (See Appendices to this report.) A pretest evaluation form from the project's evaluator was distributed for all to complete. The contact list for all the sites was distributed and some changes to Carmen's contact information were noted and made. Wendy also reminded everyone that AWARE has established a national toll free number (800/635-0005) for all the rollout sites to use when contacting us.

**2. Welcome from Laura Stevens and Jennifer Cozier:** Laura Stevens (from the CAPC/CPNP National Projects Fund , Public Health Agency of Canada) welcomed all the CAPC/CPNP rollout sites on behalf of the CAPC/CPNP National Office. Laura emphasized that while the CAPC/CPNP National Project Fund is not providing direct funding to this project, their office is fully supportive of it and has been closely involved with the development of the project over the past 18 months. Laura indicated that it is very exciting to see the enthusiasm expressed from CAPC/CPNP sites in addressing smoking/second hand smoke and becoming involved in the project as well as the support from the Tobacco Control Program to roll-out the STARSS program. Jennifer Cozier (from the Tobacco Control Program, Health Canada) also welcomed the participants and, as the representative of the funder for the project, expressed her enthusiasm for this first joint effort of the Tobacco Control Program to support the work of CAPC/CPNP at the national level.

**3. Discussion of women and smoking:** We spent some time generating discussion about the women seen in CAPC/CPNP and the issues in their lives that are connected to women's smoking. Wendy presented some quotes from women who smoke and the difficulties they have in their attempts to smoke outside. A conversation followed regarding the difficulty moms have to reduce their smoking in their homes under stressful conditions. Also, there was discussion of attitudes that some service providers may have who say unhelpful things like "why don't you just quit?", which shows a lack of understanding regarding the addictive nature of tobacco and the social and psychological conditions that encourage women's smoking. The comparison to abusive situations was made; i.e., service providers who might think or say "why don't you just leave your abusive partner" without understanding the emotional and physical consequences of this.

Also, we discussed the issue of "saving money" that is often suggested as a reason women should quit smoking or could put the money saved by not smoking cigarettes toward the purchase of smoking cessation aids. We all agreed that the women we know who smoke are much more likely to use any money saved by not smoking for the purchase of food for their families. Issues of boredom, isolation, hunger, anger, violence, and safety valves were discussed.

Also, there was discussion about information presented to young children in the school system; it seems so much information is being given to children about smoking, which then sends them home terrified that their moms are going to die. The effect of this on mothers was discussed: Kids tell their moms to stop smoking, which increases the guilt moms experience, and maybe they feel compelled to say "just leave me alone", creating more conflict with their children and with their own feelings.

Another important issue is how moms can deal with partners, ex-partners, other family members, and friends who smoke. She may be taking all the right steps to limit or eliminate smoking in her own home but finds it difficult to discuss the issue with others. Or, in fact, it may not be physically safe for her to do so, if she lives in an abusive environment.

The issue of why it is difficult to quit was also discussed by participants. Poverty was discussed as a major obstacle to quitting smoking. Also, many women who do not have enough money to purchase enough food for their families will use cigarettes as appetite suppressants, so they eat less themselves and have therefore have more food available to feed their families. There are also important cultural differences in smoking to consider.

Within some regions, Child and Family Services are starting to look at smoking within the home as an abuse issue. One of the many unfortunate consequences of this is that it provides another opportunity for abusive or vindictive ex-partners or neighbours to report women to child welfare agencies. Furthermore, the community at large is critical towards the mother who smokes, labelling her as a "bad mother", when in fact smoking may be a very legitimate coping mechanism.

**4. Challenges and opportunities:** The challenges and opportunities are for

introducing tobacco strategies into CAPC/CPNP were discussed, given that CAPC/CPNP staff are very busy supporting families on a number of dimensions. The opportunity to work with five different rollout sites who have varying degrees of capacity will be extremely helpful in determining the best way to reach others working in CAPC/CPNP.

Some of the challenges and opportunities discussed included:

- Staff may be reluctant to take on another challenging topic when there is no new money being provided to programs by the Public Health Agency of Canada to do so. We need to turn this into an opportunity to encourage staff to find ways to incorporate smoking strategies into the work they already do.

- Many staff in programs are also smokers and this may increase their own personal guilt about smoking and create a barrier, in that they feel hypocritical discussing smoking with participants when they are smokers themselves. This can be seen as a great opportunity to focus on the **STARSS** message; that is, not smoking cessation but trying to develop creative, positive ways to reduce smoking around children. Also, it may be an opportunity, as Carmen said, to "evaluate how you do business" in the sense that introducing **STARSS** to your site may be a great way to start talking to staff about ways they can reduce their own smoking (in particular at work) and to avoid smoking with program participants.

- In CAPC/CPNP programs where smoking has not yet been broached with participants as a topic, there may be a fear among staff that talking about smoking too soon will prevent women from attending other programs on offer. This is an opportunity to start small with the gentle message of **STARSS**, by putting up posters and making handouts available. This also provides women with the security of knowing that they ***can*** talk about smoking with staff, if they wish to do so. Staff may fear that they are going to say something at the wrong moment and feel that it is better that they are engaging with CAPC/CPNP than anything else. We discussed this as an opportunity to view people at different levels of awareness and how to work with both staff and women at different stages of change.

- There is often staff turnover so consistency in the delivery of **STARSS** strategies may be a challenge. However, the **STARSS** program was developed specifically with ease of delivery in mind, so hopefully once program staff are trained, it will be fairly simple for them to transfer the learning to other staff within the organization.

- A huge challenge is the building of communication skills between program staff and participants, in particular with women who may only

attend CAPC/CPNP once or twice. Again, one of the real strengths of the **STARSS** program is that there are many different levels at which a woman can get involved, from unobtrusive all the way through to intensive. Involving a mom is done on a gradual basis, such as putting up posters and having handouts available for discrete pick up, then a focussed discussion during an informal group, then the opportunity for women to engage in the seven sessions of the individual intervention.

- The harm reduction message may be a difficult one for allied service providers (specifically, those in public health) who are tasked with promoting smoke free lifestyles. We have faced this challenge with some public health providers in Ontario and we try to make it clear that the **STARSS** message should be seen as an intervention message, not a general public health message. It is a way to continue to provide support to women who just are not ready to quit smoking. We also often talk about this as a way to "keep the conversation going" after the conversation has been started by asking women "do you smoke". That is, if a woman says yes, I smoke but I'm not ready to quit, then we cannot simply abandon her. We need to find ways to engage her and keep her interested. So this was one of the reasons **STARSS** was developed – it engages women and keeps them involved in the smoking conversation, until she reaches a point where she may be able to make a quit attempt. Wendy urged site participants to use the **STARSS** materials in whatever way is most suitable for their communities, but the posters and message component of **STARSS** were developed as a more targeted intervention for CAPC/CPNP sites in particular, not as a general public health message. We talked about how we cannot shy away from harm reduction messages, even when there may be pressure to do so, because we know that this is an effective and supportive approach to take with moms.

- We also discussed the necessity to keep the **STARSS** materials gendered; i.e., specific to women, because we know from years of research that smoking is gendered – there is no question about it, men smoke and quit for different reasons than women do. It may be possible to run a parallel program for dads, but **STARSS** and this project needs to target women/mothers and this is what the evaluation is based on.

- Different CAPC/CPNP sites will be at different levels and capacities in their abilities to implement **STARSS**. This includes the pilot sites, so we can see this as a real opportunity to develop a range of ways that CAPC/CPNP can implement **STARSS** at the national level. We talked about how to think about various CAPC/CPNP sites being at different stages of change, just as women are when it comes to smoking. Some sites will be at precontemplation while others are in the contemplation or action stage. The main thing is to use the already developed

relationship and engagement you have with the women in your programs as an opportunity to gently introduce **STARSS** strategies. You can do this at whatever level of comfort you have. For example, start by just putting up posters and using fact sheets as handouts that women can pick up by themselves. Then, if women approach you, you can take it up a level and start asking questions. Then start the first intervention at whatever level the woman is at. You can use the five A's (Ask, Advise, Assess, Assist, Arrange). For example, one of the things we did in Ontario with CPNP was to develop a screener that concretely shows staff what to do step by step; we can adapt this to any region and is one of the things that we can do during the site visits. Ask open ended questions (for example, have you ever thought of what it would be like to quit smoking? Don't ask, why do you smoke?) What is important to the woman? Go from there to develop a goal. Work with the woman on her level.

**5. Background to STARSS:**

Wendy described the background to **STARSS** as it was developed in Ontario between 2003 and 2005. It was funded by Health Canada through the Tobacco Control Program, as is the current project. Attached to this report is the PowerPoint presentation that Wendy used in Ottawa. (Please feel free to adapt and use this in your communities.)

**6. National Rollout of STARSS:**

The project deliverables and work plan for the current project are attached to this report. The timeline for the project is August 1/06 to March 31/07, so it is a short time frame with a lot to accomplish.

Basically, the objectives and activities of the National Rollout of **STARSS** are to assist the five pilot sites to implement the **STARSS** strategies in whatever way supports the focus of the pilot sites; we know there are certain things that will be common but as well there will be adaptations. We are also adapting the materials into French. The other major activity is how we can move the **STARSS** strategies forward on a national level after the funded portion of the project ends. In the proposal, the pilot sites were also called "Regional Champions". The notion is to look at easy-to-implement ways that the pilot sites can continue the work of **STARSS** so that people within each region can look to the pilot sites, not necessarily as trainers but as experienced **STARSS** facilitators that can provide implementation advice regionally, perhaps through regional CAPC/CPNP conferences or through telephone/telehealth supports.

Another goal of this project is to set up a National Advisory Committee (or, more properly, a "community of practice"). Attached to this report is a list of people who have agreed to be on the Committee. The idea is that they can act as a sounding board, on a regional or national basis, for supporting the work of implementing tobacco strategies within CAPC/CPNP. After the end of the funding for the National Rollout, it may be possible to find support to continue the teleconferencing component through either Public

Health Agency (for a limited time) or the Canadian Women's Health Network, who are very supportive of the project.

Wendy discussed the training visits to the pilot sites will be in October and January. We will also establish a monthly teleconference schedule and invite the project evaluator and the National Advisory Committee to participate at various points. Also, the sites can use the toll free number at AWARE (and, of course, email) to contact us at any time you have a question or something pops up.

The material can be adapted to First Nations traditions, as **STARSS** works well with their beliefs and values. It also can be a model for other populations.

We discussed the project evaluation and the expectations that both the evaluator (Susan Cross) and Health Canada have. We have a four pronged evaluation plan (attached to this report). The group indicated that they would support the process however they can. We distributed a draft of the contracts (now called "partnership agreement") that we developed between the sites and AWARE. Some suggestions were made for changes and Wendy noted that different sites have different capacities, so we can individualize the partnership agreements to include these differences. The evaluation/agreements sets out minimum expectations, but if the sites feel they can do more, that would be great. We will finalize the agreements during the training visits in October.

**7. Timelines and dates:**

Dates for the ***first*** on-site training are:

**Sydney:** October 12th and 13th
**Whitehorse:** October 16th and 17th
**Grande Prairie:** October 19th and 20th
**Portage La Prairie:** October 26th and 27th

Proposed dates for ***second*** on-site training are:

**Sydney:** January 4th and 5th
**Grande Prairie:** January 18th and 19th
**Whitehorse:** January 22nd and 23rd
**Portage La Prairie:** January 25th and 26th

***Teleconference dates:*** (all are scheduled for 1:00 PM EST)

Friday November 10th (evaluator will be asked to attend)
Friday December 08th (National Advisory Committee will be invited to attend)
Friday January 12th: (evaluator will be asked to attend)
Friday February 09th (National Advisory Committee will be invited to attend)
Friday April 13th (wrap-up discussion; all invited to attend)

### ***Second National Meeting, Ottawa***

Wednesday March 07th to Thursday March 08th

The group decided that a two day meeting would be more beneficial than the one day meeting originally planned in the proposal. The National Advisory Committee will be invited to attend on Thursday, March 8th. Although there is no funding in the current project to cover their travel costs, they may be able to have their organizations sponsor them to attend.

**First National Meeting**
**18 September 2006**
**Ottawa ON**

**A G E N D A**

1. Welcome and introductions

2. Welcome from Laura Stevens, National Projects Fund, Public Health Agency of Canada and Jennifer Cozier, Tobacco Control Program, Health Canada

3. Discussion of why women smoke

4. Discussion of challenges and opportunities to address smoking in CAPC/CPNP programs

5. Background to **STARSS**

6. National Rollout – synopsis, deliverables, workplan, National Advisory Committee, contracts, and evaluation

7. Timelines and dates – site visits, teleconferences, other supports, National Advisory Committee ("community of practice")

**CONFIRMED STARSS ROLL-OUT SITES FOR CAPC/CPNP**

| REGION | CAPC/CPNP SITE | PHAC CONTACT |
|---|---|---|
| Northern Secretariat | Healthy Moms, Healthy Babies<br>Victoria Faulkner Women's Centre<br>503 Hanson Street<br>Whitehorse, Yukon Y1A 1Y9<br>**Contact:**<br>Prema Ladchumanopaskeran<br>Tel: (867) 667-4134<br>Fax: (867) 667-70004<br>Email: cpnp@yknet.ca | Patricia Adamek<br>Program Consultant<br>Public Health Agency of Canada<br>1st Floor, Elijah Smith Bldg<br>300 Main Street, Suite 100<br>Whitehorse, Yukon Y1A 2B5<br>Tel: (867) 393-6775<br>Fax: (867) 393-6772<br>Email: patricia_dickson@hc-sc.gc.ca |
| Alberta | Babies Best Start<br>Grande Prairie Friendship Centre<br>10507-98 Avenue<br>Grande Prairie, Alberta T8V 4L1<br>**Contact:**<br>Melanie Freeman<br>Tel: (780) 513-2008<br>Fax: (780) 513-2199<br>Email: babybest@telusplanet.net | Ann C. Smith<br>Program Consultant<br>Public Health Agency of Canada<br>6th Floor, Harry Hays Building<br>220 - 4th Avenue SE<br>Calgary, AlbertaT2G 4X3<br>Tel: (403) 292-5154<br>Fax: (403) 292-6696<br>Email: ann_c_smith@phac-aspc.gc.ca |
| Atlantic | Cape Breton Family Resource Coalition Society<br>106 Townsend Street<br>Sydney, Nova Scotia B1P 5E1<br>**Contact:**<br>JoAnna LaTulippe-Rochon<br>Tel: (902) 562-5616 ext. 222<br>Fax: (902) 562-8528<br>Email: jlatulippe-rochon@familyplace.ca | Sylvie Thibodeau-Sealy<br>Program Consultant<br>Public Health Agency of Canada<br>3rd Floor, Room 324, Dominion Building<br>97 Queen Street<br>Charlottetown, PEI C1A 4A9<br>Tel: (902) 566-7857<br>Fax: (902) (902) 566-7860<br>Email:<br>sylvie_thibodeau-sealy@phac-aspc.gc.ca |
| Manitoba/Saskatchewan | Young Parents' Resource Centre<br>110 Saskatchewan Avenue West<br>Portage la Prairie MB R1N 0M1<br>**Contact:**<br>Heather Leeman<br>Phone: (204) 857-9011<br>Fax: (204) 239-4851<br>Email: **youngparentsrc@mts.net** | Lisa Lacroix<br>Program Consultant<br>Public Health Agency of Canada<br>300 - 391 York Ave., Address Locator: E500<br>Winnipeg, MB R3C 4W1<br>Tel: (204) 983-2626<br>Fax: (204) 983-8674<br>Email: Lisa_Lacroix@phac-aspc.gc.ca |
| Ontario (Francophone site) | Our Children, Our Future<br>PO Box 1118<br>30 Hill Street<br>Chelmsford ON P0M 1L0<br>**Contact:**<br>Carmen Robillard<br>Tel: (705) 677-0440<br>Cell: (705) 626-4254<br>Fax: (705) 673-3354<br>Email: Carmen.robillard@ourchildren-ourfuture.net | Suzanne Beaulieu<br>Program Consultant<br>Public Health Agency of Canada<br>128 Larch Street, Suite 401<br>Sudbury ON P3E 5J8<br>Tel: (705) 670-6479<br>Fax : (705) 670-6479<br>Email: suzanne_beaulieu@phac-aspc.gc.ca |

# Report of the Second National Meeting
# Ottawa March 7th and 8th, 2007

## Day 1

**Present:** Wendy Reynolds (AWARE), Brenda Miller (AWARE), Heather Leeman (Portage La Prairie), JoAnna LaTullippe-Rochon (Sydney), Melanie Neufeld (Grande Prairie), Terry Weber (Grande Prairie), Prema Ladchumanopaskeran (Whitehorse), Shannon Duke (Whitehorse), Laura Stevens (CAPC/CPNP National Projects Fund, Public Health Agency of Canada), Kim Brock, (Program Consultant, Community Based Programs, Division of Childhood and Adolescence, Public Health Agency of Canada), Susan Cross (Evaluator), Sandra Murray (notetaker)

1. **Welcome and introductions:** Wendy welcomed everyone to the meeting. Participants introduced themselves and described where they were from. New to the group were Terry Weber who works with Melanie in Portage la Prairie and Kim Brock from the Public Health Agency of Canada (PHAC). Wendy noted that we had received regrets from the Sudbury rollout site, as Carmen Robillard is on an extended leave of absence and they did not have enough staff coverage to send anyone in her stead. Wendy also reported that the program consultant from the Tobacco Control Strategy of Health Canada, Elizabeth Beckett (or her representative) plans to attend Day 2. Wendy went over the agenda and walked everyone through the participants' package of materials. This first day's meeting is for the rollout site project team. Tomorrow's meeting includes representatives from the PHAC Regional Offices and the National Advisory Committee.

