



SMOKEBUSTERS

Process Evaluation

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INTRODUCTION

Smokebusters originated as a concept in 1985 when Project Smoke-Free based in Manchester launched the first club. Its brief was to increase children's awareness of the harmful effects of smoking using a media approach rather than the normal school based educational projects. In 1989 the Irish Cancer Society established Smokebusters as a pilot project in the Midland Health Board area as part of the Europe Against Cancer Programme.

Smokebusters in the Eastern Health Board region

While Smokebusters in the Midland Health Board area enjoyed some success, it was recognised that the format needed change if it was to be successfully implemented on a wider scale. In 1991, the Irish Cancer Society, Dublin Healthy Cities Project and the Eastern Health Board implemented a Smokebusters programme in two primary schools in relatively disadvantaged areas in Dublin's northside. Compared to matched control groups, the classes in which the programme was piloted, showed less positive attitudes towards smoking and greater awareness of the dangerous consequences of smoking¹.

The Smokebusters club as it developed in the Eastern Health Board targeted second and fifth class primary school children and aimed to build a strong peer group norm of non-smoking children. Children could join only if they pledged to remain non-smokers. Features of the programme included:

- visits to the school by health board personnel
- integration of the programme into other aspects of the school curriculum, in particular artwork, creative writing and mathematics
- newsletter to club members
- symbolic rewards for commitment to the club
- involvement of parents through parents' day in the school.

Smokebusters was subsequently extended to a greater number of schools in two Community Care Areas in the Eastern Health Board. In 1994, personnel in other Community Care Areas expressed an interest in becoming involved in the programme.

In 1995, the Eastern Health Board, Irish Cancer Society and Health Promotion Unit decided to extend the programme to all 10 Community Care Areas in the Eastern Health Board on a pilot basis.

headings. Evaluation was carried out in the intervention schools and in control schools. Subsequent evaluation utilised the same study instrument with slight modification and presented findings in relation to individual questions. For comparison purposes, it was decided that this study instrument would be used in the current evaluation.

As considerable effort had gone into encouraging schools to participate in the programme, it was considered that a randomised control trial was not feasible. As non-participating schools were likely to be different from participating schools, a suitable control group could not be identified. A questionnaire was administered to a sample of both 2nd and 5th class children pre- and post- intervention. It is intended to follow-up of a group next year when they will be completing 6th class. In addition, three 5th classes and four 2nd classes in non-participating schools were administered the pre-intervention questionnaire for comparison purposes.

As the post-intervention questionnaires were only completed in mid-June, results of analysis are not available at the time of writing.

Process evaluation

This involved a self-administered questionnaire to Project Officers, Public Health Nurses, Superintendent Public Health Nurses, Directors of Community Care and a sample of teachers. An evaluation interview was held with the Project Co-ordinator. In addition meetings were held with Project Officers, Public Health Nurses, teachers and Superintendent Public Health Nurses to discuss the operation of the programme. These meetings were facilitated by Dr. Mary Hynes (Eastern Health Board) and Ms. Avril Gillatt (Irish Cancer Society). Issues covered included:

- Participation rate of schools invited to participate
- Satisfaction with training
- Satisfaction with materials
- Satisfaction with promotional items, including timeliness of delivery
- Parents' day
- Further activities generated as a result of Smokebusters

Opportunity to comment on the strengths and weaknesses of the programme was incorporated in both the questionnaires and in the evaluation meetings.

Teacher questionnaires were distributed at the beginning of June. At the time of writing, only four questionnaires have been returned and these have not been included in this report.

The PHN referred to in training was a Project Officer in one Area and had previous experience in implementing the programme, as had the Project Co-ordinator.

Training was considered adequate by 15 (53.6%) PHNs and 11 (39.3%) considered that enough time was given to training. The mean time spent on training was 2.15 hours (range 0.8 to 4.5 hours). PHNs who had more than two hours training were significantly more likely to consider training adequate ($p=0.02$). In an open question asking what aspects of training were found relevant, 7 (25.0%) PHNs mentioned the practical aspects, 4 (14.3%) mentioned the previous experience of the trainer and 3 (10.7%) referred to the provision of a resource PHN for the first visit to a class. This latter was not included in the original training plan but was made available to some PHNs.

Suggestions for additions to the training programme included the role of the PHN (3, 10.7%), the role of the teacher (2, 7.1%), use of video (2, 7.1%), workshop or small group format (3, 10.7%) and more on the practical aspects of implementing Smokebusters in the classroom (4, 14.3%). Two PHNs referred to the need for more time and one other specifically mentioned the need for time to read the manual. Timing of the training programme was considered appropriate by 19 (67.9%) PHNs, too early by 4 (14.3%) and too late by 4 (14.3%).

Seventeen PHNs (60.7%) considered the manual clear. The single biggest category of criticism related to the structure of the manual. Five PHNs (17.9%) suggested it be divided into 2nd class and 5th class sections. Other individual suggestions were for more structure, a better index, division into teacher and PHN sections and colour coding of the different sections. Two PHNs suggested updating the terminology in the manual to avoid confusion. Other individual suggestions in relation to the content included:

- provide boxes in the tally sheets
- provide answers for fact and fallacy sheet
- provide choice of poster to colour
- provide more pictures for 2nd class
- expand material for 5th and 6th class
- gear manual for a different age-group
- include more teacher information
- emphasise practical delivery
- provide video for children.

The time spent by PHNs in undertaking the programme ranged from 3.0 to 80.0 hours with a mean of 17.3 hours. The mean time per class was 3.8 hours. The mean time per class varied according to the number of classes with which the PHN was involved as shown in Table 3. These differences were statistically significant ($p= 0.03$).

- more appropriate 5th class material
- hats, bags, pencils, caps, badges
- funding for tea and biscuits for parents' day
- photocopying
- provision of stamps

Eight PHNs reported difficulties with photocopying of materials in schools.

PHNs were asked whether they considered the club a success. All 27 who responded to this question thought the club successful. Two remarked that it seemed less so in 5th class than in 2nd. Another thought it more successful in a class of girls than in a boys' class. Two commented on the need for a follow-on programme.

Sixteen of the 17 PHNs (94.1%) who responded to the question on the appropriateness of the newsletter considered it appropriate. Seven (25.0%) said that they had not seen the newsletter. One PHN thought it more appropriate for 5th than for 2nd class, one wanted more of the children's correspondence included, one wanted a poster for 2nd class included and one was disappointed that a letter to the newsletter had not received a reply.

Twenty PHNs (71.4%) had received requests for stop smoking material, primarily leaflets or booklets (9, 32.1%). Requests were also received for advice, help in stopping smoking and for a no smoking sign. Eight said that stop smoking groups had been established as a follow-on from Smokebusters.

PHNs were asked about the positive spin off of the programme. Ten commented on the effect on parents. Five (17.9%) said that parents had been induced to stop as a result of the programme. Other individual comments spoke of parental involvement, meeting with the parents, the increased awareness of parents and the success of parents' day.

The second category of spin-off related to the children. Two spoke of the children's enthusiasm. Individual comments related to the fact that the children felt important, team effort was encouraged, the children loved the attention, their self esteem was enhanced and it gave them a sense of achievement.

