An Evaluation of the Lunch and Learn Smoking Cessation Program in Bruce Grey

Prepared for

Keystone Child, Youth and Family Services

By

Centre for Community Based Research

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Introduction

This report presents the findings of an outcome evaluation of the Lunch and Learn smoking cessation program in Bruce and Grey Counties in southwestern Ontario. It also includes a brief history of the program. Lunch and Learn is a program offered by Keystone Child, Youth & Family Services in partnership with various workplace and community organizations. The Lunch and Learn program uses a harm reduction approach to intervention.

The History of the Lunch and Learn Program

In April 2008, the Healthy Choices tobacco program was launched at Keystone Child, Youth & Family Services with funding from Health Canada. An initial 2-year proposal was put forward to conduct a harm reduction program, Start Thinking About Reducing Second-hand Smoke (STARSS) for parents in the parenting programs. In addition, the plan was to provide tobacco cessation counselling to members of the community as a whole and a community of practice program to develop the expertise of local professionals with regard to tobacco issues. Keystone initially pursued this funding because of an alarmingly high and rising number of women in their Canada Prenatal Nutrition Program who smoked; (47% in 2005; 54% in 2006; 62% in 2007). Notably, in 2007, the smoking rate of Keystone’s Prenatal Nutrition Program participants was three times higher than the average of comparable programs across Ontario and Canada.

To prepare them to deliver the proposed program, staff were trained at the Training Enhancement in Applied Cessation Counselling and Health (TEACH) tobacco cessation program through the Centre for Addiction and Mental Health (CAMH). The developer of the STARSS harm reduction program was also invited to Keystone to train the staff and community. Keystone started a pilot STARSS programs within selected prenatal nutrition programs and the parent mutual aid programs. In these parenting groups, it was noted that there was a steady decline in the percentage of smokers; this was a pleasant surprise for Keystone. However, there was also a concern that Keystone would not be able to deliver the numbers of necessary interventions to provide data for an evaluation conducted by Health Canada. There was also concern that the program would not be making use of the expertise staff had gained from the training sessions.

Keystone received permission to expand their reach from the usual clientele of families with young children to include workplaces, First Nations’ communities, and other groups of smokers who would welcome brief interventions to assist with quitting. The nurses in the program started connecting with administrative staff in workplaces and attended a few health fairs. Nurses discussed the idea of bringing in a brief program that could be delivered on-site over the lunch hour and incorporate elements from the health fair. The program would encourage discussion on smoking cessation aids and open a dialogue about smoking among peers and colleagues.

When the nurses had initially designed the concept, they had been willing to make a return engagement, if necessary. The nurses offered these programs with lunch provided at any workplace expressing interest, and those that could provide enough interested smokers to form a group. When the nurses did not receive any requests for a return engagement and with no
feedback from evaluation, they were unsure of the effectiveness of the concept. Several months after one of the first groups was offered, a foreman from a company the nurses had visited, called to report that he had continued the group and the majority of participants had quit smoking and had “stayed quit”. This feedback intrigued Keystone to pursue this approach to smoking cessation more aggressively and systematically.

Minian, Schwartz, Garcia, Selby, and McDonald (2008) identified that there were several groups of smokers who were not being reached by a rural smoking cessation program offered in Ontario which he had studied. Those groups included such groups as blue-collar workers and First Nations’ communities, which were being reached by this innovative approach to smoking cessation at Keystone. With these facts in mind, Keystone approached Health Canada to expand the program and conduct a targeted evaluation using the TEIP (Towards Evidence-Informed Practice) approach.

(History of Lunch and Learn was written by Jennifer Sells)

**Program Description**

Lunch and Learn is an informative, discussion-based, smoking cessation program that uses a harm reduction approach to intervention. It involves organizing lunch for interested staff, employees at workplaces, and members of community groups, providing them information about smoking and smoking cessation. Program facilitators distribute self-help materials and information about available smoking cessation supports within and outside Bruce Grey. Programming also involves informal discussions about smoking cessation, during which participants share their experiences with harm reduction and quit strategies. In addition, Keystone nurses offer Lunch and Learn participants individual health assessments in the form of carbon monoxide readings, blood pressure checks, pulse oximetry, and personalized health advice.

**Main Objectives**

The main objectives of the Lunch and Learn program are:
- To reduce or eliminate tobacco use.
- To increase personal wellness.
- To increase the overall number of people living healthy, smoke-free lives in Bruce Grey.

**Program Activities**

The Lunch and Learn program seeks to achieve its main objectives through two main important program components: community mobilization and program delivery.

**Community mobilization**

Community mobilization involves engaging and developing partnerships between Keystone and various work and community organizations. Keystone provides ongoing information about smoking cessation to these partner organizations, and organizes lunch sessions for their employees and staff who are interested in learning about ways to reduce their smoking or to
quit. The organizations help to promote the program among their staff and employees, and register participants for the sessions.