2. **Update on site implementation and French adaptation:** Materials have been well tested to ensure that they reflect both the language and the reality of the francophone population. The materials were reviewed by a team representing most major Francophone areas in Canada, by PHAC in Quebec and by a group of francophone moms. The rollout site in Sudbury pilot tested the program and suggested very few changes to the materials. The **Guide to STARSS Strategies**, the **I'm a STAR! Journal** and the posters are now available in both official languages. Wendy spoke very highly of the translator, Annie Bourret. She also mentioned how very grateful the **STARSS** program is to the Sudbury rollout site for its assistance with the French materials.

### Action Items

- Wendy will give an update on the French materials to Nancy Paquette, who is replacing Carmen who is on leave
- Wendy and Laura will decide how many French copies to print and then look at proportional distribution

***2.1 Update on site implementation.*** A very thorough description of the initiatives undertaken in each site is in the **Report of the Second Round of On Site Training, January 2007**, which was included in the participants' package of materials. Additional information from the sites is included below:

**Sydney Nova Scotia**
**Cape Breton Family Resource Centre – JoAnna LaTulippe-Rochon**

Twenty-five enthusiastic staff provide services to all of Cape Breton. Staff members Vickey, Lindsey and Blair are involved with the **STARSS** program. All have done training. Blair will conduct workshops with community service providers. Lindsey and Vickey do a fair bit of work with individuals. Vickey says that one of the most exciting developments for her is that she can now integrate the **STARSS** information into everything she does.

Staff noted a huge difference in the way the moms responded to the materials depending on their socio-economic level. The low-income moms were very open about picking up materials and discussing the information. Middle class moms seemed to feel more shame and guilt and tended to hide the fact that they were taking the materials.

Vickey is starting a formal **STARSS** group on March 7. This may be one of the only formal groups to run so it will be important to capture this information for the evaluation.

The Resource Centre is very fortunate to have Dr. David Aldrich, a child psychiatrist, work with the staff around mental health issues. He meets with the home visiting staff about every eight weeks to talk about family dynamics and actually has gone into some of the homes to run his program. He will work with the staff on **STARSS** and would like to integrate other pieces into the program.

Vickey deals with a group of women that lead very challenged lives, often with multiple interventions. It is often very difficult to get the women out of their homes and connected to the community. To address this, the Centre offered three 12 – week programs. By the end of the second program, the women were comfortable coming out and had begun to build relationships with each other. Vickey now feels they are ready to move on to the **STARSS** program. One very important point about offering a program is to start with women where they are.

JoAnna told the group that **STARSS** would not be popular with staff if it were seen as one more program they had to deliver. She stated that it is critically important that staff know that the **STARSS** program can be integrated into the programs they already do. She said that this program provided a shift in mindset for the staff.

**Action Items**

- Wendy will contact Ann McMullin at the Cape Breton Family Resource Centre to find out what questions Dr. Aldrich wants to insert into the **STARSS** material

**Grande Prairie Alberta**
**Babies Best Start – Melanie Freeman, Terry Weber**

On Wendy's visit to the site, she met with the eight staff involved with the Babies Best Start program and trained those who had not been trained in October.

Wendy was very impressed with how Melanie had decorated the space for the **STARSS** information session for moms. Everything was yellow: stars, gift bags, star fruit, posters, etc. To get the moms interested and to promote discussion, Melanie had written on the stars posted on the wall, "Be a **STAR!** Ask us how." The atmosphere was very welcoming. The session started out as a regular moms' drop-in but went on to be more structured as they talked about the **STARSS** program.

Terry works one-on-one with the moms in their homes with her Healthy Babies program. Because **STARSS** is so easy to incorporate, she uses it in all her programs. One of the caregivers she works with is a grandmother who is an alcoholic. She has responded very well to the **STARSS** messages and has given up smoking in her car. One of the moms who is a heroin addict no longer smokes in her house. Another of the other moms she works with was using a nicotine inhaler and has now quit smoking.

Terry had a great deal of praise for **STARSS** and its approach. She said that, by contrast, at one time she had offered a smoking cessation program to 19 women and not one of them quit. She also mentioned that a church in her community offered a quit smoking program and had promoted it all over town. Not a single person showed up.

One of the challenges Melanie has is that her program serves a huge geographical area and it is difficult and costly to keep in touch with the staff. Wendy said that Melanie's style in dealing with her staff and her enthusiasm for the **STARSS** program really helps keep people very motivated.

Prema commented on Melanie's enthusiasm and success saying that when they all came to the first meeting, Melanie was one of the people who were skeptical about whether or not the program would work.

Melanie's skepticism related to the fact that the women she deals with have so many issues in their lives – addiction, abuse, etc, and she just wasn't sure the program would work. There also are geographical issues. She said that on the first day she presented the **STARSS** program, "all of the women got talking and, with the topic, it just basically opened up the floor". Terry's comment was that with smoking cessation programs, the women are told they have to quit. The **STARSS** program is designed so that people can adjust it to their own lifestyle.

**Portage la Prairie Manitoba**
**Young Parents' Resource Centre – Heather Leeman**

Heather had committed to delivering the **STARSS** program in a very informal way because programs dealing with tobacco issues have never been delivered to the participants in her programs. She wanted parents to keep coming to the programs that were being offered and not to be turned off by programs telling them to stop smoking. Program participants are mainly First Nations with very high needs.

One of the Heather's staff has been great with decorating the centre and designing the handouts. She has been putting handouts in different areas, monitoring which ones the parents look at, which ones they take and from where they take them

Heather's comment was: "This program has been good for us not only for the smoking material but it really has taught us a lot about how our participants look at materials and resources."

Some of her other comments included:

- Know what places to put materials. Putting something up in the Heather's resource centre is useless because parents never go there. Having something up on the wall by the computer, in the kitchen, on the table is more likely to get their attention. It is important not to put everything out at once because it is too overwhelming.
- It is also important to move the material around to different areas. "Moving things around is really, really key". Taking things down, putting up new things, changing the place where you put the information, changing the colour of handouts – all of this is important to keep parents interested

Terry said she doesn't have the option to move things around with her one-on-one visits but she'll talk about an issue then drop it for awhile, then bring it up again and so on so the parents won't get tired of hearing the same thing at every visit

JoAnna mentioned that the bathroom is a great place to put materials and this is what they do at her centre. It's especially helpful for those parents who don't want to be seen taking the information

Heather talked about presenting the materials in 'flows'. For example, she plans to put a 'Do you know' board in the kitchen, change topics every couple of weeks and then keep coming back to the second hand smoke issue. Her Book Buddy program is planning to have an informal discussion about **STARSS.** The **STARSS** information is presented very informally but the message is it still getting out.

She said that parents are dealing with so many issues at her centre and even getting the moms to play with their kids is a challenge. If they talk about smoking, it's not about the effect on their children. It's about why they smoke and the issues in their lives, so staff start with what the moms want.

One way staff bring up the topic is if they notice a parent reading some of the material, then they might say, "Tell us what you noticed" or "Tell us what you think of the material. Give us your feedback. You're helping us run our program."

Heather has been presenting information about the **STARSS** program in a very informal way but plans to run a formal session in April.

**Whitehorse Yukon**
**Canada Prenatal Program – Prema Ladchumanopaskeran, Shannon Duke**

Shannon and Prema took a community approach to promoting **STARSS**. Some of their promotional activities included delivering information sessions to groups, showcasing the material at health fairs, bringing in a guest speaker from Montreal to speak about the effects of smoking on the fetus, developing an information piece called 'Myths and Facts about Second Hand Smoke', introducing worksheets and

presenting the materials in as many venues as possible.

Shannon is following up on the informal sessions on **STARSS.** She has also delivered the program one-on-one to a woman who came to one of the information sessions. This woman was dealing with a lot of issues, including the fact that she was single and pregnant. After problem solving about how to connect, they found that the best way was to have the sessions was over the phone. The sessions went very well and the woman, who was very dedicated and determined, went from smoking a pack and a half a day to quitting smoking. The woman lives three hours out of Whitehorse and when she used to drive in, rather than smoking in her car, she would stop, get out and then smoke.

There was some discussion around smoking in the car. Terry commented that not smoking in the car can be one of the hardest things to do. Shannon presents it to women as "one of the things you can do for yourself." Her comment was, "It is very empowering if the women make it their own thing."

Shannon commented that it was a big challenge to get people out. She said that nobody wants to come to a specific program on how to stop smoking. Piggy backing it onto other programs is so much better. "These are the kinds of programs that work!" she said.

Shannon and Prema showed other materials they have adapted for use with the **STARSS** materials. These include:

- A kit containing puppets and a story about smoking called 'Ashley's New Dress' which was developed by people on the Curve Lake Reserve near Peterborough and is free of charge. There are First Nations voices on the CD.
- 'Smokes and Ladders' game which has different messages on smoking.
- A Word Search game which works very well with adult groups.
- A kit called "Healing from Smoking" developed for First Nations by Health Canada's First Nations Tobacco Control Strategy. The graphics are very useful when working with First Nation participants. Although this is a smoking cessation program, it is very compatible with **STARSS** and has a section on safer smoking.
- An adaptation of the screener used by CPNP in Ontario. This is a one-page screener that is very useful to front line workers in the Yukon. This version was produced by brainstorming with service providers, Public Health Nurses, Wendy and others on what else to include, what to leave out, what to change, etc.

Shannon said that they had tried to do a session for the whole community and advertised everywhere: on the radio, in the library, in the newspaper, etc., even offering a brown bag lunch. Again, as has happened with other communities, no one came. This again supports the fact that the best way to deliver **STARSS** (and probably most smoking related programs) is through an already existing program.

Shannon and Prema will continue to send out information and deliver information sessions. Their next step may be to train staff in Health and Social Services so that the staff can deliver the program themselves.

Wendy thanked everyone for the presentations and hoped they gave a flavour of where the program is now. She concluded with, " We've had such unique but consistent experiences. We've had a lot of similarities in the things we've done but some very fabulous experiences and creative uniqueness as well."

## 3. Discussion of evaluation issues with Susan Cross, Project Evaluator:

Susan began the discussion by talking about the different kinds of evaluation: a) Quantitative, where you look at the number of sites, the number of women who attended, the number of hours the children are exposed to second hand smoke, etc. and b) Qualitative, which looks at satisfaction with the program and the kind of information talked about in this morning's presentations.
She would like to capture that "rich, creative qualitative information" for the evaluation report. She needs consistent information and data from each site in order to do that.

Shannon mentioned said that she would recommend using the three week follow up with the informal intervention because of the useful information she got from the women three weeks later.

***3.1 Evaluation information from women:*** Susan spoke to the group about the comfort level of the mothers if she were to call them. Everyone agreed that the mothers would not be comfortable with a stranger calling them and that the best way to collect the information would be to have the facilitator or another staff member make the call.

Susan reviewed the *Follow-up Form for Participants Receiving Either Individual or Group Intervention*. Service providers need to talk the women through the form because it is complicated. Ideally, the closer it is used to a three month follow-up the better; however, service providers will also use it for the one-month follow-up. It is important to let Susan know the time period of the follow-up.

Forms two and three, *3 month Follow-up – Individual Sessions* and *Group Sessions*. Susan planned to have women mail in this form to keep it completely confidential. Comments from the group were that women were not likely to do that. The forms ask about the woman's satisfaction with the program. Susan liked the idea of the facilitator and the woman each having a copy of the form and doing it together. One suggestion was to have the women fill out the form at the centre. This way the facilitator would be able to explain the questions and help women who have limited reading skills. Instructions for individuals could be done either over the phone or at a home visit. In either case, the facilitator would give the form and an envelope to the woman. The woman would put her completed form in her envelope, seal it and then give it to the facilitator who would then mail a package of responses to the evaluator.

There was discussion on the *Service Provider's Feedback on Implementing* **STARSS.** Susan suggested that the service providers at each site might want to fill in this form as a group and have someone take notes. The group agreed but asked Susan to join each group by teleconference. They felt it would be good for staff to have the opportunity to share their experiences with someone external.

Laura had questions related to process for implementing the program in rollout sites. For

example, she felt it would be interesting to include information about the on-site visits, honoraria for rollout sites, and how these processes for implementing the project may have impacted on the results.

Service providers delivering informal programs need to fill in only the blue form.

All service providers are asked to fill in the *Follow-up Questionnaire for Service Providers*, even if they haven't done the pre-test.

***3.2 Timelines for the Evaluation:*** Anyone who has finished Module 4 in the formal one-on-one groups by the end of April will have that information included in the evaluation. The follow-up will be done one month after the program rather three, as originally planned, because of the tight timelines. All data is needed by the end of May. The evaluation report will be ready by the end of June.

The discussion shifted to the *cost effectiveness* of the program. Laura commented that the cost of the appears to be minimal compared to what would be its impact. JoAnna talked about comparing the cost of this program with the cost to the health care system for treating smoking-related diseases, the long-term effects of smoking and the issue of low birth rates. "You'd really have to have very minimal success to recoup the cost." It is important to be able to show the cost effectiveness to funders. Funding for face-to- face meetings or honoraria is very small compared to what the funders get from the program.

The group discussed additional factors that contribute to the success of the **STARSS** program:

- the importance of pre-existing relationships with other groups
- it is not one more program to be added to an already heavy workload – the information can easily be woven into staff's daily work
- the program's flexibility – staff can deliver some or all of the program; materials can be photocopied, shared, mixed with other programs
- success for parents can be achieved in tangible small steps
- the program starts at the point women are at in their process of thinking about smoking
- the program is cost effective
- the materials are user friendly – they provide what facilitators need and are tailored to the population they deal with

**Action Items**

- Laura will send Susan questions/areas of interest related to process and format of the program
- Service providers will send Susan evaluation forms respecting her timelines
- Susan will be part of service providers group feedback via teleconference

**4. Review of STARSS materials for the national version:** The group suggested the following changes:

- Change the order of the handouts
- Include MP3 player when referencing CD player

- Shannon and Heather have found that the basic **STARSS** material doesn't need much adaptation in order to suit First Nations women but some graphics and other add-ons help. Instead of developing an extensive adaptation of the materials for use by First Nations, it may be satisfactory at this point to add information about the ways we applied the strategies to First Nations women. Suggestions were to add it as 'Background Information' or as 'Something to Keep in Mind'
- Add information on the growing use of chewing tobacco
- Redo the cost sheet. Give the national average and include a note saying the cost may be higher or lower in your province. Direct them to a website for more information on cost. Present it as a template and have the groups fill in their own numbers.
- Include scenario in the section for counsellors (page 8) 'How to keep moms involved in **STARSS**'
- Take out the word 'single' where it says for whom the program is intended. One suggestion was to write: 'Designed for single moms but open to all'.
- Include a small section on evaluation with a few evaluation tools.

There was a request for a brochure. Prema will provide Wendy with the version they developed for **STARSS** in Whitehorse and Wendy will put a sample in PDF form. The suggestion was to make it generic so that groups could add their own information.

### Action Items

- Shannon will find out where to buy the star-shaped stress balls
- Wendy will send facilitators the **Guide** with changes as well as a template for a brochure for their feedback

**5. Discussion of the continuum of STARSS strategies implementation:** Wendy talked about developing some sort of continuum that would show each CAPC site where it could fit depending on its readiness to introduce the **STARSS** program. After some discussion, the group decided that because service providers know their groups best, they should make the decision about where to start. A description of different levels could be presented at the beginning of the **Guide to STARSS Strategies**, from the basic level up to a formal group implementation. There were several suggestions about what to say in the information, for example, "Look at the level of your participants and then choose where to begin" or "Every **STAR** is different" or "Make **STARSS** your own". There could also be a worksheet, similar to **Worksheet #1**, geared to **STARSS** counsellors that describes the small steps approaches they can take to implement **STARSS** within their work settings.

