

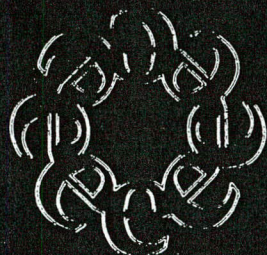
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Evaluation of the
Break-Free All Stars Smoking
Prevention Program

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Final Report

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Ekos
Research
Associates Inc.

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Prevention Program**

Final Report

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EXECUTIVE SUMMARY

The Break-Free All Stars smoking prevention program is targeted toward 8 to 10 year old children participating in formal recreation settings. The BFAS program has three objectives:

- ❑ to promote the adoption and maintenance of healthy lifestyles among youth, including preventing the onset of smoking;
- ❑ to sensitize sport role models (recreation leaders) to their potential influence in smoking decisions among youth; and
- ❑ to deliver resources which will deliver relevant messages to children about the social acceptability and benefits of not smoking.

Following two years of implementation and a reduced demand for the program material in the second year, an evaluation of BFAS was conducted. A research methodology utilizing multiple sources of evidence was implemented. The various components as initially planned were:

- ❑ a review of the program documents;
- ❑ key informant interviews with project partners;
- ❑ key informant interviews with provincial/territorial representatives;
- ❑ key informant interviews with community coordinators;
- ❑ survey of recreation leaders;
- ❑ focus groups with recreation leaders;
- ❑ focus groups with children; and
- ❑ assessment of program effectiveness using a quasi-experimental design with the target population.

In attempting to arrange the focus groups and the impact assessments, it was discovered that many of the recreation leaders who appeared on lists as having received the program materials were not implementing the program. Consequently, the research design for the evaluation had to be changed to reflect the apparent lack of program use. The revised research design included:

- ❑ inclusion of non-implementers in the survey;
- ❑ deletion of the focus groups with recreation leaders;
- ❑ revision of the strategy for focus groups with children to have the children involved in the impact assessment do both the questionnaire and the focus group; and
- ❑ addition of a strategy to convince recreation leaders to implement the program to provide additional data to augment those from groups already using it.

Despite these changes to the original design, the revised design still provided evidence from multiple sources and offers valuable information on the effectiveness of the program as well as insight into why the program does not appeal to some recreation leaders.

Key Informant Interviews

This research component focused on the initial links of the distribution chain, namely the project partners, the provincial and territorial representatives and the community coordinators. An important finding was that the distribution and dissemination of the program is not occurring as anticipated. It was difficult to find agreement between the master distribution files at the Canadian Parks/Recreation Association (CPRA) and the individual interview reports about which to what extent provinces were participating. Many organizations were found to send their requests for program materials directly to CPRA without knowing about the provincial or territorial link and some community coordinators reported having not received kits from CPRA or receiving only part of what was ordered.

At the same time, some provincial and territorial organizations reported not having a feeling of ownership toward the program but felt instead that the program had been dropped into their lap without prior preparation. Despite reports of positive opinions about the program by community coordinators, they also expressed concern about the promotion of the program. Many had not heard or seen anything concerning the program since its initial promotion and felt that consistent advertising at a national level would be beneficial. Community coordinators reported not having offered training and most did not know whether the program had actually been implemented by people to whom it had been sent.

Survey of Recreation Leaders

The survey of recreation leaders provided information about the views of program deliverers as well as those who received but did not implement the program. Recreation leaders heard about the BFAS program through a wide variety of sources, although only half of the respondents actually requested the kits

themselves. Many recreation leaders, especially non-implementers, received the kits unsolicited. The most frequently mentioned reason for non-implementation is that the materials were ordered for resource purposes only, followed by scheduling problems or being too busy.

Almost all implementers and most of the non-implementers indicated that they will use the program materials with children they instruct in the future. Implementers described the program as easy to use and one that fits well with regular programming. One-third of implementers indicated the need for additional resources to implement the program, but that these resources were easy to obtain. Activities were described as easy to understand and not needing excessive preparation time. The majority of respondents indicated being satisfied overall with the program and felt that the program messages were credible to both recreation leaders and to children. Finally, most leaders feel the program has enhanced their ability to effectively promote a smoke-free message.

Impact Assessment

This impact assessment revealed some positive outcomes of participation in the program, at least in the short term. Children who participated in Break-Free All Stars were less likely to have smoked cigarettes, less likely to say their friends smoke and more likely to say that their friends think smoking is very bad. Perhaps more importantly, children from program groups were less likely to expect to smoke when they are adults.

Focus Groups

Based on the findings of the focus groups with children, it appears that the BFAS program was appreciated by both leaders and the majority of children. The activities which were implemented most often were the *BFAS Chase*, the *All Star Quiz Show* and the *Triangle All Star Tag*. The favourite games identified by the children were the *BFAS Obstacle Course* and the *BFAS Chase*. Most children liked the calendar, the mascot and the pledge card. Overall, most participants thought it was *fabulous* to be an All Star. Most participants believed that this program was good for both boys and girls. Most children said they would like to be involved in something like BFAS in the future.

The vast majority of children, both those exposed to the program and those who were not, were very knowledgeable about the dangers of smoking. Major sources of information about the dangers of smoking include parents and family, institutions (e.g., hospitals and schools), the media, and the setting where BFAS was implemented.

Finally, participants do not blindly believe what their leaders have to say, but consider them to be believable sources of information with regard to the dangers of smoking. In general, the extent to which leaders are considered to be role models is uncertain, but most children recognized that it did not make it okay to smoke if their leaders smoked.

CONCLUSIONS

Program Effectiveness

Program effectiveness was assessed through the impact assessment. In this component, children from both program and non-program groups completed a questionnaire which covered issues such as smoking behaviour, attitudes about smoking and exposure to the smoking behaviour of others. Significant differences emerged between the program and the comparison groups, demonstrating at least short-term positive benefits of participation in the program.

These differences are notable given the circumstances under which the program was implemented. As opposed to a controlled implementation of the BFAS program such as found in many pilot or experimental tests of program effectiveness, the implementation of BFAS for this research was carried out largely as it would be in the natural every-day activities of recreation programs. Recreation leaders did not receive particular instructions about which activities to implement or how to deliver the programs beyond what was contained in the *Resource Guide*.

Despite the natural variation which could only be expected to occur through typical implementation of this program, differences still emerged between the program and comparison groups when measured shortly after program completion. When compared to existing literature on smoking prevention programs for this age group, these results are equal to or better than average. Typically, however, such effects are of short duration. Although conclusions cannot be drawn about the long-term implications of these differences, at least in the short term the program was found to have positive effects.

It is also important to realize that individual smoking prevention programs are most effective when they are only one component of a comprehensive approach involving ongoing, continuous messages about the value of not smoking as a critical component of healthy living, delivered in a variety of places including recreation programs, schools and homes.

Usefulness and Appropriateness of Program Materials

Program materials were assessed in a number of ways throughout the conduct of this evaluation: through the interviews with provincial and territorial representatives and with community coordinators; as part of the survey of recreation leaders; and during the focus groups with children. The main message which emerged from these various approaches is that people hold positive opinions about the program materials.

During the interviews, provincial and territorial representatives indicated that they felt the kits were high quality products which were prepared in a very professional manner. Community coordinators also held positive impressions about the program materials. They considered the *Resource Guide* to be a very good resource, although some thought it was too long and too complex.

Recreation leaders' overall assessment of the program materials were positive. Recreation leaders found the program easy to understand and to use, even though the majority had not received training, and thought that it fit well with their regular programming. They also felt that the children had enjoyed participating and that many had been at least somewhat interested in the pledge card and calendar. Recreation leaders used most of the activities in the kit and few found them necessary to modify. High overall levels of satisfaction with the program corroborate the positive evaluations of the materials.

Finally, children were asked about the program activities and materials during the focus groups. The opinions expressed by the program participants were very positive about both of these aspects of the BFAS program. Children said they had found the activities fun and appeared to have retained many of the key messages presented as part of the program. Children were also very enthusiastic about the pledge card and the calendar.

Although there were suggestions made throughout the various components about changes that could be made to the program activities and materials, the key finding is that people hold positive opinions about the materials. This indicates that there is no urgent need to revise the program materials.

Factors Responsible for the Level of Success

The program materials and activities have been well received by both recreation leaders and children and the program demonstrated positive effects. At the

same time, however, there appear to be serious concerns about the promotion and distribution of the program. These problems mean that the program is not being implemented as widely as anticipated or as it could be. It is in this area that most subsequent investment in the program is required.

The first indication that the promotion and distribution of the program was not as smooth nor as thorough as it could be arose during the key informant interviews. At this point, it was discovered that there was some confusion about who was responsible for what at the provincial/territorial level and that community coordinators did not exist as originally intended during the program planning phase.

At the next level, community coordinators were found to not be offering organized dissemination of BFAS to pools of recreation leaders, nor were they offering information sessions or training on how to implement the program. As well, community coordinators did not follow-up with those recreation leaders to whom they had distributed BFAS materials to find out whether the program had been implemented. This group of stakeholders also indicated that they felt no sense of ownership about the program, likely resulting in some of this lack of commitment to promotion and follow-through.

The complications with the distribution of the program materials became even more clear when the research team attempted to set up the focus groups and impact assessments. Despite a large number of potential recreation leaders to contact and recruit for participation in the research, it proved extremely difficult to find recreation leaders who had actually implemented the program.

As a result of a lack of implementation of the program, the focus groups with recreation leaders had to be cancelled and the focus groups with children as well as the impact assessment redesigned to take this lack of program use into account. It appears that the promotion and distribution of the BFAS program is a key area on which to focus future program efforts.

Implications of Program Cost

Most recreation leaders have been able to receive the program materials at no cost, either from provinces or territories who have paid for the kits themselves and do not pass on any charges or through CPRA who have distributed kits for free. Some of the distribution of kits at no charge was funded by the participation of the corporate sponsor in the first two years of the program operation.

Concerns about the cost of program materials were expressed by both provincial and territorial representatives as well as by community coordinators. Several people indicated that they may not be able to participate further in BFAS as they do not have a budget to support the purchase of materials. For some, one appealing characteristic of the program was that it had been available free of charge.

While imposing a price on the program materials may limit the extent to which the kits are mass-distributed, a method which does not appear to result in extensive program implementation, it may also limit the extent to which potential implementers access the program. This research revealed that many of the implementers were individuals who had ordered the program materials for themselves rather than having received them through a community level coordinator. The imposition of a cost for the program materials may possibly result in a reduction in the extent to which these individuals request them, perhaps particularly so for those who are acting in volunteer positions.

This research does not provide a clear answer to the issue of the potential impact on program implementation of the imposition of a fee for program materials. Nevertheless, the issue of funding was a concern for individuals at the provincial and territorial level as well as for those who were acting in a community coordinator role. The most desirable situation would seem to be to continue to provide the program materials free of charge to the extent possible, to ensure that no leader who is interested in participating is not able to because of the cost. This may require the active pursuit of a corporate sponsor or group of corporate sponsors to provide the necessary funding for free distribution of BFAS materials.

Recreation Leaders as Program Deliverers

Recreation leaders felt comfortable addressing the issue of smoking prevention with their children and readily accepted the responsibility for conveying information about smoking. Children also recognized recreation leaders as a good role model. These findings indicate that the concept of using recreation leaders to deliver the program to children is valid and that recreation leaders should continue to be targeted for program delivery and that their positive response to this role could be capitalized upon as a means to develop a greater sense of program ownership and commitment at the grassroots level. Recreation leaders should be co-opted to become the champions of the program to ensure its continued use.

Strategic Lessons Learned

Several strategic lessons emerged from this evaluation of the Break-Free All Stars smoking prevention program. Each is presented below, followed by recommendations for action.

1. *The Break-Free All Stars program received positive evaluations by decision-makers, program deliverers and program recipients and was found to have positive effects at least in the short term.*

Recommendation 1: Review suggestions offered by program deliverers during the survey of recreation leaders and participants during the focus groups for modifications to the program materials and incorporate those changes which are both appropriate and inexpensive.

2. *The Break-Free All Stars program was considered by recreation leaders and participating children to be equally appropriate for girls and boys.*

Recommendation 2: In developing a gender-specific module for the BFAS program, consider the creation of an activity which is less physically demanding than the current six and which conveys a message about the relation between physical appearance and smoking.

3. *At-risk children, may not be reached through current program implementation.*

Recommendation 3: Investigate the potential for expanding the targeted recreation programs to increase the likelihood that children who are most at risk of starting to smoke are also exposed to the BFAS program.

4. *The Break-Free All Stars program is not being promoted effectively.*

Recommendation 4: Develop a promotional campaign for the BFAS program. This campaign should clearly identify responsibility centres and focus on creating a high level of awareness about the availability of the program and its materials. This broad campaign needs to be repeated regularly and frequently to ensure people are aware that the program is still around as well as to compensate for the effects of high turnover among individuals involved in recreational programming.

Recommendation 5: Consider the development of a promotional video to be used both to enhance awareness about the program as well as to provide ideas about how to implement the various activities as part of regular recreation programming.

Recommendation 6: Focus on the recreation leaders and their demonstrated acceptance of the role of program deliverer in developing promotional materials to help build a sense of ownership and commitment at this level.

Recommendation 7: Investigate options for providing orientation or information sessions and/or training sessions to potential program deliverers, as was initially envisaged to be carried out by community coordinators.

5. The Break-Free All Stars program is not being distributed effectively.

Recommendation 8: Establish a procedure through which follow-up with community coordinators and/or program deliverers themselves can easily occur. The development of a comprehensive client database could contribute to this type of work, for example, if questions about the purpose for ordering program materials and the type of recreation program for which BFAS is being considered are included as part of the initial contact. On-going monitoring of program dissemination and implementation will also be valuable for further evaluation of program promotion as well as program impacts.

Recommendation 9: Investigate the possibility of expanding the concept of program partners to more formally include additional national organizations such as the Girl Guides and health organizations such as the Heart and Stroke Foundation. Increasing the number of program partners will help develop a greater sense of program ownership and should contribute to enhanced continuity in program dissemination and a higher level of program implementation.

Recommendation 10: Investigate the possibility of obtaining a corporate sponsor or group of corporate sponsors who would provide funding to allow for the free distribution of program materials to interested provinces and territories, community coordinators and recreation organizations, and individual recreation leaders. Funding from corporate sponsorship could also be used for enhanced promotion, training and monitoring activities.

Recommendation 11: Avoid the use of mass-mailing distribution of materials to provide a more cost-effective dissemination of the BFAS program. As well, until Recommendation 3 has been acted upon, target structured recreation programs instead of drop-in activities.

6. The municipal recreation delivery system appears to be under-utilized.

Recommendation 12: Further research on the municipal recreation delivery system should be conducted to assess whether and how the BFAS program could better be distributed through the public recreation structure.

CHAPTER**1****INTRODUCTION**

Cigarette smoking is a major and controllable determinant of the majority of chronic diseases affecting adult Canadians, including most cancers, cardiovascular disease, chronic lung disease and many others (Paradis *et al.*, 1994). Children's continued access to, exposure to and consumption of tobacco is thus a prime concern for the field of health promotion, as the vast majority of smokers become addicted to tobacco before they reach adulthood (Department of Health and Human Services, 1989). Smoking prevention programs for youth are an important part of the health promotion arsenal, and evaluation of these programs will help maximize their effectiveness (Nutbeam & Smith, 1991; Spady, 1991).

1.1 Organization of the Report

This report presents the findings from the evaluation of the Break-Free All Stars smoking prevention program. Following the presentation of background information, a description of the program itself is provided. Chapter Two contains details about the evaluation methodology. Specific results from the key informant interviews with project partners, provincial/territorial representatives and community coordinators are presented in Chapter Three. Chapters Four, Five and Six contain the results of the survey of recreation leaders, impact assessment and focus groups, respectively. Chapter Seven contains the conclusions of the research and presents

recommendations for future implementation of the program. Finally, appendices are presented under separate cover which contain the various research instruments utilized.

1.2 Description of the Program

Targeted toward 8 to 10 year old children participating in formal recreation settings, the Break-Free All Stars (BFAS) smoking prevention program has three objectives:

- ❑ to promote the adoption and maintenance of healthy lifestyles among youth, including preventing the onset of smoking;
- ❑ to sensitize sport role models (recreation leaders) to their potential influence in smoking decisions among youth; and
- ❑ to deliver resources which will deliver relevant messages to children about the social acceptability and benefits of not smoking.

Designed to dovetail with regularly scheduled recreation activities, the program uses structured group activities to deliver specific smoking-related messages. Its conceptual basis seems similar to many school-based programs reported in the literature, including that of the social skills and self-esteem approaches (e.g., Flay, Ryan, Best, Brown, Kersell, 1985; Schinke, 1986; Telch, Killen, McAlister, Perry, Maccoby, 1982) and the peer-assisted learning approach used in other Health Canada programs (e.g., "PAL": Peer-assisted Learning Smoking Prevention Program, Health and Welfare Canada, 1987; Corlett & Eaton, 1988). The use of extracurricular group play situations is also similar to existing Health programs (e.g., "Les 13 exploits de Jaspir", Health and Welfare Canada, 1988; "Vivre sans fumée", Health and Welfare Canada and Canadian Cancer Society, 1987).

The program was developed to fill a perceived lack of programming for children from 8 to 10 years old and was specifically designed to be delivered outside

a school setting. The initial development of the program was undertaken by Health Canada with assistance provided by Fitness and Amateur Sport Canada, under the assumption that children within this age range are very active and thus, that sports would be an appropriate focus for this program.

Essentially, the BFAS program consists of a *Resource Guide* for community coordinators and a program kit for recreation leaders. The program kit contains the materials needed for a recreation leader to implement the program: pledge cards for children to sign; a calendar for children to take home; six laminated activity cards; and an information pamphlet. The *Resource Guide* for community coordinators contains more information about the purpose of the program and tips on its delivery. The *Resource Guide* was designed to be used by community coordinators for the training of the recreation leaders who will actually deliver the program.

Implementation of BFAS was intended to be carried out in a four-tiered process. First, provincial representatives of various government departments or other organizations ordered or were sent kits by CPRA and second, promoted the program and distributed the kits to community coordinators, who third, identified, trained and distributed the kits to recreation leaders, who fourth, delivered the program. As discovered during the key informant interviews, and described later, the process did not always unfold in this manner.

1.3 Previous Research on BFAS

A *Break-Free All Stars Implementation Evaluation Study* (Trican Consulting Group) was undertaken to assess the success of the distribution of program materials in Ontario. Usage of the program during the time frame of the study was not known, therefore ascertaining the accuracy of the low response rate to the census surveys was not possible. Although generalizability of the study findings is limited, the analysis revealed general satisfaction with the program materials but a mixed response concerning the usefulness of the *Resource Guide*. The report also stressed the need for

community level representatives to provide information sessions for recreation leaders to ensure a clear understanding of program goals.

An Evaluation of the Break-Free All Stars Pilot Program (Price Waterhouse) was conducted in 1991. The pilot project was conducted in twelve communities across Canada. Sites were selected to ensure representation on a number of dimensions including region, population size, recreation services network, inclusion of lower socio-economic classes, and availability of coaches from a cross section of sport and recreation programs. Selected sites also had to demonstrate interest in delivering health messages/programs and be interested in participating in the pilot test.

Interviews and surveys were carried out with community coordinators, leaders/coaches and children. In general, people were very enthusiastic about the concept of the program. Positive impacts were found on both children's and leaders/coaches' attitudes and beliefs, although mistaken beliefs that most adults and teenagers do smoke were not countered by the program's messages. Several modifications were suggested following the pilot project evaluation including changes to the materials, alternative promotional devices, and increased emphasis on adaptability of games to specific sports. Compulsory briefing sessions for leaders/coaches and well-trained coordinators were also considered to be important aspects of effective program delivery. Key features of successful implementation were thought to include careful selection of coordinators who will put effort into overseeing the program and offering structured training, and support from community, sporting body and service organizations.

The evaluation of the pilot program endorsed the launch of the program across Canada in recreation programs, although the need for commitment and support of leaders/coaches, parents, municipality, schools, other community associations and sporting organizations was viewed as important if the program was to reach its maximum effectiveness.

1.4 Evaluation Issues

Following two years of implementation and the reduced demand expressed in the second year, an evaluation of BFAS was considered important to guide decision-making about future directions for the program. The purpose of this evaluation was to determine:

- whether the BFAS program is effective in promoting attitudes/beliefs that encourage non-smoking behaviour among 8 to 10 year old children;
- the usefulness/appropriateness of program materials for
 - community coordinators (*Resource Guide*)
 - recreation leaders (Leaders Kit)
 - children (activities, kit calendars and pledge cards); and
- the factors responsible for the level of success achieved by the national implementation of the program including demand for and distribution of kits.

A full evaluation of BFAS should address both process and impact issues as listed below.

(a) *Process Issues*

- i. **Communication links:** to what extent have demand for and distribution of the program been hindered by ineffective or lapsed communication between all the links in the dissemination chain? How can the effectiveness and the upkeep of these links be improved?
- ii. **Implementation context:** in what kind of existing recreation program is BFAS being implemented? How, when, and by whom are programming

decisions made in these contexts? To what extent is the distribution method used by BFAS compatible with these processes? Can the distribution of BFAS be made more responsive to local planning needs?

