LEARN Learning through Evidence, Action and Reflection Networks

The development of the Central West Tobacco Control Area Network's system of local tobacco cessation communities of practice

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Executive summary

In 2008, the Central West Tobacco Control Area Network's (TCAN) Cessation Sub-committee wanted to find ways to engage a broad spectrum of stakeholders with an interest in cessation in the Central West region. Building on the ideas and experiences of tobacco control staff at Region of Waterloo Public Health (ROWPH) and Hamilton Public Health Services (HPHS), the Central West TCAN Cessation Sub-committee recognized the potential of cessation communities of practice and decided to support the development of six CoPs within the area. The Central West TCAN Cessation Sub-committee credits these CoPs, along with other cessation programming, in helping to build momentum across the region that supports policy development and the use of common cessation language and messaging. Furthermore, by linking the CoPs with the TCAN structure, the Central West TCAN was able to take the CoP members' interests into account and inform the planning of large regional cessation-related events and training. By the end of 2010 there were 275 members from 127 different organizations across the six CoPs.

The LEARN report, *"The development of the Central West Tobacco Control Area Network's System of Local Tobacco Cessation Communities of Practice"* presents the results of a multiple case study which highlights how these six cessation CoPs in the Central West region were supported by the Central West TCAN Cessation Sub-committee with funding, a collective approach to planning and evaluation, and related tools. This resource outlines the circumstances which preceded the CoPs' development, the rationale for the CoPs, and steps taken to develop, launch and sustain them. Some of the CoPs were informed by Etienne Wenger and colleagues' work on CoP development. In light of this, a five-stage theory of community development from Wenger's work was used as an organizing framework for the LEARN report.

Key success factors from the practical experience of the six CoPs are outlined to help inform the development and implementation of other CoPs. The key success factors that are highlighted were identified in multiple cases, suggesting that they were not unique to one CoP, but rather apply more broadly. These factors include ensuring financial support, sharing the work and experience of planning and facilitating CoPs (through the Central West Cessation Sub-committee), allowing for flexibility in the ways and speed in which each CoP grows, and allowing members of the CoPs to set each CoP's priorities. Public health practitioners who intend to organize and support CoPs should consider these key success factors and incorporate them into their planning process from the beginning. The appendices to the report contain key documents developed by the Cessation PHNs and HPs coordinating the CoPs in the Central West TCAN area and include a logic model, project and CoP charters, environmental scan questions, event planning to-do lists, membership recruitment materials, an evaluation survey and a report on evaluation results. These documents are helpful resources for those seeking to develop their own communities of practice.

L.E.A.R.N. Project

The **L**earning through **E**vidence, **A**ction and **R**eflection **N**etworks (L.E.A.R.N.) project is a knowledge development and exchange strategy of the Program Training and Consultation Centre, a resource centre funded by Public Health Ontario. The project aims to assist public health practitioners, their community partners and researchers to integrate research and practice-based evidence in their work through:

- Facilitating knowledge exchange and innovation;
- Supporting the development and enhancement of relationships among public health practitioners, their community partners and researchers;
- Documenting practice-based knowledge and experiences to support the implementation of more effective practice;
- Strengthening the link between research and practice by supporting the use of research-based evidence in practice, and championing practice-based research.

One major activity of the project is to document the knowledge and experiences that practitioners have gained when developing, implementing and evaluating practices (policies and programs) in various areas and settings. This includes highlighting what was learned from real-world experiences and what practitioners suggest is important to consider in the future. The purpose of documenting public health practice knowledge and experiences is to help others to build on past experiences when planning and implementing future activities. The LEARN project seeks to document practices that are theory-based and ideally have been evaluated to some extent. Ultimately, the goal of documentation is to generate practice-based evidence and facilitate knowledge exchange among stakeholders.

We would like to hear what you think of this resource and how you're using it. Please let us know by contacting Laura McCammon-Tripp at (416) 971-9800 ext. 3846, or at laura.mccammon-tripp@cancercare.on.ca

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Introduction

In today's information age, it is challenging for busy health professionals to keep up with all of the latest developments in their fields (Graham et al., 2006). Many organizations want to find more intentional and systematic ways to develop and manage knowledge. Communities of Practice (CoPs) are knowledge exchange and management mechanisms that have the potential to improve research utilization, healthcare and health outcomes, and inform the development of practice-relevant research studies (Barwick, 2008; McDonald & Viehbeck, 2007). CoPs bring people together who are passionate about a common issue of interest to *share* experiences and "best" practices as well as *create* knowledge and resources to advance practice (Wenger, McDermott & Snyder, 2002). To help advance the field of knowledge exchange and help others build communities of practice in their own areas of practice, it is important for existing CoPs to document their experiences and processes, and report on their effectiveness or perceived value (Barwick, 2008; Wenger et al., 2002).

Through this documentation report the Program Training and Consultation Centre aims to highlight how a system of six local cessation CoPs were planned, implemented and evaluated, and how it was supported by the Central West Tobacco Control Area Network (TCAN). For a brief overview of the structure of the TCAN, see Appendix A. This document reports on the experiences and processes involved in implementing this centrally supported system of CoPs and the perceived value of this system from a management and facilitation perspective. This document also aims to facilitate the sharing of success factors from the process to help inform future knowledge exchange efforts.

A collection of planning documents is provided in the appendices to support readers who may be interested in implementing similar CoPs. For a list of existing tobacco cessation CoPs in Ontario go to: [LINK – to be posted on the PTCC website]

Theoretical Background

Communities of practice & the stages of community development

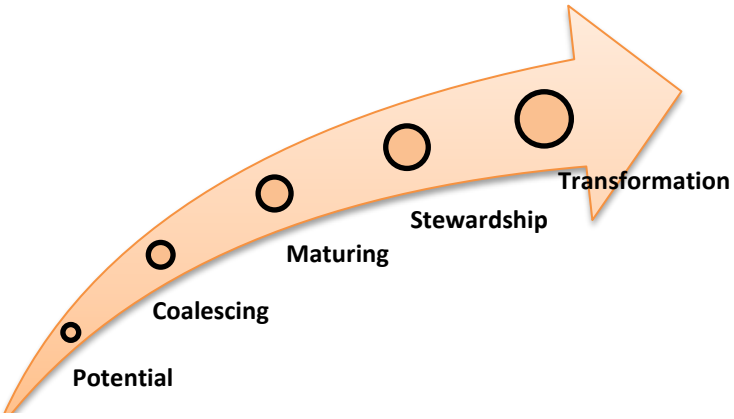


Figure 1. Wenger's Five Stages of Community Development

Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis […] These people don't necessarily work together every day, but they meet because they find value in their interactions.

