Third and Final Report of the 50 Free Parent Project

REPORT PRESENTED TO: Mackay Manor

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Acknowledgements

The CLÉ team wishes to thank survey respondents for the wealth of information they provided and the generosity they showed in agreeing to contribute to this evaluation.

The team also wishes to acknowledge the support provided by Mackay Manor to help paint an accurate picture of the situation and for their crucial help in data collection.

Of note, some parts of this report have been designed to mirror the Ontario Trillium Foundation's evaluation report template.

1. Executive Summary

Context and Overview of the Initiative

Smoking is a leading cause of many diseases, the costs of which can range from additional expenses for required medications, to loss of income due to sickness. High smoking rates and low socio-economic status (SES) go hand-in-hand. Causality can be argued both ways: those with lower SES are more likely to smoke and smoking lowers an individual's SES through direct costs of tobacco products and indirect costs, such as the health effects and resulting costs caused by smoking. Regardless of causality, the SES of an individual and their family is positively impacted by quitting smoking.

Simple quitting tools have been shown to be ineffective for a large segment of the smoking population since they treat smoking as a bad habit rather than a highly addictive drug. Therefore, Mackay Manor in collaboration with Libertas Tobacco Treatment International designed a program to treat smoking as an addiction, focusing on individuals who struggle financially. The program used an integrated approach which combined workshops, group meetings, individual one-on-one counselling, in-person follow-ups, nicotine replacement therapy, and other incentives to encourage participants to enroll in the program.

Goals of the Initiative

This project aimed to reduce the poverty levels of vulnerable individuals by helping them quit smoking. More precisely, the goals of the program were to assist individuals who are struggling financially in Renfrew County to recover from tobacco addiction, to help them better provide for themselves and their family by quitting smoking, and to help participating parents provide wellness modeling for their children.

While tobacco recovery and ultimately financial savings resulting from quitting were the key success indicators of interest, the program's effectiveness was also evaluated on individuals' mental well-being, physical health and family wellness.

Methodology

Type of Evaluation Used and Evaluation Questions

Both an implementation and impact evaluation were conducted to assess the effectiveness of the program. Three implementation evaluation questions and six impact evaluation questions guided this study. The key implementation evaluation questions included:

1. Did the project reach the intended target recipients?
2. What was the participation level of target recipients enrolled in the program?
3. What was the satisfaction level of participants?

The key impact evaluation questions included:

1. Did the program increase participants' knowledge and awareness about the risks of smoking and the benefits of quitting smoking?
2. Did the program increase participants' motivation/readiness to quit smoking?
3. Did the program have an impact on participants' reduction of tobacco consumption?
4. Did the program increase participants' recovery-oriented network and support?
5. Did the program improve participants' physical and mental well-being?
6. Did the program have a positive impact on participants' family wellness?

Research Design and Methods

In the current project, a longitudinal mixed-method approach was used to assess the program's impacts, including both quantitative and qualitative measures. A repeated measures design with three measurement times allowed us to assess the short to mid-term impacts of the program. The quantitative methods included three surveys (a baseline and two follow-up surveys) and the qualitative methods included interviews and focus groups. The data were collected between the end of January 2018 and December 13, 2018.

Participants

Participants were recruited to the project by means of a referral system thanks to partnership agreements established between Mackay Manor and various organizations. The program received five to ten new participants per month with the goal of recruiting a total of 50 participants.

For this final reporting period, a total of 53 participants (female = 60 % and male = 40 %) with a mean age of 49.4 years old were recruited to the program and the evaluation. In this sample, 25 % of participants self-identified as First Nations, Metis or Inuit. The majority of participants were receiving financial assistance from Ontario Works or the Ontario Disability Support Program (ODSP) at baseline. Findings also showed that just over half of the participants (51 %) reported having only some high school education or a high school diploma as their highest level of education completed. At baseline, all participants smoked and reported spending on average $85 per week on cigarettes (or approximately $4,400 per year).

Baseline data were obtained for all 53 participants at intake (Time 1), all participants completed the first follow-up survey (Time 2), and 33 of them completed the final survey (Time 3).

Limitations

A few methodological limitations are worth noting. First, the survey data used to test the impact of the program were self-reported, and therefore subject to a number of biases. To alleviate this problem and encourage participants to answer truthfully, follow-up surveys were completed online, ensuring confidentiality. A few participants with low-literacy levels received the help of a counsellor to complete the surveys.

Second, results of the mid-term impacts of the program were based on 33 of the 53 participants, which represents an attrition rate of 38 %. No formal attrition analyses were conducted to determine the reason for the missing cases. Missing values in a database can threaten the external and internal validity of an analysis, and therefore the mid-term impact of the program should be interpreted with caution. It is worth noting however that despite the attrition, the descriptive frequency analysis showed that the composition of the sample remained pretty stable across time.

Another methodological limitation concerns the lapse of time between measures. Since enrolment into the program was gradual and that participants were in some cases difficult to reach, the data collection timeline of the two follow-up surveys varied across participants. Therefore, when referring to short-term or mid-term results, we are not referring to a specific fixed time interval, but rather a general short and mid-term range.

Results

To evaluate the implementation of the program, we examined the degree to which the program reached the target population, as well as the clients' level of participation to the program activities and their level of satisfaction with the program. To evaluate the impact of the program, we examined the program's effect on participants': (1) knowledge and awareness about the risks of smoking and the benefits of quitting, (2) motivation to quit smoking, (3) reduction of tobacco smoking, (4) level of support, (5) mental and physical well-being, and (6) family/financial wellness.

Key Results of the Implementation Evaluation

First, findings generally showed that the project reached the target recipients since the sample was composed of smokers in both financial need and social assistance. Second, level of participation was deemed to be good, with the majority of participants attending often to the program activities. Finally, results showed that the strong majority of participants were very satisfied with several aspects of the program and they rated their experience with the program as being excellent both at Time 2 and Time 3.

Key Results of the Short and Mid-Term Term Impact Evaluation

First, results suggest that the program improved participants' knowledge about the risks of smoking and the benefits of quitting both in the short and mid-term periods.

Second, findings showed that the program had a short and mid-term impact on participants' motivation to quit smoking. While the level of importance in quitting smoking did not significantly change over the course of the program, results indicated that quitting was very important for participants right from the onset. Findings indicated however that the program significantly increased participants' level of confidence in quitting smoking both in the short and mid-term analyses, and that at both Time 2 and Time 3, the strong majority of participants agreed or strongly agreed that they were motivated to quit smoking for good.

Third, results revealed that the program was effective at reducing tobacco consumption, with a quitting rate of 51 % in the short-term and 55 % in the mid-term. Furthermore, the quantitative analyses showed that the number of cigarettes smoked significantly decreased both in the short and mid-term, and these results were supported with the qualitative analyses.

Fourth, findings suggest that the program had a positive short and mid-term impact on social support. Analyses at Time 2 and Time 3 showed that the strong majority of participants agreed or strongly agreed that through their experience with the program, they can now count on more people to help them recover from their tobacco addiction. The qualitative data showed that the majority of participants considered the support they received to be a key component of the program. They reported feeling supported by the non-judgmental counsellors and the members of the group.

Fifth, the analyses revealed that the program had a beneficial short and mid-term impact on participants' physical and mental well-being. More specifically, results showed at both Time 2 and Time 3 that the strong majority of participants agreed or strongly agreed that the program helped them cope with their tobacco addiction. In addition, the majority of interviewed participants mentioned that the program helped them deal with stress, anxiety and the fear of quitting, and they reported that the program helped to improve their health. As a result of the program, participants indicated that they had a better outlook on life, and this new attitude motivated them to engage in other healthy behaviours.

Finally, the findings showed that the program had a positive short and mid-term impact on family wellness. Both quantitative and qualitative analyses revealed that as a result of the program, they were better role models for their children or partners by not smoking. The majority of participants in the interviews and focus groups also mentioned that the program helped them save money since they were spending less of it on cigarettes. Based on the reduction of cigarettes smoked during the course of the program, we estimated that on average, participants were saving approximately $292 per month at Time 2 (or over $3,500 per year) and $318 per month at Time 3 (or over $3,800 per year).

Conclusion

The findings revealed several short and mid-term benefits of the program. The interviews and focus groups also shed light on what participants considered to be most effective in helping them quit smoking. Key components that emerged included: nicotine replacement therapy (NRT), the support, the non-judgmental style of the counsellors, the one-on-one counselling, and the group meetings.

2. Overview and Context of the Initiative

Smoking is a leading cause of many diseases, the costs of which can range from additional expenses for required medications, to loss of income due to sickness. What is more, high smoking rates and low socio-economic status (SES) go hand-in-hand. Causality can be argued both ways: those with lower SES are more likely to smoke due to factors such as lower levels of education, neighbourhood disadvantage and lack of social support (Businelle et al., 2011; Hiscock, Dobbie, & Bauld, 2015), and smoking lowers an individual's SES through direct costs of tobacco products and indirect costs, such as the health effects and resulting costs caused by smoking (Zagorsky, 2004). Regardless of causality, the SES of an individual and their family is positively impacted by quitting smoking.

A simple illustration of direct positive effects is to take the case of a pack-a-day smoker. A $10/day smoking expense results in $3,650/year in direct savings if that individual quits. For those with low SES, $3,650/year is significant. What is perhaps even more significant, is the indirect effect quitting has on the SES of this individual and their family over their lifespan.

Simple quitting tools have been shown to be ineffective for a large segment of the smoking population. The underlying issue here is the assumption that smoking is simply a bad habit. In reality, tobacco is being recognized in the medical field as being a highly addictive drug, which should be approached in the same way that one would approach other traditional addictions.

Therefore, in the current project, Mackay Manor in collaboration with Libertas Tobacco Treatment International designed a program to treat smoking as an addiction and focused on helping individuals who needed it most, that is, individuals who struggled financially.[1] This Tobacco Recovery Program[2] (program) used an integrated approach which combined workshops, group meetings, individual one-on-one counselling, in-person follow-ups, nicotine replacement therapy, and other incentives to encourage participants to enroll in the program, such as daycare, nutraceutical supplements, transportation, and meals.

2.1. Goals of the Initiative

This project aimed to reduce the poverty levels of vulnerable individuals by helping them quit smoking. More precisely, the goals of the program were:

- To assist individuals who were struggling financially in Renfrew County to recover from tobacco addiction;

[1] The program initially focused on single mothers with low SES, but the eligibility criteria were relaxed to allow more individuals who struggle financially to access the program.

[2] The program was initially named The 50 Free Parent Project since it focused on single parents, but was renamed The Tobacco Recovery Program to be more inclusive and reach a broader target audience.

