

PREFACE

This volume, Tobacco Control Research and Evaluation Report No 1, 1998-2001, is the first in a series of volumes to be produced by the Tobacco Control Research and Evaluation program. However, this volume continues the work previously reported in Quit Evaluation and Research Reports series, under a broader title. This new series incorporates and supersedes the Quit Evaluation and Research Report series. This volume therefore includes the work which would otherwise have appeared in Quit Evaluation and Research Report Number 6, 1998-2001. The period covered in this report starts where the last report stopped and covers the three-year period from July 1998 to June 2001, covering three financial years and funding periods for Quit SA.

This has been a period of change and also great opportunity for those working in the field of tobacco control, to try to reduce the great public health impact of tobacco in South Australia. On the 27 May 1998 the Minister for Health, The Hon Dr Michael Armitage MP, announced an unprecedented allocation of \$3.9m per year over 5 years to reduce the proportion of South Australians who smoke by 20%. This created expanded resources for existing tobacco control programs (most notably Quit SA) and the potential for new initiatives in tobacco control.

Subsequently, the new Minister for Human Services, The Hon Dean Brown MP, established an Anti-Tobacco Ministerial Advisory Taskforce, which included representatives from Government and a number of health agencies, including the Heart Foundation and the Anti-Cancer Foundation of South Australia. The Taskforce's brief was to make recommendations about the allocation of the \$3.9m to ensure that the prevalence target, and other targets were met.

The South Australian Health Promotion Foundation, (Living Health and formerly Foundation SA), had previously been responsible for directing a budget consisting of 5% of state tobacco excise, including replacing tobacco company advertising at sporting and arts events. It was also the source of funding for Quit SA (formerly the South Australian Smoking and Health Project). In 1998, a legislative change meant that Living Health no longer existed as a separate statutory body, but rather its functions were encompassed into the activities of the Department of Human Services, and were joined with the existing Health Promotion Unit to create a new unit called Health Promotion SA. A new Tobacco Control Unit was established within Health Promotion SA, which started with one full time staff member in 1998, and expanded to six staff by June 2001. (An additional 2.0 FTE positions were created and located within the Environmental Surveillance Branch of the Department of Human Services.) The unit has a number of functions including ensuring compliance with tobacco control legislation. The unit also provides an executive function to the Taskforce, as well as undertaking its own health promotion activities.

Quit SA also went through some structural changes, and increased budgetary allocation. There was a change in manager from Dr Lyn Roberts to Dr Andrew Ellerman. The sponsorships officer position which resided previously in Quit SA, was relocated to the Tobacco Control Unit. The project activity and project staff expanded to include a dedicated full-time Quitline Manager, a Young People's Project Officer and a Media and Communications Officer. In June 2000, Quit SA applied and was awarded funding for a new project and a project officer to work in Culturally

and Linguistically Diverse (CALD) Communities. Quit SA also created a new part-time Information and Resources Officer.

The chapters in this volume report on important program activities undertaken by Quit SA and other major tobacco control initiatives in South Australia over the 1998-2001 period.

This volume consists of chapters divided into three sections. The first two sections describe campaign and project evaluations; firstly those coordinated by Quit SA and secondly those coordinated by the Tobacco Control Unit at the Department of Human Services, but in which Quit SA was a partner. The third section reports on monitored indicators of progress in tobacco control, as well as findings from research and evaluation of legislative and policy issues.

Section One describes Quit SA's major projects and campaigns and the responses of the community to those campaigns. Evaluations of some of Quit SA's expanded activities are presented, including: evaluation of the Quitline Service; evaluation of the Quitskills program for health professionals; as well as two chapters on some of Quit SA's activities in schools.

Section Two presents three examples of evaluations of activities coordinated by the new Tobacco Control Unit. The first describes the public awareness raising campaign surrounding the implementation of smoke-free dining. Another reports in the evaluation of a mass-media passive smoking campaign encouraging parents of small children not to smoke inside their homes or in their cars when children are present. A third reports on a joint Quit SA and Department of Human Services project encouraging workplaces to implement smoke-free policies. This project was established in response to evidence that a significant minority of people were still involuntarily exposed to passive smoking in their place of work.

The third section focuses on results of population monitoring of progress in smoking prevalence and other key indicators of tobacco control. The extent of progress is reducing smoking prevalence, and the different rates of smoking in the South Australian population are presented in Chapters 10 and 11. There is clear evidence of a downward trend in adult smoking prevalence, which is most marked when significant resources are allocated to well-developed and effective mass-media campaigns, a proven strategy for driving down smoking rates. Rates of smoking among South Australia's school children are presented in Chapters 13 and 14. It is known that children's smoking is strongly related to the smoking behaviour of their parents. Reducing adult smoking rates is of fundamental importance in any strategy to reduce smoking among children. It would be expected that if adult rates of smoking fall, children's rates will follow. Although still unacceptably high, children's smoking is also demonstrating a downward trend.