**6. Moving Forward discussion:** The group discussed where they would now take the program based on their experiences and in their role as "national champions". They also talked about what they themselves needed in terms of on-going support and training. Their suggestions included:

***6.1 Provide support to other service providers.*** The group felt there was a gap between service providers' training and actual program delivery. They agreed that sometimes this is a question of the service provider's confidence. To address

this, the group suggested the program could:

- provide additional tools to help service providers. Shannon mentioned that one of the reasons they developed the Screener was to help increase the confidence of service providers in the Yukon
- have a 1- 800 number they could call
- provide a computer check list to take them through the delivery steps
- set up a web page on AWARE's (or someone's website) for service providers, who could then go to the service provider's site when they deliver their first program
- invite other service providers to come and watch one of your sessions
- develop a power point presentation, based on the ones Wendy already has, to use for training
- put the program on a CD. Use it to walk service providers through the program

***6.2 Promote the program.*** Several ideas were discussed, including to:

- develop a PowerPoint presentation to use for program promotion, again based on the presentations Wendy already has available – and we can put all PowerPoint presentations, whether for training or promotion, on the website
- provide training to other groups, with those groups using their resources to cover costs
- identify other venues at which to present the program, for example, the CAPC/CPNP coalition meetings; regional events; the Atlantic Conference in Nova Scotia in November; the National Conference on Tobacco or Health in October in Edmonton
- continue with the evaluation, which would encourage buy-in from organizations that want to deliver evidence-based programs

***6.3 Support each other.*** The group felt this was very important. They asked that Wendy continue to be their mentor. They spoke of the importance of staying connected through teleconferencing and/or meetings. Not only would this provide support but it also is a great learning experience to hear what others are doing. Look into other ways of networking, such as:

- videoconferencing. Wendy has used this for training and found that it worked very well. It may not be accessible to some more remote locations, but videoconferencing capability is expanding.
- the website. AWARE has a website that Wendy hopes will be updated. If that happens (pending some funding that has been applied for), **STARSS** could have its own web page. Heather suggested that anyone could log on for general **STARSS** information but those with **STARSS** training would get a membership number and use it to log on to another page for materials, updates, and special information.

Prema said we now know that **STARSS** is working nation wide. "The ideal that we have going on right now is that we can change the program to whatever way it fits our individual projects. This," she said, "will be the success of continuing on".

The group then listed on a flip chart, ideas about what could be done, nationally, regionally or on site, with and without more funding. The list of suggestions is included as **Attachment 1**.

### Action Items

- Wendy will submit abstracts to all the conferences that are appropriate and see if we can get bursaries or funding especially for the "regional champions" to present the **STARSS** program at the National Conference on Tobacco or Health in October in Edmonton.

## Day Two

**Joining the group were Members of the National Advisory Committee:** Chrysta Duff (Alberta Alcohol and Drug Abuse Commission); Janet Nevala (Program Training and Consultation Centre, Ontario); Rosa Dragonetti (Centre for Addiction and Mental Health, Ontario); Madeline Bosco (Canadian Women's Health Network, Winnipeg), by teleconference; Phyllis Price (Tobacco Strategy, Public Health Services, Nova Scotia), by teleconference; Joanne Chabassol (Addiction Services, Nova Scotia). **PHAC Regional Program Consultants:** Suzanne Beaulieu, Ontario; Lisa Lacroix, Central; Michelle Bowden, Atlantic; Anne Clennett, Alberta.

1. **Welcome and introductions:** Wendy welcomed everyone, particularly the new group members, and introduced everyone around the table. Wendy also reported that the program consultant from the Tobacco Control Strategy of Health Canada, Elizabeth Beckett (or her representative) plans to attend Day 2, so we hope that she will be joining us later.

   Wendy gave an overview of the previous day's discussion and said that today's focus would be on what happens next. Wendy gave a brief history of the project saying that originally it had been developed by AWARE for CAPC programs in Ontario. The national office of the Tobacco Control Strategy of Health Canada provided funding for a **STARSS** program rollout in five designated sites. Initially, this was a two-year project but because of funding constraints, the project was telescoped to fit into eight months.

   Wendy talked about the **STARSS** philosophy, which takes a harm reduction approach to smoking cessation. **STARSS** supports the needs of low-income mothers, with high rates of smoking, with children under six. **STARSS** is designed to help these women build their confidence by giving them small steps that enable them to protect their children from second hand smoke.

   The program is also designed to help service providers develop confidence to talk to the women about this issue. **STARSS** is not in opposition to the messages of other tobacco programs. It supports a very specific group of women who are not ready to quit smoking. **STARSS** starts them on the path.

   Laura commented that for her, one of the highlights of the project is the collaboration

between the Tobacco Strategy and the CAPC sites.

Janet Nevala mentioned that it was great that the program uses a non-traditional approach and that now is the time to start talking to others about the wonderful program materials and the fact that the program has been tested.

2. **Update on STARSS activities:** Detailed information of the experiences of the "regional champions" begins on page 2 of the Day 1 report. Following are additional highlights of their experiences.

**Heather Leeman** of Portage la Prairie, Manitoba planned to deliver the program on a very minimal level because a) the smoking issue had never been addressed in her site, b) she had a small staff and c) staff could not run a new program without more funding. One of the things staff learned was the importance of changing the materials. Staff moved materials around, posted information in different places, changed the colours of handouts, and added graphics appropriate to First Nations women. The moms began to ask questions about what they saw and the program moved on from there. Staff is delivering informal programs in March and April. Heather will deliver one formal program in April. Wendy said what Heather accomplished went well beyond expectations. Heather commented, "It's such great information to have and so easy to implement".

**Melanie Freeman and Terry Weber** from Grande Prairie, Alberta, work in a combined CAPC/CPNP site. Melanie has found many intriguing ways to pique women's' interest. Moms at her informal sessions were very interested in hearing more about the **STARSS** program. She spoke about talking to one mother about taking one small step at a time. The woman asked, "Is this all I have to do?" Melanie said that when she told her, 'yes', this was one thing to start with, "You could just see the relief on her face".

Terry has had great success with the program and because she does home visiting, has done several individual interventions with women. She spoke again about the heroin-addicted mom who was being pressured to quit smoking. She found the pressure very upsetting given all the issues she had to deal with. She was very positive about **STARSS** and found it non-threatening and non-blaming. Wendy commented that Terry is doing some really important work with the moms, especially from the home visiting aspect. The **STARSS** component is about a 15 minute add-on to the work that Terry would normally do with the moms.

**Prema Ladchumanopaskeran and Shannon Duke** from Whitehorse are in a CPNP site. Their approach has been to introduce STARSS strategies to programs and organizations throughout the region rather than only engaging their own participants in the program. They have been very active doing informal information sessions and have showcased the materials at numerous fairs and other venues. They use a number of tools, including puppet shows and games, to enhance the program materials. They have been investigating ways to adapt the program to First Nations women. They have been delivering **STARSS** material to family groups and have reached a few fathers. They talked about the importance of getting names and phone numbers from women attending informal sessions because they feel that the callback is very important, not only for evaluation, but also for clinical purposes; i.e., in this call, the women share a lot more information with Shannon and this is where the

potential continuation to the next **STARSS** step comes from. Wendy commented that Prema and Shannon have been extraordinarily enthusiastic, promoting not only **STARSS** but also smoking awareness generally throughout the Territory.

**JoAnna LaTulippe-Rochon** works out of the Cape Breton Family Resource Centre in Sydney, Nova Scotia. She is in a CAPC/CPNP site with a staff of about 25, four of whom have been specifically trained to deliver the **STARSS** program, although all the rest of the staff have had basic exposure through some training that Wendy did with them. She told the story of the experiences of the following two staff:

- a CPNP service provider who works in a rural area and brings **STARSS** to the women in their homes. This service provider, in one of her visits, was aware that a great deal of smoking went on in the house. The mom did not want to admit that and told the service provider that she didn't need the program because she already did all the things that were suggested, like smoking outside, etc. Rather than let that go, the service provider said to her, "Well, you know, these materials have been designed for women like you and given that you've has such success, would you go through the materials with me just to give us some advice and let us know if you think it would work for other women." They did go through the **STARSS** program with the woman and she was able to make steps towards smoking outside.
- a staff member who works with women who are not ready or not able to come out to group sessions. These women are very isolated and deal with many issues. One of the challenges for the staff person was to get these women out of their homes and into the community. She received funding from the provincial Mental Health Foundation to run a program in a group setting and thought that **STARSS** would be the perfect program. She decided to run three, 12-week programs starting with programs that would be non-threatening to the women and moving on to smoking issues and **STARSS** when the relationship was established. The first program was about tools for healthy families. Nine or ten women came out. The second was on low cost cooking and healthy eating. This program worked really well. The service provider who ran the program was not a cook. The women felt really empowered because here was something they knew more about than this staff person. JoAnna said they felt they had to come to come out every week to help her learn to cook. The women are now used to coming out and have developed a connection to each other. The service provider feels she can now introduce **STARSS.** The women have shown lots of interest in doing this.

JoAnna talked about the importance of shifting staff thinking from seeing **STARSS** as one more program to be added to an already heavy workload, but to seeing it as an opportunity to gain more knowledge and increased confidence and motivation to bring it into whatever they do. "**STARSS** is a process," she said, "not a program. It's very easy to piggyback onto existing programs. Instead of introducing **STARSS** as 'new programming' and one of the long list of 'programs' that we offer, it's almost like we're reprogramming staff to incorporate the strategies into their day-to-day work." She added, "It is so important that we not lay guilt and blame on the women we work with. We are not doing anybody any favours by making them feel worse than they already do. They work incredibly hard and want to be good parents."

Wendy commented that JoAnna's staff members have been very committed and conscientious, not to mention enthusiastic, in their delivery of the **STARSS** materials to moms all across Cape Breton.

Prema commented to the regional PHAC program consultants around the table: "It would be really nice to have your support for **STARSS,** even promoting it to your sites or other programs to show that it's being used…the harm reduction, the gentle messages. Our program consultant supports it but I think we need everybody on board to say that it's really useful so that it could be part of our workplans." Later, she added that because the program consultants link with one another, they get information that could be useful to the sites, such as other sources of funding and other organizations to contact.

**3.** **Review of Day 1**: Wendy drew the group's attention to the information on the flip chart **Attachment 1** that was part of yesterday's preliminary discussion on moving forward. She began with site-specific information that could be carried out without more funding:

### Acknowledging the work with STARSS in the work plans:

- Make it official by building the capacity to work on **STARSS** into CAPC work plans. This includes continuing to work in existing programs and bringing the information forward to existing coalitions. Having the "regional champions" bring the information forward to other CAPC sites is very valuable when trying to get program buy-in.

### Training:

- In sites where there is more than one staff, several have been trained to deliver **STARSS,** ensuring there is always someone to carry on.

### Promoting STARSS to other organizations:

- As a minimum, have a program brochure describing the program as this has been shown to be an effective, low-cost way to promote **STARSS** to others
- Wendy said she would be happy to consider at some point, designing, developing and making available as an on-line resource, **STARSS** materials that people could download
- CAPC and CPNP projects are already at the table with other federal and provincial networks such as Family Violence, Early Childhood Education, Children and Youth. This is a network that is already in place for **STARSS** program promotion
- Janet Nevala suggested that to support the people in the field, AWARE could write a letter that would show the formality to the program and that PHAC could consider adding its signature to the letter.

### Discussion about ongoing evaluation:

- One of the things found to be helpful was the evaluation of informal interventions. Service providers found it not only provided information (e.g. how much had been retained) but also was valuable in relationship building.

Some evaluation tools will be included in the new national version of the **Guide to STARSS Strategies**.

### Discussion about support from program consultants for program implementation:

- Service providers want to show that they work with the **STARSS** program but need their program consultant's approval to include it in their work plans. The response was that there is no approved funding from CAPC/CPNP for the program; however, service providers could include it in their work plans as a partnership program that meets specific objectives.

This comment came from Janet Nevala following the discussion: "We have an international tobacco strategy, a national strategy, and a provincial strategy and low socio–economic groups are a high priority… (**STARSS**) is something that has to be celebrated, advertised and so on! I'm definitely going back to everyone I know, I'm sending emails already, to say that this is happening so all the provincial strategies should look to the pilot as opposed to creating something brand new. It could even apply to First Nations women. If we're using 'Healing from Smoking', we've got some samples from AWARE and the **STARSS** program so let's flip that around and start there, as opposed to creating something new".

### Supporting other CAPC/CPNP sites:

- The rollout sites can provide some support for sites to introduce **STARSS**, but without funding, support has to be brief and informal.
- Telehealth was mentioned as a means of connecting people. It may have a cost associated with it; however, it is good value for the money considering how much it would be to bring everyone together. If a group uses Telehealth, it is important to make the process as participatory as possible but within a structured environment. Webinar was also discussed but Madeline pointed out that, at this point in its development, it is too expensive and technologically dependent, excludes access for a lot of places, and can be very frustrating to work with.

### Presenting STARSS at conferences:

- Wendy would like to bring the "regional champions" to present at a number of conferences. One of the key messages in hearing their first hand experience is that even though they are busy with all kinds of projects, they can still easily introduce **STARSS** into their programming.

**4. Moving Forward:** In addition to the discussion outlined above, Madeline made some suggestions to keep the momentum going, which included:

- Take time in provincial meetings, those that are both federally and provincially funded, to talk about the **STARSS** work and to offer some sort of training. Then you would get both provincial and national practice networks to bolster support and planning.
- Continue with phone support/mentoring. It works.

- If part of what we want to do is to try to make sure CAPC/CPNP and smoking continue to merge, then we should try to create opportunities for that, for example, by presenting at conferences, in particular at the National Conference on Tobacco or Health.
- Continue to support capacity building in other sites. If service providers were to write this into their work plans as a deliverable, then you may be able to allocate staff resources to that. Support is needed both this year, to continue with capacity building and support, and next year, to support moving the program forward

***4.1 Provincial/Territorial, Regional, and Federal Discussion:*** There was discussion about bringing **STARSS** information forward to provincial meetings. We were reminded that the three territories do not have these kinds of meeting. A similar situation exists in the individual Atlantic Provinces. In the Central Region, Manitoba has a very strong coalition, but there has been no connection with Saskatchewan. The conclusion from the discussion was that where provincial coalitions exist, service providers would go ahead and promote the program. There is a need however, to look into how to support the provinces/territories that do not have these mechanisms in place.

In terms of on-going federal funding, Health Canada's Tobacco Control Strategy is not promising any funding in the next fiscal year, and certainly not for the first six months. Right now there is no extra funding from the CAPC/CPNP National Office. Laura has committed to providing support for teleconferencing for the short-term and would be available as a support to look at ways to find funding.

We also had an extensive discussion about the ways regional support from CAPC/CPNP could look. Lisa Lacroix, Program Consultant, Central Region has a very extensive list called 'Opportunities and Linkages". It relates specifically to Manitoba but could be used as a model for other provinces. It is included as **Attachment 2.** Alberta has been very interested in the program all along and some fairly strong partnerships have been established. Anne Clennett said there was definitely potential for the program in Alberta. She recommended that the group develop a plan on what the next steps would be, should funding become available. There are many networks within the province. CPNP has a provincial training committee that might be interested in the program. There is also a Cessation and Pregnancy committee. Chrysta Duff from AADAC said the organization could promote the program even though it could not contribute funding. Janet Nevala challenged AADAC to champion the program and continue the pilot.

***4.2 Discussion about STARSS resources:*** Rosa Dragonetti suggested that until the AWARE web site is up and running, AWARE could link to Pregnet's web site and have **STARSS** materials there. Janet suggested putting the materials on the Heather Crow Resource Centre site. There was a suggestion to investigate the CPHA Clearinghouse to house the materials. There still needs to be a final calculation about how many national versions can be printed with existing funding and how to distribute them without much cost. One suggestion was to do it on a cost recovery basis. Of course, all **STARSS** resources will be free to the roll out sites. They can hold some materials and have them ready for distribution to other CAPC sites who request them.

There was discussion about sharing the **STARSS** resources with other programs. One suggestion was to send it out only to those who have been trained. "People don't realize the work that goes into putting the material together. Materials tend to sit on a shelf if people aren't trained to use them."

***4.3 "Community of Practice" discussion:*** Janet Nevala commented that "because **STARSS** groups are informal when it comes to public health authority, you are really the true 'community of practice'. .. That's your hook for the whole program. Traditional agencies and organizations that we are mandated to serve are not communities of practice …"

Phyllis reported that some of the training they did last year in Nova Scotia came out of the Pregnancy and Tobacco Sharing Network email list. She is trying to formalize it and make it a national list by using listserve technology. This has facilitated the development of communities of practice in Nova Scotia.

As a final note and on behalf of all the "regional champions", Heather said she wanted to say how important it is to have Wendy with the program. "Although we all buy into this project and believe in it so much, without Wendy's enthusiasm…well, she's been absolutely fabulous. The way she's connected us all and the relationships we've formed have been 'all about Wendy'".