- To help these individuals better provide for themselves and their family by stopping smoking of cigarettes;
- To free parents who participate in the program from the tobacco addiction and help them provide wellness modeling for their children.

While tobacco recovery and ultimately financial savings resulting from quitting were the key success indicators of interest, the program's effectiveness was also evaluated on individuals' mental well-being, physical health and family wellness.

3. Methodology

3.1. Type of Evaluation Used

Both an implementation and impact evaluation were conducted to assess the effectiveness of the program. While the evaluation primarily focused on the impacts of the program, some data on the program's implementation were systematically collected by the working team at Mackay Manor (e.g., key changes to the program, implementation challenges and attendance to program activities), allowing to fine tune the program as it was being rolled out and allowing evaluators to better interpret the findings.

3.2. Key Evaluation Questions

Three implementation evaluation questions and six impact evaluation questions guided this study. The key implementation evaluation questions included:

1. Did the project reach the intended target recipients?
2. What was the participation level of target recipients enrolled in the program?
3. What was the satisfaction level of participants?

The key impact evaluation questions included:

1. Did the program increase participants' knowledge and awareness about the risks of smoking and the benefits of quitting smoking?
2. Did the program increase participants' motivation/readiness to quit smoking?
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4. Did the program increase participants' recovery-oriented network and support?
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6. Did the program have a positive impact on participants' family wellness?

3.3. Research Design and Methods

In the current project, a longitudinal mixed-method approach was used to assess the program's impacts, including both quantitative and qualitative measures. A repeated measures design with three measurement times allowed us to assess the short to mid-term impacts of the program. The quantitative methods included three surveys (a baseline and two follow-up surveys) and the

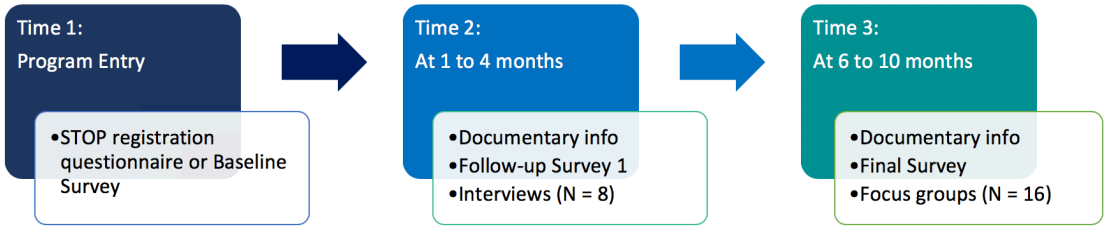
qualitative methods included interviews and focus groups. The methods used are further described below:

- **Baseline Survey**: The Smoking Treatment for Ontario Patients (STOP) program's registration questionnaire was used as a baseline measure for participants who enrolled in the current program, since they were all expected to also enroll in the STOP program. Mackay Manor obtained written permission to use the STOP data from the Centre for Addiction and Mental Health (CAMH) - the organization responsible for running the STOP program. This questionnaire was completed at intake with participants by the working group at Mackay Manor. Alternatively, participants who did not wish to enroll in the STOP program could complete a short online baseline survey at intake, based on the STOP questionnaire. In addition to impact variables of interest, the baseline questionnaire provided an overview of participants' demographic characteristics.
- **Follow-up Surveys:** Over the course of their participation in the program, participants completed two follow-up surveys. These surveys were designed to track participants' smoking habits and associated cost of smoking, as well as the other implementation and impact variables of interest (e.g., satisfaction with the program, motivation to quit smoking, mental and physical well-being).
- **Interviews:** Interviews were conducted with eight participants in July 2018 to gain a better understanding of their experience with the program.
- **Focus Groups:** Two focus groups were conducted in December 2018 at two different sites: the first at Mackay Manor with nine participants and the second in Pembroke with six participants. These focus groups were intended to validate findings obtained from interviews conducted in July 2018. Only one of the 15 participants in the focus groups had been interviewed during the summer.
- **Ongoing Documentary Information:** Information on participants was collected by the working group at Mackay Manor to track attendance to program activities, as well as information on possible barriers that could impact interpretation of the findings.

3.4. Data Collection

Data were collected from the end of January 2018 to mid-December 2018. The timeline for data collection is depicted in Figure 1.

Figure 1: Timeline for the Data Collection



At program entry (Time 1), baseline data were collected. In the end, the STOP data were available for all but one participant who completed the short baseline survey. Midway through the program

(within a few months of program entry), participants completed the first online survey (Time 2)[3] and interviews were conducted with eight participants. In late November to mid-December, participants completed the final online survey (Time 3) and two focus groups were conducted with a total of 15 participants. A tablet was made available at the sites where the program was delivered to allow clients to complete the online surveys.

3.5. Participants

Recruitment

Clients were recruited to participate in the project by means of a referral system thanks to partnership agreements established between Mackay Manor and various organizations. The program received five to ten new participants per month with the goal of recruiting a total of 50 participants. The referral partners included:

- The Family and Children's Services
- Bernadette MacCann House
- Addiction Treatment Service
- Pathways Alcohol and Drug Treatment Services

Sample

For this final reporting period, a total of 53 participants were recruited to the program and the evaluation. Baseline data were obtained on all participants at intake (Time 1), all participants completed the first follow-up survey (Time 2), and 33 of them completed the final survey (Time 3).

To evaluate the short-term impact of the program, we performed analyses on the 53 participants for whom data were available at Time 1 (baseline) and Time 2 (first follow-up survey). To assess the mid-term impact of the program, we performed analyses on the 33 participants for whom data were available at Time 1 (baseline) and Time 3 (final survey).

Demographics at Baseline

The final sample at baseline included 53 participants (female = 60 % and male = 40 %) ranging from 19 to 69 years old (mean age = 49.4 years old).[4] Thirteen out of the 53 participants (25 %) self-identified as First Nations, Metis or Inuit.

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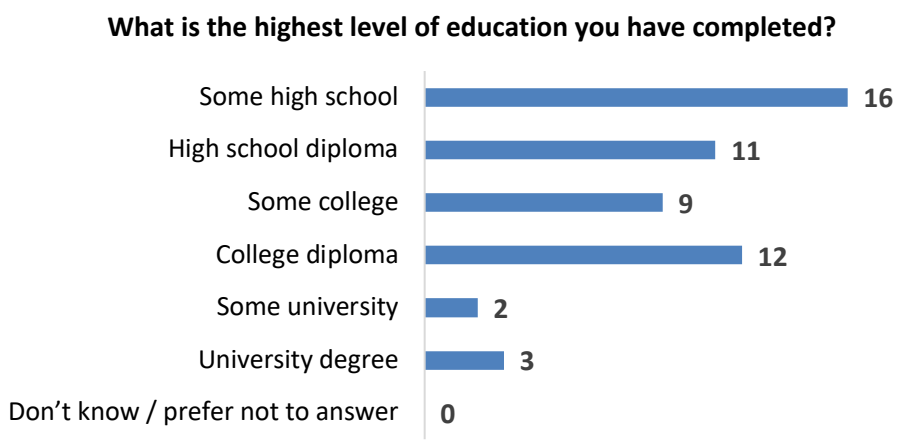
[3] The first follow-up survey was originally intended to be completed a few weeks after the program entry following participation in a series of intensive workshops. However, due to difficulty with recruitment into the program, the intensive workshops were replaced with regular group meetings and the first follow-up survey was completed within 1 to 4 months after enrollment into the program.

[4] The sample at Time 3 was composed of 33 participants: 15 males (45 %) and 18 females (55 %) with an average age of 52.3 years old.

Only 17 participants responded to the question on total household income in the past year before tax deduction, with three participants indicating earning less than $10,000, ten earning between $10,001 and $20,000, and four earning between $20,001 and $40,000.

In terms of level of education, Figure 2 shows that just over half of the participants (51 %) reported having some high school education or a high school diploma as their highest level of education completed, 40 % indicated having some college or a college diploma, and 9 % indicated having some university or a university degree. Finally, 77 % of participants reported being unemployed.

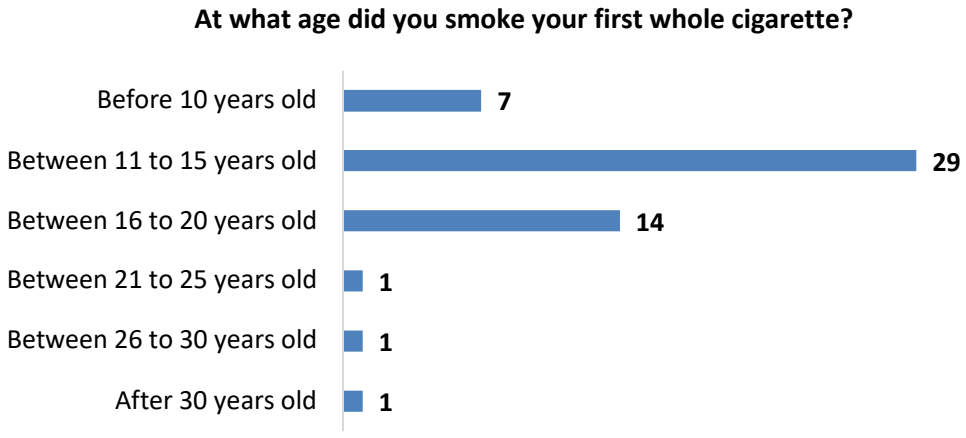
Figure 2: Highest Level of Education Completed



53 responses

In terms of smoking profile, the strong majority of participants smoked their first whole cigarette before the age of 21 years old (94 %), with 68 % of them doing so before the age of 16 years old (see Figure 3).

Figure 3: Participants' Age at Smoking Onset



53 responses

At baseline, almost all participants (96 %) smoked cigarettes daily. On average, participants smoked approximately 26 cigarettes a day (or 179 cigarettes per week), with the number of cigarettes smoked ranging from 8 to 60 per day (or 56 to 420 per week). Participants reported that, before beginning the program, they spent on average $85 per week on cigarettes (range = $10 to $250 per week), which on average represents over $4,400 per year spent on cigarettes.

3.6. Ethical Considerations

Before agreeing to participate in the evaluation, participants signed an informed consent. As stated above, participants' surveys were completed online to ensure confidentiality. Participants had the option of skipping questions they did not feel comfortable answering. In addition, in order to protect clients' anonymity, aggregated data with a minimum of five participants were used to present findings in all reports. The data are stored on a secure server at CLÉ. CLÉ is a non-profit organization, certified ISO 9001. It has a rigorous ethics policy as well as regulations to protect privacy.

