



**Action in your Community against Tobacco**

## **ACT Evaluation Report**

*September 2002*

# Strength & Sustainability

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*For: The ACT Steering Committee co-led by Cancer Care Nova Scotia and the Canadian Cancer Society Nova Scotia Division in partnership with Nova Scotia Department of Health, Heart and Stroke Foundation of Nova Scotia, Public Health Services Capital Health, Public Health Services Districts 4, 5, 6, Addiction Services Districts 1, 2, 3 and the Health Promotion Clearinghouse.*

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Special thanks must go to Judy Purcell and Karen Pyra who have been critical to all aspects of ACT's design and implementation. Their leadership has inspired all who have participated in the Program and has been key to its continued clarity of vision.

The newest member of the Program administration team - Rosanne Burke - has been a tremendous resource to this evaluation and is sure to make a huge contribution to ACT's ongoing success.

One of the most striking things about this evaluation is the consistency of feedback from everyone who participated, and that the word most frequently used was "passion". This is both the least tangible and the most critical element of the strength and sustainability of ACT.

Mary-Jane Hampton  
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## **ACRONYMS**

ACT	Action in your Community against Tobacco
ATM	Action Team Member
CBRPE	Centre for Behavioural Research and Program Evaluation
CCNS	Cancer Care Nova Scotia
CCS-NSD	Canadian Cancer Society, Nova Scotia Division
CHB	Community Health Board
DHA	District Health Authority
KATS	Kids Against Tobacco Smoke

## EXECUTIVE SUMMARY

In keeping with its commitment to evaluation as the basis of ongoing planning, the ACT Program Steering Committee has commissioned a year-one assessment of its progress. This assessment is based on a comprehensive evaluation framework that was developed by the Steering Committee in collaboration with the Centre for Behavioural Research and Program Evaluation (CBRPE), and is informed by extensive consultation with program participants, both volunteer and staff. It also includes an examination of key planning and operational documents including Board minutes and correspondence.

The evaluation of ACT is embedded in an environmental scan, which provides a backdrop of the political and social context in which the Program was launched. The qualitative and quantitative data that has been collected and analyzed constitutes the baseline information upon which future evaluations will be built, and is therefore a foundation block in the Program's ability to inform design and implementation decisions based on good information.

The evaluation of community capacity development is a relatively new field, and the ACT Program is a pioneer in designing a framework to assess the impact of its work. This evaluation is therefore an important contribution to an emerging paradigm of social policy, and the lessons derived from the ACT experience will have relevance to a much broader range of capacity building initiatives. The consultants have endeavoured to draw lessons from capacity development projects around the world as a frame of reference for their review of ACT, and note remarkable consistency in issues concerning strength and sustainability, regardless of the sector involved.

Overall, ACT receives very high ratings for its success in Program management, design and delivery, sustainability, and impact on participants and communities. The stakeholder partnerships on which it is based are sound, and its leadership is keenly aware of the operational issues associated with a community development-based approach to capacity building. Clear objectives for the design and accelerated implementation of the Program have been articulated. The Steering Committee has been consistent in linking policy with action, keeping lines of accountability, levels of responsibility and follow-up unambiguous. Moreover, the Steering Committee has resisted the temptation to compromise the principles of good process in the face of opportunity to fast-track implementation – a brave decision that has created a solid foundation for the future of a Program that embeds community development philosophy in all aspects of its work.

As the Program matures in its second year of operation, the Steering Committee should consider an augmented set of objectives to ensure that it measures the right things and invests resources accordingly. Attention also needs to be paid to clarifying the relationship between the coaches and ATMs. Priority should be given to the development of community-based tobacco strategies and a mechanism for them to be evaluated and shared.

Stakeholder organizations must be assured of the relevance of their continued participation and investment in ACT as a key component in the overall provincial tobacco strategy. A sustained effort by all partners has been the hallmark of the considerable success of the Program thus far, but diligence will be required if the momentum is to be maintained and long-term gains achieved.

Based on our review of ACT, the consultants have absolutely no hesitation in attributing increased community capacity in tobacco control to the Program, and recommending that sponsor organizations continue their support for this initiative.

## PURPOSE OF THE REPORT

This report is intended to monitor the progress of the ACT Program and determine steps needed for its strength and sustainability. Baseline information was gathered according to a pre-determined evaluation framework, with the objectives to:

- identify the internal and external organizational factors which have contributed to the development of the Program;
- articulate what factors have been effective and what has contributed to their success;
- determine gaps and needed improvements, and;
- inform the planning and implementation process of the Program.

## METHODOLOGY

This report represents the first major evaluation of the ACT Program, which was launched in October 2001. The findings will provide baseline data to inform Program development and will be a measure against which future evaluations can be compared.

In developing this report, the evaluators reviewed the design and implementation of the ACT Program since its conception. A common framework and methodology were developed by a private consultant with the guidance and participation of the ACT Steering Committee and in collaboration with CBRPE.

While the ACT Program is geared toward the issue of tobacco control, it should be noted that its primary focus is to support mobilization and capacity development as the community component of a broad tobacco control movement. This evaluation was not designed to measure indicators of the Program's impact on smoking reduction, but rather the extent to which ACT has built and strengthened community capacity to take action on tobacco.

The framework and methodology were used by two consultants, chosen for their experience in the fields of health and social policy, community mobilization and capacity development. Information and background for this document was gathered through a variety of approaches:

- a media scan / analysis of the overall context of tobacco control in the Province of Nova Scotia
- a review of ACT Program documents (minutes of Steering Committee meetings, funding proposals, etc.)
- all Steering Committee members and 93% of the coaches participated in an in-depth telephone interview (lasting 45 minutes on average)
- self-administered surveys were distributed to Action Team Members, of which 19% responded
- focus group meetings with Action Team Members were held in Halifax, Hants, Bridgewater, Guysborough and Pictou

In order to encourage candid contributions to the evaluation, all respondents (whether participating in focus groups, telephone interviews or written surveys) were assured that feedback would be anonymous. For this reason, the quotes that are interspersed throughout this document have not been attributed to their sources.

The report also includes a brief summary of the social theories upon which the Program has been designed. The intention is to compare the general observations and trends experienced by the ACT Program with those in the broader capacity building and diffusion of innovation arena. As such, the evaluators have included some observations and lessons learned from other sectors in the emerging field of capacity development, which would seem to have equal application to ACT.

### **Participation and Limitations**

Through the interviews, surveys and focus groups, every member of the Steering Committee and nearly all the coaches participated in this evaluation. Engagement in the evaluation process of the Action Team Members (ATMs), however, was not as comprehensive. This may be attributable to the timing of the focus groups and administration of the survey in late June and early July, just as many people were embarking upon summer vacations. It may also be an indicator of one of the main challenges of the Program structure, which has not yet fully developed to provide clarity of role to ATMs. The authors therefore note that, with only 18 of 96 ATMs completing written questionnaires and a total of 30 ATMs participating in five focus groups, only cautious conclusions can be drawn from the analysis of this input.

Another possible factor in the ATM participation rate may be that, unlike the engagement of coaches in this evaluation process, the consultants did not make personal contact with each ATM in seeking their insight. It was the decision of the Program organizers to vest responsibility with the coaches to contact their

ATMs – in respect for the direct coach-ATM relationship. This policy may be entirely appropriate but it does demand careful attention to follow-up to ensure that someone – the coach, the administrator, the coordinator or the consultant – actually makes direct contact with every individual who is hoped to participate as an evaluation informant.

It should also be noted that, because this evaluation was undertaken quite early in the life of the program, not all respondents had been involved for long enough to be able to answer all questions or to have developed opinions on some issues of program design and implementation. There are also some issues in the evaluation matrix that cannot be addressed until the program has matured.

## CHAPTER 1 — BACKGROUND

The ACT Program is modelled on the evidence of two social theories; “capacity-focused development” and the “diffusion of innovation theory”.

### **Capacity-focused development.**

“Capacity-focused development” is based on the principle that an important element of social change occurs at the community level and only takes place when local people are involved in the effort.

Capacity is created when people have the intention, ability, and resources they need to identify a problem of particular relevance to their community, come up with a solution, and then take action to carry it out.

To be effective, such capacity needs to be developed in all sectors of society – business, academia, the media, civil society, and every level of government – creating convergence through collaboration. It is only when a local community acquires capacity to design and create its own future that change can take place.

Capacity development is therefore the process of creating, mobilizing, utilizing, enhancing, and converting skills and expertise. It can be short-term, to address an immediate problem, or long-term to create an environment where a specific change or shift in attitude should take place.

### **“Diffusion of Innovation” Theory.**

The process of “diffusion of innovation” has been around since the first new idea was inspired, shared and adopted. How ideas move through a community is a natural process of peoples’ attitudes, opinions, and feelings towards accepting an innovation. The diffusion of innovation theory simply states that an innovation is communicated in a particular social system over a certain amount of time and can be anticipated on the basis of social trends.

#### **AN “EAR” TO THE GROUND ...**

The origins of diffusion research can actually be traced to a study of Iowa farmers in the mid-1900’s. Hybrid seed corn was made available to Iowa farmers in 1928. The hybrid vigor of the new seed increased yields, withstood drought better, and was better suited to harvesting by mechanical corn pickers. By 1941, about thirteen years after its first release, the innovation was adopted by almost 100 percent of Iowa farmers.

Researchers studied the rapid diffusion of hybrid corn in order to learn lessons that might be applied to the diffusion of other farm innovations. The intellectual influence of the hybrid corn study, however, reached far beyond the study of agricultural innovations. Since the 1960s, the diffusion model has been used in a wide variety of disciplines such as education, public health, communication, marketing, geography, sociology, and economics.

## ADOPTER HOROSCOPES

### Innovators

You are a risk taker. You are comfortable being the one to stand behind a new idea and invest in it – even though you might lose as a result. You like to move from one venture to another, and possess good technical knowledge that you can apply to your initiatives. You call yourself passionate – others say you are obsessive. You use every opportunity to network broadly, and there is a fine line between your professional and social groups. You thrive on uncertainty and are comfortable taking the lead in selling a new idea. You would have raised venture capital to develop the concept of a DVD player, and built the prototype.

### Early Adopters

You are not a radical risk taker, but you like to try new things. You are trusted by your community and would be described as someone who is ahead of the curve in embracing new ideas – but only once you have done your own research. You wouldn't put your last dollar into the investment of a new product, but you would buy it once you were satisfied that it was a good concept – and even be willing to pay a premium to be among the first to get it. For this reason, people are comfortable following your lead and take your advice on adopting the new idea or product themselves. You would have purchased a DVD player when they were still an expensive novelty and before there were many discs to watch.

### Early Majority

You do not take big risks and tend to make safe investments. You wait until new things have been tried and tested before adopting them yourself. You follow trends, and are influenced less by your own experience than by the evidence that is shared by sources that you trust. You usually find yourself in the majority, and would be described as a good barometer of what others in your community would prefer and believe. You would buy the DVD player once a good selection of movies is available to rent and the price has come down.

### Late Majority

You avoid risk and don't like being ahead of the curve. You are cautious – assuming that most new things are fads. As such, you adopt a new idea or product either because the social pressure is overwhelming or because of practical necessity – and invest conservatively. You would buy DVD only when there are more discs to rent at Block Buster than VHS, and when they come on sale. You keep the VHS as a backup (for when the DVD fails, which you expect).

### Laggards

You find comfort in the status quo – some would say to your own disadvantage. You are suspicious by nature of new ideas and of those who promote them. You are a self-described home body and creature of habit. There has to be no doubt in your mind that the new idea or product will work – or that there is absolutely no alternative before you would consider buying into it. You prefer to cope with the poorer alternative on the strength of its familiarity. You buy a DVD only when you can't rent any more movies on VHS – certain that it is all a result of a marketing conspiracy to force consumerism through obsolescence. You still have the flashing green "12:00:00" on the front of your VHS player blocked out with electrical tape because you didn't learn how to program the time.

An innovation is an idea, practice, or product that is perceived as new by an individual or community. There is a measurable pattern of how ideas are typically adopted by a community, and characteristics which determine an innovation's rate of adoption are:

- *relative advantage* (how well an innovation is perceived as an improvement to an individual or community);
- *compatibility* (how consistent an innovation is with the existing values, past experiences, and needs of potential adopters);
- *complexity* (how easy it is to use and understand);
- *trialability* (the degree to which an innovation may be experimented with on a limited basis);
- *observability* (how visible the results of an innovation are to others).

Innovations that are perceived by individuals to possess all of these characteristics will be adopted more quickly than other innovations.

Mass media channels are more effective in creating knowledge of innovations, while person-to-person relationships (doctor/patient, teacher/student, parent/child, peer/peer) are more effective in influencing attitudes toward a new idea. Most people evaluate an innovation on the basis of what they are told by peers who have adopted or rejected it.

There are basically five adopter categories:

## **Convergence - the Context for ACT.**

A key component of the ACT Program Evaluation is an environmental scan, based on a review of media sources since the launch of the Program. In the interviews and focus groups, it was broadly observed that the success of the program to date is due, at least in part, to a surge of public awareness and legislative activity at all levels of government about tobacco control. These anecdotal observations are confirmed in a media scan through which several major themes emerge.

### **Youth**

Considerable media attention was given to tobacco related issues as they affect youth, highlighting programs aimed at supporting young people in their smoking cessation efforts and the alarming statistics concerning teens' tobacco use. Noteworthy are several initiatives and newspaper columns undertaken by teens themselves raising awareness about the tobacco issue in their community in general or providing guidance – both through information and example – to their peers. Indeed, one community showcased youth leadership in the tobacco awareness issue and provided a platform for those teens to achieve leadership credibility on other matters of social concern. Another area of emphasis was the issue of tobacco manufacturers' campaigns to advertise their products to a youth market – some under the guise of promoting smoking prevention and cessation programs.

As part of the broader debate about provincial smoke-free legislation (adopted in May 2002), particular concern was raised in several regions of the province about smoking on school grounds, with efforts to encourage school board and municipal leaders to address this issue.

### **Provincial Tobacco Strategy**

It is readily apparent that tobacco awareness and control strategies have been a hallmark of public policy in Nova Scotia since 2001. The provincial government had campaigned on a platform that included action in achieving smoke-free public places, and the Premier has been fairly consistent in his support for this cause, given his perspective as a former family doctor. The public debate about the Provincial Tobacco Strategy, which included the legislative process from first reading of the Bill to passage of a new law, resulted in considerable media coverage of this issue, placing it high on the public agenda. By and large, the health care community was pitted against the hospitality industry in heated debate about the feasibility and economic

consequences of imposing smoke-free legislation in the province. Although all fifty-five municipalities passed a resolution requesting the province to support smoke-free legislation, only a handful followed through with this policy direction in their own bylaws.

Some local businesses made the case, with varying success, that smoke-free legislation would be harmful to the economy and therefore would affect employment in areas where job loss of even small numbers can be devastating. Much editorial attention was given to the credibility and legitimacy of both sides of this argument.

Part of the debate concerning smoke-free legislation focused on work-place smoking and raised the issue of employees' health when exposed to second-hand smoke. In the resulting compromise legislation in which the province only imposed a partial smoking ban, this issue remains largely unresolved.

As part of its policy agenda, the province also announced its one million dollar provincial tobacco strategy, which was met with mixed reviews. In general it was believed that the resources available were not adequate to the task and that a greater proportion of revenues from tobacco taxation should be diverted to support tobacco prevention, education and awareness programs. Moreover, there is an overwhelming consensus of opinion in the health care community that programs to support individuals' efforts to quit smoking are seriously lacking. Overall, response to the final legislation was cautiously optimistic with health advocates and policy analysts concluding that it is a good first step. They note, however, that it has not gone far enough in achieving a smoke-free province and lacks sufficient resources for enforcement and sustainability.

### **Federal Legislation**

While most of the legislative debate was at the provincial and municipal levels, there were two areas of federal responsibility that achieved considerable attention during the year in review. The first is the issue of cigarette packaging, which includes health warnings about the use of tobacco. There was some debate about the effectiveness of this packaging and urging of the federal government to do more to force the tobacco manufacturers to make their products even less visually appealing.

