



Phase 2 of the National Rollout of STARSS (Start Thinking About Reducing Secondhand Smoke)

Report of the First National Meeting **Ottawa, January 18th and 19th, 2010**

Report from Day 1 (January 18th)

Present: Wendy Reynolds/Brenda Miller (AWARE), Genevieve Clarke (Northwest Territories), Christine Sim (British Columbia), Raylene Witt (Saskatchewan), Lynne Parker (Manitoba), Jacquie Lidstone (Prince Edward Island), Linda Floyd Sadler (New Brunswick), Lisa Osmond and Nicole Hoben (Newfoundland), Sylvie Palin (CAPC/CPNP National Projects Fund, PHAC), Sarah Doak (Health Canada)

- 1. Welcome, introductions, and housekeeping issues:** Sylvie welcomed everyone to the first national meeting for **Phase 2 of the National Rollout of STARSS** by expressing the pleasure of the National Projects Fund (NPF) office of the Public Health Agency of Canada (PHAC) to support the project. Funding from the NPF has enabled us to include our **Phase 2** rollout sites from CAPC/CPNP projects across Canada to make **STARSS** a truly national project. Sylvie noted that we are now able to build on the successes, challenges, and lessons learned from **Phase 1 of the National Rollout of STARSS**. Sylvie also congratulated the CAPC/CPNP projects in their resourceful, creative, and successful on-going efforts to promote healthier living situations for young children and their families, in particular as smoking impacts so directly on everyone's health and well-being. Sylvie commented that our CAPC/CPNP projects always rise to the challenge of addressing the many determinants of health that are faced by young children and their families.

Wendy welcomed everyone and echoed Sylvie's sentiments. In particular, we are grateful to the CAPC/CPNP projects and their sponsoring organizations which have made the commitment to get involved in **STARSS**. Then, introductions were made. (Wendy noted that Lynne Parker is also attending today's meeting, even though the Manitoba site was part of **Phase 1**; Lynne has only recently taken over the training component of **STARSS** within their CAPC project and felt she could use more background training.) Participants were asked to introduce themselves by telling the group something about their program.

Wendy then walked everyone through their handout packages. (See Appendices to this report.) A pretest evaluation form from the project's evaluator was distributed for all to complete. The contact list for all the sites was distributed and some changes to Lynne's contact information were noted and made.

Wendy also reminded everyone that AWARE has established a national toll free number (800/635-0005) for all the rollout sites to use when contacting us.

The PowerPoint presentation that Wendy used in Ottawa is available upon request or from the AWARE website. Please feel free to adapt and use this in your communities.

2. **Overview of the agenda and process for Phase 2:** Wendy looked over the agenda for today and tomorrow. She briefly explained the process and intent of the site visits, which we hope to schedule for February. The first site visit is intended for the rollout site staff only; however, during the second site visits (scheduled for June), we can expand the training to include other projects/ interested participants in your regions. Partnership agreements will be established with you during the site visit. The evaluation for **Phase 2** only focuses on the **Phase 2** rollout sites.

We also have our scheduled monthly national teleconferences that we have been holding since September 2006 and we hope that the **Phase 2** rollout sites will be able to attend monthly. Also over the next day and half, we want to look at ways we can get people more involved in the **STARSS** section on the AWARE website. We have started distributing monthly newsletters which are also posted (and translated into French) on the website and there has been fairly high activity in newsletter downloads from the site.

Wendy also noted that during **Phase 1**, the materials were modified slightly to suit different cultures and different target populations (such as families). We can do this again, depending on the individual needs of your rollout site and we can discuss any necessary modifications during the site visits. AWARE is happy to support modifications of the materials, as long as this is done in close cooperation with AWARE.

3. **Discussion of women and smoking:** We spent some time generating discussion about the women seen in CAPC/CPNP and the issues in their lives that are connected to women's smoking. Wendy presented some quotes from women who smoke and the difficulties they have in their attempts to smoke outside. A conversation followed regarding the difficulty moms have to reduce their smoking in their homes under stressful conditions. Also, there was discussion of attitudes that some service providers may have who say unhelpful things like "why don't you just quit?", which shows a lack of understanding regarding the addictive nature of tobacco and the social and psychological conditions that encourage women's smoking.

Also, we discussed the issue of “saving money” that is often suggested as a reason women should quit smoking or could put the money saved by not smoking cigarettes toward the purchase of smoking cessation aids. We all agreed that the women we know who smoke are much more likely to use any money saved by not smoking for the purchase of food for their families. Issues of boredom, isolation, hunger, anger, violence, and safety valves were discussed.

Also, there was discussion about information presented to young children in the school system; it seems so much information is being given to children about smoking, which then sends them home terrified that their moms are going to die. The effect of this on mothers was discussed: Kids tell their moms to stop smoking, which increases the guilt moms experience, and maybe they feel compelled to say “just leave me alone”, creating more conflict with their children and with their own feelings.

Another important issue is how moms can deal with partners, ex-partners, other family members, and friends who smoke. She may be taking all the right steps to limit or eliminate smoking in her own home but finds it difficult to discuss the issue with others. Or, in fact, it may not be physically safe for her to do so, if she lives in an abusive environment.

The issue of why it is difficult to quit was also discussed by participants. Poverty was discussed as a major obstacle to quitting smoking. Also, many women who do not have enough money to purchase enough food for their families will use cigarettes as appetite suppressants, so they eat less themselves and have therefore have more food available to feed their families. There are also important cultural differences in smoking to consider.

Within some regions, Child and Family Services are starting to look at smoking within the home. One of the many unfortunate consequences of this is that it provides another opportunity for abusive or vindictive ex-partners or neighbours to report women to child welfare agencies. Furthermore, the community at large is critical towards the mother who smokes, labelling her as a “bad mother”, when in fact smoking may be a very legitimate coping mechanism.

4. **Challenges and opportunities:** The challenges and opportunities are for introducing tobacco strategies into CAPC/CPNP were discussed, given that CAPC/CPNP staff are very busy supporting families on a number of dimensions. During **Phase 1**, the opportunity to work with five different rollout sites who had varying degrees of capacity was extremely helpful in determining the best way to reach others working in CAPC/CPNP. Similarly, during **Phase 2**, our participating rollout sites have varying capacities.