- iii. *Competing priorities:* to what extent have demand for and distribution of the program been (and will be) affected by the priority assigned smoking prevention? Can this program capitalize on current renewed concern about smoking prevention for youth?
- iv. *Resources required for implementation:* to what extent has implementation been hindered by perceived inaccessibility of material resources and expertise required by BFAS? Do such barriers exist for BFAS, and if so, can the program or its support system be altered to overcome them?
- v. *Competing programs:* to what extent are prior and potential clients of BFAS using other materials, albeit toward equivalent smoking prevention goals?
- vi. *Real implementation:* Where BFAS has been said to have been implemented, what exactly has been implemented? Is it possible to document systematic variants on the "official" program? If these were incorporated into a revised or alternative version of the program, would demand be greater?
- vii. *Program Deliverer Perceptions:* Do recreation leaders themselves believe the messages contained with the BFAS package? Do they feel the program is effective? Do they feel it is an appropriate means to educate children? Do recreation leaders view themselves as role models for the children who participate in their programs?

(b) Impact Issues

- i. *Efficacy* (impact under ideal conditions) *vs.* *effectiveness* (impact under real conditions): there is consensus in this area that under ideal conditions, smoking prevention programs can have limited, short-term impact on attitudes and early propensity to experiment with cigarettes. Under real conditions, short-term impacts are diluted by all the process issues discussed above and tend to dissipate by the end of secondary school (e.g., Flay *et al.*, 1985; Rundall & Bruvold, 1988). A rigorous and appropriate efficacy evaluation would involve measurement of smoking attitudes and behaviours in both program and non-exposed comparison groups, with a follow-up period at least into mid-high school (where peer influence really begins to be felt). This degree of rigour is beyond the scope of the current core project. Nevertheless, effectiveness will need to be addressed in this study.
- ii. *Program clientele*: to what extent is this program reaching a clientele who can be expected to benefit from it? What are the effects of the program on the recreation leaders themselves? Are there barriers to participation in the existing community recreation programs (in terms of cost, geography, transportation, parental availability, equipment requirements, etc.) which are perpetuated for BFAS? Do the community programs require and get 100% attendance in their activities, and if not, how does this affect exposure to BFAS for children who are absent? How can program dissemination paths be improved to better reach high-risk kids?
- iii. *Program outcomes*: what are the important outcomes of this program? The aim of evaluation should be to assess program effects on variables known to be related to adult disease risk. These generally include beliefs and knowledge about smoking and non-smoking health effects, perceived social norms, attitudes toward smoking and non-smoking, perceived smoking-

related social competency, behavioral intention, and behaviour. For eight to ten year old children, where smoking prevalence will still be extremely low (at age 11, 7 per cent of Canadian boys and 5 per cent of Canadian girls are current smokers: Health Canada, 1992), behavioral outcome measures are relatively useless, serving only to identify those who have ever smoked but not necessarily those at risk of even becoming experimenters. This argues for strong emphasis in an evaluation context on attitudinal and social skills variables, with the objective of identifying which real-world conditions will lead to maximum change (Nutbeam & Smith, 1991).

These issues guided the development of the research instruments developed for this project and addressed in this report.

CHAPTER

2

METHODOLOGY

The research objectives will be addressed by two distinct types of evaluation:

- ❑ An assessment of the implementation including factors which have aided or hindered implementation. The evaluation of process is also concerned with the distribution of and demand for the program resource materials.
- ❑ An assessment of program impacts including factors contributing to the success or failure to achieve intended program outcomes.

The outcomes of both assessments are closely linked to both the actual as well as the perceived appropriateness and usefulness of program materials. A research methodology was utilized which considered and integrated these linkages in order to address evaluation objectives fully. The intended research methodology components were:

- ❑ a review of the program documents (including the pilot tests of distribution and effectiveness of program materials);
- ❑ key informant interviews with project partners;
- ❑ key informant interviews with provincial/territorial representatives;
- ❑ key informant interviews with community coordinators;

- ☐ survey of recreation leaders;
- ☐ focus groups with recreation leaders;
- ☐ focus groups with children; and
- ☐ assessment of program effectiveness using a quasi-experimental design with the target population.

2.1 Evaluation Issues by Method

Exhibit 2.1 presents a matrix of evaluation issues as discussed in Section 1.3 by the various methodological components. With the exception of effectiveness and program outcomes, which can only be rigourously dealt with through an impact assessment, all issues are addressed by more than one line of evidence. This matrix contributed to the design of the research instruments (i.e., interview guides, survey of recreation leaders, moderators' guides for focus groups with children).

2.2 Review of Program Documents

As described in Chapter 1, both the effectiveness of the program and the distribution of resource materials (in Ontario) were tested prior to implementation. The results of these tests advocated the introduction of the program in Canadian communities. In light of the positive results from the pilot test and the current dwindling demand for program materials, the reports from these two studies were reviewed in order to determine whether there are additional areas to be addressed in the present evaluation. Issues uncovered during the review of these documents were incorporated in the research instruments developed for this evaluation.

EXHIBIT 2.1
Evaluation Issues by Method

Evaluation Issues	Interviews with Partners, Provincial/ Territorial Officials	Interviews with Community Coordinators	Survey of Recreation Leaders	Focus Groups with Recreation Leaders	Focus Groups with Children	Impact Assessment
Process Issues						
Communication Links	X	X	X	X		
Implementation Context	X	X				
Competing Priorities	X	X				
Resources Required for Implementation		X	X	X		
Competing Programs	X	X	X			
Real Implementation		X	X	X		
Program Deliverer Perceptions			X	X		
Impact Issues						
Efficacy vs. Effectiveness						X
Program Clientele		X	X	X		
Program Outcomes					X	X

Finally, the Leader's Kit contained a Response Card for recreation leaders to use in supplying Health Canada with some basic information concerning their opinions about the program. The project team had hoped to use the completed Response Cards as additional data about community coordinator and recreation leader's reactions to the program and its materials. Unfortunately, there have only been two Response Cards returned to date, indicating that this source of information is not available.¹

2.3 Interviews with Project Partners

In order to ensure that the project team was fully cognizant of all evaluation issues and possessed a complete understanding of the program and its implementation, one key informant interview was conducted with each of the three program partners (i.e., Health Canada, Canadian Parks/Recreation Association (CPRA) and Parke-Davis). These interviews focused on the organization's purpose behind their original involvement, their current level of involvement, key management concerns and opinions about what has worked and what has failed to work with respect to program implementation. Interview guides for these three interviews are contained in Appendix B. The interviews with Health Canada and CPRA were conducted in-person while the Parke-Davis interview was completed over the telephone.

2.4 Interviews with Provincial/ Territorial Representatives

As they comprise the first link in the distribution chain, 13 key informant interviews were conducted by telephone with provincial and territorial representatives. The current method of distribution was thought to rely significantly on the degree of interest at the provincial or territorial level. If that channel is not available, the program then must employ alternate means to gain access to communities within a particular

1. Given the low rate of response, these cards are no longer included in the kits.

province or territory. The representatives who were interviewed for this phase of the research came from a variety of organizations, including provincial/territorial health ministries and recreation departments as well as other non-governmental provincial organizations or agencies.

Interviews with provincial and territorial representatives provided valuable insight into issues related to distribution. Contact names and telephone numbers for key informants were obtained from CPRA as they were all contacted prior to the 1994 recreation year regarding orders for program kits. Provincial and territorial representatives were interviewed in the official language of their choice. The interview guide for the provincial and territorial representatives are contained in Appendix C. Among the issues addressed during these interviews were:

- ☐ views on communication links and the distribution process;
- ☐ presence of competing programs;
- ☐ relative priority of tobacco use to other issues;
- ☐ opinions on the cost of the program;
- ☐ perceived demand for program materials by community organizations;
- ☐ perceived usefulness/appropriateness; and
- ☐ rationale behind the decision to continue or decline participation for the 1994 recreation year.

2.5 Interviews with Community Coordinators

Telephone interviews were conducted with community coordinators who have been involved with the delivery of BFAS, either during the 1993 or 1994 recreation years (or both). These interviews provided firsthand information about the usefulness of the *Resource Guide* to their intended audience as well as key details about programming decisions and the distribution/implementation process. Thirty-three interviews were conducted nationwide. The intention was to conduct three in each

province and one each in both territories. In fact, the distribution of interviews was slightly altered as it proved difficult to recruit three community coordinators in some provinces, as demonstrated in Exhibit 2.2.

EXHIBIT 2.2
Distribution of Interviews

Provinces and Territories	Provincial and Territorial Representatives	Community Coordinators
Northwestern Territories	1	1
Yukon	1	1
British Columbia	1	2
Alberta	0	4
Saskatchewan	1	4
Manitoba	2	3
Ontario	1	4
Quebec	1	5
New Brunswick	1	3
Nova Scotia	1	3
Prince Edward Island	1	-
Newfoundland	2	3
Total	13	33

Interviews were completed over the telephone and were conducted in the official language of the community coordinator's choice. The interview guide is contained in Appendix D. Issues addressed during these interviews included:

- ☐ views on communication links;
- ☐ presence of competing programs;
- ☐ relative priority of tobacco use to other issues;
- ☐ programming context;

- ☐ demand for program materials;
- ☐ views on training recreation leaders and kit distribution;
- ☐ current access to a computer, modem and printer and interest in an on-line version of BFAS;
- ☐ interest in the program;
- ☐ opinions on the resources required for implementation;
- ☐ willingness/capability of purchasing program materials at the community level;
- ☐ perceived usefulness of the *Resource Guide* (what did they like? What did they dislike?);
- ☐ perceived response of recreation leaders and children to program materials; and
- ☐ opinions on program effectiveness including views on the extent to which at-risk populations are reached.

Respondents were chosen from lists of names based on information contained in CPRA files and names provided by the provincial and territorial representatives. The rule of thumb for initiating contact was that if persons in the files ordered more than one kit they were probably distributing them. It was also decided to target those who had requested kits most recently.

What seemed at the outset to be quite a simple task became quite a challenge. To begin with, telephone numbers were not available for all the contacts and many were not obtainable through Directory Assistance. Of those for whom there was a name and phone number as well as information on the number of kits ordered, some had no recollection of the program. Others refused to participate based on their opinion that they would not have enough to say. Some of these individuals did agree to be interviewed after being convinced that even the inability to answer some of our questions was considered valuable information.

Due to the difficulty in finding willing participants, it was decided to go further back into files for those who had requested kits in 1993. It was also decided to try contacting people who had only requested one kit. The decision to go this route was based on two factors: 1) some provinces did massive mail-outs at the beginning — people requesting an additional kit may have run out of the initial kits they had received for distribution; 2) if the person is implementing the program, he or she might have been able to provide the name of the person and organization from whom he or she initially got their resources from. Despite these efforts, the task was still onerous. In almost all provinces, virtually every name on the lists was contacted.

The primary role of the community coordinators is to distribute the Break-Free All Stars program to those who are going to implement it. There were, however, some variations in this role. Although the majority of coordinators interviewed distribute directly to those who implement the program, some pass the program on to another point for further distribution to implementers. Some of the coordinators interviewed kept the program as a resource (e.g., in a library) for people who want access to it. Others use the program strictly for promotional purposes (e.g., take it to trade shows, conferences). A couple of the coordinators interviewed both distribute and implement the program.

2.6 Survey, Focus Groups and Impact Assessment

As described earlier, four additional separate research methodologies were initially proposed for this program evaluation. They included:

- ☐ telephone survey of recreation leaders;
- ☐ focus groups with recreation leaders;
- ☐ focus groups with children who have participated in the program; and
- ☐ assessment of program effectiveness using a post-test only comparison group design.

This section describes the procedures followed in an attempt to implement these remaining four research methodologies.

Given the time required to schedule and arrange focus groups (with adults and children) as well as impact assessments, finding people for these methodologies was the first step taken. Initially, phone calls were focused on large urban centres so that focus groups could be formed with people who are not familiar with one another. It was soon discovered, however, that many of the people on the available lists were not implementing the program (as discussed in further detail below). Consequently, the research design for the evaluation had to be changed to reflect the apparent lack of program use. The revised research design included:

- ❑ inclusion of non-implementers in the survey;
- ❑ deletion of the focus groups with recreation leaders;
- ❑ revision of the strategy for focus groups with children to have the children involved in the impact assessment do both the questionnaire and the focus group; and
- ❑ addition of a strategy to convince recreation leaders to implement the program to provide additional data to augment those from groups already using it.

Despite these changes to the original design, the revised design still provided evidence from multiple sources and offers valuable information on the effectiveness of the program as well as insight into why the program does not appeal to some recreation leaders.

(a) Sampling

The sample frame used for the above methodologies was created primarily from CPRA's files with additional names provided by provincial representatives and community coordinators. In some instances community

coordinators were unwilling to provide actual names due to concerns about privacy, but agreed to distribute letters on behalf of the researchers to all those to whom they had distributed kits. An example of an organization where this occurred is Girl Guides, where the recreation leaders are volunteers who can only be contacted at their homes. The letters described the study and asked individuals to contact Ekos Research Associates if they wished to participate. A total of 919 letters were distributed in this manner. Other coordinators indicated they would talk to their recreation leaders and forward names if anyone had used the program. These two methods, however, were to no avail as no individual leaders contacted Ekos after receiving a letter nor were any names forwarded.

Given findings from the key informant interviews of community coordinators, no assumptions were made about the number of kits requested. Everybody on the master list was considered to be a potential recreation leader whether they had ordered one or 50 kits. If the person contacted turned out to be a community coordinator, he or she was then asked for the names and phone numbers of those to whom they had distributed kits.

In total, there were 777 potential names (69 of which were known community coordinators) which could be drawn upon. As described earlier, the initial focus was on arranging the impact assessments and focus groups with both recreation leaders as well as children. The process of finding recreation leaders interested in participating in either the impact assessments or the focus groups provided some interesting results. Exhibit 2.3 provides a breakdown across provinces of the contacts attempted or made.

EXHIBIT 2.3 Contacts by Province

	Total Number of Kits (master list)	Total Number of People	No Phone Number	Remote Centre: not called	Pre- 11/93: not contacted	Total Contacted	Contacted Community Coordinator	Contacted Recreation Leader	Messages Left
B.C.	36	96	6 people 6 kits	-	-	5 people 25 kits	4 people 24 kits	1 person 1 kit	-
Alt.	541	43	4 people 20 kits	17 people 21 kits	contacted all	18 people 491 kits	4 people 427 kits	14 people 64 kits	4 people 9 kits
Sask	210	77	28 people 28 kits	23 people 23 kits	contacted all	24 people 147 kits	6 people 77 kits	18 people 70 kits	2 people 12 kits
Man.	226	26	3 people 12 kits	3 people 3 kits	contacted all	17 people 207 kits	3 people 178 kits	14 people 29 kits	3 people 4 kits
Ont.	2,281	156	25 people 341 kits	17 people 65 kits	65 people 638 kits	49 people 1237 kits	10 people 788 kits	39 people 446 kits	17 people 172 kits
Que.	502	55	12 people 23 kits	5 people 10 kits	9 people 24 kits	31 people 444 kits	9 people 372 kits	19 people 72 kits	1 person 1 kit
N.B.	144	18	8 people 16 kits	2 people 3 kits	contacted all	7 people 124 kits	3 people 12 kits	5 people 113 kits	1 person 1 kit
N.S.	400	175	25 people 25 kits	-	-	31 people 156 kits	10 people 140 kits	21 people 21 kits	5 people 5 kits
Nfld.	349	14	8 people 57 kits	-	-	3 people 7 kits	3 people 7 kits	-	-
PEI	17	17	-	-	-	3 people 3 kits	-	3 people 3 kits	-
Yuk.	38	38	-	-	-	1 person 1 kit	1 person 1 kit	-	-
NWT	42	9	-	-	-	1 person 12 kits	1 person 12 kits	-	-

* This includes all kits that were either sent unsolicited or specifically ordered.

** This includes all individuals who either ordered or were on lists to be sent kits.

*** This includes the total number of people (and corresponding kits) from the master list (i.e., as presented in the first two columns of data in this table) that were contacted.

The locations targeted initially for the impact assessments and focus groups were Ottawa, Toronto, Montreal, Saskatchewan and New Brunswick. Calls were also focused on those who had requested kits after October 1993 in order to contact groups where the program had been used recently. After having exhausted all potential contacts in Saskatchewan, the Ottawa region and southern Ontario, only one potential impact assessment site had been located. It was decided, at that point, to expand the targeted locations to Winnipeg, Brandon, Calgary, Edmonton and French communities in northern Ontario. An attempt was also made to contact possible groups in the Halifax/Dartmouth region of Nova Scotia. These attempts all met with limited success.

Of all potential recreation leaders in both the initial and expanded locations targeted, 239² out of 387³ possible program implementers were contacted⁴. Their responses can be categorized into the following five categories:

- ☐ they are not going to use the program (52);
- ☐ they have used it in the past, but are not using it now and have not used it recently (33);
- ☐ they are using it as resource material only (29);
- ☐ they have not used it in the past, but they might use it in the future (26);
- and
- ☐ they have either never heard about the program or they ordered it and never received it (17).

The remaining 82 people were either left messages or promised to call if they located anyone who had used the kit. The results of all calls made are presented in more detail in Appendix E. Even though some of the people we

2. As detailed in Appendix E, this number includes names provided by community coordinators.
3. Program implementers in remote areas or who had ordered/received kits prior to November 1993 were not contacted.
4. Some community coordinators were also contacted.

contacted had used the program, it did not resolve the recruitment dilemma. The program was either used too long ago to be able to do an impact assessment or it was used in the past summer by students who had since left and gone back to university. Contacts were unable to supply names and phone numbers for these summer students. Names from some of the contacts were added to the sample for the telephone survey of recreation leaders. A few additional names were also obtained from the recreation leaders who agreed to implement the program and then participate in the impact assessments.

The end result was 18 impact assessment groups (with nine program groups and nine comparison groups) and no focus groups with recreation leaders. As not enough recreation leaders within one area who were implementing the program were located, focus groups with recreation leaders could not be conducted. For the same reason, focus groups with children were also not possible. In this case, however, it was decided to add a discussion group to the impact assessments with the program implementation groups. This would allow the researchers to address some of the more pertinent issues that had been intended to be discussed in the focus groups with children.

The initial endeavour to arrange impact assessments and focus groups resulted in four English program groups: one in Winnipeg, one in Beaconsfield (suburb of Montreal) and two in New Brunswick (Saint John and Moncton). From the attempts to set up this component, it became evident that few organizations had actually implemented the program. Consequently, an alternative approach was developed. Instead of conducting groups in settings which had already used or were planning to use Break-Free All Stars based on the promotional efforts and distribution strategy developed for the program, additional organizations were invited to use the program on behalf of the researchers so that an impact assessment could be conducted. Since initial contacts revealed that the program was being used in the Scout/Guiding movements and the Boys and Girls Clubs, energy was focused on recruiting within the Scout/Guiding movements of the National Capital Region (Ontario and Quebec).

These efforts resulted in an additional five French impact assessments with program groups. Since most of these additional organizations had not heard of the program prior to this contact, CPRA was contacted in order to forward program kits to these organizations. These organizations were instructed to use at least four of the six activities before the impact assessment was conducted. In one case, however, this was found to be impossible due to time constraints. The breakdown of impact assessments with program groups conducted, by location and language, is presented in Exhibit 2.4.

EXHIBIT 2.4
Breakdown of Impact Assessments with Program Groups
by Location and Language

Location	English	French
Manitoba (Winnipeg)	1	0
Ontario (Orleans)	0	1
Quebec (Beaconsfield, Aylmer, Gatineau, Hull)	1	4
New Brunswick (Saint John, Moncton)	2	0
Total	4	5

(b) Impact Assessment Implementation

A questionnaire was developed for completion by the children. This questionnaire asked children about their own smoking behaviour, as well as the smoking behaviour of others such as friends and parents, and also about attitudes toward smoking. The questionnaire used by the administrator is presented in Appendix F and the questionnaire completed by children is presented in Appendix G.

Administration procedures were standardized and instructions to administrators are presented in Appendix H. Administrators were alone for the comparison groups, as the children were only completing the questionnaire therefore administrators' time constraints were less pressing. The assistant helped the

administrator by distributing questionnaires and pencils, responding to questions of individual children and taking notes during the discussion.

A moderator's guide was prepared to ensure that all relevant issues were addressed during the discussions with program groups. The key topics for the discussions were opinions about the program and its components, knowledge about smoking and perceptions of the recreation leader as a role model. This moderator's guide is presented in Appendix I.

Recreation leaders who agreed to participate in the impact assessment, either as a program group or a comparison group, were sent consent forms for their children to take home to their parents the week before the research team would visit. These consent forms informed parents that children would be completing a questionnaire about smoking and, for those in program groups, participating in a discussion group. Parents were asked to sign and return the form if they did not want their child to participate. Sample consent forms are presented in Appendices J and K. Any child who returned a completed form did not participate in the questionnaire completion nor in the discussion.

All children were given a small gift to thank them for their participation in the research. In keeping with the active living theme of the program, the gifts were toys such as balls, frisbees and skipping ropes.

The end sample for the impact assessments was composed of 152 children in the program groups and 134 children in the comparison groups with 149 boys and 137 girls. The ages of the children in the two groups was very similar with the average age being 9.8 years (ages ranged from 7 to 13). The average grade level of the children was four with grade levels ranging from two to eight. Not surprisingly, 35 per cent were English and 65 per cent were French. As would also be expected, 10 per cent were from Boys and Girls Clubs and 90 per cent were either Scouts or Guides.

