



THE ONTARIO TOBACCO RESEARCH UNIT  
UNITÉ DE RECHERCHE SUR LE TABAC DE L'ONTARIO

*Generating knowledge for public health*

# **Evaluation of the Youth Advocacy Training Institute**

## **2016-2017**

Pamela Kaufman  
Tracey Borland  
Bo Zhang  
Robert Schwartz

May 30, 2017

Kaufman P, Borland T, Zhang B, Schwartz R. Evaluation of the Youth Advocacy Training Institute 2016-17. Ontario Tobacco Research Unit. May 15, 2017.

## **Acknowledgements**

We would like to thank all of the youth, young adults and adults who completed evaluation surveys.

## Table of Contents

Acknowledgements.....	iii
Table of Contents.....	iv
List of Tables.....	vi
List of Acronyms.....	1
Introduction.....	2
Overview of the Youth Advocacy Training Institute (YATI).....	2
YATI Programs and Projects.....	3
Education, Awareness and Training.....	3
Engaging Youth and Young Adults.....	4
Collaboration and Capacity Building.....	4
Knowledge Exchange.....	4
Program Consultation.....	4
Evaluation Methods.....	5
Evaluation Questions.....	5
Evaluation Data Collection Tools.....	5
Participant Satisfaction Surveys.....	5
Pre and Post Knowledge and Self-Efficacy Surveys.....	6
Tools Used for Evaluation.....	7
YATI Follow-up Survey.....	8
Findings.....	9
1. Findings from Education, Awareness and Training.....	9
1.1 General Trainings for Youth and Young Adults.....	9
1.2 General Trainings for Adults.....	16
1.3 Custom Trainings for Youth and Young Adults.....	20
1.4 Custom Trainings for Adults.....	22
1.5 Keynotes.....	24
1.6 Summits.....	26
1.7 Trainer Orientation and Professional Development Day.....	30
2. Engaging Youth and Young Adults.....	31
2.1 Youth/Young Adults Leadership Retreat.....	31
2.2 YATI Talks.....	33
3. Collaboration and Capacity Building (Partnership Projects).....	34
3.1 Cancer Care Ontario-Aboriginal Tobacco Program – FNIM Tobacco-Wise Youth Ambassador Forum (CCO-ATP).....	34
3.2 LGBTQ+ Tobacco Ambassador Program (TAP).....	36
3.3 Freeze the Industry- Plain and Standardized Packaging (PSP).....	38
4. Knowledge Exchange.....	43
4.1 Youth Engagement and Tobacco Control Network and Knowledge Exchange (YE- TCNKE) In-Person Conference.....	43
4.2 Knowledge Exchange Teleconference/Webinar.....	44
5. Findings from the Follow-up Survey (Youth/Young Adult Programming).....	45
5.1 Characteristics of Survey Respondents.....	45
5.2 Types of Training Attended.....	46
5.3 Key Messages Retained.....	47

5.4 Involvement in Tobacco Prevention Activities and Perceived Impact.....	48
5.5 Involvement in Community Health Activities.....	49
5.6 Perceived Benefits of Attending YATI Trainings .....	50
5.7 Strengths and Opportunities for Improvement .....	50
5.8 Perceived Reach of Tobacco Prevention Activities.....	52
6. Findings from Follow-up Survey (Adult Programming).....	53
6.1 Characteristics of Survey Respondents.....	53
6.2 Types of Training Attended.....	53
6.3 Key Messages Retained.....	54
6.4 Involvement in Commercial Tobacco Prevention/Cessation Activities and Perceived Impact .....	55
6.5 Involvement in Community Health Activities.....	56
6.6 Perceived Benefits of Attending Adult YATI Trainings .....	56
6.7 Strengths and Opportunities for Improvement .....	57
6.8 Perceived Reach of Tobacco Prevention Activities.....	57
Conclusions.....	58
References.....	60
Appendix A YATI Program Offerings	
Appendix B YATI <i>Not On Tobacco</i> (N-O-T) Evaluation Final Report	

## List of Tables

Table 1 YATI Outreach 2016-2017.....	3
Table 2 Tools used to evaluate each of the trainings and projects.....	7
Table 3 Evaluation Survey Responses by YATI Youth/Young Adult General Trainings .....	10
Table 4 Characteristics of Participants Who Completed a Client Satisfaction Survey for Youth/Young Adult General Trainings .....	11
Table 5 Participant Satisfaction Results in Youth/Young Adult General Trainings .....	12
Table 6 Facilitator Satisfaction Results in TID Take-Outs.....	13
Table 7 Participant Satisfaction Results in TID Take-Outs.....	13
Table 8 Pre and Post Knowledge Scores for Youth/Young Adult General Trainings.....	14
Table 9 Pre and Post Self Efficacy Scores for Youth/Young Adult General Trainings .....	14
Table 10 Self Efficacy Scores for Youth/Young Adult General Trainings– Action Planning ....	15
Table 11 Self Efficacy Scores for Youth/Young Adult General Trainings– Creative Ways to Advocate .....	15
Table 12 Self Efficacy Scores for Youth/Young Adult General Trainings– Emerging Issues ....	15
Table 13 Self Efficacy Scores for Youth/Young Adult General Trainings – Talking Tobacco SFM.....	16
Table 14 Evaluation by Trainings- in YATI Adult General Trainings.....	16
Table 15 Characteristics of Participants Who Completed the Satisfaction Survey for Adult General Trainings.....	17
Table 16 Participant Satisfaction Results in Adult General Trainings .....	18
Table 17 Pre and Post Knowledge Scores for Adult General Trainings.....	19
Table 18 Pre and Post Self Efficacy Scores for Adult General Trainings .....	19
Table 19 Characteristics of Participants Who Completed the Satisfaction Survey for Young Adult Custom Trainings.....	20
Table 20 Participant Satisfaction Results for Young Adult Custom Trainings .....	21
Table 21 Characteristics of Participants Who Completed the Participant Satisfaction Evaluations for Adult Custom Trainings .....	22
Table 22 Participant Satisfaction Results for Adult Custom Trainings .....	23
Table 23 Participant Satisfaction Results for Keynote Presentations.....	25
Table 24 Characteristics of Participants Who Completed Participant Satisfaction Surveys, Youth and Young Adult Summits.....	27
Table 25 Participant Satisfaction for Summits .....	28
Table 26 Pre and Post Knowledge and Self-Efficacy Scores for Summits .....	29
Table 27 Participant Satisfaction in Trainer Orientation and Professional Development Day ....	30
Table 28 Participant Satisfaction in Youth/Young Adult Leadership Retreat (YLR) .....	31
Table 29 Participant Self-Efficacy Results in Youth/Young Adults Leadership Retreat (YLR) on Emerging Issues .....	32
Table 30 Participant Satisfaction Results for YATI Talks .....	33
Table 31 Characteristics of Participants Who Completed Participant Satisfaction Surveys for CCO-ATP, Young Adult Training.....	34
Table 32 Participant Satisfaction Results in CCO-ATP, Young Adult Training .....	35
Table 33 Participant Post-Training Self-Efficacy Scores in CCO-ATP, Young Adult Training .	36
Table 34 Characteristics of Participants Who Completed Participant Satisfaction Surveys for LGBTQ+TAP, Young Adult Training.....	36

Table 35 Participant Satisfaction Results in LGBTQ+TAP, Young Adult Training .....	37
Table 36 Pre and Post Knowledge and Self-Efficacy Scores in LGBTQ+TAP Training, Young Adult Training.....	38
Table 37 Characteristics of Participants Who Completed the Participant Satisfaction Evaluations in PSP English Training.....	38
Table 38 Participant Satisfaction Results in PSP English Training.....	39
Table 39 Pre and Post Knowledge and Self-Efficacy Scores in PSP English Training .....	40
Table 40 Characteristics of Participants Who Completed the Participant Satisfaction Evaluations in PSP French Training .....	40
Table 41 Participant Satisfaction Results in PSP French Training.....	41
Table 42 Pre and Post Knowledge and Self-Efficacy Scores in PSP French Training.....	42
Table 43 Participant Satisfaction Results in YE-TCNKE .....	43
Table 44 Participant Knowledge Change and Satisfaction Results in YSI-KE Webinar .....	44
Table 45 Characteristics of Follow-up Survey Respondents, Youth/Young Adult Training, 2016-2017.....	45
Table 46 Types of Youth/Young Adult Trainings Attended by Follow-up Survey Respondents, 2016-2017 .....	46
Table 47 Key Messages Retained from Youth/Young Adult Training Programs, 2016-2017.....	47
Table 48 Tobacco Prevention Activities in which Youth/Young Adults Participated as a Result of YATI Trainings, 2016-2017 .....	48
Table 49 Perceived Impact of Commercial Tobacco Prevention Activities, 2016-2017 .....	49
Table 50 Perceived Benefits of Attending YATI Youth/Young Adult Trainings, 2016-2017.....	50
Table 51 Opportunities for Improvement of Youth/Young Adult Trainings, 2016-2017 .....	51
Table 52 Most Effective Ways to Communicate Messages, Youth/Young Adult Training Respondents, 2016-2017.....	52
Table 53 Characteristics of Follow-up Survey Respondents, Adult Training, 2016-2017.....	53
Table 54 Types of Adult Trainings Attended by Follow-up Survey Respondents, 2016-2017 ...	54
Table 55 Key Messages Retained, Adult Training Attendees, 2016-2017.....	54

## List of Acronyms

AAAC	Activists and Advocates, Agents of Change
AFH	Advocacy for Health
AP	Action Planning
AYC	Aboriginal Youth Council
CAMH	Centre for Addiction and Mental Health
CE	Central East Ontario
CEHPC	Creating Effective Health Promotion Campaigns
CCO-ATP	Cancer Care Ontario-Aboriginal Tobacco Program
CW	Central West Ontario
CWA	Creative Ways to Advocate
FNIM	First Nations, Inuit and Métis
FTI	Freeze the Industry
HP	Health Promotion
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer
MYE	Meaningful Youth Engagement
NAFC	National Association of Friendship Centres
NE	North East Ontario
N-O-T	<i>Not-On-Tobacco</i> Youth Tobacco Cessation Program
OTRU	Ontario Tobacco Research Unit
PSP	Plain and Standardized Packaging
SFM	Smoke Free Movies
SMHP	Social Media Health Promotion
SW	South West Ontario
TAP	Tobacco Ambassador Program
TEACH	Training Enhancement in Applied Cessation Counselling and Health
TCAN	Tobacco Control Area Network
TID	Tobacco Industry Denormalization
TOPDD	Trainer Orientation and Professional Development Day
WTGL	Walking the Good Life
YATI	Youth Advocacy Training Institute
YE-TCNKE	Youth Engagement and Tobacco Control Network and Knowledge Exchange
YLR	Youth/Young Adult Leadership Retreat
YSI	Youth Social Identities

## Introduction

### Overview of the Youth Advocacy Training Institute (YATI)

The Youth Advocacy Training Institute (YATI) is a program of The Lung Association, funded by the Ministry of Health and Long-Term Care through the Smoke-Free Ontario Strategy. YATI equips youth, young adults, and adults working with young people with the knowledge and skills to prevent and reduce tobacco use, promote health, and advocate for positive change in their communities through youth engagement. YATI does this through training programs and partnership projects that support the Government's goal of reaching the lowest smoking rate in Canada.

YATI trainings utilize a peer-to-peer approach and are delivered in partnership between adult and young adult facilitators. Youth and young adults are engaged in all components of YATI programming and service delivery from planning, implementation, to evaluation. YATI trainings are learner-centered and interactive. Multiple platforms are used in the delivery of trainings, knowledge exchange, and communication to those engaged with YATI. Social and multimedia are integrated into most of the trainings.

Since inception YATI has reached over 40,000 youth, young adults and adults across the province. In 2016-2017, YATI programming reached over 5,000 youth, young adults and adults. Table 1 describes the outreach of YATI opportunities within 4 objectives: ***Education, Awareness and Training, Engaging Youth and Young Adults, Collaboration and Capacity Building (Partnership Projects)***, and ***Knowledge Exchange***. Specific YATI programs and projects are described in more detail below and in Appendix A: YATI Program Offerings.

YATI services are grounded in best practice and founded on principles of youth engagement and positive youth development. Best practice in youth tobacco prevention demonstrates that approaches are more successful when they utilize a peer-to-peer approach, employ youth engagement in planning, development, and implementation, use multi-faceted interactive learning opportunities for knowledge gain, use targeted approaches with priority populations and utilize social and multimedia.

This report presents an evaluation of the YATI program to assess the performance of individual trainings and the overall impact and reach of YATI services within tobacco control in Ontario. Specific measures included client satisfaction with trainings, changes in client knowledge and self-efficacy to engage in health promotion and advocacy work in the community, key message retention, specific impacts of trainings, strengths and benefits of being engaged with YATI, and opportunities for improvement. Further details regarding evaluation methods are provided below.

**Table 1 YATI Outreach 2016-2017**

<b>Objective/Activity</b>	<b># of Trainings &amp; Events</b>	<b># Participants</b>
<b>Education, Awareness and Training</b>		
General Trainings	37	588 youth & young adults
	6	167 adults
Custom Trainings	5	142 youth & young adults
	1	23 adults
Keynotes	4	96 nonspecific
Summits (8)	16	259 youth & young adults
		53 adults
Trainer Orientation and Professional Development	2	24 youth & young adults
		28 adults
<b>Engaging Youth and Young Adults</b>		
Youth and Young Adult Leadership Retreat	1	21 youth & young adults
		2 adults
YATI Talks	5	195 youth & young adults
		29 adults
Volunteer/Recruitment Opportunities	10	2569 youth & young adults
		56 adults
<b>Collaboration and Capacity Building (Partnership Projects)</b>	31	373 youth & young adults
		534 adults
<b>Knowledge Exchange</b>	3	140 nonspecific
<b>Special Events</b>	2	
<b>TOTAL</b>	<b>123</b>	<b>4171 youth &amp; young adults</b>
		<b>892 adults</b>
		<b>236 nonspecific</b>
		<b>5299 total participants</b>

## **YATI Programs and Projects**

### ***Education, Awareness and Training***

- YATI provides education, awareness and training opportunities in tobacco control (prevention and cessation) by conveying actionable knowledge (Offer 25 trainings in both official languages-topics can be found at [www.youthdvocacy.ca](http://www.youthdvocacy.ca))
- Work with Public Health and Community Youth Serving Organizations
- Support regional and provincial summits
- Provide Key Note and Youth Speaker Presentations.

### ***Engaging Youth and Young Adults***

- Young people engaged in all facets of YATI program
- 20 volunteers support various projects
- All trainings delivered in partnership between adult & young adult trainers.

### ***Collaboration and Capacity Building***

- Partner with youth serving organizations to increase reach across province including: Cancer Care Ontario's Aboriginal Tobacco Program, CAMH-TEACH, and Student's Commission, amongst others
- Increase capacity of staff within partnerships to practice youth engagement and deliver effective tobacco prevention/cessation programming
- Not on Tobacco (N-O-T) Youth Tobacco Cessation Program.

### ***Knowledge Exchange***

- YATI provides stakeholders with opportunities for networking and knowledge exchange to further develop knowledge and skills in youth and young adult tobacco prevention and cessation best practices.

### ***Program Consultation***

- YATI offers consultation services regarding best practice in youth engagement in tobacco control (prevention and cessation), program development and resource development.

Additional information on YATI programs and projects can be found in Appendix A: YATI Program Offerings; the Youth Advocacy Training Institutes 2016-2017 Final Activity Report<sup>1</sup> and at <http://youthadvocacy.ca/>.

## Evaluation Methods

Since its inception, YATI has utilized a rigorous evaluation framework (including data collection tools), and continues to refine, update, and adapt activities to meet the changing needs of clients. YATI engaged the Ontario Tobacco Research Unit (OTRU) to conduct the analysis of the 2016-17 evaluation data.

## Evaluation Questions

The evaluation of programs and projects offered through YATI during the 2016-2017 fiscal seeks to address the following questions:

1. Did YATI programs lead to increased knowledge about training topics?
2. Did YATI programs lead to increased self-reported confidence in skills or ability to engage in health promotion and advocacy work in the community?
3. Were participants satisfied with their experience with YATI?
4. Are youth, young adults and adults using what they learned in training? If so, how?
5. What are the benefits of being engaged with YATI?

## Evaluation Data Collection Tools

Although similar evaluation methods were applied across the programs for both youth/young adults and adults, evaluations were tailored to each specific YATI training program. The evaluation was structured to collect data on participant satisfaction, knowledge uptake and self-efficacy (adults and youth/young adults). 3 main evaluation tools were used to collect this information:

1. Participant satisfaction surveys
2. Knowledge and self-efficacy pre- and post-surveys
3. Online follow-up survey

Each of the 3 surveys is described below. Data from the participant satisfaction and knowledge and self-efficacy pre- and post-surveys were transferred to the OTRU evaluation team by YATI. The online follow-up survey was prepared by OTRU in collaboration with YATI. Analyses and interpretation of data from all surveys were conducted by OTRU.

### ***Participant Satisfaction Surveys***

At the end of each YATI training, participants were asked to complete a participant satisfaction survey to monitor and evaluate whether they enjoyed the training and whether they found it fun, interesting and informative. These types of engagements with the material help participants recall content and put to action health promotion and tobacco prevention/cessation campaigns and activities in their communities. Survey questions requested feedback on the quality of the training activities, information presented, facilitation, motivation and overall training logistics

(e.g., time, format, layout). This information is used to assist YATI in improving the delivery and quality of content for future training sessions.

Using SAS 9.4, mean scores and standard deviations for each satisfaction survey item and overall category were presented and compared. These values provide a description of the average response for each item and the overall category, and the average range of responses. Since some items were scored on a scale of 1 to 4 and others were scored on a scale of 1 to 5, the following 4-level scale (1= not satisfied to 4 = exceptionally satisfied) was applied to all of the mean satisfaction scores in the report narrative for consistency in data interpretation:

- 1) Not Satisfied: a score of 59% or lower of the scale (2.36 or lower for a scale of 4; 2.95 or lower for a scale of 5)
- 2) Satisfied: a score of 60%-79% of the scale (2.40-3.16 for a scale of 4; 3.0-3.95 for a scale of 5)
- 3) Highly Satisfied: a score of 80%-89% of the scale (3.20-3.56 for scale of 4; 4.0-4.45 for a scale of 5)
- 4) Exceptionally Satisfied: a score of 90% or higher of the scale (3.60 or higher for the scale of 4; 4.50 or higher for a scale of 5)

### ***Pre and Post Knowledge and Self-Efficacy Surveys***

Through YATI's trainings, participants engaged in knowledge and skill building activities. In order to assess whether the participants' increased their knowledge as a result of attending each training session, participants were asked to complete a short quiz (pre-survey) prior to the training and then again immediately following the completion of the training (post-survey). The pre- and post- surveys were unique for each training topic and contained questions drawn directly from the training content. It was expected that participants' scores would increase from pre- to post-survey, indicating an increase in knowledge uptake. The pre and post knowledge surveys consisted of a series of approximately 10 quiz questions presented in different formats (e.g., multiple-choice, matching, true or false).

Additionally, in order to assess whether participants' increased their self-reported confidence to apply the knowledge gained as a result of the training, participants in the training sessions were also asked to complete a short self-efficacy tool (pre-survey) prior to each training and immediately following the completion of the training (post-survey). Similar to the knowledge tool, the self-efficacy tool was developed directly from the expected skills acquired as a result of attending the training. These tools were used for both youth/young adult and adult training sessions. The pre and post self-efficacy surveys consisted of a series of 4 statements in which participants rated the degree in which they felt able to implement or take action on the items as outlined in the tools.

The knowledge surveys were scored for correct responses. The overall knowledge score was presented as a mean.

For the self-efficacy survey, statements were summed to create a summative Likert scale, then averaged based on the number of statements in the given tool to determine the degree of self-efficacy (ranging from 1 to 4; low to high). Similar to the knowledge tools, each training had a

unique self-efficacy tool. Average scores from pre- and post-surveys were compared and significant differences were explored using paired t-tests. Statistical significance was assessed at  $\alpha = .05$ . For some projects, however, self-efficacy was estimated based on a 1 time survey.

### **Tools Used for Evaluation**

Table 2 describes the methods and tools used to evaluate each of the programs. Tools include client satisfaction surveys, and pre and post knowledge and self-efficacy scores as described above.

**Table 2 Tools used to evaluate each of the trainings and projects**

<b>Objective/Activity</b>	<b>Overall Satisfaction</b>	<b>Change in Knowledge</b>	<b>Change in Self-Efficacy</b>
<b>1. Education, Awareness and Training</b>			
1.1 General Trainings for Youth/Young Adults	X	X	X
1.2 General Trainings for Adults	X	X	X
1.3 Custom Trainings for Youth/Young Adults	X		
1.4 Custom Trainings for Adults	X		
1.5 Keynotes	X		
1.6 Summits	X	X	X
1.7 Trainer Orientation and Professional Development Day (TOPPD)	X		
<b>2. Engaging Youth and Young Adults</b>			
2.1 Youth/Young Adult Leadership Retreat	X		X
2.2 YATI Talks	X		
<b>3. Collaboration and Capacity Building</b>			
3.1 Cancer Care Ontario-Aboriginal Tobacco Program-FNIM Tobacco-Wise Youth Ambassador Forum	X		X
3.2 LGBTQ+ Tobacco Ambassador Program	X	X	X
3.3 ** CAMH-TEACH-Tobacco Interventions for Youth and Young Adults Online Specialty Course	See note below		
3.4 *N-O-T on Tobacco Program and N-O-T Train the Trainer	X	X	X
3.5 Freeze the Industry- Plain and Standardized Packaging (PSP)	X	X	X
3.6 **Public Health Ontario-Putting the Party in Participatory Evaluation with Youth	See note below		
3.7 **Parent Action on Drugs-Vapes, Chew and Hookah: Emerging Trends in Youth Tobacco Use	See note below		
<b>4. Knowledge Exchange</b>			
4.1 Youth Engagement and Tobacco Control Network and Knowledge Exchange In-Person	X		
4.2 Knowledge Exchange Teleconference/Webinar	X		

\*Evaluation of N-O-T on Tobacco Program and N-O-T Train the Trainer can be found in Appendix B.

\*\*Partners evaluated projects. Additional information can be found in the YATI 2016-17 Final Activity Report.

### ***YATI Follow-up Survey***

The follow-up survey was administered online via RedCap, an online survey tool, between April 3<sup>rd</sup> and April 14<sup>th</sup>, 2017. A link to the survey was sent to 760 youth, young adults and adults by a YATI staff member, and was also posted on Facebook and Twitter. The purpose of the follow-up survey was to collect qualitative feedback from youth, young adults and adults who had attended a YATI training in the past year. The survey collected demographic information and identified which training they attended. Participants were asked to think about the trainings they attended in the past year and answer questions based on their experiences with these trainings. Respondents received a \$10 gift card and were entered into a draw to win 1 of 2 \$50 Visa gift cards.

Responses to qualitative questions were reviewed by OTRU evaluation staff to identify common themes. Individual answers were then assigned to 1 of the identified themes. This analysis was conducted for attendees of youth/young adult trainings and adult trainings separately.

## Findings

In this section, the findings of the YATI Program Evaluation are presented for each of the following categories: Education, Awareness and Training, Engaging Youth and Young Adults, Collaboration and Capacity Building (Partnership Projects), and Knowledge Exchange. Since YATI has a robust evaluation system and some programs are evaluated by Partners (Table 2), not all aspects of YATI programs have been included in this report. In addition, when working with priority populations, YATI will adjust their evaluation methods to ensure that they are creating a safe space and that the evaluation tools are accessible to participants. Additional information on Partner program evaluations can be found in the YATI Final Activity Report.

### 1. Findings from Education, Awareness and Training

#### 1.1 General Trainings for Youth and Young Adults

YATI's General Trainings for youth and young adults focus on the knowledge and skills required to engage young people in health promotion activities to support youth tobacco prevention/cessation and other related health initiatives. YATI provided trainings to a number of stakeholders including public health and other community youth-serving organizations to address these topics, and support in the creation of campaigns, policy change and awareness raising activities related to the topics identified in the training summary.

Overall, 244 participants who attended the General Trainings for youth and young adults completed satisfaction surveys; 94 completed knowledge surveys and 250 completed self-efficacy surveys. Given the vast range of types of programs offered and slight differences in methods, it is difficult to calculate an overall response rate. Individual response rates vary due to survey error or incomplete surveys, pre-post surveys that cannot be matched, participant drop-off by end of training, and shorter time periods for training that limit evaluation time. In an attempt to increase response rates the facilitators administered evaluations prior to the closing training exercises and offered incentives (e.g., USB keys and pens) to encourage completion of evaluation materials. Table 3 shows the number of participant survey completions by trainings for youth and young adult General Trainings.

It should be noted that participants in the Tobacco Industry Denormalization (TID) Take-Outs projects were asked different questions from other General Trainings. Satisfaction surveys were completed by 84 participants who attended TID Take-Outs. These results were analyzed separately and are presented in the following sections.

**Table 3 Evaluation Survey Responses by YATI Youth/Young Adult General Trainings**

<b>Program</b>	<b>Satisfaction (n)</b>	<b>Knowledge (n)</b>	<b>Self-Efficacy (n)</b>
<b>General Trainings</b>			
Creative Ways to Advocate (CWA)	91	NA	88
Creating Effective Health Promotion Campaigns (CEHPC)	18	21	21
Emerging Issues	37	NA	34
Talking Tobacco: SFM	25	NA	24
Tobacco Industry Denormalization (TID)	28	41	41
Action Planning	10	NA	10
Walking the Good Life (WTGL)	35	32	32
<b>Overall</b>	<b>244</b>	<b>94</b>	<b>250</b>
TID Take-Outs	84	NA	NA

Generally, participants were asked to rate the degree in which they agreed or disagreed with statements relating to training on a *4-point Likert scale*.

Table 4 describes characteristics of participants who completed a satisfaction survey. The majority of respondents were female (63%). It is interesting to note that the average age for general trainings is 16.6 which falls under the youth age bracket (12-18), whereas all custom trainings, keynotes and partnership projects fall under the young adult bracket (19-24). Respondents most frequently worked at school (57%) or in the community (18%). The majority (71%) were attending a YATI training for the first time.

**Table 4 Characteristics of Participants Who Completed a Client Satisfaction Survey for Youth/Young Adult General Trainings (except those in the TID Take-Out projects)**

<b>Characteristic</b>	<b>N (%)</b>
<b>Age – mean (SD) (n=240) (range: 9-55 years)</b>	16.6 (4.1) years
<b>Gender (n=244)</b>	
Male	84 (34.4)
Female	149 (61.1)
No response	11 (4.5)
<b>Type of Organization (n=244)</b>	
School	138 (56.6)
Public Health Unit	29 (11.9)
Community	45 (18.4)
Other	9 (3.7)
No response	23 (9.4)
<b>No. YATI trainings attended (n=244)</b>	
First time	174 (71.3)
1-4	52 (21.3)
5-10	7 (2.9)
>10	3 (1.2)
No response	8 (3.3)

## Participant Satisfaction

Table 5 shows participant satisfaction scores for each of the categories in the General Training surveys. Respondents were **highly satisfied** with the overall quality of the trainings, activities, content and motivation, and **exceptionally satisfied** with the facilitation of the trainings.

**Table 5 Participant Satisfaction Results in Youth/Young Adult General Trainings (except those in the TID Take-Out projects)**

Survey Statement	Mean (SD)
<b>ACTIVITIES (scale out of 4)</b>	
The activities were interesting/creative	3.53 (0.55)
The activity gave me a chance to work with and meet others	3.53 (0.61)
<b>Activities (overall) (n=244)</b>	<b>3.53 (0.50)</b>
<b>CONTENT (scale out of 4)</b>	
I found this training useful	3.52 (0.50)
This training will improve my activities in health (e.g. volunteering, projects, campaigns)	3.58 (0.55)
I learned most of what I wanted to	3.44 (0.60)
I have the skills and knowledge to take action about tobacco use	3.41 (0.58)
I am more aware of this topic	3.67 (0.52)
<b>Content (overall) (n=244)</b>	<b>3.53 (0.42)</b>
<b>MOTIVATION (scale out of 4)</b>	
I am going to use the information learned today	3.46 (0.59)
I would tell other people to go this training	3.49 (0.61)
<b>Motivation (overall) (n=244)</b>	<b>3.48 (0.53)</b>
<b>FACILITATORS (scale out of 4)</b>	
The trainers were knowledgeable about this topic	3.77 (0.46)
The trainers were helpful and responsive to the group	3.78 (0.45)
The trainers made me feel that I could share my opinions openly with the group	3.75 (0.47)
<b>Facilitators (overall) (n=231)</b>	<b>3.77 (0.38)</b>
<b>OVERALL (scale out of 5) (n=244)</b>	
Overall, I would rate this training as:	<b>4.23 (0.67)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree for all items, except for the overall score that was rated on a 5-point Likert scale: 1=very low, 5=very high.