3.7. Limitations

When interpreting the findings, it is worth noting the following methodological limitations:

- The survey data used to test the impact of the program were self-reported, and therefore subject to a number of biases (e.g., social desirability, how participants felt when they completed the survey, etc.). To alleviate this problem and encourage participants to answer truthfully, follow-up surveys were completed online ensuring confidentiality. A few participants with low-literacy levels received the help of a counsellor to complete the surveys.
- In addition, results of the mid-term impacts of the program were based on 33 of the 53 participants, which represents an attrition rate of 38 %. No formal attrition analyses were conducted to determine the reason for the missing cases (e.g., dropout of the program due to relapse, no longer needing the program's support after successfully quitting smoking, withdrawing from the program as result of a move, still actively involved in the program but was not available to complete the last survey, etc.). Missing values in a database can threaten the external and internal validity of an analysis, and therefore the mid-term impact of the program should be interpreted with caution. It is worth noting however that results of a descriptive frequency analysis indicated that the composition of the sample remained pretty stable across time. At baseline and Time 2 (N = 53), the sample was composed of 40 % male and 60 % female with an average age of 49.4 years old, and 64 % of the sample was receiving financial assistance. At Time 3 (N =33), the sample was composed of 45 % male and 55 % female with an average age of 52.3 years old, and 61 % of the sample was receiving financial assistance.
- Another methodological limitation concerns the lapse of time between measures. Since enrolment into the program was gradual and that participants were in some cases difficult to reach, the data collection timeline of the two follow-up surveys varied across

participants.[5] Therefore, when referring to short-term or mid-term results, we are not referring to a specific fixed time interval, but rather a general short and mid-term range.

4. Results of the Implementation Evaluation

In order to quantify the findings that emerged from the quantitative data, the following terms were used:

- All (100 %)
- Almost all (95 % to 99 %)
- The strong majority (80 % to 94 %)
- The majority (55 % to 79 %)
- Just over half (51 % to 54 %)
- Half (50 %)
- Just under half (45 % to 49 %)
- Several (25 % to 44 %)
- Some (less than 25 %)

The implementation evaluation focuses on the three following questions:

1. Did the project reach the intended target recipients?
2. What was the participation level of target recipients enrolled in the program?
3. What was the satisfaction level of participants?

4.1. Did the project reach the intended target recipients?

Based on participants' demographic profile, it appears the project reached the target population, that is, tobacco smokers in financial needs.

First, although the majority of participants did not report their income, 13 out of the 17 who did report their income lived in poverty, or just above the poverty line[6], and the other four reported earning low to moderate income. Data collected by the team at Mackay Manor also indicated that the majority of participants (64 %) demonstrated financial need since they were receiving financial assistance from Ontario Works or the Ontario Disability Support Program (ODSP) at baseline.

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[5] To ensure completeness of the data at Time 2, a few participants who attended the residential program responded to the survey retrospectively, that is, thinking back to how they felt and behaved at the end of their 4-day residential stay.

[6] Currently, there is no official definition of poverty in Canada. The Government of Canada uses three measures of low income to identify who is living in poverty: the Low Income Cut-offs, the Market Basket Measure and the Low Income Measure. For the current project, low-income cut-offs based on family size is used as a guideline (1 person: $17,000, 2 persons: $21,000, 3 persons: $26,000, and 4 persons: $32,000). Statistics Canada, 2018: https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1110024101

Second, the data showed that 51 % reported only having some high school education or a high school diploma as their highest level of education completed.

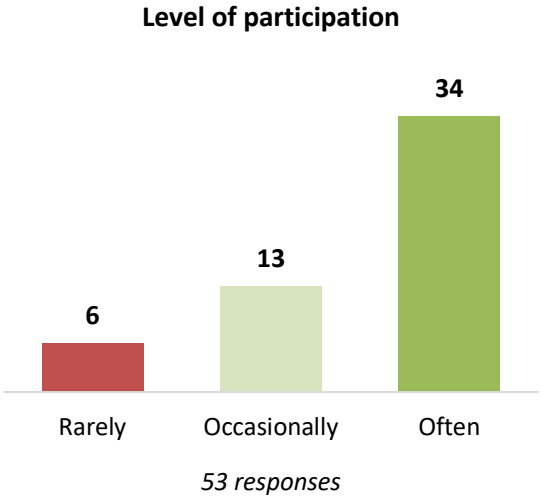
Finally, the majority of participants (77 %) reported being unemployed at baseline. Together, these findings generally show that the sample is composed of participants in both financial need and social assistance.

4.2. What was the participation level of target recipients enrolled in the program?

Level of participation was based on participants' attendance to group sessions, workshops or one-on-one counselling from January to December 2018. It was rated on a 3-point scale, ranging from "1 = rarely attends", "2 = occasionally attends", and "3 = often attends". Participants' level of participation was rated and agreed on by two counsellors.

Overall, findings showed that participants' level of participation was good (Average = 2.5) with the majority (64 %) attending often to the program activities (see Figure 4).

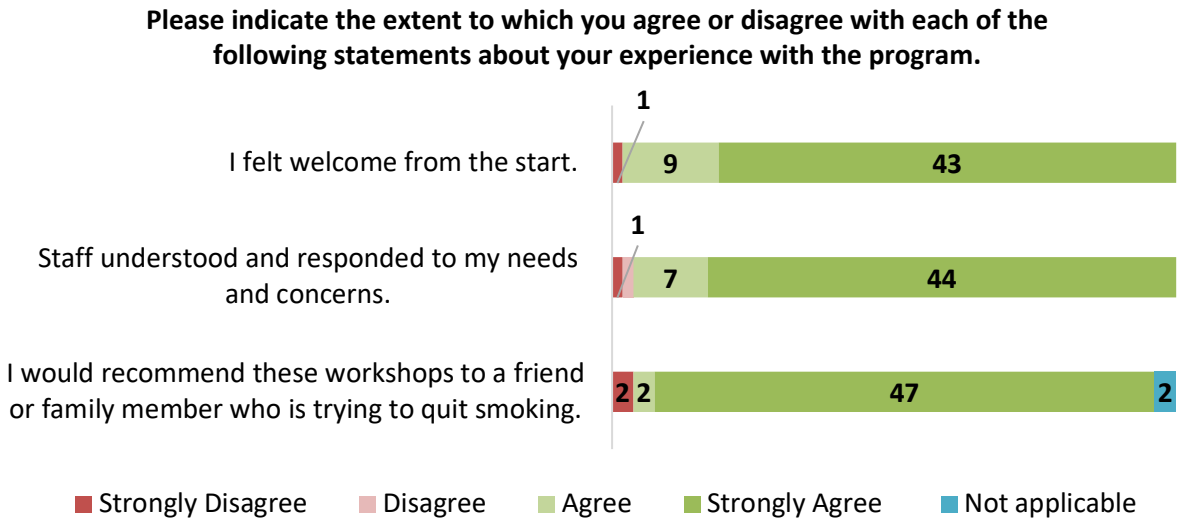
Figure 4: Participants' Level of Participation – Time 2



4.3. What was the satisfaction level of participants?

In general, participants indicated being very satisfied with the program at Time 2. Findings displayed in Figure 5 show that almost all of the participants agreed or strongly agreed that they felt welcome from the start (98 %), they felt that the staff understood and responded to their needs and concerns (96 %) and the strong majority agreed or strongly agreed that they would recommend the program to a friend or family member who is trying to quit smoking (92 %). Similar results emerged at Time 3 (N = 33), such that all or almost all participants agreed or strongly agreed that they felt welcome from the start, felt the staff understood and responded to their needs and concerns, and would recommend the program.

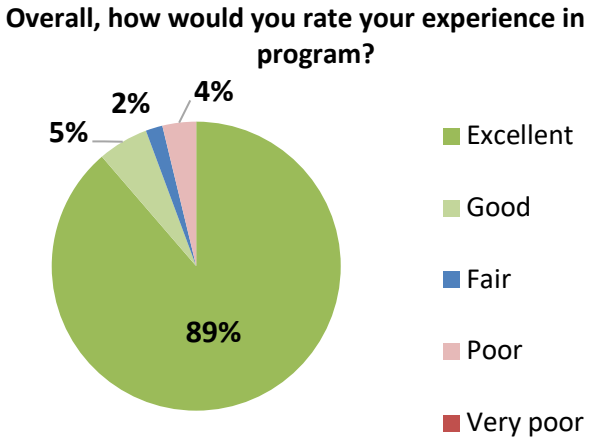
Figure 5: Participants' Level of Satisfaction with the Program



53 responses

In addition, as shown in Figure 6, the strong majority of participants at Time 2 (N = 53) rated their experience with the program as being excellent (89 %). Findings showed that participants' experience with the program was similar at Time 3 (N = 33) with 85 % of them rating it as excellent and 94 % rating it as good or excellent.

Figure 6: Overall Rating of Experience with the Program – Time 2



53 responses

5. Results of Impact Evaluation

In this final report, the impact evaluation focused on the following evaluation questions:

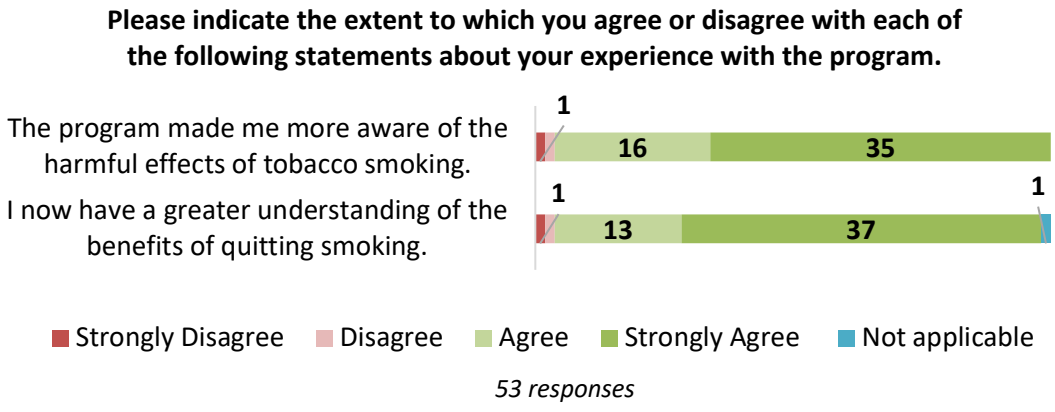
1. Did the program increase participants' knowledge and awareness about the risks of smoking and the benefits of quitting smoking?
2. Did the program increase participants' motivation/readiness to quit smoking?
3. Did the program have an impact on participants' reduction of tobacco consumption?
4. Did the program increase participants' recovery-oriented network and support?
5. Did the program improve participants' physical and mental well-being?
6. Did the program have a positive impact on participants' family wellness?

Where applicable, baseline measures were compared to Time 2 and Time 3 measures to assess short-term and mid-term impacts of the program, respectively. In general, the findings showed that the program had beneficial effects on all evaluated dimensions. Results are presented in detail in the following sections.