Wenger, McDermott & Snyder, 2002, p. 4

Etienne Wenger is the leading theorist on CoPs. His work defines CoPs as groups of people who gather together based on a topic of interest or passion. These groups have the potential to facilitate ongoing knowledge exchange and build supportive relationships between practitioners in diverse settings (Wenger et al., 2002). They allow individuals who are interested in a particular topic to draw from collective real-world experiences to solve practice-oriented problems together. CoPs can exist within or across

organizations or geographic areas, can be small or large, relatively unrecognized or formally institutionalized and supported within/by an organization (Wenger et al., 2002).

CoP membership is voluntary and is flexible to the needs of its individual members. Wenger's theory encourages openness and respect for different styles of learning and for different levels of interest on the topic (Wenger et al., 2002). While some members may prefer just to observe from the sidelines and listen, others may actively engage in discussions during meetings. Each member's role within a CoP evolves according to his/her own fluctuating schedule and needs. In today's information-saturated environment, practitioners can gain value by connecting with other practitioners to share experiences and the most practical and relevant practice-based evidence. CoPs have the potential to provide an environment to effectively and efficiently facilitate such connections. Appendix B highlights the difference between CoPs and other types of groups.

Although CoPs evolve on an ongoing basis, Wenger and his colleagues have observed five typical stages of community development (Figure 1 above). As a CoP evolves, the core activities needed to help them grow also change. The core activities of each developmental stage are outlined in Table 1. In this document, the experiences and the processes of the six CoPs developed in the Central West TCAN are presented as a collective as they progress through the stages. Specific examples from different CoPs are highlighted where appropriate.

Table 1. Core activities within the five stages of community development [1]

Stage	Brief Summary	Original core activities within the stage
Potential	The planning stage	• Determine the primary intent of the community • Define domain and identify engaging issues • Build a case for action • Identify potential Coordinators and thought leaders • Interview potential members • Connect CoP members • Create preliminary design for the community
Coalescing	The first meeting, setting up communication, and fostering relationships	• Incubate and deliver immediate value • Build a case for membership • CoP launch • Initiate events and spaces • Legitimize CoP Coordinators • Build connections between core group members • Find ideas, insights, and practices that are worth sharing • Document judiciously • Identify opportunities to provide value • Engage managers
Maturing	Establishing knowledge database, measuring value, and finding new direction	• Focus and expand • Identify gaps in knowledge and develop a learning agenda • Define the CoP's role in the organization • Redefine CoP boundaries • Routinize entry requirements and processes

		• Measure the value of the community • Maintaining a cutting-edge focus • Build and organize a knowledge repository
Stewardship	Passing the torch, creating new standards outside the CoP, and finding new members	• Institutionalizing the voice of the CoP • Rejuvenate the CoP • Hold the renewal workshop • Actively recruit new people to the core group • Develop new leadership • Mentor new members • Seek relationships and benchmarks outside the organization
Transformation	The end of the community of practice	• The end of the CoP or a return to the incubation/beginning development stage of the CoP. This can happen in a number of ways: o CoP slowly loses momentum and fades away o CoP turns into a social club o CoP splits into smaller more distinct communities or merges together with another o CoP requires so many resources that it becomes fully institutionalized as a centre of excellence, a department or another type of formal unit

[1] *Excerpted from chapters 4 and 5 of Wenger et al., 2002.*

Methodology

Environmental Scan

In October 2010, PTCC conducted an environmental scan with Ontario's 36 public health units (PHUs). Representatives from each PHU were asked by PTCC Resource Staff to complete a brief online questionnaire to help identify cessation CoPs that were organized by PHUs and/or TCANs. Thirty of the 36 PHUs replied and 30 local and regional tobacco cessation CoPs, networks, committees or working groups in Ontario were identified through the scan[1]. Of the thirty identified, five reported having evaluation data related to their CoP. Three of these five CoPs were part of a group of CoPs operating under a common planning and evaluation framework led by the Central West TCAN Cessation Sub-committee[2]. Under this framework, six CoPs were developed, each based in one of the seven PHUs in the

[1] After further investigation into these 30 CoPs by PTCC staff, a list of the CoPs that are currently active and whose primary mandate is to facilitate knowledge exchange was developed and is available on the LEARN Documentation of Practice website at http://www.ptcc-cfc.on.ca/english/learn/DoPs/ (listed by document title). This list of 21 CoPs also includes a few other CoPs that PTCC became aware of through other means.

[2] The Central West TCAN Cessation Sub-committee is a regional working group responsible for needs identification, planning and implementation of tobacco cessation related programming and training in Central West Ontario.

Central West TCAN area with the exception of Waterloo-Wellington's CoP which operates within the LHIN's geographic structure[3], covering the areas of both Region of Waterloo Public Health and Wellington-Dufferin-Guelph Public Health. Through the documentation process it became clear that all six CoPs from the Central West TCAN area have evaluation data. This unique system of CoPs was selected for documentation to illustrate an innovative example of how CoPs can operate under a common framework to help advance cessation service delivery in a larger geographic area. A multiple case study approach was designed to draw out the similarities and differences between the six centrally organized local CoPs and to determine key success factors. This document presents the results of this documentation process.

Data Collection

A multiple embedded descriptive case study approach (Yin, 2003) was used to guide data collection. Accordingly, data was collected through audio-recorded key informant interviews and relevant documentation provided by each interviewee.

Interviews

In-person semi-structured key informant interviews were conducted by PTCC staff with seven Cessation Public Health Nurses (PHNs) and Health Promoters (HPs) who facilitated or co-facilitated CoPs, the Central West TCAN Coordinator, and the Smokers' Helpline Central West Senior Coordinator. Interviews were conducted with the coordinators of five of the six existing CoPs as Haldimand-Norfolk's Health Promoter was not available for an interview. Hamilton and Brant CoPs each had two individuals who coordinate the CoPs. In these cases, the two individuals were interviewed together. The Smokers' Helpline Central West Senior Coordinator played a unique role with the CoPs as she assisted in the planning and development of the CoPs and became an active member of all six CoPs. She was recommended as a key informant by the Central West TCAN Coordinator. Thus, overall seven interviews were conducted with nine key informants.