Four PHNs (14.3%) spoke of improved liaison with teaching staff and one said that the programme had induced a teacher to stop smoking.

Six comments related to the key objectives of the programme e.g. children had the confidence to refuse cigarettes, their awareness of the dangers of smoking, their interest in drug abuse prevention and other health issues.

The final category of spin-off related to the perception of the PHN herself. Two said the programme promoted the role of the PHN. Other individual comments included the association of the PHN with prevention, the health promotion aspects of the programme, being better known by the children, becoming familiar with the school and the child and gaining a better understanding of health promotion in schools.

recognition of the significance of Ash Wednesday in relation to stop smoking campaigns in Ireland and the advantages of linking in with this.

Skills

One nurse considered that facilitating skills were very important in running the programme. Some PHNs have experience over many years of speaking to groups and visiting school; for these implementing the programme presented few problems. Others, who were less experienced in these areas, needed more support and encouragement in the early stages. It was apparent that many nurses gained confidence as a result of their successful participation in the programme and welcomed the enhancement of their skills. One nurse spoke of how participation in a structured, supported programme such as Smokebusters was a very good introduction for her in doing this type of work and she now felt confident in applying these skills in other settings.

Training

The training session was seen as an opportunity for teachers and PHNs who would be working together in a school to get to know one another. This did not always happen, in some cases because teachers did not attend training. In one instance, even though both the nurse and teacher attended, they did not make contact at the training session. The importance of commitment and support from the teacher was emphasised and it was considered that teacher attendance at training was essential. Training should be held annually, because with the movement of both teachers and nurses, it cannot be assumed that staff will be adequately trained even if the programme has been successfully run previously in a school or Area.

Some nurses were unsure of the development level of 2nd and 5th class pupils. Many drew on personal experience with their own children. They would have welcomed guidance on children's development and ideas as to how to engage them and what was likely to hold their attention. Additional local training sessions were arranged prior to school visits by the Project Officer in one Area and this was found to be very helpful. Similar additional training was provided in some other Areas, either by this Project Officer or by the Project Co-ordinator and was found to be invaluable.

There was general agreement that a workshop would be most useful as part of training, to address practical issues of implementing the programme in the classroom.

There was some discussion on the timing of training. There was general agreement that training should take place fairly close to the start of the programme. An interval of four weeks between training and the first school visit was suggested.

Role of Project Officer

In one Area where the Project Officer was a Public Health Nurse, the project appeared to have gone particularly well from the PHN viewpoint. There was a strong view expressed by the group that the Project Officer should be a public health nurse.

TEACHER EVALUATION

TEACHER DISCUSSION

Twenty four teachers attended a lunchtime meeting and a very lively and frank airing of views took place. Overall, the response was most positive. They welcomed Smokebusters as an innovative programme. The children had a sense of belonging to the Club and 'ran with the programme'. The public health nurses were very welcome in the school and the project facilitated liaison with health care personnel in the community.

Introduction to the programme

Teachers found out about Smokebusters in various ways: through a letter from the Health Board, from the home school liaison teacher or from the public health nurse. It was suggested that communications about the programme should be addressed to the 2nd class teacher and 5th class teacher as, it was reported, principals did not always pass letters on to the relevant class teachers.

The introductory letter to parents was considered a good idea and was appreciated, though the suggestion was made that it could be shortened.

Training

Most of the teachers present had not attended a training day. They would welcome a training session. One practical suggestion was that training could be organised as summer course for teachers in the first week of July. This would resolve many of the difficulties encountered by schools and teachers in participating in training during term time. They wanted the teacher's role addressed in training and would welcome further interaction with the PHN. They were agreeable to becoming involved in training and in further development of the programme.

The issue of the impact of the programme on children whose parents smoke was specifically raised by the facilitators. The teachers were all very clear that the main focus of the programme was on the short-term effects of smoking. Where children expressed concerns about parental health, there was general agreement that teachers were equipped to handle the matter in a sensitive way.

Materials

The teachers were critical of the manual. It was considered confusing and there was support for the idea of a separate section or indeed a separate booklet for teachers.

Second class material was also criticised. 'What programme' summed up the opinion of one teacher of the 2nd class programme. While some thought the stories were adequate, others thought them too short and that there was not enough material for the 2nd and 3rd PHN visit. The posters were too 'busy' and not easy to colour. It was felt that the Child Abuse Prevention Programme had much to offer in the development of suitable 2nd class material.

Fifth class material seemed to be more successful. There were opportunities for art, drama, English, creative writing, music, mathematics and it was agreed that the 5th

be implemented. The community health sector had an important role in promoting the programme and providing health input.

Teachers perceived a varying level of support from the PHN. Some PHNs were seen to be very enthusiastic, photocopied all materials and were considered excellent. Others, according to the teachers, appeared very pressured and were not well informed on the project.

Parent's day

Parent's days were considered excellent. Teachers spoke of 'the biggest turnout of parents' for any school event. Some grandparents also attended. Parents were most appreciative of the project. Teachers considered it important that the PHN discussed the health effects of smoking on parent's day and drew attention to the resources available in the Community Care Area.

Support

There was considerable support for the idea of a network of teachers who are involved in Smokebusters. This would serve as a resource for teachers and be a source of ideas and practical suggestions to aid in successfully implementing the programme. It was also suggested that a Smokebusters committee within the school would facilitate the running of the programme.

Timing

While all agreed that they could see the value of implementing the programme in the second term of the school year, some indicated that the first term was a more appropriate time. All agreed that, to facilitate planning, they would like to know in good time about the programme.

reference to the usefulness of learning of the practical experience in Areas which had implemented the programme. Three would have liked more information on the previous evaluation of the programme. Suggestions for improving the training for Project Officers included

- attendance by a public health nurse at the day so that two people from the Area were involved from the outset
- inclusion of practical advice on running the programme
- a second session to discuss practical problems once the training had started
- include a teacher/home-school liaison teacher to discuss the programme from the school's point of view

In relation to the timing of training, three Project Officers considered it too late in the school year, while one considered it too early with the long interval before implementation leading to a loss of momentum.

Seven Project Officers were satisfied with the Smokebuster's manual. One commented on the confusing terminology and there were two comments on the need to tailor the manual more specifically for the programme. Other suggestions included making the manual more concise and producing it in colour.

All Project Officers organised training for Public Health Nurses in their Area, eight organised training for teachers and seven indicated that home-school liaison teachers were included in the training. In one Area home-school liaison teachers were invited but could not attend. Project Officers spent an average of 4.9 hours organising the training sessions (range 2 - 8 hours).