Another major advance in policies to reduce the burden of preventable disease due to exposure to passive smoking was the introduction of smoke-free dining in South Australia in January 1999. At the time, South Australia was the first Australian state to implement smoke-free dining, (although the Australian Capital Territory had already done so, and many other Australian states implemented similar provisions shortly afterwards). A comprehensive evaluation plan was implemented to assess the impact of smoke-free dining. Chapters 15 and 16 report on the

findings of a series of surveys undertaken with the South Australian community (and in particular dining patrons) as well as surveys with restaurateurs and inspections of premises. Overwhelmingly, and consistent with overseas experience, the evidence demonstrates that smoke-free dining has been a success in South Australia. Still, one third of South Australians reported being exposed to passive smoking in the past fortnight. Hospitality areas, such as bars, gambling venues and restaurants where smoking is still permitted, are venues where too many South Australians are exposed to passive smoking, either in their work or leisure time. Chapter 17 presents population data over time which demonstrates that South Australians would support extensions to legislative restriction on smoking in these venues.

We would like to extend our thanks to those involved in contributing to this volume, in particular the staff of the Tobacco Control Research and Evaluation program. In early 1999, Dr Melanie Wakefield moved on from her position in the South Australian Department of Human Services, and as Chair of the Evaluation Working Party of the South Australian Smoking and Health Project. She took up a position as Visiting Research Specialist in the Health Research and Policy Centers with the University of Illinois at Chicago, and has since returned to Australia and is now the Deputy Director of the Centre for Behavioural Research in Cancer at The Cancer Council Victoria. We would like to thank Melanie and acknowledge the years of hard work and dedication she put into ensuring the rigorous evaluation of Quit SA over its first decade. Melanie also established and oversaw the system of population monitoring of tobacco control indices in South Australia, which has yielded the most valuable tool for measuring progress and determining priorities for future action. She also conducted several applied research projects. Prior to her departure, Melanie established many of the systems for evaluation which have been implemented in this volume; the evaluation of smoke-free dining is a notable example. From her new positions, she has remained interested in this work and has contributed to its progression. We wish her well in her new role.

In conclusion, the evidence contained in this volume describes a vibrant tobacco control landscape in South Australia and the hard work of the project staff involved. Evaluations are only possible when there is openness to evaluation and we would like to acknowledge those involved in the tobacco control programs described in this volume, namely: Dr Andrew Ellerman, David Edwards, Lyndy Abram, Caroline Fleming, Mary Crawford, Meg Murchland, Lana Ngo and Deb Sanders from Quit SA; and Vicki Jacobs, Della Rowley, John Gray, Ann Solly, Dianne Koldits, Christine Morris and Clinton Cenko from the Tobacco Control Unit.

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The Tobacco Control Research & Evaluation Program

In 1998, tobacco control in South Australia was allocated annual funding of \$3.9 million per annum over five years by the Minister for Human Services, with the important objective of reducing smoking rates in the community by 20% over that period.

With this, came capacity for research and development to guide policy and to ensure that the strategies that are used are likely to be effective, as well as a responsibility to formally evaluate all funded programs. As a part of this commitment to tobacco control in South Australia, the Tobacco Control Research and Evaluation (TCRE) program was established in 1999.

The Program is located at the Anti-Cancer Foundation of South Australia, and also has formal affiliations with the Centre for Behavioural Research at The Cancer Council Victoria. It is funded by the Department of Human Services. The research and evaluation capacity for tobacco control in South Australia previously resided in Quit SA (1.0 research and evaluation officer) and with Dr Melanie Wakefield of the (former) Epidemiology Branch of the South Australian Department of Human Services. The new arrangements represent a significant increase in capacity, commensurate with increases in tobacco control programs in the state.

Rationale

There are a number of reasons underlying the need for a research and evaluation capability, including:

- Issues of public accountability, particularly given that this was not only the largest investment in tobacco control in South Australia's history, but also in Australia on a per capita basis.
- The importance of having timely and practically helpful information on which to plan, implement and revise tobacco control efforts.
- The importance of knowing whether, or to what extent, smoking prevalence targets will be met, so as to permit reporting back to the government and to parliament.
- The active and vocal interest of tobacco companies, whose aims are contrary to the aims of tobacco control.

The South Australian Tobacco Control Research and Evaluation Program performs a series of functions as outlined in below.

The major component is an on-going monitoring program that builds upon previous monitoring and is largely standard in each year. The second component is undertaking relevant research and evaluation in policy, evaluation of major programs and other areas.

The activities of the Tobacco Control Research and Evaluation Program are conducted with regard to tobacco control research and practice at the local level, nationally and internationally. The Program staff, and in particular the Evaluation Manager, endeavour to keep abreast of the

body of research relevant to tobacco control and advances in effective tobacco control programs around Australia and the world, in order to provide timely advice to facilitate its decision making. In addition, the Program performs developmental research, as required.