Due to the findings from the initial contacts with recreation leaders, it was decided to extend the survey to include those who had not used the program. Given how difficult it had been to locate people who had actually used the kit, it was felt that it would be useful to know why people had decided not to use the program to that point. Consequently, all names of recreation leaders contacted were put into the survey sample frame except for those who stated that they knew nothing about the program. Community coordinators who had already been interviewed or who had provided names of those to whom they had distributed the kits were also included. This provided a survey sample frame of 611⁵ people. Keeping in mind that some of the people on the lists would have passed the kits on to others and not used them themselves, a question was added to the survey instrument asking them for names or phone numbers of these people. This, however, also proved to be relatively unsuccessful.

(c) Survey Design

The original draft questionnaire was initially reviewed by the Ekos project team to ensure that all issues were adequately covered and to check general sequencing of questionnaire items and sections. The questionnaire was then sent to the expert advisor for the study team and to the client for their feedback.

As there was a very specific and limited list of people from which to draw the sample, it was decided to ask both implementers and non-implementers who refused to do the complete survey if they would answer one brief question. The question asked differed based on whether they had implemented the program or not. The addition of this one question to all refusals greatly increased the amount of data available on the program.

5. Some of the names on our lists were duplicates. This is especially true for those provinces who did mass mailings of the materials.

Following the incorporation of their comments, the questionnaire was converted into CATI (Computer Assisted Telephone Interview) software. The questionnaire was then pretested. The English and French versions of the questionnaire are presented in Appendix L.

(d) Pretest

Pretesting of the questionnaire was undertaken to simulate the conditions to be encountered during the actual survey. The objectives of pretesting are to test the instrument in terms of the sequencing and clarity of questions and the length and presentation of the questionnaire. Pretesting also provides information on the response rates for the survey and the effectiveness of contact procedures.

Interviewers were trained by one of the study team members who not only had knowledge of the Break-Free All Stars program, but who was also familiar with the questionnaire. A copy of the program material was provided to interviewers so that they could familiarize themselves with the kit in case extra prompting should be required. The study team member remained in the survey centre office during the pretest so that all questions and problems could be addressed immediately.

Generally speaking very few problems with the questionnaire arose. Most of the problems required simple clarifications only. Two main issues, however, did arise. The first issue concerned non-implementers who started the long survey but then quit before reaching the critical question for this group. To solve this, the question was moved up so that it would be the first question all non-implementers answered. The second issue was time. The survey was taking longer than had been anticipated. It was initially decided to try and shorten the questionnaire for non-implementers. After a few more surveys had been completed and interviewers were more comfortable with the instrument, completion lengths for non-implementers and implementers were compared. The average time for non-implementers was 17 minutes and 32 minutes for implementers, resulting in an average time of 25 minutes. As this

average interview length was only slightly longer than originally planned, it was decided not to shorten the questionnaire for non-implementers.

Once revisions were made following the pretest, the questionnaire was translated into French.

(e) Data Collection

In total, the survey was in the field for four weeks (November 11th - December 7th). When the field work was finished, there were 210 completed questionnaires — 119 long questionnaires and 91 short questionnaires (i.e., response to one question only). A breakdown of the overall results of all calls made to the 617⁶ people in the sample is provided in Exhibit 2.5.

Of interest are the 17 per cent of people on the list who had not received the kit and therefore were ineligible to participate in the survey. Some of the reasons provided for being ineligible included: they had ordered a kit but had not received one; and they had never heard of the program. Some of those who had not heard about the program expressed an interest in receiving a kit. One possible reason for respondents not remembering the program is that they had either ordered or received the kit in 1993. Of those who were ineligible (a total of 103), 76 had either ordered or been sent a kit in 1993 and 16 had either ordered or been sent a kit in 1994 (see Exhibit 2.6). It should be noted that five of the kits ordered in 1993, were ordered in November or December and so had been ordered within a year of the survey. It was not possible to obtain the date of kit receipt for 11 of the respondents, including the six additional names provided during the survey.

6. An additional six names were provided by community coordinators during the survey.

EXHIBIT 2.5
Survey Response Rates

Description	Number of Calls (n=617)	Percentage Overall
Completed Long Survey	119	19
Completed Short Survey (answered designated question only)	91	15
Number Not Found	7	1
No Answer	30	5
Refused to do Survey	38	6
Ineligible to Participate (i.e., had not received a kit)	103	17
Other	31	5
Retired Number (i.e., called the allotted number of times)	73	12
No Contact Person Found (i.e., person on the list is no longer there)	63	10
Passed the Kits On	62	10

EXHIBIT 2.6
Ineligible Participants by Year

	1993	1994	Total
Sent by National/ Provincial Association or. Provincial Representative for BFAS	65	12	77
Ordered	11	4	15
Total	76	16	92

More telling, however, than the year in which the kit was received, is whether they had ordered the kit or had it sent to them by their national/provincial association (e.g., Boys and Girls Club) or the provincial representative for Break-Free All Stars. Sixty-five of the 76 ineligible people who received the kit in 1993 and 12 out of the 16 ineligible people who received the kit in 1994 had it sent to them without their having placed an order. Fifty-two of the 77 ineligible respondents received the kit through the mass mailing campaign undertaken by the provincial representatives

for Break-Free All Stars. This indicates that mass mailing of the kit is not an effective method of distribution.

Another possible reason for lack of recall is the very nature of many volunteer organizations. The turnover rate of staff in these organizations can be quite high.

In the end, the survey sample consisted of 68 people who had implemented the program and 142 people who had not. Of these, 64 implementers completed the entire survey as did 55 non-implementers. The final sample breakdown is presented in Exhibit 2.7.

EXHIBIT 2.7
Final Sample Breakdown

	Long Survey	Short Survey	Total
Implementers	64	4	68
Non-Implementers	55	87	142
Total	119	91	210

CHAPTER**3****KEY INFORMANT INTERVIEWS**

3.1 Partnerships

Partnerships were sought by Health Canada, in keeping with departmental policy to work with organizations within the community. After having been responsible for the development of the program, including the pilot test, Health Canada reduced its role to serve in an advisory capacity only. CPRA was thought by Health Canada to be an appropriate managing partner, given the focus of CPRA on recreation and the extensive network of CPRA affiliates already established with community organizations. As managing partner, CPRA held administrative and management responsibilities including the undertaking of a promotional drive and serving as secretariat for meetings of the advisory committee. Other duties included the initial launch of the program, overseeing the printing of the program materials, and maintaining inventory and complete accounting records.

The role of CPRA has recently expanded to also include distribution responsibilities, which was not part of the initial understanding, but evolved following the reduced participation of provinces and territories. Although CPRA has gone through a restructuring exercise and has reduced its involvement with program delivery in general, it has maintained its involvement with BFAS because of the natural link between this program and CPRA's active living policy.

A corporate sponsor was also desired to help offset the costs of implementation of the program. Several potential corporate sponsors were contacted and an agreement was reached with Parke-Davis in which Parke-Davis would provide financial support for three years. This annual financial support of \$50,000 covered costs for the day-to-day management of the program by CPRA, including mailing and other administrative costs, as well as travel costs for the advisory committee meetings. Parke-Davis felt their participation in BFAS would not only enable them to obtain visibility with physicians, but would also signal their corporate commitment to helping people quit smoking.

Following two years of corporate sponsorship, Parke-Davis withdrew from the program for the third year. There are a number of reasons behind this decision, including Parke-Davis feeling they were not receiving the national exposure nor the visibility among the medical profession they had anticipated, reduced support for the program among provinces and territories, concern over no available data on the impacts of the program, and the business decision by Parke-Davis to withdraw from their nicotine patch line which had been supporting their corporate sponsorship. Parke-Davis had also hoped that there would be more federal involvement in the promotion of the program than had occurred. As well, their sense was that there was more general awareness about the broader Break-Free campaign than there was about BFAS, therefore there was some concern that they had put their sponsorship behind the wrong program.

At this time, another corporate sponsor has not been found. This may contribute to difficulties with CPRA's continued participation, given that their administrative costs (both human and other resources) were covered by the contribution from Parke-Davis. Health Canada has provided short-term financing to cover CPRA's costs until the end of December, 1994.

An advisory committee was formed with the three partners as well as various other representatives who had expressed an interest in the program and/or

were involved in the distribution of the materials to their organizations. Representatives were from organization such as the Boys and Girls Club, Fitness Canada, the Ontario Ministry of Health, the Prince Edward Island Department of Tourism and Recreation. This committee met three times in the first year and once in the second year and has continued to communicate by telephone and facsimile since then. Partners seemed positive in describing the advisory committee function and felt that an appropriate level of responsibility had been placed on this committee. There was an intention to expand the representation on the advisory board to include other organizations such as the Girl Guides, however these plans are presently on hold.

3.2 Level of Participation

As described in Exhibit 3.1⁷, in the 1993 recreation year, 10 of the 12 provinces and territories were involved in some way with this program (as indicated by "Participating"). Of the 10 involved, all contributed to the distribution of the program material (as indicated by "Distributed kits"); in the two non-participating provinces, CPRA dealt with this task. Some provincial and territorial representatives interviewed had paid for the kits or knew who had paid for them (as noted with "Purchased kits"), while others had not purchased them and/or did not know who had (NWT, Ontario and Quebec).⁸

According to the individuals interviewed, only New Brunswick acquired more kits in the second year (1994); most other provinces and territories said they could rely on their previous year's stocks (these receive the mention "Did not purchase further kits"). In the second year, two more provinces, British Columbia and Quebec stopped participating in the program. CPRA took over distribution responsibilities in

7. This table summarizes information collected from the provincial and territorial representatives as well as from CPRA files.

8. Individual provinces and territories had different policies about cost recovery, however most distributed the kits to recreation leaders free of charge.

these provinces. According to CPRA files, however, three provinces ordered and received more kits (Nova Scotia, New Brunswick and Ontario), and two provinces ordered and received more calendars (Saskatchewan and Newfoundland). This is reflected in the footnote to Exhibit 3.1. It is interesting to note the difficulty in obtaining agreement about distribution histories even at this level.

Regardless of the fact that eight provinces and territories reported that they continued to participate in distributing program kits during the second year, requests were continually received directly by CPRA from organizations within these provinces and territories. In many cases, CPRA sent the request to the representatives by facsimile to notify them. Sometimes, the representatives would handle the order and in other cases CPRA dealt with it, especially in the case of a large order.

3.3 Communication Links

(a) Partners

A variety of distribution networks were accessed by CPRA to facilitate the distribution of the program. CPRA affiliates are numerous and widespread and it was thought that this would enable the program to reach the grassroots of community organizations (although later findings demonstrate this did not appear to occur). Word-of-mouth also generated a lot of interest, even from schools who were not originally intended as a target contact. Finally, CPRA ensures that copies of materials are available at conferences likely to be attended by individuals who make programming decisions for community programs where BFAS could be implemented.

EXHIBIT 3.1
Nature of the Involvement in BFAS by Province and Year

Provinces and Territories	Year 1 (1993)	Year 2 (1994)
Northwest Territories	• Participating • Did not purchase kits • Distributed kits	• Participating • Did not purchase kits • Distributed kits
Yukon	• Participating • Purchased kits • Distributed kits	• Participating • Did not purchase further kits • Distributed kits
British Columbia	• Participating • Purchased kits • Distributed kits	• Not participating • CPRA distributed kits
Alberta	• Not participating • CPRA distributed kits	• Not participating • CPRA distributed kits
Saskatchewan	• Participating • Purchased kits • Distributed kits	• Participating • Did not purchase further kits¹ • Distributed kits
Manitoba	• Not participating • CPRA distributed kits	• Not participating • CPRA distributed kits
Ontario	• Participating • Did not purchase kits • Distributed kits	• Participating • Did not purchase further kits² • Distributed kits
Quebec	• Participating • Did not purchase kits • Distributed kits	• Not participating • CPRA distributed kits
New Brunswick	• Participating • Purchased kits • Distributed kits	• Participating • Purchased kits • Distributed kits
Nova Scotia	• Participating • Purchased kits • Distributed kits	• Participating • Did not purchase further kits¹ • Distributed kits
Prince Edward Island	• Participating • Purchased kits • Distributed kits	• Participating • Did not purchase further kits • Distributed kits
Newfoundland	• Participating • Purchased kits • Distributed kits	• Participating • Did not purchase further kits² • Distributed kits

1. CPRA files indicate that additional calendars were obtained.

2. CPRA files indicate that additional kits were purchased. It may be that kits were purchased by another provincial representative other than the one interviewed.

Partners indicated that communication links among the three organizations as well as among advisory committee members, who were in frequent communication as needed, were good. CPRA also feels it has established positive relationships with provinces and national organizations which facilitates good communications.

*(b) Provincial and Territorial
Representatives*

Learning About the Program

Interviews conducted with provincial and territorial representatives revealed that they heard about the program through both formal and informal contacts. Approximately three in every four individuals consulted were originally exposed to the program through formal contacts. They were approached either through a mail-out prepared by CPRA; directly by telephone by CPRA, Health Canada and/or Storgaard and Associates; or have had CPRA referred to them by their umbrella association. In some cases, the formal contacts resulted in individual meetings between provincial or territorial representatives and some or all of the program partners.

Additionally, almost all respondents were also exposed to the program through informal contacts. Informal contacts included: reading about the program in a magazine; hearing about the program at a meeting or a conference; and being exposed to the program by another provincial department.

Perceptions About the Program

Provincial and territorial representatives were asked to share their perceptions of the program. Specifically, we sought their views about the program concept and the program material.

Most informants held a positive view regarding the concept of the BFAS program. Elements which were perceived to be especially good included the selection of the particular age group and the new possibility for non-health related organizations to cooperate and establish partnerships in the area of health-related issues. Some respondents also identified the fact that the program is offered outside the school setting as a positive feature. Other elements of the programs which impressed the respondents include the fact that this program message offers a mix of active living and non-smoking, that the activities are high quality, and that not only are the negative effects of smoking highlighted, but they are accompanied by positive behavioral alternatives.

Of those who had some reservations about the general concept of the program, several mentioned that they would have preferred more community involvement during the various phases of program development; others expressed concerns that the program would not reach the target population of 8 to 10 year old children. While approximately one quarter of respondents expressed uncertainty about how the program would be received by the implementers, a few respondents had received some positive feedback from the community concerning the program.

Provincial and territorial representatives generally had a positive opinion about the material which was included in the program kits, indicating that they felt the kits were high quality products which have been prepared in a very professional manner. Some negative comments were also made about the following aspects of the program material: the bulkiness of the kits; the colours used in the design; the

potential for the activities and the logo to be viewed by the participants as childish; and the absence of some introductory tool to help implementers execute the program.

Communications Between the Program Partners and Provincial/ Territorial Representatives

Varying degrees of contact were maintained between the program partners and the provincial and territorial representatives. Although at least one person from each province and territory interviewed had some contact with CPRA, a very small proportion of provincial and territorial representatives spoke only to a Health Canada representative (e.g., at meetings) or to a representative of the corporate sponsor, Parke-Davis. Of the provincial and territorial representatives who dealt with CPRA, more than half indicated the nature of their contact was based on transactions (ordering or distributing kits). One in four informants said their contacts with CPRA involved some discussion or presentation of what the roles and responsibilities of provincial and territorial representatives should entail. The majority indicated no formal agreement was signed regarding their involvement with this program.

The perceived quality of the attention given by CPRA varied. One third of respondents indicated they were satisfied with the relationship they had with CPRA and one third indicated some lack of feedback or communication from the organization when they would have desired more. The final one third did not rate the quality of their contacts with CPRA as these contacts were considered to be too infrequent to evaluate although considered to be at an acceptable level nevertheless.

The provincial and territorial representatives suggested some potential improvements in the communication strategy. First, almost half the respondents mentioned that they did not have a feeling of ownership with this program, and in some cases that it was merely dropped into their lap without prior preparation. It was felt that more grassroots consultation (with provinces, territories, school teachers,

recreation workers and kids) might have prepared the field workers more appropriately and would have facilitated the integration of the program at all levels.

Training and evidence about the impacts of the program were also suggested as means to prepare those who are supposed to distribute the program. A couple of respondents mentioned they would have preferred to have received some sort of training on the program (e.g., its philosophy, how to promote it and how to use it) before they started working with it. Also, one in three respondents were surprised by the absence of an evaluation study which could substantiate the impact of the program. It was felt that it would be critical to share the results of the current study with all those involved with the program. In some cases, this was said to be a potential determinant to securing continued support for the program.

(c) Community Coordinators

Learning About the Program

There were a variety of ways in which community coordinators heard about the program. The most common means of dissemination (50 per cent overall) was through magazine articles (e.g., *Health Promotion*), brochures, their National Association (e.g., Girl Guides of Canada), or through conferences. Others received information from CPRA or through other councils, such as the Canada Council on Smoking and Health and the Saskatchewan Community Services Department. The most common source of information was the health community (41 per cent). They advertised the program in newsletters and magazines, at conferences and sent out kits. A few of the coordinators (13 per cent) could not remember where they first heard about the program. This is partly because they ordered the kits in 1993.

Despite how they may have first heard about the program, by far the majority ordered the kits directly from CPRA⁹ (60 per cent). Obtaining information at this point was easy for most. They simply telephoned the number or wrote to the address contained in the brochure or filled in an order form which they would have received from, for example, a conference they attended, a magazine or newsletter or from information sent directly to them. Of interest is that the majority do not recall that the number or address that they contacted was CPRA's (80 per cent). Most of them simply remember telephoning the number in the brochure. Some of the coordinators contacted the provincial representative for the kits and others received them directly from their National Association (e.g., Nova Scotia Boy Scouts).

The majority of coordinators did not experience any problems in receiving the kits within the time frame they required. A couple of problems however were noted. One coordinator ordered kits from CPRA. After not hearing from them for awhile, she contacted CPRA again. She was informed that the kits were coming from the provincial representative who was in the process of reprinting them. It took three months to receive the kits. Another coordinator interviewed ordered the kits but only received posters. When she contacted CPRA she was told there were no more kits at the moment but that there would be some soon. She never heard from CPRA again. A third coordinator ordered kits from CPRA and never heard from them. This coordinator did not follow-up.

Perceptions About the Program

Overall the perceptions of coordinators regarding the Break-Free All Stars program were very positive. Reasons provided for requesting the program included: it was a good concept, thought it had potential, fit into their agenda of promoting a

9. This is interesting considering that provincial representatives exist. This may just be a result of the particular sample of coordinators who were interviewed.

healthy lifestyle, targeted the age range of children they were working with, it was unique and it was seen as a way to promote health.

Communications

Once they had received the kits, coordinators interviewed had no additional contact with CPRA and for most this was fine. Others felt that CPRA should have followed-up the contact, perhaps through an evaluation sheet enclosed with the kits. One coordinator was quite surprised that an evaluation was not requested. Some of the coordinators would have liked additional contact in the way of training or a demonstration.

Generally speaking, coordinators did not feel the program was promoted very well. Most had not heard or seen anything concerning the program since its initial promotion. This resulted in some of the coordinators not being aware that they could order kits after the first year. In this instance, lack of promotion has resulted in lack of awareness. Another coordinator, who had the program brought to them from the local Health Unit, thought it was a Health program and was not aware that she, herself, could request it. Coordinators stressed the importance of consistent advertising on a national level. Suggestions by coordinators included a mass mail-out, more media coverage (e.g., music radio stations), or simply a mail-out to those who have ordered the kits to let them know the kits are still available.

Communication links at the provincial level were seen to be weak by one of the coordinators. This coordinator commented that it was unclear who was supposed to be doing what. She felt that if they, at the local level, were supposed to be responsible for delivery of the program, they should also have been responsible for promotion at that local level. Instead, the provincial representative assumed all responsibility for promotion and little was done.

3.4 Implementation Context

(a) *Partners*

Health Canada and CPRA are interested in investigating whether BFAS would succeed if delivered on-line. The computer capabilities of community organizations are not known at the present time, so it remains unclear whether this would increase participation.

With respect to training, CPRA sends a *Resource Guide* with each order of 10 kits which contains information required by community coordinators to train recreation leaders in order to deliver BFAS effectively. CPRA is not sure how many community coordinators actually run training sessions. CPRA also thinks that some people have not received *Resource Guides* nor are able to attend a training session, and therefore, are delivering the program without the benefit of any assistance. At the same time, CPRA has not received any telephone calls from people looking for help in how to deliver the program.

Parke-Davis indicated that it would have liked to promote the program more within the medical community and within schools. However, this was not viewed as consistent with the program design or Health Canada policy and therefore was not pursued.

There is a sense among partners that BFAS will need a strong promotional campaign and a better distribution system, including both hard copy and on-line, for the program to continue successfully. Greater involvement at the grassroots where the program is being implemented was also thought to be a key component of revitalizing the program.

(b) Provincial and Territorial Representatives

Promotion

The approach which had initially been suggested in order to disseminate this program included the involvement of provincial and territorial representatives who would act as promotional contacts and distribution points for community coordinators who would then distribute to the implementers.

Almost every provincial and territorial representative who was involved in the first year recalled some form of promotion which had been conducted at a provincial/territorial level. Only one representative explained how the province avoided publicizing the program because of the possibility of creating a high level of demand which would then lead to a greater required level of involvement than was within this province's capacities. Of those who did some promotion, the nature of the advertising was diverse. Close to half the respondents said they publicised the program in an informal manner, discussing it with colleagues and representatives of potentially interested organizations. The other half used more formal strategies such as sending flyers, preparing press releases, writing an article in a newsletter or newspaper and even doing an appearance on television.

