

Executive Summary

Background to Phase 1 of the STARSS National Rollout

The original **STARSS (Start Thinking About Reducing Secondhand Smoke)** project was funded for development in Ontario by the Tobacco Control Programme (Prevention, Cessation, Education – Ontario Region), Health Canada and the Tobacco Control Programme, Office of Mass Media, Health Canada. This project unfolded over 2002 to 2005 and supported the needs of one of the highest risk groups of smokers; that is, low-income mothers and their children who are exposed to second hand smoke (SHS). It was also developed specifically to meet the needs of staff of the Community Action Program for Children (CAPC) who may not have had much experience delivering smoking reduction/cessation strategies. In August of 2006, funding for an eight month national rollout of **STARSS** was provided by the national office of Tobacco Control Programme of Health Canada. The national rollout was undertaken in partnership with five CAPC programs that are funded through the Public Health Agency of Canada, including sites in Whitehorse, Yukon; Grande Prairie, Alberta; Portage La Prairie, Manitoba; Sudbury, Ontario; and Sydney, Nova Scotia.

The **STARSS** strategies were integrated into the five national rollout sites, all of which had varying capacities and varying experiences with conducting smoking programs for their participants. Although some of the staff of the various sites had some experience delivering smoking reduction/cessation strategies, all of the staff began the national rollout reporting very low self efficacy scores for initiating and conducting smoking interventions with their participants.

A National Advisory Committee was also established. One of the goals of the national rollout of **STARSS** was to link CAPC projects with regional/national groups who have an interest in women sensitive approaches to smoking issues.

STARSS Project Goals and Activities

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

Over an 8 month period, the activities of the national rollout of **STARSS** included: adapting the **STARSS** materials into French; disseminating the **STARSS** materials to the rollout sites; implementing the **STARSS** strategies within the rollout sites; supporting the implementation of **STARSS** strategies within the rollout sites, including national meetings, national teleconferences, individualized communication, and on site



consultations; assessing the opportunities and challenges the national CAPC rollout sites have in implementing **STARSS** strategies; supporting the rollout sites to act as “regional champions” for **STARSS**; updating **STARSS** materials; developing a national implementation and distribution strategy for the **STARSS** materials; and evaluating the national rollout of **STARSS**.

Some additional project activities included: a First Nations adaptation of the **STARSS** materials; Ontario CPNP Teleconferences and an Ontario CPNP Videoconference; training within rollout site communities; Public Health Agency of Canada national meetings; and other training that evolved through the work of **STARSS** across Canada.

Evaluation

The evaluation examined four primary areas: service provider ratings of knowledge, skills, and confidence levels; analysis of the implementation process; educational intervention at informal groups; and formal intervention either through group or individual sessions. The following conclusions were made.

- The **STARSS** program was successfully integrated into the national rollout sites included in this evaluation. Although these sites were all CAPC/CPNP sites and had established relationships with and programs for low-income moms with children, in many other respects, they differed significantly from each other. Staffing ranged from a site with 25 staff to a site with only one staff. Past experience in working with tobacco issues ranged from offering smoking cessation programs once per year to a site that had never addressed smoking issues at all. In addition, several sites had very large geographical areas to cover. Two sites provided services primarily to First Nations women. These variations attest to the flexibility of the **STARSS** program and indicate that it can be tailored to meet the needs of a variety of services for low-income women.
- Having an attractive, welcoming, empowering display of **STARSS** information and messages results in women asking questions about the topic and opens up a discussion of the topic.
- **STARSS** was easily integrated into existing programs. Implementation was a process of involving staff in tailoring the materials and format of the program into their day-to-day work as opposed to running a smoking cessation program once per year. **STARSS** could fit into all different types of existing programs and formats of delivery, from drop-ins, informal groups, formal groups, home visits, telephone counselling, and email counselling. The program also worked well with all types of women, from women living on the street, young, pregnant women, older women who were looking after grandchildren, and First Nations women.



- It was imperative that staff had an already developed relationship and engagement with the women in the programs which created a platform to gently introduce **STARSS** strategies.
- The training, program materials, and ongoing support increased service providers' knowledge, skill level, and confidence in their ability to work with their participants on this issue. Aspects of training that were particularly helpful included on-site consultation, ongoing support, assistance in tailoring the program to the site, problem-solving, teleconferences, having multiple trainings, and the high quality of the materials.
- The structure of the implementation process greatly assisted the pilot sites in being able to integrate the **STARSS** program into their work. Aspects of the implementation structure that were particularly helpful included honorariums, on-site consultations, teleconferences, training, 1-800 number, support and advice, and the fact that the **STARSS** program would be integrated into their current work, rather than being viewed as an additional program to add to their workload.
- The characteristics of the **STARSS** program contributed greatly to the ease of implementation. These characteristics include: the philosophy of the **STARSS** program which focuses on harm reduction and espouses a non-judgemental approach; the flexibility of offering the program in many different modalities; the ability to tailor the program to fit the needs of different populations of women and staffing needs; the user-friendly, attractive materials and hands-on concrete aids to deal with stress and cravings; and the positive emphasis of the **STARSS** materials.
- The program was extremely cost-effective as it was integrated into existing programs who had already established trusting relationships with low-income women with children. The primary benefit to the funders of combining the **STARSS** program with CAPC/CPNP sites was that an entirely new service did not have to be created and that the target group of women was already being seen by these services. The primary benefit to CAPC/CPNP sites was the **STARSS** program raised an awareness of a topic that fit extremely well into their objectives and philosophy of working with women. It was a usable format that could be integrated with existing programs and extended their programs, making them more comprehensive. It increased their confidence in dealing with tobacco issues.
- The **STARSS** program fit extremely well within existing informal groups; that is, groups that women were already attending. Service providers found it easier than they expected to raise the topic of SHS and to keep the discussion going. The level of interest in the topic was higher in groups where the majority of women were smokers or who had someone in the household who smoked.