### Action Items:

- Wendy will connect again with Madeline to continue the discussion on national program implementation
- Wendy will get a timetable of upcoming conferences and send abstracts for presentations as appropriate.
- Wendy will investigate the possibility of using teleconferencing as a way to train sites in provinces not involved in the roll-out. Saskatchewan was suggested as a pilot.
- Laura will keep in touch with consultants in the national tobacco office to explore what linkages could happen and ways CAPC/CPNP might contribute to implementing **STARSS** in the future.
- Laura and Wendy will set up a meeting with the national tobacco office to update staff on the project and find out what is happening with regional funding.
- Joanne will contact the tobacco office in Nova Scotia to explore funding. Nova Scotia's tobacco strategy is still in development so this would be a good time to connect.
- Anne will connect with the tobacco office in Alberta.
- Our last "official" national teleconference is scheduled for Friday, April 13th. Everyone is invited to participate. Wendy will send out a reminder email.

Wendy thanked all the participants and the meeting adjourned.

# Appendix 5: Minutes of the National Teleconferences

## Teleconference Minutes
**10 November 2006**

**Present:** Shannon Duke (Whitehorse); Anne MacMullin, Lindsey MacInnis, Nicole Aboud-Ellis and Vickey Shepherd (Sydney); Melanie Freeman (Grande Prairie); Heather Leeman (Portage la Prairie); Susan Cross (project evaluator); Laura Stevens (National Projects Office, Public Health Agency of Canada, Ottawa); Wendy Reynolds and Brenda Miller (AWARE, Kingston)

**Regrets:** Carmen Robillard, JoAnna La Tulippe-Rochon, Prema Ladchumanopaskeran

1. **Welcome and Introductions:** Wendy welcomed everyone and had each person introduce themselves indicating the program they represented. In particular, we were happy to welcome the women from Sydney (Vickey, Lindsey, and Nicole) who are delivering **STARSS** in different ways within the rollout site and also Susan Cross, who is the project evaluator.

2. **Discussion of the October On Site Training:** Wendy had distributed a draft report of the on site training in advance of the teleconference and we used this document to keep everyone advised of what is happening within the different rollout sites. The final report is also appended to these minutes. Wendy initiated the discussion by describing how each visit was very positive and exhilarating. Everyone is very enthusiastic and committed.

    - ***Cape Breton:*** Lindsey and Vickey are providing the interventions using informal groups and individual sessions. Nicole stated that groups of six to eight sessions have worked well in the past with not many obstacles. She will do two individual follow up sessions as part of these eight sessions. The groups will start about the third week in November then regroup after Christmas. Nicole hopes to come to the National meeting in March with JoAnna . Smoke Free Cig-rettes (the plastic tubes) were discussed because women have found them very helpful to delay their smoking. Wendy has sent one package to each site, along with ordering information. The website address in the **Guide to STARSS Strategies** still works, although the Cig-rettes are more expensive than we had remembered. Wendy will try to find out if the supplier has a bulk rate. In Cape Breton, we also discussed Quitlines and local smoking rates. Wendy prepared a sheet with the Quitline numbers across Canada. (There is one for all the provinces/territories, except Yukon.) This was distributed in advance of the meeting, along with a list of useful websites. The Health Canada website contains information on provincial/territorial rates of smoking. This can be found at www.gosmokefree.ca then find CTUMS (Canadian Tobacco Use Monitoring Survey) which will give you the annual smoking rates in every province or territory, also broken down by age. However, there may not be variations shown within provinces, so it may not be completely accurate for each region; for example, smoking rates in southern Ontario are lower than in northern Ontario. Wendy has generated a list of other useful websites which was distributed in advance of the teleconference. If you have sites you would like to add, let Wendy know and she will generate an updated list for everyone.

- ***Whitehorse:*** Wendy met with Prema and Shannon for the **STARSS** training and also with a group of other service providers to help them generate a list of smoking resources for Yukon. For **STARSS**, the plan consists of increasing awareness by having informal and formal groups with the delivery of individual support as required. The formal part starts in January using Telehealth. Games and word games that addresses tobacco use are part of the strategy. There will be follow up session and evaluation on that part. Two different deliveries are being offered including a play group that offers lunch or snacks and the parent group which starts in January/February. For the rural communities information sessions will be held and a Telehealth group offering individual follow up. People can go to the hospital and the nursing station if they don't have a phone. Shannon noted that the strategies used in chronic disease interventions can be transferred with **STARSS** particularly the confidence rating scale for individual goal setting. The confidence rating scale is straightforward ("On a scale of 1 to 10, how confident are you that you can reach your goal?"). If you have less than a 7 or 8 confidence scale for your short term goal, then goals are reviewed and a different short term goal chosen, so that self efficacy can be obtained on some level. Wendy informed the group that, for the developmental portion of the **STARSS** program in Ontario, we also made some PSAs based on the **STARSS** theme. These are not part of the national rollout, as we do not have the time or funding to have them translated, but Wendy will distribute them for use in the rollout sites if people would like to use them.

- ***Grande Prairie:*** Melanie (whose last name is now Freeman – congratulations, Melanie!) has at least three staff to help with the delivery of **STARSS** within her program. Melanie will be having individual sessions plus informal and formal groups. We also discussed developing some scenarios focussed on difficult life situations, as Melanie has found this approach very helpful with her participants.

- ***Portage La Prairie:*** Heather works in a predominately First Nations site which is probably entirely First Nations when the children are taken into consideration. Smoking has not been addressed as a topic within their site because of so many other pressing issues. Heather will be taking a slightly different approach with **STARSS**, in that she will start with putting up the posters and will record the number of women who look at them. Then, she will be putting out handouts in a specific order and recording the number of handouts that are taken and in what order. All staff have agreed to keep count and are enthusiastic. The posters are up and staff have hung stars from the ceiling. In a very short time three women inquired about **STARSS**. Again staff will be tracking the questions. In January there will be an information session then a workshop with the worksheets. Heather also reported that she has several participants who don't identify themselves as smokers yet smoke outside their building – they see themselves as so called social smokers.

3. **Discussion of the Evaluation:** Susan Cross commented on the great work that was being done. She will be looking at different ways of evaluating from the informal to the formal groups plus the individuals sessions. Susan asked for confirmation that the colour coding was appropriate and user friendly. All seemed to be in agreement that the

evaluation was purposeful and not difficult to understand. Susan asked if it was unrealistic of her to expect to be able to talk with some of the moms on the phone. There was some discussion about some of the moms not having phone access in their homes or, in some cases, a person just doesn't call back or answer the phone. Heather noted that she will help with the phone access and that issue will be discussed with the mom at the time of consent. Susan wanted to ensure that staff will have time to make calls. Vickey and Nicole did not think this would be a problem, as they see the same moms every week and can ask them directly. Another idea is to have the person who facilitated the group to do the phone calls. Another barrier to doing the evaluation is the literacy levels but most will try to read material presented. A recommendation that a date and time be given then that will reduce the option of someone not picking up the phone. We also suggested an incentive of a $25 gift certificate for every mom who spoke with Susan. When a mom completes the evaluation with Susan, then we will send to her the gift certificate. Susan indicated that feedback from the staff about the **STARSS** program is another part of the evaluation process.

4. **First Nations Adaptation:** Shannon has a large First Nations community so she will be finding ways to adapt the **STARSS** material to coordinate with the beliefs and traditions of First Nations. Because Heather also has a large percentage of First Nations participants, Wendy suggested a teleconference with Shannon and Heather to brainstorm ideas. Shannon recommended ***Healing from Smoking*** which was developed as a cessation manual for First Nations in Quebec and Labrador. (www.cssspnql.com, click on health, then tobacco or phone 418/842-1540). It has a great section on being a "safer smoker" that is very consistent with the **STARSS** message, plus it has great illustrations that Shannon used to put on the back of the **STARSS** handouts to moms. We are also looking into providing her with the artwork for the posters so that she can hold a colouring contest for First Nations children and we can insert that artwork into the posters. Shannon is also looking at incorporating the wellness wheel as part of the decisional balance. Also, she talks about traditional use of tobacco and compares this to the inappropriateness of cigarette smoking now. It is an inoffensive way to start information sessions. Heather talked about hanging stars from the ceiling to initiate inertest in the program – immediately there were questions and responses to the information from program participants. Shannon also solicited different ideas from the group about the women who say they all smoke outside the home – is it a shame factor or is it social/cultural.

5. **Other Issues:** Wendy reminded everyone of the tollfree number for AWARE and please do not hesitate to call 1-800-635-0005.

6. **Next Teleconference:** The next teleconference is Friday, December 8th. The National Advisory Committee have been invited to participate. The dial in numbers are same ones used today, but Wendy will send out a reminder email with the date and numbers prior to the next teleconference.

## Teleconference Minutes
## 8 December 2006

**Present:** Wendy Reynolds and Brenda Miller (AWARE ); Chrysta Duff (Alberta Alcohol and Drug Abuse Commission and National Advisory Committee member); Madeline Bosco (Canadian Women's Health Network, Manitoba and National Advisory Committee member); Janet Nevala (Program Training and Consultation Centre, Ontario and National Advisory Committee member); Phyllis Price (Tobacco Strategy Coordinator, South Shore District Health Authority, Nova Scotia Health and National Advisory Committee member); Melanie Freeman (Babies Best Start, Grand Prairie, Alberta); Heather Leeman (Young Parents Resource Centre, Portage La Prairie, Manitoba); Shannon Duke (Healthy Moms, Healthy Babies, Whitehorse); Nicole Aboud-Ellis (Cape Breton Family Resource Coalition Society, Sydney, Nova Scotia ); Laura Stevens (Program Consultant, CAPC/CPNP National Projects Fund, Ottawa); Lisa Lacroix (Program Consultant, Public Health Agency of Canada, Winnipeg); Suzanne Beaulieu (Program Consultant, Public Health Agency of Canada, Sudbury)

**Regrets:** Carmen Robillard and Nancy Paquette (Our Children, Our Future, Sudbury, Ontario); Prema Ladchumanopaskeran (Healthy Moms, Healthy Babies, Whitehorse Yukon); JoAnna La Tulippe-Rochon, Vickey Shepherd, and Lindsey MacInnes (Cape Breton Family Resource Coalition Society , Sydney, Nova Scotia); Jennifer Cozier (Program Consultant, Health Canada Tobacco Control Program); Ann Smith, (Program Consultant, Public Health Agency of Canada, Calgary); Rosa Dragonetti (Centre for Addiction and Mental Health, Ontario); Patricia Dickson (Program Consultant, Public Health Agency of Canada, Whitehorse); Sylvie Thibodeau-Sealy (Program Consultant, Public Health Agency of Canada, Charlottetown)

1. **Welcome and Introductions:** Wendy welcomed everyone and asked each person to introduce herself, indicating the program she represents. In particular, she welcomed the representatives of the National Advisory Committee and the Public Health Agency of Canada.

   **Janet Nevala:** Janet is a consultant with both the Alder Group and the Program Training and Consultation Centre in Ontario. She has been on the Advisory Committee for Pregnets, has helped the Registered Nurses Association of Ontario develop its non-smoking guidelines, and has been instrumental in designing best practices for smoking cessation/smoke free guidelines for provincial hospitals. Janet is very interested in supporting women-sensitive approaches to smoking cessation and finding ways to encourage service providers to adopt non-judgmental approaches when dealing with women who smoke.

   **Phyllis Price:** Phyllis is a Tobacco Strategy Coordinator for the South Shore District Health Authority of Nova Scotia Health, Nova Scotia. She has been involved in the telehealth delivery of Pregnets within Nova Scotia and is very interested in the **STARSS** approach to supporting women smokers.

   **Madeline Bosco:** Madeline is with the Canadian Women's Health Network and the Winnipeg Women's Health Clinic, based in Manitoba. She has been involved with and passionate about the issue of women and smoking for twenty years; for example, her

organization developed the "Catching Our Breath" smoking cessation program, which they are currently in the process of updating. "Catching Our Breath" uses journaling, self-guidance, support systems and a basis in the life cycle of women. She is in the process of revising the information.

2. **Review of the November Minutes:** Wendy asked if there were any updates or changes regarding the minutes from the last teleconference. She stressed that different **STARSS** strategies are being used in each of the rollout sites, depending on the capacity of the site to address smoking issues within their current programming. For example, Heather in Portage La Prairie is using minimal interventions since her site hadn't addressed the smoking issue prior to **STARSS**; they are putting up the posters and distributing the handouts sequentially. They are recording the number of handouts taken, the number of questions they get on the topic of second hand smoke, and the number of women who request more information. The other sites are active with different combinations of informal groups, the individual support, or more formal group interactions. Phyllis commented on how precise and visual the minutes are in presenting a complete picture of each site. There were no changes suggested to the November minutes as distributed.

3. **Update on the French Version:** Wendy described the development to date of the French version of the **STARSS** program. The project's translator, Annie Bourret, has the first draft of the materials completed, to be known in French as Bravo! The draft is currently being reviewed by our Francophone national review team, which includes reviewers from most major Francophone areas in Canada. Wendy and Annie spent two very active days at our Francophone rollout site in Sudbury with Carmen and her staff, in particular Nancy Paquette, who will be joining us on teleconferences. During the time spent in Sudbury, we conducted a focus group with moms who smoke who provided feedback on the translation and Annie had very fruitful discussions with the staff. Wendy also did a general **STARSS** training with a group of service providers from the community. Wendy pointed out that the deliverables for this part of the project are on target with the draft completed and ready to review from mid-December to mid January.

4. **Update on Site Implementation:**

**Nicole (Nova Scotia):** Nicole reported that she is delivering the **STARSS** strategies on an individual basis right now, but hopes to be able to deliver in a group format in the new year. Wendy commented that this is one of the problems with this project having such a short time line; that is, it is somewhat impossible to expect to do the groundwork and have women involved with the **STARSS** strategies, all within an 8 month time frame. Vickey and Lindsey reported via email that they are getting a very enthusiastic response from women from the informal group strategy. Nicole talked about on particular woman who has attended other groups and then comes for the individual strategies using the **STARSS** program. Nicole reported that this woman is able to advocate for **STARSS** strategies within her own home and with her partner. She has been meeting her goals and objectives with confidence and always seems to be one step ahead of Nicole. Nicole also reported that she does this within their home visiting program and she usually stays with the woman for about two hours, spending about an hour on **STARSS** and the other hour on day to day living situations.

**Heather (Portage La Prairie):** Heather works in a setting with an approximately 80% First Nations population that has not addressed any smoking issues due to other pressures and stresses that women have to deal with on a day to day basis. As mentioned above, she

is implementing the **STARSS** strategies in a very
informal way, which Wendy believes will be very helpful, as it will be similar to the experiences of many CAPC projects. Heather also has a passionate staff person who has really run with the **STARSS** message by putting stars in different rooms and hanging from the ceiling, hoping to make it appealing to women and encourage them to be curious enough to ask questions. Heather has colour coded the handouts that they are displaying so that they can track how many women pick up the handouts and ask follow-up questions. Within the first week, at least five women asked questions, which we are thrilled about, given that this is the first time the organization has addressed smoking issues. They are just about to put out the second handout and are thinking of additional creative ways to attract interest. The third handout will be displayed in January. Heather will then try to organize a **STARSS** workshop in which they can discuss some of the strategies in more detail. The visual stimulation of the material really seems to work in attracting attention. Wendy reminded everyone about Healing from Smoking, which is for Aboriginal communities and has great graphics (which Shannon and Heather are considering using on various **STARSS** handouts for their First Nations participants) and a very interesting section on safer smoking. The phone number and URL for this is in the minutes of the previous meeting, although sometimes the web site doesn't work very well.

**Melanie (Grande Prairie):** Melanie noted that they have about 7 sites attached to her program and some have been more successful than others for responses; for instance, the rural areas are responding quite positively. Melanie noted that the staff person associated with these sites is very enthusiastic about **STARSS** and takes pleasure in preparing for the sessions. They will be varying the strategies that they use, depending on the site, ranging from the informal to the formal group sessions with individual sessions when appropriate. The handouts will be given in the New Year with the goal of January 10$^{th}$ to do a group.

**Shannon (Whitehorse):** Shannon is promoting the **STARSS** strategies by having games, puppet shows, posters and **STARSS** material. She holds a luncheon then eases into the discussion by playing Smokes and Ladders, a rendition of Snakes and Ladders. The participants enjoy the game and can learn different messages about smoking at the same time. Shannon also takes bag lunches with **STARSS** messages printed on the bags to read while participants are eating. The group she did in Haines Junction did provide a challenge regarding the evaluation procedure; however, Shannon was able to retrieve four out of the seven responses, which will really make the project's evaluator happy. The five participants at the Haines Junction meeting were strangers when they met and were laughing and talking by the time they completed the session. Shannon is also conducting individual sessions via telehealth. One pregnant woman who was very shy with little eye to eye contact expressed interest in the **STARSS** program. The woman shared her anger and frustrated feelings about her day to day life and the difficulty she would have abstaining from smoking right now. The individual telehealth approach will probably be great for her, as she can go through the sessions by phone and pick up the journal at the nurse's station. Shannon expressed concern regarding the initial lack of empathy from the nurses in the nursing stations, but found that, with discussion of the issues the participants face, their attitudes shifted somewhat. The next luncheon will be January 09$^{th}$. Advertisements will be sent out to Directors of Nursing, Social Services and CPNP/CAPC projects. Shannon will also be using the PSA radio announcements.