Some of the challenges and opportunities discussed included:

- Staff may be reluctant to take on another challenging topic when there is no new money being provided to programs to do so. We need to turn this into an opportunity to encourage staff to find ways to incorporate smoking strategies into the work they already do.
- Some staff in CAPC projects may also be smokers and this may increase their own personal guilt about smoking and create a barrier, in that they feel hypocritical discussing smoking with participants when they are smokers themselves. This can be seen as a great opportunity to focus on the **STARSS** message; that is, not smoking cessation but trying to develop creative, positive ways to reduce smoking around children. Also, we found from **Phase 1** that this was an opportunity to “evaluate how you do business” in the sense that introducing **STARSS** to your site may be a great way to start talking to staff about ways they can reduce their own smoking (in particular at work) and to avoid smoking with program participants.
- In CAPC/CPNP programs where smoking has not yet been broached with participants as a topic, there may be a fear among staff that talking about smoking too soon will prevent women from attending other programs they vitally need, such as parenting and food programs. This is an opportunity to start small with the gentle message of **STARSS**, by putting up posters and making handouts available. This also provides women with the security of knowing that they *can* talk about smoking with staff, if they wish to do so. Staff may fear that they are going to say something at the wrong moment and feel that it is better that they are engaging with CAPC/CPNP than anything else. We discussed this as an opportunity to view people at different levels of awareness and how to work with both staff and women at different stages of change.
- There is often staff turnover so consistency in the delivery of **STARSS** strategies may be a challenge. However, the **STARSS** program was developed specifically with ease of delivery in mind, so hopefully once program staff are trained, it will be fairly simple for them to transfer the learning to other staff within the organization. We have also found from **Phase 1** that there was the usual amount of staff turnover, in particular at the management level; however, **STARSS** has continued to be integrated and implemented. In fact, our evaluator is very interested in conducting a retrospective evaluation of this phenomenon and what the key components were for ensuring that the **STARSS** work continued on both a national and regional level without on-going funding during the period March 2007 (the end of **Phase 1 of the National Rollout of STARSS**) to October 2009 (the beginning of **Phase 2 of the National Rollout of STARSS**).

- A huge challenge is the building of communication skills between program staff and participants, in particular with women who may only attend CAPC/CPNP once or twice. Again, one of the real strengths of the **STARSS** program is that there are many different levels at which a woman can get involved, from unobtrusive all the way through to intensive. Involving a mom is done on a gradual basis, such as putting up posters and having handouts available for discrete pick up, then a focused discussion during an informal group, then the opportunity for women to engage in the individual intervention.
- We also discussed the necessity to keep the **STARSS** materials gendered; i.e., specific to women, because we know from years of research that smoking is gendered – there is no question about it, men smoke and quit for different reasons than women do. It may be possible to run a parallel program for dads, but **STARSS** and this project needs to target women/mothers and this is what the evaluation is based on.
- Different CAPC/CPNP sites will be at different levels and capacities in their abilities to implement **STARSS**. This includes the rollout sites, so we can see this as a real opportunity to develop a range of ways that CAPC/CPNP can implement **STARSS** at the national level. We talked about how to think about various CAPC/CPNP sites being at different stages of change, just as women are when it comes to smoking. Some sites will be at precontemplation while others are in the contemplation or action stage. The main thing is to use the already developed relationship and engagement you have with the women in your programs as an opportunity to gently introduce **STARSS** strategies. You can do this at whatever level of comfort you have. For example, start by just putting up posters and using fact sheets as handouts that women can pick up by themselves. Then, if women approach you, you can take it up a level and start asking questions. Ask open ended questions (for example, have you ever thought of what it would be like to quit smoking? Don't ask, why do you smoke?) What is important to the woman? Go from there to develop a goal. Work with the woman on her level.

5. **Background to STARSS:** Wendy described the background to **STARSS** as it was developed in Ontario between 2003 and 2005 and then by **Phase 1 of the National Rollout of STARSS**. The Ontario pilot was funded by Health Canada through the Tobacco Control Program, as was **Phase 1**. The current project, **Phase 2 of the National Rollout of STARSS** is funded by the CAPC/CPNP National Projects Fund of the Public Health Agency of Canada.

STARSS was designed to meet the needs of a very specific group of smokers; that is, precontemplators or contemplators – in other words, women who aren't ready

to quit smoking. The reality is, people smoke, and while abstinence is best, it is not always possible. There are loads of positives steps women can take, such as cutting out one cigarette per day, which helps the smoker begin to gain control over her smoking. **STARSS** emphasizes that it is important to find accomplishments (“small steps”) that are manageable in order to gain confidence. The **STARSS** strategies are not rocket science; instead, they are fairly straightforward smoking cessation strategies that have been modified to a small steps approach with the goal of smoking outside and away from your children, rather than quitting smoking. The reality is that nearly everyone who has participated in **STARSS** has made at least one quit attempt and has reduced the number of cigarettes they smoke by up to half. So a huge advantage of the **STARSS** approach is that it doesn’t turn people away if they are still smoking; **STARSS** keeps participants engaged in the process.

The messages on the **STARSS** posters were inspired by women who smoke and colouring contests were held for children. The posters emphasize smoking outside as one of a range of things mothers do to love and protect their children, including getting flu shots, holding hands to cross the street, wearing seatbelts/car seats in the car, and dressing warmly in winter. The Whitehorse rollout site worked with AWARE to adapt the posters to include more northern scenes and messaging, called **North STARSS**. More information about this will follow on Day 2 of the national meeting.