**Program delivery**
Program delivery comprises the Lunch and Learn sessions at various organization sites. In each session, Keystone nurses present information to participants in the form of brochures, posters, and visual displays on health risks associated with tobacco use. The nurses provide participants information about nutrition, the importance of physical activity, and fast facts about smoking and smoking cessation. Participants also receive information about available tobacco cessation services and treatment options, including pharmacotherapy.

Keystone nurses provide free lunch to program participants, and facilitate discussions about personal experiences, quit strategies, and harm reduction. In multi-session situations, program delivery sometimes involves guest speakers from the community (e.g. pharmacists, hypnotherapists, doctors) who speak about tobacco cessation options. Keystone nurses link participants to smoking cessation resources such as the Smoker’s Helpline. Participants receive a variety of tools for behaviour change, in the form of “Quit Packs”. Lunch and Learn sessions usually conclude with individual health assessments for interested participants.

The program logic model in the next section depicts the Lunch and Learn smoking cessation program’s activities and intended outcomes.
Lunch and Learn Program Logic Model

**Community Mobilization**

- Engaging Organizations
  - Developing Partnerships
  - Providing Ongoing Information on Smoking Cessation

- Promotion
  - Flyer Distribution

- Registration
  - Registration of participants

**Program Delivery**

- Information
  - Healthy Choices® brochure package
  - Trivia: fast facts about smoking
  - Available services
  - Pharmacotherapy
  - Pagers
  - Visual displays (models)
  - Nutrition
  - Physical activity
  - Link to resources

- Group Activities: Lunch & Discussion
  - Personal Strategies
  - Sharing Personal Experiences
  - Harm Reduction Strategies

- Providing Tools for Behaviour Change
  - "Quit Packs"

- Referrals
  - Link people to resources e.g., Smokers’ Helpline

- Health Assessment
  - Carbon Monoxide Readings
  - Blood Pressure Checks

**Activities**

- Increased Trust Among Partners (Health Care Professionals and Organizations)
- Increased Awareness About Tobacco Dependency and Cessation in Bruce Grey

**Short-term Outcomes**

- Increased Knowledge of Resources Within and Outside the Bruce Grey Region
- Increased Knowledge About the Benefits of Quitting Among Participants
- Increased Self-Awareness of Tobacco Dependence Among Participants

- Support Groups are Created among Participants
- Participants Are Linked to Smoking Cessation Resources
- People Are Motivated to Reduce or Quit Smoking
- Increased Knowledge About Healthy Lifestyles

**Long-term Outcomes**

- People Are Empowered to Quit Smoking
- Increase in Healthier Lifestyle Choices

**LUNCH & LEARN PROGRAM**

- Reduced Tobacco Use
- More People Quit Smoking
- Increased Wellness

**More People Live Healthy, Smoke-Free Lives**
The Evaluation of Lunch and Learn

The evaluation of Lunch and Learn was based on the TEIP evaluation tool. The TEIP evaluation tool outlines five major stages in planning and implementing a program evaluation as follows:

1. Laying the ground work which involves
   a. selecting an evaluation team
   b. assessing organizational capacity and resources for the evaluation

2. Laying the foundation for an evaluation
   a. developing a program logic model
   b. defining evaluation questions

3. Building a frame
   a. building an evaluation framework
   b. documenting an evaluation plan

4. Completing the interior
   a. collecting and analyzing data
   b. documenting evaluation report

5. Holding an open house
   a. disseminating findings

The Purpose of this Evaluation

The purpose of this evaluation was to assess the impacts of the Lunch and Learn smoking cessation program, share the findings with the Bruce Grey community, and make recommendations for future directions of the program.

The main evaluation questions were:
1. To what extent has Lunch and Learn mobilized the Bruce Grey community around smoking cessation?
2. To what extent has Lunch and Learn achieved its main objectives of helping people to reduce or quit smoking?
3. What are the lessons learned? How can they inform future programming?

Methods

Four main data gathering methods were used in this evaluation: these were a survey, focus groups, key informant interviews, and a community forum.

Surveys

Surveys were conducted at three points: baseline, a one week follow-up, and a six week follow-up to assess changes in participants’ smoking behaviour. Participants completed the baseline measures on the day of their Lunch and Learn session. Researchers followed-up with participants one week and six weeks after the session.
Focus groups
Two focus groups were conducted: one with Lunch and Learn participants at a selected workplace location to learn about participants’ experiences and struggles with quitting smoking; and a second with staff and partners to learn about Keystone’s partnerships and the program’s delivery process.

Key informant interviews
Three key informant interviews were conducted with administrative and managerial staff of Keystone and partner organizations to learn more about their relationships and how the Bruce Grey community mobilized around smoking cessation.

Community forum
A community forum was held in Owen Sound to share the evaluation findings. Forum attendees previewed the results and initial recommendations. They had small group discussions regarding the recommendations for the Lunch and Learn program to further shape them for implementation. Attendees’ ideas and additional feedback were incorporated into the recommendations that are included in this report.