There was some discussion about the document by Lorraine Greaves et al "Expecting to Quit" which outlines best practices in smoking cessation interventions for pregnant and post partum girls and women. Wendy said that it can be access through the Health Canada

link on the web sites sheet that was distributed to everyone. Phyllis also volunteered to email everyone the direct link and link to a synopsis of the best practices from "Expecting to Quit" that is available from the PTCC in Ontario. Wendy will also update our web sites handout and redistribute this to everyone.

Phyllis also would like to get Smokes and Ladders. Shannon responded that initially it was available from the Aboriginal Tobacco Strategy; however, they have recently lost their funding. The good news is that the game and a puppet show kit may still be available from the Curve Lake First Nations (near Peterborough Ontario). Shannon reports that the kit is a First Nations Tobacco Strategy tool, developed primarily by youth and supports learning in a fun and informal way. When Shannon recently ordered one, it was sent free of charge. The contact number is: **1-705-657-2557**.

Wendy mentioned that she has had a request for **STARSS** training from the Aboriginal Head Start programs in Alberta who are doing a provincial training in Edmonton in March. Wendy asked them also to invite Shannon to partner with her in this training event, so that we can include the richness of Shannon's experiences so far with the First Nations adaptations of the **STARSS** strategies.

5. **Looking Ahead to January:** Wendy confirmed the dates of the January trips to the rollout sites. While the main purpose of the visits is to trouble shoot and provide support, Wendy is prepared to do pretty much anything (well, anything related to the topic of women and smoking!) while on site. For example, Heather has requested that we go through the initial training again with her two new staff. In Sydney, Wendy will be doing a day long session with all the staff, not only those engaged in the **STARSS** program delivery. In Whitehorse, Wendy and Shannon will also work on the presentation for AHS in Edmonton.

6. **Other Issues:**

   6.1 **Best ways to involve our National Advisory Committee:** We had a good initial brainstorming about how best to involve the support that is being provided to us by the National Advisory Committee. There was some discussion about ways to tap into their expertise, either regionally, nationally, or both. Wendy suggested thinking more about the "community of practice" model. Madeline supported this idea and mentioned the national community of practice discussion that are currently underway through the CWHN and the BCCEWH, focussed on women and additions generally. Madeline did approach Nancy Poole about incorporating women and smoking as a discussion topic, but there won't be time, as that project is also ending at the end of March 2007. There was also the possibility discussed regarding knowledge exchange at the provincial/regional level through CAPC/CPNP annual conferences and so on. Because we have such a terrific representation of the various capacities of CAPC programs through our rollout sites, Wendy noted that, by the end of this project, we will have a good description of the different levels of engagement CAPC sites could undertake if they wish to adopt **STARSS** strategies. Also, we will be able to support the self-efficacy of CAPC service providers, who might have been reluctant to engage in any kind of smoking interventions up to this point. Phyllis also noted the success that they have had in Nova Scotia using videoconferencing as a model for knowledge exchange, specifically doing some Pregnets training with a wide range of service providers.

**6.2 Evaluation:** Madeline posed a question about the impact of staff who smoke within CAPC/CPNP sites and the effects this has on participants. We have had many discussions about this, both at our national meeting and within the site visits. Since **STARSS** is not a smoking cessation program per se, it does lessen the pressures and expectations on the staff somewhat, in that they are expected to model smoking outside, not abstinence. Madeline also advocated for incorporating the change theory model in the evaluation and/or final reports of the **STARSS** project. Wendy will attach the evaluation outline to these minutes and welcomes feedback about the best ways to capture and report the approach described by Madeline.

## Teleconference Minutes
## 12 January 2007

**Present:** Wendy Reynolds and Brenda Miller (AWARE ); Melanie Freeman (Babies Best Start, Grand Prairie, Alberta); Heather Leeman (Young Parents Resource Centre, Portage La Prairie, Manitoba); Shannon Duke and Prema Ladchumanopaskeran (Healthy Moms, Healthy Babies, Whitehorse); JoAnna LaTulippe-Rochon and Vickey Shepherd (Cape Breton Family Resource Centre, Sydney, Nova Scotia ); Carmen Robillard Our Children, Our Future, Sudbury, Ontario); Laura Stevens (Program Consultant, CAPC/CPNP National Projects Fund, Ottawa); Elizabeth Beckett (Program Consultant, Health Canada Tobacco Control Program, Ottawa)

**Regrets:** Lindsey MacInnis (Cape Breton Family Resource Centre); Nancy Paquette (Our Children, Our Future)

1. **Welcome and Introductions:** Wendy welcomed everyone to the teleconference and introduced our new Program Consultant from Health Canada's Tobacco Control Program, Elizabeth Beckett, who is replacing Jennifer Cozier. Wendy also reported that one of the staff from the Cape Breton site (Nicole Aboud-Ellis) has moved on, so she has been replaced by Blair Hill, whom Wendy met with and trained in Cape Breton last week. Wendy indicated that the rollout site representatives are the only participants on the call today, with a reminder that the next teleconference is on February 9th with members of the National Advisory Committee invited to attend, too.

2. **Review of the Minutes of the December Teleconference:** Wendy asked if there were any updates or changes regarding the minutes from the last teleconference, which had been sent out in draft form in December. We reviewed the minutes, just to update ourselves. Some highlights from this review of the minutes included the update on the French adaptation, which went really well in the focus group testing and professional review process. Thanks to Carmen and her staff for all their help. Also, Wendy and Shannon are presenting the **STARSS** materials at the Aboriginal Head Start conference to be held in Edmonton in March. We also reminded ourselves to continue to think of ways to keep the project's momentum moving forward after the funding ends on March 31st, especially with regard to the involvement of all the great resource people we have on our National Advisory Committee. With this review of the previous minutes, the group agreed that we could consider the December 2006 teleconference minutes the final version as circulated.

3. **Update on Site Implementation:**

   **Carmen (Sudbury):** Carmen reported the good news of forming a partnership with the Health Unit in a proposal in progress to the SmokeFree Ontario fund that would involve French and English versions of delivering the **STARSS** program. Carmen reported that the Health Unit approached her with the idea, after their staff had attended both of the **STARSS** trainings that Wendy did, one with service providers in Sudbury in October and the other Wendy had done through TEACH (the tobacco training arm of the Centre for Addiction and Mental Health in Ontario), at which the Sudbury Health Unit staff were also present. Carmen felt that AWARE could be part of the process to help in the evaluation or any other needed research

that might enhance the current **STARSS** project. Wendy was excited about the partnership because the information will be an important piece to include in the **STARSS** final report in terms of ripple effects from the current project and provincial buy in. She is also happy when Health Units can adopt the **STARSS** philosophy.

**Melanie (Grande Prairie):** Melanie's program has six different sites that serve a large chunk of northwestern Alberta. Two of the sites within her program are actively using the **STARSS** strategies. At the one site, where the staff person does mainly home visits, women are being supported through the **STARSS** individual intervention. At the other site (actually Melanie's office located in Grande Prairie), Melanie is conducting an information session that hopefully will lead to either a more formal group or the individual intervention with women who are interested. Melanie reported that there has been a huge interest based on informal **STARSS** strategies (i.e., posters and handouts) and at least six women have signed for the information session. When Wendy is in Grande Prairie next week, she will be meeting with all of the staff from every site to get them involved in the **STARSS** informal strategies.

**Vickey (Cape Breton):** Vickey reported with excitement about the integration of the **STARSS** strategies with both the play groups and the individual sessions within the home environment. Now, Vickey and Lindsey are distributing **STARSS** information at every playgroup. Vickey reported that they simply leave the handouts from the **Guide to STARSS Strategies** on the table; inevitably, all are picked up and then discussion emerges at the next playgroup. Again, Wendy was very excited about this aspect of using the **STARSS** strategies, as it points to the ease with which staff can integrate the topic of second hand smoke into all of their work in a way that is very non-threatening to participants and that leads to sharing more information. Formerly, the Family Resource Centre had run smoking cessation groups once a year (or perhaps more frequently) and, often, the groups were very poorly attended. So, again, this use of **STARSS** strategies shows how integration of the materials into every aspect of the work can be very effective for both participants and staff.

**Heather (Portage la Prairie):** Heather's site is engaged in delivering the minimal **STARSS** strategies and recording follow-up interest from the women. They are now giving out the third handout and there have been many follow-up discussions with women in various settings. Heather noted that there will be enough numbers for either a group or a workshop, whatever works well. This is an unexpected bonus as, originally, we weren't sure that there would be interest among the participants to do this. Another exciting development is that, in one of their groups, the sessions on smoking will be facilitated by their own staff, based on **STARSS** strategies, instead of having a public health nurse lead as in prior sessions. Again, this shows the staff feeling more comfortable delivering information related to tobacco than they had felt in the past.

**Shannon (Whitehorse):** Shannon reported that she has been working with a young First Nations woman who is pregnant and was supported in using the **STARSS** individual intervention via Telehealth, although ultimately the Telehealth technology didn't pan out, so Shannon ended up providing support to the woman through telephone counselling. Wendy commented that telephone support can be very appropriate and helpful, as we provided the **STARSS** individual intervention

by phone to many women during the Ontario pilot. may be more appropriate at this time for her. Shannon stated it is working well, although it can be somewhat is challenging to do visualization and breathing exercises over the phone! However, Shannon is borrowing an audiotape of these and sending it to the woman to use. The woman has reduced her smoking to half a cigarette or even one puff at a time. She is also learning to be smoke free in her car; while travelling, she now takes the time to stop and go outside to take a few puffs of a cigarette. Prema noted that Shannon is just beaming after her sessions with her client. They have also been engaged in informal sessions at some remote sites, doing Family Information Sessions. Shannon has done an advertising blitz involving emails, radio stations, and ads in the newspapers. Wendy has a master of the radio PSAs that she is taking with her on the training visits to the sites, so that everyone can burn copies directly onto their own computers.

Wendy stressed the importance of the informal **STARSS** approaches and how this is easily integrated into the on-going work of CAPC staff, which will be a very significant outcome of this project. Laura also commented on the importance of the progress of the informal interventions and how this will lead more easily to the next stage. She also is very happy that so many amazing things are happening.

JoAnna gave credit to Wendy for developing the **STARSS** program, the funding, and the hard work that Wendy is doing. She thanked Wendy and appreciates the skills that Wendy demonstrates when doing on-site training. For example, when she was in Cape Breton last week, she did a staff training with 25 of the Family Resource Centre staff. JoAnna received very positive feedback about the training, especially that the staff really appreciate the approach we take with women. The STARSS materials, and all of AWARE's work, are embraced by participants and staff alike, for their respectful and gentle stance. Wendy thanked JoAnna and reiterated her pleasure and honour in working with CAPC sites.

4. **On-site Training in January:** Wendy discussed the upcoming schedule for the scheduled on-site training in January and reminded everyone that the purpose of this round is troubleshooting and making sure that the evaluations are going smoothly. Last week, Wendy was in Cape Breton (which went really well, as reported above) and next week will be meeting with Melanie in Grand Prairie. The following week is the visit with Heather in Portage la Prairie and the last week of January is with Prema and Shannon in Whitehorse.

5. **National Meeting:** We also reminded ourselves that the second and final national meeting is in Ottawa on March 7$^{th}$ and 8$^{th}$. The accommodations will be downtown at the Quality Inn. The travel arrangements and agenda will be distributed in February (i.e., after Wendy has had a chance to catch her breath after January is over!) The project may have a little bit of money that can help our National Advisory Committee members attend on the second day. Susan Cross, the project evaluator, will be present on Wednesday.

6. **Other Issues:** Elizabeth reminded everyone of the smoking resources that are available from Health Canada. They are for the general public and are easily accessible. She will mail 12 copies of everything to Wendy, who will send them out to the rollout sites.

7. **Date of February Teleconference:** The next teleconference will be on ***Friday, February 9th at 1:00 EST***. Because the National Advisory Committee members will be invited to participate, we will use Laura's teleconference number which is 1-866/646-2080, passcode 9578502#, which will hopefully give us better reception than the AWARE number did the last time!

**Teleconference Minutes**
**9th February 2007**

**Present:** Wendy Reynolds and Brenda Miller (AWARE ); Melanie Freeman (Babies Best Start, Grand Prairie, Alberta); Heather Leeman (Young Parents Resource Centre, Portage La Prairie, Manitoba); Shannon Duke and Prema Ladchumanopaskeran (Healthy Moms, Healthy Babies, Whitehorse); Blair Hill, and Ann McMullin (Cape Breton Family Resource Centre, Sydney, Nova Scotia ); Laura Stevens (Program Consultant, CAPC/CPNP National Projects Fund, Ottawa); Phyllis Price (Nova Scotia National Advisory Committee member); Suzanne Beaulieu (Public Health Agency of Canada, Ontario); Ann Smith and Anne Clennett (Public Health Agency of Canada, Alberta)

**Regrets:** Lindsey MacInnis (Cape Breton Family Resource Centre, Sydney, Nova Scotia); Carmen Robillard and Nancy Paquette (Our Children, Our Future, Sudbury, Ontario); Elizabeth Beckett ( Program Consultant, Health Canada Tobacco Control Program, Ottawa) JoAnna La Tulippe-Rochon and Vickey Shepherd (Cape Breton Family Resource Centre, Sydney, Nova Scotia); Rosa Dragonetti (Ontario National Advisory Committee member); Janet Nevala (Ontario National Advisory Committee member); Chrysta Duff (Alberta National Advisory Committee member); Madeline Bosco (Manitoba National Advisory Committee member), Lisa Lacroix (Public Health Agency of Canada, Manitoba)

1. **Welcome and Introductions:** Wendy welcomed everyone to the teleconference. Wendy reminded everyone that Blair Hill from the Cape Breton site has replaced Nicole Aboud-Ellis and today is the first teleconference for him. Welcome, Blair! Also, Lindsey MacInnes, another of the Cape Breton crew, has begun her maternity leave this week. We wish the best for Lindsey and her family and Wendy thanked Lindsey for her enthusiastic support of **STARSS** over the past few months.

2. **Review of the Minutes of the January Teleconference:** Wendy asked if there were any updates or changes regarding the minutes from the last teleconference, which had been sent out in draft form to each person. All agreed the minutes were appropriate as distributed. Wendy noted that Elizabeth Beckett had offered to distribute resources to everyone from the Tobacco Strategy; Elizabeth wanted to relay that the request has gone into their Publications department and the resources will be sent out when the request reaches the top of the list.

3. **Update of On Site Training:** Wendy gave a brief report on her travels to the sites; she is working on a report of the on site visits and will distribute this when it is complete. Melanie continues to work with the informal information sessions which are going well, while other sites within her program are doing many of the individual sessions. In Cape Breton, Blair has started to implement the program, extending the work of Lindsey and Vickey. Heather's site agreed to the minimal interventions; however, she has been able to exceed those expectations and move on to informal groups. Shannon is working with many existing groups in the Yukon, beyond just the moms who attend Prema's CPNP. They have been using creative strategies to distribute information and then engage moms in more detailed strategies in individual sessions.

## 4. Update on Site Implementation:

**Prema and Shannon (Whitehorse):** Prema and Shannon are doing presentations approximately one hour long using puppet plays as an information tool. They develop a rapport with the group asking about the myths vs facts regarding second hand smoke. The CPNP sites distributed brochures about second hand smoke opening up the channels to discuss myths, followed by a discussion of specific **STARSS** strategies, typically **Worksheets 1** and **2** and the **What Works!** and **Effects of Secondhand Smoke on Children Handouts.** Shannon has been able to conduct several follow-up sessions from these informal sessions and has been very happy that the participants are really retaining the information. Wendy and Shannon will be presenting **STARSS** at the Aboriginal Head Start conference to be held in Edmonton in March.

**Melanie (Grande Prairie):** Melanie's program has six different sites that serve a large chunk of northwestern Alberta. Two of the sites within her program are actively using the **STARSS** strategies and the others are putting up the posters and distributing handouts. At the one site, where the staff person does mainly home visits, women are being supported through the **STARSS** individual intervention. At the other site (actually Melanie's office located in Grande Prairie), Melanie is conducting information sessions that hopefully will lead to either a more formal group or the individual intervention with women who are interested. Melanie reported that there has been a huge interest based on informal **STARSS** strategies (i.e., posters and handouts) and at least six women have signed for the information session. Out of the six women, four are smokers and two are non smokers yet all expressed interest. An informal group they ran most recently had thirteen women attend. Terry has four moms who have almost completed the individual intervention and she is working with two more at an earlier stage. Laura asked about what is the interest of the non smokers and Melanie stated that some moms show up for everything. We also speculated that women who are non-smokers are using the strategies to deal with other smokers in their live as they may also have friends, family or extended family who smoke around the children. Melanie is excited about the mix of conversation that happens with the moms. Some smoke outside; some inside their cars; some in their households; or they live with smokers. Also, there are women that perceive themselves as non smokers because they smoke socially, so Melanie has been able to extend the discussion to gently nudge them into seeing themselves as smokers.