The level of taxation on cigarettes was increased with a positive response by health care advocates, noting the correlation between increased cost and decreased cigarette consumption by youth. Both federal and provincial levels

of government were criticized, however, for continuing their own dependency on taxation revenues from cigarettes, and failing to invest adequately in tobacco awareness and cessation programs.

### **General Awareness**

In the nearly 100 newspaper articles, editorials and radio interviews reviewed, the vast majority would fall under the category of “general awareness”, covering several key issues:

#### **second-hand smoke**

- new research on the poisons consumed through exposure to second-hand smoke
- research linking second-hand smoke with childhood disease and risk of death
- employees’ rights in workplaces where smoking is allowed
- editorials regarding rights of smokers as well as rights of non-smokers

#### **health consequences**

- news articles summarizing medical research concerning health impact of smoking
- editorial testimonials to the consequences of smoking
- the death of Peter Gzowsky (well known host of CBC Morningside) of emphysema following a public battle with the disease and effort to quit smoking

#### **polling**

- release of several public opinion polls concerning smokers’ rights, confirming unequivocal support for smoke-free legislation

The ACT Program itself was the subject of several media stories, principally concerning the launch of the program and the approach it intended to use to build community capacity in taking action against tobacco. This converged well with attention being given to the Provincial Tobacco Strategy, adding a sense of relevance and timeliness to the ACT initiative.

## CHAPTER 2 – EVALUATION FINDINGS

The evaluation process focused on four areas of the ACT Program.

1. Management of the program.
2. Program design and delivery.
3. Program sustainability.
4. Impact on participants and communities.

### 1. Management of the Program.

Goal	Objective
To build an effective structure to direct and support the project.	<ul style="list-style-type: none"> <li>• To articulate and put into practice project goals.</li> <li>• To provide leadership.</li> <li>• To build a strong support network among community coaches and action team members.</li> <li>• To solicit and utilize financial resources to align with program goals and growth of project.</li> <li>• To build an evaluation process.</li> </ul>

### Articulation and Practice of Program goals

As the tobacco issue gained national and provincial momentum and converged into a broad movement of social concern, the ACT Program emerged. It is a classic example of need and opportunity being matched by good timing and

*“ACT has provided an opportunity for communities to start talking about the tobacco issue. Being affiliated with the Program has helped my organization be seen as one that is doing something about it”.*

gifted leadership - responding to an identified gap in community capacity to take action on tobacco control. It all started as a gleam in the eye of a couple of passionate individuals who have a strong commitment to the cause and a professional mandate to support it.

These two individuals evolved a ‘good idea’ into internal proposals for their respective organizations, Cancer Care Nova Scotia (CCNS) and the Canadian Cancer Society Nova Scotia Division (CCS-NSD), which in turn supported the creation of a community-based strategy for tobacco control. The initiative thus fulfilled the community action element of the Provincial Tobacco Control Strategy.

It was determined that the most effective approach would be to build on existing networks. To this end, letters were sent to all stakeholders in the Provincial Tobacco Control Strategy, inviting participation in a partnership forum. Several organizations accepted the opportunity to participate and within three months a Steering Committee had been struck.

The founding organizations of the Steering Committee included:

- Public Health Services (Colchester Regional Hospital Annex)
- Tobacco Control Unit
- Addiction Services
- Heart Health N.S. (now renamed the Unit for Population Health and Chronic Disease Prevention)
- Cancer Care N.S.
- Canadian Cancer Society, N.S. Division
- Heart and Stroke Foundation of N.S.
- Public Health Services (corresponding member)

The Steering Committee is a highly motivated and passionate group of individuals who are all leaders in their own right in the tobacco control movement. Members all have a professional commitment to the issue, but also exhibit a strong personal interest in the cause. This was demonstrated throughout the interview process and is reinforced by a very high level of attendance at meetings.

When asked to describe the vision of the ACT Program, all members of the Steering Committee indicated that the overarching goal is to build community capacity to take action on tobacco issues by motivating local individuals to be involved. On the basis of individual feedback from the committee members, the group is clearly very consistent and cohesive in both its mission and sense of priority in carrying it out.

*“All members of the Steering Committee are committed to tobacco reduction in the province, and this passion showed through in their commitment to developing the kit”.*

## **Leadership by the Steering Committee**

The role of the committee has been to:

- oversee the development of the ACT Program
- provide input into the direction of its implementation
- develop program goals and objectives
- identify effective practices in tobacco control
- guide creative and content aspects of the toolkit
- identify funding opportunities

- recruit coaches
- develop orientation approaches
- implement and diffuse the toolkit
- support Program volunteers
- hire Program staff
- develop frameworks for evaluation

The Steering Committee itself represents a wide variety of expertise that has contributed to the success of the ACT initiative. The range of skills represented in the group includes health promotion, social marketing, evaluation, program planning, advocacy, communication, community development, population health, volunteer mobilization and tobacco control strategy development, to name a few.

While everyone on the Steering Committee has clearly contributed much to the Program’s implementation, they all said that they get something out of the experience as well. All members were able to identify some aspect of their own knowledge and skills which have been enhanced by their participation in

***“The Steering Committee was well coordinated which made it easy to participate. We always knew what was expected of us, and by when”.***

the Program. Moreover, the organizations that they each represent benefit from an increase in profile (although this has not been specifically measured), access to the most current resources that are available on tobacco issues, and an opportunity to carry out certain aspects of their own organizational mandates. All these factors contributed to the retention and continuity of Steering Committee membership.

The Steering Committee has been active in all aspects of ACT’s development. Every member of the committee was, however, effusive in commending the two lead individuals for their contribution to the follow-through of identified action plans, and noted that the majority of tasks have been designated to their responsibility. One of these people has been designated as the ACT Program Coordinator. This was supported by her organization (CCS-NSD) which contributed approximately 60% of her time to the Program, as well as providing the office and meeting space.

The review of program documents finds that actions were supported by good planning and appropriate resources, and were executed efficiently with thorough follow through. This is owing to good communication, a clear articulation of program goals and objectives, and delegation of tasks to achieve them.

While there are several good examples of how the Steering Committee has been flexible in adapting to implementation realities, its members reported that little or no compromise was required on matters of Program design, philosophy or direction. Members believe that the goals and objectives continue to be relevant.

An important milestone was the creation of the Program Administrator contract position in the Spring of 2002. Although there was a slight setback when first incumbent resigned after only a few weeks to pursue an international career opportunity, the position has since been filled again. This will allow the Steering Committee to assume a more appropriate sustained role of providing overall direction to the Program, and assigning the day-to-day operational responsibilities, including support to volunteers, to staff. The contract is made possible by a grant from Health Canada, which has allowed the Program to secure the position until July 2003.

An important quality of the Steering Committee is that it is non-competitive, something that is attributable to the individuals and organizations that compose it. This is also due to the governance structure of the Program in which there are no senior or junior partners, or an explicit or implied scope of influence based on the amount of money and other resources that different organizations contribute. The Steering Committee transcends the identity of any one organization and all stakeholders come to the table as equal partners, sharing fully in the responsibility to guide and direct the program. In short, the whole has become greater than the sum of its parts.

### **Development of Volunteer Networks**

All ACT coaches have involvement in the health promotion field which has proven to be a very successful entry point for the Program.

When recruiting ATMs, coaches have tended to single out individuals with similar qualities – people who are trusted in their community, good at relating to people, energetic and possessing leadership and initiative. ATMs represent a more diverse background than do coaches and half of the ATMs participating in the evaluation report previous involvement in tobacco control issues.

The majority of coaches and ATMs have a strong bias for emphasizing youth as a target for outreach, and some have made special efforts to integrate the ACT Program into the school system.

In many cases, the coaches have recruited ATMs from existing volunteer networks, noting vulnerability in this approach as the pool of community volunteers is tapped and already overextended. Some have indicated that there may be an overestimation at the Program level of how many potential volunteers are actually out there. Conversely, there seems to be major benefit in mobilizing systems of community volunteers who have existing relationships and can offer mutual support.

### **Resource Allocation**

When asked if there are sufficient resources in place to implement and sustain any program, a standard response is that there is never enough money. That said, ACT organizers note that due both to good timing and an ability to leverage opportunities, all funding requests have been granted. It would also appear that anticipation of Program resource requirements and cost projections have been accurate.

### **Evaluation**

Program organizers are committed to evaluation forming the basis of planning and have ensured that all aspects of the design and implementation of the initiative are supported by clear and measurable objectives. Care has been taken to create an evaluation process that is respectful of the time required by volunteers to participate. It is noted that volunteers were extremely cooperative in accepting invitations to contribute to this evaluation. Many indicated that they appreciated the opportunity both to provide feedback and to learn about the experiences of other volunteers in the program.

## 2. Program Design and Delivery.

Goal	Objective
To increase the number of effective community-based tobacco control activities implemented in communities throughout Nova Scotia	<ul style="list-style-type: none"> <li>• To identify effective practices for community-based tobacco control interventions.</li> <li>• To design and implement a tool kit to facilitate community-based action.</li> <li>• To recruit community coaches and action team members.</li> <li>• To orient community coaches and action team members on the use of the kit.</li> <li>• To motivate action team members to use the kit to take action on tobacco in their community.</li> </ul>

### Identification of Effective Practices

Guided by a methodology provided by the Steering Committee, an independent contractor was engaged to research and compile a list of community-based interventions for the reduction of tobacco use or exposure to second-hand smoke.

Using an adaptation of the evaluation framework developed by the Cancer Care Ontario for Nutrition Interventions for Cancer Prevention, each activity was tested for relevance, suitability and practicality for inclusion in the ACT Tool Kit on the basis of the following considerations:

1. Interventions that were found to have a positive impact were included in a “potentially effective” practices category.
2. Interventions that were found to be based on weaker designs (e.g. cohort, case control studies, pre/post evaluation framework) were checked for plausibility in criteria developed by the Steering Committee. Interventions that scored “good” or “moderate” on the plausibility analysis were included in the “potentially effective” practices category. Those with a poor rating were rejected.
3. Interventions that were found to have no impact or negative impact on the outcomes of interest were categorized as “not effective”.
4. Practicality criteria included cost effectiveness, availability and fit with community resources, supports and culture.

Activities and programs targeted for use by (a) schools/youth, (b) communities, and (c) families were identified through an extensive literature review as well as through organizational and individual contacts. 62 activity concepts were identified and reviewed, falling within the categories of cessation, prevention

and protection. Media and advocacy related activities were also highlighted in this process. 45 activities were deemed to be suitable for inclusion in the toolkit, many of them overlapping in the areas of cessation, prevention and protection.

### **Design and Implementation of a Toolkit**

In total, 355 kits have been produced. 230 kits were produced upon the Program's launch in the Fall of 2001 and all from this run were distributed. An additional 125 kits were produced and 110 are still in inventory.

The kit evidently represents more than just a compendium of activities, but has also been a helpful source of facts and presentation materials that are frequently drawn upon by a variety of users.

The toolkit received a consistently positive review from its users. In discussing its strengths, anecdotal feedback tended to commend its ease of use and the extensive range of information it contains. Interestingly, ATMs rated the kit's ease of use as its best quality, while the coaches scored that aspect the lowest. Criticism focused on physical aspects of the kit, most notably that the binders are too small for the amount of information they contain and that the page numbering could be simplified.

The requirement that at least one activity in the kit be implemented within the first six months of receiving it is understood by the volunteers, and it is generally felt to be a good thing that there is an explicit commitment associated with participation in ACT. Furthermore, this conveys a sense of value to the toolkit. Some volunteers expressed concern that they would be asked to relinquish their kit on the basis of slow performance to date, but all nonetheless agreed that it was a reasonable condition.

Individuals who had used the kit gave it high marks for relevance to their community – coaches on average responded with a grade of 84%. ATMs, who are actually the ones using the kit on the ground, gave it a 93% for relevance.

**Table 1. How volunteers graded various aspects of the toolkit.**

<b>Aspects of toolkit evaluation</b>	<b>Coaches</b>	<b>ATMs</b>
Graphic design and logo	89%	92%
Ease of use	82%	94%
Understandable language	86%	94%
Range of activities	86%	90%
Availability	93%	93%
Relevance to communities	84%	93%

Summary of feedback for suggested improvement included:

- page/section numbering was a bit difficult to follow
- it would be helpful to have an ongoing mechanism to update the facts and information (new inserts)
- more activities for Parent-Teacher Associations, junior high school level, parent/child
- geared more to professionals than community
- hard to work through in a brief training period
- could be easier to find facts
- physical packaging (case is awkward and the binders are too small)
- geared toward groups rather than individuals
- overwhelming amounts of information

At present, program documents are incomplete in tracking the distribution of the toolkits and would appear to be inconsistent with the records maintained by the coaches.

The evaluation process was inconclusive in determining the exact number of activities that have been held to date using the kit. This is due to an apparent information gap between coaches and ATMs, the lack of mechanism for formal tracking of activities at the community level, and the limited feedback of ATMs to the evaluation.

### **Recruitment of Volunteers**

A total of 27 coaches currently participate in the ACT Program. According to Program documents the confirmed number of ATMs is 96.

The recruitment of coaches was a process led by the Steering Committee, which identified a list of potential individuals and issued them an invitation to participate. In the second wave of recruitment, individuals approached the Program to request the opportunity to be trained as a coach. All targets for the

recruitment of coaches have been surpassed, and that the retention rate is 100%, it is evident that this recruitment approach was extremely successful.

Although it was not a pre-requisite of recruitment, the Steering Committee tended to target individuals who were professionally involved in the field of tobacco control as potential coaches. This also acknowledged the early feedback that the role of the coach was too burdensome for most volunteers who lacked at least some infrastructure and organizational mandate to build community capacity on tobacco issues.

Other criteria in the selection of coaches included having community experience and an understanding of community development processes. It was important that potential recruits possessed good communication skills, access to local networks and a demonstrated level of commitment to tobacco issues. The coach recruitment targets have been exceeded (the aim was to recruit 10 and 27 were actually trained). All coaches who are involved in the Program indicated their intention to stay.

ATMs have been identified through a similar process of relationship-based recruitment, which has resulted in a similarly successful outcome. Coaches have tended to identify potential recruits (individuals or groups of individuals) who are active in related community groups or within the school system.

Some coaches have tried the cold-call approach to recruit by making presentations to various organizations about the ACT Program, or placing ads in community publications. By all accounts, there has been a lower rate of success in recruiting community volunteers through this approach.

## **Orientation**

Training for almost all of the coaches has been standardized in a one-day orientation session. Feedback has generally been positive to this approach, although the challenge in designing an effective training model is in the diversity of expertise and areas of interest represented by the coaches. While some individuals get much out of a thorough orientation session, there are others who feel that their existing knowledge of tobacco issues and community development approaches is sufficient, and are inconvenienced by having to make a significant investment of time to be deemed “qualified” to become a coach.

ATM orientation is the responsibility of the coaches and has varied in its delivery - ranging from a brief introductory session to a more intensive program of activity planning. Sessions which have been most successful have been those most closely adapted to the interests and focus of the ATMs who attend.

One of the challenges identified by coaches is the difficulty in coordinating the schedules of prospective ATMs for group training. Some have responded to this by providing one-on-one sessions and being proactive in going out to meet with prospective ATMs in convenient locations. This would seem to be particularly important in more rural communities.

ATM feedback has indicated that it is useful for coaches to shape the training around the development of an actual community strategy for which toolkit activities are identified and planned. An extremely good observation was made during a focus group session, when it was pointed out that “community volunteers are task oriented, and less interested in process”. In other words, the best way to mobilize volunteers is to give them an activity with adequate resources, a beginning, middle and an end so that there is satisfaction in achievement.