6. **Discussion of STARSS philosophy and messaging:** The **STARSS** philosophy is based on several different precepts that will be familiar to CAPC/CPNP project staff. First of all, **STARSS** is a harm reduction approach where “success” is measured by small steps, not by smoking cessation. It is a strengths based approach that acknowledges the love moms have for their children, positives are emphasized, and self-efficacy is nurtured. **STARSS** takes a cognitive approach that encourages moms to think through their behaviours in order to make changes and gives moms skills to help them make a quit attempt when they’re ready. It adopts a goal setting strategy, building on every change a mom makes (no matter how small) to the larger goal of smoking outside (not quitting). **STARSS** is also based on an empowerment model that gives moms a sense of control over their smoking and their lives and where setbacks are not seen as a “failure” but rather as an opportunity to try a different approach. **STARSS** is participant focused; moms guide the entire process and we meet them where they are in their process. Finally, **STARSS** is flexible; it can be used in existing programs or be a program on its own; it can be used one-on-one or in a group setting; or it can be introduced formally or informally.

The harm reduction message may be a difficult one for allied service providers (specifically, those in public health) who are tasked with promoting smoke free lifestyles. We have faced this challenge with some public health providers in Ontario and elsewhere; we try to make it clear that the **STARSS** message should be seen as an intervention message, not a general public health message. It is a

way to continue to provide support to women who just are not ready to quit smoking. We also often talk about this as a way to “keep the conversation going” after the conversation has been started by asking women “do you smoke”. That is, if a woman says yes, I smoke but I’m not ready to quit, then we cannot simply abandon her. We need to find ways to engage her and keep her interested. So this was one of the reasons **STARSS** was developed – it engages women and keeps them involved in the smoking conversation, until she reaches a point where she may be able to make a quit attempt. Wendy urged site participants to use the **STARSS** materials in whatever way is most suitable for their communities, but the posters and message component of **STARSS** were developed as a more targeted intervention for CAPC/CPNP sites in particular, not as a general public health message. We talked about how we cannot shy away from harm reduction messages, even when there may be pressure to do so, because we know that this is an effective and supportive approach to take with moms.

The main **STARSS** message is “my mom loves and supports me in many different ways”. This message is extremely important; it came directly from women and it acknowledges the love and warmth they have for their children. Women said, “Just because I smoke doesn’t mean I don’t love my children”, which unfortunately is a message they’ve heard from service providers.

We found in **Phase 1** that the more creative the rollout sites were with the **STARSS** messaging, the more moms wanted to get involved. Some sites put up signs that said “Ask us how you can be a **STAR!**” Others had stars hanging from the ceiling, star mobiles, or stars posted on message boards. Some had children draw on stars with the ways their moms love and protect them. Then moms would say to staff “I want to be a **STAR!**” which opens the door for staff to tell the woman all about **STARSS**. Other sites had star shaped food (cupcakes, sandwiches, star fruit) during lunch groups to emphasize the theme.

We also found during **Phase 1** that we did not need to make many modifications in the **STARSS** materials for First Nations communities. We will hear more about this tomorrow from the Yukon and Manitoba sites, but primarily we found all we needed to do was to add a few more graphics that we took from a compatible First Nations toolkit called “**Healing From Smoking**”. The website for this toolkit can be found in the **Guide to STARSS Strategies** (useful websites in the appendix section).

- 7. How to implement STARSS:** Based on **Phase 1**, we want to emphasize that there are many different ways/levels you can implement **STARSS** in your projects. It all depends on your comfort level and your capacity. Anything you do will be successful, whether it is minimal or more intensive; again, we know this from the evaluation of **Phase 1**.

Posters and Handouts Only (minimal). Put up posters and leave out the following handouts (What works!, Effects of Second-hand Smoke on Children, What Smoking Costs, How to Be a Star! Second-hand Smoke Protection). Rotate

posters and handouts. Make sure there aren't other posters/handouts that contradict the **STARSS** message. Have snacks in the shape of stars, hang stars/decorate your organization with stars, and have kids do a star activity. This is a good way to first introduce the topic of smoking into your organization – it generates interest among participants and increases staff confidence to discuss smoking issues.

Handouts and Worksheets in Existing Groups. Put out the What works! Handout before a group; this may start discussion or promote questions. Introduce the topic starting with the positives that moms already do to protect their kids. Distribute and discuss worksheets or handouts. The following are good ones to use (although you may only have time for one):

- Worksheet 1: Short term Goal Examples
- Worksheet 3: How to choose a Smoking Place
- Worksheet 2: DEEDS
- Worksheet 4: Positives and Negatives of Smoking
- What Works! Handout

Have a discussion/activity that talks about the facts and myths of second hand smoke. And, above all, keep the discussion away from quitting smoking.

STARSS Workshop or Series. Once the moms in your program are familiar with the **STARSS** materials, you can offer to hold a specific discussion group, which could be one session or 2 to 3 sessions. Talk about and validate the reasons women smoke and why it is hard to quit. Discuss all the ways women protect their children and introduce **STARSS** as one other way she can protect her child from second-hand smoke. Distribute and discuss Worksheets 1 – 4.

Individual Sessions (intensive). Each session can be delivered as part of regular contacts you already have with women. There are 7 sessions outlined in the **Guide to STARSS Strategies**; the first 2 take a little longer (and they can be collapsed into one session to suit your purposes) but the remainder take no more than 20 minutes each. Sessions do not need to be every week and they are participant led; it depends on the woman's readiness to move on. This is where you would most likely use the **I'm a STAR! Journal**, as the journal is not intended to be handed out indiscriminately to women, but rather to be used as a tool that you and the woman work through together. It is intended for moms who are in the stage of wanting to make some changes in their smoking (preparation or action stage). The **I'm a STAR! Journal** has also been used with groups of participants working through the materials together.

8. **Other ideas and issues:** We chatted a bit more about the site visits. Wendy would like to combine Port Alberni and Regina, preferably in the second week of February, as the Olympics start and flights after that are either already booked or very expensive. Then, she would like to combine Sussex (NB) and Alberton

(PEI) the following week. Finally, the last week of February would be the visit to Newfoundland. Everyone agreed to this schedule. Wendy will contact everyone next week to confirm. We adjourned for the day and look forward to meeting with our **Phase 1** rollout sites on Tuesday.