Documents

Documents relevant to the planning, implementation and facilitation of the CoPs were collected from each of the interviewees plus Haldimand-Norfolk's Health Promoter. Documents collected include terms of reference developed by the CoPs, annual project charters/work plans/logic models, budgets, meeting agendas, minutes, a theory-based backgrounder developed by one of the CoPs, brochures, yearly progress reports, evaluation surveys and results and other promotional materials.

Data Analysis

All data was transcribed and analyzed using NVivo 9. A descriptive analysis framework was developed using Wenger's Five Stages of Community Development model (see Table 1). A qualitative thematic

Cessation Public Health Nurses and Health Promoters from the local PHUs, the CW TCAN Coordinator, the SHL CW Senior Coordinator, and a PTCC Resource Staff are members of the Sub-committee.

[3] The Waterloo-Wellington Local Health Integration Network is one of 14 not-for-profit corporations created by the Government of Ontario to plan, integrate and fund local health care services including but not limited to hospitals, community care access centres, community support services, long-term care, mental health and addictions services, and community health centres.

analysis was also conducted on the data set. In addition to analyzing interview data, relevant documents provided by the interviewees were used to extract additional process and timeline information. In cases where two individuals were interviewed together, the analysis did not differentiate between the two interviewees; data resulting from these interviews were treated as data for one CoP. One researcher analyzed and coded the data. All coding criteria and data analysis was cross-checked by a second researcher.

Data was coded in three steps. In the first step each set of transcribed interview data was coded based on Wenger's five stages of community development. That is, categories for coding were defined based on the core activities described within each of the five developmental stages as identified by Wenger (as shown in Table 1). The core activities within each of the stages were modified to ensure exclusivity between each of the stages for coding purposes. Experiences, processes and the timing for which these occurred within each of the stages of community development were compared across interviews.

In a second step a qualitative thematic analysis was conducted. Themes, defined as repeated patterns of meaning found in the data (Liamputtong, 2009), were formally defined and used to code the transcribed interview data. This second level of coding identified relevant themes within each stage.

In a third step the data was coded to draw out key success factors from the development and implementation of the centralized system of CoPs. Factors applicable to four or more of the interviewed cases' experiences are highlighted in the document as key success factors.

Limitations

There are several limitations to this project. The first relates to the nature of the environmental scan conducted prior to the start of this documentation project. The environmental scan of cessation CoPs organized by a local Ontario PHU or TCAN was a voluntary request for information, and not everyone responded. Therefore the resulting list cannot be considered comprehensive. Further, the viewpoints of the CoP are discussed predominantly from a management/coordination perspective and the viewpoints of CoP members are not discussed in this paper. The only interviewee who provided a membership perspective was the Central West Senior Coordinator from Smoker's Helpline who not only helped plan but belonged to all six CoPs. Also, the CoP evaluations were focused predominantly on process measures and did not include comprehensive outcome measures. The value of the CoPs reported in this document was predominantly expressed through the perspective of the interviewees. Therefore, this documentation cannot be considered a best practice document but can be used as an example of how to plan, implement and evaluate a centrally supported system of CoPs.

Results

The results of the analyses are presented in sections, each corresponding to one of the five progressive Stages of Community Development as outlined by Wenger and colleagues (2002). Trends in CoP planning and implementation are described. As none of the CoPs from the Central West TCAN have yet reached the last developmental stage of a community of practice, Transformation, which describes the end

How to read this document

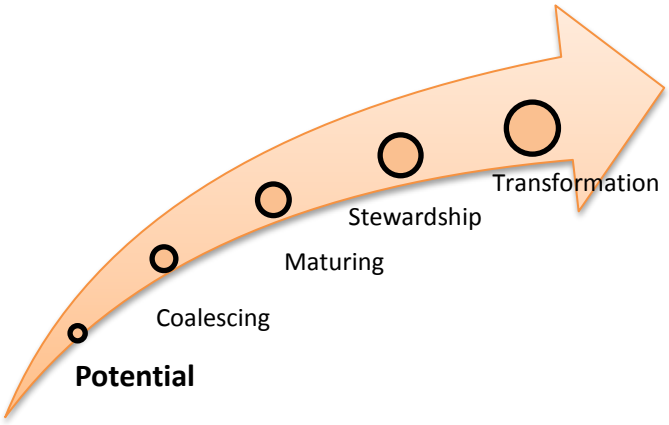
1. Each section is divided into a progressive CoP developmental stage.
2. Subheadings are outlined at the beginning of each section in the results.
3. Look for key success factors in orange boxes.
4. Section summaries identify key activities and key success factors.

of the CoP's lifespan, this report is structured by the first four developmental stages of a community of practice – Potential, Coalescing, Maturing and Stewardship.

Themes drawn out of the data are presented within the results. The opinions of four or more interviewees are described by the terms "most" or "majority". Key success factors that applied to four or more of the interviewees are highlighted in orange text boxes in this document as well as in the section summaries. Significant practical steps/themes identified by the interviewees make up the headings in each of the four sections of the document. This document was reviewed by all interviewees to help ensure clarity and validity prior to being finalized.

Stage 1: Potential

According to Wenger and colleagues (2002) the first developmental stage, potential, focuses on activities related to planning the CoP. Core activities include: determining the intent of the CoP and identifying its key set of issues; building a case for moving forward with the CoP; identifying potential CoP leaders and members; linking members; and beginning to scope out how the community might work (Wenger et al., 2002). This section of the document summarizes the key themes that emerged related to the potential stage. The section is divided into the following headings:



1. Discovering the need for CoPs
2. Creating a centralized framework for CoP development
3. Defining the Coordinator role
4. Integrating the CoPs into the TCAN's workplan and budget
5. Implementing the CoPs through local public health agencies

Discovering the need for CoPs

It's such a small community but [many] people are not aware of TEACH, OTRU, CAN-ADAPTT and the Ottawa Model for Smoking Cessation. Part of what we do is to try to […] bring people into that community so that if I go or the community of practice goes, they'll still know where to go [to stay connected to others working in tobacco cessation].