### **Motivation of Community Volunteers**

One of the balances that must be achieved in delivering the ACT Program is to determine how to engage and motivate volunteers to feel involved but not imposed upon – challenged but not overwhelmed. This is a line that is recognized by both Steering Committee members and coaches, and one that continues to be a point of concern for those who are in a support position to volunteers.

Until the Program Administrator position was created and filled, it was the responsibility of the Program Coordinator and Steering Committee members to provide the necessary support and motivation to ACT coaches. Steering Committee members participated in the first coach training session as part of a team building exercise and were subsequently assigned a few coaches with whom to keep in touch. Most Steering Committee members expressed their understanding that this is now the role of the Program Administrator, although some noted uncertainty about whether it was expected that they would be maintaining their direct contact with coaches.

Steering Committee members perceive that the Program has been effective in meeting the needs of the coaches. They also feel attuned to the role and the work of the coaches, having maintained some level of personal contact with them and participated in their training. Now that staff is in place to take responsibility for communication with coaches, Steering Committee members did note feeling less connected to the coaches and their work. While some expressed personally regretting becoming distanced from community operational issues, none felt this to be inappropriate or an impediment to the success of the Program.

The Program has indeed been proactive and responsive to the needs of its coach volunteers. The line of support from Program Management to the coaches is very good - coaches have given it a grade of 87%. In addition to maintaining a strong presence of support by fielding phone calls and emails, the coaches have been provided:

- a budget for incidentals
- networking opportunities
- support in their ATM orientation sessions as necessary
- funding to attend the provincial tobacco conference
- the provision of ACT toolkits, as requested
- ACT Program t-shirts, banners and flyers to promote the branding of the Program.

Further to this, the Program was responsive to the coaches' request for grants to ATMs who can apply for funding to implement toolkit activities. The Program has allocated the provision of fifty \$100 grants. To date, this has not been in high demand (five applications have been received) although it is still early in the Program and it is expected that grant requests will increase after the summer months.

The coaches are responsible for training and motivating the ATMs and it has been the policy of the Program not to bypass the coach/ATM relationship. Although Steering Committee members do not feel as closely connected to the ATMs, they do not believe this relationship to be an important factor in successful Program delivery.

Coaches have tended to offer passive support to their ATMs, primarily out of concern for being perceived as too pushy. It was noted, however, that ATMs who receive regular emails from coaches with ACT updates have appreciated it. It was also expressed by some ATMs that they appreciated the opportunity to participate in the focus group component of the evaluation process, which

allowed them to tap into some group support and see how other ATMs are doing with their activities. Feedback from ATMs gave either extremely high marks for the support they receive from their coach, or very low marks accompanied by some confusion about what the coach role actually is.

### 3. Program Sustainability.

Goal	Objective
To effectively influence the diffusion process of effective practices for tobacco control activities.	<ul style="list-style-type: none"> <li>• Motivate and support 100 people across the province in taking action on tobacco in their communities.</li> <li>• To implement effective tobacco control activities on an ongoing basis in communities across the province.</li> <li>• To develop awareness of the benefits of community action on tobacco control.</li> <li>• To create and promote incentives to encourage adoption of effective practices.</li> </ul>

#### Volunteer Mobilization

The majority of coaches are involved professionally in the field of tobacco control and/or health promotion and they are a motivated group of individuals. All of the coaches also indicated a strong personal commitment to the issue. Overall, coaches are very comfortable with the level of support that is provided to them by the Program. They particularly appreciate the new Administrator role, which has been responsive to their needs as they arise.

According to Program documents, 96 ATM volunteers have been recruited by the coaches. Many of them have not yet had the opportunity to use the kit since they were so recently brought into the Program, but most have indicated an intention to conduct activities after the summer months.

The role of the coach was unclear to many ATMs, so they were unable to express whether or not they would have an interest in becoming one. The majority of ATMs however have indicated that they intend to continue volunteering with the Program. In those instances that they have decided not to continue volunteering as an ATM, this decision was never attributed to a lack of support provided by the coach.

It should be noted again that the lowest rate of participation in this evaluation was by the ATMs. The consultants can only conclude that this is because surveys were distributed and focus groups were scheduled during the peak

summer holiday season – a time in which even the most dedicated of community volunteers are reluctant or unable to participate in meetings. Of those ATMs who did reply to the questionnaire, when asked about the level of support they feel is provided to them by their coach, many of them didn't understand the question and were unsure about what kinds of support they should expect from their coach.

Most volunteers expressed their intention to continue their commitment to the ACT Program. As it is so much an extension of the professional duties of most coaches, the toolkit has been a tremendous resource and a helpful source of ideas for their work. ATMs are engaged more on a level of personal interest and commitment and tend toward task orientation in their volunteer capacity.

### **Implementation of Activities**

Anecdotal feedback suggests that the most common use of the kit was in the development of presentation materials, although ATMs reported using the kit for the following kinds of activities:

- Poster contest
- Developed calendar with tobacco facts
- Pizza parties
- Developed brochures
- Activities for Weedless Wednesday
- Letter writing campaigns
- Parade
- Presentations to various target audiences
- Banner
- Theatre Performance
- Wellness days
- Talk with parents

In order to minimize any potential barriers to implementation of toolkit activities by ATMs, the Program has designated up to 50 grants of \$100. To date, only five applications have been made although this is expected to increase in the fall. Coaches also have access to funds up to \$200 to cover incidental expenses.

## **Benefits of Community Action**

Throughout the process of conducting focus groups and interviewing ACT volunteers around the province, it was abundantly clear that community-based participants have a sophisticated understanding of the influences on social change, and in particular the critical role of local engagement.

Coaches have been effective in mobilizing local media to promote the issue of tobacco control in general and the ACT Program in particular. Presentations and information displays are used by coaches and ATMs alike, and the toolkit has been a primary reference source for this kind of outreach.

## **Adoption of Effective Practices**

About half of the ATMs who returned the written survey have not yet had an opportunity to implement activities from the toolkit, but the majority of respondents have been involved for less than six months. It is therefore premature in this phase of Program evaluation to determine the extent to which coaches and ATMs have been motivated to adopt effective practices.

The evaluation of the next phase of program implementation will be able to assess the extent to which coaches and ATMs have incorporated effective practices into the design and implementation of community tobacco strategies. To support such an assessment, it will be important for the Program to ensure that mechanisms are in place to track toolkit activity implementation in a systematic manner.

## 4. Impact on Participants and Communities.

Goal	Objective
<p>To increase the capacity of Nova Scotia communities to take action against tobacco.</p>	<ul style="list-style-type: none"> <li>• To increase the participation of people to take action against tobacco.</li> <li>• To develop leadership at the community level to take action against tobacco.</li> <li>• To mobilize and enhance the knowledge and skills of coaches and action team members to take action against tobacco.</li> <li>• To mobilize resources to take action against tobacco.</li> <li>• To increase collaboration among coaches, action team members, and other partners to take action against tobacco.</li> <li>• To increase the personal power of coaches and action team members to take action against tobacco.</li> <li>• To change community values regarding tobacco control.</li> <li>• To increase critical reflection among coaches and action team members.</li> </ul>

### The People Who Are Involved

In its initial phases of implementation, ACT has targeted the recruitment of individuals who have strong community leadership ability and a passion for the issue of tobacco control. In the context of the diffusion of innovation theory, these people are the “innovators”, and closely match the theoretical prototype.

Over 80% of ACT volunteers are female, a trend which is consistent at both the coach and ATM level. All coaches have a professional mandate to promote programs such as ACT but also demonstrate a high level of personal interest in tobacco issues.

Coaches have tended to recruit ATMs from within existing volunteer networks (community service groups, schools etc). Although some Action Team Members have a professional involvement in the health field, this does not appear to be a predominant background.

Volunteer recruitment reaches throughout: the Metro area, Middleton, Windsor, Musquodoboit, Wolfville, Bridgetown, Sydney, Antigonish, Truro,

Pictou, L'Ardoise, Caledonia, Shelburne, Yarmouth, Lunenburg, and Springhill.

### **Motivating community leadership**

Key to the strength and sustainability of any community capacity building process is the motivation of volunteers to remain active and committed. Clearly, nearly all ACT volunteers – whether on the Steering Committee, a coach or an ATM – were drawn to the Program because of a personal commitment to tobacco control, often reinforced by a professional mandate to be so involved. Motivating them to stay involved requires that they continue to believe that their own values are shared by the Program, that the demands on their time are reasonable and worthwhile, and that their contribution makes a positive impact. Clear expectations and deliverables are important measures of both personal and organizational success. They must also feel connected to the bigger picture and supported in their work. Several coaches also remarked that the annual conference is an important opportunity to establish and maintain a peer network. From motivation comes leadership and leadership is the capacity that is built in the community.

At the community level, motivation is provided by the Program to the coaches and by the coaches to the ATMs. Coaches report a high level of satisfaction with the support and motivation they are provided, although some indicate the need for more opportunities to establish a peer network both regionally and provincially. Although a website has been created for use by coaches to share information and ideas, only one coach makes regular contributions.

The fact that the toolkit has with it some very specific conditions of possession (ATMs must have implemented at least one activity within the first six months of receiving it) is itself a form of motivation for the coaches to achieve a measurable task.

Clarity of role and satisfaction with level of support is less consistent among ATMs - likely a reflection of the early phase of Program implementation at the

***“I don't want autonomy until I have a grasp of what I'm doing”.***

community level. When asked on a scale of 1-10 to rate their satisfaction with the support they have received, 9 of 17 respondents gave a score of 7 or higher and two respondents gave a score of 1. The remainder of respondents (8 of 17) gave no score, some indicating that they were uncertain of who the coach is or what that role might entail.

The most active ATMs have a high level of contact with their coach or other form of local community support (school health nurse, community program coordinator etc). The nature of their ACT activities is closely matched with the kinds of things they are already involved with.

In one of the phone interviews, the coach indicated that the best form of motivation is to provide opportunities for volunteers to succeed. In this case, he helped to identify ways that the toolkit could be used by local volunteers, and ensured that their initiatives were reasonable in scale and could be followed through to completion.

Another very positive coach activity has been to provide regular email updates to ATMs. This is an active way to maintain contact with volunteers, and to share new ideas for implementation in the community.

### **Enhancement of Knowledge and Skills**

All members of the Steering Committee are heavily involved in tobacco issues aside from their role in ACT and each individual fashions a strong skill set. That notwithstanding, every member of the Committee reported an enhancement of their own skills resulting from their association with ACT through exposure to the expertise of their colleagues on the Committee.

At the coach level, all ACT volunteers had a strong working knowledge of tobacco issues and strategies for prevention, protection and/or cessation. All coaches have a professional involvement in the field of health and bring to the program their own existing community network. In that the ACT program is so much an extension of what they already do, most report having reaffirmed their knowledge of community processes. The factual knowledge base contained in the kit was also commended as useful information, and coaches spoke to their appreciation for new activity concepts.

*“As a coach, I have really learned a lot about models of community development. I’ve even been able to apply and practically copy some of the ACT materials to other aspects of my community work”.*

Coaches have tended to recruit ATMs who represent strategic points of contact in the community, and while a number of ATMs are reportedly not in the health sector, most of them are involved in overlapping local initiatives/organizations such as addictions programs, school board, etc.

## **Mobilizing Community Resources**

There are some exceptional examples of how ACT Program volunteers have successfully leveraged resources. In one case, a Program volunteer was awarded a \$25,000 university scholarship on the strength of his volunteer activity, which in large part consists of his commitment to ACT. In another, a coach succeeded in triggering a \$6,000 grant to support her implementation of local tobacco control activities. And in another, community volunteers incorporated the structure of the ACT Program with a Youth at Risk program which was funded by HRDC.

Other examples of resource leveraging through in-kind contributions and community networking include:

- public service announcements
- news articles
- grants from the Community Health Board to cover transport costs
- funds from District Health Authorities
- meeting space provided by public health facilities
- inviting people to write letters of support or participate in joint lobbying briefings and presentations

The most effective strategies have been those that have seen volunteers tap into networks with which they already had involvement and found opportunities to capitalize on complementary community-based initiatives. Volunteers in smaller communities and rural areas believed that the “everyone knowing everyone else” factor likely made it easier to identify and activate resource mobilization opportunities. Many coaches and ATMs also noted that this aspect of their work is still in the preliminary stages.

## **Development of Partnerships**

One of the particularly wonderful successes of the ACT Program is the degree of collaboration it evokes at the community and organizational levels. Provincial-level organizational partnerships are discussed in detail in the description of the work of the ACT Steering Committee and the approaches that have been taken to establish and maintain an operating principle of inclusiveness.

At the local level, volunteers have been successful in using the ACT Program as a catalyst for like-minded agencies to work together on a shared agenda. While most of these partnerships come from the health care sector (mainly public health, addictions services, community health agencies and related

groups), effort is being made to reach out to other sectors with priority being given to the school system and recreation departments. This proliferation of local partnerships is key to the ACT strategy of diffusion as each new partner organization brings with it a new network of volunteers and a wider reach for Program impact.

Because the Program has largely been focused on issues of volunteer training and mobilization, the development of partnerships is a phase of implementation which is just emerging. While by no means a quantitative appraisal of these alliances, a representative summary of partnerships that have been established includes the following organizations (the list of ACT stakeholder organizations is not included in this summary to avoid duplication):

- Community Health Board
- District Health Authority
- Public Health
- School Board
- Municipal Recreation Department
- 4H Club
- Girl Guides
- Boys and Girls Club
- Addictions Advisory Committee
- Student Council
- HRDC
- Church
- Service Clubs

It is interesting to note that these partner organizations have often been sources of recruitment for ATMs. They also provide a valuable point of entry to the community for the ACT message and an opportunity to share knowledge, skills and resources.

The phenomenon of convergence is as evident in communities as it is at other levels. A principle strength of ACT in mobilizing community partnerships is that the Program can serve as a focal point for what groups can do together in taking action against tobacco and adds value to what organizations are already trying to achieve.

## The Power of One

The power of one depends on the support of many. One of the driving forces behind volunteerism is the belief that a person can make a contribution to their community and positively influence social change. People enjoy being part of a team and a bigger picture, which results in a sense of camaraderie, feeling of being connected and community momentum. Volunteers brought together for a common cause develop their own sense of community, and find strength through solidarity and the sharing of experiences.

The key to success is creating an environment where people feel that they can act independently but that they are not alone. While coaches and ATMs feel that they have a high level of autonomy in implementing tool kit activities, it is possible that coaches underestimate the level of support and connectedness that ATMs would appreciate. Many coaches expressed some concern about how to manage volunteers without appearing to have unreasonable expectations, or being perceived to nag, while some ATMs feel disconnected and await direction. This is a dilemma that is endemic in volunteer organizations and sustainability depends on striking the right balance.

When asked if they can affect change through their participation in ACT, respondents indicated that they did feel they were making a contribution to tobacco control, and that this contribution was one part of a comprehensive approach. Coaches and ATMs alike indicated a desire to participate more in peer networking opportunities, and are keen to learn more about the experience of other communities in contributing to the tobacco strategy movement.

## Community Values

Some of the ACT volunteers are passionate non-smokers but many are ex-smokers. The only volunteers that were identified as currently smoking were employed by a youth at risk program which had incorporated the ACT program into their community outreach activities.

*“I see a shift in my District that people are ready to get involved in smoking issues. Maybe it’s an open-ness to change, or maybe they just think that it’s going to happen anyway so we may as well do it now”.*

Coaches and ATMs report a general trend toward greater awareness of an anti-tobacco agenda and less tolerance for smoking as a matter of public health. Increasing attention to healthier lifestyles is thought to be helpful in reinforcing this trend, with smoking generally becoming less socially acceptable. Concern

about the health risks associated with second hand smoke and young children was noted as an issue in the forefront. The need to address smoking among teens was consistently raised as a priority, with a recognition that young people tend not to heed dire health warnings and are more inclined to follow the example of their peers – good or bad.

There is a perceived shift in the public debate on the issue of tobacco sales and smoking bans from an “individual rights” to an economic argument, with local businesses raising the specter of job loss as a consequence of anti-tobacco legislation. Frustration was also expressed about a lack of programs to help people to stop smoking – and a sense that there is a cohort of life-long smokers for whom no amount of education, taxation or disease could contribute to a decision to quit.