Data Analysis
Quantitative data from the surveys was analyzed using non-parametric statistical tests. Frequencies, chi-square, Friedman’s Test, and the Wilcoxon Signed Rank Tests were used to detect patterns and significant changes in behaviour between the three surveys. Qualitative data from the focus groups, interviews, and community forum were analyzed using thematic analysis. Data was coded and organized into overarching themes, which provided further insights into the surveys and community partnerships.

Participants
Ninety-five participants completed the baseline questionnaire on the day of their Lunch and Learn session. Out of that number, 77 completed the one week follow-up questionnaire, and 63 completed the six week follow-up questionnaire. The evaluation findings were based on the 63 people who completed all three questionnaires. Additional data was collected from thirteen participants in a focus group at one workplace, four staff and partners in a focus group, and three key informants.

Demographics of survey participants
The survey participants ranged in age from 20 to 60 years or more, with the majority being 40 years or older. Forty-eight percent of participants were males, and 52% were females. The distribution of the participants by age and gender is depicted in the graph below.
Participants' level of education ranged from less than high school to college and university, with 91% of them completing high school or higher. Among them were 40% that had completed college or university. The distribution of participants by level of education is depicted in the graph below.
Participants fell within a wide range of income categories, with 48% earning less than $30 000 per year, and 25% earning $50 000 or more per year. Distribution of participants by income is depicted in the graph below.

Income Distribution of Participants (N = 45)

<table>
<thead>
<tr>
<th>Level of Income</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$20 000</td>
<td>34%</td>
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<tr>
<td>$20 - 30 000</td>
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<td>7%</td>
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</tr>
<tr>
<td>$50 - 60 000</td>
<td>7%</td>
</tr>
<tr>
<td>&gt;$60 000</td>
<td>18%</td>
</tr>
</tbody>
</table>
Findings

The findings of the evaluation are outlined in the following sections. They include the results of an assessment of behaviour change, healthy living and lifestyle choices, barriers to quitting, and the benefits of the Lunch and Learn program.

**Behavioural Stages of Quitting**

Participants were assessed on their progress of quitting smoking using Prochaska and DiClemente’s (1983) transtheoretical stages of change model. There are five stages people progress through when they are changing their behaviour. These are: precontemplation, contemplation, preparation, action, and maintenance.

For this evaluation, Prochaska and DiClemente’s (1983) descriptions of the stages of behaviour change were adapted specifically to quitting smoking as follows: at the precontemplation stage, the individual is not thinking about quitting smoking; at the contemplation stage the individual is beginning to think about quitting, but not yet ready to quit smoking; at the preparation stage, the individual is getting ready to quit smoking by taking an initial step, such as reducing the number of cigarettes smoked; at the action stage, the individual is actively quitting smoking by making serious quit attempts that last 24 hours or longer; and at the maintenance stage, the individual has successfully stopped smoking cigarettes, and is remaining a non-smoker. The further along people move through the stages of behaviour change, the more likely they are to continue with the positive behaviour, such as staying quit (Prochaska & DiClemente, 1983).

Participants were asked to report their current stage of quitting at baseline, at the one week, and at the six week follow-up. The graph below depicts the distribution of participants in the various stages of the transtheoretical stages of change model.

![Distribution of Participants by Quit Stage](image)
As shown in the graph, throughout the six week assessment, the most frequently reported stage of quitting was the preparation stage. The one week and six week follow-ups revealed a gradual movement of participants toward the action stage of behaviour change; the stage where people are actively quitting smoking. There was also a gradual increase in the numbers of participants in the maintenance stage of behaviour change; from 3% at baseline to 9% at the six week follow-up.

Access to Smoking Cessation Resources

The results of this evaluation indicated that participation in the Lunch and Learn program was associated with increased knowledge about smoking cessation resources in the Bruce Grey community. At the one and six week follow-ups, over 90% of participants said they had knowledge of smoking cessation resources in the Bruce Grey community compared to 37% at baseline. At the one week follow-up, only 19% of those who said they were aware of smoking cessation resources had actually accessed such resources. This percentage increased to 32% at the six week follow-up. The graph below depicts the distribution of participants’ by awareness of smoking cessation resources in the Bruce Grey community.

Quit Attempts Made by Participants

There was a significant increase in the number of people who reported making quit attempts after participating in Lunch and Learn. One week after participating in the program, 23% of participants had made at least one quit attempt. At the six week follow-up, 49% of participants had made at least one quit attempt. The graph below depicts the distribution of quit attempts made by participants at the one week and six week follow-ups.

1 Friedman’s Test found a significant difference between the number of quit attempts made within one week as reported by participants from the one week follow-up (mean rank = 1.33) to the six week follow-up (mean rank = 1.67), $\chi^2 (1) = 15.21, p < .001$. The baseline was not compared in this analysis because participants were asked to report the number of quit attempts made in the past 12 months.
Changes in the Number of Cigarettes Smoked

Overall, participants reported a significant decrease in the daily average number of cigarettes they smoked throughout this evaluation. There was a significant decrease in the daily average number of cigarettes smoked by participants between the baseline and one week follow-up, and also between the one week and six week follow-ups\(^2\). The graph below depicts the distribution of the average number of cigarettes smoked by participants.