5.1. Did the program increase participants' knowledge and awareness about the risks of smoking and the benefits of quitting smoking?

As shown in Figure 7, at Time 2 (N = 53), the strong majority of participants agreed or strongly agreed that their experience with the program made them more aware of the harmful effects of tobacco smoking (96 %) and improved their understanding of the benefits of quitting smoking (94 %). At Time 3 (N = 33), all participants for whom these two statements were applicable to their situation agreed or strongly agreed that the program increased their awareness and knowledge about smoking.[7]

Figure 7: Impact of the Program on Awareness and Knowledge About Smoking – Time 2



[7] At Time 3, 11/33 participants chose the « not applicable » response choice to the statement « I now have a greater understanding of the benefits of quitting smoking », presumably because they felt they had already gained that knowledge early into the program.

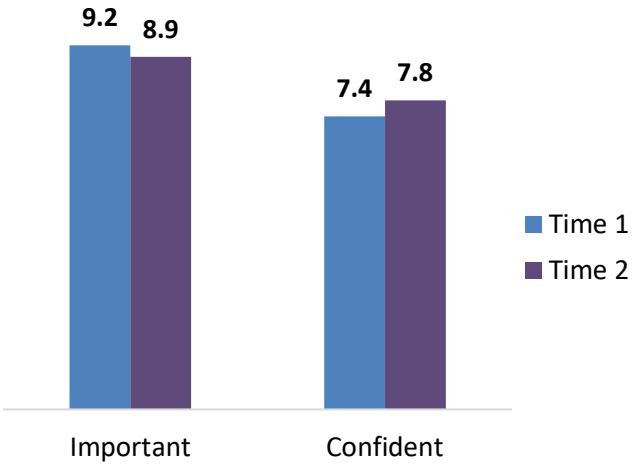
5.2. Did the program increase participants' motivation/readiness to quit smoking?

Motivation or readiness to quit smoking was measured in terms of how important it was for participants to quit smoking and how confident they were at quitting, on a scale from 1 to 10, where 1 was not at all important/confident and 10 was very important/confident.

Short-Term Impact of the Program on Motivation to Quit

Paired sample t-tests were conducted to determine if the differences between Time 1 and Time 2 were significant. Results showed that participants' mean response for importance decreased a little from 9.2 at Time 1 to 8.9 at Time 2, but this difference was not significant ($t\ (52)$ = 1.47 , p > .05). Of note, the importance level was very high even at baseline, indicating a strong motivation to quit smoking right from the onset. Results suggest however that the program had a significant impact on participants' level of confidence to quit smoking. More specifically, as shown in Figure 8, participants' mean response for confidence significantly increased from 7.4 at Time 1 to 7.8 at Time 2 ($t\ (52)$ =-2.41, p < .05).[8]

Figure 8: Short-Term Impact of the Program on Motivation to Quit Smoking

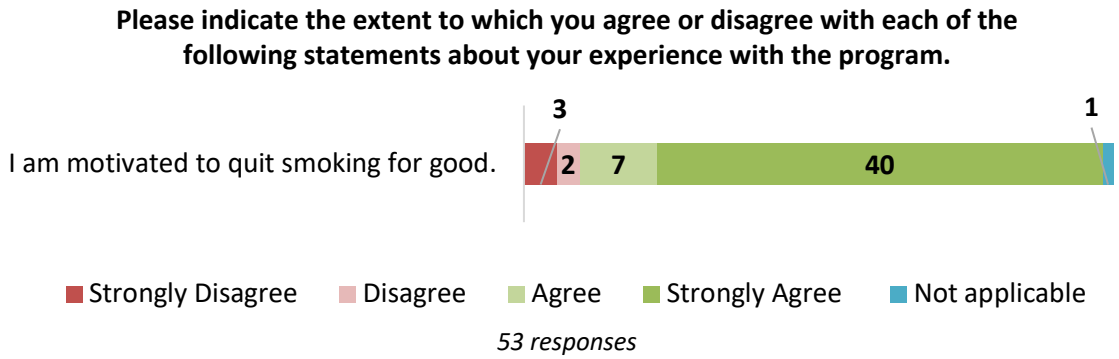


53 responses

In addition, results showed that short-term exposure to the program was linked to motivation to quit for good. As presented in Figure 9, the strong majority of participants (89 %) agreed or strongly agreed at Time 2 that they were motivated to quit smoking for good.

[8] A p value of less than .05 indicates a significant difference. More specifically, p values below this threshold indicate that the sample provides enough evidence that the difference found is not due to a random error.

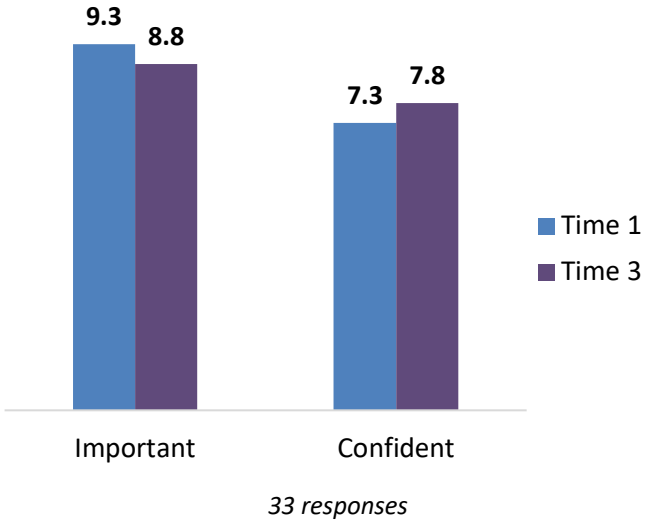
Figure 9: Short-Term Impact of the Program on Motivation to Quit Smoking for Good – Time 2



Mid-Term Impact of the Program on Motivation to Quit

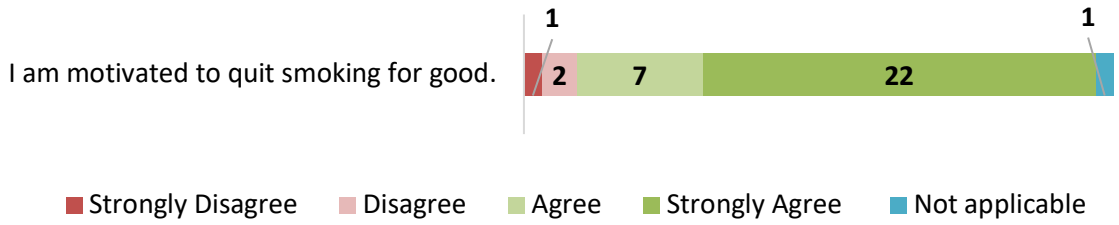
To assess the mid-term impact of the program on motivation to quit, paired sample t-tests were conducted on participants' importance to quit and confidence in quitting from Time 1 to Time 3 (N = 33). Much like the findings for the short-term impact on motivation to quit, results showed that participants' mean response for importance decreased a little from 9.3 at Time 1 to 8.8 at Time 3, but this difference was not significant ($t\ (32) = 1.59$, $p > .05$). Results suggest however that the program had a significant impact on participants' level of confidence to quit smoking. More specifically, as shown in Figure 10, participants' mean response for confidence significantly increased from 7.3 at Time 1 to 7.8 at Time 3 ($t\ (32) = -2.54$, $p < .05$)

Figure 10: Mid-Term Impact of the Program on Motivation to Quit Smoking



In addition, results showed that mid-term exposure to the program was linked to motivation to quit for good. As presented in Figure 11, the strong majority of participants (88 %) agreed or strongly agreed at Time 3 that they were motivated to quit smoking for good.

Figure 11: Mid-Term Impact of the Program on Motivation to Quit Smoking for Good – Time 3



33 responses

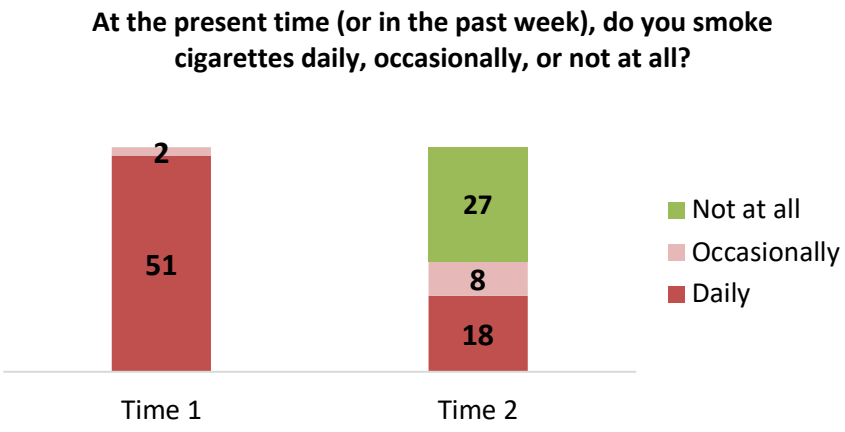
In summary, findings showed that the program did not have a short or mid-term impact on participants' level of importance in quitting smoking, but this can be explained by the fact that the importance level was very high even at baseline, indicating a strong motivation to quit smoking right from the onset. However, the findings indicated that the program significantly increased participants' level of confidence in quitting smoking both in the short and mid-term. Finally, the findings suggest that the program had a short and mid-term impact on participants' motivation to quit for good.

5.3. Did the program have an impact on participants' reduction of tobacco consumption?

Short-Term Impact of the Program on Tobacco Consumption

The findings revealed that the program helped participants reduce their tobacco consumption. As shown in Figure 12, all participants smoked at Time 1 with the strong majority of them smoking on a daily basis (51/53 or 96 %), but at Time 2, 51 % (27/53) of the sample did not smoke at all with only 34 % (18/53) smoking daily. These results are consistent with the qualitative data obtained from the interviews, such that all participants agreed that the program was instrumental in helping them reduce or quit smoking.

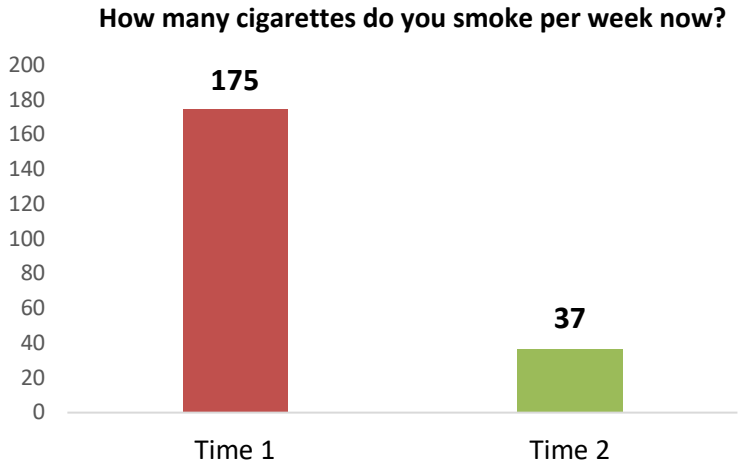
Figure 12: Short-Term Impact of the Program on Daily Tobacco Consumption



53 responses

Figure 13 shows that on average, smoking significantly decreased from 175 cigarettes per week at Time 1 to 37 cigarettes per week at Time 2 (t (52) = 10.32, p < .001).