*“There are a surprisingly high number of smokers who support tobacco control initiatives. There is a vocal minority, but overall not a lot of resistance”.*

*“It’s maybe not the biggest issue in my community, but people know and understand the issue and are ready for a change”.*

All volunteers noted a shift in public attitude toward support for tobacco reduction strategies, but most believe that smoking must be dealt with as an addiction – providing support to smokers rather than punishing them.

All acknowledge that effective strategies are supported by action at all levels and by all sectors, and believe that the timing for ACT could not have been better.

Some of the challenges faced by coaches and ATMs relate to social perceptions that smoking is not an addiction and that it is a “rights” issue. These kinds of perceptions can only be countered successfully with evidence-based information and an increase in awareness.

*“There is certainly an increase in interest about the tobacco issue, but in the real world, the public doesn’t have it in their front lobes and talk about it at the kitchen table”.*

## **A Broader Strategy for Change**

From its earliest days, ACT was intended to fill the gap in community capacity for action in a broader tobacco control strategy. Program volunteers have a good understanding of the principles of convergence, and perceive their environment to be shifting towards a readiness for change. The value of a comprehensive approach to tobacco control is well understood. Some of the key factors that were raised in interviews and focus groups included legislation, policy, enforcement, media and education.

*“I think that public awareness is starting to catch up with what has been known for a long time by the health community”.*

***“In my community, I don’t think that smoking is as socially acceptable as it used to be. It is moving from a rights issue to a health issue”.***

It was recognized that the tobacco debate needs to evolve from being a “rights issue” to a “health issue”, and that it must be acknowledged that tobacco is an addiction which requires support to overcome. This support is necessary at all points of contact – in the schools, homes, workplace and general public. To this end, public funding and resources are required.

Coaches and ATMs were all aware of the provincial tobacco control strategy – believing it to be a good start but generally feeling that it doesn’t go far enough in achieving a smoke-free objective. There is also concern that the province lacks the resources to enforce the laws that have been passed.

Notwithstanding, ACT volunteers feel that they are making a valued

***“The significance of the tobacco control strategy is that it has created momentum – people are coming together and collaborating in ways like never before”.***

contribution to the Provincial Tobacco Strategy through their involvement in the Program. Many of the coaches are leaders in promoting municipal policies and involve the ATMs in various aspects of advocacy.

## CHAPTER 3 — LESSONS IN CAPACITY BUILDING: ACT PROGRAM STRENGTHS AND SUSTAINABILITY

Whether applying principles of capacity development to the context of sustainable environment policies in Eastern Europe or to community mobilization for tobacco reduction in Eastern Canada, there are a number of consistent observations that have been made by experts in the field. The following lessons have been extracted and adapted from a recent evaluation of the Capacity 21 Program of the United Nations<sup>1</sup>, and applied to the ACT case study. It is uncanny to note the relevance of lessons learned in other contexts.

**Lesson 1. Building trust among stakeholders is essential.**

In many cases, implementation problems may be attributed to a lack of trust that was not addressed during the design phase. Trust building at all levels including the policy level was identified as essential to stakeholders' involvement in planning and implementation.

**L**ike it or not, organizational relationships are driven by interpersonal chemistry. In the case of ACT, there has apparently been an exceptional rapport at the Steering Committee table, which has translated into organizational commitment to the Program on many levels.

Each member of the Steering Committee reported having a high level of satisfaction associated with their participation in the Program, with most acknowledging that it did require deliberate and concerted effort on their part to ensure that the organization they represent continued to understand the context and nature of partnership. It has been important for the Program to be attuned to the needs and expectations of each stakeholder organization and to preserve the identity of the partnership rather than to revert to individual organizational branding. Each Steering Committee member's personal commitment to the partnership has translated into sustained organizational support. *The Program's identity must continue to transcend those of its stakeholder partners and ensure that each one continues to feel that it gets value through affiliation.*

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<sup>1</sup> Capacity 21 Evaluation Report 1993–2001. Evaluation Team: Dr. Al Binger, Dr. Kamelia Georgieva, Dr. Ashok Khosla, Dr. Mona Makram-Ebeid, Dr. Marie-Angelique Savane, Dr. Alvaro Umaña.

**Lesson #2. Process orientation and a longer-term perspective.** *Special effort needs to be made to ensure balance between process orientation and outcomes. Conventional project-cycle management emphasizes products. In the case of capacity building, however, the processes that lead to the deliverables are of greater significance and should be considered as a different result. At the same time, if there is insufficient facilitation of the product-development process, the participants lose motivation and the effect is negative.*

The keen appreciation that members of the ACT Steering Committee possess about the importance of process is one of the major strengths of the Program. Indeed, it is unusual to find a group which both speaks and practices the community development mantra. This is demonstrated in every aspect of the design and delivery of the Program and has resulted in a very clear direction and sense of shared purpose of the group.

It must be noted, however, that the majority of volunteers are task-oriented and find reward in achieving milestones. If the task lacks specificity or a milestone is too lofty, volunteers will feel frustrated and guilty about their own participation.

For example, some coaches expressed feelings of inadequacy having accepted the toolkit and then being unable to meet the condition of recruiting and training ten ATMs. *While it is understandable that the Steering Committee would want to establish such a standard in order to have a measurable objective for evaluation, it would be appropriate to revisit this aspect of the Program.*

*Consistent with the principles of community development, the Steering Committee should consider consulting with each coach upon their recruitment as to the number of ATMs that the coach feels is reasonable and achievable to identify and train in the coming year, and then to support each coach in achieving that objective. While this will result in a range of ATM recruitment scenarios, it is expected that the outcome will be weighed more heavily on quality than quantity – key to the sustainability of the program.*

**Lesson #3. The importance of ownership.** Building capacity cannot be implemented successfully without a strong sense of ownership by local stakeholders. This requires that ownership should be established during or prior to program design. All direct and indirect stakeholders and beneficiaries need to have ownership of the design, the implementation process and the results of a program or initiative.

From the beginning, the Steering Committee recognized the need for ownership by all stakeholders in the Program to the extent that they asked the coaches if they wanted to be consulted about the development of the toolkit. The kit has subsequently been extremely successful and is believed by all coaches interviewed to be a quality and relevant product.

In contrast, a website that has been developed for use by coaches in networking and sharing experiences has not yet become a tool that is commonly used or widely embraced by its intended constituency. Not all coaches were aware that the website existed and only one has continued to make contributions to the site. The ACT Program is to be credited with the potential value of this tool to the coaches and it is to be expected that its use and utility will increase as volunteers feel a greater sense of ownership for this resource. *Attention must be given to promoting the website and to consulting with its users to ensure that it meets the needs of the coaches and supports Program development.*

**Lesson #4. Demand driven response to community needs.** This is a positive characteristic for the majority of capacity development initiatives. This feature takes into consideration the priority issues of each region and community, and that the program products used in each context are relevant and targeted at solutions.

A key principle of community capacity development is to support communities in identifying their own priorities and developing their own plans to address them.

*It should therefore be stressed that the more relevant deliverable by coaches than the number of ATMs they train is that they develop*

*with their ATMs and execute a customized game-plan for tobacco control in their community.* As such, the training of coaches should focus on the overall skills necessary to design and implement community strategies. In turn, ATM training should be geared toward the development of a tobacco strategy specific to their community.

***“When I trained by action team members, I kept pretty close to the presentation that was given. But the best part was talking about scenarios that were relevant to them and to identify resources from the kit that would support those activities”.***

*The ACT Program should ensure that there is a consistent evaluation framework for use at the local level so that the toolkit can be continuously updated with this information and be a current and timely resource for all Program participants.*

*While each community strategy will be unique, a significant number of coaches and ATMs expressed their opinion that there should be an emphasis on youth in all aspects of tobacco awareness activities.*

**Lesson #5. The critical role of regional/local “champions”.**

Champions are respected, committed, influential individuals at regional and local levels who actively support and promote the cause of capacity development. Their involvement in a program confers priority and credibility to it.

All ACT participants, whether a member of the Steering Committee, a coach or an ATM, recognized the value of recruiting volunteers who have a sense of passion about tobacco reduction and are well-networked in their community. It would appear that the most successful recruitment of ATMs has occurred

when coaches have identified people who already had a leadership role in their community on the issue of tobacco reduction, or who possess conviction through personal experience (i.e., has been a smoker or who has been affected by smoking related illness either personally or with family or friends).

Not all successful champions need to come to the program with long-standing track records as volunteers, however. Some coaches have been particularly successful in recruiting teens whose leadership potential has been nurtured and realized through their participation in ACT. A good example of this is in Guysborough, where a group of students developed the skills necessary to effectively lobby municipal and provincial politicians on matters of tobacco legislation. One of these young people actually received the Terry Fox Humanitarian Scholarship Award on the strength, in part at least, of his involvement with ACT.

*Coaches and ATMs should place particular emphasis on the potential of youth as new community leaders in their recruitment strategy.*

**Lesson #6. The limitations of the “zealot” label.**

If an initiative is too closely identified with a radical lobby interest it may cause difficulties with key partners and community targets.

Volunteers consistently observed that a major strength of the Program is that they are not perceived in their communities as being zealots or radicals in their campaign to take action against tobacco. A prohibitionist approach to

tobacco reduction is more likely to build resistance than effect change, and this is clearly a sensitivity of most ACT volunteers. Indeed the sustainability of the Program will be found in an understanding that smoking is an addiction, that achieving a smoke-free province is an incremental process and that one must respect their community’s capacity and willingness to support change.

While volunteers report pockets of entrenchment for smokers’ rights, most believe that the community appetite for tobacco reduction messages is keen. *As such, it is important that coaches and ATMs continue to feel that they are playing the role of a facilitator and educator in the tobacco control strategy.*

**Lesson #7. Capacity building is a long-term process with ups and downs.**

Interventions should therefore be designed to accommodate and learn from these realities and fluctuations. Capacity building involves experimenting and taking risks, but it is important to address the concerns of various levels of stakeholders simultaneously.

It should be expected and understood that some things will work and others may not, and that it is as important to extract lessons from successes as from failures. In a capacity building process, the only resources that are wasted are those that are invested in activities from which no lessons are drawn. Indeed, things that didn't work are often more key to the evolution of a program than all the things that did.

As such, there is a tremendous need for flexibility and opportunism in the planning and implementation process so that there can be response to changing needs and circumstances. Furthermore, the ability to recognize failure as an integral part of implementation, learn from it and adapt accordingly, has been instrumental in providing guidance in program development.

***“One of the biggest lessons I've learned is that some things will work and others won't pan out – and that's okay”.***

One of the strengths of the ACT Program is the commitment of its planners to a formal and ongoing evaluation process. The program timeline includes regular check points. The Steering Committee is proactive about evaluation findings and responsive to opportunities for strengthening the Program. *In order to ensure that ACT is able to maximize its effectiveness on the basis of real and practical lessons learned at the community level, it is important to continue educating volunteers about the critical role of evaluation, and motivating them to share and record their experiences – both good and bad.*

**Lesson #8. Participation takes time and resources.**

Participation is time-consuming and requires considerable effort. It is a long-term process that cannot be achieved through single meetings or discussions. Time and resources need to be dedicated during development of the initiative, including extensive organized consultations with stakeholders to agree on the components and implementation arrangements.

Members of the Steering Committee were clearly attuned to the time and resource realities of launching and nurturing a program based on the principles of community development and capacity building, and built this reality into their implementation strategy.

The commitment to pay particular attention to supporting the relationship between the Program and the coaches is a practical example of this commitment to investment in process, as was the Steering

Committee decision to maintain consistency in the orientation and training support that would be provided to all new coach recruits.

Indeed, the Steering Committee resisted the temptation to simply provide “second wave” coach recruits with the community action kits without the accompanying orientation program when faced with the opportunity to accelerate and exceed their recruitment target. While organizing an additional coach orientation session added some time and required additional resources, it was a key acknowledgement of this principle in community capacity building.

**“People know that I’m involved in tobacco control activities and ask me on a day to day basis how it’s going. I tell them to ask me in two years”.**

*The Program has now evolved such that the new wave of relationships which must emerge are between the coaches and their ATMs. The Program will need to remain consistent with its principle of investing time and resources in supporting this critical phase of development. Because each coach will have a unique skill set, capacity and community of ATMs, the time and resources necessary will vary from circumstance to circumstance.*

**Lesson #9. It is a strategic approach to recruit the involvement of stakeholders who control funds and other resources that will both launch and sustain a program.**

**T**he ACT program has demonstrated its success in multi-stakeholder engagement as an effective way to set the stage for resource leveraging. Funding has been secured in large part through the professional network of the Steering Committee. Not only was

ACT successful in synchronizing priorities of the sponsor organizations with the needs of the Program, but it has also demonstrated creativity in finding ways to leverage additional funds as new program needs emerged. Indeed, while no initiative would ever claim to have enough resources for everything it wants to do, program proponents do report satisfaction in their ability to secure funds as needs have arisen and have felt less limited by money than by the capacity of staff and volunteers to keep pace with the accelerated Program growth.

Because ACT’s vision is consistent with the mandate and priorities of its sponsors, the Program has been successful in securing sufficient resources. *It is important to ACT’s sustainability that the Program continues to capture timely funding opportunities and to anticipate needs and growth.*

Based on the performance of the Program and experience of its organizers, it is reasonable to assume that ACT is in good hands.

**Lesson #10. Opportunities in convergence.**

This is when political will, governance structures, stakeholder interests and public opinion all converge so that objectives can be pursued within the rubric of social priorities.

The ACT experience is an excellent example of how much the social and political climate contributes to the success of an initiative. Due to the public debate over new tobacco policies at all levels of government, the launch of Nova Scotia’s Provincial Tobacco Strategy and

a strong media presence about the consequences of smoking, the timing of ACT’s launch was perfect. Moreover, the Program was developed with the intent to contribute a specific component – the community action piece – of a broader and organized strategy.

It is striking to note the extent to which Program volunteers at all levels were aware of the principle of convergence and how to maximize strategic advantage in a particularly receptive provincial environment. All noted the importance of the constellation of social attitude, pending legislation, public awareness, media attention and personal experience as being a backdrop to the successful launch of the Program.

*“In the last two years there has been more tobacco control promotion than in the last twenty”.*

While convergence is something that no Program can create, a successful program capitalizes on it and maximizes its strategic advantage by maintaining the momentum at all levels of the Program.

*ACT organizers must guard against complacency in the face of their remarkable success thus far, being aware that the enthusiasm of funders inevitably lapses long before community capacity for change has been fortified.*

**Lesson #11. Capacity building involves cascading processes.**

Models such as the training of trainers and dissemination of information are effective ways to create the needed multipliers.

Through its train-the-trainer model, ACT has been very successful in its strategy of diffusion. All of the Program recruitment targets have been surpassed and strategies to attract and retain volunteers are believed to have been very effective.

However, one of the risks of the train-the-trainer model is that it can become an unintended formula for passing the buck - forming a string of relationships in which someone *else* is expected to actually deliver the outcomes and no one feels personally accountable for anything but abstract responsibilities. Program planners can be seduced by the wrong measurable objectives as part of its evaluation – focusing on quantity rather than quality as the outcome.

*While targets are necessary to achieve benchmarks of activity (such as “in Year 1 we will recruit X number of coaches and X number of ATMs”), long term measures must focus less on the number of recruits and activities and more on the extent to which community strategies are developed and achieved.*

Several coaches reported that they had been successful in recruiting a certain number of ATMs (or alternatively felt concerned or even guilty about having failed to fulfil their recruitment quota), which they understood to be a key objective of their mandate. However, when it comes to knowing exactly what the ATMs were planning or had achieved, most coaches could provide no information. Some coaches even expressed concern that their lines of communication with the ATMs were not consistent and reliable, and were reluctant to “nag” the ATMs about their progress.