Most Project Officers did not get feed back on these training sessions. In four Areas public health nurses found the training session useful; in one they valued the direct link to the Irish Cancer Society which it gave them and in another it gave them the incentive to get started. Teachers in two Areas commented positively on the session. In one Area an extra short session prior to the 2nd or 3rd visit to the school was arranged for the public health nurses who found it very useful. Another Project Officer noted that public health nurses required additional information and that it was difficult to get all teachers to attend because of the lack of cover in the school for such absences. In one Area not all public health nurses were able to attend the training session. Suggestions for the future included:

- provision of a manual for all teachers involved in the programme, not just those attending the training session
- a preliminary public health nurse training session prior to the joint public health nurse - teacher session
- training to include three elements - an initial introductory session, a second session dealing with the public health nurse role in detail and a third session detailing the teacher's role
- inclusion of a teacher or home-school liaison teacher from an involved school to discuss the impact of the implementation of the programme on the running of the school

Overall impressions

Five Project Officers thought the organisation of work progressed smoothly, two were equivocal and one thought that it had not. Three Project Officers commented on the commitment of the public health nurses and three also remarked on the positive attitude of teachers to the programme. Two considered that the public health nurse/teacher training day had gone well. Other aspects which were positively commented on included

- parents' day
- enthusiasm of personnel
- enjoyment of the children
- support from Project Co-ordinator and Secretary
- co-operation between the Project Officer and public health nurse

Three Project Officers found an element of time-wasting in the programme. It was time-consuming identifying the numbers of classes and children and there was difficulty contacting schools. Some schools decided to become involved only at the last minute. As a result of delays in beginning the programme to accommodate the pre-intervention evaluation, planned public health nurse visits had to be rescheduled.

Project Officers were asked how the programme could be improved. Three favoured contacting schools in the final term with a view to planning for the next school year. Two expressed a desire to have more involvement themselves which was not possible due to time constraints. Two considered that implementing the programme in the September - December term would be better. Two commented adversely on the pupil evaluation questionnaire. Other suggestions included:

- More training
- More resources for the public health nurses
- Public health nurse to be trained to run Stop Smoking groups
- Copies of forms used in the schools to be given to public health nurses
- Contingency plans for unavoidable absence of public health nurse on a day on which a school visit was planned
- Copies of Smokebusters newsletter to be sent to Project Officer for distribution to public health nurses
- Participating public health nurses to be involved in any other anti-smoking campaigns which take place during the programme
- Project Officer to run the programme in at least one 2nd and one 5th class
- Increased number of schools
- Promotional items to be sent directly to schools
- Schools to be invited to participate by central body
- Increased communication between disciplines
- Streamlining of the number of people involved
- Improved evaluation
- Materials for 5th class to include video and more wordsearches
- Interest of high-profile children's television programme e.g. Dempsey's Den.

The support of the Irish Cancer Society and the Project Co-ordinator was much appreciated. The commitment of the public health nurses was seen as essential. Overall the programme was considered well accepted, interesting and useful.

Materials

The confusing terminology in the manual was referred to by the Project Officers. They considered that job descriptions should be included and that a manual for teachers should be developed. Some manuals arrived late.

There were also difficulties with the promotional items, both in relation to the quantity received and the timing. Two Project Officers counted and sorted items into batches for individual classes for the PHNs. Other Projects Officers said that they did not have time to count out items for individual classes and that all should have been pre-packed in appropriate batches. In some Areas children had expected T-shirts and it was suggested that sponsorship be sought for such items.

Parent's day

Parent's days were arranged by the PHNs. Many Project Officers did not attend parent's days due to time pressures. Those who did attend really enjoyed them and thought them very successful. They thought that they raised the profile of the project. Many of those attending expressed an interest in stop smoking groups and PHNs had the opportunity to speak of their role and distribute literature.

Support

The link with the Project Co-ordinator was very effective and it was considered essential to have the co-ordinating office staffed on a full-time basis. The previous experience of the Project Co-ordinator in implementing the programme was acknowledged. This allowed her to provide guidance and support to all involved. Her previous teaching experience was valuable and inspired confidence. She related well with the public health nurse, was flexible and generous with her time. The Project Secretary was always available, was very helpful, liaised well with the Project Co-ordinator and co-ordinated responses to telephone messages. It was acknowledged that, as the project developed, PHNs frequently made direct contact with the Project Co-ordinator.

The Project Officers were adamant that they required more time to undertake their role. There was also a need to plan adequate replacement for PHNs undertaking the programme.

Membership cards were incorrectly printed initially and had to be reprinted. There was an initial shortage of stickers due to an ordering error. She suggested that promotional items should be ready for distribution on time and should be packed for each PHN and for each school prior to local distribution.

Support

There was good co-operation with the Eastern Health Board but the system was bureaucratic with many intermediaries between the Co-ordinator and the relevant EHB staff members.

The Co-ordinator also pointed out that schools should not be expected to photocopy materials themselves. Some schools do not have photocopiers.

SUPERINTENDENT PHN DISCUSSION

Five Superintendent Public Health Nurses attended the meeting. All were very positive about Smokebusters and were interested in its continuation. In the context of resource constraints, they favoured continued targeting of schools in disadvantaged areas. If the programme were to run again in 1996/97, the extension to all 2nd 5th classes in those schools which were included in this year's programme should be considered. They spoke of the benefits to the PHN in terms of staff development, the fact that teachers and PHNs were both more focused on the parents and that the children were bringing the health message home.

Training

There was general agreement that training should be improved with both PHNs and teachers playing an active part. Workshops would provide an opportunity for developing the skills necessary to implement the programme. A video would be a helpful aid in training. With better training, PHNs would be more confident in promoting Smokebusters.

Role of Project Officer

As the meeting with Superintendent Public Health Nurses took place after those with Project Officers, PHNs and teachers, the facilitators used the opportunity to discuss the role of Project Officer in some detail with the Superintendent PHNs, in particular the suggestion that the Project Officer should be a PHN. Initially there was considerable support for this idea as the Project Officer who was a PHN had offered support to nurses in a number of Areas in addition to fulfilling the Project Officer role in her own Area. However, on further discussion it emerged that another Project Officer had been considered excellent in her Area and two others were enthusiastic and had given a lot of energy and time to the project.

It was agreed that the role of Project Officer needed a 'hands on' approach and that PHNs would have the necessary commitment. Several Superintendents voiced concern over the time commitment involved in a PHN assuming this role.

Role of public health nurse and role of teacher

They considered that the role of the PHN in the classroom needed clarification. They pointed to the need for better planning and management of time, including the time involved in preparing for classroom visits. Many school principals were not supportive of the programme.

Materials

It was noted that the manual should be revised and that there was a need for better control over promotional items.

Some concern was expressed over the lack of input into 3rd and 4th classes and it was suggested that they should receive the newsletter.

DIRECTOR OF COMMUNITY CARE EVALUATION

A short questionnaire was sent to the 10 Directors of Community Care (DCC) in the Eastern Health Board region and responses were received from seven.

The time allocated to the Project Officer to co-ordinate Smokebusters locally ranged from 14 to 83 hours. (mean 37.1 hours). In addition one Project Officer, a public health nurse with previous experience of implementing the programme, gave 24 hours input to training in six other Community Care Areas. The time spent by the DCC on the project ranged from 0 to 13 hours. The latter figure includes 10 hours of DCC representation at Steering Committee level.