Distribution

All provinces and territories took one of two approaches to distributing the program material. The first approach was based on direct requests received and relied heavily on the extent of the promotional effort which had been done by the provincial/territorial representative prior to distribution. In these cases, provincial and territorial representatives responded to demands for program kits from the

organizations requesting them. Often, the national office of CPRA received requests for kits directly, since their phone number appeared on the kit. If the distribution was taken care of at the province/territory level, CPRA sent the request to the representative for it to be filled. Where there was no such distribution available, CPRA filled the request themselves.

The other approach involved a mass distribution of a copy of the program kit along with a letter describing the program. This approach was favoured by slightly fewer than half the provinces and territories. Many different types of organizations received a copy of the kits in this way, including the following: regional recreation departments; Boys and Girls Clubs; YM-YWCAs; municipal recreation representatives; grade schools; summer camps; organizations within the Scouting movement; and other community level organizations.

No evidence suggests that using one approach or another yields better results. Some who promoted and used either distribution mode had many requests, while others who used the same methods had little or no demand. The situation was similar even for those who did not promote the program. The representatives who had undertaken massive mail-out campaigns and received little interest attributed it to one of two factors: they had either saturated the market or the program did not catch people's attention given the large amount of material they receive through the mail. Several representatives mentioned they were surprised to see requests coming from organizations which had not been originally targeted such as social services, schools and hospitals.

Community Coordinators and Training

According to the original implementation plan, a network of community coordinators was supposed to be developed and utilized. None of the interviewees, however, recognized the term "community coordinator". Moreover, nobody explicitly

designed a network of BFAS community coordinators, as it was intended during the program development. It appears that the massive mail-out approach was favoured over the proposed networking approach.

Of those interviewed who had contributed to the distribution of the program material, no one indicated they offered training to anyone. Reasons which were given for not offering training included: no perceived need or requests for training; lack of human resources to devote to training activities; the perceived self-explanatory nature of the package; and the absence of a perceived role by the provincial and territorial representative in the area of training for this program. None of the provincial and territorial representatives were aware of training that would have been offered by the community coordinators to the program deliverers.

Change in Roles and Continued Support

The possible change in the roles of the provincial and territorial representatives between the first and the second year of implementation of this program was explored. For the second year of the program's implementation, some provinces/territories stopped distributing program material; two officially withdrew from the distribution process (British Columbia and Quebec). According to information collected through CPRA, another province/territory also had withdrawn. When consulted, the representative from that province/territory specified that they were ready to distribute the remaining kits they had left, but never did so due to an absence of requests made directly to them. The fact that CPRA's phone number appears on the kit and that many groups reached them directly for ordering them might be at least partly responsible for this lack of demand at the provincial/territorial level.

The two provinces which withdrew after the first year of program implementation did so mainly for budget reasons. Each also had an accompanying

issue which reinforced the budget concerns: one required demonstrable results in order to access further funds; and the other recognized a lack of demand which did not warrant continuing implementation. In both cases, CPRA took over the distribution of the program material for the second year. The provinces that withdrew thought the emergence of more funds, new cost-sharing agreements and a new distribution strategy (for which more thought was given to other than just using a network of non-profit or volunteer-based organizations) could have probably convinced them to offer continued support.

Eight provinces and territories continued to support the program officially for the second year. Some who continued to offer support did so for various reasons: some because they believed in the program; others did not want to have existing material wasted by pulling-out; and others saw that minimal costs would be attached to their presence in the second year of the program since people already knew about it, as the kits had already been widely distributed. Regarding future support for the program by these representatives, the opinion was divided. Half indicated they were unsure whether the program would receive their support in the future, the other half favoured continued support. Of those who were unsure, half remarked that budget constraints would limit them (one suggested the kits should be paid for through the *Tobacco Reduction Strategy Initiative*). One respondent thought further promotion was required, while another was not certain whether the provincial organization involved in the distribution process would still be in operation. Of those who would like to offer continued support in the future, half were worried that the price of the kits might be prohibitive for them and thought this could be solved if kits were made available to them free of charge.

The individuals contacted in the province where participation did not occur in either year voiced that the lack of funds prevented access to the program. One of the interviewees felt that the results of the current study could possibly facilitate future program take-up.

Perceived Level of Success

Interviewees were also asked to indicate what they perceived to be the level of success of the distribution process for this program. The majority recognized that it had some success, but many indicated that they could have done better if they had more funds. It was mentioned that the lack of funds is linked to slow take-up in many regions. Just under half the individuals interviewed thought the distribution strategy had been unsuccessful, mainly because of lack of funds and because of the lack of effort devoted to the elaboration of the actual distribution strategy and channels. Regardless of the perceived success, interviewees had suggestions for improvement: reduce costs for the provinces, territories and users; introduce the program more thoroughly to strategic individuals (including provincial partners) before launching it (e.g., through a workshop or video); remove mailing charges to the requesters; consult with and involve provinces and territories during the development phase of a program if they are going to be asked to get involved in its distribution; and access additional networks such as schools and health departments.

(c) Community Coordinators

Distribution

Those coordinators interviewed who distribute the kits, distribute them to a number of organizations, associations and individuals. The main recipients mentioned include: Girl Guides (i.e., Brownies and Girl Guides), Boy Scouts (i.e., Cubs, Scouts, Venturers and Rovers), Boys and Girls Clubs, recreation programs (e.g., day camps, summer recreation programs), YM/YWCA, Public Health Nurses, after school programs, schools and community centres. For some the program is strictly a summer program and for others it is one which they use during the winter. In most cases,

whether or not those who receive the program eventually implement it is up to them. Sixty-five per cent of respondents did not know whether the program had been implemented or not. Organizations, such as the Girl Guides and Boy Scouts, are run primarily by volunteers. In these instances, the community coordinator, usually from the provincial association, can only recommend that they use the program. The decision about when and how the program will be used is usually up to the local program coordinator who requested the kits for implementation.

The deadline by which the coordinators need to have received the program by in order to implement it varied. For those who were using it as a resource in their libraries or were simply promoting it, there was no deadline. Those who implement the program, however, often have deadlines by which they need to have received the program. Coordinators from the Girl Guides and Boy Scouts who were interviewed, commented that they plan their yearly program in September. The Boys and Girls Club coordinator said they do their program planning in September and January. Summer recreation programs need the kits in time to train their summer staff at the beginning of the summer. Health Units and divisions of the Canadian Cancer Society who want to use the program in time to promote and implement it for national Non-Smoking Week need the information before January. For these organizations, it would be helpful to them if they knew about the program and had access to the kits well before their deadlines.

Good, effective promotion was seen by most of the coordinators interviewed to be the key to access. A number of respondents suggested targeting schools. Some thought that to receive the program on a computer disc or through a modem was a good idea if you had them. Many of the non-profit organizations do not have computers or at least not modems. This option may be more feasible in the future. Others, particularly those that distribute to volunteers (e.g., Girl Guide Leaders), didn't like the idea of receiving the program in this form because, unless you have a colour printer and a colour photocopier, you would lose the colours and the graphics.

Continued Support

The majority of coordinators indicated that they really liked the program and, as long as the demand was there, they would continue to support it. When respondents were asked if they would still be interested in requesting the kits if there was a cost, a number of them (63 per cent) thought they would if the price was reasonable, although they probably would not order as many. Others said it depended on the feedback they received from those who implemented the program. If the demand was there, they would continue to bring it in. A number of coordinators from non-profit organizations and other organizations with no budget (e.g., some of the Health Units) said they simply would not be able to purchase the program. For many of those interviewed, one of the appealing things about the program was that they had been able to obtain it for free.

A few suggestions were provided of other community groups that might be willing to pay for the kits with the most common being schools. Health Units with budgets, youth groups and the RCMP were also mentioned. Although some of the coordinators did not feel they could put a price on the program, others provided prices which ranged from \$3 to \$100, averaging out to around \$20 a kit. It's important to note that the \$100 suggestion was an anomaly. The suggested price quoted by most was \$25 or less. One coordinator suggested charging \$1 per child.

Perceived Level of Success

Although not all of the coordinators had any feedback on the program and its implementation (only 35 per cent), for those that had it was positive. The program was said to have been user-friendly and many liked the plasticized activity sheets which made it easy to just pull out what they wanted. The children who had

experienced the program were said to have really enjoyed the games. One coordinator commented that the kids talked about the program for days afterwards.

3.5 Competing Priorities

(a) Partners

The priority of smoking prevention programs such as BFAS has remained at a high level for Health Canada, especially given the National Strategy to Reduce Tobacco Use. Women and youth have been targeted as key groups for programming. Health Canada has recently focused extra attention toward the rejuvenation of this program. Both Health Canada and CPRA have been told by provincial representatives that tobacco is no longer a top priority for them and therefore their scarce resources are going toward other programs. In addition, provinces have indicated that they would like evidence that BFAS is working before renewing their commitment to participate.

(b) Provincial and Territorial Representatives

About half of the individuals interviewed at the provincial and territorial level indicated that the priority given regionally to tobacco use has changed. All of those who perceived this change thought tobacco-related issues had become more important in their province or territory (with one exception who thought it had decreased in importance because of funding cutbacks). Half of those reporting the increase in importance indicated that it was mainly due to the reduction of taxes on cigarettes. Competing priorities which were identified by approximately one in four included alcohol and drug use and abuse as well as active living. Two respondents

indicated that the issue of tobacco use was not usually dealt with by their organization and if it is, only in an indirect fashion.

(c) Community Coordinators

For the majority of coordinators interviewed, tobacco is not a high priority on its own for their organization. It is, however, seen as an important aspect of the healthy living concept which they all seem to be emphasizing at this point. A couple of coordinators said that alcohol and illicit drugs were their main priority.

Coordinators did feel that for many of their communities and provinces tobacco was a high priority. Some of the reasons for this were thought by coordinators to be the reduction in federal taxes on cigarettes — which has caused the health community to increase its emphasis on education and awareness, recent statistics that have been released illustrating the dangers of tobacco smoke (particularly in Nova Scotia where the rate of heart disease is the highest in the country) and a recent infusion of funds into promoting non-smoking. In Newfoundland two pieces of legislation which have recently been passed — one which concerns access to tobacco products by minors and the Smoking Environment Act — are seen as an indication of the importance of tobacco in that province.

3.6 Resources Required for Implementation

(a) Provincial and Territorial Representatives

Of the 13 individuals who were interviewed, two did not participate in the distribution of the material. Of the 11 who were involved in distribution, seven

organizations paid for the kits. The others received their kits either from CPRA or from another provincial department that had paid for them. Some people interviewed had no idea who had paid for the kits. The purchase of the kits at this level was recognized as the major expense related to involvement with this program.

Other expenses related to program distribution included mailing disbursements and costs associated with labour. Of the 11 distributors, only two did not pay for the mailing and had those requesting the kits pay the charge. For the provinces who did a massive mail-out, the mailing expenses were higher than for those who sent kits on a per-request basis. In all cases, minimal staff involvement was required to perform the actual distribution of the material. This expense was estimated by many as negligible and was roughly evaluated to \$1,500 per year for any single distributor. The average cost per kit was estimated to be approximately \$5.

(b) Community Coordinators

Overall coordinators did not feel that any additional resources were needed to implement the program. They felt the program was very straight-forward and self-explanatory. The *Resource Guide* was considered to be a very good resource which condensed the necessary information well. Some saw it as a self-training tool and, to that extent, one of the coordinators felt a copy of the guide should be in every kit. Not all coordinators interviewed held such positive opinions. Some thought the guide was too long, contained too much information and was too complex echoing some of the opinions expressed in the *Break-Free All Stars Implementation Evaluation Study*.

In terms of the kits, although most of the coordinators were happy with the lay-out and liked the activities, some commented that it would have been nice if they had been able to obtain additional resources (i.e., calendars, pledges and certificates) without having to get the whole kit. One coordinator even suggested that it would be better if the program was a list of resources instead of a kit program.

Another suggested the kit should be updated and a follow-up kit developed for those who had gone through the first one.

A couple of the coordinators felt that more background information on health issues was necessary. This is a common barrier to implementation of programs such as this. A coordinator from one of the Health Units thought that children would have questions that only a health professional or someone with their training would be able to answer. In one instance physiology pictures (e.g., picture of the heart) were added to the kit.

Training

The majority of coordinators did not feel that training was necessary to implement the program. For some of the organizations (e.g., one of the Boys and Girls Clubs in Ontario, summer staff at Sports and Recreation Commissions in Nova Scotia), training is automatically provided. In some instances it is provided to all those who will be implementing the program at once, and in other instances one person is trained and then trains the others.

Although most felt training was not necessary, many felt (17 per cent) that training or a demonstration by someone (e.g., CPRA or Provincial/Territorial Representative) would have been helpful. In addition to ensuring that the program is implemented consistently, it may increase the number of people interested in using the program. One coordinator felt that some people need help in knowing what to do with the program. Some suggestions for venues for a demonstration or training were conferences, teachers' Professional Development Days and training sessions conducted by some of the organizations.

3.7 Competing Programs

(a) Partners

While CPRA is unaware of other specific programs which might be competing for the same audience, anecdotal evidence from their contacts indicate that the individuals who are contacted about BFAS are exposed to a multitude of different kinds of programming. This makes it necessary for BFAS to be able to stand apart from the other programs being publicized. CPRA feels that advocates from higher in the organizational hierarchy of these various organizations would be beneficial, for example if they participated on the advisory committee and then promoted the use of the program to other members of their organization or association. Parke-Davis also echoed this sentiment by indicating that the program needs a "champion" to go out into the field and promote it among the community organizations who are likely to implement it.

(b) Provincial and Territorial Representatives

All provincial and territorial representatives indicated that no program was offered in their region which was similar to the BFAS program with respect to its target group, setting and topic. Other related endeavours were identified by some respondents such as the *Fitweek Program*, the *Fairplay Program*, programs offered by the *Heart and Stroke Foundation* and the *Cancer Society*, the *Healthy Heart Campaign* and information provided through health education curricula and services offered by school health agencies. The first two programs were taken as examples of programs which had been preceded by a comprehensive grassroots consultation and followed by more follow-up efforts on the part of the program partners. Several respondents indicated

that the critical element which warranted the success of these other programs was the level of effort put toward promoting them, thus increasing their visibility.

(c) Community Coordinators

By far the majority of coordinators interviewed were not aware of any competing programs. The programs mentioned were *Fait de l'air*, *Slip Slop Slap* (Canadian Cancer Society), and *Smoke Free 2000* (an Alberta provincial program). In terms of their effectiveness compared to the Break-Free All Stars program, most of those that were aware of the other programs felt they complemented Break-Free All Stars. One coordinator said he thought some were better and some were worse and another coordinator thought the other program (*Smoke Free 2000*) had less of an impact than the Break-Free All Stars program.

3.8 Real Implementation

(a) Community Coordinators

Some of the coordinators interviewed indicated that they had modified the program, they expected the people who implemented the program to modify it to meet their needs, or that it had the potential to be modified (i.e., people could just pull out of the kit what they wanted). Some of the modifications mentioned were the addition of pictures, new signs, drama and role playing. One coordinator modified the *Resource Guide* to make it easier for her volunteers to use.

3.9 Efficacy vs. Effectiveness

The issue of efficacy versus effectiveness is centred on the ability of the evaluation to assess the impact under ideal conditions versus the impact under real conditions. The present evaluation examined the impacts of the program on participants as the program is typically delivered and not in a controlled research setting where all aspects of delivery are rigorously implemented and monitored. Therefore, this evaluation as designed only comments on the effectiveness of the program and not its efficacy and is thus a more conservative test of impact. This issue is addressed in Chapter Five of this report which presents the results of the impact assessment.

3.10 Program Clientele

(a) Community Coordinators

Although the kit is designed for eight to ten year olds, it is actually being used for a number of different age groups ranging from the very young to 16 to 17 year olds. One coordinator is matching older children with younger children so that they can help the younger ones go through the program and another is using older children to implement the program.

The number of children participating in this program is hard to estimate at this point as the majority of coordinators are not aware of whether or not the program is being implemented. The potential, however, is in the tens of thousands (e.g., in Nova Scotia there are 13,000 to 14,000 Boy Scouts who could be receiving the program). Most of the large organizations (e.g., Girl Guides) have recommended the program be implemented.

The coordinators interviewed thought this program had good potential. They felt that, as part of a larger strategy, it was very effective because it reinforced the other information the children were getting. On its own it was not seen to be as effective. Being activity-oriented, they felt it was a creative and fun way to present the message to children. Some commented that the colour scheme was very attractive to children. Another important aspect of the kit, which was pointed out by one of the coordinators, was that it taught prevention. Another coordinator stated that education is the key, believing that if you want to change society you must educate the children. It was also felt to be important to have someone who the kids look up to implement the program.

The majority of coordinators were at least hopeful that the program was having an impact on the children. According to a couple of the coordinators, this program targets a good age group because it is at this age that they start to make the decision about whether or not to smoke and peer pressure is strong. A few of the coordinators, however, pointed out that those kids who belong to Girl Guides, Boy Scouts and some of the other sports activities are not likely to start smoking. For the program to have the best chance of having an impact, it must be used repeatedly and the person implementing the program must be enthusiastic.

There was some question as to whether or not this program would have an impact on those who are most at risk of smoking. A number of those interviewed felt the potential was there if they were involved in the programming. According to one of the coordinators, however, high risk kids do not need a program, they need peer support. Some of the coordinators felt that if you want to reach those at high risk, you have to go into the schools. One of the coordinators commented that those at the junior high level are more at risk than the age group that the program is targeting. Another coordinator felt that it was not enough to put the program in the schools. What is needed is a plan between the schools and the high risk neighbourhoods (e.g., recreation centres, families).

A couple of the coordinators interviewed argued that the family and the community need to get more involved. According to one of the coordinators, these types of lessons should be taught in the home and the government should be supporting families in teaching them instead of taking over for them.

3.11 Summary

This research component focused on the initial links of the distribution chain, namely the project partners, the provincial and territorial representatives and the community coordinators. An important finding was that the distribution and dissemination of the program is not occurring as anticipated. It was difficult to find agreement between the master distribution files at CPRA and the individual interview reports about which provinces were participating and to what extent. Many organizations were found to send their requests for program materials directly to CPRA without knowing about the provincial or territorial link and some community coordinators reported having not received kits from CPRA or receiving only part of what was ordered.

At the same time, some provincial and territorial organizations reported not having a feeling of ownership toward the program but felt instead that the program had been dropped into their lap without prior preparation. Despite reports of positive opinions about the program by community coordinators, they also expressed concern about the promotion of the program. Many had not heard or seen anything concerning the program since its initial promotion and felt that consistent advertising at a national level would be beneficial. Community coordinators reported not having offered training and most did not know whether the program had actually been implemented by people to whom it had been sent.

Finally, while key informants felt that on-line computer services would be beneficial for program promotion, there was a sense that the target audience does

not possess the technical infrastructure which would be required to access the program itself electronically.

CHAPTER

4

SURVEY OF RECREATION LEADERS

4.1 Sample

Of the 119 recreation leaders who completed a long survey, there were 64 implementers (54 per cent) and 55 non-implementers (46 per cent). Of the 91 who completed a short survey, there were 4 implementers (4 per cent) and 87 non-implementers (96 per cent). As described earlier, in the short survey the implementers were asked "How satisfied were you with the program?", and the non-implementers were asked "Why didn't you implement the program?". There were no significant differences between those implementers who completed a short survey and those who completed a long survey. Non-implementers who agreed to complete only the short survey were more likely to have ordered the kit as resource material and less likely to say they had had scheduling problems.¹⁰ Other findings related to these questions are presented in a later section.

10. All differences which are mentioned in Chapters Four and Five are significant at a .05 probability level using either a chi-square test (for categorical variables) or a t-test (for continuous and scaled variables).

4.2 Communication Links

(a) Learning About the Program

Recreation leaders were asked to list up to three different sources of information about the program. A total of 149 responses were received. The largest proportion of these responses was newsletters and magazines (19 per cent) followed by brochures (13 per cent), a provincial/territorial department of health or of sport and recreation (13 per cent), CPRA (12 per cent), and a national association, organization or recreation network (10 per cent). These findings are presented in Exhibit 4.1.

Slightly more recreation leaders requested the program kits than were sent them unsolicited (50 per cent versus 40 per cent). Another 7 per cent (or 8 people) received the kit as part of conference or workshop materials. Those who had requested the kit reported having ordered it from CPRA (22 per cent or 13 people¹¹), a provincial/territorial department of sport and recreation (12 per cent or 7 people), or a provincial/territorial department of health (10 per cent or 6 people). Twenty per cent (or 12 people), however, did not know from whom they had ordered the kit. Leaders who had ordered the kit themselves were satisfied with the process for obtaining kits (90 per cent or 53 people satisfied).

11. Throughout the presentation of survey results, whenever a subset of the whole sample is being discussed the actual number of respondents is given as well as the per cent they represent to facilitate appropriate interpretation of the result.

EXHIBIT 4.1
Heard about the BFAS Program

Source	Number of Mentions	Per cent
Newsletters/Magazines	28	19
Brochures	19	13
Provincial/Territorial Department of Health or of Sport and Recreation	19	13
CPRA	18	12
National Association/Organization/ Recreation Network	15	10
Word-of-mouth	11	7
Supervisor/Program Coordinator	9	6
Regional Association/ Organization/Network	8	5
Health Canada	6	4
Received it in the mail	5	3
Other sources	5	3
Conferences/Workshops	4	3
Posters	2	1
Total	149	100

With respect to the kits themselves, non-implementers were more likely to have been sent the kit than to have ordered it. This finding is represented in Exhibit 4.2¹².