This speaks to another dimension of the delicate relationship among levels of volunteers, and the balance between being perceived as being a “team leader” or a “supervisor”. Ironically, many of the coaches have in fact recruited members of their own staff into ATM roles, which can further complicate roles and expectations. When is assigning tasks or requesting an update supportive and helpful, and when is it demanding and judgemental? While the analogy of “coach” is relevant, the role is often one into which the incumbent as well as the team must be allowed to grow.

Steering Committee members and coaches have both tended to default to a passive form of providing support, assuming “if they need me they’ll call”. There is such a respect for boundaries, particularly as it relates to the lines of communication between the coaches and their ATMs, that a fear of treading on toes could paralyze needed sharing of information and creation of program networks. What is interesting to note is that, without exception, appreciation was expressed by volunteers for the proactive support and encouragement provided by staff and key Steering Committee members. *This suggests that there is more of an appetite – indeed a need – for proactive leadership and direct communication than has been anticipated by program planners.*

*As ACT moves into its next phase of development, it is evident that focus needs to be made on the coach – ATM relationship.* To date, the nature of the relationship varies from coach to coach, some with a high level of contact and others with virtually none. This is to be expected – given the nature of volunteers, the context of their involvement and the variability of personal time and interest in the issue. As long as the support needs of each ATM are

being met, the lack of consistency in approach is by no means a program weakness.

While the Steering Committee designed the orientation program for coaches based on the principle that it should build on the strengths brought to the training by the participants, a few volunteers suggested that this aspect of the training and orientation to the Program could be augmented.

This is difficult feedback to reconcile with a recommendation for the Program because many participants appreciated the quality and comprehensiveness of the orientation and felt that they acquired new or refined skills as a result of their participation. Others felt that the orientation, while a good networking opportunity, demanded more of an investment of their time than was warranted given their existing experience and content knowledge.

*As the program evolves, maintenance of an orientation program that ensures all new coaches are provided with consistent information about the values, goals and objectives of the program and their role in executing it is imperative. However, it must be respected that each coach will come to their job with a unique set of existing skills and training needs. Therefore, training should continue to be geared toward building on the strengths that individuals bring to the Program. This should respond to each volunteer's self-assessment of their training needs based on a menu that the Program is able to provide. Some opportunities may include inviting established coaches to share their experiences and expertise with the new recruits, also creating an opportunity for the development of a provincial coaches' network.*

**Lesson #12. Organizational association has a critical role in legitimizing and giving credibility and profile to the capacity-building process.**

While care needs to be taken to ensure that the intervention is not overbearing, involvement and leadership in capacity-building initiatives by headquarter offices, particularly in the early stages when working with limited financial resources, usually makes a significant contribution to a successful outcome.

While there are several high profile stakeholder organizations involved in ACT, the Cancer Society and Cancer Care Nova Scotia have been key in lending financial, organizational and significant personnel support to the Program. This was particularly critical in the early period of the Program. At no point, however, have they overwhelmed or superseded the value of the contribution of other stakeholders and a comfortable alliance of vested partners has been achieved.

One of the strengths of ACT is that it has transcended the identity of any one stakeholder organization and is seen to represent the combined strength and credibility of all organizations committed to a tobacco strategy. It is reasonable

to conclude that this has translated into its success in securing funding and the inclination of community leaders to be associated with the initiative, and it will be essential that this operating principle continue.

**Lesson #13. Local-local dialogues** are successful in promoting initiatives, as well as helping to build capacities, identify opportunities and develop ongoing Program strategies.

**P**eople working at the community level need to feel part of a bigger picture. While volunteers reported a keen understanding about the need for multi-sectoral convergence to support a tobacco control strategy and how ACT contributes to that

bigger picture, there was less clarity about how individuals fit within the ACT Program itself. Interestingly, an inevitable component of interviews and focus groups involved the consultants being asked for information about what was happening in other communities, and a request that an ongoing exchange between ATMs and between coaches be facilitated by the Program.

*While it is understandable at such an early point in the implementation of ACT, it does speak to the need to create networks of volunteers across the province which facilitates the exchange of information, ideas and experiences. An annual conference is a perfect opportunity to launch and maintain such a network.*

**Lesson #14. Flexibility of implementation.** This may involve adapting targets and timelines to suit local realities and customizing resource materials as necessary. Communities should be encouraged to adapt Program elements to their own needs, but in some cases it will be important for Program administration to identify the need and support local level action.

**T**his principle of flexibility and responsiveness has been demonstrated by the Steering Committee throughout the first phase of the implementation of ACT. The first good example is the manner in which the Steering Committee responded to an issue raised by coaches concerning the need to provide a modest grant to support out of pocket expenses incurred by

ATMs. The Steering Committee harnessed the necessary resources to establish such a fund.

A second example relates to the manner in which the Steering Committee adapted its implementation schedule when a greater number of people than anticipated expressed a desire to become coaches in the Program. Additional resources were leveraged to accommodate the training and as a result, recruitment targets were surpassed and diffusion of the Program was accelerated.

*There may be other opportunities for the Program to practice an operating principle of flexibility – specifically as it relates to the performance targets that coaches are expected to achieve. While some coaches had no difficulty in meeting or exceeding the quota of recruiting 10 ATMs and implementing toolkit activities within six months, others believe this target to be unattainable in their particular community. Remembering the importance of measuring quality rather than quantity in the long term evaluation of this Program, coaches should not fear the penalty of a confiscated kit as the result of failure to achieve their quota.*

*“I feel bad that I haven’t had time to do much. I haven’t recruited any ATMs yet, and it just doesn’t seem that there has been spontaneous synchronicity in my community”.*

Most volunteers did indicate their support for performance targets and understood the legitimacy of Program expectations in use of the kit. Moreover, volunteers tend to be task-oriented and find their own satisfaction in completing assignments. Specific targets, such as the number of ATMs to be recruited or the time frame in which a community strategy for tobacco would be designed and implemented, however, should be set by each coach in consultation with the Program. This approach both respects the fact that each community possesses its own capacity and that people are motivated by targets that are achievable and for which they feel a sense of personal ownership.

**Lesson #15. Build on existing networks.**

It would not be accurate to represent ACT as an entirely volunteer-based initiative. Indeed, all 27 coaches are employed by organizations to fulfil a tobacco-control related mandate. The importance of this infrastructure cannot be understated as participation in the program as a coach complements job expectations and provides access to high quality community mobilization resources which are very difficult to come by. As a cohort, coaches share a professional background of health advocacy and as such bring to their professional and volunteer community roles a sense of passion and commitment which tends to be representative of their sector. Part of the reason why the recruitment strategy of coaches has been so successful (whether through hand selection or self-selection) is because all recruits possessed passion for the cause. Although all coaches possess a job description that includes responsibility for tobacco control, it is important to understand that you can invest in passion but you can’t buy it.

In general, ACT volunteers have been recruited from existing pools of community activists who possess considerable resourcefulness and familiarity with leveraging their local networks. As the result, rather than being regarded as a new program in the community, ACT resources are used to amplify

tobacco awareness efforts. An example of this is in a community where ACT has been integrated into a HRDC Youth at Risk program where young people were involved as ATMs as part of their condition of grant. While the community is to be credited with this demonstration of resourcefulness it should also be pointed out that the stated intention of these ATMs to continue with ACT once this funding expires is unlikely. *The community will either need to find non-monetary motivation to secure long term commitment or acknowledge that promise of remuneration alone is insufficient for sustained participation in a community capacity building initiative.*

Another good example of capitalizing on existing networks is a school-based action team group, arising out of an addictions awareness committee. This group of students is facilitated by a local public health nurse and incorporated several activities of the kit into its comprehensive annual tobacco awareness strategy. These ATMs all reported an expectation of continued involvement through to graduation with one leaving for university and intending to connect with an ACT team in his new city.

In a sense, this young volunteer's story tells the story of ACT itself: one individual equipped with the support, the network, the skills, the confidence and the vision to lead change and to make his community a better place. If only it was that simple.

## RECOMMENDATIONS AT A GLANCE

1. The Program's identity must continue to transcend those of its individual stakeholder partners and ensure that each one continues to feel that it gets value through affiliation.
2. Some coaches expressed feelings of inadequacy having accepted the toolkit and then being unable to meet the condition of recruiting and training ten ATMs. While it is understandable that the Steering Committee would want to establish such a standard in order to have a measurable objective for evaluation, it would be appropriate to revisit this aspect of the Program. Consistent with the principles of community development, the Steering Committee should consider consulting with each coach upon their recruitment as to the number of ATMs that the coach feels is reasonable and achievable to identify and train in the coming year, and then to support each coach in achieving that objective. While this will result in range of ATM recruitment scenarios, it is expected that the outcome will be weighed more heavily on quality than quantity – key to the sustainability of the program.
3. Attention must be given to promoting the website and to consulting with its users to ensure that it meets the needs of the coaches and supports Program development.
4. The more relevant deliverable by coaches than the number of ATMs they train is that they develop and execute, with their ATMs, a customized game-plan for tobacco control in their community.
5. The ACT Program should ensure that there is a consistent evaluation framework for use at the local level so that the toolkit can be continuously updated with this information and be a current and timely resource for all Program participants.
6. While each community strategy will be unique, a significant number of coaches and ATMs expressed their opinion that there should be an emphasis on youth in all aspects of tobacco awareness activities.
7. Coaches and ATMs should place particular emphasis on the potential of youth as new community leaders in their recruitment strategy.

8. It is important that coaches and ATMs continue to feel as though they are playing the role of a facilitator and educator in the tobacco control movement.
9. In order to ensure that ACT is able to maximize its effectiveness on the basis of real and practical lessons learned at the community level, it is important to continue educating volunteers about the critical role of evaluation, and motivating them to share and record their experiences – both good and bad.
10. The Program has now evolved such that the new wave of relationships which must emerge are between the coaches and their ATMs. The Program will need to remain consistent with its principle of investing time and resources in supporting this critical phase of development. Because each coach will have a unique skill set, capacity and community of ATMs, the time and resources necessary will vary from circumstance to circumstance.
11. It is important to ACT's sustainability that the Program continues to capture timely funding opportunities and to anticipate needs and growth. ACT organizers must guard against complacency in the face of their remarkable success thus far, being aware that the enthusiasm of funders inevitably lapses long before community capacity for change has been fortified.
12. While targets are necessary to achieve benchmarks of activity (such as “in Year 1 we will recruit X number of coaches and X number of ATMs”), long term measures must focus less on the number of recruits and activities and more on the extent to which community strategies are developed and achieved. This suggests that there is more of an appetite – indeed a need – for proactive leadership and direct communication than has been anticipated by program planners.
13. As ACT moves into its next phase of development, it is evident that focus needs to be made on the coach – ATM relationship.
14. As the program evolves, maintenance of an orientation program that ensures all new coaches are provided with consistent information about the values, goals and objectives of the program and their role in executing it is imperative. However, it must be respected that each coach will come

- to their job with a unique set of existing skills and training needs. Therefore, training should continue to be geared toward building on the strengths that individuals bring to the Program. This should respond to each volunteer's self-assessment of their training needs based on a menu that the Program is able to provide. Some opportunities may include inviting established coaches to share their experiences and expertise with the new recruits, also creating an opportunity for the development of a provincial coaches' network. An annual conference is a perfect opportunity to launch and maintain such a network.
15. There may be new opportunities for the Program to practice an operating principle of flexibility – specifically as it relates to the performance targets that coaches are expected to achieve. While some coaches had no difficulty in meeting or exceeding the quota of recruiting 10 ATMs and implementing toolkit activities within six months, others believe this target to be unattainable in their particular community. Remembering the importance of measuring quality rather than quantity in the long term evaluation of this Program, coaches should not fear the penalty of a confiscated kit as the result of failure to achieve their quota.
  16. The Program will either need to find non-monetary motivation to secure long term commitment or acknowledge that promise of remuneration alone is insufficient for sustained participation in a community capacity building initiative.

## APPENDIX A

### COACH INTERVIEW GUIDE AND SUMMARY OF RESPONSES

This is a summary of responses received during the interviews with ACT coaches and an indication of the frequency of open-ended replies. 25 of 27 coaches responded. It should be noted that not all coaches were able to answer all questions.

***How long have you been a coach? (Start date & completion date, if applicable)***

9 - fall 2001

16 - Spring 2002

***Why did you become a coach?***

- former smoker (3)
- interest in smoking and teens (4)
- Chairs tobacco committee on DHA
- anticipated demand for use of the tool kit/wanted access to it (5)
- collective decision of CHB directors to participate as coaches (7)
- fit with professional mandate (22)
- consistent with lifestyle values – is a non smoker
- professional development/network opportunity (3)
- responded to invitation to participate (6)

***With what organizations are you affiliated and what is your role?***

- Community Health Board (8)
- Public Health Services (10)
- Smoke Free Kings (1)
- Primary Care Centre (4)
- Addictions Services (2)

***Describe your previous involvement with tobacco control activities?***

- Chaired tobacco committee since 1995
- first coordinator in NS
- worked on district tobacco strategy
- CHB strategic planning in tobacco control
- community consultations in tobacco issues (2)
- pulled together tobacco section in Health Promotion Clearing House
- involved in Tobacco Free Teens
- involved in Kids Against Tobacco Smoke (KATS) (3)
- involved in Women Quit Smoking program
- Kids First program at Family Resource Centre
- Smoke Free Workplaces strategy
- municipal lobbyist (8)
- provincial lobbyist (4)
- Youth to Youth smoking program

- Peer led training
- work in elementary schools (4)
- Clearing the Air program
- summer student
- Cancer Society volunteer
- Fresh Start smoking cessation program
- No More Butts (3)
- none
- Quit and Win program (2)
- Smoke Free for Life Program (2)
- works in addictions and mental health
- works in public health

*On average, how many hours per month do you work on activities related to the Community Action Tool Kit for Tobacco Control Program?*

***Recruiting and orienting:***

<i>Less than 6 hours</i>	<i>6-12 hours</i>	<i>13-18 hours</i>	<i>More than 18 hours</i>
23 (92%)	2 (8%)	---	---

***Mentoring and supporting:***

<i>Less than 6 hours</i>	<i>6-12 hours</i>	<i>13-18 hours</i>	<i>More than 18 hours</i>
23 (92%)	2 (8%)	---	---

*Please rate your level of satisfaction with the following aspects of the Community Action Tool Kit (1 being the lowest, 10 being the highest):*

(average rating on a scale of 1 to 10)

<i>a) Graphic design &amp; logo</i>	8.9
<i>b) Ease of use</i>	8.2
<i>c) Understandable language</i>	8.6
<i>d) Range of activities</i>	8.6
<i>e) Availability</i>	9.3
<i>f) Relevance to communities</i>	8.4

***What are the strengths of the tool kit?***

- easy to obtain
- requires commitment to a deliverable (2)
- comprehensive (8)
- good organization – things are easy to find and well labeled (9)
- simple activities that are easy to implement (2)
- packaging appealing – looks like it's of worth (3)
- reader friendly (5)

- lots of material in one place (2)
- good resource material for presentations
- promotes credible activities (2)
- community driven (2)
- audience friendly
- good information

***What are the weaknesses of the tool kit?***

- binders too small – contents cramped (3)
- hates the case – one casualty (2)
- overwhelming (2)
- cost of production
- coaches and ATMs have different binders
- does everyone need all of it?
- geared toward group rather than individual activity
- could be adapted to video
- no weaknesses (3)
- should be more for parent teacher associations
- more for junior high school level
- more for parent/kids
- page numbering/section numbering is confusing (2)
- too long and detailed
- too wordy
- geared toward professionals rather than community
- time commitment to familiarize (2)
- needs workshop to encourage use (2)
- takes time to diffuse (2)
- specificity of activities may limit community creativity

***What feedback have you received by action team members on the kit?***

- unable to respond (12)
- a little hard to use
- page numbering confusing (2)
- like it/love it...no complaints (4)
- need more youth resources
- binders too full/rings too small
- good but burdensome
- new inserts with new information would be good

***How many action team members have you recruited?***

Program documents indicate 96

***How many kits have you disseminated?***

Program documents indicate 255

***What approaches have you used to recruit and retain action team members?***

- personal contact
- recruited professions in health sector
- tapped into associated volunteer network/programs
- asked nursing students
- phoned and wrote letters
- presentations to community groups using ACT material (4)
- developed community based teams
- recruited colleagues/staff in own organization
- target schools and existing groups (2)
- ad in local newspaper and newsletter

***What has been the success of those approaches?***

In general, cold calls didn't work. Using existing networks or personal contacts did.