Public Health Nurse, Region of Waterloo Public Health

During late 2006 and early 2007 staff from the Region of Waterloo Public Health (ROWPH), two Waterloo Region hospitals (St Mary's General Hospital and Grand River Hospital), and a Smokers' Helpline representative began engaging in meetings that focused around the possibility of implementing the Ottawa Model for Smoking Cessation (OMSC)[4] in these two hospital settings. They were interested in better understanding the OMSC and how it could be implemented. In order to do this, the collective decided that they needed a better understanding of what cessation services existed in the Waterloo-Wellington Local Health Integration Network (LHIN) area. In October of 2007, staff from ROWPH, Wellington-Dufferin-Guelph Public Health, Waterloo-Wellington LHIN, Smokers' Helpline, St Mary's

[4] The OMSC is a hospital-based in-patient program that systematically identifies, provides treatment, and offers follow up to all admitted smokers. For more information on the OMSC please see: www.ottawamodel.ca

General Hospital and Grand River Hospital planned and hosted their first "Tobacco Roundtable" at the Freeport Site of Grand River Hospital. Staff from all healthcare organizations within the Waterloo-Wellington LHIN including family health teams, acute care hospitals, community health centres and other organizations were welcome to attend. Over 30 individuals attended. The goal of the day was to create an inventory of all current tobacco cessation programming within the LHIN boundaries, including but not limited to various forms of smoking cessation counseling provision. Through discussions at the "Tobacco Roundtable", the group discovered that there were a variety of cessation programs being implemented by individual practitioners but a lack of systematic or unified tobacco cessation programming for the general population. To address this issue, individuals who attended the Tobacco Roundtable decided to create a cessation-focused CoP. The Cessation Public Health Nurse at ROWPH spearheaded this initiative.

Around the same time in 2006, a newly hired Public Health Nurse and a Health Promotion Specialist at Hamilton Public Health Services (HPHS) were trying to identify cessation practice leaders in their community to consult with and learn from. ROWPH and HPHS' Tobacco Control Program staff both began to create the first two tobacco cessation CoPs in Central West Ontario to address their respective needs.

Both HPHS and ROWPH conducted their own literature reviews to gather more information about CoPs. Etienne Wenger's CoP theory was soon identified as the main CoP theory and was adopted by both organizations as the foundational model. The ROWPH launched the first tobacco cessation CoP in the Central West TCAN, the Waterloo-Wellington LHIN CoP, in February 2008. Due to the launch of another priority cessation project, the HPHS did not launch their CoP until later the same year.

Creating a centralized framework for CoP development

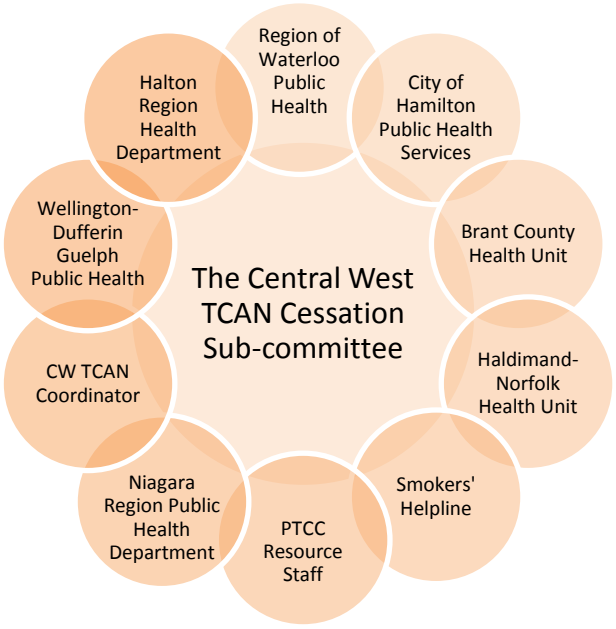


Figure 2: Membership of the Central West TCAN Cessation Sub-committee

The Central West TCAN Cessation Sub-committee meets every month to share ideas and plan regional cessation-related projects that address common local tobacco cessation needs and fulfill the objectives of Smoke-Free Ontario and the Ontario Public Health Standards. The Central West TCAN Cessation Sub-committee is composed of a representative from each PHU in the Central West TCAN area, the Central West Senior Coordinator from Smokers' Helpline, a PTCC Resource staff, and the Central West TCAN Coordinator.

In 2008, the Central West TCAN came up with an idea to host a knowledge exchange forum for cessation partners across Central West to talk about organizational policies related to minimal contact/brief intervention for smoking cessation. The initial idea was to plan a forum that would engage a broad spectrum of stakeholders such as policymakers, senior managers, CEOs of large health care organizations, researchers, health care professionals and other

partners with an interest in cessation within the Central West TCAN area. During the Central West TCAN Cessation Sub-committee meetings, ROWPH's Cessation PHN and HPHS' Tobacco Control staff began sharing their experiences and ideas around planning for a CoP. They talked about how the CoPs showed promise as a format for adult learning and knowledge exchange and provided examples of how health care professionals with an interest in tobacco control were building relationships and connections with each other.

As a great deal of effort and resources would have to go into hosting a large regional event, and there were promising results coming from the Waterloo-Wellington CoP, the Central West TCAN Cessation Sub-committee decided that rather than facilitating a regional forum, it was more feasible to support the development of five new additional CoPs, resulting in one CoP within each member PHU's catchment area. This decision to prioritize CoPs at the Central West TCAN level gave HPHS the impetus to implement the CoP that they had been planning. One individual mentioned that it was important to acknowledge that some practitioners did not have the resources and time to travel to regional events so having a local option would ensure that more practitioners' needs were being met. The Central West TCAN Cessation Sub-committee decided that each CoP's first target audience would be health care professionals who had an interest in tobacco cessation. One of the interviewees stated that it was important to decide the target membership early on. New CoPs were created in the Brant, Niagara, Haldimand-Norfolk, and Halton Regions (see Appendix C for a timeline of the CoPs' development). The Smokers' Helpline Central West Senior Coordinator, a Central West TCAN Cessation Sub-committee member, played a unique role in supporting the conceptualization and creation of all the CoPs and over time participated as a member of all six CoPs.

Based on the experiences of ROWPH and HPHS, the Central West TCAN Cessation Sub-committee members defined the short-term goal for the CoPs as bringing people together who had an interest in tobacco cessation to support one another through networking, sharing information, and experiences. The long-term goal was to increase the number of providers who implement systematic tobacco-use screening and to increase individual and group cessation programming in the region (see Appendix D for the Central West TCAN cessation strategy logic model). While these goals were determined regionally, as noted later in the document, the CoPs were developed to be responsive to members' needs, and thus it was understood that these goals might evolve over time. The PHN from ROWPH shared a literature review with the Central West TCAN Cessation Sub-committee related to Wenger's theoretical framework that had been compiled by a Nursing Student before starting the Waterloo-Wellington CoP (see Appendix E for a presentation on this literature review). Some Cessation PHNs/HPs adopted Wenger's theory explicitly but not all did. The PHNs/HPs coordinating two of the CoPs instead took a more general knowledge exchange event planning approach to facilitating their CoPs. Over time and due to staff changes, the structure of each community evolved given the availability of local resources and the needs/interests of CoP members.