**Heather (Portage La Prairie):** Heather has two new staff, both of whom are very enthusiastic about the **STARSS** program. In addition to the very informal interventions (i.e., the posters and staged presentation of the handouts), Heather has moved on to a workshop style presentation, at which there were seven women, five of whom were smokers. The other two women didn't smoke but had family that did. They had a very good discussion centred on the **STARSS** material, specifically where they and their family smoked, their beliefs about smoking and about quitting smoking, the guilt inducing ads, and what works and what doesn't work for them. One woman shared her guilt and shame about smoking around her baby and another who has five kids talked about how she smokes while breast feeding. Small steps were reinforced especially the woman who is smoking while breastfeeding and what a big accomplishment it would be if she was able to delay smoking until after she

had finished breastfeeding. All the women agreed to return for other sessions. The staff (as Melanie had in Grande Prairie) had really got into the **STARSS** theme and had little jello moulds in star shapes and stars hanging from the ceiling. Heather mentioned again that she never touched tobacco issues in the past with her participants, fearing that they would be turned off the other aspects of the program, so she has been really pleased that the women are responding so favourably. Wendy noted how Heather's program has achieved well beyond our original expectations and how valuable this will be for other CAPC sites in Canada to observe.

**Carmen (Sudbury):** Wendy reported for Carmen regarding the French version. We are doing one final review with some participants from Carmen's site and then the French is ready to go to print. Both French and English will be available in PDF in addition to hard, bound copies. Wendy also participated in a teleconference with Carmen and the Health Unit in Sudbury regarding a provincial proposal to implement **STARSS** within those Health Units. Wendy will act as a consultant about the program; however, the project will not be her responsibility but will be between Carmen and the Health Unit.

**Blair (Cape Breton):** Blair has started an informal session with a play group and will be presenting **STARSS** at a five agency conference next month. His focus has been more about raising community awareness. He will also be working with another agency's program in March (for women on social assistance and engaged in a skills building program) to deliver some of the **STARSS** materials. Ann reported that Vickey has continued to be involved in home visits (doing the individual intervention with moms) and play groups (the informal strategies) and will be doing a more formal group session in March. Wendy reiterated the notion that her contact and support would not end in March just because there was not any more funding and we will continue to evaluate the outcomes for these women. We don't want to lose any precious evaluation material, especially because the time frame for the project is so unrealistically short.

4. **2nd National Conference:** The conference will be at the Quality Inn in downtown Ottawa on March 7th and 8th. The National Advisory Committee are invited to attend on the 8th. Wendy has made a request to Health Canada for a line transfer of about $3,000 that will help cover some of the extra travel costs. Also, Laura has asked the Public Health Agency of Canada to cover some more of the travel costs for the National Advisory Committee. So we hope that everyone who needs to be can be covered for most, if not all, of their travel costs. Other logistics of travel were discussed. Wendy will send out confirmation emails next week and will send out an agenda as soon as it is ready. Prema stated that she wished the funding was for two years instead of the compacted time of 8 months and that she was sad that it was going to end just when it really feels like everything is getting rolling. The experience has been excellent.

5. **Next Teleconference:** The next teleconference will be on ***Friday, April 27th*** at 1:00 EST.

## Teleconference Minutes
## 27 April 2007

**Present:** Wendy Reynolds and Brenda Miller (AWARE); Heather Leeman, Young Parent's Resource Centre (Portage La Prairie, Manitoba); Nancy Paquette, Our Children, Our Future (Sudbury, Ontario); Laura Stevens, Program Consultant, CAPC/CPNP National Projects Fund (Ottawa); Susan Cross, Program Evaluator (Kingston); Phyllis Price, Tobacco Strategy Coordinator, Public Health Services ( Nova Scotia); Chrysta Duff, AADAC (Alberta); Suzanne Beaulieu, Program Consultant, PHAC (Sudbury, Ontario); Ann Smith, Program Consultant, PHAC (Alberta); Patricia Adamek, Northern Secretariat (Whitehorse, Yukon); Lisa Lacroix, Program Consultant, PHAC (Manitoba)

**Regrets:** Prema Ladchumanopaskeran and Shannon Duke, Healthy Moms, Healthy Babies (Whitehorse, Yukon); Melanie Freeman and Terry Weber, Babies Best Start (Grand Prairie, Manitoba); JoAnna LaTulippe-Rochon and Vickey Shepherd, Cape Breton Family Resource Centre (Sydney, Nova Scotia); Joanne Chabassol, Addiction Services (Sydney, Nova Scotia); Sylvie Thibodeau-Sealy and Michelle Bowden, Program Consultants, PHAC (Atlantic Region); Madeline Bosco, Canadian Women's Health Network (Winnipeg); Rosa Dragonetti, Centre for Addiction and Mental Health; Janet Nevala, Program Training Consultation Centre (Ontario)

1. **Welcome and Introductions:** Wendy welcomed everyone to the teleconference and thanked everyone for joining us.

2. **Review of the Minutes of the Second National Meeting:** Wendy asked for any changes regarding the minutes of the March National Meeting and there were none. We will continue to have a teleconference every couple of months so that we all know what is happening with **STARSS** both regionally and nationally. The minutes from the second national meeting were excellent; Wendy passed along a big thank you to Laura and the Public Health Agency of Canada for acquiring the services of the note taker.

   We reviewed all of the action items from the minutes. One item was the yellow star-shaped stress "balls" that were available in Yukon. Shannon found out that they had been ordered from a company called Terra Firma (867/633-4842) and also from a company called The Image Group (www.theimagegroup.net) The stars cost about $2.00 each.

   Wendy reported that she has sent in abstracts for the National Conference on Tobacco or Health (in Edmonton the first week of October) to do a **STARSS** presentation. There is an imposed limit of four presenters for each presentation, so Wendy submitted herself, Laura, Melanie, and Heather (given that they are the closest to the conference site and therefore the least expensive to get there), although if people have concerns about this, we can change the names of the presenters at a later date. The hope is to have folks from the different pilot sites share their knowledge of the **STARSS** material and the diversity of how it can be incorporated into their day-to-day work. We will know by the end of June if the abstract was accepted. Wendy has also submitted an abstract to the Early Years Conference, which she thought Prema could help with, again given proximity to the conference location (Vancouver the first week of February). AWARE is co-sponsoring the women's issues day that precedes the Canadian Centre on Substance Abuse (CCSA) national conference (in Edmonton in November) called Issues of Substance. On the

women's issues day, tobacco has been identified as one of the four topics for discussion, in particular ways to integrate tobacco issues into addiction treatment. We had a bit of discussion about the fact that, excluding Alberta (thanks to AADAC's efforts), addiction services do not have a history of integrating tobacco issues into their programming. Phyllis reported that, in the Atlantic region, a project had been undertaken called "Changing Minds" that investigated this issue. Chrysta and Wendy expressed an interest in receiving any materials available from this project; Phyllis will try to track this down and forward to Chrysta and Wendy.

3. **Project Update:** The very final changes to the **STARSS** Guide will be completed as soon as Wendy has recovered from her recent extended bout with influenza. The Guide will be sent to all of the pilot sites for editing and accuracy. The translation of the French version is finalized; thanks to Nancy Paquette of the Sudbury pilot site for her guidance. We have had a delay in the printing process for the Guide, as the yellow cover stock used for the printing of the original version is no longer available in Canada. It has to be ordered from the States, then delivered by a freighter, which is now somewhere in the middle of Lake Superior, delaying the process by about a month. However, all the final documents will be available and distributed as soon as possible.

Lisa forwarded a brochure regarding the Summer Institute in Saskatchewan, which Wendy will forward to everyone. There was also a Summer Institute in Prince Edward Island, but the topic wasn't appropriate to the **STARSS** works. Ann also mentioned he Canadian Public Health Conference is in Ottawa in the fall; she will forward the link to Wendy. Phyllis reported that Nova Scotia will be hosting a conference in September regarding next steps, smoking, and pregnancy. She also noted that there will be linkages across the province with the beginning of a listserv they have instigated.

We then moved on to discuss "moving forward" and had an interesting conversation about the many different ways **STARSS** momentum is being maintained in the various regions. For example, in Alberta, Ann Smith has organized a provincial meeting with her office (i.e., PHAC), her counterpart in the Tobacco Control Program of Health Canada, First Nations and Inuit Health Branch (FNIHB) and AADAC; Ann will let us know what happens after this meeting in mid-May. Phyllis said that there are a couple of meetings scheduled in her region to plan for a call for funding from the Tobacco Control Program. Wendy has a meeting on May 1st with the Ontario Regional program consultant for the Tobacco Control Program. However, Laura and Wendy had a meeting with Elizabeth Beckett on April 26th to update them on **STARSS** as the funders of the project; Elizabeth said quite clearly that the Terms and Conditions for the Tobacco Control Program have not been signed and they don't expect them to be signed for at least a couple of months, so that any regional funding calls probably won't be made until September. Nonetheless, given the typically short turnaround on funding announcements, it makes logistical sense to have a **STARSS** regional plan in place, in order to make something happen quickly. Phyllis would like to connect with JoAnna about her vision for **STARSS** in the Atlantic region and Wendy said she would email JoAnna to see if we can schedule a teleconference for the three of us.

Lisa stated that she has been doing a lot of information sharing about **STARSS** with a number of different groups, such as FNIHB and the Manitoba Harm Reduction Task force. With regard to the latter, they have not included tobacco within their mandate but did express some interest in finding out more information. Wendy expressed her immense appreciation of the hard work done by all and for everyone's on-going enthusiasm.

Nancy reported that the local addiction treatment centre in Sudbury (Iris) has incorporated **STARSS** into their programming; both women and staff have reported high satisfaction with the program. Wendy will contact Barbara Ridley from Iris to follow-up on this. Nancy is also working with the Health Unit in Sudbury to provide training for the **STARSS** program and at all the satellite offices of Our Children, Our Future. Wendy has been asked to come to Sudbury to do some of the training for two days in June. Suzanne would like to do some **STARSS** training herself with the CAPC/CPNP projects for which she is the Program Consultant. She has three scheduled in May; Suzanne will have a teleconference with Wendy to discuss any training needs.

4. **Evaluation Update:** Heather inquired about the evaluation process regarding the trainers perspective as she has one staff that is leaving her program and would like to make sure that her input is provided to the evaluation process. As we discussed at the Ottawa meeting, Susan wants to have group teleconferences with each pilot site individually to get their feedback on the implementation of **STARSS**. She recommended that Heather debrief with the staff who is leaving and record her responses; Susan will then incorporate that feedback into the group discussion she has with Heather and her other staff person later in May. Wendy offered to help in the process of retrieving information. Wendy and Susan will meet and Susan will confirm with all the sites to make a date for the teleconferences. Prema has been on leave, but will be returning to work in a couple of weeks which will still work for the evaluation, as Susan's deadline is the end of May. We then plan to have the final evaluation report completed by the end of June. Phyllis noted how valuable the minutes were from the National Meeting and how important the evaluation information will be in the final outcome. She was hoping to share some of this information at the Provincial Renewal Tobacco Strategy meeting on May 11th and on May 28th for the Tobacco Coordinators, especially information about cost effectiveness, the level of participant involvement, staff experiences of **STARSS**, and moms' quit attempts is so important. Wendy will try to put together some brief, preliminary information about project outcomes that Phyllis can take to these meetings. Laura also suggested to Phyllis that she get in touch with Michelle Bowden from PHAC and invite her to one of the planning meetings. Laura will email to Phyllis the contact information for Michelle. Wendy expressed her excitement regarding the pilot projects being able to integrate the **STARSS** material into every day work environments. **STARSS** helps folks who don't necessarily have a background or training in tobacco cessation to share tobacco information from a harm reduction perspective to participants in a user friendly manner. As we discussed at length at the National Meeting, one of the exciting things about **STARSS**, and especially its applicability to CAPC sites, is that it is not an add-on to the workloads of staff in programs that are already over extended; rather, the materials can be incorporated into everyday work plans.

5. **Other Issues:** Laura congratulated everyone on their successes with the **STARSS** national rollout, noting it has been very exciting to participate in this project. Laura also noted that Wendy has been invited to provide an update at the PHAC national meeting to be held in Toronto on June 1st.

   Phyllis reminded everyone that their listserv is being launched in two to three weeks.

6. **Upcoming Meetings:** Wendy suggested that we schedule the next teleconference between now and the end of June, then again in September and every couple of months thereafter. This idea seemed to suit everyone. The next teleconference will be: **Friday, June 15th at 1:00 PM Eastern Time**

# Appendix 6: Reports of On Site Consultations

## Report of the First Round of On Site Training
## October 2006

### 1. Sydney Nova Scotia
### Cape Breton Family Resource Centre – JoAnna LaTulippe-Rochon

Three staff members met with JoAnna and Wendy – Vickey Shepherd, Nicole Aboud-Ellis, and Lindsey MacInnes. Vickey and Lindsey are also involved in the Pregnets videoconferencing that is currently underway in Nova Scotia, which dovetails very nicely with the **STARSS** implementation. Vickey's job is home visiting with parents who have children 0 to 6. She finds that it is a challenge to get people to accept that smoking is harmful. Nicole's work is centred on parent education programs that are delivered in group settings. She ran a smoking cessation program last winter with 6 women. Lindsey does primarily prenatal, but also a bit of postnatal, home visiting.

### STARSS Plan

The Cape Breton rollout site plans to engage in all of the **STARSS** strategies. Lindsey and Vickey will be able to implement the individual intervention and informal strategies. Nicole will offer a formal group, which could be as long as 6 sessions. We discussed the possibility of holding 2 group sessions followed by a session for individual feedback, followed by 2 more group sessions and a final session for individual feedback. We also discussed the national teleconferences and the meeting in Ottawa in March. All three of the staff will participate in the national teleconferences and, if Wendy can find the funding to do this, Nicole will be invited to attend the March meeting. The staff can also contact Wendy at any point with questions or concerns about the implementation of the **STARSS** strategies.

### Action Items

Wendy will:

- Send packages of cig-rettes to everyone
- Find the Smoker's Helpline numbers for each province
- Find out where to access the smoking rates for each province

### 2. Whitehorse Yukon
### Canada Prenatal Nutrition Program – Prema Ladchumanopaskeran

Wendy met with Prema and Shannon Duke, in addition to a group of community service providers on the afternoon of the first day. Shannon had been working through the Aboriginal Tobacco Strategy, but this program was recently cut by the federal government; however, Prema's program received some funding from the regional office of Health Canada to hire Shannon to implement and adapt **STARSS** strategies for their region. They have been advertising the program as **North STARSS** and have developed a brochure to advertise the program.

## STARSS Plan

The Whitehorse rollout site also plans to engage in the full spectrum of the **STARSS** strategies by implementing the individual intervention, informal group discussion, and a formal parent group in January/February. Also, Shannon is planning to follow-up with the individual intervention via telehealth. Shannon noted that, in using similar goal setting strategies in the chronic disease interventions, participants are asked for a confidence rating for each short term goal and are dissuaded from choosing a goal for which they have less than an "8"on the confidence rating – we will talk about implementing this with the individual sessions for **STARSS**. Shannon also has many good ideas for adapting the **STARSS** materials for First Nations; some of her ideas include overlaying the wellness wheel on the Decisional Balance Index (i.e., **Worksheet #4 Positives and Negatives of Smoking**) and photocopying pictures on the back of handouts. We discussed having a few teleconferences for First Nations implementation with Wendy, Shannon, and Heather in Portage la Prairie.

## Action Items

Wendy will:

- Send pdf and/or Word documents of the **Guide to STARSS Strategies** and the **I'm a STAR! Journal** plus 20 copies of the **Journals** when they are reprinted
- Send an electronic version of the screener used in Ontario for CPNP
- Send Peter Selby's email address (the physician from the Centre for Addiction and Mental Health in Toronto) who is an excellent speaker/trainer on the topic of pregnancy and smoking
- Send more posters and the radio PSAs to Shannon
- Investigate sending the artwork for the posters so that the rollout site can run its own colouring contest

## 3. Grande Prairie Alberta<br>Babies Best Start – Melanie Freeman

Wendy met with Melanie and three staff members – Esther Thomas, Terry Weber, and Miranda Donald.