***What approaches have been used to orient action team members to their role and responsibilities and the use of the kit?***

- group training session
- one-on-one sessions
- follow up once kit has been reviewed
- discuss objectives and then identify activities in the kit (2)
- educate about tobacco issue in general
- identify opportunities for local collaboration and resource identification
- modified orientation kit to the needs of the audience (all health professionals)
- how to position tobacco as an important health issue

***What has been the success of those approaches?***

- approaches that have been tailored to individual ATMs' needs the best
- go to them – if you are in a rural area meet somewhere accessible
- scheduling groups can be very difficult

***What approaches have been used to motivate action team members?***

- give them tasks that they can succeed in
- talk about what an important issue it is and what they can do
- phone them and write to them
- unable to respond (12)
- send them resources
- check up to see how they are doing
- they were pepped to do this to start with
- pay cheques
- energetic coordinator to motivate
- expand the relevance of the tobacco issue

***What has been the success of those approaches?***

Too soon to draw conclusions.

***Provide examples of how you as a coach have been supported in your work with the program.***

- received the kit (5)
- connection with colleagues
- receives information via email from the Program (3)
- contact from the program support staff (9)
- can all the staff at any time (8)
- haven't needed much, but it's there (5)
- orientation/training program
- program support for new ideas
- coach networking

***On a scale of 1-10 (ten being the best) to what extent was this support effective?***

Average response 8.7

***Would you say that the same support is given to the ATMs?***

***Yes***                      ***No (explain)***

Too soon to draw conclusions.

***What challenges have you faced as a coach?***

- recruitment of ATMs (4)
- geographic factors multiplied by having a small population
- doesn't have a broad base of volunteers (2)
- people just want the resource – find out what is required and don't follow through with training
- coordinating the schedule to train ATMs
- finding the line between encouraging and pressuring
- lack of community interest
- finding time (2)
- community resistance to anti-smoking message – don't want to be preached to
- anxious about targets (2)
- finding a good location for training
- ATMs were mandated, not self selected
- program presented in too formal a manner/tone
- too rigid a program
- trying to formalize systems for accountability
- had to convince her managers that it was relevant

***What steps have you taken to address those challenges?***

- consult with colleagues
- adapt the program as appropriate to the community and ignore rigidity (5)
- take training to the ATM (2)
- develop relationships for recruitment (2)
- allows sufficient time
- take gentle approach to recruitment

***What knowledge and skills do coaches and action team members bring that support successful implementation of anti-tobacco control activities?***

- interest (2)
- good at relating to people (7)
- community contacts (9)
- trusted in community (2)
- community leader (4)
- ability to mobilize, and can take it on in your existing role (3)
- ex-smoker
- access to funding
- available in community
- passion (3)
- has time to do it
- content knowledge (4)
- facilitator
- understanding of their community

***As a coach, what knowledge and skills have you enhanced through the project?***

- presentation skills (2)
- got new ideas for activities in the field (2)
- community contacts – ACT opens doors (2)
- facts and figures (4)
- interacting with people
- too soon to say
- reaffirms what she already knows – confidence that it works
- how to apply the model of community development

***Has your knowledge of effective tobacco control practices changed since you have become involved in the project?***

***Yes If so, in what ways? No***

10

15

Of yes:

- new data/research
- facts and figures (2)
- tried and tested methods/specific examples (3)
- more aware
- sharpened knowledge
- better education and trained
- teaching approach totally different
- increased confidence to get the job done
- always more to learn

***How many tool kit activities have been implemented by action team members using the kits?***

No formal tracking yet in place

***Please describe the types of activities that action team members have used from the kit?***

- Poster contest
- Developed calendar with tobacco facts
- Pizza parties
- Developed brochures
- Activities for Weedless Wednesday
- Letter writing campaigns
- Parade
- Presentations to various target audiences
- Banner
- Theatre Performance
- Wellness days
- Talk with parents

***How have action team members modified the kit to suit the needs of their community?***

No formal tracking yet in place.

***What approaches have been effective in promoting awareness of the benefits of community action on tobacco control?***

- partner with community network (2)
- interface with wellness service providers
- start with community needs – let them determine what they want to learn (2)
- focus on younger kids and prevention
- not possible to say (3)
- talk to peers (2)
- personal calls about kit
- push for legislation brought issue into the forefront – not just in the background any more (2)
- educate people about where they can go for help (2)
- find a central hub in the community
- give them interesting facts
- integrate issue into discussions when doing other activities
- school dramas
- PowerPoint presentations

***What are some examples of how effective practices, as outlined in the tool kit, are being adopted by action team members.***

Too early to draw conclusions.

***Of the people originally recruited with the program as action team members how many are actively engaged in anti-tobacco activities?***

No tracking system is yet in place.

***What communities are involved?***

the Metro area, Middleton, Windsor, Musquodoboit, Wolfville, Bridgetown, Sydney, Antigonish, Truro, Pictou, L'Ardoise, Caledonia, Shelburne, Yarmouth, Lunenburg, and Springhill

***Describe the characteristics of the people involved; how many in the following categories?***

No tracking system is yet in place.

***Describe how you have mentored action team members.***

- identified local supports for them
- phoned and emailed them (3)
- trained them (2)
- flesh out ideas with them
- figure out how to incorporate the tool kit into a community strategy
- wrote to them
- if they need anything, they'll call (2)
- allow them to back out
- share information on lobbying
- lead by example
- create a team of ATMs
- give monthly updates to the team
- ask people for updates for the web
- put names to who's doing what
- shared the kit and taught how to use the binder
- filters down information as it's received
- deferring to fall (2)
- recruit professionals so that they already know what they are doing

***What community resources have a) coaches and b) action team members mobilized to support anti-tobacco activities?***

- \$6,000 CHB grant
- \$25,000 Terry Fox Humanitarian Award
- HRDC Youth at Risk Program funding
- public service announcements
- news articles
- grants from the Community Health Board to cover transport costs
- funds from District Health Authorities
- meeting space provided by public health facilities
- people to write letters of support or participate in joint lobbying briefings and presentations

***What strategies have been most effective in mobilizing resources?***

- relationships in the community (4)
- tapping into existing networks
- give donors public recognition through special events and prizes
- grant writing
- media exposure
- cold call and ask
- her job gives her access

***What types of partnerships, and with whom have action team members become involved in to implement activities?***

- Community Health Board
- District Health Authority
- Public Health
- School Board
- Municipal Recreation Department
- 4H Club

- Girl Guides
- Boys and Girls Club
- Addictions Advisory Committee
- Student Council
- HRDC
- Church
- Service Clubs

***How motivated do you think other community stakeholders are in working together to support tobacco control, on a scale of 1-10 (1=not 10=very).***

Average 7.3

***Do you believe your involvement in the project can make a difference in addressing tobacco control?***

***Yes (if yes, how?)***

22

***No***

3 too soon to say

- community mobilization
- already is
- education (2)
- opportunities to create awareness (3)
- long term involvement
- comprehensive approach
- tool kit excellent resource (2)
- youth need more information
- word will spread over time

***How autonomous (looking for independence in decision making in implementing the program) do you believe you are as a coach in recruiting and supporting action team members, on a scale of 1-10 (1=not 10=very)?***

Too soon to draw conclusions.

***How autonomous are action team members in implementing tool kit activities, on a scale of 1-10 (1=not 10=very)?***

Too soon to draw conclusions.

***Describe what you see as the prevalent attitudes and beliefs in your community about tobacco? How do those attitudes and beliefs compare with your own?***

- lots of people who don't want others smoking around them
- people are aware of the issues
- there is a pocket of older people who smoke
- teens think they are invincible (2)
- people more inclined to have a healthy lifestyle
- people are more aware
- people are ahead of the politicians
- people don't accept that it's truly an addiction
- people don't know the facts re: the business/economic implications of tobacco reduction
- accelerated exposure about the tobacco issue
- some are resistant
- some individuals see it as a "rights" issue (3)
- people know and understand the issue

- people want to see a change
- people know the health effects
- people are aware but not taking action (3)
- more aware
- definite shift in the last few months
- not as socially acceptable to smoke
- moving from a rights issue to a health issue (2)
- people smoke because they are bored
- some feel they can't quit because they have been smoking for so long (3)
- younger people realize that it's a problem and understand the second-hand smoke issue
- second-hand smoke issue evidence not bought
- support for anti-tobacco legislation
- increased demand for smoke free places
- lower income areas have higher smoking rate
- perception that more kids smoke than really do
- kids' smoking is normal is prevailing perception (2)
- perception that smoking is not addictive
- openness to change/access to information
- surprisingly high number of smokers who support tobacco control initiatives

***What attitudinal/perceptual challenges do coaches and action team members face in their communities?***

- hard to predict what the challenges will be
- the business lobby (2)
- people who are addicted
- being a non-smoker and not understanding
- people don't believe that they will become addicted
- poor legislation
- misunderstanding that the issue is dealt with
- the most vulnerable people are exposed to second-hand smoke
- people smoking to fit in
- I'll quit but I'll smoke weed
- access to target groups (teacher/student block)
- to have the school system participate fully as a partner
- potential slippage in policy
- implementation of legislation
- understanding of legislation
- general awareness
- smoking at work – the cultural thing to do in industrial settings
- getting people out to participate in the program
- lack of education around myths and barriers
- looking like a zealot
- normalization of smoking
- "rights" issue

***What do you think are the main issues influencing social change, regarding the use of tobacco?***

- public education (7)
- convergence of all factors/comprehensive strategy (10)
- pressure from kids to parents

- community networking
- take a population health approach
- policies and legislation (5)
- financial support (2)
- psychological support
- peer influence
- media (3)
- wellness promotion (2)
- eradicating myths (2)
- target youth (2)
- cultural attitudes – de-normalize it (2)
- deal with it as an addiction issue
- time (2)
- resources and incentives to quit
- access to programs (babysitters, transportation, etc)
- push it as a health issue
- discipline
- school board (2)
- tobacco taxes
- smoke free homes policies
- raise profile of second-hand smoke issue
- tobacco industry and influence

*To what extent do you believe the provincial tobacco control strategy will help in the campaign against tobacco, on a scale of 1-10 (1=not at all 10=very much)?*

Average 6.9

*To what extent do you think your participation in ACT contributes to a broader strategy in tobacco control, on a scale of 1-10 (1=not at all 10=very much)?*

Average 7.3

*Please rate your level of satisfaction with the following components of the program (1=lowest, 10=highest):*

Average rating on a scale of 1-10	
Orientation to program	8.9
Recruitment methods	8
Training methods	8.6
Support for coaches	8.7
Financial resources	8.2
Support from your organization	8.9
Motivation of people to work together	7.9
Responsiveness of Steering Comm. to issues	insufficient data, most unable to answer
Autonomy of coaches	9
Evaluation process and tools	7.9

***Do you intend to remain a coach? Why?***

24 - yes      1 - maybe depending on job status

- fits with their professional mandate
- personally committed
- good resource
- chance to network
- training is great

***If you were providing advice on the design and delivery of a similar project what changes or suggestions would you recommend?***

- after you train people you have to let them do their own thing
- improve binder packaging
- develop a way of tracking activities and information on ATMs
- no changes (8)
- go where the opportunities present themselves
- develop a standard tools for coaches and impact evaluation
- promotional material for media should continue to be developed
- understand that volunteer recruitment can be hard
- provide local peer support for coaches
- keep it simple
- know that people are likely to do things under their own motivation
- come up with a media communications plan
- people will use information when the time is right
- provide more opportunities for the sharing of stories
- understand that in community-based projects it may not always be possible to measure what is truly imbedded in the community in the evaluation process
- celebrate successes
- more time for training (2)
- if it's not in the kit, there should be a detailed way of getting the information
- keep people informed of the bigger picture
- formal orientation process is not suitable for ATM level volunteers
- be where people are at
- time the evaluation better
- provide a mechanism for updating statistics and facts

## **APPENDIX B**

### **ACTION TEAM MEMBER SELF-ADMINISTERED QUESTIONNAIRE AND SUMMARY OF RESPONSES**

A total of 18 out of 96 surveys were completed and returned by ATMs, which is a 19% response rate.

***How long have you been involved as an action team member? (please include start date)***

Less than 6 months – 10 respondents

More than 6 months – 7 respondents

No answer to question – 1 respondent

***How did you become informed about the Community Action Tool Kit Initiative?***

- 4 Word of Mouth
- 0 Advertisement (i.e. community newspaper)
- 5 Presentation to community group
- 9 Other (please specify)
  - through their job (2)
  - Department of Health contact
  - tobacco workshop (2)
  - through community work (2)
  - personal invitation by coach (2)

***Why did you become involved as an action team member?***

- CHB decided to become involved
- enhance coordination at community level (2)
- professional fit (4)
- training was offered and I wanted to get involved
- believe in its goals (7)
- want to initiate smoking cessation in high schools
- concerned about the number of young people smoking (2)
- wanted to volunteer with something worthwhile
- great resource

***Did you have any previous involvement with tobacco control activities before becoming an ACT action team member?***

- |                                                                                                                                                                                                                                                                                 |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <p><b>9 YES</b> (if yes, please describe)</p> <ul style="list-style-type: none"><li>• health educator (2)</li><li>• lobbying</li><li>• smoking cessation programs (3)</li><li>• public health nurse (2)</li><li>• KATS training</li><li>• school non smoking contests</li></ul> | <p><b>9 NO</b></p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|

*Please rate your level of satisfaction with the following aspects of the COMMUNITY ACTION TOOL KIT (1=lowest, 10=highest):*

Average rating on a scale of 1-10	
a) Graphic design and logo	8.9
b) Ease of use	9.3
c) Understandable language	9.3
d) Range of activities	8.7
e) Availability	9.1
f) Relevance to communities	9.3

*What are the strengths of the tool kit? (some respondents gave more than one example)*

- covers every aspect of the community (2)
- dynamic package (2)
- good examples of activities and templates (7)
- geared toward specific ages (2)
- understandable language
- easy to use (6)
- well organized, easy to find what you're looking for (3)
- supported by facts (2)

*What are the weaknesses of the tool kit? (some respondents gave more than one example)*

- facts about smoking, pregnancy and second hand smoke are limited
- none (2)
- no activity and follow up with regard to action plans
- language a little high tech
- not many people know about it
- would prefer one text to three books
- to find time in busy schedule to use
- each binder could be re-sectioned for a specific topic
- overwhelming amount of information to sift through (2)
- not enough ideas
- binders too tight
- would like a section of ACT success stories

*How many activities have you used from the kit?*

A total of 22 activities have been implemented by respondents, with those ATMs who have implemented activities to date averaging 2 each.

*Approximately what percentage of these activities did you initiate yourself?*

Insufficient rate of response to draw conclusions.