Figure 13: Short-Term Impact of the Program on the Number of Cigarettes Smoked Per Week

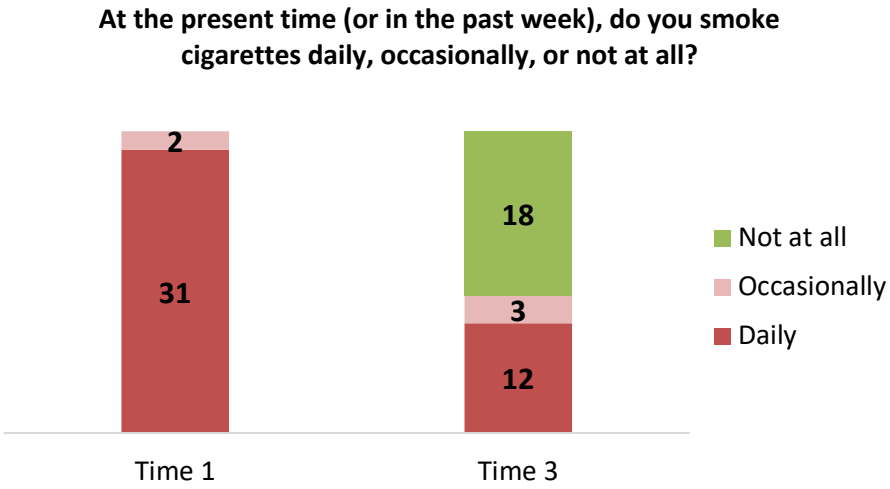


53 responses

Mid-Term Impact of the Program on Tobacco Consumption

Findings at Time 3 suggest a beneficial mid-term impact of the program on tobacco consumption. In this sample, all participants smoked at Time 1, with the strong majority of them smoking on a daily basis (31/33 or 94 %), but at Time 3, 55 % (18/33) of participants were not smoking at all, and only 36 % (12/33) were smoking daily (see Figure 14). These findings were consistent with the results of the focus groups, such that participants generally agreed that the program was instrumental in helping them reduce or quit smoking.

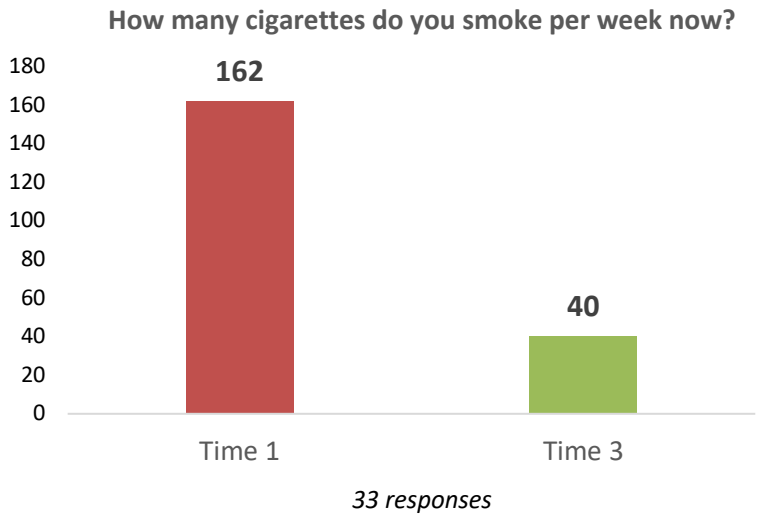
Figure 14: Mid-Term Impact of the Program on Daily Tobacco Consumption



33 responses

Similarly, Figure 15 shows that on average, smoking significantly decreased from 162 cigarettes per week at Time 1 to 40 cigarettes per week at Time 3 (t (32) = 6.37, p < .001), suggesting a beneficial mid-term impact of the program on the reduction of smoking.

Figure 15: Mid-Term Impact of the Program on the Number of Cigarettes Smoked Per Week



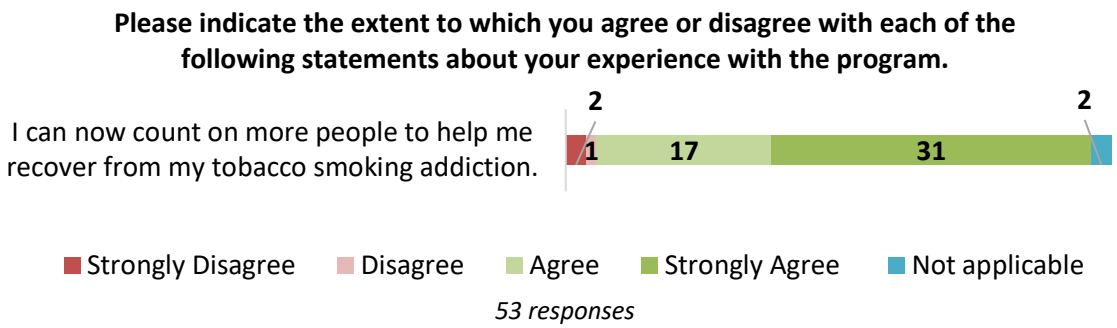
33 responses

5.4. Did the program increase participants' recovery-oriented network and support?

Short-Term Impact of the Program on Social Support

In terms of improved social support, the strong majority of participants (91 %) agreed or strongly agreed at Time 2 (N = 53) that through their experience with the program, they can now count on more people to help them recover from their tobacco addiction (see Figure 16). As noted in the interviews, all participants considered the support they received to be a key component of the program.

Figure 16: Short-Term Impact of the Program on Social Support – Time 2



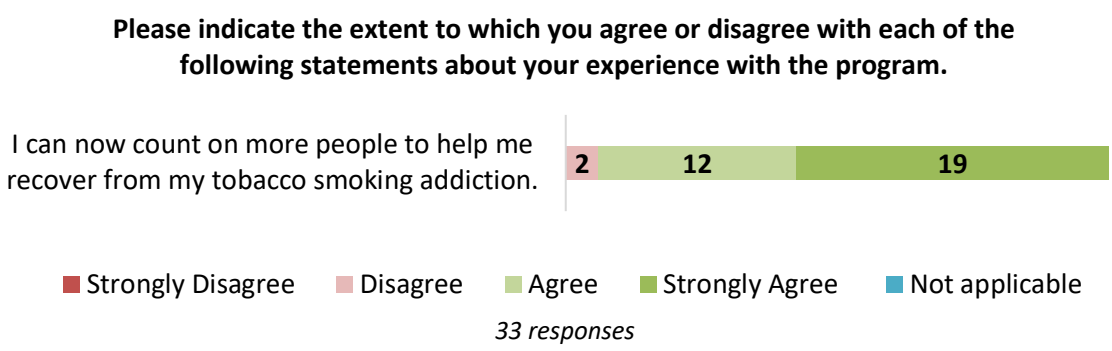
53 responses

Mid-Term Impact of the Program on Social Support

Similarly, at Time 3 (N = 33), the strong majority of participants (94 %) agreed or strongly agreed that they can now count on more people to help them recover from their tobacco addiction (see Figure 17). Participants in both focus groups mentioned that they felt supported by the non-judgmental counsellors and members of the group, and felt they received the caring support they

needed to deal with the fear of quitting. These supportive conditions allowed them to talk about their struggles and share tips with others who were also attempting to quit in an environment they called a "safe place" or a "fellowship". By quitting smoking, participants also reported they now felt more included in other life events.

Figure 17: Mid-Term Impact of the Program on Social Support – Time 3

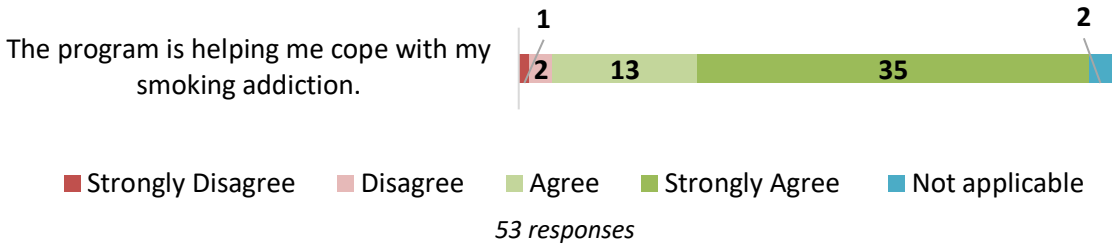


5.5. Did the program improve participants' physical and mental well-being?

Short-Term Impact of the Program on Physical and Mental Well-Being

Findings revealed that the program had a short-term impact on participants' physical and mental well-being. More specifically, at Time 2 (N = 53), the strong majority of participants (91 %) agreed or strongly agreed that the program helped them cope with their tobacco addiction (see Figure 18). In addition, the majority of interviewed participants mentioned that the program helped them deal with stress and anxiety by problem solving, and by developing new coping strategies and behaviour patterns. In the interviews, half of the participants also mentioned that the program helped to improve their health.