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\(^2\) Friedman’s Test found significant differences in the average number of daily cigarettes smoked from baseline (mean rank = 2.38), through the one week follow-up (mean rank = 1.94), to the six week follow-up (mean rank = 1.67), \( \chi^2 (2) = 38.06, p < .001 \). Further analysis conducted using the Wilcoxon Signed Ranks Test showed that the difference between the baseline and one week follow-up was significant \( (z = 3.84, p < .001) \), and the difference between the one week and the six week follow-up was also significant \( (z = 2.84, p < .001) \).
As shown by the negatively skewed distribution in the graph, an increasing number of participants reported smoking lower average numbers of cigarettes per day as the evaluation progressed. From baseline through to the six week follow-up, there was a steady increase in the number of participants who smoked an average of zero cigarettes daily (5% - 11%). There was also an increase in the number of participants who smoked between one and ten cigarettes daily from baseline through to the six week follow-up (31% - 54%). This result was mirrored on the higher end of the scale, where there was a steady decrease in the numbers of people who smoked 21 to 30 cigarettes daily (24% - 5%), and those who smoked more than 31 cigarettes daily (5% - 1%) .

**Motivation to Change Smoking Behaviours**

Participants were asked to rate the importance of changing their smoking behaviour and if they had confidence to change their behaviour. Importance of changing behaviour and confidence to change behaviour were rated on a Likert scale, ranging from 1 (not at all) to 5 (very high). At baseline, 63% of participants indicated that changing their smoking behaviour was of high importance. At the six week follow-up, this percentage increased to 79%. The graph below depicts the distribution of participants by the level of importance of changing their smoking behaviour.

At baseline, 60% of participants indicated a medium level of confidence in changing their smoking behaviour while 24% indicated a high level. There was a gradual increase in this percentage through the one week follow-up (33%) to the six week follow-up (41%). The graph below depicts the distribution of participants by level of confidence in changing their smoking behaviour.
Participants were asked about their understanding of the health effects of smoking, and the extent to which they make healthy lifestyle choices. Understanding of the health effects and the extent of making healthy choices were rated on a Likert scale, ranging from 1 (not at all) to 5 (very high). The evaluation results showed that at baseline, 75% of participants rated a high understanding of the consequences of smoking to their health. After participating in Lunch and Learn, over 95% of participants indicated they had a high level of understanding of the consequences at the one week and six week follow-ups.

Participants were asked about the extent to which they make healthy lifestyle choices. An increasing number of participants rated themselves high on the extent to which they make healthy lifestyle choices. At baseline, 5% of participants rated themselves low for healthy lifestyle choices, and 46% of participants rated themselves moderate. After participating in Lunch and Learn, however, there was an increase in the number of participants who rated themselves low (19%) coupled with a decrease in the number that rated themselves moderate.
(24%) for making healthy lifestyle choices. This change may be an indication that after participating in the Lunch and Learn, some people who thought they were making healthy lifestyle choices realized they needed to do more. On the other hand, the number of participants who rated themselves high, increased from 49% at baseline to 57% at the one week follow-up, and then down to 54% at the six week follow-up.

Barriers to Quitting Smoking

Participants in the focus groups identified five barriers to quitting smoking, and these were: 1) stress, 2) having smokers in one’s social network, 3) the financial cost of quitting, 4) getting additional help with quitting, and 5) dealing with visual cues in the environment.

Stress

Several of the focus group participants stated that stress was a deterrent to quitting or reducing smoking. Those who smoked when they were stressed struggled with the idea of quitting smoking, with motivation to quit waning when stress was particularly high. When participants experienced stress in their lives, they would use cigarettes as a coping mechanism to lower feelings of anxiety. Some of the participants acknowledged it was easy to blame smoking on stress without taking responsibility for the habit.

I have good intentions. But I’ve been dealing with a lot, like getting fired. I still smoke 7-10 cigarettes a day. I don’t really have the desire to quit right now, since I’ve been dealing with the insurance company.

... [smoking] Off and on forever. I think about having one and I try to blame it on something. ‘Oh I’m stressed, I need a cigarette.’

One participant recognized the connection between experiencing stress and wanting to smoke more cigarettes as a method of dealing with negative feelings.

If it’s not the habit, why do I smoke more when I’m stressed? Why do I want two or three [more cigarettes]?
Sometimes the idea or actions of quitting smoking was stressful enough for participants. One person mentioned she was taking a gradual approach to quitting. According to her, this approach assists with lowering the stress of quitting making her feel more comfortable with the idea of quitting.

*I’m taking away four cigarettes a day. Sometimes it might be another month before I take another [cigarette] away. I always have three cigarettes after lunch. And when I’m more comfortable [with reducing] I’ll take another [cigarette] away. I was told to do it gradually. That’s how I’m doing it [reducing].*

**Having smokers in one’s social network**

When participants were attempting to quit smoking, many sought support from their social network, including friends and family members. Quitting smoking was quite difficult for most people, but it may be even more challenging when the person has to find ways to quit while others smoked in their social network.