*Please describe the types of activities you have used from the kit, in the areas of:*

***prevention:***

- speaking with school children (2)
- set up a display booth on smoking
- used fact sheets (2)
- KATS Program
- assisted to develop skills in youth to prevent smoking
- brochures for parents to talk to kids
- poster contest

***protection:***

- discussing effects of smoking with women who are pregnant
- Vote not to Smoke
- lobbied re: no smoking in schools
- lobbied municipal government

***cessation:***

- teen cessation program
- poster contest
- referring smokers (particularly pregnant women) to addictions services programs
- partnered with other organizations

*Please describe any other activities you have held NOT using the kit, or for which the kit was modified.*

- role playing with children in after school program
- Stop Smoking program for women (with supplemental materials from kit)
- school health fair

*Do you feel that the program provides you with enough resources to successfully implement tobacco control activities?*

YES 9 NO 3 (if no, please explain) no response to question 6

- lack of Program support to ATMs
- it would probably take an unlimited amount of resources to successfully implement tobacco control as this is a very large issue with numerous factors having an impact that are difficult to control
- this Program provides supplemental material such as resources, facts and ideas but presentations to individual groups still need to be developed by the presenter

*Please rate your level of satisfaction with the following components of the program (1=lowest, 10=highest):*

**Average rating on a scale of 1-10**

a) Orientation to program	8.3
b) Training on kit	8.1
c) Support for action team members	7.6
d) Autonomy of action team members	8.1
e) Evaluation process and tools	8.1

*Do you believe your involvement in the Community Action Tool Kit Program can make a difference in addressing tobacco control?*

YES (16) (if so, how?)

- simply that if no one is talking then no one can be listening
- the more fuss someone makes, the more people take notice
- I now have options about how to address tobacco topics
- more orientation was needed
- must find time to use the resource
- if only one or two students stop and think about using tobacco as a result of the poster contest....then a small difference is made
- education is always good (2)
- once I know what I'm doing and become connected in the community I'll be a dynamic and energetic volunteer
- worthwhile tool
- providing evidence-based information
- good concise information in one spot
- the more people know...the less they'll smoke
- every person that becomes actively involved has a potential to have a positive impact on others, be it one or several
- kids have their pictures in the newspaper with the posters

No (1)

- lack of coordinated efforts
- community development is much more than putting tools into peoples' hands

Not sure (2)

***How have you been supported in your role as an ACT action team member?***

- \$100 grant
- school SAC and administration
- by my coach – I was thankful for prompt information and answers to any questions I have had
- yes very much by my coach
- not necessary
- have not needed it but know that it's there
- I don't feel that I have been up until now and I'm very pleased that you are measuring process in this evaluation. I could have elicited support myself prior to now and taken some responsibility for same.
- unable to comment
- the orientation
- they made you feel comfortable and made you want to do something about tobacco use
- made me aware of resources available to me

***On a scale of 1-10 (ten being the best), to what extent do you feel you've been supported?***

Average rating of 4.4, with 9 of 17 respondents giving a score of 7 or higher and two respondents giving a score of 1. The remainder of respondents (8 of 17) gave no score, some indicating that they were uncertain of who the coach is, or what that role might entail.

***Do you intend to remain an action team member?***

YES (14)      NO (0)      not sure (3)

***Are you interested in becoming a coach?***

YES (6)

- the Program needs to be more widely spread
- ...but only after having a comprehensive understanding of the tool kit
- would love to but don't know if I have the skills
- would have been a coach now if there had not been a mix-up in the training date

NO (9)

- Too new
- not enough time (5)
- not yet
- don't know what a coach is

Maybe (2)

*On a scale of 1-10, please rank your satisfaction with following aspects of your coach's leadership:*

Average rating on a scale of 1-10	
Direction	8.4
Consistency	8.1
Motivation	8.5
Overall Support	8.2

*If you were providing advice on the design and delivery of a similar program what changes or suggestions would you recommend?*

- no changes (8)
- after the initial training session there should be more follow up with ATMs
- one person in the community should be appointed as the motivator/coordinator to keep things moving at the local level
- have the ATMs get together in their own area every two months to plan activities
- find funding to support ATMs' running activities (2)
- list of web sites
- separate binder for each topic
- updates from community partners to they can promote their initiatives, too
- more training for coaches and volunteers – e.g. take a day to work through the tool kit to gain confidence and a better understanding
- have meetings as a team for coaches and volunteers 2-3 times a year to reconnect, trouble-shoot, goal set, etc.
- set up a provincial-wide list server as a means of ideas sharing and communication
- more workshops and sessions to learn more about how other communities are doing (3)
- have the kit on the internet so that you can download specific things
- self-directed orientation
- more focus on youth cessation
- make the sessions to smaller groups

## APPENDIX C - STEERING COMMITTEE INTERVIEW GUIDE AND SUMMARY OF RESPONSES

All members of the Steering Committee participated in a telephone interview based on the following question guide. This included one of the founding members who no longer sits on the Committee, but who was an important contributor to the launch of the ACT Program.

***During what period of time have you been a member of the Steering Committee? (Start date & completion date, if applicable)***

All but one member has been on the Steering Committee since its launch. The newest member joined in May 2002. One of the respondents was a founding member, but no longer sits on the Steering Committee.

***How were you recruited?***

- responded to personal invitation
- part of organizational mandate to participate on Steering Committee

***Why did you become a Steering Committee Member?***

- personal interest
- fits with professional mandate
- develop network
- perceived benefit to community
- to learn about evidence based research

***Approximately what percentage of Steering Committee and related meetings have you attended since you became involved?***

All members have attending 85% + of the Steering Committee meetings

***What do you do for a living and how much time do you spend on Steering Committee work?***

Respondents estimated that they spent between 5-8 hours / month on average, with a small margin significantly exceeding that.

***What contribution is your organization making to the sustainability of the program?***

- website information clearinghouse
- shared mission (all respondents)
- provincial conference
- helps recruit volunteers
- promotes ACT
- personnel
- money
- time
- meeting space
- storage
- shared services

***What has your organization done to promote and adopt the ACT program?***

- promotes the role of community organizations
- recruited coaches
- articles / newsletters
- national best practice workshop
- presentation to field offices
- promoted internally
- always include references in organizational materials
- website
- toll free number
- resource lists
- database sharing

***What have been the benefits of the ACT program to you and your organization?***

- increased organizational profile
- name recognition
- builds trust
- can be a core program for volunteers
- credibility for organization in partnership (2)
- forum for collaboration
- keeps up to date with ideas for new resources

***Do you currently, or have you had previous involvement in tobacco related activities?***

All founding members of the Steering Committee were involved in the development of the Provincial Tobacco Strategy and have extensive experience in this issue. The newest member comes from an organization that has a public information section on tobacco.

***What values and norms about tobacco do you perceive as prevalent in communities?***

- people are more aware of negative health effect
- people are concerned about resources to enforce legislation
- ready for change but need help
- concern about youth smoking
- organizations more engaged on a day to day level
- more open attitude
- combination of factors have resulted in a shift over the last two years
- looking for assistance to quit
- parents concerned but don't know how to address
- rights versus health issue
- negative social pressure for smokers
- gaps in awareness about health effects

***If you had to describe the collective values of the Steering Committee regarding tobacco what would they be?***

- commitment to anti-tobacco
- strong understanding that there is a need to get people involved at the community level
- understand the rights versus health issue
- knows how ACT fits into broader strategy and how policy influences behaviour
- very committed, always comes through
- has a strong sense of ownership

- genuine interest in the issue
- good mix of process and action

***What has been the role of the Steering Committee?***

- steer the design and implementation
- keep abreast of what is happening at community level
- support for coaches
- maintain the focus of goals and objectives
- support program coordinators
- develop evaluation framework
- develop website
- design the kit
- develop effective practices criteria
- provide advocacy

***On a scale of 1-10 how cohesive has the Steering Committee been in working as a group?***

Average response: 9.

***Provide some examples of how the Steering Committee has modeled effective approaches to orient and motivate ACT volunteers.***

- *participated in first training session for coaches as part of a team building exercise*
- developed orientation program
- hired staff
- invested in the quality of the kit to portray the value of the Program and by extension, volunteers' contribution to it

***What is the significance of the tobacco control strategy in influencing social change regarding tobacco use?***

- very significant if properly funded
- no illusion of silver bullet
- big impact over long term
- brought people together with a common goal
- created momentum
- forum for people to collaborate
- public policy will result from it
- may fragment approach at district level
- not strong enough

***What knowledge and skills do Steering Committee members bring that help support the program?***

- advocacy
- community development
- evaluation
- public relations
- organizational
- health professional
- health promotion
- program planning
- communication / marketing
- population health

- tobacco control
- volunteer mobilization
- adult education
- legislation
- public strategy
- resource development
- workshop development
- fundraising

***What knowledge and skills have been enhanced for you by your participation in the program?***

- facilitation
- evidence based research
- being part of a process that worked
- developing a community based program
- how to do train the trainer
- how to work with contractors
- understanding evaluation frameworks
- how to do community research
- program development

***What are the project goals and objectives?***

- *All respondents had the same answer:*
- *to motivate local community members to be involved in tobacco issues*
- *community capacity building – develop the capacity of communities and individuals to take action against tobacco*

***Have the expected goals and outcomes been achieved?***

All noted that the Program was on or ahead of target but that it is too soon to tell if Program outcomes/impact has been achieved.

***Was the Steering Committee required to compromise on any goals of the program during its implementation? If yes, please explain.***

All responded that they had not.

***Are the project goals and objectives still relevant? If not, what changes need to be made?***

All noted that the goals and objectives are still very relevant.

***On a scale of 1-10 (1=lowest, 10=highest), to what extent have Steering Committee Member been able to articulate and put into practice the program goals?***

Average response: 8.5.

***What was the process of determining what constitutes an effective practice?***

- an evidenced based process, used an evaluation framework to review case studies
- *a contractor was hired for this process but Steering Committee participated in the development of criteria.*

***Were the available resources adequate to support the implementation of the program?***

Always on the lookout for new funding, but all respondents indicated that the Program has been successful so far.

***What challenges have been faced by the project?***

- volunteers can only incorporate so much into their regular jobs
- time
- ensuring that dominant stakeholders step back from branding
- meeting deadlines
- articulating expectations with contractors
- demand was higher than anticipated
- finding volunteers
- tracking what is happening at the community level
- people not using the website

***What steps have been taken to address those challenges?***

- revising website
- internal promotion / education of Program within stakeholder organizations
- building trust and relationships
- secure administrative support
- hiring staff

***What strategies have been most effective in mobilizing resources to support the program?***

- delegation of tasks
- exploitation of timing
- taking advantage of relationships
- having staff to support proposal development and follow through

***Are additional resources needed to support the growth of the project? If so what steps are being taken to solicit additional resources?***

- confident that the next year is secure
- need to develop a three year plan
- toolkit needs to be updated
- more toolkits will need to be produced

***What steps have been put in place to evaluate the project?***

- Strength and Sustainability report
- training session evaluations
- informal contact among project members
- Judy and coordinator checking in on coaches

***Do you use the kit? If so, on average, how many hours per month do you work on activities related to the Program?***

Other than as an information resource, Steering Committee members do not use the kit.

***What factors were identified to ensure compatibility of the design of the tool kit to meet the values, norms and attributes of the communities to be served?***

- it was designed to be user friendly and laid out in such a way that anyone could use it (although orientation was thought to be important)
- had to look professional, credible and that it had money involved (perceived value)
- people have to be proud to use it
- activities had to be doable and in line with people's lives
- activities feed into a larger strategy for tobacco control

- developed an outline, and modified based on community feedback
- coaches invited to review the draft
- written from a community development perspective

***What were the skills and qualities you were looking for when recruiting coaches?***

- knowledge about their community
- knowledge of program implementation
- tobacco reduction was part of their professional mandate
- personable
- open to change
- open to being frustrated and can overcome challenges
- well networked in their community
- commitment to tobacco issue
- good communication skills
- well educated

***What were the approaches used to recruit coaches?***

- Steering Committee put names forward
- Steering Committee had a brainstorming session
- tap into existing community networks
- some coaches self-referred

***On a scale of 1-10 (1=lowest, 10=highest), how effective do you feel those approaches were?***

Average response: 9.3

***In what ways does the Steering Committee support the coaches?***

- basically the role of the ACT administrator
- everyone on the Steering Committee was given a few coaches to check-up on every couple of months, but thinks it is now the role of the coordinator

***On a scale of 1-10, how effective has the Steering Committee been in meeting the needs of the coaches?***

Average response: 8.2

***On a scale of 1-10, how connected do you feel to the work of the coaches?***

Average response: 4

***What approaches are being taken or planned to retain coaches and action team members?***

- coordinator is involved in keeping in touch with them
- capacity building session in the fall (intended to be a celebration of their activity and to connect them to other coaches)
- provide kits upon request
- respect coach/ATM relationship and don't bypass it

***What steps have been taken to make coaches and action team members aware of the benefits of using the kit as a tool for community action?***

Same as above

*Have new coaches been identified by Steering Committee members? If yes, how and how many?*

- |     |    |
|-----|----|
| Yes | No |
|-----|----|
- do we need to recruit or will people just come forward?

*How important is it for coaches to be autonomous (have the confidence and ability to initiate actions and make decisions on their own)? Explain.*

- all have said that it's very important, but that they have to be supported
- autonomy is linked with a sense of ownership
- need to be some constraints for evaluation purposes

*What attitudinal/perceptual challenges do you think coaches and action team members face in their communities?*

- political climate at municipal level isn't great
- overall support for tobacco control at the community level
- difficult to recruit volunteers
- fatigue on tobacco control issue
- activities cannot be presented as punitive or judgmental

*Please rate your level of satisfaction with the following aspects of the Steering Committee's work (1=lowest, 10=highest):*

Average response on a scale of 1-10	
a) General structure	8.9
b) Your participation	7.4
c) The team approach	8.6
d) Your role in decision making	8.6
e) Ability to respond to issues and changes	9
f) Coordination	9.4
g) Communication with volunteers	7.8

*Please rate your level of satisfaction with the following components of the program (1=lowest, 10=highest):*

Average response on a scale of 1-10	
Recruitment methods	8.3
Training methods	9.1
Support for volunteers	8.7
Financial resources	9.6
Support from your organization	8.6
Motivation of people to work together	9.1

<b>Autonomy of coaches</b>	9.1
<b>Evaluation process and tools</b>	8.8

***Are any changes needed in the coordination of the program?***

- Steering Committee could be more in touch with the coaches
- need to determine a way of engaging volunteers in a way that respects their autonomy but also allows the Program to rely on them, can monitor them etc.