DCCs were invited to comment on the operation of the programme in their Area. Comments covered the following areas:

Staff

Additional Area Medical Officer time required for 5 - 6 hours for unbiased evaluation
Public health nurses co-operative and enthusiastic
Undertaken with great enthusiasm by Area staff
Difficult to co-ordinate due to pressure on some disciplines

Liaison

Existing relationship between primary schools and health board staff aided the smooth process
Liaison with Irish Cancer Society excellent
Good co-operation from the schools

Evaluation

Interested in following up the programme at secondary level and re-evaluation
Delay in commencing programme due to evaluation

Overall

Programme ran smoothly; good co-operation between nurses, schools and project officer
Positive feedback from schools, public health nurses and project officer
Feedback was very positive
Programme ran very smoothly once it got started
Project ran smoothly
Very successful project; very well received by school and parents alike

There were a number of comments on difficulties with communication within schools. This may reflect the high volume of correspondence which is directed to schools and the targeting of schools as a means of reaching young people with a variety of health-related messages. In order to ensure a high response rate, it seems prudent to direct correspondence both to the principal and the relevant class teacher and to follow-up non-responders with a personal approach. This is likely to be time consuming.

While there was not a clear consensus on the optimum timing of the programme in schools, on balance it appeared that the first term was more suitable than later in the school year. At the very least, identification of schools, training of professionals and planning of school visits should be completed before Christmas.

Training

There was a clear message that training for both teachers and PHNs was essential. This applied to Areas where the programme had run previously as well as those who were implementing the programme for the first time. Only a minority of teachers present at the teacher discussion meeting had attended a training session. There are practical difficulties in releasing teachers for training during term time. While organising a summer course overcomes some of these problems, such courses are voluntary and may not be attended by the teachers of the target classes. In contrast, the majority of PHNs had attended a training session, albeit at short notice and with some difficulty on occasion.

The content and type of training provided also must be addressed. While the Project Officers were less critical than the PHNs, there was a strong message in relation to the need for a more practically oriented training course, with input from the teaching profession. PHNs expressed anxiety in relation to their knowledge of what would hold the attention of the target age-groups. It is likely that to gain the skills required would require a less didactic format for the training day and include a more experiential model of training. This has implications for the numbers that can be catered for in a training session and also would add to the length of training.

It was also apparent that PHNs appreciated additional input from those experienced in the programme after they had time to absorb the initial information presented and before they visited the classroom. This too has resource implications.

The timing of training was also important. An interval of 4 - 6 weeks before implementing the programme seems appropriate.

Role of Project Personnel

The work of the Project Co-ordinator and Secretary was highly regarded by all those with whom they had contact. The delays in finalising the list of participating schools, difficulties in organising training sessions, deficits in training and operational problems in relation to promotional items made their task more difficult. The Project Co-ordinator, together with the Project Officer who had previous experience of the programme, provided additional training and support in many Areas which had not been envisaged in the planning of the programme.

Many Project Officers and PHNs had not seen the newsletter. As it is an important component of the programme, this omission should be rectified in future years. The content of the newsletter should also be reviewed. Efforts should be made to include material suitable for 2nd class, to include more wordpuzzles etc. for 5th class and to include more contributions from the children themselves. The cost consideration of producing the newsletter on matt paper which could be coloured by the children should also be examined.

The question of a video for the project was raised in two different contexts. One was in relation to the use of video material in training. Some 'home-videos' of parent's days have been made. These feature the children's projects and some of the drama etc. produced by the children. These provide useful examples for PHNs and teachers of what can be achieved during the project. A number of PHNs considered that a video for use in the classroom with the children would be useful. However, this did not emerge as an issue in the teacher evaluation meeting. It may be that, with enhanced training and the experience gained in the programme this year, PHNs in future will not place such an emphasis on the need for video material.

Parent's day

Parent's days were held in a large number of schools with good attendance in many cases. These provide an opportunity for parent's to view their children's work and for health professionals to introduce some health messages for adults. They should be retained as an integral part of the programme.

Support

The support provided by the Project Co-ordinator and Secretary was vital. It should be noted that though the Project Secretary was employed on a part-time basis by the project, she was present in the co-ordinating office on a full-time basis. This greatly facilitated communication.

It is apparent that the level of support required by PHNs without previous experience of the programme was greater than had been anticipated. This may not be such an issue now that there is a reservoir of experience at Area level. The role of PHN support must be formally assigned to personnel with Smokebusters experience if the programme is to be run again next year. It is not realistic to assign this role to the Project Co-ordinator.

It is clear that the success in running the project this year was in part attributable to the nursing relief provided to the Areas. The value of the relief is constrained by the lack of trained PHNs to take up temporary locum positions. Thus relief could only be provided to PHNs with a clinical case-load. There is no easy solution to this dilemma. It is important that the RGN relief is provided as flexibly as possible to support the Areas in implementing Smokebusters.

Teachers too expressed the need for support, and consideration should be given to establishing a network of Smokebusters schools and Smokebusters committees within schools as suggested at the teacher meeting.

RECOMMENDATIONS

These recommendations arise from the process evaluation only of the 1995/96 Smokebusters Project in the Eastern Health Board and should be read in that context.

Public health nurses should be given the option of implementing the programme in their assigned schools.

A cut-off date in November should be set for finalising the list of participating schools in a school year.

Every effort should be made to ensure that all teachers and PHNs implementing the programme undergo training. Training should be enhanced by including a teacher trainer, having an experiential component and increasing the emphasis on the practical aspects of implementing the programme in the classroom.

A role of support PHN should be assigned in each Community Care Area. This role can only be undertaken by personnel with experience in implementing the programme.

The role and responsibility of Project Officer, PHN and teacher should be clarified.

The project manual should be revised and restructured.

Additional materials should be developed for 2nd class and the range of material for 5th class should be expanded.

Copies of the newsletter should be forwarded to Project Officers and PHNs.

The newsletter should incorporate more material suitable for 2nd class and more of the children's contributions.

RGN relief to the Areas should be provided as flexibly as possible.

Consideration should be given to establishing a Smokebusters teacher support network.

Every effort should be made to simplify lines of communication within the project and between the different partners in the project.

APPENDIX 1

**JOB DESCRIPTION
SMOKEBUSTERS SECRETARY
(20 Hours)**

- **Record on computer all participating schools.**
- **Clerical and administrative duties necessary to support the programme.**
- **Participate in organisation of all training days.**
- **Source suppliers and assist Co-ordinator with the distribution of promotional items.**
- **Assist with queries (written or verbal) from Public Health Nurses and Project Officers regarding the programme.**
- **Reply to club members letters.**
- **Any other duties directed by the Smokebusters Steering Committee and Co-ordinator.**

**ROLE OF SMOKEBUSTERS
COMMUNITY CARE AREA
PROJECT OFFICER**

1. To liaise with the Eastern Health Board Co-ordinator regarding schools in each area and personnel involved i.e. nurses, teachers, home school liaison teachers.
2. To identify and plan with the Eastern Health Board Co-ordinator training sessions for public health nurse, teachers and home school liaison teachers.
3. To contact schools by letter to invite them to participate in the programme.
4. To organise venue, speakers, participants, refreshments etc for training session day in local Community Care Areas.
5. To liaise with the Eastern Health Board Co-ordinator and public health nurses regarding the implementation of the programme in local schools.
6. To follow up local school regarding non respondents.
7. To arrange distribution of promotional items to the public health nurses for 2nd & 3rd visit.
8. To arrange Parents Day and have consultation with health care professionals, public health nurses, teachers and home school liaison teachers.
9. To collate reports from public health nurses containing details of numbers of pupils involved and on the outcome of the project.
10. To report on evaluation of programme at local level.
11. To send final report to public health nurses and schools.