Defining the Coordinator role

My father used to tell me that I used to take hold of the steering wheel and hold on for dear life, and he'd say to me, "the car knows how to drive, you just need to steer it". These people know how to drive, you just need to steer them in the right direction.

Health Promoter, Halton Region Health Department

Wenger and colleagues (2002) explain that a Community Coordinator's "vitality" is key to the success of a CoP. The authors describe the most effective Coordinators as being mid-career individuals who are "well respected, knowledgeable about the community's domain, well connected to other community members (they know who's who in the community), keen to help develop the community's practice, relatively good communicators, and personally interested in community leadership" (Wenger et al., 2002, p. 81-82). Wenger and colleagues (2002) further explain that a community Coordinator's primary role is to link people, not provide answers. Therefore Coordinators generally do not have to be leaders in their field. After the Central West Cessation Sub-committee had decided that each local area would have their own CoP, cessation staff from each area began planning for the CoP. As each individual taking on the coordination role had a different interpretation of the concept of a CoP, the interpretation of the facilitation role within each CoP also varied. Most Cessation PHNs/HPs who took on the coordination role identified themselves as being "the chair" with secretariat-like tasks such as preparing the necessary documentation (charters, minutes, agendas, work plans), planning meetings, and maintaining a member email list. One individual included "leading meetings" and providing email information and consultations as part of her role in coordinating the CoP. Another individual described her role as being "the informer" whose task was to identify people with cessation interests, bring them together and transfer information back and forth between them. The individual personality of the Cessation PHN/HP influenced the way they coordinated the CoP, and thus had an impact on the way the CoP ran. As one interviewee stated, "it's often the leader who sets the tone and really shapes what it [the CoP] looks like".

The following suggestions were made by the interviewees for individuals planning to coordinate future CoPs:

- Coordinators should consider establishing shared leadership roles with CoP members early on;
- Coordinators should ensure they are well-versed in tobacco cessation counseling techniques and should consider intensive training opportunities such as TEACH[5] if they are not as this will improve their understanding of the issues and expertise in the area;
- Coordinators should consider taking facilitation training to ensure CoPs are facilitated in a non-directive, collaborative manner.

Integrating CoPs into the TCAN's workplan and budget

Wenger and colleagues (2002, p.13) list four things that an organization can do to help a CoP prosper – "valuing the learning that they do, making time and other resources available for their work, encouraging participation, and removing barriers". In 2008 after the decision to facilitate CoPs through the Central West TCAN structure was made, the TCAN included the development of the CoPs as part of its Regional Action Plan (RAP) and Cessation Strategy Logic Model (see Appendix D for the logic model) and in 2009 the TCAN made the six cessation CoPs a three-year priority as funding allowed. The following rationale/justification is an excerpt from the Central West TCAN Regional Action Plan Final Activity Report in 2009 (see Appendix N for the 2010 Final Activity Report):

[5] The TEACH (The Training Enhancement in Applied Cessation Counselling and Health) Project offers evidence-based training to health care professionals who provide counselling services to individuals who use tobacco to enhance their skills in providing intensive tobacco cessation interventions. For more information on TEACH please see: http://www.teachproject.ca/about.htm

CW CoPs support requirements 7[3], 9[4,] of the Ontario Public Health Standards for chronic disease prevention which extend beyond the scopes of service and funding provided by SFO [Smoke Free Ontario] and engage community partners in tobacco control to strengthen cessation efforts.

The CW CoPs shared knowledge and developed relationships within the field of cessation provide an opportunity to deepen and broaden the few but significant cessation efforts (Driven to Quit, Smokers' Helpline, STOP study) within CW local communities.

It is assumed that Health Care Professionals are in the best position to have a direct, positive impact on their patients who smoke. People are more likely to take action on their tobacco use behavior when they have been asked about their tobacco use, advised to stop using it and then provided with information, advice and support in their cessation efforts. Building the capacity of HCPs [healthcare providers] to foster that change in their patients' tobacco use leads to decreased tobacco consumption, increased quit attempts, increased reach of cessation initiatives and increased policy incentives to quit (e.g., pre-printed orders for Nicotine Replacement Therapy in hospitals for inpatients as part of a tobacco cessation system-wide change).

[3] The board of health shall increase the capacity of community partners to coordinate and develop regional/local programs and services related to: …Comprehensive tobacco control… These efforts shall include: (a) Mobilizing and promoting access to community resources; (b) Providing skill-building opportunities; and (c) sharing best practices and evidence for the prevention of chronic disease.

[4] The board of health shall ensure the provision of tobacco use cessation programs and services for priority populations.

During 2008, $2000 from the base Central West TCAN funding was allocated to support each of the new local CoPs in their starting year. This initial larger amount helped facilitate the creation of larger CoP launch events to attract members. Existing CoPs in Waterloo-Wellington and Hamilton were allocated $500 each. From 2009-2011, each of the CoPs were allocated $500 for their local activities. This amount was set aside to facilitate local meetings and for the creation of local materials (see Table 2 for the total CoP cost summary from 2008 – 2010). Most of the Cessation PHNs/HPs and the Central West TCAN Coordinator felt that the CoPs were a very good investment of funds given the value each provided. However, most interviewees acknowledged that more funds would be helpful to further extend the work of the CoPs. One interviewee had attempted to apply for another source of funding, but found that it was difficult as all of the work to complete the funding application fell to her. Another interviewee felt that it would be difficult for individual local areas to acquire other sources of funding because of the difficulty in defining specific outcome expectations related to CoPs.

In addition, the Central West TCAN Cessation Sub-Committee planned and produced TCAN-wide training events and promotional materials that were offered to the CoPs. These initiatives were funded through the base TCAN funding.