In order to meet the needs of stakeholders and to ensure effectiveness and efficiency, YATI created a 'TID Take-Out' which is comprised of a TID Prezi and corresponding interactive activities and comprehensive script. Stakeholders contact YATI and order 'TID Take-Out' and facilitate for their groups. This model allows for shorter turn-around times, lower numbers for participation, and engaging local champions as facilitators.

The following 2 tables show the satisfaction results for participants in the TID Take-Out projects. Thirteen facilitators (9 females, aged 28-53 years old) completed the satisfaction survey for this training. Table 6 shows the facilitators' satisfaction results. Overall, facilitators were **highly satisfied** with the trainings, and **exceptionally or highly satisfied** with all aspects of the

program/presentations. Since TID Take-Outs are different than YATI General Trainings in that they use a different delivery model and are offered to a much smaller group, making comparisons between TID Take-Out and other YATI trainings is not advised.

**Table 6 Facilitator Satisfaction Results in TID Take-Outs**

Survey Statement	Mean (SD) (n=13)
The presentation was interesting/creative/fun (scale out of 4)	3.46 (0.52)
The presentation is useful (scale out of 4)	3.62 (0.51)
The presentation met the needs of participants (scale out of 4)	3.54 (0.52)
The presentation was thorough and comprehensive (scale out of 4)	3.62 (0.51)
The presentation was easy to follow and user-friendly (scale out of 4)	3.69 (0.48)
I would recommend this program to others (scale out of 4)	3.54 (0.52)
<b>Rate the training overall (scale out of 5)</b>	<b>4.12 (0.79)</b>

Note: Satisfaction score was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree for all items, except for the overall score that was rated on a 5-point Likert scale: 1=very low, 5=very high.

71 participants (44 females, 11-30 years old) completed the satisfaction survey in the TID Take-Outs projects. Their satisfaction results are shown in Table 7. Participants were **highly satisfied** with the overall quality of the trainings, and **exceptionally satisfied** with the content and facilitation of the trainings.

**Table 7 Participant Satisfaction Results in TID Take-Outs**

Survey Statement	Mean (SD) (n=71)
<b>CONTENT (scale out of 4)</b>	
I learned something new from this presentation	3.61 (0.62)
I found this session useful	3.67 (0.53)
After this session, I have the skills and knowledge to take action	3.56 (0.65)
<b>Content (overall)</b>	<b>3.61 (0.49)</b>
<b>MOTIVATION (scale out of 4)</b>	
I am going to use the information learned today	3.47 (0.69)
I would recommend this session to others	3.58 (0.62)
<b>Motivation (overall)</b>	<b>3.52 (0.54)</b>
<b>FACILITATORS (scale out of 4)</b>	
The presenter knew what they were talking about	3.85 (0.40)
<b>IMPROVEMENT (scale out of 5)</b>	
How much would today's talk improve your activities in health (volunteering, projects, campaigns)	4.10 (0.88)
<b>OVERALL (scale out of 5)</b>	
Overall, how would you rate the quality of this session?	<b>4.37 (0.68)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree for all items, except for the overall and improvement scores that were rated on a 5-point Likert scale: 1=very low, 5=very high. Responses with missing values were excluded from the analysis.

### Participant Knowledge and Self Efficacy

Participants in the youth/young adult General Trainings were asked to complete surveys that assessed knowledge gained and changes in self-efficacy pre- and post-training. A summary and comparison of the reported change in knowledge and self-efficacy is shown in Tables 8 and 9, respectively. 3 projects asked about knowledge changes pre- and post-training: Creating Effective Health Promotion Campaigns (CEHPC), Tobacco Industry Denormalization (TID).

Overall, **knowledge gain was statistically significant**. On average, respondents increased their knowledge by approximately +1.5 points on a scale of 1 to 10 from pre to post trainings (i.e., from 6.20 to 7.69), although 1 individual project (Walking the Good Life (WTGL)) did not change significantly from pre to post.

**Table 8 Pre and Post Knowledge Scores for Youth/Young Adult General Trainings**

Training	N	Pre Score (mean)	Post Score (mean)	Difference
Creating Effective Health Promotion Campaigns (CEHPC)	20	6.30	7.63	1.33*
Tobacco Industry Denormalization (TID)	40	5.49	7.85	2.36**
Walking the Good Life (WTGL)	27	7.19	7.48	0.29
<b>Average</b>	<b>87</b>	<b>6.20</b>	<b>7.69</b>	<b>1.49**</b>

\* p<0.05; \*\* p<0.001. Note: Knowledge score ranging from 1 to 10. Responses with missing values were excluded from the analysis.

These same 3 trainings also asked about self-efficacy changes pre- and post-training. Table 9 shows that participant self-efficacy significantly increased from pre- to post-training. Overall, **self-efficacy significantly increased** on average +0.53 from before to after the training. This suggests that participants had significantly increased confidence in their ability to apply the skills that they learned during the training. However, 1 training (WTGL) had a slight but not statistically significant decrease in self-efficacy from pre- to post training.

**Table 9 Pre and Post Self Efficacy Scores for Youth/Young Adult General Trainings**

Training	N	Pre Score (mean)	Post Score (mean)	Difference
Creating Effective Health Promotion Campaigns (CEHPC)	20	2.76	3.66	+0.90*
Tobacco Industry Denormalization (TID)	37	2.78	3.44	+0.65*
Walking the Good Life (WTGL)	27	3.50	3.48	-0.02
<b>Average</b>	<b>84</b>	<b>3.00</b>	<b>3.53</b>	<b>0.53*</b>

\* p<0.01; \*\* p<0.001. Note: Self-efficacy scores were rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree. Responses with missing values were excluded from the analysis.

The trainings, Action Planning, Creative Ways to Advocate, Emerging Issues and Talking Tobacco Smoke Free Movies (SFM) assessed self-efficacy only, but not knowledge about the training at 1 time point. These trainings have a specific focus on applied skill building. Tables 10-13 show the findings of these surveys. Overall, participants **agreed or strongly agreed** with the survey statements, indicating that they were highly confident in their ability to apply the skills that they learned during the training.

**Table 10 Self Efficacy Scores for Youth/Young Adult General Trainings– Action Planning**

<b>Survey Statement</b>	<b>Mean (SD) (n=10)</b>
I feel confident I know what an action plan is (n=10)	3.50 (0.53)
I feel confident that I can explain to others how to use an action plan (n=9)	3.44 (0.73)
I feel more confident in my abilities to use an action plan (n=9)	3.55 (0.53)
I feel more likely to use an action plan for future campaigns (n=9)	3.44 (0.53)
<b>Overall</b>	<b>N/A</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree. An overall self-efficacy score was not available.

**Table 11 Self Efficacy Scores for Youth/Young Adult General Trainings– Creative Ways to Advocate**

<b>Survey Statement</b>	<b>Mean (SD) (n=88)</b>
I feel confident in my understanding of what advocacy is	3.58 (0.56)
I feel confident in my abilities to explain to others the ingredients of creative advocacy	3.34 (0.62)
I understand the benefits of using creative tactics such as film, art, social media and street marketing to advocate	3.63 (0.51)
I feel more confident in my abilities to plan and create a creative advocacy campaign to make change in my community or school	3.53 (0.59)
I feel more likely to use creative techniques in my advocacy campaign	3.66 (0.59)
<b>Overall</b>	<b>3.55 (0.42)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree.

**Table 12 Self Efficacy Scores for Youth/Young Adult General Trainings– Emerging Issues**

<b>Survey Statement</b>	<b>Mean (SD) (n=34)</b>
I feel confident in my ability to understand emerging issues in tobacco control	3.44 (0.50)
I feel confident in my ability to explain to others recent CHANGES in tobacco control policy	3.19 (0.43)
I feel confident in my ability to explain to others how youth have had an impact in changing policy in tobacco control	3.59 (0.51)
I feel confident in my ability to participate in a campaign which focuses on an emerging issue	3.50 (0.56)
<b>Overall</b>	<b>3.43 (0.37)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree.

**Table 13 Self Efficacy Scores for Youth/Young Adult General Trainings – Talking Tobacco SFM**

<b>Survey Statement</b>	<b>Mean (SD) (n=24)</b>
I feel confident in my understanding of smoke-free movies messaging	3.54 (0.51)
I feel confident in my abilities to prepare smoke-free movies messaging	3.58 (0.58)
I feel confident in applying key messaging strategies towards smoke-free movies messaging	3.58 (0.58)
I feel more confident in my abilities to participate in an activity that involves the delivery of smoke-free movies messaging	3.74 (0.45)
I feel confident in my abilities to deliver smoke-free movies messaging	3.50 (0.59)
<b>Overall</b>	<b>3.59 (0.46)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree.

## 1.2 General Trainings for Adults

The purpose of YATI's Adult General Trainings is to build the capacity of adults who work with youth and young adults across Public Health and the youth/young adult-service sector by helping them learn the necessary skills to support youth/young adult engagement practice, in terms of tobacco prevention/cessation and health promotion and advocacy-oriented activities. Overall, 129 participants completed the satisfaction questionnaire; 140 completed the knowledge and the self-efficacy questionnaires (Table 14).

**Table 14 Evaluation by Trainings- in YATI Adult General Trainings**

<b>Training</b>	<b>Satisfaction (n)</b>	<b>Knowledge (n)</b>	<b>Self-Efficacy (n)</b>
Creating Effective Health Promotion Campaigns with Youth	19	26	26
Engage 2.0	60	62	62
Meaningful Youth Engagement (MYE)	31	32	32
Youth Social Identities (YSI)	19	20	20
<b>Total</b>	<b>129</b>	<b>140</b>	<b>140</b>

### Participant Satisfaction

Table 15 describes the characteristics of the respondents from adult general training satisfaction surveys. Most (87%) of the respondents were female and they worked in a variety of organizations, the most common being Public Health (69%). The average age of respondents was 36 years. Over half (53%) of the participants were attending a YATI training for the first time.

**Table 15 Characteristics of Participants Who Completed the Satisfaction Survey for Adult General Trainings**

<b>Characteristic</b>	<b>N (%) (n=129)</b>
<b>Age – mean (SD) (n=117)</b>	36.2 (11.0) years
<b>Gender</b>	
Male	6 (4.7)
Female	113 (87.6)
No response/other	10 (7.7)
<b>Type of Organization</b>	
Public Health Staff	89 (69.0)
Education	16 (12.4)
Social Services	5 (3.9)
Health Care	4 (3.1)
Non-Profit/NGO	2 (1.6)
Other	6 (4.6)
No response	7 (5.4)
<b>No. YATI trainings attended</b>	
First time	68 (52.7)
1-4	48 (37.2)
5-10	7 (5.4)
>10	2 (1.6)
No response	4 (3.1)

Participants also rated the degree to which they agreed or disagreed with statements relating to the training activities, content, motivation and facilitation on a 4-point Likert scale and overall on a 5-point Likert scale. Table 16 shows the satisfaction scores for each of these categories. Respondents were **highly satisfied** with the overall quality of the trainings, and **exceptionally satisfied** with activities, motivation and facilitation of the trainings.

**Table 16 Participant Satisfaction Results in Adult General Trainings**

<b>ACTIVITIES (scale out of 4)</b>	<b>Mean (SD)</b>
The activities were interesting/creative	3.63 (0.48)
The activity gave me a chance to work with and meet others	3.60 (0.51)
<b>Activities (overall) (n=125)</b>	<b>3.61 (0.44)</b>
<b>CONTENT (scale out of 4)</b>	
I found this training useful	3.58 (0.52)
This training met my needs	3.43 (0.58)
I am more aware of this topic	3.69 (0.48)
I have learned strategies to engage youth in a meaningful way	3.58 (0.51)
I have the skills and knowledge to support youth with tobacco prevention/cessation activities	3.36 (0.60)
<b>Content (overall) (n=125)</b>	<b>3.53 (0.44)</b>
<b>MOTIVATION (scale out of 4)</b>	
I am going to use the information learned today	3.51 (0.55)
I would recommend this training to others	3.68 (0.49)
<b>Motivation (overall) (n=125)</b>	<b>3.59 (0.47)</b>
<b>FACILITATION (scale out of 4)</b>	
The trainers were knowledgeable about this topic	3.89 (0.34)
The trainers were helpful and responsive to the group	3.90 (0.33)
The trainers made me feel that I could share my opinions openly with the group	3.88 (0.35)
<b>Facilitation (overall) (n=122)</b>	<b>3.89 (0.32)</b>
<b>OVERALL (n=119) (scale out of 5)</b>	
Overall, I would rate this training as:	<b>4.35 (0.59)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree, while the score for overall was rated on a 5-point Likert scale: 1=very low, 5=very high.

### Knowledge and Self Efficacy

Participants in adult General Trainings were asked to complete surveys that assessed knowledge gain and changes in self-efficacy pre- and post-training. **Knowledge gain was statistically significant** for all trainings, with an overall average increase of +1.02 points from pre- to post-trainings on a scale of 1 to 10. (Table 17)

**Table 17 Pre and Post Knowledge Scores for Adult General Trainings**

Training	N	Pre Score (mean)	Post Score (mean)	Difference
Creating Effective Health Promotion Campaigns with Youth	24	5.21	7.29	+2.08***
Engage 2.0	57	7.80	8.31	0.51*
Meaningful Youth Engagement (MYE)	32	7.80	8.68	+0.88**
Youth Social Identities (YSI)	20	6.53	8.00	+1.48**
<b>Overall average</b>	<b>133</b>	<b>7.14</b>	<b>8.16</b>	<b>+1.02***</b>

\*p<0.05; \*\* p<0.01; \*\*\* p<0.001. Note: Knowledge score ranging from 1 to 10 and presented as percentages.

Similarly, **self-efficacy significantly increased** for all trainings, with an overall average increase of +0.75 from pre- to post-trainings on a scale of 1 to 10. (Table 18)

**Table 18 Pre and Post Self Efficacy Scores for Adult General Trainings**

Training	N	Pre Score (mean)	Post Score (mean)	Difference
Creating Effective Health Promotion Campaigns with Youth	24	2.56	3.35	+0.79**
Engage 2.0	56	2.52	3.27	+0.75**
Meaningful Youth Engagement (MYE)	32	2.52	3.25	+0.73**
Youth Social Identities (YSI)	19	2.45	3.15	+0.71**
<b>Overall average</b>	<b>131</b>	<b>2.52</b>	<b>3.26</b>	<b>+0.75**</b>

\* p<0.01; \*\* p<0.001. Note: Self-efficacy scores were rated based on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree.

### 1.3 Custom Trainings for Youth and Young Adults

Custom trainings are developed to meet the needs of stakeholders. They are designed and delivered based on a needs assessment conducted with stakeholders in order to convey specific content and meet certain objectives. Table 19 describes respondent characteristics of participants who completed a client satisfaction survey in Custom Trainings for youth and young adults. In 2016-17 all Custom Training requests were for young adults. The average age of respondents was 23 years and about half of respondents were female (51%). Respondents attended 4 Custom Trainings, mainly from Emerging Trends in Youth/Young Adult Tobacco Use (31%) and Creating Effective Health Promotion Campaigns (CEHPC) (29%).

**Table 19 Characteristics of Participants Who Completed the Satisfaction Survey for Young Adult Custom Trainings**

<b>Characteristic</b>	<b>N (%) (n=65)</b>
<b>Age – mean (SD) (n=56)</b>	23.0 (3.8) years
<b>Gender</b>	
Male	28 (43.1)
Female	33 (50.8)
No response	4 (6.1)
<b>Trainings</b>	
Emerging Trends in Youth/Young Adult Tobacco Use	20 (30.8)
CEHPC	19 (29.2)
Cessation Strategies for Youth and Young Adult	13 (20.0)
MYE	13 (20.0)

Table 20 describes satisfaction results of participants who completed a client satisfaction survey in Custom Trainings for young adults. Respondents were **highly satisfied** with the overall quality, content and motivation of the trainings, and **exceptionally satisfied** with their facilitation.

**Table 20 Participant Satisfaction Results for Young Adult Custom Trainings**

<b>Survey Statement</b>	<b>Mean (SD)</b>
<b>CONTENT (scale out of 4)</b>	
I learned something new from this session	3.53 (0.50)
I found this training useful	3.52 (0.53)
After this session, I have the skills and knowledge to engage young adults in tobacco prevention and cessation messaging	3.27 (0.58)
<b>Content (overall) (n=65)</b>	<b>3.44 (0.46)</b>
<b>MOTIVATION (scale out of 4)</b>	
I am going to use the information learned today	3.39 (0.56)
I would recommend this session to others	3.58 (0.50)
<b>Motivation (overall) (n=65)</b>	<b>3.48 (0.48)</b>
<b>FACILITATORS (scale out of 4) (n=65)</b>	
The YATI facilitators knew what they were talking about	3.63 (0.52)
<b>IMPROVEMENTS (scale out of 5)</b>	
How much will today's talk improve your activities in health (volunteering, projects, and campaigns)?	3.94 (0.72)
<b>OVERALL (scale out of 5) (n=59)</b>	
Overall, I would rate this training as:	<b>4.13 (0.70)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree for all items, except for the overall and improvement scores that were rated on a 5-point Likert scale: 1=very low, 5=very high.

### 1.4 Custom Trainings for Adults

Table 21 describes the characteristics of participants who completed a client satisfaction survey in adult Custom Trainings, including Promoting Cessation Programs to Young Adults and Strategies for Engaging the Unengaged. The average age of respondents was 26 years and the majority were female (70%). The majority of respondents (68%) had attended Promoting Cessation Programs to Young Adults. Only the Strategies for Engaging the Unengaged (n=17) survey included questions about type of organization and number of YATI trainings attended; for the majority of respondents (88%), this was the first time they had attended a YATI training.

**Table 21 Characteristics of Participants Who Completed the Participant Satisfaction Evaluations for Adult Custom Trainings**

<b>Characteristic</b>	<b>N (%) (n=53)</b>
<b>Age – mean (SD) (n=49)</b>	25.8 (8.8) years
<b>Gender (n=53)</b>	
Male	16 (30.2)
Female	37 (69.8)
<b>Trainings (n=53)</b>	
Promoting Cessation Programs to Young Adults	36 (67.9)
Strategies for Engaging the Unengaged	17 (32.1)
<b>Type of Organization (n=17)</b>	
Education	14 (82.4)
Non-profit/NGO	3 (17.6)
<b>No. YATI trainings attended (n=17)</b>	
First time	15 (88.2)
1-4	1 (5.9)
5-10	1(5.9)

Table 22 shows participant satisfaction scores for each of the categories in the Custom Training surveys. Respondents were **exceptionally satisfied** with the overall quality of the trainings, including their content, motivation and facilitation.

**Table 22 Participant Satisfaction Results for Adult Custom Trainings**

Survey Statement	Mean (SD) (n=53)
<b>CONTENT (scale out of 4)</b>	
I learned something new from this session	3.70 (0.46)
I found this training/session useful	3.74 (0.45)
After this session, I have the SKILLS and knowledge to meaningfully engage young people	3.55 (0.50)
To what extent will this session enhance your practice?	3.82 (0.39)
<b>Content (overall)</b>	<b>3.62 (0.33)</b>
<b>MOTIVATION (scale out of 4)</b>	
I am going to use the information learned today	3.72 (0.45)
I would recommend this session to others	3.83 (0.38)
<b>Motivation (overall)</b>	<b>3.77 (0.37)</b>
<b>FACILITATORS (scale out of 4)</b>	
The YATI facilitator was knowledgeable about this topic	3.89 (0.32)
<b>IMPROVEMENTS (scale out of 5)</b>	
How much will today's talk improve your activities in health (volunteering, projects, and campaigns)	4.38 (0.65)
<b>OVERALL (scale out of 5)</b>	
OVERALL, how would you rate the quality of this session?	<b>4.46 (0.60)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree for all items, except for the overall and improvement scores that were rated on a 5-point Likert scale: 1=very low, 5=very high.

## 1.5 Keynotes

Between May 27 and November 11 in 2016, YATI was invited to provide 4 Keynote presentations. Unlike previous years, all Keynote events in 2016 were tailored to deliver cessation key messaging and support to young adults, and 3 of the 4 Keynotes targeted priority young adult populations.

The Catholic Family Services of Hamilton-St. Martin's Manor invited YATI to deliver 2 Keynotes on Tobacco Industry Denormalization (TID) to young adult females who were pregnant and parenting young-mothers. The presentations were designed to offer background information on TID, which speaks to both tobacco users and non-users. The presentation also provided participants with potential next steps for either volunteering or for seeking assistance with further tobacco prevention/cessation programming through Hamilton Public Health.

A third Keynote was presented to the University of Waterloo's School of Pharmacy. The presentation reviewed current tobacco prevalence rates among youth and young adults, examining why tobacco rates among this demographic are an issue, and reviewing the evidence behind what works, what doesn't work and what still needs further investigation in regards to support for youth and young adult cessation. The presentation also offered opportunities to highlight additional YATI and CAMH-TEACH services in regards to cessation.

The 4th Keynote was requested by ODE, for two-spirited Indigenous young adults. The presentation focused on the intersection between First Nations and LGBTQ tobacco issues, and reviewed the differences between sacred and commercial tobacco. Participants were provided with prevention and cessation messaging.

In total, 96 youth and young adults attended a Keynote presentation and 14 completed evaluation surveys. Survey respondents were female and aged 17-21 years old. Table 23 shows satisfaction scores for each survey category. Respondents were **highly satisfied** with the overall quality, activities, content and motivation of the Keynotes, and **exceptionally satisfied** with their facilitation.

**Table 23 Participant Satisfaction Results for Keynote Presentations**

<b>Survey Statement</b>	<b>Mean (SD) (n=14)</b>
<b>ACTIVITIES (scale out of 4)</b>	
I think the presentation was interesting and fun	<b>3.36 (0.50)</b>
<b>CONTENT (scale out of 4)</b>	
I learned something new from this presentation	3.79 (0.43)
I found this session useful	3.57 (0.51)
To what extent will this session enhance your practice?	3.21 (1.06)
<b>Content (overall)</b>	<b>3.52 (0.53)</b>
<b>MOTIVATION (scale out of 4)</b>	
I am going to use the information learned today	3.43 (0.65)
I would recommend this session to others	3.64 (0.50)
<b>Motivation (overall)</b>	<b>3.54 (0.50)</b>
<b>FACILITATORS (scale out of 4)</b>	
The YATI presenters knew what they were talking about	<b>3.86 (0.36)</b>
<b>OVERALL (scale out of 5)</b>	
Overall, how would you rate the quality of this session?	<b>4.14 (0.77)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree for all items, except for the overall score that was rated on a 5-point Likert scale: 1=very low, 5=very high.

## 1.6 Summits

Summits allow groups to reach a wider audience of young people and offer several trainings that are more customized to support regional priorities. YATI supported the delivery of 8 Summits this past year; 1 at the Public Health Unit level, 5 at the Tobacco Control Area Network (TCAN) level, 1 for the National Association of Friendship Centres (NAFC) Aboriginal Youth Council (AYC), and 1 for a partnership of community organizations as part of a Canada 150 grant. A total of 16 trainings were facilitated through the 8 summits reaching 259 youth/young adults and 53 adults.

- North East (NE): May 13-16, 2016
  - Tobacco Industry Denormalization (TID), Creative Ways to Advocate (CWA), Social Media and #Health Promotion (SMHP)
- South West (SW): August 22, 2016
  - Plain and Standardized Packaging (PSP)
- Central West (CW): October 15, 2016
  - Tobacco Industry Denormalization (TID), Smoke-Free Movies (SFM)
- North East (NE): October 21-23, 2016
  - Tobacco Industry Denormalization (TID), Plain and Standardized Packaging (PSP), Smoke-Free Movies (SFM)
- Power Up: TID Summit February 5, 2017
  - Tobacco Industry Denormalization (TID), Activists and Advocates (AAAC) (YATI Talks), Action Planning (AP)
- East (E): February 25, 2017
  - Plain and Standardized Packaging (PSP)
- National Association of Friendship Centres (NAFC): WTGL Youth Summit July 23, 2016
  - Walking the Good-Life (WTGL)
- Central East (CE): March 4, 2017
  - Plain and Standardized Packaging (PSP)

Among the 169 summit participants who completed a Participant Satisfaction survey, the average age was 19 years old. The average age of respondents for most summits was within the young adult range. The majority of respondents were female (69%) and most respondents were from the public health (47%) or community (14%) sectors. For the majority of respondents, this was the first YATI training they had attended (54%). Over a quarter had attended a YATI training 1-4 times before (27%) (Table 24).

**Table 24 Characteristics of Participants Who Completed Participant Satisfaction Surveys, Youth/Young Adult Summits**

Characteristic N (%)	Central East n=14	North East Spring n=30	North East Fall n=27	South West n=28	Central West n=13	East n=14	Power Up n=14	NAFC n=29	All n=169
<b>Summit Topic</b>	PSP	TID, CWA, SMHP	TID, PSP, SFM	PSP	TID, SFM	PSP	TID, AA, AP	WTGL	Various
<b>Age- mean years (SD)</b>	22.9 (11.1)	16.9 (4.7)	17.9 (7.5)	15.7 (2.0)	18.7 (6.9)	19.9 (6.0)	21.4 (8.0)	21.1 (2.8)	18.9 (6.3)
<b>Gender</b>									
Male	3 (23.1)	8 (26.7)	3 (11.1)	6 (21.4)	5 (38.5)	4 (28.6)	5 (35.7)	8 (27.6)	42 (24.9)
Female	10 (76.9)	22 (73.3)	19 (70.4)	22 (78.6)	8 (61.5)	9 (64.3)	9 (64.3)	18 (62.1)	117 (69.2)
Other/no response	1 (7.1)	NA	5 (18.5)	NA	NA	1 (7.1)	NA	3 (10.3)	10 (5.9)
<b>Type of Organization</b>									
Public Health	12 (85.7)	16 (53.3)	10 (37.0)	23 (82.1)	13 (100.0)	6 (43.9)	NA	NA	80 (47.3)
Education	NA	8 (26.7)	9 (33.3)	3 (10.7)	NA	NA	NA	2 (6.9)	22 (13.0)
Community	1 (7.1)	3 (10.0)	3 (11.1)	2 (7.1)	NA	3 (21.4)	NA	12 (41.4)	24 (14.2)
Other	1 (7.1)	2 (6.7)	5 (18.5)	NA	NA	5 (35.7)	NA	8 (27.6)	21 (12.4)
No response	NA	1 (3.3)	NA	NA	NA	NA	14 (100.0)	7 (24.1)	22 (13.0)
<b>No. YATI trainings attended</b>									
First time	6 (42.3)	17 (56.7)	16 (59.3)	13 (45.4)	3 (23.1)	10 (71.4)	NA	26 (89.7)	91 (53.9)
1-4	4 (28.6)	10 (33.3)	8 (29.6)	15 (53.6)	5 (38.5)	2 (14.3)	NA	1 (3.5)	45 (26.6)
5-10	3 (21.4)	1 (3.3)	2 (7.4)	NA	5 (38.5)	2 (14.3)	NA	NA	13 (7.7)
>10	1 (7.1)	1 (3.3)	1 (3.7)	NA	NA	NA	NA	1 (3.5)	4 (2.4)
No response	NA	1 (3.3)	NA	NA	NA	NA	14 (100.0)	1 (3.5)	16 (9.5)

Table 25 shows client satisfaction scores for each of the survey categories. Respondents indicated that they were **highly satisfied** with the overall quality and motivation of the trainings, and **exceptionally satisfied** with the activities, content and facilitation of the trainings.