*Someone in the house that smokes makes it [quitting] way worse [*sic*].*

Not only was it challenging to have other smokers in the social circle, but it was difficult to have non-smokers in the network. Some people felt they received ineffective support from both smokers and non-smokers when trying to quit smoking. A few participants stated they did not always get the support they need to quit smoking, especially from non-smokers who may not understand what it is like to quit smoking.

*I find if I tell people that I’ve quit, they’re in my face about it. ‘How’s it going? How’s it going? How’s it going? That’s the worst for me.*

*I don’t want a reformed smoker helping me, they’re the worst.*

People who were trying to quit smoking have an interesting relationship with other smokers. Participants stated it was particularly challenging to quit when other smokers were in the house or were part of their social network. However, participants who were trying to quit smoking also felt comfort in working with another smoker who is attempting to quit. Other quitting smokers therefore serve as a source of support.

*You have to have someone to work with.*

**The financial cost of quitting**

Several participants said they encountered financial barriers to quitting smoking. Specifically, participants said they could not afford the cost of nicotine replacement therapies (NRTs) or other types of quit smoking aids. Financial supplements were not available in employee benefit packages for people who want to quit smoking. When one participant attempted to access NRTs at the public health unit, he/she did not qualify for free or supplemented supports because his/her income level was too high. In order to qualify for the program, a solid
commitment from the participant to quit smoking appears to be necessary for additional support.

You have to qualify...I had to keep in contact, have more counselling. [The public health unit has] to make sure it’s going somewhere. My family doctor sent me [to the public health unit]. I don’t think the medications are covered. I really don’t know...

Getting additional help with quitting
A few focus group participants still struggled with where they could go to get help with quitting smoking. Some participants mentioned they would like to have personalized action plans that included specific places to go to get help with quitting smoking. The program provided general information for smoking cessation resources, but participants seemed to be looking for more tailored advice and additional supports that go beyond the physical act of quitting. One person wanted strategies to deal with the mental health aspects of quitting smoking.

You have to learn to deal with that [mental aspect of quitting] without cigarettes.

Dealing with visual cues in the environment
As previously mentioned, when smokers attempted to quit smoking, having other smokers around was a deterrent to following through with quitting. This could partially involve visual cues of seeing others move through the motions of smoking cigarettes. One participant said he/she sometimes mindlessly smokes cigarettes without thinking, but was cued by the visual and physical objects in the environment.

...Just keep things away from me. I was sitting [at home] and I’m not paying attention to having a cigarette and not realizing I’m going into the ashtray – wow. Just take the ashtrays and cigarettes and lighter and put them in another room. Break the routine. If you really need a cigarette, go in the other room and have one.

Challenges of Lunch and Learn
A few challenges were identified regarding the Lunch and Learn program. Most of the challenges focused on logistical and organizational issues that did not necessarily affect the quality of the program. The challenges included: 1) advertising the program, 2) organizing with partners, 3) one-time program delivery, and 4) funding the program.

Advertising the program
Advertising for the Lunch and Learn program is primarily done through word-of-mouth by Keystone and community partners. There is no formal method or funding for advertising the program and sometimes staff members are making cold calls to workplaces and organizations to create awareness about the program. There is a local community group that has access to several organizations and workplaces in Bruce Grey, and Keystone has used this group to help with spreading the word about the program. More advertising of the program needs to be done, and perhaps using alternative methods such as social media sites like Facebook and Twitter would help to reach a broader audience.
Organizing with partners

The biggest challenge for the Lunch and Learn program was scheduling sessions for workplaces that have employees on shift work. The program takes place over the lunch hour, but this is a challenge for those employees who work the night shift. People who have shift work in factories for example, have a short lunch time that, usually, cannot be extended. In addition, the nurses who conduct the Lunch and Learn sessions have a limited number of days dedicated to the program, and sometimes have conflicts with scheduling sessions. However, many of the workplaces and organizations are flexible and accommodating to the Lunch and Learn program because it fits with health and safety goals. Such examples include extending lunch breaks for employees to participate, and scheduling Lunch and Learn sessions for later in the day so that afternoon or night shift employees can participate in the program.

One-time program delivery

Both partners and participants in the Lunch and Learn program expressed an interest in receiving more information from Keystone, and participating in additional workshop sessions. Partners wanted follow-up information and additional materials to maintain the momentum of the program and quitting amongst the participants. According to some focus group participants, when information about quitting is not in people’s awareness, they often move on, and motivation to quit smoking decreases. The challenge for community partners is to determine ways of supporting and assisting Lunch and Learn participants with quitting when they encounter obstacles.

Partners would like to receive more information and learn strategies for assisting smokers with quitting. Many of the staff in community organizations do not have proper training or may not be aware of how best to support a smoker when he/she is attempting to quit. Partners expressed an enthusiastic interest in hosting additional Lunch and Learn sessions and workshops offered by Keystone on other health topics. A workshop to train community organization and workplace staff was suggested so that these staff members could assist participants with quitting when they come to the staff for support.