Phase 2 of the National Rollout of STARSS (Start Thinking About Reducing Secondhand Smoke)

Report of the First National Meeting **Ottawa, January 18th and 19th, 2010**

Report from Day 2 (January 19th)

Present: Wendy Reynolds and Brenda Miller (AWARE), Genevieve Clarke (Northwest Territories), Lindsay Roberts and Shannon Duke (Yukon), Christine Sim (British Columbia), Cheryl Stetsko Mayne and Terry Weber (Alberta), Raylene Witt (Saskatchewan), Lynne Parker (Manitoba), Jennifer Sells (Ontario), Jacquie Lidstone (Prince Edward Island), Linda Floyd Sadler (New Brunswick), Lisa Osmond and Nicole Hoben (Newfoundland), JoAnna LaTulippe Rochon (Nova Scotia), Sylvie Palin (CAPC/CPNP National Projects Fund, Public Health Agency of Canada), Sarah Doak (Health Canada), Suzanne Beaulieu (Public Health Agency of Canada)

- 1. Welcome, introductions, and housekeeping issues:** Sylvie welcomed our participants from **Phase 1 of the National Rollout of STARSS** and once again commented on our excitement over the fact that **STARSS** is now truly national. We introduced ourselves using yellow stars on a map of Canada, so each of us could have a visual of where each of the 11 rollout sites is located.

Wendy summarized the discussion from Day 1; she once again emphasized that there are many ways to integrate **STARSS** into your programs and even a minimal integration will be effective.

- 2. Regional reports from Phase 1 rollout sites:** Wendy prefaced the discussion by noting that at least two of the original rollout sites had applied for and received additional funding for **STARSS** activities, so those sites were able to do a lot. Others, however, were able to do great things with nothing.

Nova Scotia: JoAnna described the various ways her FRC was able to implement **STARSS**, which really was the gamut of the different ways **STARSS** can be used. JoAnna's FRC has about 25 or so staff and they have outreach sites all across Cape Breton Island. Different sites implemented **STARSS** in different ways, depending on the location, the participants, and the type of service offered. So, JoAnna's staff in one home visiting setting provided individual sessions with

women. At another site, they ran a couple of **STARSS** groups, collapsing the information from the individual sessions into two group meetings. And they also engaged women in the more informal approaches allowed by **STARSS**, using posters and handouts.

All three implementation strategies met with success; the FRC staff also found that incorporating **STARSS** material makes for great conversation in other programs (again, using the posters and handouts). The FRC also has a calendar for each of the four counties in Cape Breton; they put **STARSS** information in the calendar, along with tips for reducing second hand smoke around children. Wendy sent the **STARSS** material and came for the initial training with the staff who would be implementing **STARSS**; by the time of the second visit, there was enough interest from staff to have a training session for the entire staff group. In addition to **STARSS**, Wendy also provided **SMART Guide** training at that point.

Over the past two and a half years, JoAnna has done seven trainings with hundreds of FRC staff from across Nova Scotia, so that all CAPC/FRC staff in Nova Scotia have been trained on **STARSS**. It was a good collaboration between the regional office of PHAC and the provincial regional health folks who were also interested in ensuring that **STARSS** training was available to all FRCs in the province. The regional health authority provided grants of up to \$1,000 per project to purchase **STARSS** resources and to implement **STARSS** in their projects. Wendy reported that AWARE is still filling **STARSS** order for Nova Scotia, so obviously the training was well received. Wendy also commented that, because of the great interest we had from Phyllis Price who works as a tobacco programmer in the Nova Scotia health authority, this really was helpful in supporting the **STARSS** activities in Nova Scotia (Phyllis is a member of the National Advisory Committee). So the membership on the National Advisory Committee from provincial/regional representatives who work in so-called tobacco control can be very important to the **STARSS** activity.

JoAnna also commented that the **STARSS** e-newsletter is a great way to keep people up-to-date with **STARSS** messages and activities.

Ontario: Initially during **Phase 1**, our rollout site in Ontario was in Sudbury, which acted as the site for the adaptation of the **STARSS** materials into French (known as **BRAVO**). One of the interesting ripple effects in Sudbury was the uptake of **STARSS** by the local public health unit, whose approach to public health messages sometimes does not support a harm reduction model. In fact, this health unit held a large community wide **STARSS** training that Wendy provided. Unfortunately, there were a number of staff changes in the Sudbury site, so they could not commit to continuing with the national rollout, but we have been very lucky to have the support of Suzanne Beaulieu from PHAC. Since **Phase 1**, Suzanne has been very active in making sure both **STARSS** and **BRAVO** have been placed in many CAPC/CPNP projects in Ontario. Suzanne related some interesting feedback she had regarding **BRAVO** from one of her Francophone

projects. She dropped off the **BRAVO** materials but didn't have time to provide any training; she simply suggested that the staff look it over and get back to her to arrange a training time. However, the project coordinator called Suzanne and asked if she could implement **BRAVO** without having to wait for the training, as she had found the materials easy to use and implement. (Of course, Suzanne said yes!)

Wendy also introduced Jennifer Sells from CAPC in Owen Sound; over the past couple of years, Jennifer had applied for and received funding from the Tobacco Control Strategy of Health Canada to implement **STARSS** (among other activities) in her region. Because of Jennifer's extensive experience with **STARSS**, we have asked her to join the national initiative as the Ontario representative/rollout site. Welcome, Jennifer! Jennifer reported that she finds the **STARSS** model a "beautiful" program and has three staff who have become very involved in delivering **STARSS** in a variety of ways, including individual work with women and children, a four session group delivery model, and in First Nations communities. The funding for Jennifer's program with **STARSS** has been extended to March 2011, so there will be lots of opportunities to continue building on the momentum.