Table 2. Funding for CoPs, 2008 - 2010

Source	2008	2009	2010
TCAN	$4,698	$10,056 and in-kind	$8,186 and in-kind
PHUs	In-kind	In-kind	In-kind
PTCC	--	In-kind	In-kind

Supporting the CoPs through TCAN funding

Key Success Factor

Most of the Cessation PHNs/HPs who coordinated CoPs felt that the small amount of money and time invested in the CoPs was a very good investment for the benefits achieved. The funds were crucial to most of the CoPs being able to host their initial meetings and were also useful for paying honoraria and travel expenses for occasional guest speakers. Funding for the first meeting of the CoP was seen as being especially important by some Cessation PHNs/HPs as they felt that this was the meeting where they needed to draw potential CoP members to the table by including refreshments.

Combining efforts

Key Success Factor

Many of the Cessation PHNs/HPs felt that one of the greatest benefits of operating the CoPs under the collaborative design of the Central West TCAN Cessation Sub-committee was the ability to pool funds and share capacity to create larger regional events for their CoP members. The collaborative approach used to plan the CoPs also allowed all the Cessation PHNs/HPs to contribute their diverse skill sets to the planning and implementation of the CoPs. Cessation PHNs/HPs who coordinated CoPs shared information, resources and e-mails sent to members to increase efficiency and reduce workload.

Another benefit was that the CoPs were able to combine efforts when designing resources such as CoP recruitment brochures and cessation awareness-related materials. They were also able to produce these resources at a discount because they ordered in bulk. This allowed them to use their resources more effectively by spending less time on designing resources and saving regional funds.

Implementing CoPs through the public health units

Once the Central West TCAN had prioritized supporting the local cessation CoPs, the Cessation PHNs/HPs began to set up the administrative support for facilitating the CoPs through their PHUs. Having management support for the CoPs was identified as being critical to the success of the CoPs by three interviewees as this support from management ensured time and resources could be spent on the CoP development process.

The resulting CoP structures, tailored specifically to PHUs' available resources and community needs, varied greatly. Some Cessation PHNs/HPs became responsible for all CoP related activities with little technical and administrative support. Others worked closely with their PHU colleagues and manager to develop materials and events related to the CoP. One PHU contributed additional local funds toward venues and catering for their CoP's meetings. Wenger and colleagues (2002) observe that it is not uncommon for CoP Coordinators to have 20 to 50 percent of their work-time funded solely for CoP coordination. Despite three of the five interviewed Cessation PHNs/HPs indicating that limited time for CoP coordination work was a barrier to the growth of their CoP, interviewees also shared concerns about not wanting to overwhelm the CoP members with excessive communication and activities. Finding a balance between moving the CoP forward, but not demanding too much of the CoP members' time, was thus important.

After receiving internal approvals within their PHUs, most of the Cessation PHNs/HPs moved forward with the first step of conducting a tobacco cessation environmental scan for their local areas (an example is available in Appendix G). The purpose of the environmental scans was to assess the current local cessation service infrastructure, to position the CoP to address local needs, and to give them a starting point for planning and inviting practitioners to their first CoP meeting.

For example, through its environmental scan, Haldimand-Norfolk was able to describe the local cessation capacity and services landscape:

- Half the health organizations in their area provided cessation services mostly in the form of self-help resources, one-to-one counseling, and education and awareness sessions for seniors.
- The organizations included in the scan included pharmacies, non-governmental organizations, and family health teams located predominantly in the local Simcoe area.
- Lack of time, lack of resources, and lack of access to free or reduced-cost NRT for clients were noted as barriers to addressing tobacco cessation in organizations.
- The majority of the organizations did not provide cessation support to their own staff or to special populations.
- The majority of respondents were trained in tobacco cessation.

Allowing Flexibility & Space to Grow
Key Success Factor

"Having time to grow into this…Having the time to let local units work at their own speed. I think that was a huge benefit in terms of having them be where they are now."

Central West TCAN Coordinator

Each of the CoPs started at different times between 2008 and 2010. Several Cessation PHNs/HPs who coordinated the CoPs felt that allowing local communities to grow at their own speeds without specific growth expectations and outcomes was key to their sustainability and success. The local areas within Central West TCAN varied by several different factors including the geographic density of the area, amount of additional local funds available to support them, number of existing projects within each area, availability of CoP members and the amount of time that the local Cessation PHN/HP could dedicate towards facilitating the CoP. A one-size-fits-all approach was therefore not appropriate in terms of setting objectives.

Allowing the CoPs to develop at their own pace also provided opportunities for the Cessation PHNs/HPs who coordinated the CoPs that were in later stages of development to share lessons learned with CoPs that were in earlier stages of development. This often occurred at monthly Central West Cessation Sub-committee meetings. A difficulty of this system, however, was that at times those CoPs that were farther ahead developmentally had to wait for the newer CoPs to reach specific milestones before collective Central West TCAN-wide CoP events could be planned.

Section Summary

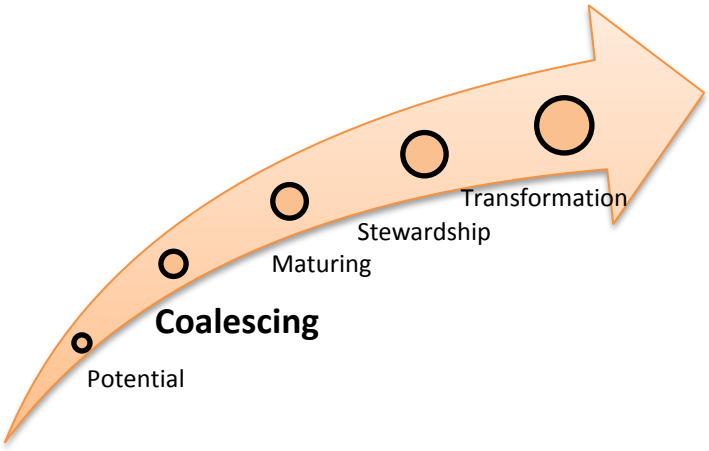
- Region of Waterloo Public Health and Hamilton Public Health Services each developed CoPs within their regions and these CoPs inspired the development of additional CoPs across the Central West TCAN area.
- The purpose of the CoPs was to provide local health care providers with a flexible and voluntary forum to share, network and exchange knowledge related to tobacco cessation.
- The overarching framework for the CoPs in most regions was based on Etienne Wenger's CoP theory
- Each CoP was allocated $2000 of regional TCAN funding in their starting year from 2008 (except for ROWPH and Hamilton), and $500 was allocated to each local CoP for each subsequent year from the Central West TCAN. The CoP budgets were enhanced by financial or in-kind contributions (such as meeting space) from the PHUs.
- Local CoP structures were tailored to the resources and structures available at the PHU supporting them and according to input from CoP members.