Role and responsibilities

The role of the Tobacco Control Research and Evaluation program is to:

- **Undertake monitoring** of progress in tobacco control indicators at the population level.
- Formulate and conduct **applied research** which will inform the development of tobacco control strategies and programs.
- Design and implement **evaluation** of specific tobacco control strategies or programs.
- **Provide advice** to the Anti-Tobacco Ministerial Advisory Taskforce, the SA Department of Human Services and the Minister for Human Services on:
 - progress in tobacco control, including whether, or to what extent, smoking prevalence targets will be met; and
 - the development and evaluation of tobacco control strategies.
- Participate in applied research and evaluation projects in tobacco control at the **national** level.
- Ensure methodological and conceptual rigour by seeking **peer review** of evaluation studies.

Principles

Guiding principle

Evaluation is seen as a process of discovering better ways to do things. It involves the understanding and commitment of those whose programs are being evaluated. This process does not aim to yield 'pass/fail' score cards so much as insights into how best to proceed for more effective tobacco control. Therefore, evaluations will be based upon maximal consultation and involvement with program staff in respect of evaluation planning and reporting. This participatory principle does not compromise objectivity or accountability but does increase the likelihood that evaluation results will be accepted and acted upon.

The Tobacco Control Research and Evaluation Program is grounded in the principles of expertise, relevance, critical mass and independence.

Expertise

Just as the South Australian tobacco control program should be based on world's 'best practice', so should the evaluation of it be of international standing. Evaluation techniques for state-wide tobacco control programs which involve elements of mass-reaching public information, legislation and policy, prevention programs and services to assist members of the

public to quit must be well-developed, and there is limited expertise in Australia to undertake this work to an acceptable standard. Furthermore, because the field of tobacco control also has the added complication of vocal tobacco industry interests advocating to prevent, delay and misconstrue evidence in progress, as well as the real possibility of litigation, ongoing access to expertise in evaluating tobacco control programs is critical.

The appointment of Professor David Hill as Director and the establishment of the joint SA/Vic Evaluation working party, enables the South Australian evaluation function to benefit from expertise beyond the boundaries of the state.

Relevance

Striking a balance between scientific acceptability and practical utility is a skill. Evaluation results must be helpful to decision-making about program and policy implementation. It is important to strike a happy medium between gaining and preserving access to expertise on the one hand and access to information about program planning and policy development and implementation on the other, so that appropriate and informed decisions can be made.

Critical mass

It is sometimes a temptation in large programs to allocate a certain amount of funding for evaluation within specific program areas (eg 10-15% of each budget line), on the belief that evaluation is important and should be built into the program. Whilst this principle is sound, the resulting evaluation functions tend to receive low priority in practice, so that they are often piecemeal and fragmented. Under this model we have established one evaluation program or unit, which has the responsibility for evaluation tasks. There are efficiencies gained in doing this, as well as building a critical mass of evaluation expertise in tobacco control.

In the SA tobacco control program, there is a requirement for continued population monitoring, as well as evaluation of specific components of the program. But, not everything needs to be evaluated – by having one unit responsible for overseeing and managing evaluation tasks, it is more likely that sound decisions will be made about what requires evaluation and what does not. The program serves an evaluation function in a variety of ways. It undertakes evaluations for major programs such as the Quitline, mass-media campaigns and other major projects. It also facilitates evaluation of a number of other projects, arising from the South Australian tobacco control funding, by undertaking evaluations of some components of these programs, and/or providing advice and assistance with evaluation plans.

Independence

The research and evaluation capability needs to meet high standards of scientific rigour and to have some degree of independence (or 'scientific objectivity') from the tobacco control program itself. The evaluation needs not only to *be* independent but needs to *be seen as being* independent from the program and policy activity. As one of the first principles of evaluation, independence is critical for the SA evaluation.

Structure

Joint South Australian/Victorian Evaluation Working Group

Overall planning of evaluation strategies and activities for the SA Tobacco Control Research and Evaluation Program (and the equivalent in Victoria) are the responsibility of a Monitoring and Evaluation Working Group comprising: Professor David Hill, Director of Centre for Behavioural Research in Cancer (CBRC); Dr Melanie Wakefield, Deputy Director of the CBRC; Ron Borland, Director of the VicHealth Centre for Tobacco Control; Caroline Miller, Manager TCRE; and South Australian and Victorian based evaluation staff. On an as-needed basis, program staff and people with other relevant expertise take part.

Tobacco Control Research and Evaluation Program

Professor David Hill has the role of Evaluation Director from his base at The Cancer Council Victoria. As the Program Director and Chair of the Joint Working Party he provides high-quality independent direction, contributing invaluable experience and knowledge and adding credibility to the Program's activities.

The staff of the TCRE program are based at the Anti-Cancer Foundation of South Australia (making up the Tobacco Control Research and Evaluation Unit). The Anti-Cancer Foundation provides an environment which is supportive of and has expertise in cancer control, research, public health and health promotion; all of which are integral to tobacco control research and evaluation. The Tobacco Control Research and Evaluation program staff include a full-time manager, two research and evaluation officers (one position vacant), an administration assistant and research assistants.