ROLE OF PUBLIC HEALTH NURSES INVOLVED IN SMOKEBUSTERS

- Attend training day with Project Officer, teachers and home school liaison teacher in the Eastern Health Board.
- Identify disadvantaged schools in area of responsibility.
- Contact principals, teachers and home school liaison teachers of 2nd and 5th classes. Discuss your involvement with introducing Smokebusters in specific schools. Agree dates to visit schools.

- **First Class Visit**

Discuss the aim of the project as outlined in training day. Leave teachers training manual with each teacher. Discuss organisation of the project, date of introduction and agree to return in three weeks time.

- **2nd Class Visit**

Discuss project with pupils. Discuss membership and criteria of membership of Smokebusters. Distribute promotional items. Give newsletters to the teachers and arrange a date for the third visit .

- **3rd Class Visit**

View and discuss project work. Award all participants with promotional items. Discuss the idea of having a parents day with the teachers.

- **Parents Day**

Give a short presentation on the importance of health. Re-enforcing the facts that children have a better quality of life. Encourage healthy eating, exercise, plenty of rest and no smoking. Distribute literature from the Health Promotion Unit, Eastern Health Board and Irish Cancer Society. Invite parents to look at pupils project work.

**ROLE OF SMOKEBUSTERS
EASTERN HEALTH BOARD
CO-ORDINATOR**

1. Overall responsibility to Steering Committee.
2. To organise and participate in training sessions on the objectives and organisational procedure of Smokebusters with the Project Officers.
3. To identify target schools within each Community Care Area (disadvantaged areas) with each Project Officer.
4. To organise local training workshops for Project Officers doing the programme (public health nurses and teacher staff).
5. To be available to visit schools as necessary with each local Project Officer to advise and assist with the programme.
6. To co-ordinate and plan the implementation of the programme around the school calendar.
7. To liaise with Project Officers regarding numbers of pupils, schools and participating teachers.
8. Set up a network for the distribution of the promotional items and newsletters.
9. Liaise with Project Officer on progress of Smokebusters in schools.
10. Encourage end of project activities such as parents day, plays, dramas or school exhibitions.
12. Furnish reports as requested by Steering Committee and assist with evaluations.
13. Develop plan to produce newsletter and agree content with Steering Committee.
14. Supervise and allocate responsibility to secretary.
15. Any other duties assigned by the Steering Committee.

REFERENCES

1. Morgan M., Doorley P., Hynes M., Joy S. An evaluation of a smoking prevention programme with children from disadvantaged communities. Irish Medical Journal 1994; 87:56-57.

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Communication

The central role played by the Project Secretary and the difficulties in communicating with schools have already been alluded to. Teachers did not report any difficulties in communicating with the Areas. However the Project Co-ordinator commented on the bureaucratic nature of communication with the Health Board. Indeed the Project Officers themselves referred to the need to direct communications via the Director of Community Care. When reviewing the roles and responsibilities of project personnel, every effort should be made to keep the chain of communication as short as possible.

All but one Project Officer had no previous experience in implementing the programme. In most cases therefore, their role was confined to identifying participating schools, arranging a training session for PHNs and teachers locally and assisting with the evaluation. They were not in a position to give the practical support to PHNs which was needed prior to classroom visits. Many did not involve themselves in solving the problems associated with the distribution of promotional items and played no part in parent's day. As a result, PHNs dealt directly with the Project Co-ordinator and Secretary, bypassing the Project Officer. While this worked given the scale of the project in 1995/96, this model would be untenable if the project were extended as the Project Co-ordinator and Secretary would not be able to meet the demands of the Areas.

Project Officers themselves spoke of their lack of time for the Project and their difficulties when they were not in a position of authority within an Area. The role, responsibility and authority of the Project Officer needs to be reconsidered in the light of the experience in the current year.

The role of teacher and PHN also need to be clarified. The nurse is primarily a motivator and stimulator who assists in imparting information on the health effects of smoking. In practice, the PHNs also took responsibility for arranging parent's days and they are probably best placed to do this work. Their role descriptions should be amended to reflect this. The class teacher retains prime responsibility for teaching the class during programme.

Materials

It was clear from all the groups that the manual is now out of date and should be updated to reflect the current structure of the programme. The manual itself should also be restructured, clarifying and separating the role of the PHN and the teacher and separating 5th class material from 2nd class material.

Overall, the 5th class programme appeared more successful than the 2nd class one. The 2nd class material should be reviewed by teachers with a view to strengthening and expanding the material. Consideration should also be given to incorporating some 5th class material in a simpler format to cater for the less able students and some slightly more advanced material to give teachers options when selecting classes for their students.

The promotional items selected appear to be suitable and much appreciated by the children. It is important that unrealistic expectations are not created. This may have happened in some Areas where items such as T-shirts were available in previous years and children went on outings to publicity generating events. Consideration could be given to having a number of larger 'prizes' to be raffled among participants, but the value of the promotional items does not appear to be a major issue.

The question of photocopying in schools was raised by a number of respondents. While in general it was not a major problem, not all schools have photocopiers and other options should be considered if the programme is being extended. In particular enlarging pictures for colouring by children presented difficulties.

DISCUSSION

Introduction

Overall there was a positive response in relation to the programme. Public health nurses and teachers were enthusiastic and agreed that the basic principle of Smokebusters i.e. belonging to a club, was attractive to the children. PHNs found the development of their skills and the improved knowledge of families in the community beneficial. Teachers commented on the positive response to parent's days. Project Officers, while retaining some scepticism about the effectiveness of the programme, acknowledged the enthusiasm of PHNs and teachers. Superintendent PHNs also considered it worthwhile for the PHNs to be involved in the programme while expressing concern over the resource implications.

This report is confined to an evaluation of the process of the 1995/96 programme. Any final decisions about the future of Smokebusters must await the quantitative evaluation. However it is clear that, if the programme is to be repeated, a number of issues must be addressed.

Introduction of the programme

It is encouraging that 74 of the 76 schools invited to participate agreed to do so. In some Areas the high participation rate is a reflection of the careful selection of schools who were likely to be interested. However in other Areas, there was a deliberate attempt to recruit a large number of schools in disadvantaged areas and here too there was a high response rate. This suggests that with encouragement and follow-up the programme has the potential to be accepted widely in schools.

Public health nurses themselves were keen to be offered the opportunity to present the programme in their assigned schools. In contrast, the Project Co-ordinator suggested that more expertise could be developed by limiting the number of PHNs involved. There are inefficiencies inherent in having each PHN implementing Smokebusters in her own schools as the investment in training and class preparation is relatively large compared to the number of pupils reached. This is seen in the larger than average mean time per class for those nurses with a small number of classes. This disadvantage is likely to become less marked if the programme is run by the same nurse in successive years and may well be offset by the improved liaison with school and parents which is engendered by the programme. This approach also allows maximum staff development.