**Table 25 Participant Satisfaction for Summits**

Survey Statement	Mean (SD)								
	CE (n=14)	NE Spring (n=30)	NE Fall (n=27)	SW (n=28)	CW (n=13)	East (n=14)	Power Up (n=14)	NAFC (n=29)	All (n=169)
<b>SUMMIT TOPIC</b>	PSP	TID, CWA, SMHP	TID,PSP, SFM	PSP	TID, SFM	PSP	TID, AA, AP	WTGL	Various
<b>ACTIVITIES (scale out of 4)</b>									
The activities were interesting/creative/fun	3.50 (0.52)	3.87 (0.35)	3.67 (0.48)	3.36 (0.56)	3.31 (0.48)	3.71 (0.47)	3.71 (0.47)	3.48 (0.51)	3.59 (0.51)
The activity gave me the chance to work with and meet others	3.64 (0.50)	3.77 (0.43)	3.70 (0.47)	3.79 (0.42)	3.31 (0.48)	3.86 (0.36)	NA	3.66 (0.48)	3.70 (0.46)
<b>Activities (overall)</b>	<b>3.57 (0.43)</b>	<b>3.82 (0.33)</b>	<b>3.69 (0.40)</b>	<b>3.57 (0.38)</b>	<b>3.31 (0.48)</b>	<b>3.79 (0.32)</b>	<b>3.71 (0.47)</b>	<b>3.57 (0.42)</b>	<b>3.64 (0.41)</b>
<b>CONTENT (scale out of 4)</b>									
I found this training useful/ I learned some new information	3.64 (0.5)	3.83 (0.38)	3.70 (0.47)	3.78 (0.51)	3.38 (0.51)	3.61 (0.56)	3.79 (0.43)	3.45 (0.63)	3.66 (0.51)
This training will improve my activities in health (e.g., volunteering, projects, campaigns)	3.57 (0.51)	3.67 (0.48)	3.69 (0.46)	3.71 (0.53)	3.46 (0.52)	3.64 (0.50)	NA	3.28 (0.53)	3.58 (0.52)
I learned most of what I wanted to	3.57 (0.51)	3.67 (0.48)	3.59 (0.57)	3.54 (0.58)	3.23 (0.44)	3.71 (0.47)	3.64 (0.50)	3.32 (0.55)	3.54 (0.53)
I am more aware of this topic/the presentation helped me better understand the topic	3.71 (0.47)	3.80 (0.41)	3.91 (0.28)	3.82 (0.39)	3.38 (0.65)	3.85 (0.38)	3.64 (0.50)	3.38 (0.78)	3.70 (0.53)
I have the skills and knowledge to take action about tobacco use	3.50 (0.52)	3.60 (0.50)	3.70 (0.47)	3.64 (0.49)	3.64 (0.52)	3.69 (0.63)	3.43 (0.51)	3.45 (0.63)	3.58 (0.53)
<b>Content (overall)</b>	<b>3.60 (0.37)</b>	<b>3.71 (0.32)</b>	<b>3.72 (0.35)</b>	<b>3.70 (0.35)</b>	<b>3.40 (0.44)</b>	<b>3.69 (0.43)</b>	<b>3.63 (0.41)</b>	<b>3.37 (0.51)</b>	<b>3.61 (0.41)</b>
<b>MOTIVATION (scale out of 4)</b>									
I am going to use the information learned today	3.57 (0.51)	3.63 (0.56)	3.52 (0.58)	3.64 (0.56)	3.46 (0.52)	3.77 (0.44)	3.36 (0.63)	3.45 (0.51)	3.56 (0.55)
I would tell others to go to this training	3.57 (0.51)	3.73 (0.45)	3.67 (0.48)	3.64 (0.56)	3.27 (0.53)	3.62 (0.65)	NA	3.41 (0.50)	3.58 (0.53)
<b>Motivation (overall)</b>	<b>3.57 (0.47)</b>	<b>3.68 (0.44)</b>	<b>3.59 (0.48)</b>	<b>3.64 (0.49)</b>	<b>3.37 (0.49)</b>	<b>3.69 (0.52)</b>	<b>3.36 (0.63)</b>	<b>3.45 (0.51)</b>	<b>3.56 (0.50)</b>
<b>FACILITATORS (scale out of 4)</b>									
The trainers were knowledgeable about this topic	3.79 (0.43)	3.86 (0.35)	3.81 (0.40)	3.89 (0.31)	3.69 (0.48)	3.93 (0.27)	3.79 (0.43)	3.59 (0.57)	3.79 (0.42)
The trainers were helpful and responsive to the group	3.86 (0.36)	3.90 (0.31)	3.81 (0.40)	3.89 (0.31)	3.69 (0.48)	3.93 (0.27)	NA	3.72 (0.45)	3.83 (0.38)
The trainers made me feel that I could share my opinions openly with the group	3.79 (0.43)	3.79 (0.41)	3.74 (0.45)	3.82 (0.39)	3.69 (0.48)	3.86 (0.36)	NA	3.76 (0.51)	3.78 (0.43)
<b>Facilitators (overall)</b>	<b>3.81 (0.36)</b>	<b>3.85 (0.30)</b>	<b>3.79 (0.37)</b>	<b>3.87 (0.31)</b>	<b>3.69 (0.44)</b>	<b>3.90 (0.28)</b>	<b>3.79 (0.43)</b>	<b>3.69 (0.44)</b>	<b>3.80 (0.37)</b>
<b>OVERALL (scale out of 5)</b>									
Rate the overall training	<b>4.38 (0.46)</b>	<b>4.53 (0.51)</b>	<b>4.35 (0.62)</b>	<b>4.10 (0.57)</b>	<b>4.25 (0.75)</b>	<b>4.50 (0.73)</b>	NA	<b>4.30 (0.64)</b>	<b>4.34 (0.61)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree for all items, except for the overall score that was rated on a 5-point Likert scale: 1=very low, 5=very high.

Table 26 shows pre- and post-knowledge and self-efficacy scores by participants who attended summits. On average, participants **significantly increased their knowledge** scores by +1.38 points and **significantly increased their self-efficacy** scores by +0.64. These results suggest that participants have gained the knowledge that they need and have increased confidence in their ability to apply the skills that they learned during the summit. All individual summits also showed **statistically significant changes in knowledge gain and self-efficacy**, except for 1 (Central East Summit), likely due to the small sample size (n=10). Note that knowledge and self-efficacy data was not available for NAFC- WTGL.

**Table 26 Pre and Post Knowledge and Self-Efficacy Scores for Summits**

Summit	Knowledge				Self-Efficacy			
	N	Pre Score (mean)	Post Score (mean)	Difference	N	Pre Score (mean)	Post Score (mean)	Difference
CE: PSP	10	7.75	8.65	+0.90	10	3.03	3.75	+0.72**
NE Spring: TID, SMHP	62	6.10	7.86	+1.75**	62	2.83	3.58	+0.74**
NE Fall: PSP	29	7.00	8.45	+1.45**	29	3.05	3.46	+0.41**
SW: PSP	31	7.35	7.80	+0.45*	30	3.09	3.76	+0.67**
CW: TID	12	7.88	9.33	+1.46*	12	3.04	3.56	+0.52*
East: PSP	17	7.81	8.68	+0.86**	17	3.23	3.84	+0.61**
Power Up: TID	14	6.00	8.29	+2.29**	13	2.81	3.52	+0.71*
<b>Overall</b>	<b>175</b>	<b>6.84</b>	<b>8.22</b>	<b>+1.38**</b>	<b>173</b>	<b>2.98</b>	<b>3.62</b>	<b>+0.64**</b>

\* p<0.01; \*\* p<0.001.

Note: Self-efficacy scores were rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree. Knowledge score ranging from 1 to 10.

### 1.7 Trainer Orientation and Professional Development Day

In the Trainer Orientation and Professional Development Day project (TOPDD), 35 participants completed the satisfaction survey. The majority were female (66%), with an average age of 26 years. Table 27 shows participants' satisfaction results with TOPDD. Participants were **highly satisfied** with the overall quality of the training, and **exceptionally satisfied** with the training activities, content and motivation to use the information that they learned.

**Table 27 Participant Satisfaction in Trainer Orientation and Professional Development Day (TOPDD)**

Survey Statement	Mean (SD) (n=35)
<b>ACTIVITIES (scale out of 4)</b>	
I think the presentation was interesting/creative/fun	3.66 (0.48)
The activities gave me a chance to work with and meet others	3.94 (0.24)
<b>Activities (overall)</b>	<b>3.80 (0.28)</b>
<b>CONTENT (scale out of 4)</b>	
I found this training useful	3.79 (0.41)
This training met my needs	3.74 (0.44)
I am more aware of this topic	3.71 (0.46)
I have learned strategies to engage youth in a meaningful way	3.77 (0.43)
I have the skills and knowledge to support youth with tobacco prevention/cessation	3.73 (0.44)
<b>Content (overall)</b>	<b>3.75 (0.34)</b>
<b>MOTIVATION (scale out of 4)</b>	
I am going to use the information learned today	3.91 (0.28)
<b>ENHANCEMENT (scale out of 5)</b>	
To what extent will this training enhance your practice?	4.24 (0.59)
<b>OVERALL (scale out of 5)</b>	
How would you rate the training overall?	<b>4.38 (0.56)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree for all items, except for the overall and enhancement scores that were rated on a 5-point Likert scale: 1=very low, 5=very high.

## 2. Engaging Youth and Young Adults

### 2.1 Youth/Young Adults Leadership Retreat

The Youth/Young Adult Leadership Retreat (YLR) is a weekend-long event to orient new volunteers to tobacco awareness and to YATI with the expectation of ongoing volunteerism. In February 2017, 18 youth and young adults aged 16-22 (average age of 17.5 years) completed the YLR satisfaction survey. The majority were female (78%) and were attending YATI training for the first time (56%), and most (56%) were involved in Health Unit programs. Table 28 shows satisfaction results for the YLR. Participants were **highly satisfied** with the overall quality of the YLR, and **exceptionally satisfied** with all aspects of the retreat, including activities, content, motivation and facilitation.

**Table 28 Participant Satisfaction in Youth/Young Adult Leadership Retreat (YLR)**

Survey Statement	Mean (SD) (n=18)
<b>ACTIVITIES (scale out of 4)</b>	
The activities were interesting/creative	3.83 (0.38)
The activity gave me a chance to work with and meet others	3.94 (0.24)
<b>Activities (overall)</b>	<b>3.89 (0.21)</b>
<b>CONTENT (scale out of 4)</b>	
I found this training useful	3.83 (0.38)
This training will improve my activities in health (e.g., volunteering, projects, campaigns)	3.67 (0.49)
I learned most of what I wanted to	3.56 (0.51)
I am more aware of this topic	3.78 (0.43)
I have the skills and knowledge to take action about tobacco use	3.61 (0.52)
<b>Content (overall)</b>	<b>3.69 (0.32)</b>
<b>MOTIVATION (scale out of 4)</b>	
I am going to use the information learned today	3.67 (0.49)
I would recommend this training to others	3.83 (0.38)
<b>Motivation (overall)</b>	<b>3.75 (0.35)</b>
<b>FACILITATION (scale out of 4)</b>	
The trainers were knowledgeable about this topic	3.89 (0.32)
The trainers were helpful and responsive to the group	3.89 (0.32)
The trainers made me feel that I could share my opinions openly with the group	3.94 (0.24)
<b>Facilitation (overall)</b>	<b>3.91 (0.27)</b>
<b>OVERALL (scale out of 5)</b>	
<b>Overall, I would rate this training as:</b>	<b>4.33 (0.45)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree, while the score for overall was rated on a 5-point Likert scale: 1=very low, 5=very high.

Table 29 shows self-efficacy results for the YLR-Emerging Issues training. Participants who completed a self-efficacy survey **strongly agreed** with all of the statements regarding confidence in their ability to understand and explain emerging tobacco control issues, and to participate in a campaign focusing on the emerging issues.

**Table 29 Participant Self-Efficacy Results in Youth/Young Adults Leadership Retreat (YLR) on Emerging Issues**

<b>Survey Statement (scale out of 5)</b>	<b>Mean (SD) (n=18)</b>
I feel confident in my ability to understand emerging issues in tobacco control	3.83 (0.38)
I feel confident in my ability to explain to others recent changes in tobacco control policy	3.56 (0.51)
I feel confident in my ability to explain to others how youth have an impact in changes in tobacco control policy	3.78 (0.43)
I feel confident in my ability to participate in a campaign which focuses on an emerging issue	3.89 (0.32)

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree.

## 2.2 YATI Talks

YATI Talks are shorter peer-to-peer presentations that are more content heavy and generally less interactive than YATI's General Trainings. They are designed to reach a larger audience at once. In 2016-17, YATI delivered 5 YATI Talks (1 as part of a larger summit) presentations to approximately 195 youth and young adults and 29 adults. Overall, 116 participants completed the client satisfaction survey for YATI Talks training: 56 of these respondents had attended TID, 31 had attended CEHPC, and 29 had attended Activists and Advocates, Agents of Change (AAAC). The majority of participants were female (63%), aged 11-49 years old with an average age of 16 years old.

Table 30 shows the participant satisfaction results for YATI Talks. Participants were **highly satisfied** with the overall quality of YATI Talks, and **exceptionally satisfied** with their content, motivation and facilitation.

**Table 30 Participant Satisfaction Results for YATI Talks**

Survey Statement	Mean (SD) (n=116)
<b>CONTENT (scale out of 4)</b>	
I learned something new from this presentation	3.66 (0.52)
I found this session useful	3.62 (0.50)
After this session, I have the skills and knowledge to advocate for change in my school/community	3.50 (0.52)
<b>Content (overall)</b>	<b>3.59 (0.36)</b>
<b>MOTIVATION (scale out of 4)</b>	
I am going to use the information learned today	3.56 (0.53)
I would recommend this training to others	3.62 (0.55)
<b>Motivation (overall)</b>	<b>3.59 (0.43)</b>
<b>FACILITATION (scale out of 4)</b>	
The YATI presenters knew what they were talking about	3.86 (0.37)
<b>IMPROVEMENT (scale out of 5)</b>	
How much will today's talk improve your activities in health (volunteering, projects, campaigns)?	4.08 (0.78)
<b>OVERALL (scale out of 5)</b>	
<b>Overall, I would rate this training as:</b>	<b>4.40 (0.58)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree, while the score for overall and improvement scores that were rated on a 5-point Likert scale: 1=very low, 5=very high.

### 3. Collaboration and Capacity Building (Partnership Projects)

In 2016-17, 14 projects were held under the category of Collaboration and Capacity Building (Partnership Projects), comprising a total of 31 trainings. 4 of these projects were included in the YATI program evaluation:

- Cancer Care Ontario-Aboriginal Tobacco Program – FNIM Tobacco-Wise Youth Ambassador Forum (CCO-ATP)
- LGBTQ+ Tobacco Ambassador Program
- Freeze the Industry - Plain and Standardized Packaging (PSP) (English and French)
- Not on Tobacco Program (N-O-T) (including N-O-T Train-the-Trainer)

Evaluation results for the first 3 programs listed above are included in the following sections. Results of the N-O-T Program evaluation are reported in Appendix B: YATI Not On Tobacco (N-O-T) Final Evaluation Report.

#### 3.1 Cancer Care Ontario-Aboriginal Tobacco Program – FNIM Tobacco-Wise Youth Ambassador Forum (CCO-ATP)

Table 31 includes the characteristics of participants who completed satisfaction surveys for 2 separate CCO-ATP trainings. Overall, 25 participants completed client satisfaction surveys. Half were female, aged 19-55 years old with an average age of 24 years old. The majority were attending YATI training for the first time (76%), and most (60%) were involved in community projects. This program was specifically targeted to a young adult priority population.

**Table 31 Characteristics of Participants Who Completed Participant Satisfaction Surveys for CCO-ATP, Young Adult Training**

Characteristic	N (%) (n=25)
<b>Age – mean (SD)</b>	24.0 (8.4) years
<b>Gender</b>	
Male	12 (48.0)
Female	12 (48.0)
No response	1 (4.0)
<b>Type of Organization</b>	
School	2 (8.0)
Public Health Unit	1 (4.0)
Community	15 (6.0)
Other	5 (20.0)
No response	2 (8.0)
<b>No. YATI trainings attended</b>	
First time	19 (76.0)
1-4	5 (20.0)
No response	1 (4.0)

Table 32 shows client satisfaction scores for each of the categories in CCO-ATP training surveys. Respondents were **exceptionally satisfied** with the overall quality of the training, including the activities, content, facilitation and motivation.

**Table 32 Youth Participant Satisfaction Results in CCO-ATP, Young Adult Training**

<b>Survey Statement</b>	<b>Mean (SD) (n=25)</b>
<b>ACTIVITIES (scale out of 4)</b>	
The activities were interesting/creative	3.67 (0.48)
The activity gave me a chance to work with and meet others	3.88 (0.34)
<b>Activities (overall)</b>	<b>3.77 (0.25)</b>
<b>CONTENT (scale out of 4)</b>	
I found this training useful	3.75 (0.44)
This training will improve my activities in health (e.g. volunteering, projects, campaigns)	3.71 (0.46)
I learned most of what I wanted to	3.42 (0.58)
I have the skills and knowledge to take action about tobacco use	3.654 (0.66)
I am more aware of this topic	3.83 (0.38)
<b>Content (overall)</b>	<b>3.65 (0.40)</b>
<b>MOTIVATION (scale out of 4)</b>	
I am going to use the information learned today	3.63 (0.49)
I would tell other people to go this training	3.71 (0.46)
<b>Motivation (overall)</b>	<b>3.67 (0.41)</b>
<b>FACILITATORS (scale out of 4)</b>	
The trainers were knowledgeable about this topic	3.84 (0.37)
The trainers were helpful and responsive to the group	3.84 (0.37)
The trainers made me feel that I could share my opinions openly with the group	3.88 (0.33)
<b>Facilitators (overall)</b>	<b>3.85 (0.32)</b>
<b>OVERALL (scale out of 5)</b>	
Overall, I would rate this training as:	<b>4.48 (0.53)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree for all items, except for the overall score that was rated on a 5-point Likert scale: 1=very low, 5=very high.

11 participants who attended the first CCO-ATP training completed the self-efficacy survey at the end of the training (no pre-training survey was implemented). The majority (58%) were female, aged 18-55 years old with an average age of 28 years old. After training, participants **strongly agreed** with all of the statement, indicating a **high level of self-efficacy** for understanding and applying the knowledge and information from the training. (Table 33)

**Table 33 Participant Post-Training Self-Efficacy Scores in CCO-ATP, Young Adult Training**

<b>Content (scale out of 4)</b>	<b>Mean (SD) (n=11)</b>
I feel confident that I know the difference between sacred and commercial tobacco	3.91 (0.30)
I feel confident in my ability to explain to others the difference between sacred and commercial tobacco	3.73 (0.47)
I am aware of how tobacco fits in First Nations and Metis cultures	3.55 (0.52)
I am going use the information I learned today	3.73 (0.47)
I feel confident in my abilities to facilitate a tobacco-wise training in my community	3.55 (0.52)

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree.

### **3.2 LGBTQ+ Tobacco Ambassador Program (TAP)**

Overall, 15 participants aged 18-29 years old completed the client satisfaction survey for the LGBTQ+TAP training. A third (33%) reported their gender as “Other”. The mean age was 24 years old. The majority were attending YATI training for the first time (73%), and most (73%) were involved in community projects (Table 34). This program was specifically targeted to a young adult priority population.

**Table 34 Characteristics of Participants Who Completed Participant Satisfaction Surveys for LGBTQ+TAP, Young Adult Training**

<b>Characteristic</b>	<b>N (%) (n=15)</b>
<b>Age – mean (SD)</b>	23.8 (3.5) years
<b>Gender</b>	
Male	4 (26.7)
Female	6 (40.0)
Other	5 (33.3)
<b>Type of Organization</b>	
Public Health Unit	2 (13.3)
Community	11 (73.3)
Other	2 (13.3)
<b>No. YATI trainings attended</b>	
First time	11 (73.3)
1-4	3 (20.0)
No response	1 (6.7)

Table 35 shows client satisfaction scores for each of the categories in LGBTQ+TAP training surveys. Respondents were **exceptionally satisfied** with the overall quality of the training, including activities, content, facilitation and motivation.

**Table 35 Participant Satisfaction Results in LGBTQ+TAP, Young Adult Training**

<b>Survey Statement</b>	<b>Mean (SD) (n=15)</b>
<b>ACTIVITIES (scale out of 4)</b>	
The activities were interesting/creative	3.93 (0.26)
The activity gave me a chance to work with and meet others	4.00 (0.00)
<b>Activities (overall)</b>	<b>3.97 (0.13)</b>
<b>CONTENT (scale out of 4)</b>	
I found this training useful	3.87 (0.35)
This training will improve my activities in health (e.g. volunteering, projects, campaigns)	3.80 (0.41)
I learned most of what I wanted to	3.73 (0.59)
I have the skills and knowledge to take action about tobacco use	3.67 (0.49)
I am more aware of this topic	3.87 (0.35)
<b>Content (overall)</b>	<b>3.79 (0.28)</b>
<b>MOTIVATION (scale out of 4)</b>	
I am going to use the information learned today	3.93 (0.26)
I would tell other people to go this training	3.87 (0.35)
<b>Motivation (overall)</b>	<b>3.90 (0.21)</b>
<b>FACILITATORS (scale out of 4)</b>	
The trainers were knowledgeable about this topic	3.93 (0.26)
The trainers were helpful and responsive to the group	3.87 (0.35)
The trainers made me feel that I could share my opinions openly with the group	4.00 (0.00)
<b>Facilitators (overall)</b>	<b>3.93 (0.19)</b>
<b>OVERALL (scale out of 5)</b>	
Overall, I would rate this training as:	<b>4.7 (0.46)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree for all items, except for the overall score that was rated on a 5-point Likert scale: 1=very low, 5=very high.

12 participants aged 18-30 years old who attended the LGBTQ+TAP training completed surveys to assess their knowledge gain and changes in self-efficacy pre- and post-training. There was a **statistically significant increase in knowledge** (from 6.96 to 8.13 from pre- to post-survey) and a **statistically significant increase in self-efficacy** (from 3.15 to 3.75 from pre- to post-survey) for applying the skills that participants learned during the training (Table 36).

**Table 36 Pre and Post Knowledge and Self-Efficacy Scores in LGBTQ+TAP Training, Young Adult Training**

Knowledge				Self-Efficacy			
N	Pre Score (mean)	Post Score (mean)	Difference	N	Pre Score (mean)	Post Score (mean)	Difference
12	6.96	8.13	+1.17*	12	3.15	3.75	+0.60**

\* p<0.05; \*\* p<0.01.

Note: Knowledge scores ranging from 1 to 10 and self-efficacy scores were rated based on a 4-point Likert scale: 1=strongly disagree, 4=strongly.

### **3.3 Freeze the Industry- Plain and Standardized Packaging (PSP)**

Both English and French versions of the Plain and Standardized Packaging (PSP) training were held in 2016-17. This included 2 PSP pilots (1 of which was part of a summit) and 5 regular PSP trainings (4 in English and 1 in French); 3 of the English trainings were part of a summit. Please see Summit findings for additional results on PSP trainings.

10 participants completed the English version of the client satisfaction survey. The majority (80%) were female, with an average age of 23 years old. Respondents were mainly involved in Health Unit or school projects, and all were attending YATI training for the first time (Table 37).

**Table 37 Characteristics of Participants Who Completed the Participant Satisfaction Evaluations in PSP English Training**

Characteristic	N (%) (n=10)
Age – mean (SD)	22.8 (3.0) years
<b>Gender</b>	
Male	1 (10.0)
Female	8 (80.0)
No response	1 (10.0)
<b>Type of Organization</b>	
Public Health Unit	5 (50.0)
School	5 (50.0)
<b>No. YATI trainings attended</b>	
First time	10 (100.0)

Respondents in the PSP English training were **exceptionally satisfied** with the overall quality of the training, including activities, content, facilitation and motivation (Table 38).

**Table 38 Participant Satisfaction Results in PSP English Training**

Survey Statement	Mean (SD) (n=10)
<b>ACTIVITIES (scale out of 4)</b>	
The activities were interesting/creative	3.80 (0.42)
The activity gave me a chance to work with and meet others	3.70 (0.67)
<b>Activities (overall)</b>	<b>3.75 (0.54)</b>
<b>CONTENT (scale out of 4)</b>	
I found this training useful	3.90 (0.32)
This training will improve my activities in health (e.g. volunteering, projects, campaigns)	3.80 (0.63)
I learned most of what I wanted to	3.90 (0.32)
I have the skills and knowledge to take action about tobacco use	3.70 (0.48)
I am more aware of this topic	3.90 (0.32)
<b>Content (overall)</b>	<b>3.84 (0.37)</b>
<b>MOTIVATION (scale out of 4)</b>	
I am going to use the information learned today	3.75 (0.42)
I would tell other people to go this training	3.80 (0.42)
<b>Motivation (overall)</b>	<b>3.75 (0.42)</b>
<b>FACILITATORS (scale out of 4)</b>	
The trainers were knowledgeable about this topic	3.90 (0.32)
The trainers were helpful and responsive to the group	4.00 (0.00)
The trainers made me feel that I could share my opinions openly with the group	4.00 (0.00)
<b>Facilitators (overall)</b>	<b>3.97 (0.11)</b>
<b>OVERALL (scale out of 5)</b>	
Overall, I would rate this training as:	<b>4.85 (0.34)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree for all items, except for the overall score that was rated on a 5-point Likert scale: 1=very low, 5=very high.

13 participants aged 20-52 years old (85% female) who attended the PSP English training also completed surveys to assess knowledge gain and changes in self-efficacy pre- and post-training. Respondents showed a **statistically significant knowledge gain** (from 7.92 to 9.80 from pre- to post-survey) and a **statistically significant increase in self-efficacy** (from 2.94 to 3.79 from pre- to post-survey) for applying the skills that they learned during the training (Table 39).

**Table 39 Pre and Post Knowledge and Self-Efficacy Scores in PSP English Training**

Knowledge				Self-Efficacy			
N	Pre Score (mean)	Post Score (mean)	Difference	N	Pre Score (mean)	Post Score (mean)	Difference
13	7.92	9.80	+2.98*	13	2.94	3.79	+0.85*

\* p<0.01.

Note: Knowledge scores ranging from 1 to 10 and self-efficacy scores were rated based on a 4-point Likert scale: 1=strongly disagree, 4=strongly.

7 participants of the French PSP training completed a client satisfaction survey. The majority (71%) were female, with an average age of 23 years. They were mainly involved in Health Unit or school projects and all were attending YATI training for the first time (Table 40).

**Table 40 Characteristics of Participants Who Completed the Participant Satisfaction Evaluations in PSP French Training**

Characteristic	N (%) (n=7)
Age – mean (SD)	22.6 (8.8) years
<b>Gender</b>	
Male	2 (28.6)
Female	5 (71.4)
<b>Type of Organization</b>	
Public Health Unit	5 (71.4)
School	1 (14.3)
No response	1 (14.3)
<b>No. YATI trainings attended</b>	
First time	5 (71.4)
1-4 times	1 (14.3)
No response	1 (14.3)

Table 41 shows client satisfaction scores for each of the categories in the PSP French training. Respondents were **exceptionally satisfied** with the overall quality of the training, including content, facilitation and motivation.

**Table 41 Participant Satisfaction Results in PSP French Training**

<b>Survey Statement</b>	<b>Mean (SD) (n=7)</b>
<b>ACTIVITIES (scale out of 4)</b>	
The activities were interesting/creative	3.43 (0.53)
The activity gave me a chance to work with and meet others	3.14 (0.38)
<b>Activities (overall)</b>	<b>3.29 (0.39)</b>
<b>CONTENT (scale out of 4)</b>	
I found this training useful	3.43 (0.53)
This training will improve my activities in health (e.g. volunteering, projects, campaigns)	3.43 (0.53)
I learned most of what I wanted to	3.72 (0.49)
I have the skills and knowledge to take action about tobacco use	3.71 (0.49)
I am more aware of this topic	3.86 (0.38)
<b>Content (overall)</b>	<b>3.63 (0.35)</b>
<b>MOTIVATION (scale out of 4)</b>	
I am going to use the information learned today	3.71 (0.49)
I would tell other people to go this training	3.43 (0.53)
<b>Motivation (overall)</b>	<b>3.57 (0.45)</b>
<b>FACILITATORS (scale out of 4)</b>	
The trainers were knowledgeable about this topic	3.72 (0.49)
The trainers were helpful and responsive to the group	3.86 (0.38)
The trainers made me feel that I could share my opinions openly with the group	3.81 (0.38)
<b>Facilitators (overall)</b>	<b>3.81 (0.38)</b>
<b>OVERALL (scale out of 5)</b>	
Overall, I would rate this training as:	<b>4.50 (0.50)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree for all items, except for the overall score that was rated on a 5-point Likert scale: 1=very low, 5=very high.