Summary of Key Success Factors for Stage 1

1. Financial support for CoPs - the small investment of funds was crucial in helping to fund the larger initial launch meetings and was also key in paying honoraria and travel costs for guest speakers.
2. Combining efforts - bringing together a group of Cessation PHNs/HPs who coordinate CoPs to collectively share the work and experience of planning and facilitating CoPs saves time and funds. The TCAN structure also provides the Cessation PHNs and HPs with a group of peers to support them in coordinating local CoP work.
3. Allowing centrally organized CoPs the flexibility and space to grow - each of the six local areas varied in geography, resources, and local population of service providers. It was important that all CoPs were allowed to grow at their own speed according to local needs.

Stage 2: Coalescing

According to Wenger and colleagues (2002) the second developmental stage, coalescing, focuses on the first CoP meeting, communication and fostering relationships. The core activities of this stage include: encouraging membership in the CoP, launching the community, holding community events and creating routines, valuing the importance of the CoPs' leaders work, facilitating connections between members, identifying good ideas, insights and practices to share within the CoP, and organizing documents pertinent to the CoP (Wenger et al., 2002).This section of the document summaries the key themes that emerged related to the coalescing stage. The section is divided into the following headings:



1. Planning the first meeting
2. Arranging food and venues
3. Holding the first meeting
4. Developing tools for collecting members' feedback
5. Finding useful means of communication to share information
6. Building supportive relationships, partnerships and networks

Planning the first meeting

Figure 3: An initial invitation from the Halton CoP

Invitations to CoP launch meetings were sent by the Cessation PHNs/HPs to health care professionals they knew who were thought to have an interest in incorporating tobacco cessation into their practice. Invitees were asked to forward the invitations to other practitioners with an interest in tobacco cessation. Multiple communication means were used for the initial invitations including flyers, emails, and letters.

The Health Promoter from Halton had the first CoP meeting invitations sent out via her PHU's Medical Officer of Health (MOH) as a way to give legitimacy to the CoP (see Appendix H). A targeted, personalized invitation to join the Halton CoP was mailed to those working in traditional cessation-related roles such as respirologists, pharmacists, and independent cessation specialists. Non-traditional cessation champions such as dietitians, dental hygienists, and individuals working in human resource management[6], were invited through a general invitation from the MOH that was included in a newsletter called *Health Notes for*

[6] Individuals working in human resources can play a role in cessation by influencing workplace programming and policy

Professionals that is mailed out to all health care providers in the local area.

The planning stage of the CoPs required the consideration of membership schedules. Based on considerations such as client appointments, it was determined in some regions that meetings over lunch would be the most feasible for CoP members. Therefore, practicalities such as venues and catering were considered. Opinions on the importance of food and venues for subsequent post-launch meetings varied, as did budget allocations for these items. For example, one individual planned Lunch and Learn meetings over the lunch hour at an off-site location to accommodate members' schedules, while others planned meetings at their PHU and sometimes offered muffins and juice. Most of the Cessation PHNs/HPs, however, underscored the importance of providing catering at the initial launch meeting. A CoP event planning list is available in Appendix I.

Holding the first meeting

In February 2008, the Waterloo-Wellington CoP hosted their first official meeting. Their goal was to address the gaps identified by the informal environmental scan completed at the "Tobacco Roundtable" in late 2007. Most of the members who attended were based in hospitals. As the hospitals operate under the LHIN framework, to be consistent the group decided that the CoP would use the LHIN's geographic boundaries, rather than having CoPs in both the Waterloo and Wellington-Dufferin-Guelph Regions. Between 2008 and 2010, the remaining five CoPs hosted their first meetings. Table 3 outlines the number of individuals present at each of the launch meetings. The main purpose of the launch meetings was to find out what the members were interested in so that Cessation PHNs/HPs could position the CoPs to provide immediate value. The Central West TCAN Cessation Sub-committee's strategy for providing value to members and sustaining the CoPs was to offer capacity building opportunities that were hard to come by within members' daily practice. The Health Promoter from Halton also tried to appeal to practitioners' sense of wanting to belong to a movement or collective by including the African proverb "a single bracelet does not jingle" on the first meeting agenda. She reasoned that fostering an emotional investment in the CoP was important because of the voluntary nature of CoPs.

Table 3. Attendance at the first local CoP meetings

CoP Name	# of members at first meeting
Brant Cessation Community of Practice	20
Haldimand-Norfolk Community of Practice	9
Halton Community of Practice	50
Hamilton Cessation Community of Practice	15
Niagara Tobacco Cessation Network	30
Tobacco Cessation Community of Practice (for Waterloo-Wellington LHIN)	16

Various questions and topics were addressed in the CoPs' first meetings including:

- What is a CoP?
- Who else would be interested in joining the CoP?
- Who should be allowed to join the CoP?
- What cessation issues would members like to address during the meetings?
- What are useful means of communication?
- How often would members like to meet?

Through group discussions, each community developed guidelines related to the CoP's operations in the form of a CoP charter or terms of reference. The charters addressed a number of issues including the rationale for having a CoP, CoP goals/objectives, inclusion/exclusion criteria for membership, meeting/election schedules, accountability, reporting processes, and consensus-building processes. Halton's CoP's charter included measurements of success. One of the variations between the local CoP charters was whether or not pharmaceutical representation would be allowed within the membership. Members of one CoP decided to allow pharmaceutical representatives into their CoP membership because they acknowledged that while their motivation is profit-oriented, they are still actively working and playing a role in local tobacco cessation. A sample CoP charter is available in Appendix J.

Wenger and colleagues (2002) explain that a thriving community is able to serve the needs of an organization while feeding the passions and interests of the CoP members. One of the most commonly mentioned elements throughout the interviews was the concept of passion being central to the existence of the CoPs. Due to the inherently hectic nature of healthcare work, the Cessation PHNs/HPs acknowledged that practitioners took part in the CoPs only because they had a true interest and passion for the subject area. This was noted by the Health Promoter from Niagara Region Public Health who said:

> I think the members themselves, everyone who comes to these meetings are really passionate, they want to be doing that work, and even if they only have 1% of their time to spend on it, they're carving that time out to come to those meetings. They genuinely want to see their clients, the patients that they work with, healthy. So I think that's pretty inspiring, seeing that passion.