## STARSS Plan

At different locations, the rollout site will be able to implement the full range of **STARSS** strategies. Only about 20% of their participants are First Nations women (or at least self-identify), but if one of their staff or outreach locations would like to participate in our First Nations "sub-group", they would of course be welcome to do so.

## Action Items

Wendy will:

- Send Word documents of the **Guide to STARSS Strategies** and the **I'm a STAR! Journal** to Melanie
- Work on scenarios to incorporate into either formal or informal groups, as the rollout sites see fit. Melanie suggested that scenarios work really well with their participants and that we could incorporate some of these (based on the difficult life

situations found on page 8 of the **STARSS Counsellors** section of the **Guide to STARSS Strategies**); Wendy will work on these and send them out for review and approval. Melanie also suggested that one of the difficult situations women face is the issue of blended families; a mom may have made efforts to limit or eliminate her children's exposure to secondhand smoke but the ex-partner/children's father and his new partner may not.

### 4. Portage la Prairie Manitoba<br>Young Parents' Resource Centre – Heather Leeman

Due to some recent staff changes at the Centre, Wendy met only with Heather but the time was very productive. Heather's site is predominately attended by women who are First Nations (at least 80%) and, in fact, virtually all of the children who attend are First Nations. The majority of participants are on social assistance, are sole support mothers, have 3 or more children on average, and could be described as living in very dysfunctional situations. Heather estimates that at least 75% of the women smoke. Smoking issues have never been addressed on site, even to the point that there are no posters up about smoking, so this led to a very fruitful discussion about the least intrusive ways to introduce the topic into this rollout site.

### STARSS Plan

Heather will try to do the individual intervention with at least one participant and will also try to do a two session group in the winter; in the meantime, she will put up the posters and record the number of women who make requests for more information based on the **STARSS** posters and specified **STARSS** handouts; the number of **STARSS** handouts distributed; and which **STARSS** handouts were distributed and the order in which they were distributed. This will be very useful for transferring knowledge to other CAPC projects that have less capacity and have never implemented smoking strategies into their program. Heather also suggested that we provide incentives to women who agree to have Susan Cross, the project evaluator, contact them directly for follow-up. Wendy agreed that this was a great idea, so AWARE will provide all women who agree to speak with Susan with a $25 gift certificate from WalMart or another commonly available store.

### Action Items

Wendy will:

- Compile a list of useful, related web sites and distribute to everyone.
- Suggest to Shannon that we establish a time to discuss the First Nations adaptation (we can add this as an agenda item for the November teleconference).

### 5. Sudbury Ontario<br>Our Children, Our Future – Carmen Robillard

Carmen's site is the Francophone site that is helping us with the French translation. Wendy and the project's translator, Annie Bourret, spent two very active days with Carmen and her staff, in particular Nancy Paquette, who will be joining us on teleconferences. We reviewed the French materials, which will be called BRAVO, and we discussed a number of improvements, in both content and language. One great idea is to add a block in the decisional balance (**Worksheet #4 The Positives and Negatives of Smoking**) that includes the positives and negatives of

reducing smoking (so it's not just focussed solely on quitting). We also had great ideas to incorporate in the content of both the French and English (for example, including computers, internet access, use of MP3s, and so on) to make the material more current, especially for younger women. Wendy will incorporate these changes into the national version of the English **STARSS** materials and work with Annie to make sure they are consistent with the French changes. On the second day, Wendy did a **STARSS** training with a group of 10 service providers and Annie conducted a focus group with 6 Francophone moms. Both of these activities went very well.

### STARSS Plan

Carmen and Nancy will review the **STARSS** materials in detail and provide feedback to Annie on language and content. Nancy will conduct a group and/or individual sessions in French by February 15th and provide feedback to Annie from the women. Carmen has already helped Wendy to identify a national team of French reviewers who are currently reviewing the materials and providing feedback to Annie. We will also be conducting two more focus groups with low-income women.

### Action Items

Wendy will:

- Provide Nancy with the evaluation package.
- Send Cig-rettes to Carmen when the order comes in.
- Make the recommended changes to the content of the English version.

## Report of the Second Round of On Site Training
## January 2007

### 1. Sydney Nova Scotia
### Cape Breton Family Resource Centre – JoAnna LaTulippe-Rochon

Wendy met with two of the staff who have been working on implementing the **STARSS** strategies – Vickey Shepherd and Lindsey MacInnes. The third staff person who had been trained in **STARSS** was Nicole Aboud-Ellis, who has left the full time employ of the Family Resource Centre to finish her Masters degree. JoAnna has asked Blair Hill to take over Nicole's **STARSS** responsibilities. Wendy spent one day with Vickey and Lindsey, discussing the site's **STARSS** initiatives to date, the challenges and triumphs. Another day was spent with Blair, getting him trained on the **STARSS** materials and mapping out his **STARSS** plan for the next three months. The final day was spent with the entire staff of the Family Resource Centre, doing a training for the whole group.

### STARSS Initiatives

Vickey does home visits and works with moms on the individual **STARSS** strategies; she has three moms who are interested, two of whom say they smoke outside and one who smokes inside. Their lives are quite chaotic and there is often not a good time to talk about second hand smoke protection, but Vickey has been doing her best, by introducing the topic when she can and leaving handouts and worksheets with the moms for them to look over when they have a chance to do so. Vickey has also done several informal interventions in her playgroups. She notices quite a difference among these groups, depending on the social class of the moms. More middle class moms will slip the handouts into a magazine and say they are taking them home "for someone else", while the low income group take the handouts outright and then there is a lot of conversation generated the next time. Vickey is also starting a formal **STARSS** group on March 7th. Lindsey has done an informal prenatal group with 6 moms who smoke, using the **What Works** and **Effects of Second Hand Smoke on Children Handouts**. She has also done the individual intervention with one postnatal mom, who will finish by the end of January. She hopes to do another informal group by the end of January. Nicole had done one informal group and one individual intervention.

### Challenges

Vickey and Lindsey identified some challenges they face when trying to introduce **STARSS** strategies. Some women are very keen but their lives are very stressful, so there is never a good time to talk about it. Others either deny smoking inside (because of the guilt and shame attached to it) or report that they already smoke outside. Many have partners who smoke and the moms don't know how to talk to them about changing their smoking patterns. Some strategies that Vickey and Lindsey have used to deal with these challenges are very creative. For example, Lindsey asked one mom, who reported smoking outside already, to review the **STARSS** information to make sure it was appropriate. Lindsey said to the mom that, since she has already implemented some steps to protect her children from the effects of second hand smoke, she might have ideas for other women. Vickey's best strategy has been gentle persistence; she continues to bring up the topic at every home visit. Both have found that the **STARSS Handouts** they use most in informal settings are **What Works**, the **Effects of Second Hand Smoke on Children**, and **What Smoking Costs**.

### Successes and Triumphs

Vickey is very excited that moms are picking up new information, even when they don't seem particularly receptive in the first place. Many moms have said "You know, we really didn't want to talk about this, but I learned a lot." The Handouts and Worksheets have enough information but not so much as to overload women. The women find the materials very easy to read, with a great layout. From the counsellors' perspective, they also really like that the material is straightforward, easy to use, and laid out well. Lindsey said "It's friendly, it's not scary. It's concrete. It's not like a poster of a broken cigarette hanging on the wall."

Vickey reported that the most exciting development for her was that they can now integrate the **STARSS** information into everything they do instead of trying to run a smoking group once a year as they did in the past. The **STARSS** information is information they just didn't have before and can now give it to everyone. In the past, they might have "just sit and wait" for women to enrol in their non-smoking program; now they use the **STARSS** information to generate discussion with everyone, whether that's in home visits, groups, or play groups – it can be tailored to meet everyone's needs. As Vickey said, "big binders of information about smoking cessation or quit smoking groups just sit on the shelf, but the **STARSS** material is a great add in to our day-to-day work."

Both Lindsey and Vickey work in shared office spaces with public health and other service providers, so there have been ripple effects, in that the **STARSS** material is being shared throughout this community of service providers. In terms of their own "corporate climate", Lindsey and Vickey feel there has been a lot more discussion within the organization about the smoking issue generally and **STARSS** in particular. The issue is much more integrated into everyday work instead of running a discrete smoking cessation group once a year. As Vickey said, "**STARSS** normalizes the smoking discussion and is non-threatening, both for staff and for participants".

### Action Items

- Lindsey and Vickey will try to do little qualitative write ups when they return feedback forms, as a way of capturing more of these triumphs
- They will also try to keep track of the number of handouts distributed and the kind of conversation they generated
- Blair will try to do a **STARSS** week or "campaign" for his co-workers. They will also add the information to their monthly calendar that is distribute throughout the community.

### 2. Grande Prairie Alberta<br>Babies Best Start – Melanie Freeman

On the first day, Wendy met with Melanie and, in the afternoon, with their PHAC Program Officer, Anne Clennett. We toured the site that works with pregnant teens and teen moms. On the second day, Wendy met with the eight staff from all of the sites encompassed by the Babies Best Start program (which can be as far as three hours away from Grande Prairie) and provided a **STARSS** training for all the staff who hadn't had it the first time around. Wendy also met with Terry Weber, who has been doing the **STARSS** individual intervention with several women.

## STARSS Initiatives

Melanie ran a **STARSS** "information session" with six moms, some of whom weren't even part of Babies Best Start programming, so it was a great way to get these moms involved in the regular activities of the centre. Of the six moms, five want to move on to more structured session. The information session was a regularly scheduled mom's group, for which Melanie had billed herself as the **STARSS** guest speaker. Melanie's ideas for promoting the session were fabulous – she had purchased yellow stars to stick on the walls that said "Be a **STAR!** Ask us how." Then, for the information session itself, she had star name tags, stickers, borders, a star window cling with "you should be proud of yourself" etched on it, and yellow gift or incentive bags with all manner of yellow things in them, including votives, face cloths, etc. There were star boxes to be used to hold the draw for door prizes. The lunch table was dressed in yellow (of course) and Melanie served star fruit, lemonade, and star shaped cupcakes. Melanie will continue to do **STARSS** information sessions at the other sites.

Terry has been working with four moms on the **STARSS** individual intervention. Furthermore, we decided she should use the strategies with a grandmother who has almost full-time care of her grandchild. One of the women who has been going through the sessions with Terry is a recovering heroin addict who really resented being told to quit smoking, as she felt this was her one remaining gratification, so this mom was very happy to get involved with **STARSS**. Generally speaking, Terry feels she is having much more success with **STARSS** than with other cessation programs she has run, or as she put it "I've never had any luck with quit smoking programs. I couldn't get women to come and if they did, they dropped out."

## Challenges

One of the challenges in a program like Babies Best Start with so many sites stretched out over a huge geographic area is keeping staff up-to-date with everything. It is difficult and costly to get staff together regularly for supervision and training. So, while staff at the further away sites are interested in getting involved with **STARSS**, it is a bit of a challenge to keep them informed and enthusiastic. Also, some of the staff are employees of other organizations, so we are asking them to take on an initiative that is really outside the mandate for which they originally signed up. Melanie has a great style in dealing with the staff and her enthusiasm for **STARSS** helps the staff stay motivated and involved.

## Successes and Triumphs

Melanie has done a great job getting women in the Grande Prairie site involved with **STARSS**. This is in large part due to her creative ideas for attracting women to the program, in a gentle, non-threatening way. Just walking in to the large group room participants are immediately drawn in to the **STARSS** message, as there are posters and stars hanging everywhere. As mentioned above, Melanie is also gentle and persuasive with her staff and encourages them to get involved with the **STARSS** program.

Terry has had great success getting women engaged in the **STARSS** individual intervention. This is in large part attributable to Terry's enthusiasm, too – she is very supportive of the **STARSS** approach and this comes across to the women. Terry is also very empathic with smokers and this also goes a very long way to engage and retain women.

## Action Items

- Melanie will continue to provide **STARSS** information sessions at the other sites within her larger program.
- Melanie will also follow-up with any of the moms who want to move on to more formal strategies.
- Terry will continue to engage women in the individual component of **STARSS**.
- Chris may do a **STARSS** group instead of the current cessation program they run with their pregnant teen moms.

## 3. Portage la Prairie Manitoba<br>Young Parents' Resource Centre – Heather Leeman

Heather and Wendy met to discuss the rollout of **STARSS** in the Portage la Prairie site. On the second day, Wendy met with Heather's two new staff and did a **STARSS** training session with them.

## STARSS Initiatives

Heather's site had originally committed to delivering the minimal **STARSS** interventions (i.e., putting up posters and distributing handouts in a systematic way). Because their program hadn't ever touched tobacco issues in the past with their participants, for fear they would be turned off the other aspects of the program that they so badly need, Heather wanted to introduce the topic of second hand smoke protection in the most unobtrusive and gentle way possible. However, she has been able to exceed those expectations and move on to informal groups and she has been really pleased that the women are responding so favourably. Originally, Heather had been using three handouts and putting them out in a staged fashion in the resource centre, but she decided this was not the most effective distribution method, as the participants don't use the resource centre much. Instead, they tend to talk to the staff if they have a question about any issue. So, Heather has found that laying out the handouts on the table before a program begins works best. Then, she puts them on the wall in the group room and by the computer, which are more high traffic areas.

Heather and her staff also work with moms and kids in playgroups to cut out stars and ask the kids to think of ways moms help to protect them. They then hang these stars from the ceiling or on the walls.

There was a lot of participant buzz about the posters, handouts, and star cut outs for the first month or so. Heather now would like to follow-up after four to six weeks to sustain the interest. For example, in their Growing with Mom program (part of the Healthy Baby initiative), they have eight to ten moms who are either pregnant or have a child under one year of age. Heather will do a ½ hour discussion with them using the **What Works** and **Effects of Second Hand Smoke on Children Handouts** and then follow this in two weeks with a more formal group, using **Worksheet #1** (**Short Term Goal Examples**) and **Worksheet #3** (**How to Choose a Smoking Place**). This will be followed two weeks later by a check in session to see what each mom tried and set up some on-going goals for them.

## Challenges

Heather's challenges have been of a very practical nature. This is a very busy site with a small staff complement (three including Heather) and two of the staff are new in the last three months.

So Heather has been focussed on keeping her program running, essentially by herself, and training the new staff as they came on. The participants are very high need and are primarily First Nations, so we wanted to ensure that the **STARSS** strategies and materials were appropriate and useful for these moms.

### Successes and Triumphs

Heather has done a magnificent job of getting, not only her staff, but also their participants involved with **STARSS**. The site has achieved well beyond our original expectations and this will be extremely valuable for other CAPC sites in Canada to observe. Again, upon entering the premises, everyone can see the **STARSS** posters and handouts immediately, in addition to the cut out stars that the participants have made. Again, this is a very gentle and non-threatening way to engage women in the program. Also, Heather did an environmental scan of the physical premises and removed all the guilt inducing messages about smoking that they had unintentionally put up in various places (such as other posters, fridge magnets, and pamphlets). Now, there is a very consistent, engaging message everywhere on site.

### Action Items

- Heather will be offering the informal follow-up sessions for moms, to be followed by the more structured sessions two weeks apart as outlined above.
- Heather may have a mom who is interested in the individual sessions.
- The other staff will be integrating the **STARSS** materials into their on-going activities.

### 4. Whitehorse Yukon
### Canada Prenatal Nutrition Program – Prema Ladchumanopaskeran

Wendy met with Prema and Shannon Duke to discuss the on-going **STARSS** initiatives and then accompanied Prema and Shannon to a **STARSS** information session at an Aboriginal Health Centre with a group of about ten moms and a number of children. On the second day, Wendy and Shannon discussed the First Nations adaptation of the **STARSS** materials; in the afternoon, Wendy and Shannon met Daniela Miere from the Government of Yukon Health Promotion Unit. Daniela is very interested in **STARSS** (and has attended all of our previous trainings and meetings in Whitehorse) and is very interested in developing a community-wide harm reduction message regarding second hand smoke protection.

### STARSS Initiatives

Shannon and Prema have been extremely active doing **STARSS** information sessions at other CAPC/CPNP sites and at other related programs throughout the entire region. They have done numerous informal **STARSS** sessions and been a **STARSS** presence at health fairs and every other possible venue. Prema and Shannon work in other materials in their family sessions, such as puppet plays. Often, a **STARSS** information session starts with a discussion of the myths and facts regarding second hand smoke. This is often followed by a discussion of specific **STARSS** strategies, typically **Worksheets 1** and **2** and the **What Works!** and **Effects of Secondhand Smoke on Children Handouts.** Shannon has been able to conduct several follow-up sessions from these informal sessions and has been very happy that the participants are really retaining the information.

Shannon has also worked through the individual intervention with a pregnant woman, conducting most of the sessions by telephone, as the woman lives in a remote community.

## Challenges

Prema and Shannon have taken a slightly different approach at this site. That is, they are trying to introduce **STARSS** strategies to many different programs and organizations throughout their region, unlike the other rollout sites who are primarily engaging their own participants in the **STARSS** program. This has created the challenge of retention; it has been difficult to encourage women to move on from an information session to more formal strategies. However, they have certainly blanketed the entire region with **STARSS** information and have sown a lot of seeds for future work.