***If you were providing advice on the design and delivery of a similar project what changes or suggestions would you recommend?***

- be aware that it will grow bigger than you think
- easier to recruit coaches than expected
- important to secure resources at the same pace as Program growth
- everything will take more time than you expect
- it is good to have clear expectations of volunteers

## APPENDIX D - EVALUATION MATRIX

### Area of Emphasis: Effective Program Design and Delivery

Goal: To increase the number of effective community-based tobacco control activities implemented in communities throughout Nova Scotia

Objective	Evaluation Question	Success Indicator	Strategy/Activities	Data Source
1. To identify effective practices for community-based tobacco control interventions	1.1 How were effective practices identified?  1.2 How well were the practices/activities received by coaches, action team members?	1.1 Extent of research.  1.2 Level of perceived relative advantage of the practices to the previous practices by a) coaches & b) action team members.	Establish Effective Practice Framework for selecting effective practices.  Develop a written summary of effective practices selected using framework.	- Program Documents  - coach interviews  - ATM surveys
2. To design and implement a tool kit to facilitate community-based action	2.1 How was the Effective Practices Framework utilized in the design of the tool kit?  2.2 How compatible was the design of the tool kit to meet the values, norms and attributes of the communities to be served?  2.3 How many kits were disseminated?  2.4 How many activities were held using the kit?	2.1 Extent to which activities reflect the Effective Practices Framework.  2.2 Level of perceived compatibility/suitability of kit by a) coaches & b) action team members.  2.3 # of tool kits available to support coaches & action team members.  2.4 # of events where kit was utilized.	Write, design and print tool kit based on Effective Practices Framework.  Conduct review of kit outline by community volunteers for relevance and clarity.  Conduct review of kit draft by coaches.  Revise kit based on feedback.  Develop dissemination plan.  Disseminate kits.	- Programs Documents  - Kit  -Interviews Coaches  - Surveys ATM's  - Focus Group ATM's  - Events Log (coaches)
3. To recruit community coaches and action team members.	3.1 How many a) coaches and b) action team members were recruited?  3.2 How were a) coaches and b) action team members recruited?  3.3 How effective were the methods used to recruit a) coaches and b) action team members?	3.1 # of coaches and action team members recruited.  3.2 Types of methods used to recruit a) coaches and b) action team members.  3.3 Level of success of recruitment methods a) coaches and b) action team members.	Identify at least 10 coaches from across the province to be trained and who will recruit, train and mentor at least 10 action team members in their community within six months.  Utilize existing networks to recruit.  Promote need for volunteers through	- Program Documents  - Steering Committee  -Interview coaches  - Survey ATM's

			conference, ads, word of mouth, etc.	
4. To orient community coaches and action team members on the use of the kit.	<p>4.1 How were a) coaches and b) action team members oriented to their role and responsibilities and the use of the kit?</p> <p>4.2 How effective were the methods used?</p> <p>4.3 How did a) educators &amp; b) coaches model effective approaches to orient and motivate.</p>	<p>4.1 Types of methods used to orient a) coaches and b) action team members. 4.1 # of training sessions.</p> <p>4.2 Level of perceived ease of the use of the kit. 4.2 Level of understanding of the role and responsibilities in the use of the kit.</p> <p>4.3 Level of satisfaction with the orientation methods used by a) educators &amp; b) coaches.</p>	<p>Identify effective methods to orient.</p> <p>Develop Train the Trainer module.</p> <p>Respond to questions of coaches.</p>	<p>- Program Documents</p> <p>- Steering Committee</p> <p>- Interview coaches</p> <p>- Survey ATM's</p> <p>- Focus groups ATM's</p>
5. To motivate action team members to use the kit to take action on tobacco in their community.	<p>5.1 What approaches were used to motivate action team members?</p> <p>5.2 How effective were the approaches used?</p>	<p>5.1 Types of approaches used to motivate. 5.1 # of motivational &amp; support sessions in each region.</p> <p>5.2 Level of satisfaction with support available to utilize the kit 5.2 Level of awareness of the kit.</p>	<p>Develop the orientation plan for coaches</p> <p>Coaches to develop the orientation plan for action team members.</p> <p>Develop communication plan.</p> <p>Profile training kit at the October 2000 provincial tobacco conference.</p> <p>Conduct radio ad campaign to promote awareness about community action throughout the province.</p>	<p>- Steering Committee</p> <p>- Survey ATM's</p> <p>- Focus Group ATM's</p>

**Area of Emphasis: Management of the Project**

Goal: To build an effective structure to direct and support the project.

Objective	Evaluation Question	Success Indicator	Strategy/Activities	Data Source
1. To articulate and put into practice project goals.	<p>1.1 To what extent have the Steering Committee members been able to articulate and put into practice the project goals? Program Docs, Steering Committee</p> <p>1.2 Have the expected goals and outcomes been achieved? Program Docs, Steering Committee</p>	<p>1.1 Extent to which the goals and predicted outcomes make sense in regard to the issue of tobacco control. 1.1 Extent to which the design &amp; level of effort are logical in light of outcomes to be achieved.</p> <p>1.2 Extent to which goals and outcomes have been realized. 1.2 Extent to which the intended or unintended, positive or negative occurred.</p>	<p>Articulate project goals and outcomes.</p> <p>Develop workplan.</p>	<p>- Program Docs.</p> <p>- Steering Comm.</p>
2. To provide leadership.	<p>2.1 How has the Steering Committee provided direction, support and structure for coaches?</p> <p>2.2 How cohesive was the Steering Committee?</p> <p>2.3 How responsive was the Steering Committee to issues and changes?</p> <p>2.4 How much dedicated time is necessary to provide effective coordination?</p>	<p>2.1 Extent of clarity of roles and responsibilities for Steering Committee members, coaches and action team members.</p> <p>2.2 Extent of membership continuity of Steering Committee members. 2.2 Degree of collaboration among Steering Committee members.</p> <p>2.3 Ability to adapt to changes.</p> <p>2.4 Extent of dedicated staff time &amp; amount of time expended. 2.4 Consistency of support to coaches by Steering Committee.</p>	<p>Establish multi-organizational Steering Committee.</p> <p>Maintain the co-chair role on the Steering Committee and support the logistics of the meetings.</p> <p>Define roles and responsibilities.</p> <p>Provide a reporting network link between the Community Coaches as a whole group and the Steering Committee.</p>	<p>- Steering Comm.</p> <p>- Program docs.</p> <p>-Interview coaches</p> <p>-Interview co-ord.</p>
3. To build a strong support network among community coaches and action team members.	<p>3.1 What approaches were used to support a) coaches and b) action team members?</p> <p>3.2 How effective were the approaches?</p>	<p>3.1 Types of approaches used.</p> <p>3.2 Level of satisfaction of a) coaches and b) action team members with the</p>	<p>Implement a support mechanism for coaches, both to cover their orientation costs and to provide mentoring and encouragement.</p> <p>Implement a support</p>	<p>- Steering Comm.</p> <p>-Interview coaches</p> <p>-Survey ATM's</p> <p>- Focus groups</p>

	3.3 How was retention of a) coaches and b) action team members supported?	support network. 3.3 Types of approaches used to support retention.	mechanism for all action team members to provide mentoring and encouragement (e.g. list serv, newsletter phone support from coaches).	ATM's
4. To solicit and utilize financial resources to align with program goals and growth of project.	4.1 Were the resources in place adequate to support the successful implementation?  4.2 What decisions were made to maintain the integrity of the project?  4.3 Were additional resources successfully acquired to support growth of the project?	4.1 Relationship among costs, expected outputs and outcomes. 4.1 Accounting for revenues and costs.  4.2 Evidence of decisions made to support goals of project.  4.3 Amount of additional dollars acquired and in relation to those requested.	Establish budget.  Administer funds in support of the initiative.  Submit proposals for additional funding as needed.	- Program Docs.  - Steering Comm.
5. To build an evaluation process.	5.1 How and to what extent has program effectiveness been improved as a result of the evaluation process?  5.2 How satisfied were Steering Committee members, coaches and action team members with the evaluation process and tools?	5.1 An evaluation has been implemented. 5.1 Evidence that evaluation results have been shared and directed to improve effectiveness of the initiative.  5.2 Level of satisfaction with the process and tools by Steering Committee members coaches and action team members.	Establish an evaluation framework.  Implement mechanisms for regular feedback to support the evaluation.	- Program Docs. - Steering Comm. -Interview coaches - Focus Groups ATM's

**Area of Emphasis: Sustainability or Diffusion of Innovations**

Goal: To effectively influence the diffusion process of effective practices for tobacco control activities.

Objective	Evaluation Question	Success Indicator	Strategy/Activities	Data Source
1. Motivate and support 100 people across the province in taking action on tobacco in their communities.	1.1 How many action team members have participated by implementing activities?  1.2 To what extent do people feel motivated and supported?  1.3 What are the factors that contributed to a) coaches' decision to remain as a coach and b) action team members wanting to become coaches?	1.1 # of action team members. 1.1 Extent of diversity of people motivated (geography, age, gender, etc.)  1.2 Level of motivation in taking action against tobacco. 1.2 Level of perceived support in taking action.  1.3 Factors identified.	Support a mechanism for networking among coaches and action team members.	- Program Docs. - Survey ATM's  - Focus group ATM's
2. To implement effective tobacco control activities on an ongoing basis in communities across the province.	2.1 How many activities have been implemented during the project?  2.2 What types of activities have been implemented?  2.3 What resources are available to support activities?	2.1 # of activities implemented during the two year period.  2.2 Type of activities implemented a) within the categories of prevention, protection, and cessation; b) those from kit; c) those adapted from kit.  2.3 Extent of resources available to support activities on-going.	Develop a sustainability plan.  Conduct meetings of all coaches and action team members to continue skill building.  Plan to recruit and orient additional coaches.  Determine extent of additional resources needed.	- Events Log  - Focus groups ATM's  -Interview coaches -Survey ATM's
3. To develop awareness of the benefits of community action on tobacco control.	3.2 Are coaches and action team members aware of how the kits can be utilized by their communities?  3.3 What approaches have been effective in promoting awareness?	3.2 Level of awareness of how the kits can be utilized by their communities.  3.3 Types of approaches. 3.3 Level of media interest in ACT.	Share stories of successful activities.  Implement media campaign.  Revise training and orientation programs based on the evaluation results and action team members.	-Interview coaches  -Survey ATM's  - Focus groups ATM's  -Media review

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 Appendix D: Evaluation Matrix

<p>4. To create and promote incentives to encourage adoption of effective practices.</p>	<p>4.1 Are coaches and action team members encouraged to adopt effective practices within their communities?</p> <p>4.2 To what extent were effective practices, as outlined in the tool kit, adopted by: a) coaches b) action team members          C28, A8</p>	<p>4.1 Types of encouragement utilized.</p> <p>4.2 Extent of adoption of effective practices of tool kit by: a) coaches b) action team members</p>	<p>Share stories of successful activities and profile publicly.</p> <p>Participate in evaluation activities.</p> <p>Recognize value of work (i.e. special events, t-shirts; pay for coaches to go to conferences; nice environment for meetings)</p> <p>Meetings of all tool kit coaches and action team members to continue skill building, support the evaluation and identify required revisions for the tool kit.</p>	<p>-Interview coaches</p> <p>-Survey ATM's</p> <p>- Focus groups ATM's</p>
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**Area of Emphasis: Impact on Participants and Communities**

Goal: To increase the capacity of Nova Scotia communities to take action against tobacco.

Objective	Evaluation Question	Success Indicator	Strategy/Activities	Data Source
1. To increase the participation of people to take action against tobacco.	1.1 How many people affiliated with ACT are active in tobacco action activities?	1.1 # of and action team members who have conducted activities.	Maintain and improve a mechanism for networking among Community Coaches and Action Team Members.	- Program docs.
	1.2 What groups, networks and communities are involved?	1.2 # of groups, networks, and communities participating in activities. 1.2 Types of groups, networks and communities.	Recruit and orient additional coaches.	- Events log
	1.3 What are the characteristics of the people involved?	1.3 Extent of diversity of active participants (geography, age, gender, etc.)	Maintain and improve the support mechanism.	
2. To develop leadership at the community level to take action against tobacco.	2.1 How have coaches provided direction, support and structure for action team members?	2.1 Type of direction and structure. 2.1 Consistency of direction and support.	Define roles and responsibilities.	-Interview coaches
	2.2 How have coaches recruited and retained action team members?	2.2 Type of methods used to recruit and retain. 2.2 # of Action Team Members who want to become coaches.	Provide a reporting network link between the Community Coaches as a whole group and the Steering.  Develop Train the Trainer module.	-Survey ATM's  - Focus groups
	2.3 Have new coaches been identified by existing coaches, Steering Committee members, or self-identified?	2.3 Source of recruitment, referral.	Develop the orientation plan for coaches	
	2.4 How have ATMs been oriented to their role?		Coaches develop orientation plan for action team members.  Develop communication plan.  Profile training kit at the October 2000 provincial tobacco conference.  Conduct radio ad campaign to promote awareness about community action throughout the province.	

<p>3. To mobilize and enhance the knowledge and skills of coaches and action team members to take action against tobacco.</p>	<p>3.1 What knowledge and skills do a) coaches and b) action team members bring that support successful implementation of anti-tobacco control activities?</p> <p>3.2 What skills contribute to successful implementation of anti-tobacco control activities?</p> <p>3.3 What knowledge and skills have been enhanced through the project?</p>	<p>3.1 Types of knowledge of volunteers (risks, community environment influences, community resources, government policy &amp; decision-making processes)</p> <p>3.2 Types of skills of volunteers (program planning, implementation, facilitation, resource mobilization, collaboration, problem solving, policy &amp; media advocacy)</p> <p>3.3 Level of reported change in knowledge and skills.</p>	<p>Meetings of all tool kit coaches and action team members to continue skill building, support the evaluation and identify required revisions for the tool kit.</p>	<p>-Interview coaches</p> <p>-Survey ATM's</p> <p>- Focus groups</p> <p>- Steering comm.</p>
<p>4. To mobilize resources to take action against tobacco.</p>	<p>4.1 What resources have coaches and action team members mobilized to support anti-tobacco activities?</p> <p>4.2 What strategies have been most effective in mobilizing resources? C39, focus group</p>	<p>4.1 Types of resources (people, fiscal &amp; in kind) mobilized/available.</p> <p>4.1 Extent of resources.</p> <p>4.1 Frequency of communication/media vehicles used.</p> <p>4.2 Types of strategies utilized.</p>	<p>Support a mechanism for networking among coaches &amp; ATM's</p> <p>media campaign</p>	<p>- Program docs.</p> <p>- media review</p>
<p>5. To increase collaboration among coaches, action team members, and other partners to take action against tobacco.</p>	<p>5.1 What types of partnerships have been formed?</p> <p>5.2 How motivated are people to work together to support tobacco control activities?</p>	<p>5.1 # of partnerships forming.</p> <p>5.1 Type of partnerships forming</p> <p>5.2 Evidence of sharing of knowledge, skills, and resources that are both internal and external within organizations and communities.</p>	<p>Support a mechanism for networking among coaches &amp; ATM's</p> <p>media campaign</p>	<p>-Interview coaches</p> <p>-Survey ATM's</p> <p>- Focus groups ATM's</p>
<p>6. To increase the personal power of coaches and action team members to take action against tobacco.</p>	<p>6.1 Do a) coaches and b) action team members believe they can affect change through their participation?</p> <p>6.2 How autonomous are coaches in recruiting and supporting action team members?</p> <p>6.3 How autonomous are action team members in</p>	<p>6.1 Extent of perceived ability to affect change of a) coaches and b) action team members.</p> <p>6.2 Extent of perceived autonomy of coaches.</p> <p>6.3 Extent of perceived autonomy of action team</p>	<p>Support a mechanism for networking among coaches &amp; ATM's.</p> <p>Steering Committee promotes and supports coaches to act independently to meet the needs of their communities.</p> <p>Coaches are encouraged to support</p>	<p>-Interview coaches</p> <p>-Survey ATM's</p> <p>- Focus groups ATM's</p>

	implementing tool kit activities?	members.	action team members to act independently to meet the needs of their communities.	
7. To change community values regarding tobacco control.	<p>7.1 What values do the a) coaches and b) action team members have about tobacco?                      No specific question in the draft survey. There may not be any real merit it adding one.</p> <p>7.2 What values and norms about tobacco do a)coaches and b) action team members perceive as prevalent in their communities?</p> <p>7.3 What attitudinal/perceptual challenges do coaches and action team members face in their communities?</p>	<p>7.1 Perception of attitudes of a) coaches and b) action team members about tobacco among members of their community's business, volunteer, youth, education and religious sectors.                      7.1 Opinions about tobacco expressed in local and provincial media.</p> <p>7.2 Perception of values and norms about tobacco of a) coaches and b) action team members that are perceived as prevalent in their communities.</p> <p>7.3 Types of challenges expressed by a) coaches and b) action team members.</p>	<p>Implement tool kit</p> <p>Implement media campaign</p> <p>Share stories</p>	<p>-Interview coaches</p> <p>-Survey ATM's</p> <p>- Focus groups ATM's</p> <p>- Media review</p>
8. To increase critical reflection among coaches and action team members.	<p>8.1 Do a) coaches and b) action team members understand the aspects of the community environment that influence individual and social change regarding tobacco?</p> <p>8.2 Do a) coaches and b) action team members believe that through their participation in ACT they are part of a broader strategy on tobacco control?</p>	<p>8.1 Extent of knowledge of community environment influences among a) coaches and b) action team members.                      (e.g. tobacco company influence).                      8.1 Extent of knowledge of the tobacco control strategy.</p> <p>8.2 Extent to which a)coaches and b) action team members recognize their participation contributes to the tobacco control strategy.</p>	<p>Implement tool kit</p> <p>Train the trainers</p> <p>Share stories</p>	<p>-Interview coaches</p> <p>- Survey ATM's</p> <p>- Focus groups ATM's</p>