Funding

Lunch and Learn was funded by Health Canada until the end of March 2012, but the program does not have ongoing funding. The challenge with the program is determining how to financially sustain it when there is no longer a primary funder. One suggestion was to make Lunch and Learn a payable service whereby community organizations and workplaces pay for the program to be delivered. Sharing the costs of program delivery was suggested, such that community organizations and workplaces provide the lunch instead of Keystone, and continue to provide free space.

The Benefits of Lunch and Learn

The evaluation participants identified several benefits of the Lunch and Learn program. These included partnership building, enabling participants to reduce or quit smoking, and laying emphasis of healthy living. Other benefits identified were the refreshment of knowledge about
the negative effects of smoking, and the follow-up phone calls (part of the evaluation) which were perceived as reminders.

**Building partnerships**

Keystone has relationships with both community organizations and workplaces in the Bruce Grey community. For Lunch and Learn, Keystone has built on existing relationships with workplaces and community organizations to deliver the program. Through their outreach campaign and cold calls, Keystone has also developed new relationships with organizations in the community. Both Keystone staff and community partners reported positive working relationships that were functioning well around Lunch and Learn.

Several overarching benefits of the Lunch and Learn were mentioned by Keystone’s community partners and staff members. Most importantly, Keystone staff and community partners are building a common objective of decreasing smoking in the Bruce Grey community. Keystone staff continuously said that workplaces and community organizations are very accommodating for the program in providing space and allowing staff time off to participate. Workplaces and organizations are accommodating because the program fits with workplace health and safety and organization mandates to improve quality of life, health, and well-being.

Participants, community partners, and Keystone staff all said that the Lunch and Learn program has supportive staff working both behind the scenes and on the frontline delivering the program. Many commented that having supportive staff was an important piece for the success of program delivery.

**Enabling participants to quit smoking**

Both program participants and community partners reported that participants of the program have an increased awareness of smoking cessation resources available in the Bruce Grey community because of Lunch and Learn. The Lunch and Learn sessions were also strong in knowledge reinforcement of the effects of smoking.

**Emphasis on healthy living**

According to focus group participants, Lunch and Learn emphasizes healthy living. Participants have the option of completing health tests, such as blood pressure tests and carbon monoxide level tests at the end of a session. The nurses who conducted the sessions also brought in visual aids, including a healthy and functioning lung, and a lung that was negatively affected by smoking cigarettes. Many of the participants appreciated this part of the program and found the tests most helpful because they brought the negative physical aspects of smoking to the forefront. These tests demonstrated to participants immediately what smoking does physically to the body and the extent to which smoking affects overall health.

* I liked the visual aids. I’ve never seen a disgusting lung before and I can still see it in my brain. The tools for blood pressure and breathing tests... I’ve never seen them before and that was an eye opener...
Refreshment of knowledge about the negative effects of smoking

The dangers and effects of smoking cigarettes are well-known and the knowledge of how smoking affects physical health is quite apparent. All of the participants in the focus group expressed that they were well aware of the negative effects of smoking on health. But many of the participants said that although they were aware, the program had adequate information and was a refresher course to reinforce existing knowledge. The program also brought the knowledge of smoking and health back as the focus to get participants thinking about what can happen if they choose to continue smoking.

*I think the knowledge was there but it’s so easy to push it [information] back so it helps to bring it [information] forward even for a little bit that day to get you thinking; refreshes your knowledge.*

Follow-up phone calls

For these Lunch and Learn sessions, participants had the option of participating in the evaluation of the program. The evaluation portion of these rounds of program delivery is not a regular component of the Lunch and Learn. However, participants expressed that the follow-up phone calls were a motivator and additional source of support for them in their efforts to quit smoking. Several of the participants felt the phone calls were an opportunity to further discuss the struggles and progress of quitting, and they felt supported in their attempts to quit smoking. Participants indicated they could be open and honest during the phone calls without feeling judged or shamed by the external research team.

*Yeah it was interesting. We had a conversation and I found it helpful. Even if you fail and lost it one week, it didn’t matter, she’s [the researcher] okay with it [failure] and she’s not there to doubt you. And I liked that. Unbiased and no guilt.*

One participant further commented he/she felt accountable for his/her actions because the second phone call was coming a few weeks after the initial follow-up. The follow-up phone calls appear to have served as a checkpoint and motivation for quitting or reducing smoking.

*And if you do good [sic] she [the researcher] would praise you. You wanted to do better before she calls you [again at 6 weeks].*
General Reflections

Upon reviewing all of the data, the following are some general reflections about the Lunch and Learn program.

- Community partners are flexible and accommodating for the program.
- Workplaces were willing to invite the program into their environment and accommodate multiple schedules.
- The Lunch and Learn program seems to fit well with community organization and workplace goals of improving the health of their community members and employees.