Figure 18: Short-Term Impact of the Program on Coping – Time 2

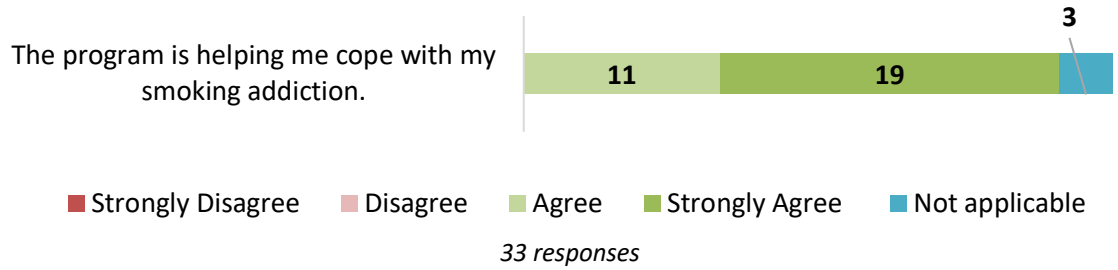


Mid-Term Impact of the Program on Physical and Mental Well-Being

Results also suggest that the program had a mid-term impact on participants' physical and mental well-being. As shown in Figure 19, at Time 3 (N = 33), the strong majority of participants (91 %) agreed or strongly agreed that the program helped them cope with their tobacco addiction. Moreover, in both focus groups, participants indicated that the program helped them improve their health (e.g., improved breathing, reduced coughing, improved level of energy, improved

facial colour, improved sense of smell and taste, and improved overall feelings of well-being). In addition, participants in both focus groups agreed that they gained the hope and confidence they needed to quit smoking by hearing success stories from others in the group meetings. They further reported that the program improved their outlook on life, which motivated them to engage in other healthy behaviours.[9]

Figure 19: Mid-Term Impact of the Program on Coping – Time 3

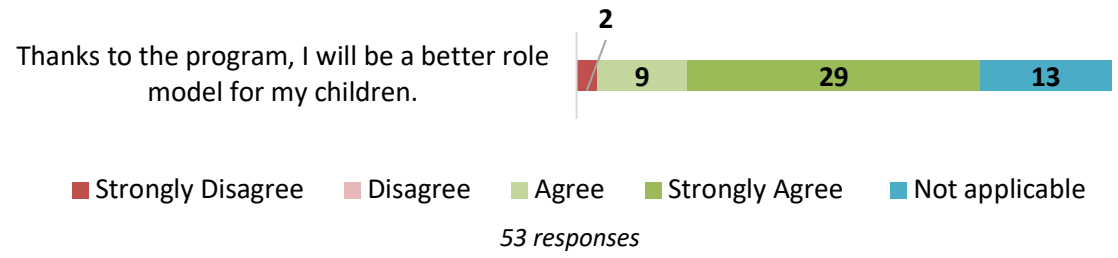


5.6. Did the program have a positive impact on participants' family wellness?

Short-Term Impact of the Program on Family Wellness

The findings showed that the program had a positive short-term impact on family wellness. For instance, Time 2 results indicated that the majority of participants (72 %) agreed or strongly agreed that thanks to the program, they will be a better role model for their children. Of note, 25 % of participants chose the 'Not applicable' response choice to this question, presumably because they did not have any children. Interpreted this way, the strong majority of participants for whom this survey question on family wellness was applicable (95 %) agreed or strongly agreed that thanks to the program, they will be a better role model for their children (see Figure 20).

Figure 20: Short-Term Impact of the Program on Family Wellness – Time 2



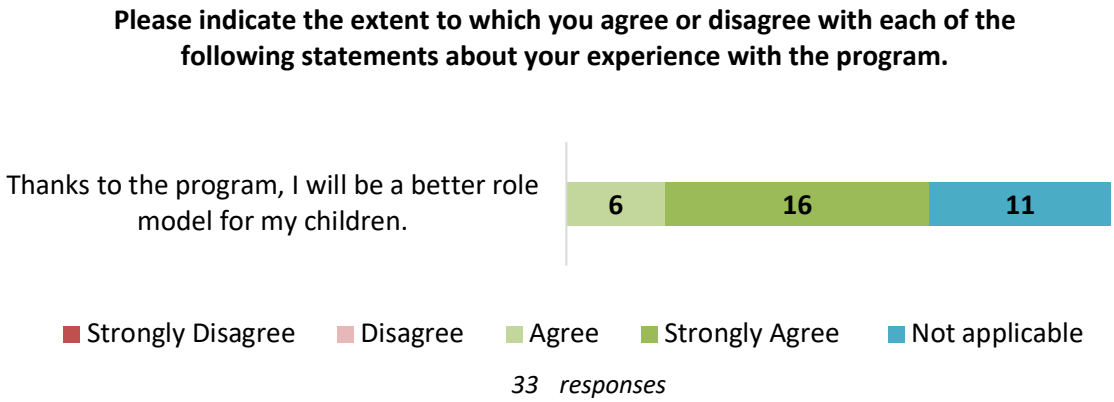
[9] Data on 11 health and well-being survey items were collected at Time 2 and Time 3, but were not used as part of the evaluation since data on these items were not collected at baseline.

Mid-Term Impact of the Program on Family Wellness

Results also suggest that the program had a positive mid-term impact on family wellness. First, Time 3 results indicated that the majority of participants (72 %) agreed or strongly agreed that thanks to the program, they will be a better role model for their children. It is worth noting that at Time 3, 33 % of participants chose the 'Not applicable' response choice to this question, presumably because they did not have any children. With this interpretation, results showed that all participants for whom the survey question on family wellness was applicable agreed or strongly agreed that thanks to the program, they will be a better role model for their children (see Figure 21).

In both focus groups, some of the participants mentioned that the program had a positive influence on their family (e.g., encouraging family members to quit smoking and being a good role model for children and partners by not smoking). They further mentioned that the program helped them save money since they were spending less of it on cigarettes. Based on the reduction of cigarettes smoked from baseline to Time 3, we estimated that on average, participants were saving approximately $318 per month, which translates to approximately $3,800 per year.

Figure 21: Mid-Term Impact of the Program on Family Wellness – Time 3



6. Final Evaluation Results (For OTF)

In this final report, the results of both the implementation and the impact evaluation are presented. To evaluate the implementation of the program, we examined the degree to which the project reached the target population, and we assessed the participants' level of participation and satisfaction to the program activities. To evaluate the impact of the program, we examined the program's effect on participants': (1) knowledge and awareness about the risks of smoking and the benefits of quitting, (2) motivation to quit smoking, (3) reduction of tobacco smoking, (4) level of support, (5) mental and physical well-being, and (6) family/financial wellness.

6.1. Key Findings of the Implementation Evaluation

Did the project reach the intended target recipients?

Based on participants' demographic profile (N = 53), it appears the project reached the target population, that is, predominantly smokers in financial need who were motivated to quit. Descriptive statistics obtained from the baseline data showed that all participants smoked cigarettes daily, and spent on average $85 per week on cigarettes. Analyses at baseline also indicated that the majority of participants were unemployed and were receiving financial assistance.

What was the participation level of target recipients enrolled in the program?

Level of participation was based on participants' attendance to group sessions, workshops, or one-on-one counselling from January to December 2018. It was rated on a 3-point scale, ranging from "1 = rarely attends", "2 = occasionally attends", and "3 = often attends". Participants' level of participation was rated and agreed on by two counsellors. Overall, findings showed that participants' level of participation was good (Average = 2.5) with the majority (64 %) attending often to the program activities.

What was the satisfaction level of participants?

Analyses from the survey at Time 2 (N = 53) and at Time 3 (N = 33) showed that participants were generally very satisfied with the program. More specifically, findings showed the strong majority of participants agreed or strongly agreed that they felt welcomed from the start, they felt that the staff understood and responded to their needs and concerns, and would recommend the program to a friend or family member who is trying to quit smoking. In addition, the strong majority of participants rated their experience with the program as being excellent both at Time 2 and Time 3.

6.2. Key Findings of the Short and Mid-Term Impact Evaluation

Did the program increase participants' knowledge and awareness about the risks of smoking and the benefits of quitting smoking?

Results suggest that the program improved participants' knowledge about the risks of smoking and the benefits of quitting both in the short and mid-term time periods. Analyses from the survey at Time 2 (N = 53) showed that the strong majority of participants agreed or strongly agreed that their experience with the program made them more aware of the harmful effects of tobacco smoking and improved their understanding of the benefits of quitting smoking. At Time 3 (N = 33), all participants for whom these two statements were applicable to their situation agreed or strongly agreed that the program increased their awareness and knowledge about smoking.

Did the program increase participants' motivation/readiness to quit smoking?

Findings suggest that the program had a short and mid-term impact on participants' motivation to quit smoking. Motivation or readiness to quit smoking was measured in terms of how

important it was for participants to quit smoking (or staying quit) and how confident they were at quitting (or staying quit).

Paired sample t-tests were first conducted to compare Time 1 to Time 2 measures to assess the short-term impact of the program on importance and confidence of quitting, and then from Time 1 to Time 3 measures to assess the mid-term impact of the program on those same two motivation indicators. Findings showed that the program did not have a short or mid-term impact on participants' level of importance in quitting smoking, but this is not surprising given the very high importance level at baseline, indicating a strong motivation to quit smoking right from the onset. Findings indicated however that the program significantly increased participants' level of confidence in quitting smoking both in the short and mid-term analyses.

Another survey item analyzed from the survey at Time 2 and at Time 3 indicated that the strong majority of participants agreed or strongly agreed that they were motivated to quit smoking for good.

Did the program have an impact on participants' reduction of tobacco consumption?

Findings revealed a beneficial short and mid-term impact of the program on reduction of tobacco consumption. Analysis of the short-term impact showed that at Time 1, all participants (N = 53) smoked, but 51 % of the sample no longer smoked at Time 2. A paired-sample t-test showed that smoking significantly decreased from 175 cigarettes per week at Time 1 to 37 cigarettes per week at Time 2.

Analysis of the mid-term impact revealed that at Time 3 (N = 33), 55 % of the sample no longer smoked. A paired-sample t-test with this sample showed that on average, smoking significantly decreased from 162 cigarettes per week at Time 1 to 40 cigarettes[10] per week at Time 3. These results were consistent with findings obtained in the interviews and focus groups, such that participants generally agreed that the program was instrumental in helping them reduce or quit smoking.

Did the program increase participants' recovery-oriented network and support?

Findings showed that the program had a positive short and mid-term impact on social support. Analyses of a survey item at Time 2 (N = 53) and Time 3 (N = 33) showed that the strong majority of participants agreed or strongly agreed that through their experience with the program, they can now count on more people to help them recover from their tobacco addiction.

As noted in the interviews, all the participants mentioned that they considered the support they received to be a key component of the program. In addition, participants in both focus groups reported that they felt supported by the non-judgmental counsellors and other members of the

[10] The number of cigarettes smoked at Time 1 in the short and mid-term analyses vary slightly since the mid-term analyses were only conducted on a sub-sample (N =33) of the original full sample (N = 53).

group, and reported receiving the caring support they needed to deal with the fear of quitting. These supportive conditions allowed them to openly talk about their struggles and share tips with others who were also attempting to quit, in an environment they referred to as a "safe place" or a "fellowship". By quitting smoking, participants also reported they now felt more included in other life events.

Did the program improve participants' physical and mental well-being?

Findings revealed that the program had a beneficial short and mid-term impact on participants' physical and mental well-being. More specifically, analysis of a survey item at Time 2 (N = 53) and Time 3 (N = 33) showed that the strong majority of participants agreed or strongly agreed that the program helped them cope with their tobacco addiction.