- Women attending informal groups retained information learned at the group and used a variety of strategies to reduce SHS exposure to their children. 92% of women could recall specific strategies discussed at informal groups 3 to 4 weeks after the informal group. 91% of the women attending informal groups had used one or more strategies to reduce SHS exposure to their children. A brief intervention using the **STARSS** program within an existing group for women with children leads to positive behaviour changes in protecting children from SHS.
- Offering an educational component at an informal group can act as a screener to identify those women who may be interested in a more formal intervention. 22% of women attending informal groups moved to the more intensive intervention.
- Formal groups were difficult to set up and maintain and were offered rarely. It is likely that formal groups are appropriate only in situations where there are particular sites that have sufficient numbers of women who are interested in attending the program and are able to manage attending more than one session.
- Women responded well and reduced their smoking. Women who received formal interventions who responded to questionnaires reported being very satisfied with the **STARSS** program and they incorporated many different strategies to reduce SHS exposure to their children. The program also had a major impact on reducing their smoking.

Ways to implement STARSS strategies

There are many different ways to use the STARSS information. The way you choose to use it depends upon your comfort and experience with smoking strategies. And it depends upon the capacity within your work site. Here are some of the ways STARSS has been used, from very informal to more intensive applications:

- **Informal implementation #1 – Posters and Handouts only:** Some programs have never introduced smoking issues into their programming. So staff members may not feel they have the skills or information to start. Or they may not want to introduce smoking for fear of turning away participants. However, we found that if you put up **STARSS** posters and leave out a few **STARSS Handouts** (in particular, **What Works!**, **Effects of Secondhand Smoke on Children**, **What Smoking Costs**, and **How to Be a STAR! Secondhand Smoke Protection**), interest is generated among participants and staff begin to increase their confidence to discuss smoking issues.
- **Informal implementation #2 – Handouts and Worksheets in existing groups:** Once staff feel more confident or there is enough interest from



participants, you can use the **STARSS Handouts** and **Worksheets** in existing groups within your program. We found that if you put out the **Handouts** before a group meeting, moms will start to ask questions. Then you can move on to discuss information contained in the **Worksheets**. For example, leave out the **What Works! Handout** and then have a discussion in your group from **Worksheet #4 Positives and Negatives of Smoking**.

- **Formal implementation #1 – STARSS specific group:** Once the moms in your program are familiar with the **STARSS** materials, you can offer to hold a specific **STARSS** discussion group. This could be a one session offer. Or you could run a group discussion of two or more sessions, in which you incorporate several of the **STARSS** worksheets as the basis for discussion.
- **Formal implementation #2 –individual sessions:** Each session can be delivered as part of regular contacts you already have with women. The first two sessions take longer to deliver but the remainder take no more than 15 or 20 minutes each. “Sessions” need not be every week. They could be two or three weeks apart or even monthly. It depends on your program and the woman’s readiness to move forward. The seven sessions have been designed to be delivered on a one-on-one basis. The **STARSS** sessions are presented as a way to have a guided dialogue between you and moms. They are not intended to be used as a formal, teaching curriculum. The individual sessions are outlined in the **STARSS Sessions** section of the **Guide to STARSS Strategies**.

Other STARSS implementation ideas

The **STARSS** materials were designed to be flexible and used by you in the way that suits your site the best. We also wanted the materials to be suitable for women of many backgrounds. We found that the message and the materials are well suited to many different moms from many different backgrounds. For example, for First Nations moms, we would include the sacred use of tobacco in our discussions. And we altered some of the **Handouts** and **Worksheets** by photocopying graphics and images on the backs. For example, for First Nations moms, we used the graphics found in the cessation manual called “Healing From Smoking” produced by the Health and Social Services Commission of the First Nations of Quebec and Labrador. The link to this excellent resource is

<http://www.aboriginalcanada.gc.ca/acp/site.nsf/en/ao27168.html>

There are many ways you can modify the **STARSS** materials to suit the needs of your site and your participants.