7 participants who attended the PSP French training also completed surveys to assess their knowledge gain and changes in self-efficacy pre- and post-training. The results show knowledge gain (from 7.14 to 7.71) (non-significant), and a **statistically significant increase in self-efficacy** (from 2.84 to 3.60 from pre- to post-survey) for applying the skills that they learned during the training (Table 42).

**Table 42 Pre and Post Knowledge and Self-Efficacy Scores in PSP French Training**

Knowledge				Self-Efficacy			
N	Pre Score (mean)	Post Score (mean)	Difference	N	Pre Score (mean)	Post Score (mean)	Difference
7	7.14	7.71	+0.57	7	2.84	3.60	+0.75*

\* p<0.01.

Note: Knowledge scores ranging from 1 to 10 and self-efficacy scores were rated based on a 4-point Likert scale: 1=strongly disagree, 4=strongly.

## 4. Knowledge Exchange

### 4.1 Youth Engagement and Tobacco Control Network and Knowledge Exchange (YE-TCNKE) In-Person Conference

In January 2017, 60 people attended the Youth Engagement and Tobacco Control Network and Knowledge Exchange (YE-TCNKE) In-Person Conference. 32 of these participants completed a satisfaction survey. Over half (56%) were attending a YATI event for the first or second time. Respondents were **highly satisfied** with the overall quality of the conference, its content and motivation, and **exceptionally satisfied** with conference activities and facilitation (Table 43).

**Table 43 Participant Satisfaction Results in YE-TCNKE**

Survey Statement	Mean (SD) (n=32)
<b>ACTIVITIES (scale out of 4)</b>	
The conference was interesting and varied	3.73 (0.45)
They gave me a chance to work with and meet others	3.59 (0.61)
<b>Activities (overall)</b>	<b>3.67 (0.45)</b>
<b>CONTENT (scale out of 4)</b>	
I found this conference useful	3.66 (0.45)
This conference met my needs	3.59 (0.50)
I have increased skills and knowledge to support youth and young adults with tobacco control activities	3.41 (0.55)
<b>Content (overall)</b>	<b>3.55 (0.46)</b>
<b>MOTIVATION (scale out of 4)</b>	
I am going to use the information learned today	3.56 (0.50)
I would recommend this conference to others	3.61 (0.51)
<b>Motivation (overall)</b>	<b>3.59 (0.49)</b>
<b>FACILITATORS (scale out of 4)</b>	
The plenary speakers were knowledgeable about their topics	3.81 (0.40)
The breakout speakers were knowledgeable about their topics	3.50 (0.61)
<b>Facilitators (overall)</b>	<b>3.66 (0.44)</b>
<b>ENHANCEMENT (scale out of 5)</b>	
To what extent will this conference enhance your practice?	4.00 (0.81)
<b>OVERALL (scale out of 5) (n=23)</b>	
Overall, how would you rate the quality of this conference?	<b>4.48 (0.53)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree for all items, except for the overall and enhancement scores that were rated on a 5-point Likert scale: 1=very low, 5=very high.

## 4.2 Knowledge Exchange Teleconference/Webinar

60 people attended the Youth Social identity (YSI)-Knowledge Exchange (KE) Teleconference/Webinar. 18 of these participants completed the knowledge exchange and satisfaction surveys. There was a **statistically significant increase in knowledge** (from 3.06 to 4.11) from pre- to post-survey. Respondents were **highly satisfied** with the overall quality of the webinar (Table 44).

**Table 44 Participant Knowledge Change and Satisfaction Results in YSI-KE Webinar**

Survey Statement	Mean (SD) (n=18)
Please rate your knowledge on the topic of the webinar. Before the webinar. (scale out of 5)	3.06 (0.80)
Please rate your knowledge on the topic of the webinar. After the webinar. (scale out of 5)	4.11 (0.68)*
I am going to use the information presented during the webinar. (scale out of 4)	3.22 (0.55)
To what extent will this webinar inform your work or practice? (scale out of 5)	3.28 (1.02)
Overall, how would you rate the quality of this webinar? (scale out of 5)	4.00 (0.59)

\* p<0.001.

Note: Participant feedback was rated on a 5-point Likert scale: 1=very low, 5=very high, except for using the information presented during the webinar that was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree.

## 5. Findings from the Follow-up Survey (Youth/Young Adult Programming)

### 5.1 Characteristics of Survey Respondents

A total of 63 Follow-up Survey respondents had attended a youth/young adult training in 2016. Although these trainings were targeted to youth/young adults, some adults may have responded if they had hosted or attended training as an adult ally. About half of the respondents were 18 years of age and younger (46%, n=29) (Table 45). Most respondents identified as female (74.6%, n=47) and had attended 1 (61.9%, n=39) or 2 (33.3%, n=21) YATI trainings in the past year. 4 participants who attended a youth/young adult training had also attended an adult training.

**Table 45 Characteristics of Follow-up Survey Respondents, Youth/Young Adult Training, 2016-2017**

Characteristics	N=63 N (%)
<b>Age</b>	
Under 18	29 (46)
19-24	10 (15.9)
25-34	12 (19)
35-44	6 (9.5)
45+	4 (6.3)
Prefer not to say	2 (3.2)
<b>Gender</b>	
Female	47 (74.6)
Male	14 (22.2)
Other	1 (1.6)
Prefer not to say	1 (1.6)
<b>Number of trainings attended</b>	
1	
2	39 (61.9)
3	21 (33.3)
4	1 (1.6)
5+	0 (0)
	2 (3.2)

## 5.2 Types of Training Attended

Survey respondents attended a variety of training sessions with ‘Smoke Free Movies: Seeing through the Smoke’ (32.3%, n=20) and ‘Plain and Standardized Packaging’ (27.4%, n=17) most frequently reported (Table 46).

**Table 46 Types of Youth/Young Adult Trainings Attended by Follow-up Survey Respondents, 2016-2017**

Types of Trainings	N=62 N (%)
<b>Trainings</b>	
Action Planning	7(11.3)
Advocacy for Health: Jump into Action	5 (8.1)
Creating Effective Health Promotion Campaigns: .I set up a Booth...Now What?	11 (17.7)
Creative ways to advocate	11 (17.7)
Media Relations: Prep for the Press	3 (4.8)
Smoke-free Movies: Seeing Through the Smoke	20 (32.3)
Social Media and #healthpromotion	7 (11.3)
TID 1: Rage Against the Industry	10 (16.1)
TID 2: Emerging Issues	3 (4.8)
Youth Social Identities for Youth	2 (3.2)
Influencing Policy: DIY	1 (1.6)
Plain and Standardized Packaging	17 (27.4)
Walking the Goodlife	2 (3.2)
Talking Tobacco	14(22.6)
TID Take-Out	2 (3.2)
Other	6 (9.7)

\* Respondents could choose more than 1 answer, thus totals do not sum to 100.

Among 57 respondents who answered the question, 63% (n=36) attended youth/young adult training as part of a Partnership Program or Summit. These included:

- Partnership with CCO’s Aboriginal Tobacco Program (n=5)
- N-O-T Tobacco Youth Smoking Cessation Program (n=3)
- Regional Summit (n=8)
- YATI Youth Leadership Retreat (n=6)
- Tobacco Interventions for Youth and Young Adults (CAMH-TEACH) (n=1)
- Love My Life (n=1)
- Ontario Coalition for Smoke-free Movies (n=1)
- LGBTQ Provincial Caucus (n=1)
- Toronto Public Health-LGBTQ Tobacco/Health Exploratorium (n=3)
- Freeze the Industry- Plain and Standardized Packaging (n=9)
- Other (n=8)

7 respondents also reported attending a YATI Talks/Key Note, including:

- Tobacco Industry Denormalization (n=4)
- Social Media (n=2)
- Tobacco Industry and the World (n=2)
- Creating Effective Health Promotion Campaigns (n=2)
- Activists and Advocates (n=1)

The majority of respondents (54.8%, n=34) took their training through a Public Health Unit, followed by a Community Organization (22.6%, n=14), a School (21%, n=13) and 'Other' (6.5%, n=4).

### 5.3 Key Messages Retained

Evaluation participants were asked to describe the key messages they remembered from the training session(s) they had attended. Messages about how commercial tobacco packaging and smoking in movies influence youth smoking were most frequently noted. Many respondents also highlighted the knowledge and skills they had gained around creating health promotion campaigns and how to effectively reach and engage youth and other community members in campaign and advocacy efforts (Table 47).

**Table 47 Key Messages Retained from Youth/Young Adult Training Programs, 2016-2017**

Theme	Respondent Quotes
<b>Plain and Standardized Packaging</b>	<p><i>"At the Plain and Standardized Packaging training, I learned the importance of regulating tobacco packaging to slow the rate of new consumers. I learned how effective marketing can be (from the water bottle advertisement activity), and the sneaky tactics the tobacco industry uses to entice youth to start using their products. I also learned about the long history of tobacco marketing, as well as the new laws and regulations implemented in the past to prevent it."</i></p> <p><i>"What PSP [Plain and Standardized Packaging] is and how it is affecting Australia and how it will help Canada."</i></p>
<b>Smoke-Free Movies</b>	<p><i>"Why smoke-free movies are important for youth."</i></p> <p><i>"I was able to take away that there is a surprisingly large amount of children's movies contain smoking, and was surprised at certain movies that did contain smoking. Some of these directed towards infants, and it's awful that they are exposed to such things at such an impressionable age. Also, I learned that the rating in Canada is actually lower compared to America. Therefore, younger kids are exposed to more graphic content than those who live in the United States, and this is not right."</i></p>
<b>Health Promotion Campaigns</b>	<p><i>"Ways to advocate to an audience and techniques to achieve our goal depending on our target audience."</i></p> <p><i>"... how to create effective campaigns, how to utilize social media to get your message across, and how to use other mechanisms to attract attention to your message."</i></p> <p><i>"How to create a health promotion campaign and denormalize smoking stereotypes."</i></p> <p><i>"That creating effective Health Promotion Campaigns takes a longer and well thought out process, also took away some easy steps as to how you can start when considering creating one."</i></p>
<b>Community Engagement</b>	<p><i>"How to efficiently engage in my community - learning how to communicate and work with others - learned about important initiatives for youth to take part in."</i></p> <p><i>"I learnt great suggestions for approaching youth and running a program."</i></p> <p><i>"Being able to engage people is important, assessment of campaigns is important, take two steps when talking to people."</i></p> <p><i>"Effective strategies that will work, and how to engage with audience- meet them where they are at."</i></p> <p><i>"When talking tobacco with the public use the following strategy: Engage, Sustain, Retain."</i></p>

#### **5.4 Involvement in Tobacco Prevention Activities and Perceived Impact**

Evaluation participants were asked to describe the specific commercial tobacco prevention/cessation activities they were involved in as a result of participating in YATI trainings. While responses were diverse, activities focused on raising awareness about Smoke-Free Movies and Plain and Standardized Packaging (Table 48). Many also described the school-based health promotion activities in which they were involved, and some described the conversations they had with their peers, and other community members about commercial tobacco.

School-based health promotion included working as part of Health Action Teams to raise awareness about commercial tobacco; working with grade 9 students during orientation and high school lunch and learns; and creating health promotion materials like videos, school announcements and posters.

Smoke-free movies activities included hosting smoke-free movie nights, attending rallies and campaigning at film festivals, having information booths at movie theatres, drive-ins, libraries and hockey games, and writing smoke-free movie reviews. Plain and Standardized Packaging activities included hosting a variety of events in the community, and participating in a social media contest.

Participants also described working to mobilize other young people in their community, planning and participating in special events such as World No Tobacco Day events, a poetry slam about tobacco, events to celebrate Smoke Free Ontario's 10 year milestone and an Ojibway smoking cessation event.

**Table 48 Tobacco Prevention Activities in which Youth/Young Adults Participated as a Result of YATI Trainings, 2016-2017**

Perspectives: Youth/Young Adult Training Attendees
<i>"We have held two Plain and Standardized Packaging events. One event was at a [Name of Hockey Team] game which was very successful and we reached many people. We also held an event in [Name of Park] which is a very popular park in [Name of City]. We also created some social media posts to promote our events and raise awareness of Plain and Standardized Packaging."</i>
<i>"I have done smoke free movie reviews. I have participated in 3 World No Tobacco Day activities including a poetry slam about tobacco."</i>
<i>"We held an information night about the negative effects of having smoking in movies and we educated people on which children's movies had smoking in them."</i>
<i>"My youth group is currently planning an event on smoking cessation titles 'S.A.M.A.A' which is Ojibway for tobacco, the acronym stands for 'sacred ancestral medicine and alternatives.'"</i>
<i>"As a part of the school's Health action team, we constantly have events in school that advise students to not start smoking. We have had events about e-cigarettes."</i>
<i>"I try to get the word out when I can. I'm in a program at my school that talks to younger kids about the effects of tobacco."</i>
<i>"I have spoken to many smokers and encourage them to smoke less."</i>

Evaluation participants were also asked to describe the impact of the YATI related prevention activities that they participated in (Table 49). Participants most frequently noted that these activities raised awareness and understanding in their communities about various commercial tobacco issues, in particular, the impact of smoking in movies and commercial tobacco packaging, the health effects of tobacco and how the tobacco industry targets young people. Participants also noted that these activities helped people think about their own health behaviours and understand the difference between commercial and traditional tobacco and the need for policies like Plain and Standardized Packaging.

**Table 49 Perceived Impact of Commercial Tobacco Prevention Activities, 2016-2017**

Perspectives: Youth/Young Adult Training Attendees
<i>“Students became more aware of the movies which contain smoking, and how the rating system works. In addition, they realize how ridiculous it is that movie directed towards children such as Paddington Bear contains scenes of smoking.”</i>
<i>“Many parents were surprised at what they thought were good movies for their kids - Teens were shocked to see the amount of smoking in children's movies...”</i>
<i>“Really gave me a lot of info on tobacco and how it affects everyone. Helped me to be able to explain the affects to others.”</i>
<i>“So far the impact has been decent, we've been able to inform all the youth in our program (average 15) about the difference between traditional tobacco use and commercial tobacco use.”</i>
<i>“Help to increase knowledge of commercial tobacco in children, youth, young adults and adults. Help to assist people in their quit attempts.”</i>
<i>“We showed students how cigarettes are made and tested on animals. One student came up to me later and told me that they wished they had never started smoking, knowing what they know now.”</i>

### **5.5 Involvement in Community Health Activities**

Evaluation participants were also asked to describe how YATI trainings helped them take action on other issues (beyond tobacco) related to the health of their communities. Participants described how YATI trainings had fostered various skills and abilities that could be used for working on other community health topics, such as leadership, campaign development, advocacy and community engagement. Similarly, many felt that they had more confidence in their public speaking ability and in their ability to speak directly with others and have a voice. A few felt that the trainings gave them motivation and passion to continue their health promotion work locally.

*“These trainings allowed me to feel confident with health promotion and policy change, and stand up for public health issues in my university community.”*

- Youth/Young Adult Training Attendee

*“It gives me motivation that change is possible and makes me feel passionate about the work I do in my community. It keeps me going even though I know there's a long road ahead of me.”*

- Youth/Young Adult Training Attendee

*“The YATI trainings that I have attended have motivated me to take action on other issues related to health and tobacco prevention in our community. It has educated our group and helped us to strategize when developing new campaigns. Our group also tackles a number of different public health concerns besides tobacco prevention, including mental health, nutrition, and sun safety. YATI trainings have helped us with our own knowledge on tobacco-related issues, as well as instructed us on how to develop campaigns for other health-related topics.”*

- Youth/Young Adult Training Attended

## 5.6 Perceived Benefits of Attending YATI Trainings

Participants felt that the opportunity to gain new, up-to-date knowledge about different topics and to meet and share ideas with new people that have likeminded goals were primary benefits to attending YATI trainings. Development of different skills, in particular advocacy, public speaking, leadership, campaign development, community engagement and event planning were also noted benefits (Table 50).

**Table 50 Perceived Benefits of Attending YATI Youth/Young Adult Trainings, 2016-2017**

Perspectives: Youth/Young Adult Training Attendees
<i>“It really helps to teach you strategies and ways to effectively create key messages, get people’s attention, and learn about the tobacco industry.”</i>
<i>“You can get more experience at advocating, learn about important health issues, interact with others, and meet new people.”</i>
<i>“Learning new things, meeting other volunteers and helps to boost confidence with certain aspects of health promotion.”</i>
<i>“Knowledge is the most valuable thing. I am able to go back to my community with so much more insight. Also opportunities I was given like becoming a test shopper for my community and meeting new people that I can collaborate with.”</i>
<i>“YATI trainings create a sense of community with other like minded youth, and show you how powerful collaboration can be. It builds your confidence with tobacco related issues, and provides a safe atmosphere to learn.”</i>
<i>“Learning how to advocate properly for a solution to an issue -how to quote statistics that make an impact -how to properly plan to speak to an elected official -how to create an event and market”</i>

## 5.7 Strengths and Opportunities for Improvement

When asked to describe what they liked best about YATI trainings, youth/young adult training respondents primarily highlighted the YATI trainers, who they described as “*knowledgeable*”, “*friendly*”, “*fun*”, “*flexible*”, “*positive*”, “*engaging*”, “*charismatic*” and “*passionate*”. Many also liked the interactive structure of the training sessions, knowledge presented, skills gained, and the opportunity to meet new people and share ideas in a safe environment.

*“I personally enjoyed the group work that we completed at the trainings. Being able to voice my opinion with like-minded people was a truly satisfying experience. I was able to develop my skills as a leader, and became motivated to develop my own campaigns when I returned to community work. I enjoyed meeting new people as well as spending quality time bonding with members of our own group. Before going to the training, I thought I was fairly knowledgeable on the topic of Plain and Standardized Packaging, but the YATI training went into depth of what I already knew and brought forward related concerns that I had not realized. I appreciated the new facts and concepts that I had not already been exposed to.”*

- Youth/Young Adult Training Attendee

Evaluation participants were also asked to provide suggestions to improve YATI trainings (Table 51). Many noted that they were satisfied with the training received and offered no suggestions for improvement. A few participants recommended better time management in order to ensure adequate time for working on more practical activities. Some also recommended having condensed trainings and expressed interest in having longer sessions, potentially spread out over a weekend. Some respondents also noted the need for a room with more space. 2 respondents felt that making the sessions less intimidating would help make participants feel more comfortable. 1 noted the need for more male participants in their training sessions.

**Table 51 Opportunities for Improvement of Youth/Young Adult Trainings, 2016-2017**

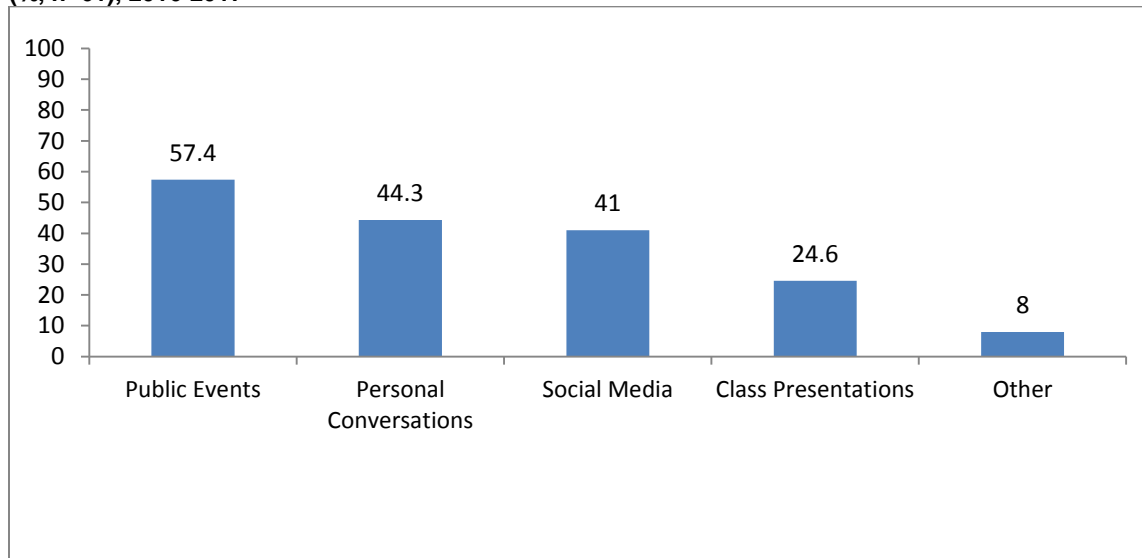
Theme	Respondent Quotes
<b>Time Management</b>	<p><i>“Condense some of the training into shorter versions.”</i></p> <p><i>“Maybe that it lasted longer than a weekend? I really enjoyed it :)”</i></p> <p><i>“More time for action planning at the end of the sessions.”</i></p> <p><i>“To improve YATI trainings in the future I would suggest leaving a larger portion of time at the end of the training to do the campaign development, because, quite often, this last activity feels rushed when it shouldn't have to be. This probably only comes down to time management during the training, but I believe that this is a key portion of the entire presentation, and it is largely what motivates participants to develop their own campaigns.”</i></p>
<b>Less Intimidating</b>	<p><i>“I would provide more opportunities for everyone to speak. Since most people are afraid of raising their hand when they have something to say, maybe they could go in a circle so everyone is encouraged to say something rather than singling one person out at a time.”</i></p> <p><i>“Maybe make it less intimidating? For some reason I felt nervous to talk.”</i></p>
<b>Size of Space</b>	<p><i>“Bigger space maybe a little more organized.”</i></p> <p><i>“More relaxed rather than cramped, also more time for certain activities and maybe more options for ways to deliver the information.”</i></p>

**5.8 Perceived Reach of Tobacco Prevention Activities**

When asked to provide an estimate of the number of people reached through their messaging, responses varied greatly. 51 respondents provided numeric estimates, with most ranging between 100-500 people (n=27) and 4-100 people (n=17). The total number of people reached across all respondents was 120,203 (range 4-110,000).

When asked to select the most effective ways used by respondents or their organizations to communicate their messages, the importance of different mechanisms appeared to be consistent across categories, with ‘Public Events’ (57.4%, n=35) most frequently reported, followed by ‘Personal Conversations’ (44.3%, n=27), ‘Social Media’ (41%, n=25) and ‘Class Presentations’ (24.6%, n=15) (Table 52).

**Table 52 Most Effective Ways to Communicate Messages, Youth/Young Adult Training Respondents (% , n=61), 2016-2017**



## 6 Findings from Follow-up Survey (Adult Programming)

### 6.1 Characteristics of Survey Respondents

A total of 21 adult training attendees responded to the Follow-up Survey.

About half of respondents were between 25 and 34 years old (52.4%, n=11) (Table 53) and almost all identified their gender as female (95.2%, n=20). 3 quarters of the sample had attended 1 training event (76.2%, n=16) in 2016, with the remaining having attended 2 training events. 4 survey respondents also reported attending a Youth/Young Adult Training.

**Table 53 Characteristics of Follow-up Survey Respondents, Adult Training, 2016-2017**

Characteristics	N=21 N (%)
<b>Age</b>	
19-24	2 (9.5)
25-34	11 (52.4)
35-44	4 (19)
45+	3 (14.3)
Prefer not to say	1 (4.8)
<b>Gender</b>	
Female	20 (95.2)
Male	1 (4.8)
<b>Number of trainings attended</b>	
1	16 (76.2)
2	5 (23.8)

### 6.2 Types of Trainings Attended

Survey respondents attended a variety of adult training with Tobacco & Youth/Young Adult Engagement Knowledge Exchange being the most frequently reported (Table 54).

Some participants (61.9%, n=13) also noted participating in trainings as part of a Partnership Program or Summit. These included:

- Partnership with CCO's Aboriginal Tobacco Program (n=2)
- Tobacco Interventions for Youth and Young Adults (CAMH-TEACH) (n=2)
- Freeze the Industry PSP (n=2)
- Regional Summit (n=1)
- TPH-LGBTQ Tobacco/Health Exploratorium (n=1)
- Other (n=2)

1 respondent had also attended the YATI Talks/Keynote Presentation: Tobacco Industry Denormalization.

The majority of respondents (66.7%, n=14) took their training through a Public Health Unit, followed by a Community Organization (14.3%, n=3), a School (9.5%, n=2) and ‘Other’ (9.5%, n=2).

**Table 54 Types of Adult Trainings Attended by Follow-up Survey Respondents, 2016-2017**

Types of Trainings	N (%)
<b>Trainings (n=59)</b>	
Tobacco & Youth Engagement Knowledge Exchange	8 (40)
Engage 2.0: Principles and Practices of Meaningful Youth Engagement	5 (25)
Vapes, Chew and Hookah: Emerging Trends in Youth Tobacco Use	5 (25)
Uprise Webinar	5 (25)
Creating Effective Health Promotion Campaigns with Youth	4 (20)
1 Day Meaningful Youth Engagement	2 (10)
Social Media #healthpromotion	2 (10)
N-O-T on Tobacco Train-the-Trainer	2 (10)
Putting the Party in Participatory Evaluation with Youth	2 (10)
Trainer Orientation and Professional Development Day	1 (5)
Youth Social Identities & Health Promotion	1 (5)
Other	1 (5)

\* Respondents could chose more than 1 answer, thus totals do not sum to 100

### 6.3 Key Messages Retained

When participants were asked to describe key messages that they took away from trainings, they most frequently recalled messaging around youth engagement, in particular the importance of meaningful youth engagement and how to engage youth in public health programming (Table 55). Respondents also recalled messages about the Tobacco Endgame, Marijuana, Plain and Standardized Packaging, and E-cigarettes.

**Table 55 Key Messages Retained, Adult Training Attendees, 2016-2017**

Theme	Respondent Quote
<b>Youth Engagement</b>	<p><i>“We learned about how to make effective anti-tobacco youth campaigns by looking at ways to involve youth with the process.”</i></p> <p><i>“Meaningful youth engagement ideas”</i></p> <p><i>“Ladder of engagement, different ways to ask youth for feedback.”</i></p> <p><i>“Youth Engagement Principles - in Action. I still refer to this from time to time when developing programming.”</i></p>
<b>Endgame, E-cigarettes and Plain and Standardized Packaging</b>	<p><i>“Endgame - Drastic tobacco control interventions are needed if we want to reduce Canada’s tobacco rate to less than 5% by 2035. Vaping - According to 2015 OSDUHS data, more youth tried e-cigarettes for the first time in the past year than tobacco cigarettes. Non-smokers shouldn’t vape.”</i></p> <p><i>“PSP activities options ; PSP perspectives: the user, the vendor, the industry, the government, etc.”</i></p>
<b>Marijuana</b>	<p><i>“Marijuana Legalization - Current proposed legislation needs to be strengthened in order to protect youth from using marijuana (e.g., packaging that appeals to youth).”</i></p>

#### **6.4 Involvement in Commercial Tobacco Prevention/Cessation Activities and Perceived Impact**

Evaluation participants were asked to describe the specific commercial tobacco reduction activities they were involved in as a result of participating in YATI trainings.

Participants most frequently highlighted working on school-based prevention and smoking cessation activities (i.e., presentations, workshops, information booths, youth council and trainings) in elementary, high school and universities. 1 participant noted their extensive work on vaping with schools in their community.

*“Vaping project with schools - consulting with teachers, school board administrators, and students to learn more about vaping issues in schools, develop supporting resources, and strengthen/develop school board vaping policies.”*

- Adult training attendee

Some participants highlighted the creative projects that youth had completed to raise awareness in their communities (anti-smoking posters, videos) and a few participants highlighted the Indigenous commercial tobacco reduction activities they facilitated locally.

*“In cultural presentations and after school program, we talk about the traditional role of tobacco and the importance of it in our culture and ceremonies. We have in the past, harvested and dried our own tobacco leaves in the classroom which we utilize in our cultural presentations.”*

- Adult training attendee

Participants reported that these activities had increased youth knowledge, awareness and interest in commercial tobacco control issues locally, in particular about the health effects of commercial tobacco and the cultural significance of Traditional Tobacco to many Indigenous Communities.

*“Just recently, on a field trip, the children saw people smoking and made the comment, 'That is not the Ojibwe way!' This was an indication that they've retained what they've learned in our programming and know that it [Traditional Tobacco] is being misused.”*

- Adult training attendee

*“Youth educated on risks associated with smoking tobacco, sacred tobacco discussed”*

- Adult training attendee

A few participants noted that activities had encouraged young people to think about quitting and making a quit attempt. 1 participant described increased school capacity to address vaping and a few noted that youth now had the ability to start conversations about smoking with friends and family.