Manitoba: Lynne has recently taken over the **STARSS** commitment for the Manitoba rollout site, located in Portage la Prairie, as Heather Leeman has recently moved on to another job. During **Phase 1**, the Portage site was perhaps the most reluctant to start tackling smoking issues, as it was not something they had taken on before and Heather had a lot of concerns that addressing smoking would turn away participants from the other much needed services. So they began with the very minimal approach of **STARSS** posters and handouts only. Heather colour coded the handouts and simply counted how many were picked up. She and her staff also took the opportunity to do a complete environmental scan, to eliminate any posters, signs, messages, etc. in their centre that did not support the **STARSS** message. Soon staff and participants were comfortable with the **STARSS** materials and they had a couple of **STARSS** specific workshops. Lynne began to integrate more stars symbols into everyday activities (such as star shaped sandwiches, a star mobile, a wall of stars, and so on) which really helped to initiate **STARSS** discussions with participants. More recently, Heather did a **STARSS** training session at the CAPC annual conference last September and just a week ago, both Heather and Lynne provided **STARSS** training for the Manitoba CPNP projects, along with some other service providers. Lynne has also had requests from family support workers from various agencies who would like training. Lynne finds **STARSS** easy to talk about and an exciting approach. Lynne also had some **STARSS** themed rhymes to share with the group:

Twinkle, twinkle, my mom's a star
She doesn't smoke where we are.
Twinkle, twinkle, my mom's a star
She doesn't smoke in my car.

Twinkle, twinkle, my mom's the best.
No one smokes in our house, not even a guest.
She keeps us safe both day and night.
She's our hero, shining bright.

Alberta: Cheryl Stetsko-Mayne has taken over fairly recently from Melanie Freeman, so Wendy and Terry Weber (from one of the Grande Prairie outreach locations) were able to provide the Alberta background for **Phase 1**. Melanie had all kinds of great **STARSS** implementation ideas, which we now wish we had photos of for our website. She had stars hanging from the ceiling and posters everywhere that said "ask us how you can be a **STAR!**" She also had star themed lunches for her moms groups. During **Phase 1**, **STARSS** was implemented in Grande Prairie and its outreach locations in many different ways from the minimal (posters and handouts only) up through the individual approaches that Terry was able to implement during her home visits, which she is still continuing. Terry really is our individual "expert" as she has probably done the most of this approach of anyone. Terry has been able to use the individual **STARSS** strategies in the add-on way they were intended (short sessions as part of the regular home visit); most of her moms were able to stop smoking around their children and a few of them were able to quit smoking completely. (This is very similar to the results of the Ontario pilot.) Terry has also used the **STARSS** materials with grandparents (and with her own husband!)

After **Phase 1** was completed, Melanie did three major trainings across Alberta, with staff from CAPC/CPNP, Aboriginal Head Start (AHS), First Nations and Inuit Health Branch (FNIHB) projects, and Alberta Alcohol and Drug Abuse Commission (AADAC) staff. This was a great example of support from both the Alberta regional office of PHAC and FNIHB, who jointly funded these trainings. There was an evaluation done of the Alberta training, which Wendy has if anyone is interested.

Cheryl has been excited by the **STARSS** discussions during the national meeting and now feels able to introduce the strategies with new staff at the host site in Grande Prairie.

Yukon: Lindsay Roberts is the project staff for the CPNP site in Whitehorse and Shannon Duke has been working with Lindsay (and Prema Ladchumanopaskeran before that) on **STARSS** almost full-time since **Phase 1**, as they applied to Health Canada for funding and received project monies to develop **STARSS** throughout the Yukon (and later, more funding for NWT). They modeled their regional rollout on the national model developed by Wendy during **Phase 1** with a mentoring focus and have very successfully piggybacked **STARSS** onto existing programs. Shannon provided many examples of the kinds of activities they have engaged in throughout Yukon. They collaborated with Wendy and AWARE to make minor modifications to the **STARSS** materials and with AWARE's permission have called it **North STARSS for Families**. With their funding from

Health Canada, they have developed a companion set of posters and some other promotional items (such as a window cling, fridge magnet, a star-shaped stress squeezie, and so on). Wendy reported that she has budgeted in the **Phase 2** rollout for some of these to be produced and distributed nationally, depending on their national applicability and their ability to be translated into French.

Shannon also reported that one of the lessons they learned from **Phase 1** of the rollout was the importance of the follow-up calls that were part of the original evaluation. They found that this contact with **STARSS** participants three to four weeks after the original contact was so valuable to keeping people engaged that they have kept this as a part of their **STARSS** programming.

Summary: We had a lively discussion about all the great **STARSS** implementation ideas and resources that have evolved during and since **Phase 1** of the rollout. In particular, it is great to hear about how most of the sites are able to engage in so much **STARSS** activity with no additional funding. **STARSS** was designed to be very simple and straightforward and the learnings from **Phase 1** of the rollout show this continues to be true. With extra funding, our Whitehorse and Ontario sites have done great things; however, the other sites have done things that are just as remarkable, with no extra funding. Wendy wants to collect as many ideas as possible from all of the national sites and have these accessible (hopefully with accompanying photographs, if available) on the **STARSS** section of the AWARE website so that people can access the implementation ideas and cherry-pick those that appeal most to them.

3. **Overview and discussion of Phase 2 of the National Rollout of STARSS:**

The timeline for **Phase 2** is October 16, 2009 to October 31, 2010, so we have longer than during **Phase 1** of the rollout; while it is still a short time frame with a lot to accomplish, we know from **Phase 1** that we can do it! This time, the rollout is funded by the CAPC/CPNP National Projects Fund of the Public Health Agency of Canada, while **Phase 1** of the rollout was funded by the Tobacco Control Strategy of Health Canada. We have different but similar deliverables this time around; the project deliverables and work plan for the current project are attached to this report.

Basically, the objectives and activities of **Phase 2** are to assist the six new rollout sites to implement the **STARSS** strategies in whatever way supports the focus of their day-to-day programming; we know from **Phase 1** there are certain things that will be common but there will also be unique adaptations. We are also developing a train-the-trainer guide and translating that into French. Another deliverable is to engage our **Phase 1** rollout sites as regional mentors for the **Phase 2** sites. We also want to include new members of the National Advisory Committee (or, more properly, the “community of practice”) who can represent the provinces/regions represented in **Phase 2**. Attached to this report is the “Who’s Who” list of people who are involved with **Phase 2** nationally.