While a nurse serving a large number of schools is likely to develop a high level of expertise, some of this may be offset by the less personal relationship with the schools and the increased time spent travelling. The low mean time per class for those nurses with 3-5 classes suggests that the ideal may be a PHN implementing the programme in one large school or in a small number of adjacent smaller schools.

The addition of participating schools to the programme into the second term had implications for training, evaluation and the operation of Smokebusters in the schools. There is a strong case to be made for having a cut-off date in November at the latest to allow for training to take place before Christmas, to facilitate ordering of promotional items and to allow for the smooth running of the programme in general.

Parent's day

Parent's days were thought to be very effective. They strengthened links in the community and improved communication between the teacher and PHN on the one hand and between the PHN and families on the other.

Support

Telephone reception staff in the Irish Cancer Society were pleasant and courteous. The Project Secretary was always available, took messages and was efficient. The Project Co-ordinator was very pleasant and supportive, very approachable, a good listener and related well with people.

It was pointed out that photocopying is expensive.

The RGN relief staff was of enormous benefit in some Areas where the PHNs involved in Smokebusters had heavy home nursing case loads. However, in other Areas where the PHN was not involved in such work, the RGN was of no benefit. The quantity of relief provided would have to be reviewed if the programme were to be repeated.

SUPERINTENDENT PUBLIC HEALTH NURSE EVALUATION

QUESTIONNAIRE EVALUATION

A short questionnaire was sent to the Superintendent Public Health Nurse in each of the Community Care Areas in the Eastern Health Board region. Six replies were received. The time spent by Senior and Superintendent PHNs on the project ranged from one to 18 hours (mean 8.8. hours).

Thirty six Public Health Nurses (PHN) were involved in the six Areas. An additional PHN was Project Officer in one Area. PHNs spent 650 hours on the Smokebusters Project in five of the Areas (mean 130 hours per Area). A Registered General Nurse provided some relief for PHNs in five of the responding Areas. One Superintendent commented that more flexibility was required in the provision of relief as operational problems disrupted the planned time frame.

All Superintendent PHNs considered it worthwhile for PHNs to be involved with the programme. Two referred to the enhanced liaison with schools. One remarked that the PHNs valued the opportunity to use their skills in health promotion and education.

Superintendent PHNs were asked to comment on the operation of the programme. The individual comments are as follows:

Project Officer role

If the programme is to be repeated, a PHN with experience of the programme should act as co-ordinator

Commitment of Project Officer essential

Could not implement the programme unless the Project Officer is a PHN as she can step in at short notice when PHN staff are unavailable e.g. through illness. Would require replacement on the basis of 0.5 WTE for six months.

Schools

Timing of commencing in schools needs further discussion with schools

Parents showed little interest, perhaps because they were working during the week

Problems

PHNs thought more advanced cartoons may be more suitable for 5th class

Inadequate training of staff prior to implementation of the programme

Logistical problems with distribution of promotional items

Overall

Worthwhile programme; PHNs felt it was worthwhile; enjoyed by the PHNs

PHNs very interested in results

Very positive response from the PHNs involved in the programme

RGN replacement essential, estimated on the basis of the number of classes involved.

PHNs considered children gained a lot

PHNs appreciated what the children brought to the programme

PROJECT CO-ORDINATOR EVALUATION

The Project Co-ordinator stressed that she did not want to appear negative about the programme but identified a number of operational difficulties. Once teething problems had been overcome, the programme ran smoothly in all Areas. All staff groups involved were enthusiastic and interested.

Introduction of the programme

There were delays in identifying schools participating in the programme. The first listing was available in late November 1995 but was subject to change into early 1996. This also led to problems in obtaining a sampling frame for the evaluation.

Training

It had originally been hoped that training for adjacent Community Care Areas could be combined. This proved impossible to arrange due to difficulties in releasing staff for training and constraints on the availability of teachers and the Co-ordinator. Nine training sessions were therefore scheduled and it was not possible to arrange for the participation of a teacher as a member of the training team. This was a deficit in training. She suggested that perhaps all PHNs should be trained at one session, with an input from the teacher training colleges regarding the psychology of the age groups involved and role play being used as a model for the facilitator roles they would be required to play.

Role of PHN

Ideally, PHNs carrying out the programme would have a special interest in health promotion and have the skills required to facilitate in the classroom setting. She considered that there would be more consistency in programme delivery if fewer PHNs undertook the programme in each Area. This would facilitate the development of expertise,

Many PHNs were apprehensive about their capabilities in delivering the programme. Their fears could have been allayed by a PHN with experience in implementing the programme. Most of the Project Officers had no direct experience of Smokebusters. The Project Co-ordinator worked hard to address fears and in fact visited most Areas. Once the PHNs had experience in the classroom, they coped well. A resource PHN who had undertaken the programme and could answer practical queries would have been helpful.

Materials

The terminology used in the manual was confusing and should be updated to reflect the current project structure.

The system of distribution of some promotional items, where items were sent in bulk to the Project Officer, did not work at local level. PHNs complained about having to make up class packs themselves. Printed matter and membership cards arrived late.

PROJECT OFFICER DISCUSSION

Eight Project Officers attended the discussion meeting. Their overall impression was that Smokebusters was an excellent project and that the public health nurses found it worthwhile. However there was considerable scepticism about the impact of the programme, particularly in the light of the scarcity of resources.

Introduction of the programme

Contacting schools took considerable time and persistence. Some Project Officers visited schools, including joining staff for coffee in the staff-room. This was considered helpful in stimulating interest within the school.

Training

Project Officers considered that the training session had two objectives: to form a network and to increase knowledge of the project. They highlighted the need to discuss the teacher's role and to include a teacher in the training team. They considered that teachers needed more information on the philosophy of Smokebusters. There were difficulties in releasing teachers from their duties to attend training and some nurses also were unable to attend. Communications within schools were poor. Teachers who attended training sessions did not pass on information about the programme to their colleagues.

Role of the Project Officer

The role of the Project Officer was to follow-up schools to encourage participation and to liaise with PHNs implementing the programme. One Project Officer thought the role was mainly a supervisory one. The question of who should report back to the school on the overall evaluation of the programme was discussed. No firm agreement was reached as to whether this should be the responsibility of the Project Officer or the public health nurse.

In some Areas, Project Officers had difficulty getting Area Medical Officers who were not involved in the project to administer pre- and post-intervention questionnaires in the schools. This was less of a problem where the Project Officer was the Senior Area Medical Officer with the authority to assign duties to Area Medical Officers. They strongly recommended that communications which implicated other staff in the programme be addressed to the Director of Community Care.

Role of teacher and role of public health nurse

There was confusion over the role of teachers and public health nurses. The roles of public health nurse and teacher, it was felt, should be more specific, clearly identified and required further discussion.

Parents' day

Parents' days were held in all participating schools in two Areas but not in the remaining five Areas which had finished the programme. In one of these, parent's days were held in all but one school. One Area, which had not completed its programme at the time of survey of the Project Officer had held parents' days in the seven completed schools and another Area indicated the intention of holding parents' days in all schools. In all, Project Officers at the time of survey indicated that parents' days had taken place in 42 schools.

Feedback from the parents' days was received in seven Areas and was positive in all cases. The days were enjoyed by teachers, parents and children and there was pride in the work undertaken by the children.