*“Help to increase knowledge of commercial tobacco in children, youth, young adults and adults. Help to assist people in their quit attempts.”*

- Adult training attendee

*“Build teachers' capacity to teach students about the health effects of vaping; Increase students' capacity to make informed decisions about vaping; Develop school board policies that will provide guidance to teachers and school administrators and protect students from the negative health effects of vaping.”*

- Adult training attendee

*“While thinking of creative slogans, everyone was discussing the use of tobacco and how to create awareness with their friends and families. Some mentioned they have friends and family who smoke so they can start a discussion with people who are close to them.”*

- Adult training attendee

### **6.5 Involvement in Community Health Activities**

When evaluation participants were asked to describe how YATI trainings helped them take action on other issues related to the health of their communities, participants described how their overall practice (and thus other areas in which they work) would benefit from the new knowledge and skills gained (i.e., present more creatively, more understanding of smokers, better able to engage youth, use social media more frequently). A few also noted how they would now apply youth engagement principles to other initiatives (i.e., mentorship program, after school program).

### **6.6 Perceived Benefits of Attending Adult YATI Trainings**

Gaining current knowledge about youth engagement and commercial tobacco issues, networking and knowledge exchange with other professionals and young people and gaining access to resources (i.e. community resources, youth engagement activities) were noted benefits to attending adult YATI trainings.

*“Current evidence and knowledge is shared Fun and interactive. Always walk away with new facilitation, energizer, and ice breaker activity ideas. Great networking opportunities. Great knowledge exchange opportunities (e.g., 2-day YATI KE, Uprise webinar). Well-planned and facilitated Youth and adult allies from across our TCAN can come together to participate in trainings.”*

- Adult training attendee

### **6.7 Strengths and Opportunities for Improvement**

When asked what they liked best about the trainings, participants highlighted the interactive nature and the overall atmosphere of trainings (characterized by teamwork, innovation, and fun). Other strengths included the provision of food, guest speakers, practicality of activities, follow-up by YATI staff and opportunities to provide input into trainings.

Evaluation respondents were also asked how YATI could improve trainings. Several participants indicated that they were satisfied with the trainings and offered no recommendations for improvement. Recommendations included:

- *“More time to complete activities”*
- *“Earlier announcements of upcoming trainings/webinars to ensure that I can pass it on the communities.”*
- *“More promotion of webinars in advance.”*
- *“Engage more public health nurses and not just health promotion specialists & youth engagement specialists.”*
- *“Do a better job of sticking to the schedule at the YATI knowledge exchange”*
- *“Additional resources and links”*

### **6.8 Perceived Reach of Tobacco Prevention Activities**

When asked to provide an estimate of the number of people reached with their messaging, 13 respondents provided numeric estimates ranging from 10 to 10,000 people (total number reached= 12,630). 5 respondents noted reaching between 10-20 people, 5 reached between 100-300 people and 3 reached more than 1000 people with their messaging.

When asked about the most effective ways respondents or their organizations used to get their messaging out, Personal Conversations was most frequently selected (72.2%, n=13), followed by Public Events (61.1%, n=11), Class Presentations (38.9%, n=7), social media (38.9%, n=7) and other (11%, n=2).

## Conclusions

In 2016-2017, over 5,000 youth, young adults and adults participated in YATI trainings. The majority of participants indicated that they were attending a YATI training for the first time. Overall, evaluation participants were highly or exceptionally satisfied with the quality of trainings, including training activities, content and facilitation. Evaluation participants also reported being highly or exceptionally satisfied with their motivation to engage in tobacco prevention and cessation activities locally as a result of YATI trainings. In particular, participants were exceptionally satisfied with adult Custom Trainings, the LGBTQ+ Tobacco Ambassador Program, and Plain and Standardized Packaging (English).

Overall, YATI training programs consistently led to a statistically significant increase in knowledge and self-efficacy for understanding and applying the knowledge and information obtained from the trainings. All individual trainings had an increase in knowledge gain from pre- to post-training. This knowledge gain was statistically significant for all but 2 of the trainings: a Central East Summit on Plain and Standardized Packaging and a youth/young adult General Training ‘Walking the Good Life’. Similarly, almost all individual trainings had a statistically significant increase in self-efficacy from pre- to post-training except for ‘Walking the Good Life’, which had a slight non-significant decrease in self-efficacy.

The results of the follow-up survey demonstrate that participants are retaining key messages from training and taking action to raise knowledge and awareness around emerging trends (e.g., vaping and marijuana). Participants were involved in a wide range of advocacy activities in their community and worked to mobilize other young people through public events and campaigns, personal conversations, social media and class presentations. This was reflected in the large self-reported estimates of people reached by YATI training participants: 120,203 for youth/young adult trainings and 12,630 for adult trainings.

Many follow-up survey respondents also described their involvement in school-based health promotion activities such as Health Action teams to raise awareness about commercial tobacco, working with other students, lunch and learns and creating health promotion materials for the school environment. Participants highlighted the importance of messaging focused on understanding the tobacco industry’s role in youth smoking initiation (e.g., Tobacco Industry Denormalization), and the work being done with Indigenous communities regarding commercial vs. sacred tobacco use.

YATI trainings also fostered skills and abilities that are of benefit to many areas of community health. Skills used by YATI training participants included communication, advocacy, campaign development and social media skills (e.g., Creating Effective Health Promotion Campaigns). Participants in adult trainings also highlighted the importance of adopting meaningful youth engagement principles in their work. The opportunity to network and exchange knowledge with youth/young adults and adults from around the Province was another positive aspect of YATI trainings.

The evaluation results demonstrate that YATI is working with a wide range of young people, including priority populations such as young adults, LGBTQ+ and Indigenous persons. Working

with young adults is an important strategy for both prevention and cessation as the transition from youth to young adulthood is associated with increased risk of initiation and prevalence of cigarette smoking.<sup>2</sup> Young adults were the target group for Custom Trainings, Keynotes and Partnership Projects. The LGBTQ+ Tobacco Ambassador Program is an example of a YATI training that was targeted to a young adult priority population. Participants reported exceptional satisfaction with the training activities, content, facilitation and motivation, as well as the overall quality of the LGBTQ+ Tobacco Ambassador Program. Participants also reported a statistically significant increase in knowledge and self-efficacy for applying the skills that they learned in this training.

YATI also partnered with the Cancer Care Ontario-Aboriginal Tobacco Program to offer the First Nations, Inuit and Métis (FNIM) Tobacco-Wise Youth Ambassador Forum, which was specifically targeted to young adults. Evaluation results showed that respondents were highly satisfied with the overall quality of the training, as well as individual training activities, content, facilitation and motivation to tell others to attend the training. Participants also reported high self-efficacy for understanding and applying the knowledge and information obtained from this training.

While overall suggestions for improvement were minimal, ensuring that sessions are an appropriate length to allow adequate time for working on practical activities was raised by some participants of both the youth/young adult and adult trainings. More proactive promotion of YATI trainings and webinars, engaging more public health nurses in trainings, and providing additional resources and links were also mentioned as opportunities for improvement. The interactive, hands-on nature of trainings was highly valued by evaluation participants.

Overall, the 2016-17 YATI program evaluation demonstrates that almost all of the trainings led to an increase in self-reported knowledge and self-efficacy for understanding and applying the knowledge and information obtained from the trainings. The trainings also led to increased self-reported confidence in skills or ability to engage in health promotion and advocacy work in the community. Participants were overwhelmingly satisfied with their YATI training experience. YATI participants retained knowledge and have applied it locally, reaching large numbers of young people in their communities. In addition YATI training is benefiting youth, young adults and adults by providing opportunities to network and exchange knowledge, and fostering skills and abilities that are of benefit to other areas of health promotion.

In conclusion, the 2016-17 YATI program evaluation clearly demonstrates that YATI is working with a wide range of priority populations, is meeting the changing needs of clients by addressing emerging trends in tobacco control, and training participants are consistently gaining knowledge and self-efficacy, and applying it within their local communities.

## References

1. Youth Advocacy Training Institutes 2016-2017 Final Activity Report. Toronto, ON. May, 2017.
2. Queen's Printer for Ontario; 2017. Smoke-Free Ontario Scientific Advisory Committee, Ontario Agency for Health Protection and Promotion (Public Health Ontario). Evidence to guide action: comprehensive tobacco control in Ontario (2016). Toronto, ON: Queen's Printer for Ontario; 2017.

## **APPENDIX A**

### **YATI Program Offerings**

## Youth Advocacy Training Institute (YATI)

Current Program Offerings:



### Youth & Young Adult trainings include:

#### **Advocacy for Health: Jump into Action** (6 hours):

This training session explores how youth can affect real change in tobacco control by getting their voices heard by the right people. Participants will learn how advocacy can influence public policy as well as the basics of how to advocate in new and creative ways using campaign examples from real-world tobacco control campaigns by youth and young adults.

*Cette formation est également disponible en français.*

#### **Creating Effective Health Promotion Campaigns: I Set Up a Booth...Now What?** (6 hours):

This training will explain the World Health Organization's (WHO) pillars of health promotion and explore effective campaign strategies, such as social marketing and branding. This training will look at examples of effective tobacco prevention & health promotion campaigns and introduce basic steps to creating effective campaigns in participants' communities.

#### **Creative Ways to Advocate** (3.5 hours):

In this training, participants learn about the main ingredients that form effective creative advocacy. This is done by investigating tobacco control case studies. Participants will be exposed to a variety of different creative advocacy tactics and approaches. Through creative expression exercises, participants explore the benefits of using creative advocacy in their groups.

#### **Influencing Policy: DIY** (6 hours):

This training explores how tobacco and nicotine control policy is developed within both government and community organizations. Participants learn how to work with organizations to influence change or create policy to support tobacco prevention and cessation in their communities.

#### **Media Relations: Prep for the Press** (5 hours):

Participants explore how to work with the media as a component of advocacy, health promotion, and tobacco control. They learn how to develop press releases, learn basic interviewing skills, and how to handle an aggressive public on the streets in their own campaign efforts for greater tobacco control and responsibility.

*Cette formation est également disponible en français.*

#### **Plain and Standardized Packaging: Plain & Simple** (6 hours):

Not every argument is plain and simple, but this one is. Smoking is still the number one cause of preventable death and disease. Canadians are dying each and every day as a result of being hooked by the tobacco industry. Plain and Standardized Packaging: Plain and Simple is a training developed in partnership between YATI and Freeze the Industry (FTI) to support a province-wide education and awareness raising campaign in support of plain and standardized packaging (PSP) for tobacco products. Learn how the tobacco industry uses powerful marketing tactics, specifically branding of their packages, to sell their addictive and deadly products and what you can do about it.

#### **Smoke-Free Movies: Seeing Through the Smoke** (3.5 hours):

This training provides participants with an overview of the issues in Smoke-Free Movies. In Canada, 86 per cent of movies featuring tobacco use have been identified as being youth-rated; and in fact, a review study suggested that as much as 37 per cent of youth smoking initiation is due to smoking in movies. Participants will be able to describe the issues behind smoking in movies, the effect it has on kids and youth, and the 5 'asks' of the World Health Organization (WHO). Finally, participants learn what groups are doing to prevent youth from being influenced by smoking in movies.

*Cette formation est également disponible en français.*

**Social Media and #HealthPromotion (3.5 hours):**

This training introduces various social media platforms that advocate and raise awareness of tobacco addiction and works with participants to incorporate effective strategies for using social media tools to enhance their health promotion work.

**Talking Tobacco: Insert Topic Here (6 hours):**

This training module is designed to provide youth and young adults with tools, techniques, strategies, and practice to deliver effective tobacco prevention/protection/cessation key messaging to various audiences. The 'Talking Tobacco' curriculum is designed to be adapted to different tobacco key messaging and topics (e.g., Smoke-Free Movies, plain and standardized packaging, etc.).

**Tobacco Industry Denormalization Level 1: Rage Against the Industry (3.5 hours):**

This training module is a combination of Tobacco 101 and Tobacco Industry Denormalization. It provides participants with knowledge about tobacco misuse along with a brief overview of various tobacco prevention efforts that have occurred. It equips participants with the background knowledge necessary to inform youth on the aggressive and persuasive tactics of the tobacco industry. Participants learn about target marketing and how tobacco and other industries use the media to sell their products. And finally, participants will become aware of Tobacco Industry Denormalization as a strategy and the corresponding pillars.

*Cette formation est également disponible en français.*

**Tobacco 202: Emerging Issues (3.5 hours):**

Emerging issues is designed to review success in tobacco control and outline new(ish) and emerging trends/issues. Groups are asked to identify 4 or 5 issues they wish to examine from the following menu: Tobacco and the Environment, Social Justice, Vaping, Hookah, Alternative Tobacco Products (chew, snus and snuf), End Game, Age Increase, Plain Packaging, Tax Increase or Smoke-Free Outdoor Spaces. Participants will be responsible for reviewing 'the what', 'so what' and 'now what' of 4 or 5 different issues.

**Walking the Good-Life (Mino-Pimatisiwin) (6 hours):**

Developed in collaboration with Mikey Etherington, Cultural Competency Trainer and Cultural Program Manager at Native Canadian Centre of Toronto, this training will promote awareness on issues within First Nation communities regarding colonization and the impacts it has had on tobacco from a traditional and commercial perspective. The aim is to provide knowledge and understanding for youth to be advocates within their local communities to address the industrialization and commercialization of tobacco.

**Youth Social Identities for Youth (6 hours):**

This training provides an introduction to integrating the concepts/theories of social identities and peer-crowds into effective health promotion programming in tobacco control for a youth target audience. This module explores the concepts of social identities, peer-crowds, target marketing, social branding and the social identities approach. This module also examines various campaigns that currently use the SI approach, and it reviews different strategies and tactics utilized in tobacco control campaigns to be effective in changing attitudes and behaviours towards health norms in tobacco use.

**YATI Talks:**

YATI Talks are a collection of one hour-long tobacco-related presentations developed and presented for youth by youth. YATI Talks are meant for groups of 50+ and topics include: Creating Effective Health Promotion Campaigns, Improving the Health of Your Community, Tobacco Industry Denormalization, Tobacco Industry and the World, Social Media and # HealthPromotion, Activists and Advocates: Agents of Change, and le tabac dans un contexte mondial.

*Ces exposés sont également disponibles en français.*

## **Adult Trainings include:**

### **Creating Effective Health Promotion Campaigns with Youth: Stop, Collaborate and Listen! (6 hours):**

Using the WHO pillars of Health Promotion, this training shows participants how youth can play a role in changing behavioural risk factors in tobacco misuse for their peers through the use of effective health promotion campaign strategies and tools. Participants will review an example of an effective health promotion campaign using tobacco denormalization strategies and explore basic steps to engage youth in the process of creating effective tobacco control health promotion campaigns: setting goals and objectives, defining the issue, defining the audience, defining the message, identifying settings and communication channels as well as developing tools for measuring success.

### **Engage 2.0: Principles and Practices of Meaningful Youth Engagement (2 days):**

This training is for individuals who want in-depth information on youth engagement and how to apply these concepts in everyday practice. Specifically, this training provides an overview of: key youth engagement terms, research and philosophies, practical application of youth engagement concepts, and best practice learning's from the area of tobacco prevention.

### **Promising Practices in Youth Tobacco Cessation (3.5 hours):**

This training provides learners with a background around youth cessation, examining what research and practice has demonstrated to be effective practice in this field. It also explores innovative and new practices for youth cessation.

### **Putting the Party in Participatory Evaluation with Youth (3.5 hours):**

Want to include youth as active stakeholders in your evaluations but don't really know how? This training examines participatory evaluation, a method of evaluation that calls for the inclusion of stakeholders throughout the evaluation process. Participants will review how *The Ministry of Health and Long Term Care's 11 Principles of Youth Engagement* can inform participatory evaluation, with a particular emphasis on data collection. The training will highlight the benefits and barriers to participatory evaluation with youth. Participants will examine case studies which examine participatory evaluation efforts in tobacco control. Participants will be provided with tangible tools for use with youth in participatory data collection. This training is offered in partnership between YATI and Public Health Ontario's- Health Promotion Capacity Building Services

### **Social Media and #HealthPromotion (3.5 hours):**

The goal of this training is to increase the capacity of adults to meaningfully engage youth in health promotion. Guided by examples from health promotion and tobacco control, participants will develop effective strategies for using social media tools in their practice.

### **Youth Social Identities & Health Promotion (6 hours):**

This training on youth social identities and health promotion focuses on training adults on how they can support youth in the creation of tobacco control campaigns that target specific youth subcultures.

## **Other services:**

YATI also offers a variety of other services such as keynote speaking, program consultations, event/action planning sessions, MC speakers and conference planning/hosting. All of our programming is free of cost.

Contact us if you have any questions or if you are interested in booking a training or one of our other services

Email: [yati@on.lung.ca](mailto:yati@on.lung.ca)

Phone: 1-877-852-9284

18 Wynford Drive, Suite 401, Toronto, ON M3C 0K8

## **APPENDIX B**

### **YATI *Not On Tobacco* (N-O-T) Evaluation Report**



THE ONTARIO TOBACCO RESEARCH UNIT  
UNITÉ DE RECHERCHE SUR LE TABAC DE L'ONTARIO

*Generating knowledge for public health*

# ***YATI Not-On-Tobacco (N-O-T) Evaluation***

Final Report

Pamela Kaufman  
Tracey Borland  
Lori Diemert  
Robert Schwartz

May 30, 2017

## Table of Contents

Table of Contents .....	ii
List of Tables .....	iii
List of Figures .....	iii
Introduction.....	1
Key Evaluation Questions.....	1
Methods.....	2
Quantitative Data .....	2
Qualitative Data .....	2
Survey Results .....	4
N-O-T Program Participant Characteristics.....	4
Attrition Rate .....	6
Social Influences.....	6
Cessation Methods Previously Used.....	7
Withdrawal Symptoms Previously Experienced .....	7
Smoking Habits of Program Participants.....	7
Short-Term Quitting Behaviours .....	8
Quitting Smoking.....	8
Reducing Consumption.....	8
Changing Attitudes or Intentions .....	9
Other Cessation Behaviours.....	10
Long-Term Quitting.....	10
Long-Term Quitting and Smoking Reduction .....	10
Long-Term Changes in Attitudes or Intentions to Quit.....	10
Facilitator and Participant Satisfaction with N-O-T Program Components .....	11
Program Impact on Other Areas of Participant Lives.....	12
N-O-T Train-the-Trainer.....	13
Qualitative Results from Facilitator Interviews .....	15
Discussion .....	32
What do we know about young people who participate in the N-O-T program?.....	32
How manageable is the N-O-T program for adult allies to implement?.....	33
Does the N-O-T program support young people in quitting or reducing smoking?.....	34
What are the secondary impacts of the program on the lives of young smokers?.....	36
To what extent are clients satisfied with the N-O-T training?.....	37
Limitations .....	38
Conclusion .....	39
References .....	41
Appendix A: Not on Tobacco (N-O-T) Program Poster.....	43

## List of Tables

Table 1: Characteristics of N-O-T Program Participants at Intake, 2014-2016 .....	5
Table 2: Summary of Program Participation and Survey Response.....	6
Table 3: Change in Mean Number of Cigarettes Smoked per Day Among End of Program Survey Respondents.....	9
Table 4: Satisfaction Results of N-O-T Train-the-Trainer, 2014-15, 2015-16, and 2016-17.....	14
Table 5: Facilitator Perspectives- N-O-T Implementation Facilitators .....	20
Table 6: Facilitator Perspectives- What worked well about the N-O-T sessions .....	22
Table 7: Facilitator Perspectives- Barriers to Addressing Commercial Tobacco Use Behaviour	28

## List of Figures

Figure 1: Social Exposure to Smoking at Home and in Social Networks .....	6
Figure 2: Cessation Methods Previously Used by Participants at Intake .....	7
Figure 3: Smoking Habits of Program Participants at Intake .....	8
Figure 4: Quitting Ladder Classification at Intake and End of Program .....	9
Figure 5: Perception of Program Importance to Support Cessation Behaviours .....	11
Figure 6: Perceptions of Program Impact in Other Areas by Participants and Facilitators .....	12

## Introduction

The Not-On-Tobacco (N-O-T) program is a voluntary school-based program for youth (ages 14-19) who are daily smokers and motivated to quit. The aim is to assist youth in understanding why they smoke and help them to develop the skills, confidence, and support needed to quit. The N-O-T program employs several different strategies to assist youth: small group discussion, writing in journals and hands on activities. The program is offered over 10 weekly sessions (each generally 50 minutes in length) led by an adult who has been trained as a facilitator of the program. Weeks 1-4 are focused on preparation for quitting, week 5 is the quit day, and weeks 6-10 are focused on relapse prevention and reinforcement. The program is primarily offered during the lunch break, although some schools offer it during class time or a combination of class time and lunch break.

This program was developed by the American Lung Association. The Youth Advocacy Training Institute (YATI), a program of The Lung Association-Ontario, piloted the implementation of this program in 11 Ontario schools from 2014 to 2017. YATI has modified the ALA N-O-T program for the Ontario context, including infusing youth engagement strategies into the curriculum, revising Train-the-Trainer, adapting evaluation tools and altering the facilitation model. For example, the Ontario N-O-T program is co-facilitated by school staff and health unit staff, thereby providing greater opportunities for cessation supports and programming at the local level. Further detail on the Ontario N-O-T program is provided in Appendix A: Not-On-Tobacco (N-O-T) Program Poster.

## Key Evaluation Questions

The main evaluation and investigative questions were as follows:

1. What do we know about young people who participate in the N-O-T program and their smoking behaviours and use of other tobacco products?
2. How well does the N-O-T program support young people in quitting or reducing tobacco smoking?
3. How manageable is the N-O-T program for adult allies to implement and run with their groups?
4. To what extent is the program perceived as being valuable and meeting the needs of participants?
5. What are the secondary impacts of the program on the lives of young smokers who participate?
6. To what extent are clients satisfied with the N-O-T training? What is the training doing well and what could it do better?

YATI partnered with the Ontario Tobacco Research Unit (OTRU) to evaluate the N-O-T program using a mixed methods approach. This report summarizes qualitative findings from N-O-T facilitator interviews (n=10), and evaluation survey data from 9 N-O-T program pilots (n=109) and 3 N-O-T Train-the-Trainer sessions (n=38).

## Methods

### Quantitative Data

The American Lung Association (ALA) requires that their evaluation survey instruments be implemented with the Ontario program pilots. Following the ALA protocol, 3 standard evaluation surveys were implemented: N-O-T About Me 1 (at program intake), N-O-T About Me 2 (at end of program) and N-O-T About Me Follow-Up (at 6-months post-program). N-O-T About Me 1 measured participant demographics, tobacco use behaviours, motivation to quit, confidence and thoughts about quitting, attitudes towards smoking, quit attempts and social influencers. N-O-T About Me 2 and N-O-T About Me Follow-Up measured current tobacco use, thoughts about quitting and attitudes towards tobacco use.

A 4<sup>th</sup> survey, N-O-T Tell Us What You Think, was also administered to participants and facilitators at the end of the program to provide feedback on how well the program worked to help young people quit and reduce smoking, impacts of the program on other areas of participants' lives, and feedback on the curriculum (activities, resources, content and facilitation).

N-O-T About Me 1 and 2 were administered by trained facilitators at the start and at the end of the program, and N-O-T About Me Follow-Up was administered by school staff 6 months after the program end date. All surveys were completed by N-O-T program participants in-person using pencil and paper.

N-O-T program facilitators also participated in a Train-the-Trainer session prior to the start of the N-O-T program. A Client Satisfaction survey was administered to Train-the-Trainer participants.

Evaluation survey data was analyzed from 9 of the 11 N-O-T program pilots, due to limited data available from the 2 most recent pilots that were implemented in early 2017.

Univariate and bivariate descriptive statistics were conducted for all survey data. Statistical significance was set at  $p < 0.05$ . All analyses were conducted using SAS 9.4. Open-ended survey responses were grouped by common response topic and reported qualitatively.

### Qualitative Data

2 OTRU researchers conducted semi-structured, in-depth facilitator interviews with 10 individuals involved in implementing the N-O-T program. Interviews were conducted between February and April 2017 and occurred over the phone. The 10 facilitators were purposively selected from 22 facilitators who were involved in 1 or more of the 11 program pilots, to represent diversity in geographic location, roles (school staff vs. public health staff) and schools. YATI facilitated recruitment by providing OTRU with implementer/facilitator contact information. An OTRU researcher recruited facilitators via email. Facilitators included Youth

Engagement Coordinators, Public Health Nurses and School Staff (i.e., Teachers, Child and Youth Workers, Social Workers, Guidance Counsellors).

Interviews lasted 20-60 minutes, were audio recorded with the facilitator's permission and transcribed by a third party provider. The interviews focused upon 5 topic areas: background information (role, program participant and school characteristics), implementation facilitators and challenges, program impact, cessation challenges and facilitators, and opportunities for improvement. The data were analyzed thematically by interview question by 1 researcher and discussed among the project team.

## Survey Results

### N-O-T Program Participant Characteristics

Over 3 years, the 9 N-O-T program pilots being evaluated in this report had enrolled 109 youth smokers. The number of participants at intake for each session ranged from 7 to 20; the average number of participants per session was 12.

The average age of participants was 16 years (range: 10-20 years), with the majority of participants in grade 12. There was equal representation of males and females in the program. Among program participants, the average age of smoking their first cigarette was 12 years (range: 4-17 years) (Table 1).

Participants who completed the intake survey smoked an average of 12 cigarettes per day. Half of participants had moderate motivations to quit at intake, with 24% highly motivated and 27% with little or no motivation to quit; only 25% were highly confident in their ability to quit at intake. More than 70% of participants had previously tried to quit but could not (Table 1).

While the intake survey did not collect data on participants' geographic, social and cultural identity, interviews with program facilitators found that many of the youth who participated in the N-O-T programs were from rural (and in some instances remote) communities and belonged to 'priority populations', including self-identified Indigenous groups. Facilitators also reported that some of the program participants had differing learning abilities and styles, and many were dealing with stressful life issues, such as challenging domestic circumstances and relationships, poverty, substance misuse and mental health issues.

**Table 1: Characteristics of N-O-T Program Participants at Intake, 2014-2016**

<b>Characteristic</b>	<b>No. of Participants (%)<sup>a</sup></b>
Overall	109 (100%)
Age (mean, SD <sup>b</sup> )	108 (16.0, 1.43)
Grade	
9	16 (15%)
10	21 (19%)
11	25 (23%)
12+	47 (43%)
Sex	
Male	54 (50%)
Female	54 (50%)
Age of first cigarette (mean, SD <sup>b</sup> )	12 (2.5)
No. cigarettes per weekday (mean, SD <sup>b</sup> )	107 (11.7, 12.8)
No. cigarettes per weekend day (mean, SD <sup>b</sup> )	94 (12.0, 19.4)
Smoked in past 30 days	
Yes	100 (92%)
No	9 (8%)
Smoked on 20 of past 30 days	
Yes	84 (77%)
No	25 (23%)
Motivation to quit	
None/Low	29 (27%)
Medium	53 (49%)
High	19 (18%)
Very high	7 (6%)
Confidence to quit	
None/Low	41 (38%)
Medium	40 (37%)
High	13 (12%)
Very high	14 (13%)
Previous unsuccessful quit attempts	
Yes	75 (71%)
No	31 (29%)

<sup>a</sup> Percentages may not sum to 100% due to rounding. Missing data was excluded from proportions.

<sup>b</sup> SD, standard deviation.

<sup>c</sup> Frequency of missing data is greater than 10% (n=11).

### Attrition Rate

Of the 109 program participants, 43 (39%) completed the end of program survey; 31 respondents (28%) completed the 6-month follow-up survey (Table 2). Non-participation in the end of program survey varied by grade, where those in higher grades (11-12+) were more likely to not complete the end of program survey than those in younger grades. There was no significant difference in non-completion of the end of program survey by gender, motivation to quit, confidence to quit or previous unsuccessful quit attempts (data not shown).