Reflections on the participant experiences with quitting smoking

- The program seems to have planted the idea of quitting in participants and has triggered a motivation to quit smoking.
- Participants seem to be using the program as a starting point to begin their quit plans, and were incorporating creative strategies to quit smoking.
- Examples of strategies mentioned included removing heaters from cold outdoor spaces, duct-taping cigarette packages, and putting up pictures of family members as reminders for why they should quit smoking.
Recommendations

At the community forum in March 2012, CCBR presented the results of the evaluation and asked participants to discuss the recommendations. Participants helped to further develop the recommendations presented below.

Recommendaion #1: Enhance Workshop Content

Participants made a few suggestions to enhance the workshop content. One suggestion was to have more personalized quit plans included in the program and more personalized strategies for quitting. This may be particularly difficult given the one hour time limit of the program. It may not be possible for the nurses to cover the program material and design quit plans. The program is a starting point and then participants must take control of their quit plans by visiting their primary healthcare provider for further strategies.

A second suggestion was to include tips and strategies for dealing with the mental aspect of quitting and what can be done to relieve some of the stress from quitting. Content could incorporate strategies for dealing with stress more effectively in a tip or fact sheet that include relaxation techniques such as deep breathing exercises or yoga.

A third suggestion was to include previous participants’ success stories in the workshop content. This could be particularly helpful to participants who are new to the program to hear stories of previous participants and how Lunch and Learn had helped them with quitting smoking. Participants may respond well and appreciate the success stories of quitting if they come from their peers in the program.

Summary of Recommendation #1:

- Include a tip/fact sheet of strategies for coping with the mental aspect (e.g. stress) of quitting.
- Include success stories of participants and how Lunch and Learn helped them with quitting.

Recommendation #2: Enhance Post-Workshop Follow-up with Partners

Partners commented they would like to receive more information and strategies for helping Lunch and Learn participants quit smoking after participating in the program. Some of the community partners do not have staff members who are trained to support smokers in their quit attempts. Lunch and Learn should provide follow-up information for partner staff to assist smokers with quitting strategies and maintain the motivation to quit smoking. Support is particularly important for people who are in the maintenance stage of quitting, and may be more effective if the support is from an organization where a relationship already exists. Informed peer support groups at the organizations may be one way to help people who are quitting smoking.

Some partners said they would like to continue the momentum from the Lunch and Learn workshop, especially for vulnerable populations who may be experiencing other challenges. Partners would like to provide information to the people who use their organizations’ services
or are employed at their workplace. Lunch and Learn should support partner organizations to have internal awareness campaigns by providing more information on smoking cessation and quit strategies for participants. Contact with organizations and workplaces could be made by sending out emails or notifications of upcoming events or perhaps developing a monthly newsletter with information about the effects of smoking and tips for quitting. If partners had this information, it may be possible for workplaces and community organizations to incorporate Lunch and Learn into their health and wellness plans.

Partners were satisfied with the program and expressed a keen interest in continuing with multiple workshops. Lunch and Learn should hold more frequent smoking cessation workshops in partner organizations, and perhaps schedule follow-up sessions with partners to support them with more information. The program fits with partners’ objectives of improving health for their community and employees, and having more frequent workshop sessions would help with achieving this objective. As mentioned, some of these sessions could be tailored to provide training or additional information for staff of community organizations and workplaces to support participants with quitting smoking.

Summary of Recommendation #2:
- Provide information for partner staff to assist smokers with quitting strategies.
- Support partner organizations to have internal awareness campaigns.
- Encourage workplaces and community organizations to incorporate Lunch and Learn strategies into health and wellness plans.
- Hold more frequent smoking cessation workshops in partner organizations.

Recommendation #3: Enhance Post-Workshop Follow-up with Participants

As part of this evaluation, participants received follow-up phone calls one week and six weeks after participating in Lunch and Learn to complete the surveys. Participants said they felt supported during the phone calls and accountable for their actions when it was time for the final follow-up phone call. Participants and forum attendees agreed that the follow-up phone calls should be an additional step included as a regular component in the Lunch and Learn program. All follow-ups with participants should be non-judgmental and support participants in their attempts to quit smoking.

It was suggested the first follow-up with participants should be in-person with the staff and/or nurses that conducted the original Lunch and Learn and subsequent check-ins could be facilitated by peers and previous program participants. The first follow-up session could even be a workshop session where nurses would go into more details about personal quit plans or provide tips and strategies for seeking additional assistance with quitting. Follow-ups by peer facilitators or Keystone staff could be conducted on a monthly basis with a more conversational approach instead of asking evaluation questions. Forum attendees said the follow-up sessions should be personal, motivating, and support participants to quit smoking.

In addition to follow-up workshop sessions or phone calls, forum attendees suggested using social media to support participants with quitting after the Lunch and Learn program. Developing a Facebook page for participants to visit would create a community for Lunch and
Learn participants to come together and support one another with quitting. Participants could use the page to find information about quitting smoking and have conversations with peers and staff about their experiences with quitting smoking.

Summary of Recommendation #3:
- Follow up with participants about their progress with quitting smoking.
- Offer non-judgmental support to participants in their quit attempts.
- Use social media, such as Facebook, to create a supportive community for Lunch and Learn participants.