## Successes and Triumphs

Prema and Shannon have done an incredible amount of work disseminating the informal **STARSS** strategies. They are the poster children for ways to make good use of existing groups into which to introduce the **STARSS** strategies in an engaging, fun way. They have been blanketing their entire region with **STARSS** information, as mentioned above; another example is that **STARSS** posters and brochures were given to every participant who came through Healthy Families, Yukon Family Services Association, and Public Health. They also worked with community members and Wendy to develop a Yukon version of the screener that is used in Ontario in CPNP (based on the "5 A's" approach, with some interesting modifications).

The site has also been investigating ways to adapt the **STARSS** program to First Nations women. Primarily, we have found that not a lot of adaptation of the material is needed, except to incorporate graphics which have been taken from "Healing From Smoking". Prema and Shannon have also been delivering the **STARSS** materials to family groups, so some fathers are also making use of the program.

## Action Items

- Shannon will continue to document the ways in which the **STARSS** program could be adapted for First Nations women.
- Shannon will actively follow up as many women as possible from the informal sessions to gauge their retention of the **STARSS** material.

# Appendix 7: Evaluation Package

## SERVICE PROVIDER INITIAL QUESTIONNAIRE

1. You have agreed to assist in a study involving Second Hand Smoke (SHS) and low income mothers. What is your current level of knowledge of Second Hand Smoke (SHS) now, prior to being introduced to the **STARSS** program? Please circle your answer on the scale from 1 to 5 below.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| very little knowledge | somewhat knowledgeable | | | very knowledgeable |

2. Have you provided SHS counselling prior to this program? _____Yes _____No

3. How would you rate your ability to provide SHS counselling now to low-income mothers, without any focused training?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very skilled | | somewhat skilled | | very skilled |

4. How would you rate your confidence level in providing SHS counselling now to low-income mothers, without any focused training?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very confident | | somewhat confident | | very confident |

5. How important do you believe it is to provide SHS counselling to parents who smoke?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very important | | somewhat important | | very important |

6. How harmful do you believe second-hand smoke is to young children?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very harmful | | somewhat harmful | | very harmful |

7. How knowledgeable are you about “harm reduction” with respect to smoking?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| very little knowledge | somewhat knowledgeable | | | very knowledgeable |

8. Do you believe that low-income mothers are concerned about the effect smoking is having on their young children?
   a) _____ I believe most low-income mothers are concerned.
   b) _____ I believe some low-income mothers are concerned.
   c) _____ I believe few low-income mothers are concerned.

9. If you answered a) or b) for question 8, why do you think low-income mothers would continue to smoke around their children?

10. Given the many significant challenges in the lives of low-come mothers, how important do you feel it is to provide an intervention that focuses on second hand smoke?
    d) _____ I feel it is very important and should be addressed
    e) _____ I feel it is important, but only after other life areas have been addressed.
    f) _____ I feel it should only be offered if the mother expresses concern about it.

    Comments?

11. How much training do you think you will need to provide SHS counselling to low-income mothers?

    g) _____ I know very little about this topic. I would need to spend a lot of time becoming up to date on this topic.
    h) _____ I am familiar with this topic, but am not aware of the current level of knowledge on this topic.
    i) _____ I am quite familiar with this topic, I just need to learn the specifics about the **STARSS** program.

**Please do not put your name on this questionnaire. Your responses are completely confidential. Thank you so much for your help!**

## SERVICE PROVIDER FOLLOW-UP QUESTIONNAIRE

1. What is your current level of knowledge of Second Hand Smoke (SHS) now that you have been a **STARSS** Service Provider? Please circle your answer on the scale from 1 to 5 below.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| very little knowledge | somewhat knowledgeable | | | very knowledgeable |

2. How would you rate your ability to provide SHS counselling now to low-income mothers?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very skilled | | somewhat skilled | | very skilled |

3. How would you rate your confidence level in providing SHS counselling now to low-income mothers?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very confident | | somewhat confident | | very confident |

4. How important do you believe it is to provide SHS counselling to parents who smoke?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very important | | somewhat important | | very important |

5. How harmful do you believe second-hand smoke is to young children?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very harmful | | somewhat harmful | | very harmful |

6. How knowledgeable are you about "harm reduction" with respect to smoking?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| very little knowledge | somewhat knowledgeable | | | very knowledgeable |

7. Do you believe that low-income mothers are concerned about the effect smoking is having on their young children?
   a. _____ I believe most low-income mothers are concerned.
   b. _____ I believe some low-income mothers are concerned.
   c. _____ I believe few low-income mothers are concerned.

8. If you answered a) or b) for question 8, why do you think low-income mothers would continue to smoke around their children?

9. Given the many significant challenges in the lives of low-come mothers, how important do you feel it is to provide an intervention that focuses on second hand smoke?
   a. _____ I feel it is very important and should be addressed
   b. _____ I feel it is important, but only after other life areas have been addressed.
   c. _____ I feel it should only be offered if the mother expresses concern about it.

Comments?

**Please do not put your name on this questionnaire. Your responses are completely confidential. Thank you so much for your help!**

**Service Providers' Feedback on Implementing STARSS**

1. How many service providers attended this meeting? ___________

2. What were their roles in the national rollout of **STARSS**? Please indicate numbers.
   a. _____ provided the program to women only in the informal groups
   b. _____ provided the program to women only in the formal program either individually or in group
   c. _____ provided the program to women in both the informal and formal programs.
   c. _____ organized the use of the program in the agency
   d. _____ other - Please describe:

3. Do you feel you had sufficient information/training to provide the program in your agency?
   _____Yes _____No
   If yes, what was most helpful?

   If no, could you describe what would have been helpful to you?

4. Do you feel that the STARSS program is a good fit with the services your agency provides and the population of women that you reach?
   If yes, how does it fit? What characteristics of the **STARSS** program make it work well within your service?

   If no, why is it not a good fit?

5. What was helpful about the structure used to introduce the **STARSS** program into your agency, e.g., honorariums, 2 site visits, training?

   Do you have any suggestions about what else could have been done to more easily introduce the **STARSS** program into your agency and support its implementation?

6. Based on your experience from September to March, what were the challenges you encountered providing the **STARSS** program in your agency?

7. If you were to continue providing this program, what would you do differently?

8. Based on your experience what are your suggestions/comments for other services taking on this program?

9. What are the three most important things you learned over this experience?

10. If you adapted the program to fit either the way in which you provide services or to your experience working with women, what did you do? And how did your adaptations work out?

11. You have tremendous experience in working with harder-to-reach women. What advice could you provide on approaching women with the **STARSS** program?

12. What are the benefits of combining **STARSS** with existing CAPC/CPNP sites?
    A. Benefits to funders:

    B. Benefits to CAPC/CPNP sites:

13. What do you feel are the three primary areas that require funding to combine the **STARSS** program with CAPC/CPNP sites?

14. Any other comments or suggestions you would like to pass on?

## EDUCATIONAL INTERVENTION AT INFORMAL GROUPS

## SERVICE PROVIDER QUESTIONNAIRE

1. Date of Informal Group when topic of secondhand smoke (SHS) was introduced: ____________

2. For this group, please check (√) if the following activities occurred:
   a) _______Posters were on display
   b) _______Topic of SHS was discussed at the informal group
   c) _______**STARSS** handouts were distributed

3. Please rate the level of interest that participants showed in the discussion of SHS.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| low level of interest | | moderate level of interest | | high level of interest |

4. Number of women attending group: ________

5. Number of women attending group who smoke or have someone in the household who smoke: ________

6. Number of women from this group who moved on to participate in either group or individual **STARSS** structured sessions: ________

**EDUCATIONAL INTERVENTION AT INFORMAL GROUPS**
**GROUP PARTICIPANT QUESTIONNAIRE**

**This form should be used with group participants 3 to 4 weeks after the informal group.**

**<u>Opening Conversation with Participant</u>**

When you were here on _________________, we talked about starting to think about the
date of informal group
effects of secondhand smoke. Could I ask you a few questions about that group?

1. Do you, or someone in your household, smoke? _______Yes _______No
2. Do you think it is important to talk about how to reduce secondhand smoke?
   _______very important
   _______sort of important
   _______not very important

3. We talked about ways that a person could reduce secondhand smoke. Do you remember any of the ideas that were talked about to reduce secondhand smoke? List.

4. If you or someone in your household smokes, have you done anything to reduce secondhand smoke since we talked about it in our group?
   _______Yes
   _______No

   If Yes, what have you done?

5. We are offering a program that helps people to reduce secondhand smoke. Would be interested in taking that program?
   _______Yes, when can I sign up?
   _______Yes, maybe in the future
   _______No, thanks.

**Follow-up Form for Participants Receiving Either Individual or Group Intervention**

## Instructions to Service Provider:

This form is to be used for participants who completed at least four modules of the **STARSS** program either through individual sessions or through group sessions. The Service Provider will conduct the follow-up, arranging for a time (as close to three months after she took the program as possible) for that to happen. For those participants who, because of time constraints for the project, will not have a three month follow-up, please make the follow-up period as long as possible, with a minimum of a one month follow-up.
This follow-up form should be completed either on the phone or person-to-person. Do not give the form to the participant to fill out on their own. Please let the participant know that if she feels uncomfortable answering any of the questions, to let you know and you will go on to the next question.

**Please check one of the following:**
**Participant received individual sessions _______ OR**
**Participant received group sessions _______**

**Length of follow-up:** ____________weeks or months

1. Before you took part in **STARSS**, what were your beliefs about the importance of protecting your children from secondhand smoke?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very important | | somewhat important | | really important |

2. After you took part in **STARSS**, what were your beliefs about the importance of protecting your children from secondhand smoke?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very important | | somewhat important | | really important |

3. During the **STARSS** program, we talked about ways that a person could reduce secondhand smoke. Did you use any of the ideas we talked about to reduce secondhand smoke around your children?

_______Yes _______No

**If no**, could you tell us the main reasons that you were unable to try out any of the ways that were suggested to reduce secondhand smoke around your children?

**If yes**, list what you did to reduce secondhand smoke around your children. Which ones would you say worked really well? (List the ways (up to 5 ways) in which the participant reduced secondhand smoke around her children and whether or not she felt this way was effective.

3.1

3.1 rating:

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very effective | | somewhat effective | | really effective |

3.2

3.2 rating

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very effective | | somewhat effective | | really effective |

3.3

3.3 rating

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very effective | | somewhat effective | | really effective |

3.4

3.4 rating

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very effective | | somewhat effective | | really effective |

3.5

3.5 rating

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very effective | | somewhat effective | | really effective |

4. Before **STARSS**, how many hours per day would you estimate your children were around secondhand smoke? Please estimate weekends separately from weekdays.

_______ hours/ weekend (per day) _______ hours/weekday

5. After **STARSS**, how many hours per day would you estimate your children are around secondhand smoke? Please estimate weekends separately from weekdays.

_______ hours/ weekend (per day) _______ hours/weekday

6. Before you took part in **STARSS**, what were your beliefs about quitting smoking?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| did not want to quit | | sort of wanted to quit | | really wanted to quit |

7. Before you took part in **STARSS**, how confident were you that you could quit smoking if you tried? (Only answer this question if you scored between 3 and 5 on question #6.)

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all confident | | somewhat confident | | really confident |

8. As a result of **STARSS**, did you quit smoking for any period of time?
_____Yes _____No

If yes, how many days over the past three months (90 days) did you manage to quit?
___________days

Did you use an aid like the patch or Nicorettes to help you quit smoking?
_____Yes, I used ______________________

9. If you did not quit smoking during **STARSS**, did you reduce the number of cigarettes you smoke?
_____Yes _____No

If you answered yes,
How many cigarettes per day did you smoke before the program? _____cigarettes/day
How many cigarettes per day did you reduce your smoking to? _____cigarettes/day

10. What are your views on smoking at the end of **STARSS**? (Do not answer this question if you have quit smoking since **STARSS** started.)

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| do not want to quit | | sort of want to quit | | really want to quit |

11. If you scored between 3 and 5 on question number 10, how confident are you now that you would be able to quit if you tried?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not at all confident | | somewhat confident | | really confident |

12. As a result of **STARSS**, were you able to reduce the number of times your child(ren) were in a room or in a car with someone smoking?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very often | | quite often | | very often |

**Please do not put the participant's name on this questionnaire. Please assure the participant that their responses are completely confidential.**

**Thank you so much for your help!**

## Participant Satisfaction Survey
## Follow-up – Individual Sessions

A few months ago, you participated in the **STARSS** (Start Thinking About Reducing Secondhand Smoke) Program. Could you please fill out this form, letting us know how you felt about the **STARSS** Program? It will help us make changes to the program. Please do not put your name on this form. Everything you tell us is completely confidential. Thank you so much for taking the time to do this for us.

1. Did you find the **STARSS** Program helpful? Please circle the number that best fits how helpful you found the program.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very helpful | | somewhat helpful | | very helpful |

2. Did you find there were enough information sessions to help you make decisions about secondhand smoke and your children? (Please check either A, B, or C)

   A. _______there were enough sessions
   B. _______there were too many sessions
   C. _______there were not enough sessions

3. Did you find the information in the STARSS Program easy to understand? Please circle a number on the scale below.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very easy to understand | | somewhat easy to understand | | very easy to understand |

4. Were the suggestions on how to reduce secondhand smoke practical and ones that you could apply in your household? Please circle a number on the scale below.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very easy to apply | | somewhat easy to apply | | very easy to apply |

5. Was the person who assisted you with the STARSS Program knowledgeable about secondhand smoke and how to reduce it in your household? Please circle a number on the scale below.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very knowledgeable | | somewhat knowledgeable | | very knowledgeable |

6. Was the person who assisted you with the STARSS Program helpful in explaining the information to you? Please circle a number on the scale below.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very helpful | | somewhat helpful | | very helpful |

7. Was the person who assisted you with the STARSS Program non-judgemental in explaining the information to you? Please circle a number on the scale below.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| was very judgemental | | was somewhat judgemental | | was not judgemental |

8. This program can be offered either in a small group format or in individual sessions. Does it make a difference to you how the program is offered?

   A. ______ I prefer a small group.
   B. ______ I prefer individual sessions
   C. _______It doesn't matter to me, either group or individual sessions are fine.

9. Would you recommend this program to other moms who smoke?

   _____Yes _____No

10. Could you have used more support as you took this program, or after you finished taking this program? If yes, what would have been helpful to you?

   _____Yes _____No

11. Do you have any suggestions as to how we could improve this program?

# Participant Satisfaction Survey
# Follow-up – Group Sessions

A few months ago, you participated in the **STARSS** (Start Thinking About Reducing Secondhand Smoke) Program. Could you please fill out this form, letting us know how you felt about the **STARSS** Program? It will help us make changes to the program. Please do not put your name on this form. Everything you tell us is completely confidential. Thank you so much for taking the time to do this for us.

1. Did you find the **STARSS** Program helpful? Please circle the number that best fits how helpful you found the program.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very helpful | | somewhat helpful | | very helpful |

2. Did you find there were enough group sessions to help you make decisions about secondhand smoke and your children? (Please check either A, B, or C)

   A. _______there were enough sessions
   B. _______there were too many sessions
   C. _______there were not enough sessions

3. Did you find the information in the STARSS Program easy to understand? Please circle a number on the scale below.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very easy to understand | | somewhat easy to understand | | very easy to understand |

4. Were the suggestions on how to reduce secondhand smoke practical and ones that you could apply in your household? Please circle a number on the scale below.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very easy to apply | | somewhat easy to apply | | very easy to apply |

5. Was the person who assisted your group with the STARSS Program knowledgeable about secondhand smoke and how to reduce it in your household? Please circle a number on the scale below.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very knowledgeable | | somewhat knowledgeable | | very knowledgeable |

6. Was the person who assisted your group with the STARSS Program helpful in explaining the information to you? Please circle a number on the scale below.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very helpful | | somewhat helpful | | very helpful |

7. Was the person who assisted your group with the STARSS Program non-judgemental in explaining the information to you? Please circle a number on the scale below.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| was very judgemental | | was somewhat judgemental | | was not judgemental |

8. Did you find the support of other women in the group helpful?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| not very helpful | | somewhat helpful | | very helpful |

9. This program can be offered either in a small group format or in individual sessions. Does it make a difference to you how the program is offered?

   A. ______ I prefer a small group.
   B. ______ I prefer individual sessions
   C. _______It doesn't matter to me, either group or individual sessions are fine.

10. Would you recommend this program to other moms who smoke?

    ______Yes ______No

11. Could you have used more support as you took this program, or after you finished taking this program? If yes, what would have been helpful to you?

    ______Yes ______No

12. Do you have any suggestions as to how we could improve this program?