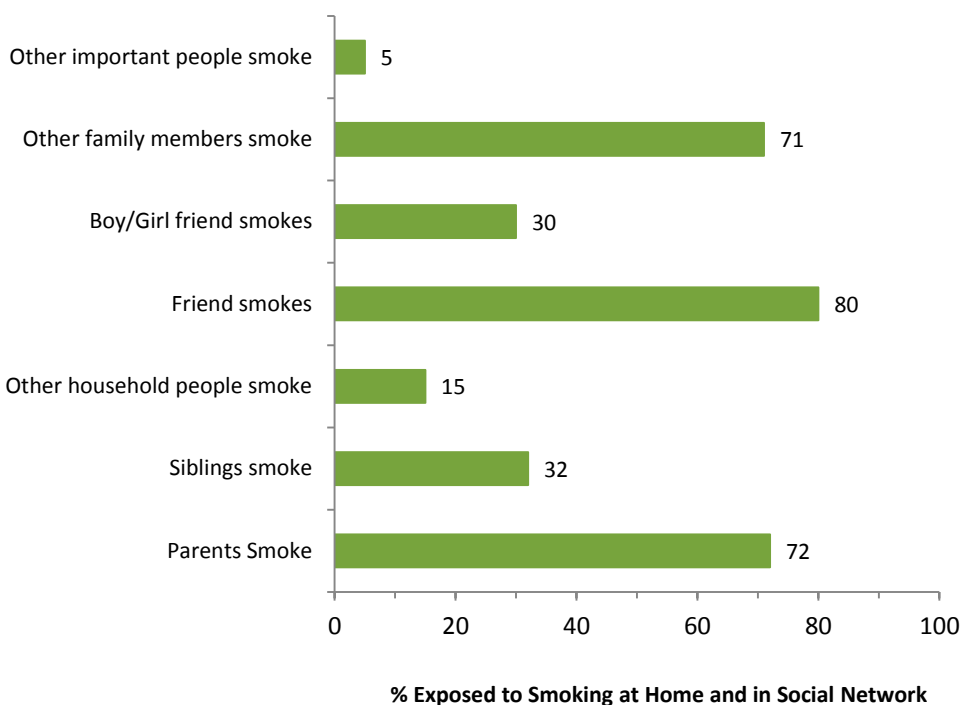
**Table 2: Summary of Program Participation and Survey Response**

	Intake (N-O-T 1)	End of Program (N-O-T 2)	6-Month Follow-up
Sample size n (no. of completed surveys)	109	43	31
Retention from baseline	--	39%	28%

### Social Influences

The vast majority of program participants at intake (n=109) were exposed to smoking at home. Almost 3 in 4 participants had parents who smoke and 32% had siblings who smoke. Friend smoking is also known to be a significant influence on youth behaviours: 80% of participants had close friend(s) who smoke cigarettes (Figure 1).

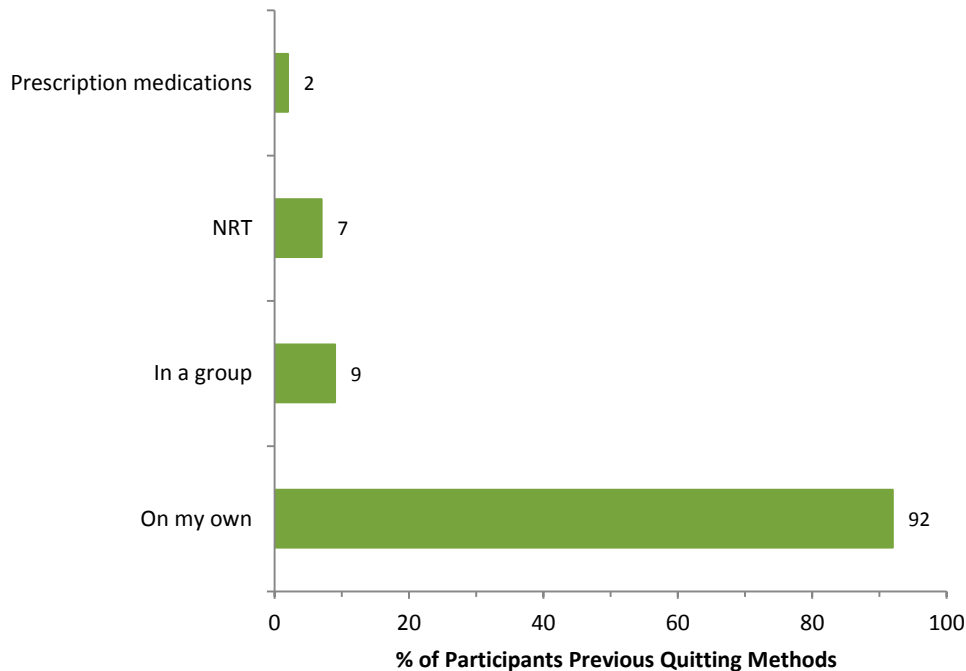
**Figure 1: Social Exposure to Smoking at Home and in Social Networks**



### ***Cessation Methods Previously Used***

At intake, participants identified previous smoking cessation strategies they had used in the past. Of the 109 respondents at intake, 90 participants reported using 1 or more methods to quit in the past. Predominately, the youth had tried to quit on their own (92%). A small proportion of participants had used groups (9%), nicotine replacement therapy (NRT) (7%) and prescription medications (2%) (Figure 2). 1 respondent had used an online program while no respondents reported using healthcare providers or quitlines.

**Figure 2: Cessation Methods Previously Used by Participants at Intake**



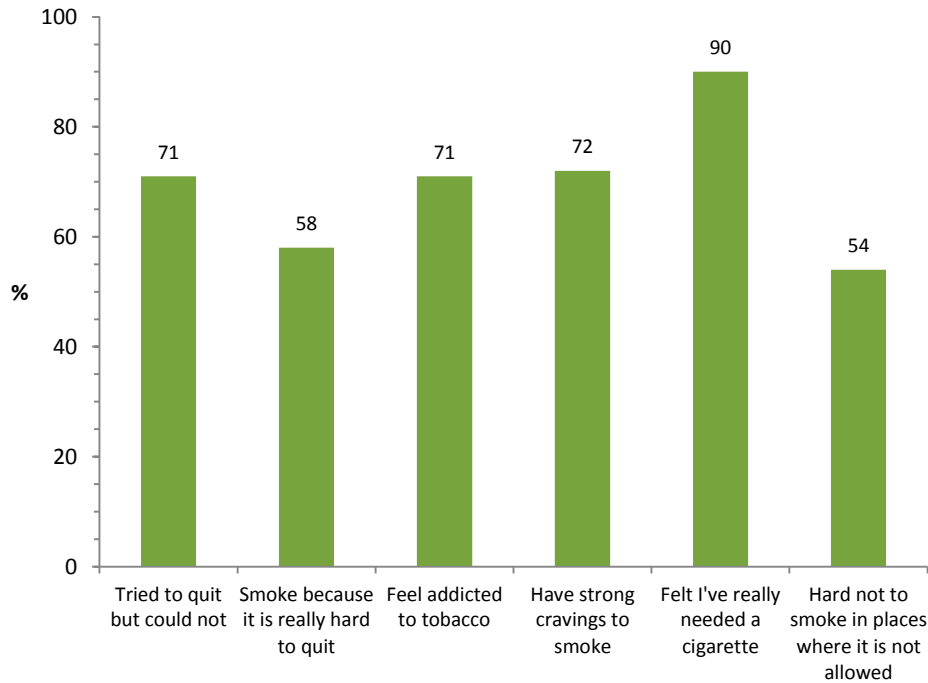
### ***Withdrawal Symptoms Previously Experienced***

This survey also asked participants about their experience with withdrawal symptoms from smoking abstinence. At intake, participants reported experiencing the following symptoms:

- Find it hard to concentrate (54%)
- Feel more irritable (70%)
- Feel a strong need/urge to smoke (69%)
- Feel nervous, restless or anxious (62%)

### ***Smoking Habits of Program Participants***

7 in 10 program participants felt addicted to tobacco. The same proportion had tried to quit but could not and had strong cravings to smoke. Almost all participants indicated that they had really needed a cigarette in the past. Just over half had found it hard not to smoke in places where it is not allowed and 58% smoked because they find it really hard to quit (Figure 3).

**Figure 3: Smoking Habits of Program Participants at Intake**

## Short-Term Quitting Behaviours

### *Quitting Smoking*

In total, 109 young people participated in the 9 pilot programs. Of the 43 participants who responded to the end of program survey, 5 (12%) were not using tobacco or smoking any cigarettes per day at the end of program. The true quit rate may be lower than 12% because this only includes those participants who responded to the end of program survey. An intent-to treat (ITT) analysis would assume all non-respondents are still smoking; however, this is overly conservative and more appropriate for clinical trials. More data is needed to inform the program impact on short and long-term quitting.

### *Reducing Consumption*

The 43 participants who responded to the end of program survey were smoking fewer cigarettes per day than they were at intake. Program participants were consuming approximately half of the number of cigarettes they were smoking at the beginning of the program (Table 3).

**Table 3: Change in Mean Number of Cigarettes Smoked per Day Among End of Program Survey Respondents**

Survey	Mean Weekday Cigarettes/Day Mean (SD) <sup>a</sup>	Mean Weekend Day Cigarettes/Day Mean (SD) <sup>a</sup>
Intake <sup>b</sup> (n=42)	12.0 (11.2)	11.1 (9.1)
End of Program <sup>c</sup> (n=35)	6.1 (6.4)*	5.9 (6.7)*

<sup>a</sup> SD, standard deviation

<sup>b</sup> Cigarettes per day at Intake are calculated only for those who responded to N-O-T 2

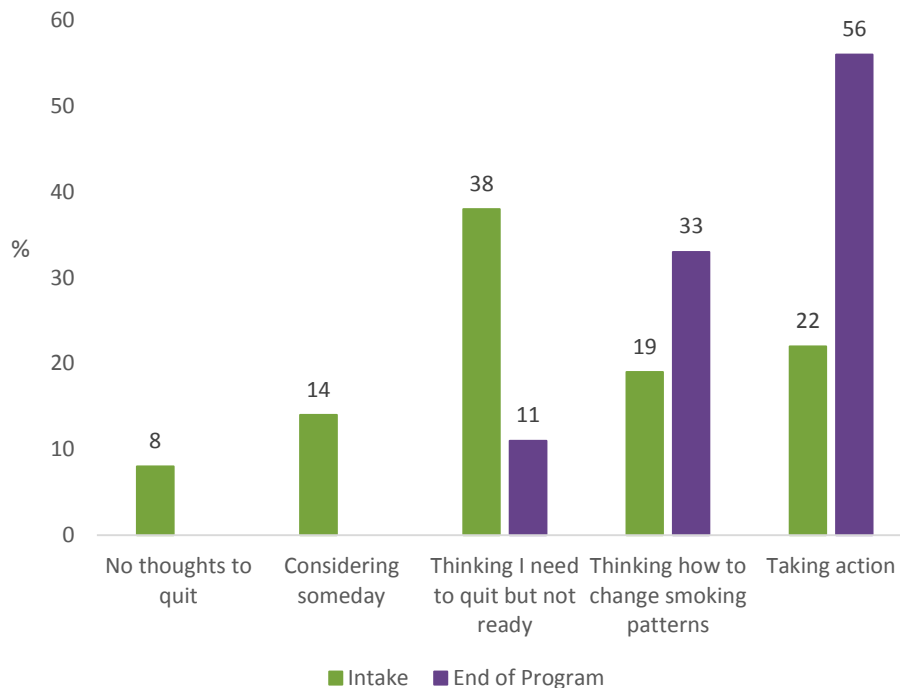
<sup>c</sup> Cigarettes per day are only calculated among those who provided cigarettes/day responses at End of Program

\* p< 0.001 for difference between intake and end of program (paired t-test)

### Changing Attitudes or Intentions

N-O-T participants who completed the end of program survey (n=43) reported making significant progress along the quitting ladder. The quitting ladder measures respondents’ stage of quitting from not thinking about quitting through to taking action. At intake, 22% of respondents were not thinking much about quitting in the near future (i.e., had ‘no thoughts to quit’ or were ‘considering quitting someday’), 38% were thinking they needed to quit but were not quite ready, 19% were thinking about how to change their smoking patterns and 22% were taking action to quit smoking. At the end of the N-O-T program, only 11% of respondents were thinking that they ‘need to quit but were not quite ready’. Most respondents (89%) had progressed to the final 2 stages, either ‘thinking about how to change their smoking patterns’ (33%) or ‘taking action to quit’ (56%) (p<0.001) (Figure 4).

**Figure 4: Quitting Ladder Classification at Intake and End of Program**



### ***Other Cessation Behaviours***

No specific survey item was available to identify changes in the number of quit attempts for the first 9 pilot sessions. However, new survey questions have been added to the end program and 6 month follow-up surveys for pilot sessions starting in January 2017. There were not sufficient programs or participant data at the time of writing this report to comment further on quit attempts made during the program.

Similarly, there were no specific survey items available to assess alternative tobacco (including e-cigarette) use in the first 9 pilots. Related survey items were added for the sessions starting January 2017; however, there are limited participant data for further analysis at this time.

### **Long-Term Quitting**

The 6-month follow-up survey has a total of 31 responses. Descriptive numbers are provided below; however, there is insufficient data and statistical power to conduct quantitative analyses or draw conclusions about the long-term impact of the program.

#### ***Long-Term Quitting and Smoking Reduction***

6 of the 31 respondents (19%) reported not smoking at the time of the 6-month follow-up survey. However, an intent-to-treat (ITT) analysis would result in much lower rates. The true number who are smoke-free at 6-months follow-up will be less than 19% but higher than an ITT calculated rate. Among those who were still smoking at 6-months follow-up, participants smoked an average of 9.0 (SD<sup>i</sup>=11.6) cigarettes on weekdays and 5.4 (SD=7.2) cigarettes on weekends.<sup>ii</sup>

#### ***Long-Term Change in Attitudes or Intentions to Quit***

The quitting ladder was used to assess student readiness to take action on smoking behaviours at 6-months follow-up. 6 respondents had either not thought about quitting (n=3) or indicated that they will consider quitting someday (n=3), 10 respondents thought they needed to quit but were not quite ready. 40% of respondents were making changes to their smoking behaviours: 4 were thinking about how to change their smoking patterns and 7 were taking action to quit.

<sup>i</sup> SD = standard deviation.

<sup>ii</sup> This excludes 2 data outliers where the reported response was 100 cigarettes per day. There was some reporting by facilitators that this question was confusing and participants were trying to calculate their cigarettes per day over the past week. For these reasons, responses greater than 50 cigarettes per day were excluded from the calculation of the mean.

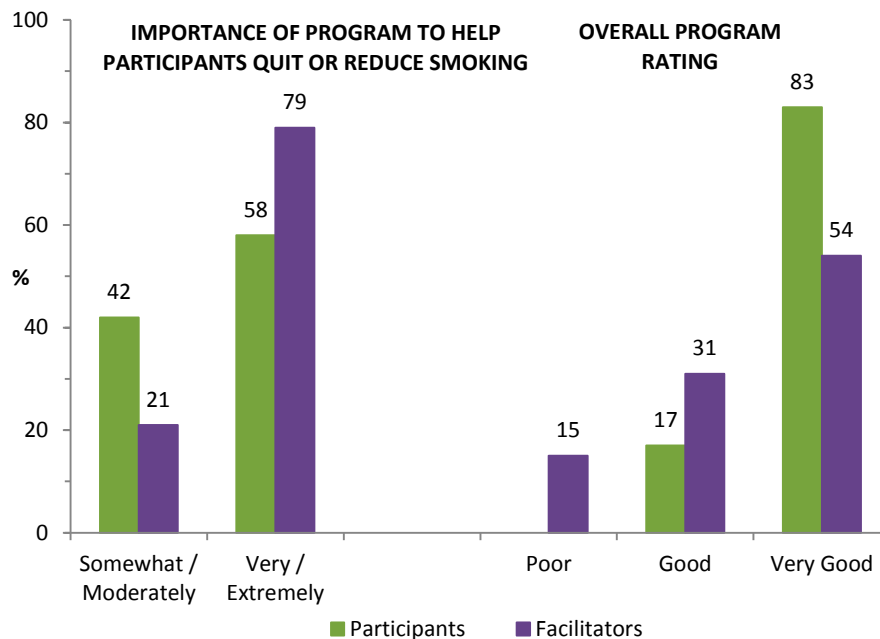
## Facilitator and Participant Satisfaction with N-O-T Program Components

Quantitative aspects of the Facilitator and Participant satisfaction surveys are noted below:

- 84% of participants and 93% of facilitators felt the number of participants was just right.
- While the majority of participants and facilitators felt the program was the right duration/length, 30% of each group felt the program was too short.
- The journal exercise was rated the least useful aspect of the program for both participants (65%) and facilitators (57%). Participants rated all other activities and resources as good or very good. Facilitators highly rated the discussions, activities and food (100% for each), while 69% felt the handbook was a useful resource.
- All participants (98% or more) rated facilitators highly in all areas: ‘knowledgeable’, ‘helpful’, ‘good listeners’, ‘youth-friendly’, and ‘created a comfortable environment’ (strongly agree or agree).
- Participants and facilitators felt the program provided new information, fun activities, good flow and opportunities for discussion.

Almost 60% of participants and 79% of facilitators felt the program was very or extremely important in helping students quit or reduce their smoking. All participants rated the program highly, with 83% rating it “very good”; however, facilitators rated the program a little less favourably with just over half rating it “very good”, 31% “good” and 15% “poor”. (Figure 5)

**Figure 5: Perception of Program Importance to Support Cessation Behaviours and Overall Rating by Participants and Facilitators**

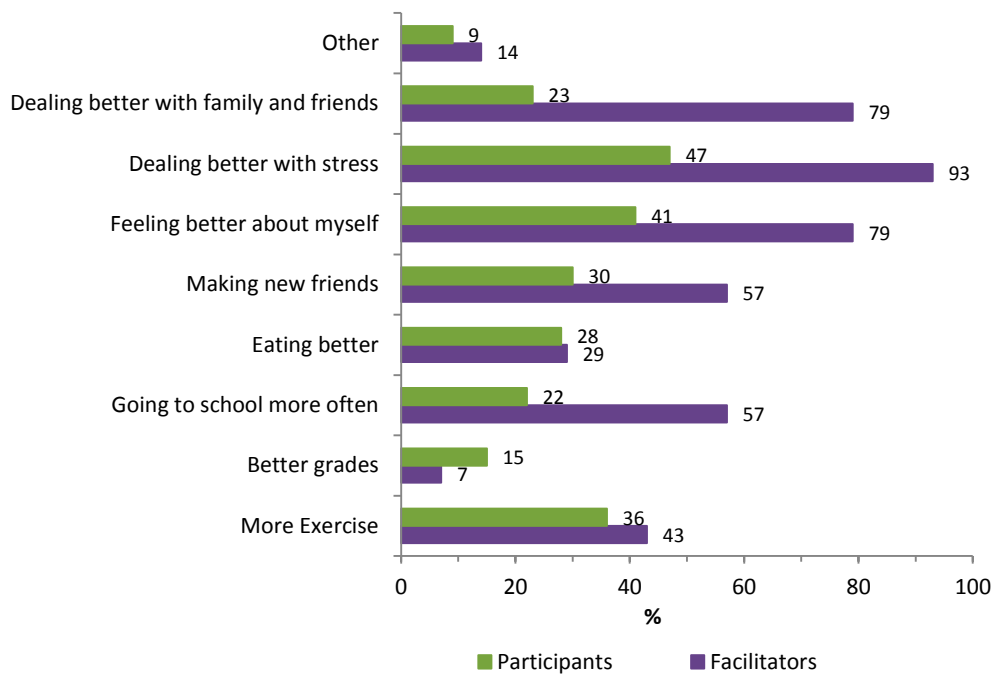


In open-ended questions on the Client Satisfaction Survey, participants reported that they really liked the support, discussions, facilitators and food. The majority of those responding to the satisfaction survey (n=78) indicated there was nothing they did not like about the program. A number of participants reported that they felt the program should be longer or run all year, 1 did not like writing so they did not like the journals, and another noted that talking about smoking made them crave a cigarette.

### Program Impact on Other Areas of Participant Lives

The satisfaction surveys from participants (n=81) and facilitators (n=14) provided perceptions on how the program may have helped other areas of participants’ lives. The majority of facilitators felt the program helped participants to deal better with stress (93%), deal better with family and friends (79%) and feel better about themselves (79%). While participants were most likely to report that the program helped them to deal better with stress (47%) and feel better about themselves (41%), this was much lower than the perceptions of the facilitators. Other areas where the program had a positive impact included: more exercise, making new friends, eating better, going to school more and, to a minimal extent, getting better grades (Figure 6).

**Figure 6: Perceptions of Program Impact in Other Areas by Participants and Facilitators**



## N-O-T Train-the-Trainer

N-O-T facilitators were trained by YATI using Train-the-Trainer programming. Participants in the training completed the N-O-T Train-the-Trainer client satisfaction survey. Table 4 shows satisfaction scores from 3 fiscal years (2014-15, 2015-16 and 2016-17). After July 2015, client satisfaction surveys were revised to include performance indicators recommended by the Health Promotion Resource Centre (HPRC) Evaluation Performance Measures Working Group. HPRC performance indicator recommendations included changes to questions about content and motivation, as well as changes to the scale used for the overall score. Training participants were asked to rate the degree to which they agreed or disagreed with statements relating to training on a **4-point Likert scale**; however, some post-HPRC recommendations include a scale ranging from 1 to 5 (very low to very high). These changes are noted in table footnotes.

Generally, training participants strongly agreed with all of the survey statements, indicating **exceptional satisfaction** with the activities, content, motivation and facilitation. The overall quality of the training was rated **very high** (range: 4.37-5.0) for all 3 fiscals. Participants also **strongly agreed** that they felt motivated to prevent youth from starting smoking or helping youth to quit, felt confident in talking to youth about smoking prevention, were going to use the information learned and would recommend the training to others.

A new question was added to the survey in 2016 and 2017 (post-HPRC) regarding the extent to which the training will enhance practice (scale of 1-5). For both years, training participants responded that the program will enhance their practice '**A Great Deal**' (4.80-4.56).

**Table 4: Satisfaction Results of N-O-T Train-the-Trainer, 2014-15, 2015-16, and 2016-17**

Survey Statement	2014-2015	2015-2016		2016-2017
	Mean (SD) (n=8)	Pre-HPRC Mean (SD) (n=6)	Post-HPRC Mean (SD) (n=15)	Mean (SD) (n=9)
<b>ACTIVITIES (scale out of 4)</b>				
The activities were interesting/ creative/fun	3.78 (0.46)	3.50 (0.55)	3.80 (0.41)	3.78 (0.44)
The activities helped me better understand the topic	3.75 (0.46)	3.50 (0.55)	NA	NA
The activities gave me a chance to work with and meet others	3.88 (0.35)	3.50 (0.55)	3.87 (0.35)	3.67 (0.50)
<b>Activities (overall)</b>	<b>3.79 (0.35)</b>	<b>3.50 (0.55)</b>	<b>3.83 (0.36)</b>	<b>3.72 (0.44)</b>
<b>CONTENT (scale out of 4)</b>				
I learned some new information	3.75 (0.46)	3.50 (0.55)	NA	
I found this training useful	NA	NA	3.93 (0.26)	3.67 (0.50)
The information was relevant to my activities in health (e.g., volunteering, projects, campaigns)	3.63 (0.52)	3.67 (0.52)	NA	
This training met my needs	NA	NA	3.93 (0.26)	3.67 (0.50)
I learned most of what I wanted to	3.75 (0.46)	3.67 (0.52)	NA	
I am more aware of this topic	NA	NA	3.60 (0.63)	3.78 (0.44)
I have learned strategies to engage youth in a meaningful way	3.75 (0.46)	3.33 (0.52)	3.80 (0.41)	3.56 (0.53)
I have the skills and knowledge required to support youth with tobacco prevention/cessation activities	3.75 (0.46)	3.33 (0.52)	3.63 (0.52)	3.56 (0.53)
<b>Content (overall)</b>	<b>3.73 (0.41)</b>	<b>3.50 (0.45)</b>	<b>3.76 (0.29)</b>	<b>3.64 (0.38)</b>
<b>MOTIVATION (scale out of 4)</b>				
I feel motivated to prevent youth from starting smoking or helping youth quit	3.88 (0.35)	3.50 (0.55)	NA	
I am going to use the information learned today	NA	NA	3.80 (0.41)	3.78 (0.44)
I feel confident that I can talk to youth about smoking prevention	3.88 (0.35)	3.33 (0.52)	NA	
I would recommend this training to others	NA	NA	3.93 (0.26)	3.56 (0.53)
<b>Motivation (overall)</b>	<b>3.88 (0.35)</b>	<b>3.42 (0.49)</b>	<b>3.87 (0.30)</b>	<b>3.67 (0.43)</b>
<b>FACILITATION (scale out of 4)</b>				
The trainers were knowledgeable about this topic	3.88 (0.35)	3.67 (0.52)	4.00 (0.00)	3.78 (0.44)
The trainers were helpful and responsive to the group	3.88 (0.35)	3.67 (0.52)	4.00 (0.00)	3.78 (0.44)
The trainers made me feel that I could share my opinions openly with the group	3.88 (0.35)	3.67 (0.52)	4.00 (0.00)	3.78 (0.44)
<b>Facilitation (overall)</b>	<b>3.88 (0.35)</b>	<b>3.67 (0.52)</b>	<b>4.00 (0.00)</b>	<b>3.78 (0.37)</b>
<b>ENHANCEMENT (scale out of 5)</b>				
To what extent will this training enhance your practice?	NA	NA	4.80 (0.41)	4.56 (0.53)
<b>OVERALL (scale out of 5)</b>				
Overall, I would rate this training as:	<b>5.00 (0.00)</b>	<b>5.00 (0.00)</b>	<b>4.87 (0.35)</b>	<b>4.39 (0.55)</b>

Note: Participant feedback was rated on a 4-point Likert scale: 1=strongly disagree, 4=strongly agree on all statements, except for 'Enhancement of Practice' (1=not at all, 2=slightly, 3=somewhat, 4=quite a bit, and 5=a great deal) and 'Overall' (1=very low and 5=very high) in the post-HPRC surveys. For compatibility, we changed the Overall rating pre-HPRC to the 5-point scale.

## Qualitative Results from Facilitator Interviews

Semi-structured, in-depth interviews were conducted with 10 facilitators purposively selected from a pool of 22 facilitators who were involved in at least 1 of the 11 N-O-T program pilots. The interview sample was selected to represent diversity in geographic location, roles (school staff vs public health staff), and schools.

Overall, the 10 facilitators who were interviewed represented 10 of the 11 N-O-T program pilots in 4 geographic locations: North West (n=3), South West (n=4), North East (n=2) and East (n=1) Ontario. Their roles included: Public Health Staff (n=6) (4 Youth Engagement Coordinators (YECs) and 2 Public Health Nurses (PHNs)) and School Staff (n=4). Both a Public Health Staff and a School Staff member were interviewed from 4 of the 10 program pilots represented in the sample (some facilitators represented more than 1 program pilot).

### School and N-O-T Participant Characteristics

The facilitators who were interviewed noted that the schools in which N-O-T was implemented ranged in size from 300-700 students and mostly served rural communities. Many schools served Indigenous students who lived on and/or off their Reserve, and many of the schools served low and mixed-income communities. A few schools were known for special education programs.

*“It's a small school in [Name of Community]. We have a very low income area and a lot of drug use in the area, yeah there seems to be...a lot more issues at our school than there typically is in a lot of the other schools in the area and I think it's just a matter of so many low socioeconomic students coming together in 1 building. It's got about 700 students and most of them come from small towns in the area and some live on farms.”*

- School Staff, South West

*“It's a JK to Grade 12 school and it probably has about 350 secondary school students...they get bussed in from all over the place so a lot of rural youth attend that school but then it's also located in a town of maybe 6,000 people so there's some town kids but also a lot of bussed in students and the school itself is known for its specialty in kind of special ed.”*

- PHN, South West

*“So we have about 700 students probably 30%, 35% of our students are First Nations or Métis or Inuit, FNIM, so we probably have a higher level of smoking than provincially...we're in a community of 6,000 people. That's how many people live in [Name of Community] and we're about four hours away from the largest center that would operate I don't know an airport or major hospital.”*

- School Staff, North West

*“We have a high percent of special needs students because we have a program it's called Senior Integrated in our school. It's for students who might have like a mild intellectual delay...to something more severe like a non-verbal autism so we have a high population of special needs students.”*

- School Staff, North West

According to the facilitators, N-O-T groups generally consisted of more males, although there were a few groups that were primarily female. 1 YEC noted that there was an equal mix of males and females in the 2 groups they facilitated. 1 school staff member noted the role of gender in program participation, with fewer girls participating when there were boys with strong personalities in the program.