The kickoff for **Phase 2** is this national meeting, now that all of the rollout sites have been selected. Wendy discussed the training visits to the **Phase 2** rollout sites, which will be in February and June. During the first site visit, we plan your tentative strategy for implementing **STARSS** in your site, review the partnership agreement, and discuss the evaluation. Other staff on-site can also participate in a **STARSS** training session during this visit. Second visits are a bit different and in addition to problem solving/trouble shooting any **STARSS** implementation issues, we can also plan to do a larger community or regional training at that point, if it feels appropriate for each individual site. Wendy described some of the things that happened during the second visit of **Phase 1**; for example, on day 2 in Nova Scotia, Wendy provided a large, day long training with Joanna's staff that included **STARSS** and a **SMART Guide** training.

The second national meeting will be before the end of the project, either in September or October; we would like to schedule a date today if possible. Again, the project budget only includes travel costs for rollout sites. It would be great if our PHAC consultants and other National Advisory Committee members could also attend, but unfortunately the funding for their attendance cannot come from the project's budget. Maybe we can find another source to fund their travel. For the final national meeting of **Phase 1** of the rollout, the evaluator attended for part of the time and she may be able to do this again. The second national meeting is a full two days for all eleven rollout sites and it is a great opportunity not only to share **STARSS** activities, but also to plan for sustainability beyond the funded portion of the project. Many of the ideas that were generated during this portion of the final national meeting of **Phase 1** of the rollout were implemented by AWARE and are reflected in the on-going activities of **STARSS** nationally.

We also will continue with our monthly national teleconferences. In addition, Wendy reminded the sites that they can use the toll free number at AWARE (and, of course, email) to contact us at any time you have a question or something pops up.

We discussed the project evaluation and the expectations that both the evaluator (Susan Cross) and PHAC have. We have a four pronged evaluation plan (attached to this report). The group indicated that they would support the process however they can. The partnership agreements had been distributed previously; Wendy noted that different sites have different capacities, so we can individualize the partnership agreements to include these differences. The evaluation / partnership agreements set out minimum expectations but as time goes by, if the sites feel they can do more, that would be great. We will finalize the agreements during the site visits in February.

- 4. Role of the regional mentors:** As we were starting to run out of time, we decided to defer this item until after the site visits in February; however, JoAnna has agreed to help Jacque with a presentation to the PEI CAPC projects in

March. This is a perfect way to illustrate how regional mentors can support the **Phase 2** rollout sites. Wendy also thanked everyone from **Phase 1** for their continued participation and hard work with **STARSS**. The evaluator is interested in a qualitative retrospective evaluation of the unfunded portion of the **STARSS** national rollout; i.e., taking a look at the **STARSS** activity that continued across Canada from the end of **Phase 1** of the rollout (April 2006) to the beginning of **Phase 2** (October 2009). Susan has proposed a teleconference focus group with **Phase 1** rollout sites and Wendy will draw up partnership agreements with each of the **Phase 1** sites that will include their participation in this focus group as part of the honoraria the **Phase 1** sites are receiving.

5. **Train-the-trainer guide:** Again, we didn't have much time to discuss this item; however, we might also use a teleconference focus group with the **Phase 1** sites as a way of getting good information about what needs to be included in the guide. Wendy, Brenda, and Jen (the RA at AWARE) have also been working on a survey, so we may also use this as a way of collecting information. The guide, as mentioned, will also be translated into French. More to follow!
6. **Add-ons to STARSS resources:** As Wendy mentioned earlier, we have a bit of funding to develop a few companion items to accompany the basic **STARSS** materials. Bearing in mind that this is a national project, anything we add-on needs to have national applicability and must be available in French. We are thinking of things like the star-shaped stress squeezies, window clings, and fridge magnets as items that can be giveaways for **STARSS** participants. There was general consensus that these would be great additions to the **STARSS** resources; Wendy will poll people during the site visits and we will try to make these items available as soon as possible after the site visits. We could also provide translation for the **North STARSS** posters if there is a demand for this; again, these cannot be distributed nationally unless they are available in French.
7. **Ideas for STARSS e-newsletters:** The newsletters started in October and are available monthly from our website in both French and English. (Our French translator, Annie Bourret, is great and has a very quick turnaround on the translation, usually within two to three weeks.) The general format of the newsletter is **STARSS** tips on the left hand side and national activities on the larger side on the right. We would love input regarding content for upcoming issues of the newsletter which could include **STARSS** stories, implementation ideas, and training tips. It was suggested that we develop a calendar for the website that any of the rollout sites could access and contribute ideas this way. Wendy et al will look into setting this up for the website. Shannon mentioned that, in Whitehorse, they include a copy of the newsletter in the **STARSS** welcome kits they distribute to participants.
8. **STARSS on-line community:** Wendy really wants to make the website useful and resourceful, not only for our rollout sites, but also for any one else across Canada who is interested in/has done some **STARSS** implementation or training.

It was suggested that we develop another button on website for sharing implementation and training ideas with the **STARSS** message; this could also be a place where we upload photos, as mentioned above, so that people can see implementation ideas and cherry-pick appropriate ideas for implementation within their own projects. Again, anything that goes on the website needs to be available in French.

There is also a place for everyone to join the **STARSS** community and to share in on-line discussions of implementation and training ideas. Wendy is hoping that everyone will take the time to figure out the website and get in the habit of checking in on the **STARSS** community for the discussions. This will be part of the partnership agreements.

We had also originally envisioned an on-line discussion area for **STARSS** moms; however, upon consideration, we realized that AWARE simply does not have the infrastructure or staff resources that this could potentially require in terms of moderating discussion and responding to requests. Wendy proposed instead a sign-up area for **STARSS** moms who could receive a moms version of the **STARSS** newsletter and monthly or biweekly **STARSS** tips/motivational messages via email (along the lines of the encouraging emails that are now being sent out by Smokers Helpline). People liked this idea so Wendy and the AWARE gang will pursue it.

9. **Timelines, dates, and other issues:** There is an honorarium for each rollout site, half of which Wendy will distribute at this meeting and the second half will be distributed in June during the site visits. Please submit any outstanding receipts for ground travel and associated costs to Wendy as soon as possible.

Teleconference dates: After the teleconference scheduled for January 29th, we settled on a standard time on the second Friday of every month at 1:00 PM ET. We won't have a teleconference in February, as Wendy will be travelling to the **Phase 2** rollout sites; the next date after January will be Friday, March 12th.