12. Percentages do not add up to 100 due to the existence of other responses such as "do not recall" as well as "no response".

EXHIBIT 4.2
Kit Distribution

	Implementers	Non-implementers
Requested kit	59%	38%
Sent kit	27%	56%

Interestingly, 76 per cent of leaders (or 90 people) reported having received a copy of the *Resource Guide*. Non-implementers were slightly more likely to have received the *Resource Guide* than implementers (86 per cent versus 67 per cent, respectively).

(b) Communications

A small number of leaders indicated that they required additional information about Break-Free All Stars (10 per cent or 12 people). Half of this group indicated that they did not know who to call to receive this information. An equally small group of leaders required additional information about program elements such as medical or health information (12 per cent or 14 people) and again only half knew who to call to obtain this additional information.

4.3 Implementation Context

(a) Description of the Leaders

Most often, the survey respondents were recreation leaders for programs such as the YM/YWCA or for Boys and Girls Clubs (30 per cent or 36 people). Many respondents were directors or managers of organizations (26 per cent or 31 people) and program coordinators (17 per cent or 20 people). There also were public health

workers (17 per cent or 20 people), Girl Guide Leaders (8 per cent or 9 people) and teachers (4 per cent or 5 people).

Most of the leaders work with more than one group of children (64 per cent or 76 leaders) and most instruct both boys and girls (82 per cent or 98 people). The survey respondents represented a broad range of programs, including after school programs (23 per cent), summer recreation programs (14 per cent), athletic programs (13 per cent), school curriculum (13 per cent), day camps (13 per cent) and Girl Guides or Boy Scouts (10 per cent). Non-implementers were slightly more likely to come from an athletic program (8 per cent of implementers and 20 per cent of non-implementers). Along the same line, implementers were more likely to come from a day camp (25 per cent of implementers versus none of the non-implementers).

Only 29 per cent of the recreation programs (or 35 programs) require 100 per cent attendance from the children who are enrolled and most of these report obtaining this attendance level. The majority of programs have a registration fee (67 per cent), although few require the children to have prior qualifications or specific skill levels (9 per cent). Most require parental permission for attendance (73 per cent) and under half require the children to have access to transportation in order to attend (43 per cent). Non-implementers were less likely to require 100 per cent attendance from their children (42 per cent of implementers' programs required 100 per cent attendance versus only 15 per cent of non-implementers' programs). There were no other differences between implementers and non-implementers on these recreation program characteristics.

Despite efforts to obtain participants for the survey who had delivered the program in French, the final sample for the survey contained only three per cent (or four leaders) for whom the predominant language of the recreation group was French. A small proportion of the remaining groups spoke a language other than English or French (two per cent).

Leaders came from across the country, with the highest representation from Ontario (31 per cent or 65 respondents) and Nova Scotia/Prince Edward Island (25 per cent or 53 respondents). The remaining respondents came from all provinces, as follows: British Columbia (6 per cent or 13 people); Alberta, Northwest Territories, Yukon (11 per cent or 22 people); Saskatchewan (8 per cent or 16 people); Manitoba (4 per cent or 8 people); Quebec (8 per cent or 17 people); New Brunswick (5 per cent or 10 people); and Newfoundland (2 per cent or 5 people).

The average age of the respondents was 37 years, and the range in age was from 18 to 58. The leaders were predominantly female (72 per cent) and most have completed a university or post-graduate degree (70 per cent).

Over one third of the leaders have smoked at some point in time (37 per cent), although only 23 per cent state that they currently smoke. All of the leaders who have smoked at some point said that they have never smoked in front of the children they instruct. Most of the leaders who smoke also say that the children they instruct do not know that they smoke(d) (64 per cent).

The current smoking habits of respondents who have smoked at some point were also considered and these findings are represented in Exhibit 4.3. Overall, implementers were slightly more likely to currently smoke (32 per cent of implementers versus only 6 per cent of non-implementers).

EXHIBIT 4.3
Current Smoking Behaviour of Leaders

	Implementers	Non-implementers	Total
Smoker	9 (32%)	1 (6%)	10 (23%)
Non-Smoker	19 (68%)	15 (94%)	34 (77%)
Total	28 (100%)	16 (100%)	44 (100%)

Slightly more than half of the both implementers and non-implementers had discussed the effects of smoking on health with a group of eight to ten year olds before (60 per cent or 69 leaders). Leaders also appear to have a broad range of experience with children of different ages, with thirteen per cent (or 16 people) having discussed the effects of smoking with children who are younger than eight to ten, 21 per cent (or 25 people) with children who are older, and 45 per cent (or 53 people) with children who are both older and younger. Twenty-one per cent (or 25 people) have not discussed the effects of smoking with children either younger or older.

(b) Continued Support

All of the respondents were asked: "Are there any particular measures you feel would help to promote participation by recreation leaders who work with children, such as yourself, in this program in the future?" Of the 66 per cent (or 78 people) who responded with a comment, 54 per cent (or 42 people) were implementers and 46 per cent (or 36 people) were non-implementers. The findings are presented below in Exhibit 4.4.

Most non-implementers indicated that they will use the program in the future (66 per cent or 36 individuals) or that they may use the program (20 per cent or 11 people). Only 11 per cent (or 6 people) said that they would not use it. Ten respondents indicated that they have already scheduled BFAS into their programming. Of these, seven said they plan to use the program sometime in 1995. Of the remaining three, one said it is "sent out as required", another said they will use "part next week". Only one person said that they do not plan to use the program until 1996.

Almost all leaders who implemented the program indicated that they would be willing to use the program materials with children they instruct in the future (98 per cent or 62 people).

EXHIBIT 4.4

Measures to Promote Participation

Response	Number of Mentions	Percentage (of 80 Responses)
No measures	27	34%
Increase awareness, continue promotion	21	26%
Provide training	8	10%
Should be promoted within the organization or association	4	5%
Supply more materials	3	4%
Improve the program/adapt it for other ages and use in other areas	3	4%
Make specific changes to materials (e.g., video, posters)	3	4%
Use role models	3	4%
Other	8	10%

4.4 Competing Priorities

Even given the context of growing up in the 90s, including issues such as violence at school, drugs and alcohol, 97 per cent of recreation leaders (or 115 people) agreed that smoking prevention should remain a priority message to convey to children of this age range.¹³

13. Leaders were asked to respond by using a 7-point scale where 1 indicated strongly disagree, 4 indicated neither agree or disagree and 7 indicated strongly agree. For the presentation of results, responses of 1, 2 or 3 are grouped together as "disagree" and responses of 5, 6 and 7 are grouped together as "agree". The results from other 7-point scales are presented in a similar manner (i.e., the responses are clustered as '1, 2 and 3', '4' and '5, 6 and 7'.

4.5 Resources Required for Implementation

Overall Break-Free All Stars was seen by implementers as a program that was easy to use (92 per cent or 59 leaders) and that fit well with their regular programming (91 per cent or 57 leaders). In the majority of cases (77 per cent) Break-Free All Stars was integrated into programs already established or as part of special programming (e.g., January Non-Smoking Week). The kit itself is also relatively self-contained with only 30 per cent of respondents (or 19 leaders) indicating that they required additional resources. These resources, which implementers indicated were easy to obtain (91 per cent or 15 leaders), included paper bags, balloons, puzzles, music, additional information and quiz show cards.

(a) Training

Only three per cent (or four leaders) reported having received training on how to implement the program or a demonstration of how the program worked. Sixty-three per cent (or 72 people) of those who did not receive training indicated that they would have liked to receive training or a demonstration.

4.6 Competing Programs

The vast majority of survey respondents indicated that they feel they will continue to promote a smoke-free message to the children they instruct, even in the absence of the Break-Free All Stars Program (97 per cent or 115 leaders). Most leaders have not used any other program (77 per cent or 91 leaders).

Other programs which were mentioned as having been used include: *Lungs for Life* (n=2); *PAL Program* (n=2); *Smoke Free 2000* (n=3); *Diary of a Teenage Smoker*

(n=2); *Healthy Heart* (n=1); other national association programs (n=4); and other provincial programs (n=3).

Of those who have used other programs, most feel these programs are as effective as the BFAS program (41 per cent or 11 leaders), with slightly more believing they are more effective (19 per cent or 5 leaders) than less effective (11 per cent or 3 leaders). Many felt unable to provide a response about relative effectiveness, with 30 per cent (or 8 leaders) responding that they did not know.

4.7 Real Implementation

(a) Program Implementation

The majority of recreation leaders who had implemented the program had done so over a period of two to four weeks (36 per cent or 23 leaders). Others took longer, with 22 per cent (or 14 people) implementing the program over five to eight weeks, or considerably shorter, with 17 per cent (or 11 people) implementing the program over a one-week period.

Most leaders used program activities once a week (36 per cent or 23 leaders) or a few times a week (28 per cent or 18 leaders). Thirteen per cent (or eight leaders) used the activities every day.

(b) Activities

Implementers were asked to comment on each specific activity within the program. Although most implementers did not use all the activities, each activity was used by almost half of those surveyed. The primary reasons provided for not using any one activity were time, space or the belief that the children would not like it. As

indicated in Exhibit 4.5, the majority of implementers were satisfied with the activities they had used. The activities were seen to be easy to use, easy to understand, and did not require additional equipment or excessive preparation time. The only exception was the *Break-Free All Star Obstacle Course* activity which many respondents said required more preparation time. Respondents who used this activity, as well as the *Jump for Joy* activity, were also slightly more likely to feel that the need for equipment interfered with its use.

The majority of implementers did not modify the activities which they used (Exhibit 4.6). The *Break-Free All Star Obstacle Course* was the most likely to be modified (47 per cent) and the *Break-Free All Star Chase* was the least likely to be modified (14 per cent). The main reasons for modifying the activities were to add variety, to accommodate differing levels of ability, to make it more appropriate for the age level and to shorten the time. Some activities were modified to accommodate the disabled. Actual modifications made to the program reflect the above reasons: adjusted the length of time; simplified the difficulty level (e.g., language); and had the children participate in the modifications (e.g., made up their own chants and rhymes). The majority of respondents found the necessary modifications easy to make.

The frequency of use of activities varied. The *Jump for Joy* activity was the most likely to be used more than once with 73 per cent of those who used it indicating that they had. This was followed by the *Triangle All Star Tag* activity with 59 per cent using it more than once and the *Break-Free All Star Obstacle Course* activity with 50 per cent using it more than once. The remaining three activities were used more than once by 48 per cent of respondents.

EXHIBIT 4.5
Satisfaction with Program Activities

	Jump for Joy (n=30)	Triangle All Star Tag (n=29)	All Star Quiz Show (n=31)	Break-Free All Star Obstacle Course (n=32)	Break-Free All Star Chase (n=21)	All Star Rhyming Warm-up and Break-Free Raps (n=21)
It was easy to understand how this activity worked.	93%	86%	100%	91%	91%	95%
The need for equipment interfered with use of this activity.	17%	7%	10%	16%	10%	5%
This activity did not require much preparation time.	87%	83%	74%	53%	100%	81%
The children found it easy to understand and participate in this activity.	100%	83%	97%	91%	91%	85%
The message(s) associated with this activity were clearly understood by the children.	93%	89%	97%	87%	86%	75%
The children liked this activity.	97%	93%	100%	100%	95%	95%

* Respondents answered 5, 6 or 7 on a disagree/agree scale where 7 means strongly agree.

EXHIBIT 4.6
Modifications to Activities

	Number of Implementers	Number who Modified the Activity	Percentage who Modified	Ease of Modification*
Jump for Joy	30	12	40%	92%
Triangle All Star Tag	29	8	28%	88%
All Star Quiz Show	31	10	32%	100%
Break-Free All Star Obstacle Course	32	15	47%	87%
Break-Free All Star Chase	21	3	14%	100%
All Star Rhyming Warm-up and Break-Free Raps	21	4	19%	100%

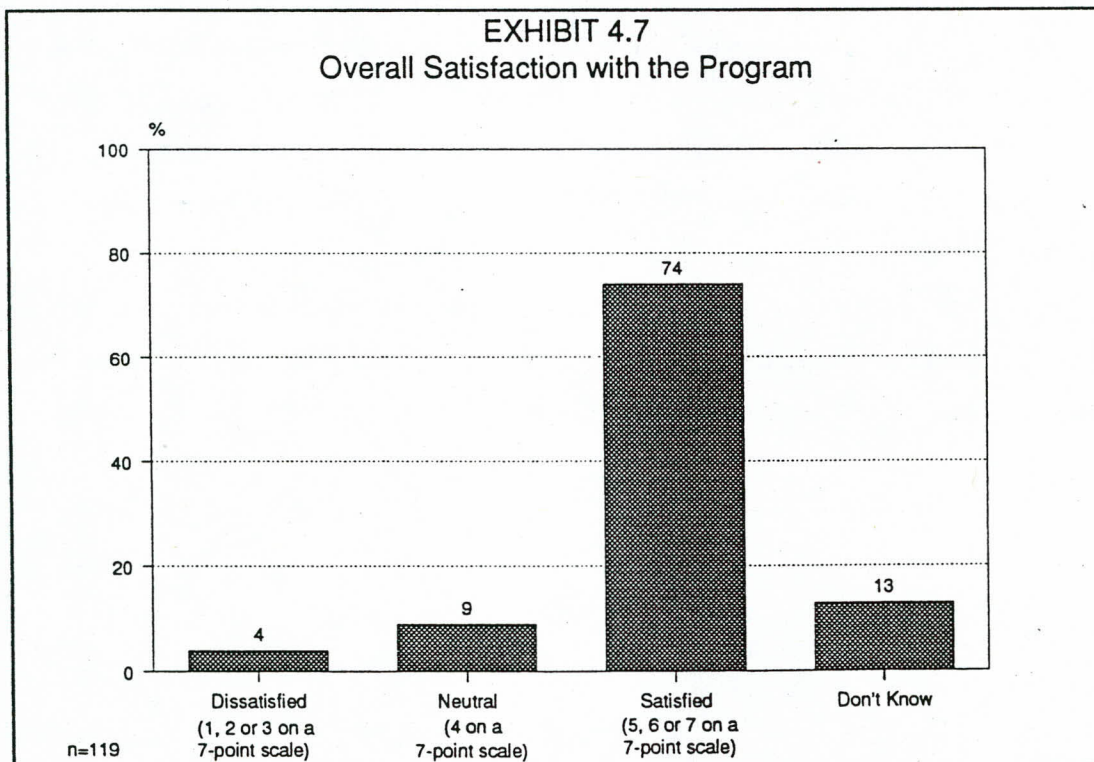
* Respondents answered 5, 6 or 7 on a difficult/easy scale where 7 means extremely easy.

The survey also indicates that recreation leaders believe that children like the activities and items contained within the kits. For all the activities, implementers agreed with the statement "The children liked this activity" (see Exhibit 4.5). Fifty-seven per cent of those who used the *All Star Rhyming Warm-up and Break-Free Raps* activity (or 12 leaders) said that the children memorized the rhymes. When implementers were asked if their children were interested in the calendars and the Break-Free All Star Pledge, 61 per cent (or 39 people) said they were interested in the calendars and 41 per cent (or 26 leaders) said they were interested in the pledge.

4.8 Program Deliverer Perceptions

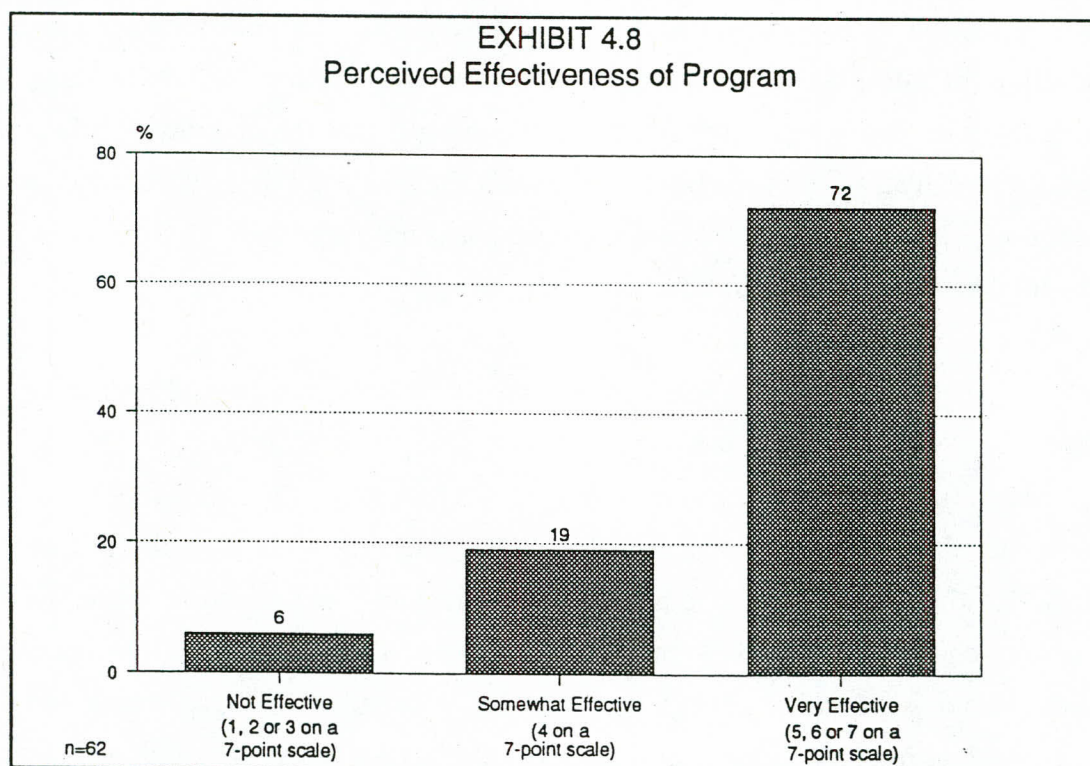
(a) Overall Satisfaction with the Program

All respondents were asked to indicate their level of overall satisfaction with the Break-Free All Stars program. As shown in Exhibit 4.7, the majority indicated that they were satisfied (74 per cent or 88 people responding with a 5, 6 or 7 on a 7-point scale). An additional 13 per cent stated that they did not know ($n = 15$) and nine per cent that they were neither satisfied nor dissatisfied ($n = 11$). This leaves only four per cent expressing any level of dissatisfaction with the program ($n = 5$). This question was asked of both implementers and non-implementers; there were no differences in overall satisfaction with the program between these two groups.



(b) Program Effectiveness and Credibility of Messages

Recreation leaders feel that the messages presented in the program are credible, both to recreation leaders and to children (82 per cent and 83 per cent respectively selected 5, 6 or 7 on a 7-point scale). There were no differences between implementers and non-implementers in the ratings of message credibility. Implementers also believe that the program is effective in encouraging children to remain smoke-free (72 per cent or 46 people selected 5, 6 or 7 on a 7-point scale). An additional 19 per cent (or 12 people) feel the program is only somewhat effective and only six per cent (or four people) feel it is not effective. This finding is presented in Exhibit 4.8. Non-implementers were not asked this question.



(c) Knowledge and Attitudes

Recreation leaders were asked a series of questions to assess their knowledge levels about smoking as well as to determine their opinions about the appropriateness of instructing children of the target age range about the effects of smoking in general as well as whether they felt they were an appropriate person to be delivering these messages. There were no differences between recreation leaders who had implemented the program and those who had not on any of these indicators.

While recreation leaders were generally well-informed with respect to facts about smoking, there still was a small but notable group who hold inaccurate beliefs. For example, 19 per cent of respondents (or 22 people) disagreed that smoking as few as one or two cigarettes can be addictive (with an additional 13 per cent selecting the mid-point of the scale, indicating that they neither agreed nor disagreed with the statement), 9 per cent (or 11 people) agreed that the majority of adults are smokers (with an additional 8 per cent choosing the mid-point of the scale), and 28 per cent (or 33 people) agreed with the statement that the majority of 15 to 19 year olds are smokers (with 13 per cent choosing the mid-point).

Recreation leaders feel that their position increases their ability to discourage children from starting to smoke (86 per cent agreeing). Almost all recreation leaders feel that the children they teach perceive them as a role model (89 per cent) although 20 per cent feel they spend too little time with the children to influence their future smoking behaviour. However, there are some who feel that teachers or parents should be responsible for educating children of this age range about smoking (16 and 20 per cent respectively). Nevertheless, 93 per cent agreed that they feel comfortable addressing the issues of smoking and health with eight to ten year olds. These findings are very positive as they demonstrate that recreation leaders agree they are an appropriate delivery agent for the program, to a higher degree than typically found for teachers and similar programs, for example.

With respect to teaching eight to ten year old children about smoking, 97 per cent feel that teaching children of this age how to resist peer pressure will help them resist smoking in the future. As well, 90 per cent feel that providing eight to ten year olds with facts concerning the physical effects of smoking will help to discourage them from starting to smoke. At the same time, 61 per cent believe that as children get older, most will experiment with cigarettes no matter what they are told. Recreation leaders also do not agree that the attention span of eight to ten year olds is too short to present an effective anti-smoking message (86 per cent disagreed with the statement). Only 12 per cent agreed that education about smoking may actually tempt many eight to ten year olds to experiment with cigarettes.

Finally, leaders were asked some questions about the key underpinnings of the program, such as whether actively demonstrating the physical effects of smoking will help to discourage children from smoking in the future (87 per cent agreed) and whether eight to ten year olds are old enough to understand the relationship between peer pressure and smoking (77 per cent agreed). A small group, however, believes that a child of a smoking parent will smoke no matter what others try to tell him or her (17 per cent).