Facilitators described N-O-T participants as either Indigenous (2 groups consisted of primarily self-identified Indigenous youth) or white. Some groups consisted of close friends, while others were a mix of friend groups and/or acquaintances.

*“The majority of participants we had were a sort of tight knit group of young Aboriginal girls so...their friends were there to kind of support them in their quit attempt and you know getting out of school, getting out of [Name of City]...A lot of them...come in from the other communities cause [Name of School] is the only high school in our area and there's a few other communities that we pull youth.”*

- YEC, North West

*“We have predominantly white population at our school. More boys than girls. Any girls that I did get to come out they were even more hesitant and I think it was cause we had such strong boy personalities that came that it kind of, I honestly think it scared some of the girls away.”*

- School Staff, South West

Most of the facilitators interviewed noted that N-O-T participants had pre- or co-existing social or health issues (e.g., low SES, home life issues, involved with child welfare, substance misuse and depression) and were coping with significant stress in their lives. N-O-T participants also had different learning abilities, and some attended alternative education programs (i.e., Center for Occupational and Personalized Education (COPE)) to accommodate their own learning styles and preference for school-attendance.

*“For the most part they were students that weren't attending classes regularly. Some of them were even students that were in what we call COPE for students that can't handle the normal classroom situation... Some students are very open about their drug use...”*

- School Staff, South West

*“...so ones that don't attend school all that regularly... lots of stress, lots of social conditions...kind of precarious work life for families if they were living with their parents, and learning abilities across the spectrum... and then there were some*

*students that were college bound... and yeah some were quite into sports and others weren't so it was kind of a mixed bag really."*

- PHN, South West

*"I'm going to say predominantly...they had pre-existing issues or co-existing issues so struggling with alcohol, depression, mental health, they might have been First Nations, they might have been low SES. Basically if you went down the list of your priority populations on any scope of the surface they would hit them all."*

- YEC, South West

Overall, facilitators felt that school connectedness was lower among the young people involved in the N-O-T program. However, a few facilitators had observed some evidence of school connectedness in their groups. Consistent with survey results, N-O-T participants were also described as having family and friends who smoke.

### **Recruitment**

For the most part, School Staff were responsible for recruiting and ensuring that youth continued to attend N-O-T sessions. N-O-T participants were recruited in various ways. These included:

- Selecting youth to participate
- Offering participation in lieu of outstanding detention
- Personal conversations with students in classes, the smoking pit and in physical and health education classes
- Promotions through other staff members, such as the Child and Youth Worker, Guidance Counselor and Vice Principal
- School announcements and posters
- Personal written invitations with swag
- Peer-to-peer recruitment

1 School Staff facilitator noted the importance of a non-judgmental approach when recruiting participants to the N-O-T program. This facilitator adopted a no-pressure approach in their promotional work. Having a pre-disposing relationship with the students also helped with recruitment.

*"As soon as they felt pressure like you know cause I could see even me approaching them and saying like it's like a quit smoking like I could see the cringe you know and so you had to really like [Laugh] I think your script has to be really again like non-judgmental. It has to be like there's no pressure, this could be something good for you if you're interested in it, you know take some time to think about it like you know not you have to come today and this is now and you know so nothing was forced."*

- School Staff, North West

## Attrition

Facilitators indicated that although the number of regular N-O-T participants ranged from 7-10, additional students sometimes attended on an ad hoc basis. 4 facilitators experienced issues with attrition over the course of the program, while 3 experienced some attrition and 2 felt that attrition was not an issue. The main barriers to attending the N-O-T program was the time of year it was offered. Offering the program in January was problematic because this often spanned an exam period, a new semester and March break. Further, the ability of youth to participate might be limited if they started new classes or a co-op semester. Winter weather and bus cancellations were also reasons that students missed sessions.

*“...if they didn't finish in a couple of occasions it had to do with exam time which ran into a new semester...sometimes the students' schedule had changed so they might have started in January but then they couldn't finish because they might have had a co-op program and they weren't allowed to actually get back to the school to take part, and in a couple of occasions students just dropped out.”*

- YEC, South West

*“...we had a lot that came and went so as far as completing the program several showed up on the last day but it wasn't like they were all consistently attending each week. We sort of took each opportunity if they came to plant a seed, but they didn't all receive the full content. I don't know that we had anybody that came to every single session...the one struggle we had was it had to be done by YATI's fiscal yearend and we couldn't start it until the New Year so that presented some challenges because there were exams and March Break and weather issues that made it more challenging.”*

- PHN, South West

Offering the program over lunch was another barrier to attending N-O-T sessions because youth often considered this their time to socialize. General attendance issues, not having friends in the group, conflict with other group members and the emergence of nicer weather in the spring were also reasons to explain participant attrition. 1 facilitator noted losing participants because they were vaping instead of smoking.

*“I think they just lost interest. It was their lunch hour and for them their lunch hour was their main time to socialize of course...so I think they weren't willing to give up their lunch.”*

- School Staff, South West

*“That was the other thing. If the weather was nice then they'd be walking up to [coffee shop] like you know it was harder to get them to come in. If it was crappy weather then they would come in for the meal...”*

- School Staff, South West

*“Some of the other ones I think were vapers more than smokers...I don't think they were ready to quit and I think they feel like vaping is quitting... and I totally understand that cause that's how some of my family members have quit smoking... but I mean the youth are vaping for a whole different reason...”*

- School Staff, North West

## **Implementation and Program Facilitators**

Organizational buy-in at the school level was a key implementation enabler identified by facilitators (Table 5). Having supportive, engaged and passionate principals, School Staff and school boards helped to make the program flow easily and solve problems in a timely manner. School Staff were important for helping to promote and recruit N-O-T participants, facilitating relationships between the YEC or PHN and the youth, providing insight and organizing logistical details. Similarly, School Staff valued the knowledge and resources that Public Health Practitioners brought to the program.

For 3 Public Health Practitioners, identifying and working with youth champions or leaders in the school's smoking community was important for promoting the N-O-T program and recruiting participants. Incentives, such as food, gift cards, free NRT, weekly draws for prizes (i.e. personal trainer at YMCA) and Health Unit swag also facilitated recruitment of participants.

Facilitators considered YATI's training helpful and valued the educational, hands-on experience it provided. YATI was also credited with making the N-O-T program flow easily by providing advice about curriculum, group activities and youth engagement, and facilitating administrative tasks (i.e., evaluation surveys, invoices). YATI's financial support for food was considered essential because it was identified as an important reason why youth participated in the N-O-T program.

**Table 5: Facilitator Perspectives- N-O-T Implementation Facilitators**

Theme	Facilitator Perspectives
School Buy-In	<p><i>Having a principal who had sort of gone in and allowed kids to be excused from regular curricular activities was really huge...and she would stop in now and again to just let the kids know that she was behind the program so that was excellent.</i></p> <p style="text-align: right;">- School Staff, North West</p> <p><i>It was easily implemented because it was so well supported from YATI, the Health Unit, the School Board itself at a broad [level], the schools, the administration, and then having a teacher champion. I never felt like I had a hurdle that I couldn't overcome...</i></p> <p style="text-align: right;">- YEC, South West</p>
Teacher Support	<p><i>I feel the teacher really does help me a lot in trying to get the students, make sure they're coming to the sessions- and she's a very positive role model. I find that's a huge support that you definitely need.</i></p> <p style="text-align: right;">- YEC, North East</p> <p><i>The teachers who I worked with were really passionate about this and super accommodating and very welcoming, and just all around awesome people. So for me that made it a lot more bearable when I felt like, 'Am I connecting with these young people? Are they getting anything out of it?'</i></p> <p style="text-align: right;">- YEC, North West</p>
Youth Champions	<p><i>... there's usually one [student] that you'll need for the others to buy-in... I knew that [the student] could influence the others so I made a point to get his buy-in...and so just engaging with them, answering questions, including him, having him be the helper, those types of things.</i></p> <p style="text-align: right;">- YEC, Eastern</p> <p><i>...before we actually setup the N-O-T program I would have the teacher adult ally identify one, two or three leaders within the smoking population then they would pull them in and I would actually do a pre-interview or pre-orientation with them and then it was their responsibility to recruit. It was not the responsibility of me. I didn't look the part. I was not a smoker so my job was to make sure that they felt valued and that they realized that they had a very important role to play... it was that peer-to-peer youth engagement that is a best practice method and I felt that I should actually utilize...</i></p> <p style="text-align: right;">- YEC, South West</p>
Incentives	<p><i>...I think having the Health Unit, because they had access to free gift cards for example...we gave out prizes that were through the Health Unit...it wasn't much, it was you know a key fob or something but it was just those things that I didn't have access to myself.</i></p> <p style="text-align: right;">- School Staff, South West</p> <p><i>I think having, well the food and the, fidget type items...yeah those are important. I think the board with the rules you know making it really feel like a group and the prizes... I think all of that contributed to making it an interesting special atmosphere to be in.</i></p> <p style="text-align: right;">- School Staff, North West</p>
YATI Support	<p><i>...paying for the food that was absolutely what those kids needed and yeah if you didn't have the food I don't think I would have got any kids out so the fact that YATI was covering that cost was very, very important.</i></p> <p style="text-align: right;">- School Staff, South West</p> <p><i>... we did get emails and we had links to the American YATI website so there were things there that we could sort of pull off and support and [Name of YATI Staff Member] would also send YouTube links... that would be discussion starters and that was really good.</i></p> <p style="text-align: right;">- School Staff, North West</p>

Almost all of the facilitators interviewed noted that N-O-T participants really liked the free meals provided as part of the program. Providing balanced, healthy meals was an incentive to participate and enabled many who do not have the resources to bring their own lunch or purchase lunch. A few felt that without offering food, the program would not have happened or attrition

would have been more of an issue. In some cases, the program participants worked together to choose the healthy meals. (Table 6)

Youth also had a preference for non-classroom, informal settings; interactive, movement and technology-based activities (versus sitting, written activities) and the opportunity to talk as a group. Offering the program in a safe space was also important. Most sites offered the program during the lunch period, however some sites allowed students to miss class to participate in the program (i.e., offer the program during half of lunch and half of class time, or during full class time). Facilitators felt this helped to recruit participants because they did not have to give up their personal time, and also because it sent a message to students that the program is meaningful and the school cares about them. In some implementation sites, students could only miss class to attend N-O-T if they were attending their other classes.

A focus on stress and stress-reduction techniques, having a rotating co-facilitator to represent different community services of interest to participants (i.e., youth advisor, alcohol and drug counselor) and the opportunity to volunteer in community tobacco control initiatives were additional aspects of the N-O-T program that appeared to work well.

**Table 6: Facilitator Perspectives- What Worked Well About the N-O-T Sessions**

Theme	Facilitator Perspectives
Free Meals	<p><i>The free food helped to get kids in the door. Some of these students are extremely impoverished, and don't have enough food as it is.</i></p> <p style="text-align: right;">- School Staff, North West</p> <p><i>They loved getting fed. [Laugh]. It was huge. It wouldn't have happened without the food. It brought everybody together, I think some of these kids probably don't even eat lunch as it is, yeah I truly believe it could not have happened without that funding.</i></p> <p style="text-align: right;">- PHN, South West</p> <p><i>The one thing that they liked is there was a food budget and they got to choose the food as long as there was healthy choices...I think that was that empowering piece...they were the ones who actually brainstormed the healthy choices and of those healthy choices they got to pick what they wanted and they were also responsible for setup and clean up. Again, it's just that empowering piece- that it's their program.</i></p> <p style="text-align: right;">- YEC, South West</p>
Interactive Activities	<p><i>I don't know if you know what a Kahoot! is but it's like an online little game that students could play. So you throw on the statistics or you know choice A, B, C or D and they have to choose...so they learn oh yeah that was the right answer... then we gave prizes at the end and the students just love it cause they can do it on their phone. It's all digital so it's something I use in class a lot... you know just making it more engaging to them was important.</i></p> <p style="text-align: right;">- School Staff, South West</p>
Safe and Informal Setting	<p><i>I think the other thing was it was a very open and transparent environment where there were rules and expectations but they were fair... they were allowed to talk openly and honestly any way they so felt. So I didn't have any restrictions on language...I mean pretty much you can use any language you want as long as it was not offensive to someone directly or a certain population...but I want them to feel comfortable and if that's the way they talk, that's the way they talk.</i></p> <p style="text-align: right;">- YEC, South West</p> <p><i>They liked that it wasn't like a regular classroom setting and that there was just lots of different things to do...the variety... so that appealed and the casual nature of it all.</i></p> <p style="text-align: right;">- PHN, South West</p>
During Class Time	<p><i>The youth said...and this has happened at other schools... because their perception is that they're not valued or the school sees them in a certain way and that they're judged because you know they're smokers and whatnot, but they felt like having a program like this offered that they mattered... and so they were showing up to school mostly on those days when group was being run...they felt it sent a message that oh the school does care about us.</i></p> <p style="text-align: right;">- PHN, South West</p> <p><i>We had students showing up to school just to go to the N-O-T program cause they really enjoyed that portion but they weren't going to English or Math and so when I realized that the N-O-T program was successful within the group...then I used it as basically a reward system mechanism so they would actually go to class. So a couple of times we actually had to ask a couple of students to leave only for them to come back and ask to be reinstated and the only way they were able to be reinstated is that Guidance had to prove they were going to class.</i></p> <p style="text-align: right;">- YEC, South West</p>
Stress Reduction	<p><i>Well I think there's a website it's called Calm.com and I just kind of opened that up and there was different like music and visual options...that you can play if you're sitting at your desk- like take a study break for instance or whatever so I just kind of showed that and taking them through the stress [module].</i></p> <p style="text-align: right;">- YEC, Central East</p> <p><i>What they seemed to respond better to than what I gave them credit for at the start was some meditation techniques, some breathing techniques we went through because it really turned into a dealing with stress kind of 8 weeks [Laugh]...because the root of their smoking seemed to be not just habit and mostly addiction but rooted around dealing with stress so they really liked activities and discussions around how to manage that so then the meditation stuff came through nicely.</i></p> <p style="text-align: right;">- PHN, South West</p>

## Implementation and Program Challenges

A combination of program intensity and time constraints were the main challenges encountered by facilitators when implementing the N-O-T program. Some facilitators noted that the N-O-T curriculum was too intense for the short amount of time they had to run the program. Building relationships with the students was time consuming, but also important to creating a safe, trusting environment.

*“The binder was awesome. It gave tons, more than we needed. Honestly, because of our time limit and constraints, it was overwhelming... there was just no way that we could get through a 40 minute session in 20 minutes with chatty kids that just wanted to talk. So what I would have liked to have seen was it run a lot longer. I think because of the grants that's why it was so condensed to like the 10 week session, but I think that really took away from the effectiveness of the program because it was like throw this stuff out to the kids and then that was it.”*

- School Staff, South West

*“...there is a lot of curriculum to get through in an hour and kind of getting these young people warmed up to actually put in the work takes a lot more time.”*

- YEC, North West

Some facilitators felt that the N-O-T curriculum lacked relevance for the groups of young people that they worked with, and recommended more tailored curricula and materials based on social and cultural context.

*“The program was pitched to me by ... the Lung Association. I thought it was geared towards First Nations, Inuit, Métis students, but it turned out to be more generic.”*

- School Staff, North West

*“The N-O-T [participant] characteristics were pretty much the opposite of everything that Public Health tries to do in all honesty [Laugh]. Even the way the N-O-T training was setup which was great but... the whole binder itself did not lend itself to the population, which predominantly had pre-existing issues or co-existing issues so struggling with alcohol, depression, mental health, they might have been First Nations, they might have been low SES. Basically if you went down the list of your priority populations on any scope of the surface they would hit them all. Very rarely would I have someone who would actually look the part of anybody on the front [of the binder].”*

- YEC, South West

1 interview participant felt that the linear structure of the curriculum was a challenge since their program followed more of a drop-in vs. weekly attendance model. Another participant had

challenges demonstrating the importance of engaging directly with high priority populations (face-to-face vs via poster or radio) to Health Unit management. Recruitment and retention of program participants, and completing evaluation surveys were also identified as challenges by a few of the facilitators interviewed.

When facilitators were asked what did not work well about the N-O-T sessions, journaling and activities that resemble school work were noted. A few facilitators felt that journaling was not a good fit for the youth with whom they were working, although it did work well in 1 group.

*“That [journaling] was better received than I thought... it wasn't awful [Laugh]; and I thought oh boy here we go and they did okay with it whether it was more doodling and stuff.”*

- PHU, South West

Examples of ‘school work’ activities included handouts and anything that required students to write, such as writing exercises (i.e. write down your stressors) and completing questionnaires. 1 School Staff facilitator noted that written activities can be intimidating for those who have different learning abilities and recommended adapting to deliver information in different ways. A YEC noted a similar issue with information handouts, and recommended different ways to communicate this information.

*“It felt like school. It's like here's your book and I mean the journal felt like not school and the fidget toys felt not like school and the food felt you know warm and the conversation felt warm and the rules felt safe but now, write your stressors or write your plan or why you want to quit smoking or all those different things. So for some students too who were having difficulty writing like sometimes I'd sit beside them and write for them in the book and just try to encourage more of the thought process than the writing. I think that's the biggest challenge... I recognize that those topics are important. It's more of the delivery. How much could we eliminate the writing?”*

- School Staff, North West

Group dynamics were also an issue for some N-O-T sites. Facilitators noted that conflict between cliques and students who were in a relationship, or having strong personalities in the group can create the perception that the group is an unsafe space. This may influence recruitment and retention rates.

*“Obviously there's different cliques in the room... as soon as you talk to the other clique it's confrontational or they take it the wrong way and then it will start an argument, and then unfortunately that's what happens and they just didn't come back because they got the impression that the session is a negative spot for them, it's not a safe space.”*

- School Staff, North West

More support for working with digital resources, facilitation techniques, minds-on activities and providing a more detailed overview of each session were additional suggestions to improve YATI training.

**What were the impacts of the N-O-T program on participants' commercial tobacco use?**

Consistent with survey findings, almost all of the facilitators interviewed noted that young people had reduced the amount they smoked as a result of the N-O-T program. A few facilitators said that some youth had made quit attempts or had quit smoking completely during the N-O-T program.

*“We had one young woman talk about how she wanted to quit completely because she was graduating that year and she wanted to be tobacco-free by the time she graduated so that was really nice and I'm pretty sure she was our only successful complete smoker.”*

- YEC, North West

*“There were some [quit] attempts and those who quit were probably close to quitting when they joined. There were lots of relapses and then [quit] intentions going back and forth along the way which was great.”*

- PHN, South West

Facilitators also observed improved knowledge and awareness about the health effects of smoking (“a couple of students were unaware of the health effects”), tobacco industry practices, the relationship between life circumstances and smoking (i.e., stress), myths about quitting, community quit smoking resources and quitting as a process that might take some time.

*“I think it was important that the instructor said ‘so there's a bump in the road...try again’, so it doesn't feel like you failed the N-O-T program [Laugh]...the impact is that this is lifelong, this is one support group... you can continue this as you grow up, this is the way to take care of yourself so I think it gives the impact that there are resources out there and when you're ready, this is how we can help you and you know in the future they'll be there too.”*

- School Staff, North West

*“We had another conversation about like there are so many companies that used to do animal testing and now they're not doing it but the tobacco industry is still one of those industries that is doing really shady things and we shouldn't be supporting them... We had a few [participants] get really riled up about it and they were just like ‘oh my God that's so disgusting’ and I was like yep but you know it still happens.”*

- YEC, North West

### **What helped N-O-T participants change their tobacco use behaviour?**

According to the facilitators who were interviewed, peer support or the opportunity to talk with peers in a safe, non-judgmental environment and have youth-led conversation facilitated changes in knowledge, attitudes and smoking behaviors. The perception that an adult cared about the wellbeing of the young person (“*just like going to a group each week where they knew the adults there genuinely cared*”), school staff support outside of the N-O-T sessions (when public health was not present) and the program’s knowledge component also helped facilitate changes. Other facilitators included wanting to be a role model for younger family members (“*a lot of them said they wanted to be like better role models for nieces and nephews*”), the motivational interviewing approach and carbon monoxide monitors (“*kids who had cut back to 1 a day, they wanted to get tested like want to see the number change-that was amazing*”).

*“I think the program had some really excellent information and so kids were just sort of given information at the time that they needed it. So each lesson was broken into whatever the focus of that week was and it was not, ‘You have to quit today, you know you’re a bad person cause you smoke’.”*

- School Staff, North West

*“I think that they were sitting with their peers, talking about the same addictive behaviour, allowed to be open and honest about their addictive behaviour and they were actually able to identify when they started, why they started, and the triggers that keep them engaged in smoking, which they probably have never done before. They were also in an environment that was safe, that was fun, and that was consistent, that had rules- a lot of these individuals come from homes that don’t have any rules- and so I think that was part of the safety.”*

- YEC, South West

### **What challenges did N-O-T participants experience when trying to change their tobacco use behavior?**

8 of the facilitators who were interviewed identified lack of social support as the main barrier that N-O-T participants experienced when trying to quit smoking. Smoking was normalized within family and friend groups. Public Health facilitators described how 2 N-O-T participants had parents who were unsupportive of their quit/reduction attempt (“*Like 1 kid’s mom called him a wussy for trying to quit and so when you’ve got an environment like that it’s like you know it’s tough*”). Some parents who smoked were supportive, but still supplied their sons/daughters with cigarettes and approached them to share a smoke. Creating personal smoke-free spaces in their homes was challenging for participants whose parents or guardians smoked indoors. (Table 7)

Smoking was also normalized through friendship networks. Some students only had friends who hung out in the ‘smoking pit’ at school. Facilitators also noted that some students were scared that giving up smoking might mean giving up their friendship groups.

1 School Staff facilitator noted that sometimes students have no place to go on break or during lunch if they want to avoid the smoking pit. This facilitator invited students to hang out in their classroom and watch Netflix to pass the time, and recognized the need to create safe spaces for students trying to quit smoking.

Facilitators also highlighted the stress in N-O-T participants' lives as a barrier to quitting or cutting back, such as family and relationship stress, transitional stress and stress related to concerns that were perceived as more important, such as substance use and mental health issues (i.e. anxiety, depressions, ADHD).

1 participant noted that offering the program over January was a barrier because it spans exams and the start of a new semester, potentially stressful times in students' lives. Addictive behaviour related to the school schedule was also noted.

*“...realizing that that bell that rings after class one or at lunchtime or at the end of the day is kind of like that bell for Pavlov's dog... it goes off and then students actually think that they have to go and have a smoke, but letting them realize that if they can get over those two to four minutes, if they can actually bust through that barrier and not actually go, and stick to it, the craving will subside or in some cases go away, and then it will come back eventually...it's that constant battle that they have to do.”*

- YEC, South West

**Table 7: Facilitator Perspectives- Barriers to Addressing Commercial Tobacco Use Behaviour**

Theme	Facilitator Perspectives
Family smoking	<p><i>We had one student that wanted to quit and by the end she was one of the ones that did quit but she had said her mom was a smoker and her mom wasn't encouraging her basically and she'd set things, like set packs of cigarettes out. So she would come to us and she would be like my mom's not helping me, I don't know how to get her to see that I need to do this for my own self and it was almost like a little bit of counselling right...sometimes it was outside of the N-O-T program cause she was one of the ones that she just wasn't comfortable with the other students.</i></p> <p style="text-align: right;">- YEC, East</p> <p><i>A lot of them did come from smoking homes, smoking inside homes and so you know a challenge for them was finding their own smoke-free space even within their homes like even if it's just their bedroom that was kind of one major thing that we talked about is like trying to find you know the impact of your environment on your behavioural habits but trying to change your environment, recognizing that they were 15 right and how much say do they have at home so that was definitely a barrier for them, some of them.</i></p> <p style="text-align: right;">- YEC, East</p> <p><i>...I would say the ones that had the most difficulty were, well obviously the ones with a lot of stress, but those who lived with people who are heavy smokers and parents who were providing cigarettes and smoking in the home...it was tough to help them find ways to break free from that when they would have good intentions and then go home to a place where it's okay...'hey, why don't we smoke together and socially kind of support one another'.</i></p> <p style="text-align: right;">- PHN, South West</p>
Friend smoking	<p><i>I think number one would be that they are still engaged in the same group of friends and so making those personal sacrifices to maybe move away from their friend group.</i></p> <p style="text-align: right;">- YEC, South West</p> <p><i>I found with our students that a lot of them were so marginalized they didn't have a social group except for those kids that were in the smoking pit. So one of the things that I would have liked to have done was... I always eat in my classroom, I can throw on YouTube videos, you can have Netflix on, whatever, come and eat in here if you want but there was nowhere for them to go except for in the smoking pit [Laugh].</i></p> <p style="text-align: right;">- School Staff, South West</p>
Perceived stress	<p><i>They sure did [reduce smoking] but then again we went into exams and a lot of them said oh yeah stressful time. January is great because everybody wants to make a New Year's resolution, but at the same time you know it's a very stressful time, right? You're finishing a semester; you're starting a new semester.</i></p> <p style="text-align: right;">- PHN, South West</p> <p><i>I think that mental health played a lot in it. I feel like some of the youth that we were working with had other issues going on whether it was attention deficit or things that are a little bit less common...</i></p> <p style="text-align: right;">- YEC, North West</p> <p><i>So we were working with some youth who were also using injectable drugs and I think using tobacco was kind of on the backburner of importance for them.</i></p> <p style="text-align: right;">- School Staff, North West</p>

## What other (non-tobacco) impacts did the N-O-T program have?

### School Connectedness

Public Health and School Staff facilitators described instances of improved school connectedness as a result of the N-O-T program. According to a PHN, N-O-T participants disclosed feeling “ostracized” or like the “black sheep” of the school. Offering a program for their specific group contributed to a personal sense of belonging and value within their schools.

*“What they told me is the impact that it had was...feeling appreciated or acknowledged or that there was some value for them being at school. I think they perceive themselves to be an ostracized group...they're the black sheep of the youth, of the school. So I think offering something that was probably the biggest thing. And then that they could actually miss a bit of class to attend and the impact to be able to address their smoking I think was huge.”*

- PHN, South West

A YEC described a similar outcome among N-O-T participants in the schools in which they worked. This YEC took an active role in working with school staff to improve relationships with N-O-T program participants and heard about more positive student-teacher experiences afterwards.

*“...one of the things that came out loud and clear time and time again is that that specific population never felt that they were part of the school, that teachers didn't talk to them, didn't identify with them and thought that they were bad asses, thought that they were drop-outs when in fact all they ever wanted was a chance. So they mentioned time and time again that teachers never acknowledge them, they never come over and talk to them, and so my job as an adult ally was challenging the teachers and letting them know that this is what the students have actually said and it's really important that they take the time out of their day to treat them with the dignity and respect they do with all the other students...they were very receptive to it and I know the students said that their overall experience at school post [N-O-T program] was good.”*

- YEC, South West

Knowing that an adult cared about participants and their health reportedly facilitated quitting and reduction attempts. Improved school attendance was also noted by 2 facilitators.

*“Like I said I know that for some their attendance did get better.”*

- YEC, East

*“...their attendance went up in school, their participation at school went up, they actually showed up at assemblies cause they were getting recognized...they would actually receive their certificate of completion at the yearend assembly along with all the other academic, sports awards which was big for them and the principal or the vice-principal would acknowledge that these students never go to assemblies ever, ever, ever.”*

- YEC, South West

### **Skill Development and Health Behaviours**

The N-O-T program also fostered skill development among participants, which included leadership, coping with stress, setting goals and planning. The benefits from having a healthy, nutritious lunch were also noted (“*I don't know if half of them would have even have a bite to eat during the school day*”). At 1 site, N-O-T participants were introduced to new culinary experiences, since each meal was culturally tailored. Joining school athletic teams or clubs were also noted impacts.

*“I was the badminton coach and I'm like hey, you're trying to quit smoking why don't you come out for badminton and she didn't necessarily qualify for the team- that was a competitive team- but she made it to a couple exhibition tournaments and I think that was kind of neat for her so just a thing for her to belong to.”*

- School Staff, North West

### **Community Engagement**

Improved familiarity and involvement with local community agencies was reflected in interview participant accounts. A YEC and a PHN noted referring N-O-T participants to community partners, many of whom co-facilitated N-O-T sessions. The ability to engage males in the community health system was also a positive impact, since females were reportedly more likely to use these services.