Second National Meeting: If we can decide on a date now, the travelers from the north can book their flights and get a much better price. We decided that we like meeting in Ottawa and will continue to have the meetings there. Next time, though, we will schedule the meeting around a weekend so that people can stay longer at their own expense if they choose to do so. We chose **Thursday, September 23rd** and **Friday, September 24th** as the dates for the second meeting.

Dates for the **first** on-site training are tentatively scheduled for:

Port Alberni/Regina: second week of February
Sussex/Alberton: third week of February
Carbonear/Hay River: fourth week of February

Shannon is providing the training for Genevieve in Whitehorse along with some CPNP staff from NWT, which will provide a good **STARSS** support network for Genevieve. Wendy will confirm in personal phone calls with each of the other sites next week for specific travel dates and times.

Attachment 1

Phase 2 of the National Rollout of STARSS:

Start Thinking About Reducing Secondhand Smoke

First National Meeting

Monday January 18th, 2010

14th Floor Boardroom, 60 Queen Street, Ottawa ON

A G E N D A Day One

1:00 to 4:00 PM

PHASE 2 Rollout Sites only (NWT, BC, SK, NB, PEI, NFLD)

1. Welcome and introductions
2. Welcome from Sylvie Palin, National Projects Fund, Public Health Agency of Canada
3. Discussion of why women smoke
4. Discussion of challenges and opportunities to address smoking in CAPC/CPNP programs
5. Background to **STARSS** and **Phase 1 of the National Rollout**
6. Discussion of **STARSS** philosophy and messaging
7. Completion of evaluation forms
8. Other ideas and issues

First National Meeting
Tuesday, January 19th, 2010
14th Floor Boardroom, 60 Queen Street, Ottawa ON

A G E N D A Day Two
8:00 AM to 3:30 PM

PHASE 1(NS, ON, MB, AB, YT) and PHASE 2 Rollout Sites

1. Welcome and introductions
2. Welcome from Sylvie Palin, National Projects Fund, Public Health Agency of Canada
3. Regional reports from **Phase 1** rollout sites
 - Sydney, Nova Scotia
 - Sudbury, Ontario
 - Portage la Prairie, Manitoba
 - Grande Prairie, Alberta
 - Whitehorse, Yukon
4. Overview and discussion of **Phase 2 of the National Rollout of STARSS**
5. Role of regional mentors
6. Ideas for train-the-trainer guide
7. Content for upcoming **STARSS** e-newsletters
8. **STARSS** on-line communities
9. Timelines and dates for on-site training
10. Other ideas and issues
11. Roundtable wrap-up

Attachment 3

Phase 2 of the National Rollout of STARSS

Start Thinking About Reducing Secondhand Smoke

Work Plan

- 1. Confirm current members of National Advisory Committee, recruit new members for National Advisory Committee, and confirm national rollout sites**
 - consult with partners
 - invite committee members and rollout sites to participate
 - confirm participation of Phase 1 rollout sites as mentors for Phase 2
 - develop partnership agreements and deliverables for each rollout site

November 2009

- 2. Design and implement evaluation**
 - consult with evaluator
 - prepare and implement evaluation plan

November 2009 and on-going to project completion

- 3. Hold national meeting in Ottawa for rollout sites**
 - train Phase 2 staff from national rollout sites to deliver **STARSS**
 - link Phase 1 staff as mentors with Phase 2 staff
 - solicit input for **STARSS** train-the-trainers Guide, e-newsletter, and website interactions

January 2010

- 4. Establish training plan and evaluation process with rollout sites**
 - feedback from rollout sites
 - feedback from National Advisory Committee members

January 2010

- 5. Establish schedule for STARSS e-newsletter and implement website interactions**
 - implement the production schedule for the **STARSS** e-newsletter
 - encourage participation in, and monitor the activity of, the **STARSS** community on the AWARE website
 - encourage and support interaction among **STARSS** mentors from Phase 1 and rollout site staff from Phase 2 through the website and e-newsletter

October 2009 and on-going to project's completion

- 6. Make first rollout site visits for Phase 2 participants**
 - continue training of staff and troubleshoot any implementation issues
 - encourage and support interaction among **STARSS** mentors from Phase 1 and rollout site staff from Phase 2 through site visits
 - ensure evaluation process is incorporated in site implementation of **STARSS** strategies

January to February 2010

7. Monitor delivery of STARSS materials within Phase 2 national rollout sites

- electronic and telephone consultation with all national rollout sites
- work with Phase 2 rollout sites to adapt **STARSS** materials to their specifications
- support mentorship among Phase 1 Rollout sites and Phase 2 rollout sites

February to April 2010

8. Make second rollout site visits for Phase 2 participants

- follow-up training, feedback, and evaluation sessions with each Phase 2 rollout site
- encourage and support interaction among **STARSS** mentors from Phase 1 and rollout site staff from Phase 2 through site visits
- ensure that evaluation processes are complete

May 2010 to June 2010

9. Compile and produce national version of STARSS train-the-trainer guide

- collect information to be included in the **STARSS** train-the-trainer guide
- prepare a draft for feedback, distribute to all partners, and incorporate feedback into a final version
- prepare a final version of **STARSS** materials for production and national distribution

December 2009 to July 2010

10. Draft of French version of STARSS train-the-trainer guide

- first draft of French version undertaken
- feedback from Francophone Review Committee members received and incorporated

April to May 2010

11. Final version of French translation completed

- comparison of draft version with English version
- final version submitted and printed

July 2010

12. Hold final national meeting in Ottawa for rollout sites and others

- invite PHAC and National Advisory Committee members to attend national meeting
- brainstorm opportunities, challenges, and supports needed for on-going **STARSS** implementation
- establish on-going support network for rollout sites
- establish on-going distribution network for rollout sites
- establish on-going evaluation requirements

September or October 2010

13. Distribute national version of STARSS train-the-trainer guide

- identify national distribution strategy
- prepare and distribute **STARSS** materials

September 2010

14. Complete final report and project evaluation summary

- collect information to be included in final report and evaluation summary
- compile the information and prepare for production and distribution

October 2010

Attachment 4
National Rollout of STARSS
Start Thinking About Reducing Secondhand Smoke

Evaluation Outline for the National Rollout of STARSS

THE GREEN PACKAGE - INFORMAL DISPLAY AND HANDOUTS ONLY

Components of Evaluation:

1. Tracking form and feedback regarding posters and handouts.

THE BLUE PACKAGE - EDUCATIONAL INFORMAL GROUPS

Components of Evaluation:

2. Informal Group Instructions
3. Service Provider Questionnaire describing elements of the group.
4. Group Participant Questionnaire – follow-up with group members 3 to 4 weeks after informal group.