4.9 Program Clientele

(a) Appropriateness for Different Groups

Respondents, both implementers and non-implementers, were asked if they felt Break-Free All Stars was more appropriate for boys, girls or appropriate for both. Ninety-two per cent feel that the program is equally appropriate for boys and girls, with slightly more thinking it is better for girls (seven per cent) than for boys (two per cent). Respondents were asked to provide suggestions for how to make the program more applicable for girls and for older children. Suggestions for girls varied and often over-lapped with each other. Three main suggestions, however, did emerge:

- ❑ appeal to girls' need for social acceptance (i.e., more emphasis on appearance) (31 per cent), for example,
 - show how girls are less attractive when they smoke
 - incorporate a scratch and sniff element which has one nice smell and one not so nice smell, with the explanation for the bad smell being that is how you smell if you smoke;
- ❑ activities should be less physically active (19 per cent), for example,
 - if the activities are really sports oriented or require a lot of movement, the girls are not as interested; and
- ❑ the information and material should be more relevant to them (19 per cent),
 - more work towards women's images, and prepare girls for the onslaught of flattery in smoking ads.

Specific suggestions provided for activities included the incorporation of arts and crafts, drama and videos.

Respondents were asked whether they felt the BFAS program could be used with children aged 12 to 16, either as is or with modifications. While the proportion of those who feel the program would not be appropriate for children increases with the age of the children, most leaders still feel the program could be used if modified. These results are presented in Exhibit 4.9.

EXHIBIT 4.9
Appropriateness of BFAS for Older Children

	Yes, as is	Yes, with modifications	No
12 years	65 (55%)	33 (28%)	6 (5%)
13 years	29 (24%)	58 (49%)	19 (16%)
14 years	7 (6%)	64 (54%)	33 (28%)
15 years	3 (3%)	55 (46%)	44 (37%)
16 years	2 (2%)	55 (46%)	45 (38%)

A number of suggestions were made for modifications to the program which would make it more applicable for older children. As with the suggestions for girls, they varied and often overlapped. There were, however, five main suggestions for modifications:

- activities should be more challenging mentally (20 per cent), for example,
 - increase the degree of difficulty and have more of the program directed towards health issues;
- provide them with more facts and discussion (14 per cent), for example,
 - the activities are inappropriate for the older kids, they don't want to do those games — they want harder facts and more mature themes;
- need to address the more social aspects (e.g., peer pressure, self-esteem) (11 per cent), for example,
 - more emphasis on peer pressure and self-esteem
 - games about relationships should be added (like a dating game, where kids would pretend they were on a blind date with a smoker);

- have kids involved in teaching kids (7 per cent), for example,
 - let the kids deliver the message themselves (i.e., let the kids deliver the message to their peers)
 - older children should be implementing the program to younger children; and
- need a role model (7 per cent), for example,
 - incorporate personalities into the program so the children can identify with these very special non-smokers.

(b) At-Risk Children

Recreation leaders were asked whether they feel the program is reaching those children most at risk of starting to smoke. While the majority of leaders indicated that they feel the program is reaching at-risk children (59 per cent), a large group stated that they did not know (22 per cent).

Leaders were asked whether they had any suggestions for how at-risk children could better be reached through this program. Seventy-three leaders offered a suggestion, including:

- using the school system (n=27);
- promotion/publicity (n=10);
- more education/information (n=8);
- through day cares or other community programs (n=8);
- through recreational programs (n=4);
- through role models (n=3);
- start programming earlier (n=3);
- through the home (n=3); and
- through Boys and Girls Clubs (n=2).

The remaining suggestions were each mentioned only by one leader and included ideas such as banning smoking, provide more visually-oriented material, use the media, target low-income families and follow children over a number of years.

4.10 Program Outcomes

One third of the implementers noticed changes in the behaviour or attitudes of the children which they would attribute to the program (34 per cent or 22 leaders). Fifty per cent stated that they did not see changes and 16 per cent said that they did not know. The types of changes leaders noticed include children being more aware and asking more questions, for example (n=8), expressing concern about the health of parents who smoke (n=4), and being more intolerant of smoking (n=5).

Three quarters of the recreation leaders feel the program has enhanced their ability to effectively promote a smoke-free message with the children they instruct (77 per cent or 91 leaders agreed with the statement). There were no differences between implementers and non-implementers in their responses to this question.

4.11 Reasons for Non-Implementation

For both the long and short surveys, all non-implementers were asked to indicate the primary reason they did not implement the Break-Free All Stars program. Respondents were only allowed to choose one response and the breakdowns are presented in Exhibit 4.10.

The only notable difference between the non-implementers who responded to the full survey and those who responded to only this question was that those completing the short survey were more likely to have ordered the kit as resource material only (35 per cent of those completing the short survey versus 14 per cent of those completing the long survey) and less likely to claim that they were too busy or

had scheduling problems (13 per cent of short surveys and 37 per cent of long surveys).

EXHIBIT 4.10
Reasons for Non-Implementation

Response	Number (n)	Percentage (%)
Ordered kit as resource material only	41	30%
Too busy, scheduling problems	35	25%
Didn't have enough human resources	9	7%
Ordered kit with the intention of passing it on to someone else	9	7%
Kids in the program were the wrong age	8	6%
Didn't think the program would be appropriate	6	4%
Lack of interest from potential participants	5	4%
Not applicable (do not work with children or in appropriate area)	5	4%
Used a competing program	4	3%
Kit arrived too late/plan to implement in the upcoming year	4	3%
Not all materials/not enough kits were sent	4	3%
No one told me anything about the program	3	2%
Other	3	2%
Not enough funds	2	1%
Didn't think the program would be effective	1	.7%

Non-implementers were asked what would promote participation by them in this program in the future. A total of 71 per cent or 39 non-implementers responded to this question, the remaining respondents did not respond or did not know. Exhibit 4.11 presents the results for all participants.

EXHIBIT 4.11
Suggestions to Convince Non-Implementers to Use Program

Response	Number of Mentions	Percentage (of 39 Responses)
No convincing necessary	8	20%
If received training/more information	6	15%
If received encouragement from elsewhere (kids, parents, association)	5	13%
It is a time factor	4	10%
If they had more human resources	3	8%
If it was easy to use and adapt	3	8%
If it was adapted for a younger age group	3	8%
Other	8	20%

4.12 Program Use

A small proportion of non-implementers reported having used the program materials in a different context (20 per cent or 11 people). These other uses include: reading the materials for education (one person); using some of the ideas for games (two people); conveying some of the messages in different contexts (four people); using the materials for training (three people); and using the posters (one person).

Many recreation leaders discussed how to use some of the activities for children with others (50 per cent). Implementers were more likely to have discussed how to use the activities than non-implementers (59 per cent of implementers versus 40 per cent of non-implementers). The majority of this group discussed all of the activities (68 per cent or 41 people), while the remainder focused on only one or two specific activities. Only about half of the recreation leaders discussed the brochure *Smoking and Fitness Don't Mix* (50 per cent), although 17 per cent indicated that they

didn't know if they had or not. Of those who read the brochure, 63 per cent (or 34 people) stated that it had increased their interest in the program and 26 per cent (or 14 people) said that it did not.

4.13 **Suggestions for Improvement**

The majority of implementers had no suggestions for how the program should be modified (72 per cent or 44 people). Several of these people offered positive comments such as favourable statements about the package and its presentation as well as on the pledge cards and the activities. The suggestions that were received revolved around three key themes: changes to the activities; changes to the materials; and changes to the distribution.

Changes to the activities which were suggested include the following:

- ☐ make the Quiz Show more in-depth;
- ☐ adapt the physical activities for use with disabled children (i.e., provide examples and suggestions);
- ☐ let older children conduct the Quiz Show and take more responsibility for the materials; and
- ☐ make the games easier and include clearer instructions.

Suggested changes to the materials include the following:

- ☐ make the *Resource Guide* shorter;
- ☐ provide a video demonstrating how to use the program;
- ☐ use calendars which cover a longer time span;
- ☐ have a better group pledge;
- ☐ provide more medical information;
- ☐ provide music; and
- ☐ include a video for children in the program materials.

With respect to distribution of the program materials, only two comments were received. The first was that recreation leaders should be able to order additional items such as extra pledge cards or calendars without having to order complete kits. The second comment was that the kit should be sent out earlier in the year.

Other comments included a statement that parents should be more involved, that children need to be kept active to remain interested and that themes need to be more mature for use with older children.

4.14 Summary

The survey of recreation leaders provided information about the views of program deliverers as well as those who received but did not implement the program. Recreation leaders heard about the BFAS program through a wide variety of sources, although only half of the respondents actually requested the kits themselves. Many recreation leaders, especially non-implementers, received the kits unsolicited. The most frequently mentioned reason for non-implementation is that the materials were ordered for resource purposes only, followed by scheduling problems or being too busy.

Almost all implementers and most of the non-implementers indicated that they will use the program materials with children they instruct in the future. Implementers described the program as easy to use and one that fits well with regular programming. One-third of implementers indicated the need for additional resources to implement the program, but that these resources were easy to obtain. Activities were described as easy to understand and not needing excessive preparation time. The majority of respondents indicated being satisfied overall with the program and felt that the program messages were credible to both recreation leaders and to children. Finally, most leaders feel the program has enhanced their ability to effectively promote a smoke-free message.

CHAPTER**5****IMPACT ASSESSMENT**

There were a total of 152 children in the program groups and 134 in the comparison groups. The average age of the children was 9.8 years, with a range from 7 to 13. The average grade in school was four, with a range from grade two to eight. There were no differences between the program and the comparison groups on age or grade. The majority of the children have lived in Canada for all of their lives (87 per cent). Most children live with both parents (83 per cent), although several live with only their mother (12 per cent) or with their mother and her boyfriend (4 per cent). The mothers and fathers of most of the children were born in Canada (83 and 81 per cent, respectively). Those parents who were born elsewhere were most likely to have been born in Europe. Most mothers and fathers work (76 and 88 per cent, respectively including part-time work). There were no significant differences on any measure, including program effects (which are described later), as a function of years lived in Canada, whether the mother or father was born in Canada or whether the mother or father works. This provides some evidence that the program may be equally appropriate for immigrant populations as it is for those who were born in Canada.

A variety of questions were asked as proxy measures of socioeconomic status. These questions assessed the number of people living in the child's home and compared this to the number of bathrooms and bedrooms in the home. There were

no differences between the program and the comparison groups on these proxy indicators of socioeconomic status.¹⁴

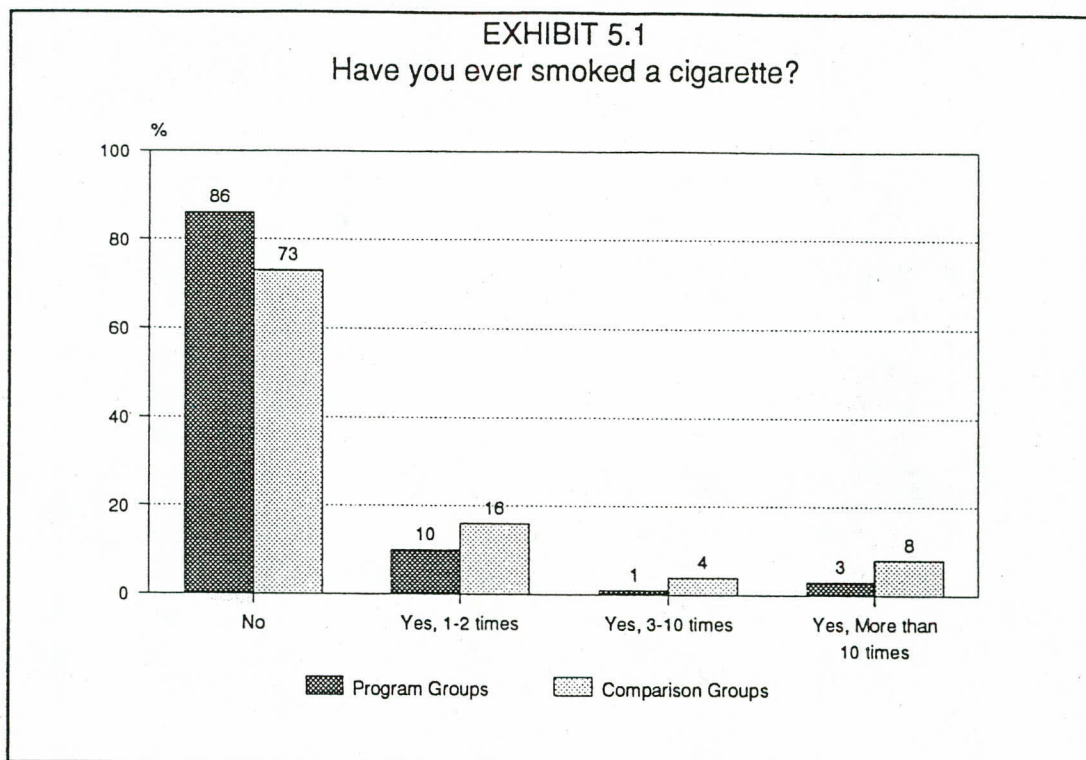
5.1 Smoking Experience

Overall, 80 per cent of the children have never smoked a cigarette. The majority of those who have smoked have only smoked one or two times (13%) with two per cent saying they have smoked three to ten times and five per cent saying they have smoked more than 10 times. Children who had participated in the Break-Free All Stars program were slightly less likely to have smoked than those who had not been exposed. This finding is presented in Exhibit 5.1.

Another way of looking at the smoking behaviour of children involves assessing the frequency of smoking. The 20 per cent of children who have smoked in the past include: nine per cent who have smoked before, but not in the last year; six per cent who have smoked once or a couple of times in the past year; three per cent who smoke a couple of times each month; one per cent who smoke a couple of times each week; and less than one per cent who smoke every day (n=1). In terms of frequency of smoking, there were no differences between the program participant group and the comparison group.

Children were asked about the smoking behaviour of their friends. The majority of children stated that none of their friends smoke (52 per cent), while 16 per cent say a few smoke and six per cent say most of their friends smoke. One quarter of the children did not know whether their friends smoke. Children from program

14. The proxy measures of socio-economic status used in the questionnaire were designed to allow comparisons between the impact and the comparison groups and were not intended to serve as overall socio-economic indicators of the sample as a whole. Nevertheless, based on these measures, it appears that the children who participated in the impact assessment (who also seem to be representative of the children participating in the program overall) do not come from lower socio-economic strata. For example, while the majority of Canadian households have only one bathroom (based on Statistics Canada data, Catalogue Number 64-202), the majority of children from the impact assessment reported living in households with two or more bathrooms.

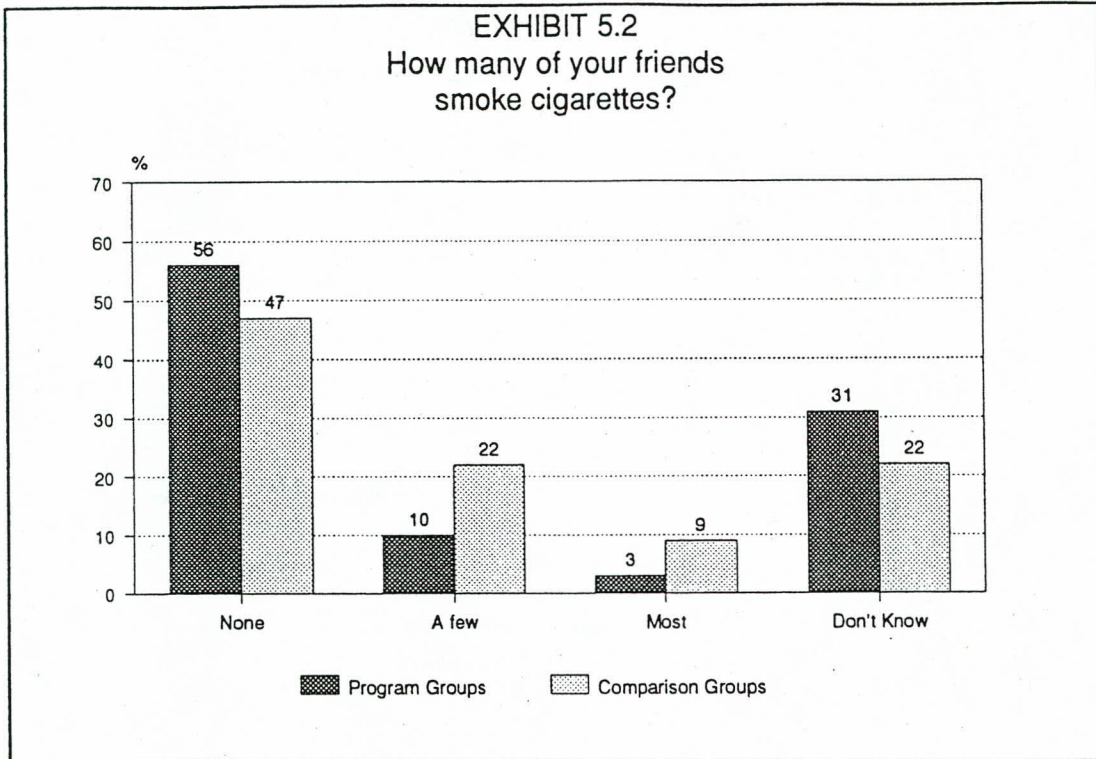


groups were more likely to not know and to have no friends who smoke. These results are presented in Exhibit 5.2. Most children stated that their best friend doesn't smoke (81 per cent), although a few said that their best friend smokes (eight per cent) or that they don't know (10 per cent). There were no differences between groups.

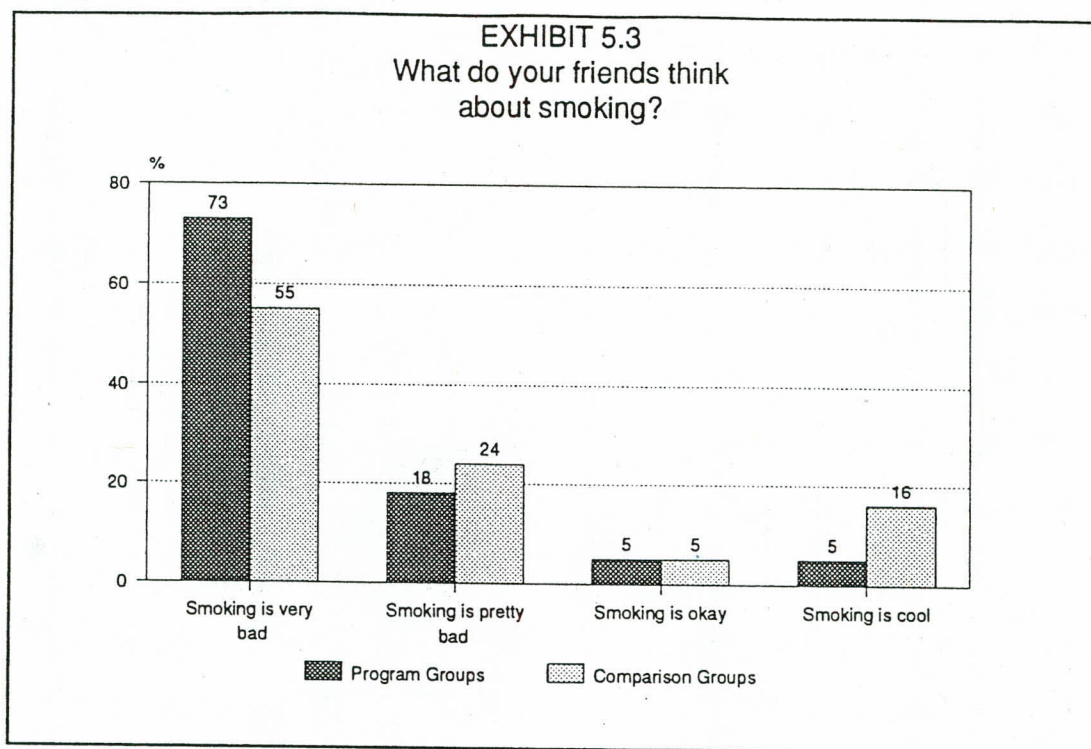
5.2 Attitudes about Smoking

Children were asked to indicate in general what they think about smoking. The vast majority of children think smoking is very bad (86 per cent) or pretty bad (10 per cent). Again, there were no differences between the two groups of children.