The impact of the program on physical and mental well-being was also supported with the qualitative data. In the interviews, the majority of participants mentioned that the program helped them deal with stress and anxiety by problem solving, and by developing new coping strategies and behaviour patterns. Half of the interviewed participants also indicated that the program helped to improve their health.

Similarly, in both focus groups, participants indicated that thanks to the program, they experienced improved health as evidenced from improved breathing, reduced coughing, increased energy, improved facial colour, improved sense of smell and taste, and improved overall feelings of well-being. Participants also mentioned that as a result of the program, they gained the hope and confidence they needed to quit by hearing success stories from others in the group meetings. They further reported that the program improved their outlook on life, which motivated them to engage in other healthy behaviours.

Did the program have a positive impact on participants' family wellness?

The findings showed that the program had a positive short and mid-term impact on family wellness. For instance, analysis of a survey item at Time 2 (N = 53) and Time 3 (N = 33) revealed that the majority of participants agreed or strongly agreed that thanks to the program, they will be a better role model for their children.

In line with those results, the majority of interviewed participants indicated that the program helped to improve their relationship with family members. For example, participants felt that as a result of the program, they were better role models for their children, they spend more time with family members, and were being applauded by family members for their accomplishment. Similarly, some participants in both focus groups mentioned that the program had a positive influence on their family (e.g., encouraging family members to quit smoking and being a good role model for children and partners by not smoking).

Moreover, the majority of participants in the interviews and focus groups reported that the program helped them save money since they were spending less of it on cigarettes. Based on the reduction of cigarettes smoked during the course of the program, we estimated that on average,

participants were saving approximately $292 per month at Time 2 (approximately $3,500/year) and $318 per month at Time 3 (approximately $3,800/year).

6.3. Significance and Limitations of the Implementation Findings

Did the project reach the intended target recipients?

Findings showed that the project reached the intended target recipients and reached its goal of recruiting 50 participants to the study. In order to achieve this goal, it was necessary to adjust the eligibility criteria to make the program accessible to a broader audience. The program initially focused mostly on single parents (predominantly single mothers) in financial need, but was eventually offered to all tobacco smokers in financial need who were motivated to quit smoking.

Limitations: Analyses in this study did not evaluate whether the program was more or less effective based on particular demographic characteristics. Therefore, it is important to generalize the findings to smokers in financial need, rather than specifically to single parents or mothers in financial need.

What was the participation level of target recipients enrolled in the program?

Overall, findings suggest that level of participation improved over the course of the program. Findings showed that in August 2018, just over half of participants attended the program activities often and that rate increased to 64 % by mid-December. To improve participation, in the last few months of the program, counsellors adopted the practice of calling participants to remind them about their appointments and group meetings.

Limitations: While no formal quantitative analyses were conducted to assess how the level of participation in various program activities was linked to the effectiveness of the program, qualitative data through interviews and focus groups suggested that to successfully quit smoking, the use of NRT, as well as regular attendance to the one-on-one sessions and group meetings were essential to achieve successful outcomes.

What was the satisfaction level of participants?

Overall, results showed that the strong majority of participants were very satisfied with the program. These findings were consistent across all measures, namely, both follow-up surveys, the interviews and the focus groups.

6.4. Significance and Limitations of the Impact Findings

A few methodological issues applied to most of the quantitative findings. These are discussed in section 2.7 of the Methodology section of this report. Additional limitations, when applicable are described under each sub-heading.

Did the program increase participants' knowledge and awareness about the risks of smoking and the benefits of quitting smoking?

Survey results suggested that the program improved participants' knowledge about the risks of smoking and the benefits of quitting both in the short and mid-term time periods.

Did the program increase participants' motivation/readiness to quit smoking?

Findings showed that participants clearly recognized the importance of quitting smoking right from the onset. As such, the program did not have a significant impact on participants' level of importance in quitting. However, findings indicated that the program significantly increased participants' level of confidence in quitting smoking both in the short and mid-term analyses. This high level of importance and increased level of confidence demonstrated participants' commitment to become or remain smoke-free. Qualitative analyses through interviews and focus groups highlighted the importance of the group meetings in developing confidence by exposing new participants to success stories from other members of the group who had previously struggled with smoking cessation.

Did the program have an impact on participants' reduction of tobacco consumption?

The findings revealed a beneficial short and mid-term impact of the program on reduction of tobacco consumption. Analysis of the short and mid-term impact of the program indicated respectively a 51 % and a 55 % quit rate. Overall, on average, there was a significant reduction of tobacco smoking (i.e., from 175 to 37 in the sort-term analysis and from 162 to 40 cigarettes in the mid-term analysis). These results were consistent with findings obtained in the interviews and focus groups, such that participants generally agreed that the program was instrumental in helping them reduce or quit smoking. Compared to other interventions, these quit rates are considered quite high (Smoke-Free Ontario Scientific Advisory Committee, 2017).

Limitations: As mentioned previously, results of the mid-term impacts of the program were based on 33 of the 53 participants. Data were not available for 20 of the participants (38 %) at Time 3, therefore their mid-term smoking status cannot be determined and results of the mid-term impacts should be interpreted with caution.

Did the program increase participants' recovery-oriented network and support?

Findings showed that the program had a positive short and mid-term impact on social support. This finding is quite relevant since there is evidence showing that, compared to individuals of higher SES, individuals of low SES tend to have fewer close social relationships and use their support network to a lesser extent (Businelle et al., 2011). While other research results are mixed about the role of social support on the quitting rate (Smoke-Free Ontario Scientific Advisory Committee, 2017), participants in this study clearly indicated that they considered the support they received to be a key component of the program.

Did the program improve participants' physical and mental well-being?

Findings revealed that the program had a beneficial short and mid-term impact on participants' physical and mental well-being. The program had a direct impact on their ability to cope with

stress, anxiety and with their tobacco addiction. This in turn, helped participants quit smoking, which resulted in clear health benefits such as improved breathing, reduced coughing, increased energy, improved facial colour, improved sense of smell and taste, and improved overall feelings of well-being. Perhaps most importantly, the program seemed to improve their outlook on life, which motivated them to engage in other healthy behaviours.

Limitations: Data on 11 health and well-being survey items were collected at Time 2 and Time 3, but were not used as part of the evaluation since data on these items were not collected at baseline.

Did the program have a positive impact on participants' family wellness?

The findings showed that the program had a positive short and mid-term impact on family wellness. These results are particularly relevant for low-income or other socially disadvantaged groups since they are typically more likely to smoke, and smoking further lowers their SES through the direct and indirect costs of tobacco consumption. Findings of this project showed that the program not only helped to improve participants' relationship with family members, it also resulted in major financial savings for them. The program was especially helpful on family wellness for participants who successfully recruited family members to join the program.

7. Conclusions (For OTF)

7.1. Key Lessons Learned From the Evaluation

The key lessons learned from this evaluation are the following:

- Effective communication among the members of the working team is crucial to the success of the program and its evaluation.
- Working with low-income and other socially disadvantaged individuals presents distinct challenges. The delivery of the program and its evaluation should consider those limitations in their design and budget.
- A period of trial and error in the delivery of a new program would be useful before conducting an impact evaluation.
- Collaborating with partners in the evaluation saves time and alleviates excessive workload and pressure on the project team members and study participants. For instance, since all participants of this program were also enrolled in the STOP program, rather than collecting a baseline measure, we collaborated with CAMH to obtain the STOP data which served as a valuable baseline measure for this evaluation.

7.2. How will this evaluation help inform the initiative moving forward?

Findings of this evaluation are very promising. Several positive outcomes emerged for those who participated to the program. Some key findings obtained through the interviews and focus groups should be considered when implementing the program in the future, namely:

- The key components of the program appear to work well together. Using a comprehensive approach which combines several strategies seems to improve the effectiveness of the program.
- Key components of the program include NRT, one-on-one counseling, and group meetings facilitated by non-judgmental counselors.
- Based on the interviews conducted in July 2018, the 4-day residential program held at Galilee Centre was also a success. This format should also be considered for future programming.
- To encourage participants to enroll in the program and to engage them in the program activities, various strategies should be implemented (see recommendation section for more detailed information on strategies).

7.3. Recommendations and Conclusions

The data collected in this evaluation provide encouraging results on the effectiveness of the Tobacco Recovery program. Overall, the qualitative data supported the quantitative analyses and provided further information on participants' experience with the program.

Based on the lessons learned, we propose the following recommendations:

- We recommend that when working with more than one organization, clear communications protocols, roles and responsibilities should be established from the start. In addition, future projects should consider designating a member of the team as project manager to coordinate field and evaluation activities and to act as the key liaison between team members. In addition, the evaluation framework should be presented to all team members in the early stages of the study in order to ensure that all those involved have a common understanding of the evaluation goals and activities. Finally, regular team meetings should be held to discuss implementation successes and challenges and find solutions to emerging implementation or evaluation issues.
- We recommend that team members and evaluators recognize the challenges linked to working with low SES or socially disadvantaged individuals and accommodate them when possible. A variety of strategies could be used to recruit participants, as well as increase their likelihood of attending the program activities and completing the evaluation activities. For example:
    - Not restricting eligibility criteria too narrowly in order to meet recruitment targets;
    - Limiting the number of data collection points and designing short surveys;
    - Interviewing participants or conducting focus groups in person following a group meeting;
    - Ensuring that access to a computer or electronic tablet is made available if online surveys are to be used;
    - Providing help to complete surveys for those with low literacy levels;
    - Providing transportation to those who need it;

  - Providing incentives like a meal to get participants to attend meetings;
  - Sending participants reminders about their appointments or the group meetings;
  - Holding some group meetings at lunchtime or at night to allow participants who work to attend.
- We recommend that before conducting an impact evaluation of a new program, its delivery should be piloted in order to fine-tune it. Several adjustments were made to the program early on, and therefore some participants received a slightly different version of the program. It is ultimately important to be able to clearly describe the program's components to be able to replicate it in different contexts.
- For future studies, we recommend using a similar evaluation design to overcome some of the limitation and provide the most reliable and valid results. More specifically, using a longitudinal approach allows to assess intra-individual changes and using both quantitative and qualitative data from different sources allow the evaluation team to triangulate the data (i.e., find consensus in the data from the different sources and methods used).

7.4. If you could do another evaluation of the initiative subsequent to this one, what would be the next research question(s) you would investigate?

Several research questions could follow this evaluation. For example:

- Is this program more effective than other interventions for individuals of low SES?
- Does this program work with different populations or is it best suited to individuals of low SES? In other words, can the results of the findings be replicated with other populations such as young smokers, people who are not struggling financially, people who have other addictions?
- Does program dosage or level of participation to different program activities have an impact on the effectiveness of the program?
- What are the long-term effects of the program?
- Is an extended residential program more effective than a day-program?
- Does the delivery of indigenous activities (e.g., smudge, walk of life) improve the effectiveness of the program with indigenous and non-indigenous individuals?