THE YELLOW PACKAGE - INDIVIDUAL STARSS PROGRAM

Components of Evaluation:

1. Instructions for Individual STARSS Sessions.
2. Tracking Form completed by Service Provider
3. Consent form if evaluator doing telephone contact.
4. Participant Follow-up Form – done by telephone or in person 3 to 4 weeks after last structured session if participant has completed at least 4 modules.
5. Participant Satisfaction Survey – can be mailed to participant or participant asked to fill out the questionnaire in person at follow-up and put in a sealed envelope.

SERVICE PROVIDER QUESTIONNAIRES

Components of Evaluation:

1. Initial questionnaire administered before program started on attitudes, beliefs, training.
2. Follow-up questionnaire administered near end of project.

SITE SPECIFIC FEEDBACK ON PROGRAM IMPLEMENTATION

Components of Evaluation:

1. Service Providers' Feedback Form – The evaluator (Susan Cross) will call each site to set up a meeting with as many service providers who can attend. Susan will attend by teleconference. Guiding questions will be sent out in advance of the meeting.

Attachment 5

National Rollout of STARSS

Start Thinking About Reducing Secondhand Smoke

Partnership Agreement between [Name of Roll-Out Site] and AWARE

Project Objectives

To train and deliver **STARSS (Start Thinking About Reducing Secondhand Smoke)** strategies to low-income mothers who smoke and are program participants with Community Action Programs for Children (CAPC) and/or Canada Prenatal Nutrition Programs (CPNP).

As a training site, your organization will facilitate individual and group sessions with women who have an interest in reducing their children's exposure to second hand smoke (SHS) within their homes, focusing on taking small steps that enable them to protect their children as much as possible from SHS.

Responsibilities and Expectations of Rollout Site

1. To review the **Guide to STARSS Strategies** and the **I'm a STAR! Journal** to prepare yourself with the basis of the **STARSS** program. In particular, you and/or your project staff are expected to become familiar with the following underlying principles as outlined in the **Guide to STARSS Strategies**, including:
 - harm reduction principles
 - basic principles of, and approaches used in, motivational counselling
 - the context and functional role that smoking plays in the lives of low-income women
2. To record information for evaluation purposes, progress reports, and follow-up as designated by the project evaluator.
3. To engage [number for your site of] low-income women in the individual **STARSS** intervention, [number for your site of] low-income women in the group intervention, and up to [number for your site of] mothers in informal settings.
4. To attend training sessions and teleconferences as provided by AWARE.
5. To join the **STARSS** service providers on-line community at www.aware.on.ca/starss
6. To support the implementation of **STARSS** philosophy within your work place through direct communications and the **STARSS** posters.

7. To commit to work two to four hours per week until September 30, 2010 applying the **STARSS** strategies.
8. To continue the **STARSS** discussion and training at a regional level.

Deliverables

Deliverable 1: Review the **Guide to STARSS Strategies**, the **I'm a STAR! Journal**, and the **STARSS** posters.

Date: November 2009

Deliverable 2: Attend the national training workshop in Ottawa as provided by AWARE. Review contract, expectations, and deliverables.

Date: January 2010

Deliverable 3: Engage in on-site training with the AWARE trainer at two points during the national rollout.

Date: January or February 2010 and May or June 2010

Deliverable 4: Participate in on-going **STARSS** training through national meetings, monthly national teleconferences, telephone consultation, and electronic communication.

Deliverable 5: Identify [number for your site of] CAPC and/or CPNP participants who have difficulty quitting smoking and encourage these mothers to engage in the individual component of the **STARSS** strategies. Assist these participants to:

- a) Identify realistic, manageable goals and negotiate a contract that supports self-efficacy, through the use of the **Progress Report**.
- b) Review the **I'm a STAR! Journal** with each participant and assess her motivators to changing behaviour through the use of the Decisional Balance Index (**Worksheet #4**).
- c) Introduce new worksheets each session throughout the seven individual sessions.
- d) Assess short and long term contracts and offer support to help achieve success.
- e) Encourage the journal keeping to help identify barriers to change.
- f) Evaluate and celebrate improvements the woman was able to make.

- Deliverable 6:** Engage [number for your site of] participants to participate in a group model of the delivery of the seven sessions of **STARSS** strategies.
- Deliverable 7:** Initiate playgroup discussions (or discussions within other existing programs) about protecting children from SHS using the specified **STARSS** worksheets and handouts.
- Deliverable 8:** Identify the challenges and the opportunities of using the **STARSS** strategies in your worksite.
- Deliverable 9:** Be part of the on-going community of practice, established by way of teleconferences with the project's National Advisory Committee
- Deliverable 10:** Support the national implementation and distribution strategy for the **STARSS** materials.
- Deliverable 11:** Be consistent in completing all required documentation.
- Deliverable 12:** Conduct the required evaluation component as established by the project evaluator.

Responsibilities and Expectations of AWARE

AWARE will undertake to provide:

1. all materials and resources necessary to implement **STARSS** within the designated national rollout sites.
2. support for implementation through on-site training, resources, consultation, support, teleconferences, and the establishment of a national toll free telephone number for rollout sites to access.
3. an honorarium to the designated rollout sites for their participation in the national rollout project – the honorarium is intended to provide 4 hours per week of staff time to devote to **STARSS** strategies within the rollout site.
4. evaluation reports that show both national information and site-specific information

Wendy Reynolds for AWARE

Date

[for rollout site]
date