Most children feel that their friends think smoking is bad (64 per cent think smoking is very bad and 21 per cent think it is pretty bad), although ten per cent said that their friends think smoking is "cool". As shown in Exhibit 5.3, children from



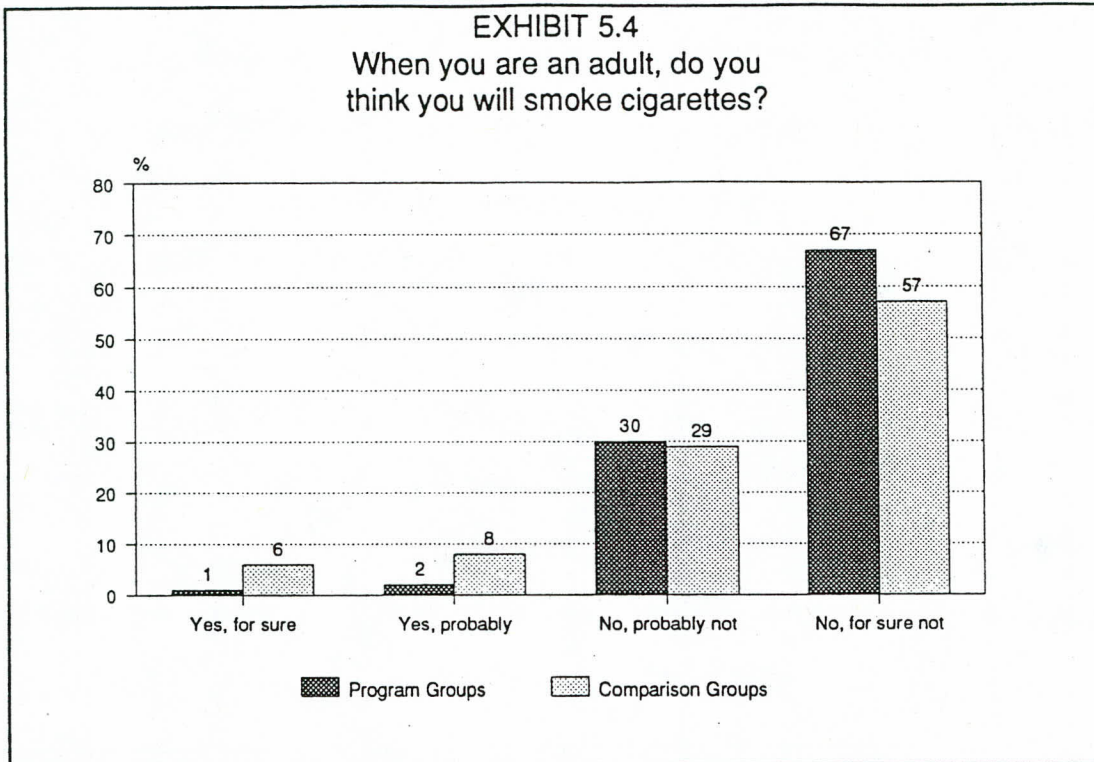
program groups were more likely to say that their friends think smoking is very bad. Attitudes about smoking among other members of the recreation group were thought to be more negative, with 79 per cent indicating that the children think smoking is very bad, 14 per cent saying that children think smoking is pretty bad and only six per cent indicating that smoking is okay or "cool" (two and four per cent respectively). There were no difference between the two groups of children.



5.3 Anticipated Smoking Behaviour

Very few children expect that they will be smoking in one year (two per cent say they will smoke for sure and four per cent think they probably will smoke). While 16 per cent feel they probably will not smoke, most children state that they will 'for sure not' smoke (78 per cent). There were no differences in expected smoking behaviour in one year between groups.

On the other hand, children are less certain about not smoking as an adult as four per cent feel they will smoke for sure and five per cent think they probably will smoke. The proportion who is certain they will not smoke is lower, at 62 per cent. Interestingly, as presented in Exhibit 5.4, children who participated in the program are less likely to expect to smoke as an adult.



5.4 Smoking Behaviour of Others

About one third of the children's mothers and fathers smoke (32 per cent of mothers and 37 per cent of fathers). Mothers are, however, more likely to talk to their children about smoking than are fathers (70 per cent of mothers and 56 per cent of fathers talk to their children about smoking).

Most children reported having no brothers or sisters who smoke (90 and 91 per cent respectively), although a small proportion reported having one brother who smokes (seven per cent or 15 children) or one sister who smokes (six per cent or 13 children) and still fewer reported having several brothers or sisters who smoke.

While the majority of children said that their recreation leader doesn't smoke, 20 per cent indicated that they do and 34 per cent said they don't know. There

were no differences between the two groups. Not surprisingly, the recreation leaders of groups who had participated in the program were more likely to have spoken to children about smoking than leaders of groups who had not gone through the program. Overall, 46 per cent of children said their leaders have spoken to them about smoking. While the survey indicated no difference between implementers and non-implementers in likelihood of speaking about smoking, the non-implementers in the survey may have been more aware of the issue given that they had at least seen the BFAS kit. Non-participants in the impact assessment were not aware of the program and thus, may not have considered discussing smoking with their children.

More than half of the children indicated that other people talk to them about smoking (58 per cent). These other people include teachers and other relatives such as grandparents. There were no differences between the two groups in the proportion of children who said other people speak to them about smoking.

5.5 Summary

This impact assessment revealed some positive outcomes of participation in the program, at least in the short term. Children who participated in Break-Free All Stars were less likely to have smoked cigarettes, less likely to say their friends smoke and more likely to say that their friends think smoking is very bad. Perhaps more importantly, children from program groups were less likely to expect to smoke when they are adults.

CHAPTER**6****FOCUS GROUPS WITH CHILDREN**

A total of nine focus groups were held in the form of a discussion with children from program groups following their completion of the impact assessment questionnaire. The discussions covered children's opinions about the BFAS program, attitudes and knowledge about smoking and views about the recreation leader as a role model.

6.1 The BFAS Program

In this section, the children's views about the calendar, the mascot, the pledge cards and the activities are described.

(a) The Calendar

Recreation leaders in three groups had distributed the calendars to the children by the time the focus groups took place. In four of the other groups, the calendars were going to be distributed as soon as the focus group was over. Participants in the two other groups did not get the calendar; it was not clear whether the recreation leaders intended to distribute them or not after the group discussion.

Since not all children had seen the calendar, the moderator showed a copy of it to all groups. The general feeling from all groups was that it looked great and that the colours were nice and lively. Participants generally thought the idea of the calendar was a good one for people their age.

The following positive comments were also made about the calendar: the games are fun (although children in two groups mentioned the crossword was too easy since the solution was on it); it exhibits children performing physical activities which can be emulated "in the gym" (at school or elsewhere) as well as individuals cooperating (the broken baseball bat); and it is double-sided and bilingual. One child recognized the importance of picturing disabled individuals and people of ethnic minorities on such material.

Most of the children who had received a copy of the calendar said they had hung it up in a room (mainly in bedrooms, but also in kitchens and classrooms) or on a door. Most of these children said they still had their calendar when we talked with them. As an example of how the calendar could be used, a recreation leader had suggested to the children that each day spent without smoking could be checked off as a reinforcement for the positive behaviour.

One participant in a francophone group thought the calendar depicted some activities that children of their age could not do: for example, the person who is doing a hand-stand on a skate-board and the one who is pole-vaulting. The main recommendation for change suggested by participants in a majority of groups was related to the fact that it was specific to one year (in this case 1994) and could not be used in the future since the dates (e.g., December 12, 1994) were associated with their corresponding day of the week (Monday) for that year.

(b) The Mascot

Participants from all groups, except a minority in two groups, thought the mascot was "nice" and offered the following positive remarks about it: "it really looks like a champion, like a leader" and "it looks like it is in good physical condition". Other attributes such as neat, cool, cute, strong and omnipresent ("he's everywhere on the calendar, on the contract...") were also associated with the BFAS mascot. Participants in one group perceived the mascot as facilitating the process of their remaining smoke-free and of that of others to stop.

Suggestions for change regarding the mascot are reported here, but represent the opinion of only two individual participants. One participant suggested that the mascot be another colour (turquoise), the other thought the medal (or whistle and BFAS logo) should be replaced with a big non-smoking sign (cigarette within a red circle and crossed-out with a red line). A couple of older boys in a group at a Boys and Girls Club in New Brunswick, as well as in one pack of Cubs in Gatineau, mentioned that they found the mascot "childish".

(c) The Pledge Card

Recreation leaders in four of the nine groups used the pledge cards the way it was described in the program documentation. Two leaders used the pledge cards as certificates or rewards to be delivered at the end of the program. In the three other groups, the pledge card was not utilized at all.

All participants familiar with the pledge card perceived it as a contract or a promise. In groups where the pledge card had not been used or was used differently, children were presented with the intended purpose of this component of the program and were asked if it would be serious for them to sign such a card. Those

who had used it were also asked to comment. The majority of participants thought it was extremely serious when they signed their name on such a "contract" or pledged not to do something.

At least some participants in all groups thought that signing such a card would probably help them to not smoke by serving as a reminder of their commitment: in fact most children who had signed the pledge card said they had kept it (in one group, some children said they would hold on to the card and put it away in their treasure box, in other groups, the leaders were holding on to the pledge cards for the participants).

Some younger children thought that the pledge card would protect them from the temptation of smoking and save them and others from the devastating effects of cigarettes: "it [the card] will prevent us from being sick or dying from the use of cigarettes" and "it [the card] will help reduce the effects of second-hand smoke on other people if we do not smoke". On the other hand, the older children, mainly francophones, recognized they would encounter obstacles in the future. In fact, half of the participants in one group held in Hull said they could not tell whether they would be smoking down the road and that signing the pledge card was not a guarantee they would not smoke.

Participants were also asked if they thought the pledge card could be used with other target groups; many believed so. They thought it could be applied to adolescents in general, to some of their "personal friends" or to "any other person who smokes and wants to quit". A leader from a group of Brownies indicated that the Guide leaders of her district were looking for a program like this one for their girls.

(d) The Activities

All program deliverers whose groups were visited for the focus groups did not implement the whole program. Most conducted approximately four of the six

activities. Some recreation leaders clearly identified a lack of resources (financial or human, for example, volunteers at Boys and Girls Clubs) as an impediment to implementing some of the activities. A key reason there was an average of four activities implemented is related to a methodological bias introduced in the focus group approach. Since few groups had implemented or planned to implement the program, implementers had to be recruited, as described in the methodological chapter. When the research team approached the potential implementers in the National Capital Region and in Montreal, they indicated to the leaders that the use of four activities would be the minimal criteria defining program implementation. This has probably influenced some leaders by creating a false ceiling effect on the number of activities implemented. On the other hand, one leader in Aylmer, who had implemented the required number of activities before the moderator visited that group, clearly indicated that, in the future, she planned to integrate the rest of the program in her group's general programming.

Exhibit 6.1 presents a graphic description of the implementation of the activities, broken down by city. It shows which activities were implemented most and least often. The most frequently implemented activities were the *Break-Free All Star Chase*, the *All Star Quiz Show* and the *Triangle All Star Tag* (each was implemented in seven of the nine groups visited). The activity least often implemented was the *All Star Rhyming Warm-up and Break-Free Raps*. The highlighted selection in any row represents that group's favourite activity, as identified by the majority of participants in each group.

EXHIBIT 6.1
Activities Implemented with the Children who Participated
in the Focus Groups by City

	Break-Free All Star Chase	Jump for Joy	All Star Quiz Show	All Star Rhyming Warm-up and Break-Free Raps	Break-Free All Star Obstacle Course	Triangle All Star Tag
Winnipeg	X	X	X	—	—	X ¹⁴
Montreal	X	—	X	—	X	X
Orleans	X	X	X	—	—	X
Aylmer	X	—	X	X	—	X
Aylmer	X	X	X	—	X	—
Hull	X	—	—	—	X	X
Gatineau	—	X	X	X	X	X
St-John	X	—	X	X	—	X
Moncton	— ¹⁵	—	—	—	—	—
TOTAL	7	4	7	3	4	7

Break-Free All Star Chase

This is one of the three activities played most often. Most of the children consulted were pleased with this game. Half of one group held in a Boys and Girls Club were uncertain whether they liked the game or not. Participants in two anglophone groups believed it was confusing at first, but really enjoyed it when they figured it out. The main element of confusion was related to the fact that if the person who was "it" calls one thing, the chasers run in one direction and if the person who

14. Highlight indicates the group's favourite activity.

15. Moncton is a special situation since the focus group was composed of 4 children who had been exposed to some of the activities and the rest had just become All-Stars that day.

was "it" yells another thing, chasers go in another direction. All children who did this activity recognized the importance of being able to produce a quick burst of energy, due to the element of surprise associated with calling either *Break-Free* or *All Star*, in order to be successful at it.

Along with the fact that the activity was fun, tiring, and demanding, many participants highlighted that smokers would not have lasted very long at this game. Some Brownies (anglophone) and Cubs (francophone) also indicated that the game was a good place to learn to listen and pay attention to others. Children in Aylmer also mentioned they had learned cigarette smoke "attacks your lungs" and that smokers "have less energy to deal with the quick burst of energy" needed to play this game. Children in three groups as well as the leaders in one — all francophone — indicated that the activity was potentially dangerous, especially if the participants did not have proper equipment (e.g., good running shoes) and if the person who was "it" called *Break-Free* and people started running in opposite directions.

Two main suggestions for improvement were made for this activity. Although participants found the command words very catchy, they suggested only one could be used for the sake of simplicity. Some leaders in one group thought the actual message to be presented during this activity got lost in the process of playing: "...the game is so intense...".

Jump for Joy

This game was the second least implemented activity (along with the *BFAS Obstacle Course*). This is an example of an activity which was not implemented in certain groups due to a lack of time, but which leaders said they intend to use in the future. Approximately three quarters of the children who had played the game said they liked it.

Participants mentioned they had learned some things playing the game: "smoke attacks the lungs and prevents proper breathing" and "smoke blackens the lungs due to a substance that goes inside [tar]". Many came to the realization that they probably could not do activities similar to this one if they smoked.

Although one group of anglophone children used a song by the Beatles for implementing this activity (Twist and Shout), a leader from another group (francophone) recommended that some "music which fits the lyrics" be provided on an audio-cassette as part of the program material. Leaders in one group decided to change the lyrics to better reflect the cubs' setting. One leader decided not to use the activity on the basis that he thought not all children can skip well.

All Star Quiz Show

This is another of the three activities implemented most often. Most individuals consulted who played this activity really liked it. Only half of one group held in a Boys and Girls Club did not like this activity. Positive remarks were made regarding the appropriate mix of physical activity and educational material comprising this activity.

Some recreation leaders modified the game: three followed the suggestion in the program description and modified the activity to make it more like a relay race, another wrote the questions on stars which the children could keep when they gave a correct answer. Participants said they had learned the most by playing this activity and identified various things they had learned: "second hand smoke is dangerous"; "lots of people die from smoking"; "cigarette reduces life expectancy"; "we should not smoke"; "we learned respect and not to laugh at others if they did not have the right answer"; "we could talk and share how we felt"; and "I thought more people than that smoked". Some also said that they liked the cooperative aspect of the game and the team effort required by it.

A limited number of suggestions for modification were made regarding this activity. Girls in New Brunswick suggested the possibility of adding a board-game component to this activity. Other girls in Montreal thought the questions could have been easier. One recreation leader thought the questions should have been available on ready-to-use cards: this leader thought that in the absence of such material the activity would not get implemented.

All Star Rhyming Warm-up and Break-Free Raps

This is the activity which was implemented least often. Nevertheless, those who played it indicated they liked it. Since most participants did not play it, we did not receive many comments about the activity. Some children mentioned they had learned that "exercise is a good thing", that they "should not smoke now or when we are grown-ups" and that it "would not be easy to say 'no' to cigarettes". One child recognized that smoking could be worst for asthmatic people.

Break-Free All Star Obstacle Course

Although this activity was not chosen by a large proportion of recreation leaders for implementation, most of the children who played it really enjoyed it and thought it was fun. The activity which requires blowing-up balloons (and in one case bursting them) was the preferred obstacle since it was perceived to clearly demonstrate the effect smoking can have on the participants' stamina. Some participants thought the push-ups were difficult and exhausting.

Although one recreation leader did not implement the course due to a lack of material to design the obstacles, another recreation leader was very creative in setting-up obstacles which were not described in the program material (e.g., jump over tables). This is another example of an activity which was not implemented due to lack

of time, but which is planned for the future. Many participants said they did not like the backlog effect created by some obstacles (the difficult ones) which resulted in them having to jog on the spot while waiting.

The following summarizes what the participants mentioned they had learned in the process of playing this game: "smoking is not good for your health and health is important"; "people who don't smoke can hold more air in their lungs"; "if you smoke, you cannot do this activity"; and "you can boost your self-esteem: you can do it if you try!".

Children in one group pointed out that they had visualized the obstacles as people suggesting they try smoking: "you have to walk past them". No formal suggestions for change were made for this activity.

Triangle All Star Tag

This is one of the activities found to be implemented most often. This activity was perceived by the children as a good one: almost all of them liked it. Some found the physical activity required by this game challenging and thought it required good reflexes. Some recreation leaders (in three groups) adapted the game to use shapes different to the one suggested in the program material (the pentagon). One group chose a triangle; using three players. Participants in two groups highlighted the potential for violence and injuries in this game (both francophone). Children in one group indicated that it was always the same participants who were the targets, since the target who just became the chaser tends to go after the previous target in revenge.

Apart from showing the participants that they could run away from smokers and cigarettes, many children said they learnt that smoking is very bad for their health. Others understood that "your friends can help you say 'no' to cigarette" (through team work). In fact, some children thought this type of knowledge provided

them with valuable tools they could use in the real world when faced with the choice of smoking or not.

6.2 Other Programming Issues

Participants in all groups were asked to vote for their favourite activity. The activity which was identified as favourite by most people in the group was identified as the group's favourite activity. While it is interesting to look at the actual number of times the activities were chosen as a group's favourite, it seemed essential to also consider the extent to which the activity was implemented. This is why a preference index (PI) was computed for each activity. It is defined as the number of times an activity was identified as a favourite, divided by the number of times the activity was implemented. Thus, the preference index can take a value between 0 and 1. The closer the index is to 1, the more preferred is the activity. Exhibit 6.2 presents a preference index for each activity.

On the basis of this analysis, the following emerges: although the *Break-Free All Star Chase*, the *All Star Quiz Show* and the *Triangle All Star Tag* were played most often, the activity which has the highest preference index is the *Break-Free All Star Obstacle Course*, since a larger proportion of groups who implemented it thought it was their favourite. It is followed very closely by the *Break-Free All Star Chase*.

Children in all the groups except one, could not identify a game they did not like. A group in Gatineau identified the *Break-Free All Star Obstacle Course* as the activity they liked least, but still indicated they liked it.

EXHIBIT 6.2
Preference Indices for the BFAS Activities

Activity	Index
<i>Break-Free All Star Obstacle Course</i>	0.50
<i>Break-Free All Star Chase</i>	0.43
<i>All Star Quiz Show</i>	0.29
<i>Triangle All Star Tag</i>	0.14
<i>All Star Rhyming Warm-up and Break-Free Raps</i>	0
<i>Jump for Joy</i>	0

During the group discussions, the participants were also asked to express whether they had liked being All Stars. They were asked to use their hand and to state their opinion by holding up a certain number of fingers (1 finger meant it was *ok*, 3 *very good* and 5 *fabulous*). Most participants chose to show 4 or 5 fingers, an indicator that they really enjoyed being All Stars. Some participants in St-John (less than half a dozen) thought it was just "okay". All children attending the focus groups said they were still All Stars (i.e., had not smoked since they participated in the program). Most of them hoped they could remain All Stars all their lives. Older participants voiced the opinion that they would probably experience peer pressure in the future. Half of one francophone group indicated that they would probably give in to the pressure coming from their friends and try smoking at least once.

Most of the children in the discussion groups expressed the desire to be involved in something like BFAS in the future. Some francophone participants said that if they were to repeat the program, they would prefer doing new activities.

Children were also asked to identify the most important things they had learned by participating in this program. They generated a list of issues which is presented below. This list is not necessarily comprehensive and it is difficult to

identify whether the program itself increased the participants' knowledge base or if they were already aware of these issues:

- ☐ if you smoke, you can't play the games;
- ☐ do not smoke;
- ☐ stop smoking if you do;
- ☐ smoking is bad for your health and will make you sick (e.g., cancer);
- ☐ smoking is not good for your lungs and it causes breathing problems;
- ☐ you can die from smoking, cigarettes kill;
- ☐ it's not cool to smoke;
- ☐ second hand smoke affects others and they can die from breathing this type of smoke;
- ☐ you have to say *no* to friends who propose you should smoke; and
- ☐ how to say *no* to smoking (in ways they can use in the real world).

Children were also asked to say whether they thought the program was better for boys or for girls, or if they thought it was good for both. Most participants believed this program was good for both boys and girls. Nevertheless, many participants (approximately one out of four) thought that girls their age or older smoked more than boys did. A number of children in one group thought it was important for women not to smoke, especially during pregnancy ("it can harm the baby"). Participants in a group of guides were split on the issue of relevance for boys or girls, but highlighted that most commercials about smoking show girls smoking. Participants in one group thought more adolescent females should be exposed to this program or something similar.

Some suggestions were made in order to make the games more fun for girls: reduce the running if the girls are not dressed properly; add an activity or a component of an activity which is based on the telephone game; or create an activity which uses a board-game concept. Other girls or boys in other groups did not identify any changes which would make the games more interesting and fun for other girls or boys. There was no clear distinction between the opinions of French participants and English participants on these topics.

6.3 Attitudes and Behaviours About Smoking

Except for a limited number of children who mentioned that smoking could look cool, most of the participants thought that there was nothing good about smoking. In fact all they could do was identify some of the drawbacks of smoking:

- ☐ "it smells bad";
- ☐ "it creates an addiction (because of the nicotine) and then it is hard to stop (people can lose their temper)";
- ☐ "it kills people";
- ☐ "it is expensive";
- ☐ "it makes you feel bad";
- ☐ "it increases your stress level";
- ☐ "it is a fire hazard";
- ☐ "smokers look bad, older than they really are, and they stink, their fingers become yellow (because of the tar)"; and
- ☐ "second-hand smoke is also dangerous".