Recommendation #4: Expand Program Scope

Partners were satisfied with the Lunch and Learn program and said they would host additional workshops on other health issues in a similar format to Lunch and Learn. Suggested topics included reviewing nutritional issues, and addressing the truths and myths about weight gain when a person quits smoking. Other suggested topics included coping strategies for dealing with the withdrawal symptoms, education on the long-term financial benefits of quitting, and fitness and exercise programs.

Participants mentioned it is more expensive to continue smoking than it is to quit smoking, with people receiving half the number of cessation aids than the number of cigarettes. For example, smoking cessation lozenges cost $56.00 for a package of eighty-eight, whereas a person can purchase two hundred cigarettes for the same price. Lunch and Learn staff should advocate for access to Nicotine Replacement Therapies (NRTs), which may include providing financial resources. One of the difficulties with free NRT programs is they are often short-term programs that rely on external funding. There needs to be more consistent and long-term funding for participants to access free NRTs, coupled with education on the cost benefits of quitting smoking rather than continuing to smoke.

To increase awareness of the Lunch and Learn program, Keystone staff should leverage their relationships with community partners to spread the program throughout Bruce Grey and to other parts of Ontario. This program has the potential to be effective in other areas of the province, and making connections in the smaller community may help with disseminating the program. Community organizations and workplaces could use their connections with others to promote the Lunch and Learn program in communities outside of Bruce Grey.

Summary of Recommendation #4:
- Offer additional workshops on other health issues in a similar format to Lunch and Learn.
- Advocate for access to NRTs, such as financial resources and consistent funding for free NRT programs.
- Leverage partnerships with community organizations and workplaces in workshop promotion.
Conclusion

This evaluation has demonstrated that the Lunch and Learn program is effective for participants. Of those participants who completed all of the surveys, there was a significant decrease in the number of cigarettes smoked by participants. Between the one-week and six-week follow-ups, there was a significant increase in the number of quit attempts made by participants, with the majority of participants making at least one quit attempt by the six-week follow-up survey. Over 90% of participants reported being aware of smoking cessation resources they could use in the Bruce Grey community, and Keystone staff and partners agreed this was one of the largest benefits of the Lunch and Learn program.

Keystone staff members have been building positive relationships in the community and many partners were satisfied with the Lunch and Learn program, and have expressed interest in hosting additional workshops. In fact, partners were interested in hosting workshops on other health topics using a similar format as Lunch and Learn.

Four recommendations were suggested for the program. These were:

1) Enhance workshop content by adding personalized quit plans and including more information on alternative therapies for quitting smoking, and strategies for coping with stress and the mental aspects of quitting.

2) Enhance workshop follow-up with partners by conducting more workshop sessions and providing more information for partners’ to support participants in their attempts to quit smoking.

3) Enhance workshop follow-up with participants by holding an in-person check-in session and maintaining monthly contact through Lunch and Learn staff or peer facilitators.

4) Expand program scope by offering additional workshops on other health topics, advocating for access to NRTs, and leveraging partnerships to spread the program around Bruce Grey and to other areas in Ontario.
References


Appendix A: About the Centre for Community Based Research

The Centre for Community Based Research (CCBR) is an independent, non-profit organization with over 29 years experience in community-based research and program evaluation. Located in Kitchener, Ontario, our projects are local, provincial, national and international in scope. In all Centre work, we use a participatory, action-oriented approach which is well suited to developing relevant and innovative solutions to address important social issues and meet individual, organizational and community needs.

Our Mission

Our Centre is committed to social change and the development of communities and human services that are responsive and supportive, especially to people with limited access to power and opportunity. Demonstrating leadership through research, education and community involvement, our Centre stimulates the creation of awareness, policies and practices that advance equitable participation and integration of all members of our community.

Distinctive Features

Our organization is Independent. It is an incorporated non-profit organization guided by a volunteer board of directors, and is not permanently affiliated with any funder or institution.

Our approach is Collaborative. We collaborate with academics, service organizations and government to support innovations in human service policy and practice. We see research as an opportunity to give voice to less powerful stakeholders and as a means to foster social cohesion. Stakeholders set the agenda for each research project, and our approach emphasizes ongoing feedback in all directions throughout the process.

Our organization is Responsive. We design multi-phase research projects so that our methodologies can be adapted to changing situations. We apply lessons across different projects and communities, and disseminate findings through our newsletters, workshops, and web pages.

Our organization is Experienced. It was founded 29 years ago, and has an established reputation for managing projects successfully. Our team includes experienced researchers, facilitators and academic instructors, and we have produced a body of published scholarly and popular writings.

Our team is Multidisciplinary. It includes members with graduate degrees in social work, community psychology, developmental and social psychology, women’s issues, sociology, and planning. Our team has content expertise in diverse issues including, immigration and cultural diversity, settlement and integration, social housing, family support, community mental health, disability issues, community safety and violence prevention, poverty and international development.

For more information about CCBR, visit our web site at: www.communitybasedresearch.ca