*“The biggest benefit to all of this is to have these young men come to me after, like I would normally never see [Laugh] and to get to know me a bit better but then trust [me]. ‘I've got to get my girlfriend in to see this’ ... I followed up with a couple of them with mental health stuff just to check in to see how they were doing and I felt like it gave them a chance to maybe start to see their own health and to access healthcare and hopefully they won't think twice about talking with their doctor ...so I think that was one of the biggest benefits from my perspective for these young men, that the healthcare system is there for them.”*

- PHN, South West

*“I think that a couple of the kids went on to be involved in community groups with the Native Friendship Centre here in [Name of City] ...[Name of YEC] sort of facilitated both groups so they knew her and I think that was definitely an advantage for them.”*

- School Staff, North West

As a result of N-O-T, some participants also started volunteering in their communities. At 1 school, N-O-T participants decided to clean up the smoking area as a way to give back to their school community. At 3 other schools, N-O-T participants helped run health education sessions to prevent younger youth from starting to smoke. Others worked as part of the Uprise campaign (a campaign to eliminate pro-tobacco norms of alternative youth aged 13-18).

*“There was some really good discussion around what they thought could happen to better their school and their community ...I think they realize they're littering the ground, and part of their making amends so to speak was they wanted to spend an afternoon of cleaning up.”*

- YEC, South West

*“I allowed each and every individual who finished the program to help me run an hour education session with Grade 7 and 8 students talking about tobacco use, talking about smoking in the movies, talking about second-hand smoke, and talking about their own personal experiences with tobacco and addiction...I would say that 85% of all students who finished wanted to go to Grade 7 and 8's and talk about their own experiences and help the young people not start in the first place.”*

- YEC, South West

### **School Impacts and Adult Allies**

For schools, reported impacts included having visibly less people in the smoking area and more dialogue about creating alternatives to the smoking area. 1 facilitator noted that the N-O-T program helped improve compliance with the school's smoke-free policy. While some schools had already undertaken commercial tobacco initiatives, N-O-T was considered a springboard for more work in this area. 1 facilitator also noted that other schools had become interested in implementing the N-O-T program and described more positive relationships between students and teachers. Both Public Health and School Staff facilitators described building or strengthening relationships with students and with the schools, reaching and engaging hard to reach youth and obtaining greater perspective about youth smoking cessation and commercial tobacco reduction generally.

## Discussion

From 2013-14 to 2016-17, the Youth Advocacy Training Institute (YATI) piloted the Not-On-Tobacco (N-O-T) program in 11 Ontario high schools. Evaluation survey data were analyzed from 9 of these program pilots. In total, the 9 pilots had enrolled 109 youth smokers in the N-O-T program. At intake, the average number of N-O-T program participants per pilot was 12; however, facilitator interviews found that attendance fluctuated over the course of the program with reports of 7-10 regular participants within each pilot.

The aim of the N-O-T program is to assist youth in understanding why they smoke and help them develop the skills, confidence, and support needed to quit. Specific research and evaluation questions were identified to determine whether the N-O-T program is meeting this aim, and to inform the implementation and content of the program.

1. What do we know about young people who participate in the N-O-T program, and their smoking behaviours and use of other tobacco products (e.g., e-cigarettes)?
2. How manageable is the N-O-T program for adult allies to implement and run with their groups and do they perceive the program as valuable and meeting their needs?
3. To what extent are clients satisfied with the N-O-T training? What is the training doing well and what could it do better?
4. Does the N-O-T program support young people in quitting or reducing tobacco smoking?
5. What are the secondary impacts of the N-O-T program on the lives of young smokers who participate?

The proceeding discussion addresses each of these questions drawing on data from N-O-T surveys (participants and facilitators) administered from 2014 to 2016, and interviews with facilitators conducted in winter/spring 2017.

### ***What do we know about young people who participate in the N-O-T program, and their smoking behaviours and use of other tobacco products?***

The N-O-T program reached a diversity of young people between grades 9 and 12, with the majority in grade 12. Population survey data shows prevalence rates starting to climb in grades 11 and 12 (Ontario Tobacco Research Unit, 2017). Thus the N-O-T program is targeting the appropriate grade level.

While intake data indicated an equal mix of male and female participants, facilitators reflected during the qualitative interviews that sessions mostly consisted of males, with a few groups almost exclusively consisting of females. Several facilitators also noted that many of the youth who participated in their N-O-T programs were from rural (and in some instances remote) communities and belonged to ‘priority populations’, including self-identified Indigenous groups. Facilitators also noted that participants had a variety of learning abilities and styles, and tended to be dealing with different life issues, such as challenging domestic circumstances and relationships, poverty, substance misuse and mental health issues. As a result, N-O-T participants were dealing with a significant amount of stress in their lives, which perpetuated their smoking.

Interviews also found that participants belonged to social worlds that were characterized by smoking. Family and friend smoking was the norm and perceived by facilitators as a significant influence on participant smoking behaviour.

While N-O-T participants were moderate to heavy smokers at program intake, many had tried to quit in the past and most had motivations to quit, although most also reported low confidence in their ability to quit. This aligns with the characteristics of Canadian youth who smoke (Reid 2017). Of those who had tried to quit before their participation in the N-O-T program, most had tried to quit on their own and only very small proportion had used groups, NRT or prescription medication to quit; no respondents reported using healthcare providers or quit lines.

The use of different types of tobacco products or alternative tobacco (e.g., e-cigarettes) was not fully captured in the survey questions. However, vaping did emerge in some facilitator interviews, in particular vaping being used in the context of cessation and recreationally in schools, and the need for more training for School Staff and information about vaping in the N-O-T curriculum. A few of the facilitators noted the high use of marijuana and its relationship to commercial tobacco within their schools.

***How manageable is the N-O-T program for adult allies to implement and run with their groups? Do they perceive the program as valuable and meeting their needs?***

While challenges to implementation were noted (intensity of curriculum, program is too short, attrition issues), the majority of facilitators interviewed directly and indirectly described the N-O-T program as manageable and valuable to program participants and their schools. Key enablers to implementation included organizational commitment at the health unit and school levels, a school/public health co-facilitator model and financial support for food, which was an important incentive for youth participation. All of the facilitators interviewed noted that they would offer the program again, adapting it according to what they learned from the pilot, and improving implementation and program relevance within their schools. Similarly, survey data show high satisfaction with the N-O-T program amongst facilitators.

Tobacco interventions for youth tend to be prevention-focused rather than cessation-focused, and there is limited evaluative research about their effectiveness for youth who are disproportionately impacted by commercial tobacco (Queen's Printer for Ontario 2017). The results from the Ontario N-O-T pilot projects provide insight into what has worked well, implementation challenges and opportunities for improving school-based smoking cessation programs for priority youth. As noted by Twyman et al. (2014), smoking cessation programs should be designed to reduce acceptability and accessibility barriers and be offered in trusted community services to maximize participation by 'vulnerable' groups of youth.

Facilitators provided insight into factors that facilitated or would improve N-O-T program accessibility and acceptability. Offering the program during class time or half lunch/ half class time was important for improving recruitment and retention of participants because it respected participants' personal time and showed that the school sincerely valued the program and cared about participants. Other factors that improved accessibility included, offering the program at a time of year that did not conflict with exams, semester changes and inclement weather; and

making the program longer, more frequent and more sustained (however, having the capacity to implement the program was raised as a challenge). Adapting the program to a drop-in model was also suggested to improve accessibility, especially in schools where attendance does not follow that of a mainstream school system. Facilitators also noted that access to free nicotine replacement therapy (NRT) through the N-O-T program was an important opportunity for improvement. While YATI does not provide NRT, some sites were able to offer NRT through their local health units. This is an example of how delivering the program in partnership with health units provides additional opportunities to support youth.

Adopting a youth engagement approach to implementation helped create a sense of program ownership and participant acceptability among youth. In 1 region, for example, participant recruitment was the responsibility of youth who were considered leaders within the school's smoking community. Participants in these N-O-T sessions were also responsible for various logistical aspects of the program and volunteered in community tobacco control initiatives with the Youth Engagement Coordinator. Programs in this region experienced consistent attendance rates and very little attrition (even when N-O-T attendance was dependent on school attendance). Some research supports the use of peer-led interventions in delivering effective commercial tobacco reduction activities within a school setting (Starkey 2009, Campbell 2008).

However, the relevance of the N-O-T curriculum to the characteristics of young people was an issue raised in the facilitator interviews. Although the binder was considered to be a valuable resource, it was criticized as not lending itself to the unique groups of youth who were participating in the N-O-T program (i.e., mental health, substance use, rural and remote communities, socioeconomic disadvantage). This was especially raised within the context of First Nations, Inuit, and Métis students. A more tailored curricula and materials based on social, historical and cultural context, and appropriate community engagement in developing these are recommended to improve program acceptability, particularly in the context of commercial tobacco use by Indigenous participants (Twyman 2014, Minichiello 2016). Engagement of N-O-T participants in updating and tailoring the N-O-T program was also considered necessary. Updating facilitator training to address working with different groups of youth who are disproportionately impacted by commercial tobacco use may also be a useful approach.

### ***Does the N-O-T program support young people in quitting or reducing smoking?***

#### **Quitting and Reducing Commercial Tobacco Use**

The N-O-T program has been widely implemented in the United States (US) by the American Lung Association (ALA) since the early 1990's. Program evaluations with moderate to large samples from various states have reported positive cessation outcomes. Horn and colleagues (2005) conducted a 5-year end of program review of the N-O-T program in 5 states. These researchers reported a field-based quit rate (not smoking for 24 hours at the end of program survey) between 15.5% and 36.9% among those who completed the end of program evaluation. Intent-to-Treat (ITT) analyses (assume all non-respondents are still smoking) reported end of program quit rates ranging from 10.2% to 36.9% (Horn 2005). Compared to brief interventions, evaluations in the US have shown that participants in the N-O-T program were almost 2 times more likely to quit than those receiving brief interventions (CDC 2017). Furthermore, evaluation data demonstrate that program participants who continued to smoke were smoking significantly fewer cigarettes per day.

Evaluation survey data from 9 N-O-T program pilots identified 5 of the 43 (11.6%) end of program survey respondents to be not smoking at the time of the survey. An ITT analysis which includes all non-respondents as continuing smokers would significantly reduce this rate; however, ITT analyses are conservative since there is no consideration of non-compliance to the prescribed protocol (Gupta, 2011). Although the ITT approach is used broadly, emerging practices question the use of this approach for non-clinical studies. While the true quit rate is unknown, it would fall between respondent-only quit rates and ITT calculated quit rates. Unfortunately, the sample size of this pilot and follow-up respondents is too small to make any conclusions about the overall program quit rate. Furthermore, several program facilitators felt that those who did quit were probably close to quitting when they joined the program. However, the program may have facilitated the success of smokers who were ready to quit, helping them to progress along the quitting continuum.

The YATI N-O-T evaluation findings align with those from the US, which report that those who continued to smoke were smoking fewer cigarettes per day (Horn, 2005). YATI N-O-T survey data show that some respondents were consuming approximately half of the number of cigarettes at end of program (mean 6.1 weekday; mean 5.7 weekend day) compared to the beginning of the program (mean 12.0 weekday; mean 11.1 weekend day). Consistent with survey findings, almost all facilitators interviewed noted that program participants had reduced the amount they smoked as a result of the program. A few facilitators said that some youth had made quit attempts or had quit smoking completely during the program. N-O-T participants also appeared to have significant changes in attitudes and intentions to quit with more than half taking action to quit smoking.

The limited survey sample size precludes us from making any conclusions about the long-term impact of the N-O-T program as implemented by YATI. The 6-month follow-up data of respondents identified 6 of the 31 respondents (19%) to not be smoking at the time of the survey. However, it is expected that the true quit rate would be lower as some non-respondents would still be smoking. A Cochrane Review of the long-term effectiveness (at least 6-months follow-up) of youth smoking cessation programs included 4 N-O-T studies which showed promise, but authors noted the need for more long-term data (Grimshaw 2013). Additional data are needed to assess both short and long-term quitting outcomes of the YATI supported N-O-T program in Ontario.

It may be useful to ensure the program continues to encourage participants to make future attempts to quit as recent research suggests that it can take an average of 30 quit attempts before quitting successfully (Chaiton 2016). At 6-months follow-up, 40% of respondents indicated they were making changes to their smoking behaviours (i.e., thinking about how to change their smoking patterns and taking action to quit). This suggests the value of providing some level of continued support (e.g., check-ins, referrals to other supports within the cessation system) to help move these youth towards making a quit attempt.

The N-O-T evaluation surveys developed by the American Lung Association (ALA) did not include adequate survey items to assess the number of quit attempts made during the program and after the program has ended. Given the addictive nature of tobacco, detailed survey items are

needed to identify quit attempts made during the program as this is an important cessation behaviour and program outcome (Star 2005; Chaiton 2016; Queen's Printer for Ontario 2017).

Similarly, there was no assessment of participants' use of alternative tobacco products at any time point. The rapidly changing landscape of alternative tobacco products such as e-cigarettes and waterpipe also necessitate that the use of alternative products be monitored to fully inform tobacco use among youth. It is recommended that the N-O-T surveys be modified to capture these topic areas. (Note: Several related survey items have been added to evaluation surveys for YATI N-O-T sessions implemented in 2017).

### **How the N-O-T Program Supported Quitting and Reducing Smoking**

It is expected that some youth will naturally make attempts to quit: in 2015, more than a third of youth smokers in Ontario made an attempt to quit in the past year (Boak 2015). While we cannot identify the full impact of the program to support youth in making a quit attempt, there is good indication from participants and facilitators that the program was important in helping students quit or reduce their smoking. Peer support was an important factor in facilitating changes in knowledge, attitudes and smoking behaviors. This included the opportunity for youth-led conversation in a safe, non-judgmental environment. The perception that an adult cared about their wellbeing and having the support of a teacher(s) outside of the N-O-T sessions (i.e., when public health was not present) were identified as factors that helped to facilitate changes in participant tobacco use behaviour.

Similarly, youth participants valued the supportive environment and opportunity for group discussion that N-O-T provided and the content of sessions. Facilitators noted that improved knowledge was a factor in behavior change, in particular regarding the health effects of smoking, tobacco industry practices, coping with stress, and community quit smoking resources. Increased understanding that relapse is likely and is part of the quitting smoking process was also considered important.

### **Challenges and Barriers Faced by N-O-T Participants**

Challenges to quitting or reducing commercial tobacco use included a lack of social support from family and friends, the lack of smoke-free spaces at school and at home and the potential loss of friendships with smoking peers. Stress was reportedly inherent within participants' lives given the variety of social, health and economic challenges they were facing. Smoking was a way to cope with these daily stressors. These are barriers commonly experienced by groups who are disproportionately impacted by commercial tobacco use (Twyman, 2014). Tailoring interventions to address the unique barriers that different groups of youth experience (i.e. Indigenous, mental health, transient) is also recommended to improve program effectiveness (Twyman, 2014).

### ***What are the secondary impacts of the program on the lives of young smokers who participate?***

The N-O-T program reportedly helped to improve school connectedness, which was perceived by some facilitators to be lower among the young people involved in the program. It was highlighted that N-O-T participants often feel ostracized within their schools, so offering a program for this specific group contributes to their personal sense of belonging and value.

Research demonstrates that school connectedness and sense of community influences smoking and smoking cessation in young people. According to Sabiston et al. (2009), constructs such as attachment, culture, students' sense of community, and connectedness are all factors that protect youth from smoking. Based on social control theory, an adolescent's social bond to the school is *“likely protective of deviant acts such as tobacco use because he or she feels compelled, or committed, to adhere to appropriate behavioral standards”*.

Additional impacts included more positive student-teacher experiences, improved school attendance, joining school athletic teams or clubs, skill development (leadership, coping with stress, setting goals, planning), improved familiarity and involvement with local community agencies, and participating in meaningful volunteer opportunities. The N-O-T program also had a positive impact on some school environments. Reported impacts included less people in the smoking area and more dialogue about creating alternatives to the smoking area, and improved compliance with the school's smoke-free policy. While some schools had already undertaken commercial tobacco initiatives, N-O-T was considered a springboard for more work in this area.

Overall, the N-O-T program was credited by interviewees as helping to build or strengthen relationships with students and with schools, reaching and engaging hard to reach youth and obtaining greater perspective about youth smoking cessation and commercial tobacco reduction generally.

***To what extent are clients satisfied with the N-O-T training? What is the training doing well and what could it do better?***

N-O-T facilitators were trained by YATI using Train-the-Trainer programming. Facilitator interviews found that YATI's N-O-T Train-the-Trainer sessions were helpful and valued. In particular, interviewees mentioned the educational, hands-on experience that the training provided.

Results from the Train-the-Trainer client satisfaction surveys found that the overall quality of the training was rated very high for all offerings (2014-15, 2015-16 and 2016-17). Generally, Training participants strongly agreed with all of the survey statements, indicating exceptional satisfaction with the activities, content, motivation and facilitation. Training Participants also strongly agreed that they felt motivated to prevent youth from starting to smoke or helping youth quit smoking, felt confident in talking to youth about smoking prevention, were going to use the information learned and would recommend the training to others. Trainees also felt that the program will enhance their practice 'A Great Deal', demonstrating that they were highly satisfied with the training program.

## Limitations

The American Lung Association (ALA) required that their evaluation survey instruments be implemented with the Ontario program pilots. The ALA survey items were designed to measure cessation but do not provide a clear measure of quit attempts over time. This is extremely limiting as quitting successfully often requires multiple quit attempts. In addition, the use of tobacco is not fully captured as the surveys did not ask about other tobacco and products such as e-cigarettes. The use of additional cessation supports during the N-O-T program is also unknown.

There were a few discrepancies between responses to questions about smoking behaviours. Some participants indicated that they were not currently smoking, but provided a number of cigarettes smoked per day. This may arise from confusion regarding the wording of the question for number of cigarettes smoked per day. The attitude question also has methodological challenges since the response options are not mutually exclusive and participants are instructed to select only 1. Therefore, it is difficult to use this question to infer past quit attempts. Responses to this question also conflicted with responses to the quitting ladder, which measures similar constructs.

While the response rate was low, this is not uncommon; particularly with a difficult to reach youth population. If youth did not attend the last session, they did not have an opportunity to complete the end of program survey. Further, the evaluation surveys were administered in a pencil and paper format, which can be a deterrent for young people. Tracking N-O-T program participants for a longitudinal 6-month survey (without incentives and beyond the program context) is especially challenging. If responses are higher in the future, it would be advantageous to link participants who responded to the 6-month follow-up survey with their intake and end of program surveys.

Finally, this evaluation did not include qualitative interviews with N-O-T participants. Exploring ways to incorporate more of the youth participant perspective into the evaluation is recommended.

## Conclusion

Reaching youth who smoke can be a challenge; however, this may be due to inaccessibility of cessation services for this group (Queen's Printer for Ontario, 2017). This is especially the case for youth populations who are disproportionately impacted by commercial tobacco use (Indigenous, low SES, pre- or co-existing social or health and mental health issues). Evaluation data demonstrate that the N-O-T program reached youth within these priority groups.

Facilitators indicated that the N-O-T program provided a positive impact on participants' ability to handle stress, feel better about themselves, and deal better with family and friends. A smaller proportion of participants identified additional positive impacts of the program such as getting more exercise, making new friends, eating better, going to school more and, to a minimal extent, getting better grades. Findings also suggest that the N-O-T program can help to strengthen relationships between students, school staff and schools; and foster skill building such as leadership, coping with stress, setting goals and planning; and have an overall positive impact on schools and communities.

Organizational buy-in at the school level was a key implementation facilitator identified by interviewees. The role of school staff and youth champions or leaders in the school's smoking community was also important for promoting the N-O-T program and recruiting youth participants. YATI was credited with making the N-O-T program flow easily by providing advice about curriculum, group activities and youth engagement, and facilitating administrative tasks. Financial support for food was considered essential for student participation in the program.

Providing the program over a longer period of time during school year would provide more time to fully address the curriculum and build relationships with the students. Offering the program fully or partially during class time and not during an exam period, a new semester or March Break may enhance recruitment and retention. However, capacity would need to be explored. Activities that do not resemble school work were recommended for this population. The use of interactive, movement and technology-based activities were particularly valued by facilitators and participants. More support for working with digital resources, facilitation techniques, minds-on activities and providing a more detailed overview of each session were additional suggestions to improve YATI training. Tailoring the curriculum and materials (e.g., binder) to different social and cultural contexts would help to ensure that the program is relevant to target student populations.

Overall, the N-O-T program appears to be helping youth to think about their smoking behaviours and have more positive thoughts about quitting. It has been well established in the scientific literature that it can take multiple quit attempts to achieve long-term cessation in adult smokers (Queen's Printer for Ontario, 2017; Chaiton 2016). Helping young people to move along the path to quitting earlier may have a positive impact on their smoking behavior in adulthood and help to change their attitudes about smoking. Data on the impact of the N-O-T program on smoking abstinence is limited and should be interpreted with caution. However, there is evidence that the program resulted in a significant reduction in cigarette consumption, and participants significantly moved towards thinking about changing their smoking patterns or taking action to

quit. Brief check-ins or follow-up sessions after the end of program to maintain progress along the quitting continuum, address barriers to quitting such (e.g., mental health, stress), and facilitate access to support through the cessation system may help youth to stay motivated and make further quit attempts.

Qualitative interviews with N-O-T participants would provide further insights into understanding how the N-O-T program supports young people in quitting or reducing tobacco smoking and secondary impacts of the program. Including survey measures for quit attempts over time and the use of alternative forms of tobacco and other products is essential for fully understanding the impact of N-O-T on youth smoking behaviour. As of 2017, new questions have been added to the end of program and 6-month follow-up surveys to address these data gaps. However, it is important to ensure that the length of the survey not result in respondent fatigue and intimidation.

Exploring ways to increase survey response rates such as providing incentives to allow longitudinal analysis may improve opportunities for data analysis. Linking of participant data should be included in future evaluations of the N-O-T program, provided adequate sample sizes are available.

Overall, this mixed method evaluation demonstrates that the Ontario N-O-T program pilot resulted in significantly reduced cigarette consumption among respondents, and helped youth to take action to quit smoking. Although, more data are needed to determine the impact of the program on quit attempts, long-term quits and the use of other tobacco products (including e-cigarettes). Other positive outcomes of the program included helping to build or strengthen relationships between students and schools, engaging priority youth populations, and obtaining greater perspective about youth smoking cessation and commercial tobacco reduction. YATI's modifications of the ALA N-O-T program for the Ontario context has resulted in enhanced youth engagement, very high satisfaction with Train-the-Trainer, and strong support from co-facilitators (school and health unit staff) and youth participants.

## References

- Boak A, Hamilton HA, Adlaf EM, Mann RE. *Drug use among Ontario students, 1977-2015: Detailed OSDUHS findings* (CAMH Research Document Series No. 41). Toronto, ON: Centre for Addiction and Mental Health 2015.
- Campbell R, Starkey F, Holliday J, Audrey S, Bloor M, Parry-Langdon N, Hughes R, Moore L. An informal school-based peer-led intervention for smoking prevention in adolescence (ASSIST): a cluster randomised trial. *The Lancet* 2008;371 (9624):1595-1602. (10.1016/S0140-6736(08)60692-3)
- CDC Prevention Research Centers. Not On Tobacco (N-O-T)—Smoking Cessation Program for 14-19 Year Olds Selected as a Model Program. Retrieved on May 10, 2017 from <https://www.cdc.gov/prc/pdf/not-on-tobacco-smoking-cessation.pdf>
- Chaiton M, Diemert L, Cohen J E, Bondy S J, Selby P, Philipneri A, Schwartz R. Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers. *BMJ Open* 2016;6(6):e011045.
- Grimshaw G, Stanton A. Tobacco cessation interventions for young people. *The Cochrane Database of Systematic Reviews* 2013;Issue 8. Art. No.: CD003289.
- Gupta SK. Intention-to-treat concept: A review. *Biostatistics* 2011;2(3):109-112.
- Horn K, Dino G, Kalsekar I, Mody R. The impact of Not On Tobacco on teen smoking cessation: End-of-program evaluation results, 1998 to 2003. *Journal of Adolescent Research* 2005;20:640–61.
- Minichiello A, Lefkowitz AR, Firestone M, Smylie JK, Schwartz R. Effective strategies to reduce commercial tobacco use in Indigenous communities globally: A systematic review. *BMC Public Health*, 2016;16(1):21.
- Ontario Tobacco Research Unit. *Smoke-Free Ontario Strategy Monitoring Report*. Toronto: Ontario Tobacco Research Unit, Special Report, March 2017.
- Queen's Printer for Ontario; 2017. Smoke-Free Ontario Scientific Advisory Committee, Ontario Agency for Health Protection and Promotion (Public Health Ontario). *Evidence to guide action: comprehensive tobacco control in Ontario (2016)*. Toronto, ON: Queen's Printer for Ontario; 2017.
- Reid JL, Hammond D, Rynard VL, Madill CL, Burkhalter R. *Tobacco Use in Canada: Patterns and Trends, 2017 Edition*. Waterloo, ON: Propel Centre for Population Health Impact, University of Waterloo.

Sabiston CM, Lovato CY, Ahmed R, Pullman AW, Hadd V, Campbell HS, Nykiforuk C, Brown S. School smoking policy characteristics and individual perceptions of the school tobacco context: Are they linked to students' smoking status? *Journal of Youth and Adolescence* 2009 Nov;38(10):1374-1387.

Starr G, Rogers T, Schooley M, Porter S, Wiesen E, Jamison N. *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs*. Atlanta, GA: Centers for Disease Control and Prevention; 2005.

Starkey F, Audrey S, Holliday J, Moore L & Campbell R. Identifying influential young people to undertake effective peer-led health promotion: the example of A Stop Smoking In Schools Trial (ASSIST). *Health Education Research* 2009;24(6):977-988. (10.1093/her/cyp045)

Twyman L, Bonevski B, Paul C, & Bryant J. Perceived barriers to smoking cessation in selected vulnerable groups: a systematic review of the qualitative and quantitative literature. *BMJ Open*, 2014;4(12):e006414.

## **Appendix A**

### **Not on Tobacco (N-O-T) Program Poster**



## The Issue

- Among high school students (grades 7-12), **82,700** (8%) use tobacco
- Prevalence rates **↑** by grade:
  - Of grade 12 students, **156,825** (15.3%) use tobacco
- Tobacco rates plateaued in past decade
- Only about 4% of youth (12-19) that smoke, quit each year.

It takes the average person  
**30 attempts** to quit smoking.

## N-O-T: A Promising Practice

- Developed by American Lung Association
- NO best practice for youth tobacco cessation exists but some hold 'promise'
- Recognized as an effective program by National Registry of Effective Programs (NREP)
- Since 1999, more than **150,000** youth have participated in N-O-T
- Study of **12,000** participants found that **90%** had quit or cut back.

Citations:

- American Lung Association - N-O-T on Tobacco. [www.lung.org](http://www.lung.org)
- CDC: Not on Tobacco. [www.cdc.gov](http://www.cdc.gov)
- OSDUHS (2015). [www.camh.ca](http://www.camh.ca)
- OTRU. <http://otru.org/quitting-smoking-in-ontario/>

## The Program

- N-O-T is a voluntary cessation program for youth (ages 14-19) who are daily smokers and motivated to quit
- The program runs over 10 weeks and is based on social cognitive theory
- Each session is 50 minutes long
- Sessions are led by an adult who has been trained as a facilitator of the program



- **Adaptations to N-O-T made by YATI:**
  - Modifications for Ontario context
  - Infusion of Youth Engagement strategies into curriculum
  - Revised Train-the-Trainer
  - Adaptations to evaluation tools
  - Altered facilitation model
- **Lessons Learned:**
  - Changes required to evaluation tools to include alternative products
  - Not enough known about quit attempts
  - Follow up challenging with demographic
  - Co-facilitation partnership vital

## N-O-T Ontario

- Past 3 years, YATI ran N-O-T **10** times across Ontario reaching approximately **100** youth
- Demographics:
  - Average age: 16 years old
  - Most participants in grade 12
  - Equal representation across gender
  - All facilitated in a school setting in partnership between Public Health and School Staff

## N-O-T: Preliminary Findings

- Ontario Tobacco Research Unit conducting program evaluation of N-O-T Ontario
- Analysis of intake, end of program, 6mth follow up, client satisfaction, and interviews (N=43)
- **Participants:**
  - 100% had either quit or cut back
  - Consumption reduced by approximately half
  - Significant change in thoughts about smoking and taking action to quit
  - Positive outcomes related to stress management, exercise, and self confidence
  - Program rated high overall