Children were asked to state why they thought people smoked if there are so many disadvantages related to smoking. They came up with some hypotheses. The most probable explanation the participants had about why people smoked was related to the addiction caused by nicotine: "it is difficult to stop (addictive)". The issue of peer pressure was also mentioned: some people smoke "in order to keep or get friends". Finally, they also identified the fact that it has some physiological impact on the stress level of smokers ("to relax, reduce your stress", "it relaxes you until you die") and the fact that it could enhance the perception others had of them ("it's to impress others" and "they think it looks cool"). They thought those who did not smoke were probably motivated not to by the various diseases cigarettes can cause and by the fear of becoming addicted. Children generally believed that non-smokers could indeed perform some activities better than smokers, including the following: running; jumping; and sports in general. Some participants also thought that non-smokers were sick less often and had better control over their bodies.

A general observation which emerges from these focus groups is that children are very knowledgeable about the dangers of cigarettes and smoking. In fact, some children in a New Brunswick group had not been exposed to the program yet, and were also very knowledgeable about those same dangers. At the same time, the focus groups were organized soon after program implementation and some groups had just gone through an activity before the arrival of the moderator; everything was still very fresh in the minds of some of the participants.

Participants were asked to identify the places they had learned about the effects of smoking. It was noted that the BFAS program was not the first place where children learned about the dangers of smoking. In fact, the most common sources of information on the issue of cigarettes (named in seven groups) were parents and other family members (such as uncles, aunts and grandparents). Then, institutions such as hospitals and schools (including teachers and school nurses) were identified. Following family and institutions, the participants also identified the media (e.g., television, radio and newspapers). In fact, many participants could list the anti-tobacco commercials currently aired on television and one group was able to come up with the following buzz sentence from listening to these ads: "Cigarettes will suck the life right out of you". Children in three groups identified the setting where the BFAS program was delivered as another source of information. Finally, participants in two groups mentioned that cigarette packages inform people of the types of dangers associated with cigarette smoking. Some children in both of these groups indicated they did not understand why people continued smoking while being fully aware of the dangers of this behaviour.

6.4 The BFAS Leader as a Role Model

The BFAS program documentation assumes that the recreation leader acts as a role model to the participants. In order to verify this very fundamental assumption, the focus groups explored four key elements related to the perceptions the children had about their leaders: whether they believed everything the recreation

leaders said; whether they thought recreation leaders were believable sources of information regarding the dangers of smoking; whether they would like to be like their leaders when they are older; and whether they thought their leaders smoked (and if this made it *ok* to smoke if they did).

Participants were divided on the first issue. Although some groups were comprised mainly of children who said they believed everything their leaders say and other groups were composed of a majority of participants who disagreed with this position, in general, participants said they did not blindly believe what their recreation leaders tell them. Some participants said it depended on what they were talking about. Technical issues (such as making knots for Cubs) are believed more readily than other more general opinions.

Most of the children consulted through the discussion groups thought their leaders were believable sources of information regarding the dangers of smoking. Girl Guides in Beaconsfield also thought their group was a great setting to learn about this issue.

Just under half of the children consulted indicated that they would like to be like their leaders when they get older. A few were uncertain as to how to answer this question. Some said that it depended on which leader we were referring to. Many participants said that those who did not smoke and were in good physical condition were more potent role models than the others. The match between the gender of the leader and the gender of the children seemed to be a determinant of the children's perception, especially in mixed groups. Other elements identified by the children which were said to determine how much of a role model the leader actually is include physical appearance and personality traits.

When asked to say whether at least one of their leaders smoked, many of the participants said they did not know. This could be at least partly attributed to the fact that, in some settings, the leaders abide to a set rule that they should not

smoke in front of the children. Almost all participants consulted could identify the contradiction between smoking and talking about smoke-free information, behaviours and attitudes. Most participants thought that if their leaders smoked, it would not make smoking less of a dangerous and abnormal behaviour.

6.5 Summary

Based on the findings of the focus groups with children, it appears that the BFAS program was appreciated by both leaders and the majority of children. The activities which were implemented most often were the *BFAS Chase*, the *All Star Quiz Show* and the *Triangle All Star Tag*. The favourite games identified by the children were the *BFAS Obstacle Course* and the *BFAS Chase*.

Most children liked the calendar, the mascot and the pledge card. The only recommendation for change regarding the calendar was to not make it year specific. It was also found that most leaders had either not used the pledge card or had not used it in the way it was intended. Overall, most participants thought it was *fabulous* to be an All Star.

Most participants believed that this program was good for both boys and girls although some suggestions were offered to render the activities more fun for girls. Most children said they would like to be involved in something like BFAS in the future although some said that if they were to repeat the program, they would prefer new activities.

The majority of children, both those exposed to the program and those who were not, were very knowledgeable about the dangers of smoking. Major sources of information about the dangers of smoking include parents and family, institutions (e.g., hospitals and schools), the media and the setting where BFAS was implemented.

Finally, participants do not blindly believe what their leaders have to say, but consider them to be believable sources of information with regard to the dangers of smoking. In general, the extent to which leaders are considered to be role models is uncertain, but most children recognized that it did not make it okay to smoke if their leaders smoked.

CHAPTER**7****CONCLUSIONS**

This evaluation of the Break-Free All Stars smoking prevention program was focused on three key issues:

- whether the BFAS program is effective in promoting attitudes/beliefs that encourage non-smoking behaviour among 8 to 10 year old children;
- the usefulness/appropriateness of program materials for community coordinators, recreation leaders and children; and
- the factors responsible for the level of success achieved by the national implementation of the program including demand for and distribution of kits.

This chapter summarizes the key evaluation findings which address each of these issues.

7.1 Program Effectiveness

Program effectiveness was assessed through the impact assessment. In this component, children from both program and non-program groups completed a questionnaire which covered issues such as smoking behaviour, attitudes about

smoking and exposure to the smoking behaviour of others. Significant differences emerged between the program and the comparison groups, demonstrating at least short-term positive benefits of participation in the program. A key finding was that program participants were less likely to indicate that they expect to smoke as an adult than children who did not participate in the program. Program participants also were more likely to say their friends thought smoking was bad and less likely to have smoked themselves or to have friends who smoke.

These differences are notable given the circumstances under which the program was implemented. As opposed to a controlled implementation of the BFAS program such as found in many pilot or experimental tests of program effectiveness, in which every aspect of program delivery is monitored and controlled to ensure comparability, the implementation of BFAS for this research was carried out largely as it would be in the natural every-day activities of recreation programs. Recreation leaders were either already implementing the program on their own or were recruited to do so by the research team. Regardless of the method by which they came to be involved in the program, recreation leaders did not receive particular instructions about which activities to implement or how to deliver the programs beyond what was contained in the *Resource Guide*.

Despite the natural variation which could only be expected to occur through typical implementation of this program, differences still emerged between the program and comparison groups when measured shortly after program completion. When compared to existing literature on smoking prevention programs for this age group, these results are equal to or better than average. Typically, however, such effects are of short duration. Although conclusions cannot be drawn about the long-term implications of these differences, at least in the short term the program was found to have positive effects.

It is also important to realize that individual smoking prevention programs are most effective when they are only one component of a comprehensive

approach involving ongoing, continuous messages about the value of not smoking as a critical component of healthy living, delivered in a variety of places including recreation programs, schools and homes.

7.2 Usefulness and Appropriateness of Program Materials

Program materials were assessed in a number of ways throughout the conduct of this evaluation: through the interviews with provincial and territorial representatives and with community coordinators; as part of the survey of recreation leaders; and during the focus groups with children. The main message which emerged from these various approaches is that people hold positive opinions about the program materials.

During the interviews, provincial and territorial representatives indicated that they felt the kits were high quality products which were prepared in a very professional manner. Negative comments were fairly minor and focused on issues such as colour and logo. Community coordinators also held positive impressions about the program materials. They considered the *Resource Guide* to be a very good resource, although some thought it was too long and too complex. There also were a few community coordinators who thought that more background information on health issues should have been included with the kit.

Recreation leaders were asked an extensive series of questions about the program materials as part of the survey. Once again, the overall assessment of the program materials was positive. Recreation leaders found the program easy to understand and to use, even though the majority had not received training, and thought that it fit well with their regular programming. They also felt that the children had enjoyed participating and that many had been at least somewhat interested in the pledge card and calendar. Recreation leaders used most of the activities in the kit and

few found them necessary to modify. High overall levels of satisfaction with the program corroborate the positive evaluations of the materials.

Finally, children were asked about the program activities and materials during the focus groups. The opinions expressed by the program participants were very positive about both of these aspects of the BFAS program. Children said they had found the activities fun and appeared to have retained many of the key messages presented as part of the program. Children were also very enthusiastic about the pledge card and the calendar.

Although there were suggestions made throughout the various components about changes that could be made to the program activities and materials, the key finding is that people hold positive opinions about the materials. This indicates that there is no urgent need to revise the program materials.

7.3 Factors Responsible for the Level of Success

The program materials and activities have been well received by both recreation leaders and children and the program demonstrated positive effects. At the same time, however, there appear to be serious concerns about the promotion and distribution of the program. These problems mean that the program is not being implemented as widely as anticipated or as it could be. It is in this area that most subsequent investment in the program is required.

The first indication that the promotion and distribution of the program was not as smooth nor as thorough as it could be arose during the key informant interviews. At this point, it was discovered that there was some confusion about who was responsible for what at the provincial/territorial level and that community coordinators did not exist as originally intended during the program planning phase.

Some provinces/territories were not sure of their level of participation in the program, and if they were, they were not sure who was covering the cost of their participation.

At the next level, community coordinators were found to not be offering organized dissemination of BFAS to pools of recreation leaders, nor were they offering information sessions or training on how to implement the program. As well, community coordinators did not follow-up with those recreation leaders to whom they had distributed BFAS materials to find out whether the program had been implemented. This group of stakeholders also indicated that they felt no sense of ownership about the program, likely resulting in some of this lack of commitment to promotion and follow-through.

The complications with the distribution of the program materials became even more clear when the research team attempted to set up the focus groups and impact assessments. Despite a large number of potential recreation leaders to contact and recruit for participation in the research, it proved extremely difficult to find recreation leaders who had actually implemented the program. Although the names of leaders came from master files indicating these people had received program materials, many people contacted did not recall ever seeing the kit. Others indicated they had ordered the kit, but that it had never arrived. As well, a large number of recreation leaders who acknowledged receipt of the kit stated that it was never their intention to implement the program, but that they had ordered the kits for other purposes such as for resource material.

As a result of a lack of implementation of the program, the focus groups with recreation leaders had to be cancelled and the focus groups with children as well as the impact assessment redesigned to take this lack of program use into account. It appears that the promotion and distribution of the BFAS program is a key area on which to focus future program efforts.

(a) Implications of Program Cost

Most recreation leaders have been able to receive the program materials at no cost, either from provinces or territories who have paid for the kits themselves and do not pass on any charges or through CPRA who have distributed kits for free. Some of the distribution of kits at no charge was funded by the participation of the corporate sponsor in the first two years of the program operation.

Concerns about the cost of program materials were expressed by both provincial and territorial representatives as well as by community coordinators. Several people indicated that they may not be able to participate further in BFAS as they do not have a budget to support the purchase of materials. Others felt they may still be able to participate, but only if the price was reasonable. For some, one appealing characteristic of the program was that it had been available free of charge.

While imposing a price on the program materials may limit the extent to which the kits are mass-distributed, a method which does not appear to result in extensive program implementation, it may also limit the extent to which potential implementers access the program. This research revealed that many of the implementers were individuals who had ordered the program materials for themselves rather than having received them through a community level coordinator. The imposition of a cost for the program materials may possibly result in a reduction in the extent to which these individuals request them, perhaps particularly so for those who are acting in volunteer positions (e.g., Girl Guide leaders).

This research does not provide a clear answer to the issue of the potential impact on program implementation of the imposition of a fee for program materials. Respondents in many evaluations often underestimate the amount of money they would be able to spend in order to purchase participation in a program which has previously been available to them at no cost. Nevertheless, the issue of funding was

a concern for individuals at the provincial and territorial level as well as for those who were acting in a community coordinator role. The most desirable situation would seem to be to continue to provide the program materials free of charge to the extent possible, to ensure that no leader who is interested in participating is not able to because of the cost. This may require the active pursuit of a corporate sponsor or group of corporate sponsors to provide the necessary funding for free distribution of BFAS materials.

(b) *Recreation Leaders as Program Deliverers*

Recreation leaders felt comfortable addressing the issue of smoking prevention with their children and readily accepted the responsibility for conveying information about smoking. Children also recognized recreation leaders as a good role model. These findings indicate that the concept of using recreation leaders to deliver the program to children is valid. In fact, recreation leaders in this study were found to be more open to assuming the role of instructing children about smoking prevention than teachers typically are, as found in other research. This demonstrates that recreation leaders should continue to be targeted for program delivery and that their positive response to this role could be capitalized upon as a means to develop a greater sense of program ownership and commitment at the grassroots level. Recreation leaders should be co-opted to become the champions of the program to ensure its continued use.

7.4 *Adaptation of the Program for Other Audiences*

This research also addressed the issue of the adaptability of the program materials specifically for girls and for children older than the targeted age range of eight to ten years of age.

For girls, it appears that one area which could be stressed is the relation between physical appearance and smoking. Girls of this age are very much concerned with their appearance and, therefore, messages which focus on the negative effects of smoking on appearance, such as premature aging, yellowing of teeth and fingers, and smell, could be highly effective in encouraging girls to remain smoke-free. Also, given the perceptions of children in the focus groups that advertisements usually have girls smoking, information contributing to media literacy could also prove to be effective. Giving girls the tools to be able to evaluate advertisements for themselves and not be swayed by desirable images may contribute to keeping them smoke-free.

Other, more specific suggestions were offered by recreation leaders and by children in the focus groups about how the program could be adapted to be more appropriate for girls. These suggestions are described in the body of the report and include ideas such as developing a board game or a version of the telephone game to convey the BFAS messages.

While many leaders thought the BFAS program could be used for children from the age of 12 to 16, if modified, suggestions for how to modify the program appropriately were less clear. Studies on smoking prevention programs for adolescents are not conclusive about the factors which are most influential. It appears that the effects of peer pressure are overwhelming, and these effects can be positive or negative. The most relevant predictors of smoking behaviour are the presence of smoking models and easy access to cigarettes. Some ideas for using this program with older children include having older children administer the program to younger children and, through this action, serve as peer helpers. Social action approaches have also been suggested as effective. These include activities such as having teenagers investigate local store policies for selling cigarettes to minors and make a social commitment toward convincing those stores which do to stop.

In the present research, recreation leaders were asked to suggest ways to make the program more applicable to older children. Their suggestions are

described in the text and include activities such as role playing as well as those which are more challenging than the present games.

(a) At-Risk Children

Much of the program implementation is occurring in structured recreation activities such as Girl Guides and Scouts. Although the majority of recreation leaders feel the program is reaching those children who are most at risk of starting to smoke, it is likely that the children who participate in these organized programs may come from less risky backgrounds than those who do not. Several ideas were offered by recreation leaders about how at-risk children could better be reached by the BFAS program and among these were suggestions to broaden the types of groups to include other community programs or to offer BFAS through the school system.

The research indicates that the BFAS program is less likely to be implemented in a recreational program which operates on a drop-in basis. These types of programs, however, may potentially include more at-risk children among participants. It may, therefore, be important to give consideration to broadening the types of recreational programs targeted for implementation to increase the possibility of reaching children most at risk of starting to smoke. For example, programs operated by various ethnic groups, such as Saturday morning language classes, may be one potential source of access to children who are not exposed to BFAS through other recreational activities.

7.5 Strategic Lessons Learned

Several strategic lessons emerged from this evaluation of the Break-Free All Stars smoking prevention program. Each is presented below, followed by recommendations for action.

1. *The Break-Free All Stars program received positive evaluations by decision-makers, program deliverers and program recipients and was found to have positive effects, at least in the short term.*

The program as currently designed and packaged is appealing and well-received by program deliverers as well as by children who participated in the program. Assessments by the small group of recreation leaders who have used other smoking prevention programs are that BFAS is at least as effective, if not more effective, than similar programs, echoing the findings of the impact assessment. Although minor suggestions for modification were received and should be considered for future production of the program kit (for example, and most notably, to remove the year from the calendars; as well, to include more background information on health issues), it appears that substantial revision of the product is not required.

Recommendation 1: Review suggestions offered by program deliverers during the survey of recreation leaders and participants during the focus groups for modifications to the program materials and incorporate those changes which are both appropriate and inexpensive.

2. *The Break-Free All Stars program was considered by recreation leaders and participating children to be equally appropriate for girls and boys.*

The program as currently designed was considered by both program deliverers as well as by children who participated in the program as appropriate for

both boys and girls. At the same time, the Department wishes to incorporate a gender-specific module within the program materials in order to target girls and help them remain smoke-free. Several suggestions for components which would be appealing to girls were received, such as activities which are less physically demanding. A key message to convey in such a module should focus on the relation between smoking and appearance as this is a concern for girls of this age.

Recommendation 2: In developing a gender-specific module for the BFAS program, consider the creation of an activity which is less physically demanding than the current six and which conveys a message about the relation between physical appearance and smoking.

3. *At-risk children may not be reached through current program implementation.*

The program was not found to be implemented as often in programs which operate on a drop-in basis as it was in more structured activities. Some drop-in programs such as Youth Centres which do not charge a fee for participation, however, could be expected to be more easily accessible to a greater proportion of children who are at risk of starting to smoke. The *Resource Guide* and the training or information sessions could be used to provide advice to leaders of these types of programs about using BFAS in a drop-in setting. It would be necessary to acknowledge that implementation may be more difficult under drop-in circumstances and to make leaders aware of the importance of exposing the same group of children to the whole package of activities. The impact of the program would, otherwise, be expected to be less when children do not receive the entire BFAS message.

Recommendation 3: Investigate the potential for expanding the targeted recreation programs to increase the likelihood that children who are most at risk of starting to smoke are also exposed to the BFAS program.

4. *The Break-Free All Stars program is not being promoted effectively.*

Respondents to various modules of the research reported a lack of awareness about certain aspects of the program such as from where materials can be obtained, whether the program continued past the first year, or how to best implement the program as part of recreation activities. In fact, information and training sessions about BFAS have been recognized in previous research as essential components of successful implementation of the program. However, these are not currently occurring.

Recommendation 4: Develop a promotional campaign for the BFAS program. This campaign should clearly identify responsibility centres and focus on creating a high level of awareness about the availability of the program and its materials. This broad campaign needs to be repeated regularly and frequently to ensure people are aware that the program is still around as well as to compensate for the effects of high turnover among individuals involved in recreational programming.

Recommendation 5: Consider the development of a promotional video to be used both to enhance awareness about the program as well as to provide ideas about how to implement the various activities as part of regular recreation programming.

Recommendation 6: Focus on the recreation leaders and their demonstrated acceptance of the role of program deliverer in developing promotional materials to help build a sense of ownership and commitment at this level.

Recommendation 7: Investigate options for providing orientation or information sessions and/or training sessions to potential program deliverers, as was initially envisaged to be carried out by community coordinators.

5. *The Break-Free All Stars program is not being distributed effectively.*

A missing sense of ownership at most levels of the distribution hierarchy and a lack of follow-through once program materials have been distributed contribute to a low level of implementation of the program in the field. As well, implementation was more likely to occur in structured recreation settings than in activities which operate on a drop-in basis and less likely to occur when program materials were distributed unsolicited through a mass-mailing.

Recommendation 8: Establish a procedure through which follow-up with community coordinators and/or program deliverers themselves can easily occur. The development of a comprehensive client database could contribute to this type of work, for example, if questions about the purpose for ordering program materials and the type of recreation program for which BFAS is being considered are included as part of the initial contact. On-going monitoring of program dissemination and implementation will also be valuable for further evaluation of program promotion as well as program impacts.

Recommendation 9: Investigate the possibility of expanding the concept of program partners to more formally include additional national organizations such as the Girl Guides and health organizations such as the Heart and Stroke Foundation. Increasing the number of program partners will help develop a greater sense of program ownership and should contribute to enhanced continuity in program dissemination and a higher level of program implementation.

Recommendation 10: Investigate the possibility of obtaining a corporate sponsor or group of corporate sponsors who would provide funding to allow for the free distribution of program materials to interested provinces and territories, community coordinators and recreation organizations, and individual

recreation leaders. Funding from corporate sponsorship could also be used for enhanced promotion, training and monitoring activities.

Recommendation 11: Avoid the use of mass-mailing distribution of materials to provide a more cost-effective dissemination of the BFAS program. As well, until Recommendation 3 has been acted upon, target structured recreation programs instead of drop-in activities.

6. *The municipal recreation delivery system appears to be under-utilized.*

In conducting the research and attempting to locate community coordinators as well as individual recreation leaders, it appeared that municipalities have not been involved in program distribution or delivery. At the same time, given the focus of the municipal recreation system on healthy active living, the BFAS program appears to fit well with community recreation program mandates. Due to the timing of the research, programs which are active during the summer were not available for the impact assessments, and, in cases where the deliverers were summer contract employees and could not be contacted, these leaders were not available for the survey. The present research did not specifically address the issue of municipal recreation programming, although some municipal recreation leaders did complete the survey, therefore some questions remain about this delivery route. For example, does BFAS correspond to the programming needs of individuals making program decisions at a municipal level? How could this delivery system best be accessed for dissemination of the BFAS program?

Recommendation 12: Further research on the municipal recreation delivery system should be conducted to assess whether and how the BFAS program could better be distributed through the public recreation structure.

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