8. Stakeholder Feedback (For OTF)

Feedback from a stakeholder regarding the results of the completed evaluation is provided in Part 3 (Final Evaluation Report) of the Ontario Trillium Foundation reporting template.

9. References (For OTF)

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10. Appendix A : Detailed Results of the Interviews

The qualitative findings were obtained through interviews with eight participants and are grouped according to the following three themes:

1. Impact of the program on participant's life
2. Aspects of the program that were most helpful to participants
3. Suggestions by participants on how to improve the program

Data from the interviews are presented as trends indicating the number of participants:

- **Significant trend**: over 40% of participants share the same opinion;
- **Moderate trend**: between 25% and 39% of participants share the same opinion.

10.1. Impact of the program on participant's life

First, in terms of the impact of the program, six significant trends emerged which relate to the evaluation questions 3 to 6, namely, reduction of tobacco consumption, improved support, improved mental and physical well-being and improved family wellness (including financial wellness). Participants indicated that their participation to the program:

- Has helped them reduce their tobacco smoking (8/8 or 100 %);
- Has helped them deal with stress and anxiety by problem solving, and by developing new coping strategies and behaviour patterns (6/8 or 75 %);
- Improved their relationship with family members (e.g., they are a better role model for their kids, they spend more time with family members, and are being applauded by family members for their accomplishment) (6/8 or 75 %);
- Has helped them save money (6/8 or 75 %);
- Has helped them improve their health (e.g., improved breathing, reduced congestion, improved level of energy, improved facial colour, improved taste of food) (4/8 or 50 %);
- Has helped them feel supported (e.g., feeling at peace, feeling at home, or feeling cared for) (4/8 or 50 %).

In addition, in terms of the impact of the program, two moderate trends emerged. Respondents indicated that their participation to the program:

- Has taught them new skills (e.g., crafts, journaling) (3/8 or 38 %);
- Was life changing or freeing (e.g., their days don't revolve around their smoking behaviour) (3/8 or 38 %).

10.2. Aspects of the program that are most helpful to participants

With regard to aspects of the program deemed most effective for participants, eight significant trends emerged. Participants mentioned that what they found most helpful was:

- The use of nicotine replacement therapy (NRT) to deal with their cravings (8/8 or 100 %);
- The support through the group sessions, which allowed them to talk about their struggles, share tips with other people who are attempting to quit smoking, and to receive feedback from the counsellors on what they are experiencing (8/8 or 100 %);
- The non-judgmental style of counsellors and other members of the group (7/8 or 88 %);
- The lessons they learned about their tobacco addiction and the benefits of quitting (e.g., history of tobacco as medicine from an indigenous point of view, intergenerational aspect of the tobacco addiction) (7/8 or 88 %);
- The one-on-one counselling (6/8 or 75 %);
- The creation of a daily action plan, which helped them realize how much they actually smoke, and learn about their triggers and new coping strategies (6/8 or 75 %);
- The spiritual or indigenous component of the program, which helped them connect on an emotional level (e.g., tobacco ceremony to let the addiction float away, a smudge, or the walk of life) (5/8 or 63 %);
- The four-day residential program, which gave them the opportunity to eat and sleep well, to be around non-smokers for several days in a row, and to have more time to learn about their addiction through teaching moments by the counsellors (4/8 or 50 %).[11]

10.3. Suggestions by participants on how to improve the program

In terms of recommendations by participants to improve the program, only one significant trend emerged. Participants mentioned that:

- Group sessions should be offered more often (e.g., every two days or offered in the evening for those who work during the day) (4/8 or 50 %).

Similarly, in terms of recommendations by participants to improve the program, only one moderate trend emerged. Participants mentioned that:

- The residential program should be offered for a longer period of time for those who need it in order to help them develop new coping strategies and behaviour patterns (e.g., two weeks to one month, since tobacco is an addiction) (3/8 or 38 %).

Other suggestions to improve the program mentioned less often by participants included:

- Further expand on the teachings;
- Provide some training on food and nutrition (e.g., cooking seminar or lessons);
- Expand on the native aspects of the treatment to help participants connect on an emotional level; and
- Encourage the community members to offer donations to Mackay Manor.

[11] Of those who were interviewed, only four attended the residential program. All four mentioned that the residential program was a key component of the program.

11. Appendix B : Detailed Results of the Focus Groups

Two focus groups were conducted in December 2018 at two different sites: the first at Mackay Manor with nine participants and the second in Pembroke with six participants. These focus groups were intended to validate findings obtained from interviews conducted in July 2018. Only one of the 15 participants in the focus groups had been interviewed during the summer. All of them had quit smoking for some time, with quitting duration ranging from two weeks to eight months.

Like the interview conducted in July 2018, the findings were grouped according to the following three themes:

1. Impact of the program on participant's life
2. Aspects of the program that were most helpful to participants
3. Suggestions by participants on how to improve the program

Here, we present general trends, highlighting statements that were mentioned in both focus groups, or those that received general consensus within each of the groups.

11.1. Impact of Program on Participant's Life

How it Feels to be Smoke-Free in One Word

Before beginning the focus group, participants were asked to describe in one word how it felt to be smoke-free. Words mentioned include:

- "Freedom" (i.e., To mean not having to plan each of their outings around when and where they can smoke; no longer feeling dependent on tobacco)
- "Included" (i.e., Smokers are often excluded from activities or events)
- "Stable" or "Comfortable"
- "Rich" (i.e., They now have some money in their pockets)
- "Relief"
- "Not trapped"
- "Healthy"
- "Moments" (i.e., To describe the moments they no longer miss when they need to slip out to smoke), and
- "Miracle" (i.e., To mean that it's a miracle to have succeeded in quitting after smoking for 40 years).

First, in terms of the impact of the program, eight general trends emerged which relate to the evaluation questions 3 to 6, namely, reduction of tobacco consumption, improved support, improved mental and physical well-being and improved family wellness (including financial wellness). Respondents indicated that their participation to the program:

- Has helped in reducing their tobacco smoking;

- Has helped them feel supported (e.g., feeling respected, feeling cared for and feeling included);
- Has helped them deal with the fear of quitting, as well as give them hope and confidence in quitting from seeing others who were in the same boat succeed;
- Has improved their outlook on life (i.e., improved their motivation to engage in other positive behaviours such as exercise, healthier eating, doing yoga, remaining drug-free) by providing structure and helping them get on their way to a better life;
- Has improved their health (e.g., improved breathing, reduced coughing, improved level of energy, improved facial colour, improved sense of smell, improved the taste of food, and improved overall feelings of well-being);
- Has had a positive influence on their family (e.g., by encouraging family members to quit smoking and by being a good role model for children and partners by not smoking);
- Was life changing or freeing (i.e., smoking does not dictate their lives; their days don't revolve around their smoking behavior);
- Has helped them save money, which reduces the worry about where to find the money to buy cigarettes.

"I bought a new car and the cigarettes I am not smoking are paying for it". (participant)

11.2. Aspects of the Program that are Most Helpful to Participants

With regard to aspects of the program deemed most effective by participants, eight general trends emerged. Participants mentioned that what they found most helpful was:

- **The use of free "customized" nicotine replacement therapy (NRT**) to deal with their cravings. NRT products and doses were adjusted from week to week based on clients' experience and preferences, and with the help of a counsellor. Several participants indicated that free access to NRT was essential for them, as they would not otherwise be able to afford them.
- **The support through the group sessions**, which allowed them to talk about their struggles, share tips with other people who were attempting to quit smoking (e.g., moving to a non-smoking home, learning from one's own experience after relapse, counting the cigarettes not smoked and sharing the numbers on Facebook), and receive feedback from the counsellors on what they were experiencing. Participants reported enjoying sharing stories with other people who are going through the same struggles and being reassured that they are not alone. They also mentioned that the group meetings also serve as a self-mentoring group with newer members learning from those who have stayed quit for some time. Several participants mentioned they have grown to love the group meetings, even those who initially resisted joining them.
- **The non-judgmental, empathetic and caring style of the counsellors and the other members of the group.** Participants reported that they felt welcomed and accepted even if they relapsed. They explained that in this program, relapse is not seen as a failure but as an opportunity to learn about triggers and new ways of coping without tobacco.

Participants who relapse are encouraged to try again and every attempt is seen as a success. Participants had several positive comments to share about the group: It is seen a safe place, a fellowship, and a family away from home, where it is safe to share openly and truthfully about one's experience.

- **The one-on-one counselling**. Participants appreciated the one-on-one counselling. They explained that during those visits, participants are given valuable information on services available to help them quit smoking, such as NRT, free lung scans, and group meetings. Participants mentioned that thanks to the one-on-one counselling, there is always someone available to help them in times of struggle. Interestingly, there was a general consensus among the participants that it is easier to build trust with counsellors who have been through the struggles themselves.
- **The combined components of the program.** Participants generally agreed that the program components (NRT, one-on-one counselling, group meetings) worked better when they are used together, such that they reinforce one another and avoid feelings of isolation or misuse of NRT.

Two other aspects of the programs mentioned by participants included the timing of the group meetings and the Nutraceuticals:

- First, participants at the Pembroke site mentioned appreciating that the group meetings were held at lunchtime with Pizza, allowing people who work during the day to attend the meetings.
- With regard to the nutraceuticals, the findings of both sites combined are mixed such that some participants felt they were helpful, while others were more skeptical about their purpose and efficacy.

11.3. Suggestions by Participants on how to Improve the Program

In terms of recommendations to improve the program, participants in both groups mentioned that:

- The group meetings should be made more available to people who work during the day. For example, group meetings could be offered in the evening or on weekends.

Other recommendations in one of the two groups included:

- Government officials should be invited to the group meetings to help increase awareness of the program and to help them better understand the importance of the program for the community.
- Access to the program could be further promoted and advertised using different platforms to make it available to more people (e.g., Facebook, Newspapers, Program cards with key information that can be shared with friends and family).

One other recommendation elicited mixed feelings. Some participants indicated that it would be a good idea to help members in the group meetings more easily connect with one another (e.g., by creating a Facebook Group). Other participants indicated that such a group would only be beneficial if it was facilitated by a counsellor or coach to help direct the conversation toward a productive dialogue.

Of note, the focus group participants did not mention anything regarding the development of specific skills such as crafts or journaling, or indigenous practices. In the past four to five months, the program focused less on "indigenous healing practices" (e.g., tobacco ceremony, smudge, walk of life), but more so on the smoking experience and on quitting. Moreover, the extended 4-day residential program was only offered once during the summer. While both the residential program and indigenous activities were reported as beneficial by participants, those elements may not be essential to run an effective tobacco recovery program with this target population.

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