Other positive effects

In seven Areas, Stop Smoking materials were requested by parents. Stop Smoking groups were established in three Areas (two groups in one Area) and may as yet be set up in three further Areas. Two Project Officers commented on the changed perception of the public health nurse following the programme and improved liaison with the schools. Two also remarked on the increased awareness of smoking as an issue among parents and children. Other positive spin offs included:

- involvement of mothers in the school facilitated
- publicity for the children in a local newspaper, including photographs
- children performing a drama in the local health centre on No Smoking Day.

Promotional items

While promotional items arrived on time in four Areas, they did not arrive in time or in sufficient numbers in five Areas. One Project Officer commented 'this was one of the biggest headaches' and suggested that supplies be sent directly to the schools.

Newsletter

Five Project Officers had not seen the newsletter, two commented favourably and two said it was 'OK' or 'adequate'. It was suggested that more of the children's poems etc. should be included.

Time for co-ordination

While only one Project Officer stated unequivocally that time for co-ordination of the project was inadequate, three others expressed some reservations with comments to the effect that other work had to be carried while this programme was being established.

Four Project Officers indicated that they undertook work not included in their job description. These included sourcing additional information for public health nurses, administering questionnaires for the purpose of evaluation, portering duties in organising training sessions and speaking at parents' day. In one Area, additional public health nurse meetings took place, the Project Officer deputised for ill nurses in schools if need arose and implemented the programme fully in one school. The average time spent on these activities was 9.6 hours (range 2.5 - 25 hours).

PROJECT OFFICER EVALUATION

QUESTIONNAIRE EVALUATION

A self-administered questionnaire was sent to each Project Officer. To date 9 replies have been received.

Identification of schools

Participating schools were identified by the following personnel in the Community Care Areas as shown in Table 4.

Table 4. Identification of schools

Personnel	No. of areas
Smokebusters Co-ordinator	1
Project officer	5
Superintendent Public Health Nurse	7
Senior Public Health Nurse	1
Director of Community Care	6
Senior Area Medical Officer	2

In addition one school in one Area which had not originally been approached asked to be included in the programme. A home school liaison teacher in another Area had an input into school selection.

In eight Areas, schools in areas of social disadvantage were targeted for the programme. In three areas, public health nurse factors such as availability were taken into consideration. In all 76 schools were invited to participate, of which 74 accepted. One additional school was included at the request of the home school liaison teacher. Ten schools in three Areas were visited to encourage participation; contact with other schools was mainly per telephone. The mean time taken to enlist schools was 3.6 hours (range 1.5 - 8 hours)

The list of participating schools was finalised at different times in different Areas ranging from 1st October, 1995 in one Area to 2nd February, 1996 in another. Most Areas had finalised their list by the end of November, 1995.

Training

All attended the training day for Project Officers. All but one of the Project Officers made positive comments on the training day. These ranged from 'helpful as an introduction as to what was involved' to 'excellent, very appropriate and informative'. One drew attention to the confusing terminology in the handbook and another commented on the absence of evidence showing that the programme was effective. The material presented was found to be relevant; three respondents made specific

class project work was excellent. Teachers commented that the pupils 'loved going around with a clip-board' completing their surveys. It encouraged personal and social skills, encouraged the children to ask questions and fostered communication with their parents. One teacher spoke of how easily the project fitted into the school curriculum, that it was not at all intrusive. This teacher also commented that creativity was not one of his strengths and that he was pleasantly surprised at the creative work his class produced as a result of Smokebusters.

It was noted that photocopying material was a problem in some schools.

There was strong agreement that the philosophy of the Smokebusters concept was successful. Children enjoyed being part of a club and this applied to 5th class as well as 2nd class children.

There was also strong agreement that the promotional items were a great idea and need not be expensive items, though it was pointed out that not enough were available in some classes. The children loved getting the promotional items and many were still wearing their badges months later. It was suggested that if the membership cards could be laminated they would be more durable.

The newsletter received many favourable comments. One teacher pointed out that the glossy paper could not be coloured on by the children. Others however commented favourably on the glossy paper and the high quality of the production. Many considered it too advanced for 2nd class.

The idea of prizes for children who made a special effort was introduced by the facilitators. While initially the group thought this would be a good idea, following some discussion it was agreed that the philosophy of the programme was non-competitive and that all children 'should be winners'. The notion of a competitive prize was therefore rejected. There was however support for the idea of having a number of larger items e.g. T-shirts, sweatshirts, a bike, which would be raffled among participants in the programme.

There was a lively discussion on how structured the programme should be. While many teachers supported the idea of a well-defined structured programme another strongly expressed the view that he would find such a programme off-putting. In contrast, he considered it one of the strengths of Smokebusters that it was not too prescriptive and that it allowed him flexibility on how to implement the programme with his class.

Role of public health nurse and teacher

The input of the PHN was enthusiastically welcomed and teachers were very supportive of the PHN. There was considerable debate on the respective roles of the teacher and PHN. It was generally agreed that the teacher facilitated the programme and the PHN was there, not to teach, but to discuss health effects of smoking and promote health. Her role was to support and encourage pupils in the project and to promote no-smoking as the norm. It was reported that the pupils 'loved the public health nurse'. There was recognition that, if left to teachers, the programme might not

Role of teacher and role of public health nurse

The importance of the class teacher in facilitating the programme was stressed. Some PHNs commented that the principals did not appear very interested. There was considerable discussion as regards the role of the teacher and the role of the PHN, and where the balance should lie. It was felt that this had not been clarified adequately during training and should also be addressed in the manual.

The role was interpreted differently by different teachers. Some participated actively while the PHN was in the classroom, co-operating with the nurse and clarifying points for the children where necessary. Others expected the PHN to take over the class, did not participate or left the classroom when the PHN arrived and appeared to view the time as 'time-off'. Public Health Nurses considered that the two roles were complementary. They considered it appropriate that they would cover the health effects of smoking on the different body systems and requested materials such as overhead transparencies to facilitate them in this role.

Materials

There was a general view that the manual was not easy to follow, needed a clearer framework and should be made more user-friendly. There was considerable dissatisfaction with the distribution of promotional items. PHNs wanted these items to be delivered to their health centre in pre-counted packs of 30 to facilitate their distribution to the school.

Many of the PHNs had not seen the newsletter and considered that they should have been sent a personal copy. It was suggested that the newsletter should be sent to the PHN who would then bring it to the school. The view was expressed that more of the children's work should be included in the newsletter.

There was a lot of interest in the idea of having video material available to supplement the written material which has been developed for the programme. Parallels were drawn with the Child Abuse Prevention Programme for which a video is available.

Parent's day

Parent's days were considered to be an excellent idea. A lot of creativity was displayed in some schools with children performing poems, raps and drama for parents. In general they were very well attended and well received and the certificates were most appreciated. PHNs felt that parent's day strengthened their links with the community and gave them an opportunity to do further work.

Support

Public health nurses considered that they needed more support from management especially in relation to planning. They pointed to the restricted school hours which constrains the time during which work such as Smokebusters can be carried out. Some of those present were not aware that additional nursing time had been made available to the Areas to support the running of the programme. Others resented the fact that, while they documented their time commitment to the programme meticulously, no relief was made available to cover their duties while they were engaged in Smokebusters work.

PHNs were asked to list all the operational problems they had in running the programme. Many, such as difficulties with promotional items, training and photocopying, have been enumerated previously. Four PHNs (14.3%) commented on the lack of relief cover for their usual duties while they were carrying out the programme. Twelve PHNs (42.9%) spoke of difficulties in relation to the teacher, where teachers were resistant or less enthusiastic, were poorly informed about the programme, were unavailable for training, communication within the school was poor, or there was a lack of input from the principal.

Six comments reflected the difficulty in scheduling visits to the school and fitting the programme in. One of the PHNs commenting worked in a job-sharing capacity which made scheduling more difficult for her. However the other remarks reflected the level of activity in the school. Typical comments included 'busy time in schools', 'school very busy at the time', and 'so much going on'.

A number of additional suggestions for improving the programme were made. Three PHNs (10.7%) referred to the role of the Project Officer. Two suggested that the Project Officer should be a PHN, one suggested that the Project Officer should have previous experience of running the programme and one thought that the role of Project Officer and Project Co-ordinator required clarification. Three suggestions related to the timing of the programme, two recommending that it be run in the first term, the other 'earlier in the school year'. Other individual suggestions included:

- teachers to be encouraged
- teachers to be trained
- a manual to be provided for each teacher
- more frequent newsletter
- more publicity

PUBLIC HEALTH NURSE DISCUSSION

The meeting was attended by 24 public health nurses. The overall response from PHNs was positive. They considered that the programme was generally well received in schools. Initial delays in some Areas arose due to delays in administering the pre-evaluation questionnaire in schools. They spoke of the need to have a supportive environment in schools if programmes such as Smokebusters were to be successfully implemented. They also raised a number of issues which should be addressed if the programme is to be continued.

Introduction of the programme

Public Health Nurses were keen to be offered the opportunity of implementing the programme in their own schools. Good communication with the school principal was considered important. Adequate notice for training days was essential.

There was some debate as to the when the programme should be introduced into schools. The general feeling was that training should take place in September, followed by the implementation of Smokebusters in the schools in the first term. This avoided conflict with events such as First Confession or preparation for First Holy Communion which take place in the second term. On the other hand there was

Table 3. Time per class Vs. number of classes

Number of classes per PHN	Number of PHNs	Mean time per class (hours)
1-2 classes	13	5.0
3-5 classes	11	2.5
>5 classes	4	3.5
Total	28	3.8

Twenty (71.4%) PHNs said that materials arrived on time. Items arriving late included the training manual (1, 3.6%), membership cards (1, 3.6%), promotional items (3, 10.7%) and cert./scrolls (4, 14.3%). Four PHNs commented on the need either for herself or a colleague to collect items. Two others referred to having to make telephone calls in relation to items and another commented adversely on the need to count items for her classes. The majority (92.9%) considered the items suitable for the classes involved.

PHNs were asked how appropriate they thought the 2nd class programme was. Of the 26 who responded to this question, 25 (96.2%) considered it appropriate. One nurse remarked that a child in her class feared his parents might die as they were smokers. Additional comments included the need to

- develop more advanced material (2)
- develop a more definite story (1)
- add history of tobacco (1)
- avoid repetition (1).

Of the 23 PHNs who answered the question on the appropriateness of the 5th class programme, 20 (86.9%) considered it appropriate. Other comments included the following:

- programme was fair (2)
- programme was appropriate for the first session (1)
- would like the option of cartoon material (2)
- students were too mature, target a younger class (2)
- more imaginative items, caps, T-shirts (2)
- more fun projects (1)
- more material (1)
- video material (1)

PHNs were asked what extra materials would have been desirable. Nine (32.1%) mentioned that video material would have been desirable, and two would have liked an anatomical poster or model to illustrate the health effects of smoking. Five (17.9%) mentioned T-shirts, two mentioned prizes and two suggested that a letter for parents' day would be useful. Other individual suggestions included:

- effects of smoking on the body
- loose page poster
- a 2nd cartoon poster
- material for 3rd visit

PUBLIC HEALTH NURSE EVALUATION

QUESTIONNAIRE EVALUATION

Introduction

A questionnaire was distributed via the Superintendent Public Health Nurse to each public health nurse (PHN) involved with the project. Twenty eight questionnaires were returned, a response rate of 54.9%.

Results

Most PHNs were involved with one or two schools at most and few had more than 5 classes, as shown in table 1.

Table 1. Number of schools and classes per PHN

Number per PHN	Schools		Classes	
	No.	%	No.	%
1	16	57.1	3	10.7
2	9	32.1	6	21.4
3	1	3.6	4	14.3
4	-	-	6	21.4
5	-	-	4	14.3
6-10	2	7.1	2	7.1
>10	-	-	3	10.7
Total	28	100.0	28	100.0

All but one PHN had received training prior to implementation of the programme. This nurse had moved into her Area after training had taken place.

A number of different personnel were involved in training as shown in Table 2.

Table 2. Training personnel

Training personnel	Number	%
Addiction counsellor	10	35.7
Public Health Nurse	15	53.6
Project Officer	8	28.6
Project Co-ordinator	10	35.7
Other	5	17.9

SMOKEBUSTERS 1995/96

Objectives of the programme

The objectives of the programme were as follows:

- to increase knowledge and understanding of the health hazards of cigarettes and to encourage the promotion of non-smoking as the norm
- to delay the onset of smoking
- encourage the support of parents
- involve parents from the outset

Structure of the programme

A Steering Group was established in July 1995 with representation from the Eastern Health Board, Irish Cancer Society, Health Promotion Unit and Department of Education. A part-time Co-ordinator and part-time Secretary were appointed to the project with office accommodation in the Irish Cancer Society premises. A Project Officer was nominated by the Director of Community Care in each Community Care Area to co-ordinate activities at local level. The programme was implemented in the schools by public health nurses (PHNs) in co-operation with teaching staff. Job descriptions were developed for the Project Co-ordinator and Secretary. The role of Project Officers and PHNs was outlined (Appendix 1).

Training was arranged for Project Officers. Participating schools were then identified at Area level and training offered to PHNs and teachers. The training session covered an introduction to the programme, the health effects of smoking, rationale of the programme, project details, proposed evaluation and a general discussion. A programme manual was made available to all those who attended a training session. Through the school, parents of children in the participating classes were sent a letter introducing the programme. The programme involved three classroom visits by the PHN. Membership cards and badges were distributed at the second visit and stickers and rulers at the third visit. A Parents' day was arranged to give an opportunity to parents to view their children's work. A scroll and key-rings were distributed on parents' day. Standard forms were drafted for PHN school visits and parents' days.

Evaluation of the programme

The evaluation included the following elements:

- assessment of pupils participating in the programme in relation to knowledge, attitude and intended behaviour
- evaluation of the process
- assessment of parental involvement.

Pupil evaluation

Dr. Mark Morgan, St. Patrick's College, Drumcondra developed the original study instrument to evaluate the first Smokebuster's programme in the Eastern Health Board. The questionnaire included items in relation to knowledge, attitude and intended behaviour. Results were presented as a composite score under each of these

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