The Cessation PHNs/HPs felt that members found value in the format of learning and capacity building provided through a CoP structure. One individual also acknowledged that there is a need to foster a new generation of passionate practitioners to carry on cessation initiatives and that CoPs are a way to cultivate this.

Utilizing tools for collecting members' feedback

End-of-meeting feedback forms, developed at the local level, were a crucial tool to inform the content of each successive CoP meeting. At the first launch meetings, apart from asking members what topics they were interested in addressing, questions asked on the feedback forms included:

- What made you accept today's invitation?
- Did the day meet your personal objectives?
- What do you feel are the advantages and cautions/concerns around establishing a CoP?
- Was the meeting space/food satisfactory?
- What did you find most valuable about today's session?
- How could we improve future meetings?

Feedback to shape the CoPs' direction was also solicited through other methods. At a large workshop, the Halton CoP used a clicker survey system (Turning Point)[7] to identify members' interests and needs. The HPHS CoP used a system in which members voted on issues they felt were important by placing sticker dots beside topics of interest on a large chart. Both methods were found to be useful by the individuals coordinating the two CoPs as they provided immediate feedback on member's needs that could be discussed in the same meeting.

[7] This system is comprised of computer software and multiple hand-held remote controls ("clickers"). Participants vote with the clickers by pressing different buttons in response to questions asked during the meeting. The system tabulates the responses of all voters and displays the results in graphs immediately on the computer screen (and to a projector screen if set up).

Finding ways to share information

Wenger and colleagues (2002) describe some of the short-term and long-term benefits of CoPs as being – a source for resources, better quality decisions, more perspectives on problems, help with challenges, and providing access to expertise. The authors also explain that dynamic communities actively establish communication means between members in both public spaces (e.g., in-person group meetings and websites) and private spaces (e.g., one-on-one interactions between members; Wenger et al., 2002). Various means of communication were used by the CoPs for sharing cessation-related information and opportunities and these means were selected to suit the needs and preferences of the local members. All interviewees found that e-mail lists were very useful for disseminating timely information about campaigns, research studies, training opportunities, and conferences to the full CoP membership. Members could pass on the e-mails to non-CoP members and thus increase the reach of the CoPs' work. This was indeed happening, as over time Cessation PHNs/HPs did receive increased requests for cessation-related information from a greater range of organizations. In addition, they occasionally received positive feedback from members about the emails. One of the common concerns voiced by interviewees was about the possibility of sending too many messages through the CoP email list and thereby weakening existing relationships. The balance between providing enough relevant information and providing too much information was a constant challenge.

Cessation PHNs/HPs who coordinated the CoPs felt that in-person meetings were the most useful mechanism for open and honest sharing of experiences and lessons learned. More rural areas such as Haldimand-Norfolk and Brant experienced challenges related to gathering practitioners in one central location. Table 4 presents the meeting schedules for each of the local CoPs. The number of in-person meetings held each year varied by CoP. The format of the meetings also varied as they were designed to best meet the needs of the individuals participating. For example, Niagara's CoP organized the meetings in a way that allowed for members to make short presentations to each other about their programs and lessons learned in practice.

Table 4. Meeting schedules for each of the six CoPs

CoP Name	Schedule	Purpose
Brant Cessation CoP	Every 12 months plus any CW trainings and events	To learn from guest speakers and have time to talk, share, and discuss problems
Haldimand-Norfolk CoP	The fourth Wednesday of every two months plus any CW training and events	To build capacity and consistent messaging among community partners to coordinate and develop smoking cessation programs and services
Halton CoP	Free flowing, no set schedule plus any CW training and events	To learn together through trainings and other action-oriented events
Hamilton Cessation CoP	Every 3 months plus any CW training and events	To learn from guest speakers, to discuss topics as a group and have time to talk, share, and discuss problems
Niagara Tobacco Cessation Network	Every 6 months plus any CW training and events	To present and share lessons learned, network, support local initiatives, discuss challenges and brainstorm solutions

Tobacco Cessation CoP (for Waterloo-Wellington LHIN)	Twice a year plus any CW training and events	To have time to share experiences, problem-solve, promote training and education opportunities and share tools and resources.

For a time, the Waterloo-Wellington CoP used an online portal called IGLOO (offered through the University of Waterloo) which served as a data management database. However, as it was not very frequently used by their members, when an annual charge for its use was implemented the decision was made to discontinue its use. Most of the Cessation PHNs/HPs also kept their own database of relevant and reliable cessation resources and drew from these when asked for information.

The Health Promoter from Halton Region Health Department provides an example of how her role in coordinating the CoP has allowed her to connect people with the information and contacts they need:

> A family health team emailed me today and said "I heard on CBC that family health teams are getting free nicotine replacement therapy. I went online and couldn't find anything on it." They're looking to me for that source of information. That's what it is - knowledge brokering. Who do they go to, to easily find the information that gets buried everywhere?

When determining the types of technologies to be used to communicate with members, interviewees noted that it was important to be aware of issues related to access and comfort with technologies. One interviewee noted that not all individuals are equally comfortable with using online resources and tools.

Allowing members to drive the direction of the CoP

Key Success Factor

Five of the seven interviewees spoke of the importance of always keeping the CoPs focused on the members' needs and interests. The Cessation PHNs/HPs asked their CoP members to identify what their needs and topics of interest were related to tobacco cessation and used these topics to inform the focus of the CoP discussions and activities (e.g. inviting a guest speaker to talk about the role of healthcare professionals in advocacy). The Cessation PHN/HP's duty was to bring people together to facilitate their interactions, to bring the members' needs/interests back to the Central West TCAN to inform regional planning and to keep the CoP process organized and cohesive.

Others noted that there are issues with access to technology, both at the PHU level and among CoP members. A Cessation Public Health Nurse felt that technologies such as Skype™ or other communication software could be used to make in-person meetings more accessible for members. However, some barriers do exist such as organizations restricting downloads of free software like Skype™ and limited funding for other technologies. Other Cessation PHNs/HPs noted that certain practitioner groups such as pharmacists and dental hygienists may not have work e-mail accounts, or may not frequently use their e-mail for work purposes, and thus do not benefit from an e-mail distribution list. These are all important considerations when choosing a practical means of communication.

Building supportive relationships, partnerships, and networks

> *I almost feel that it would be kind of lonely to be doing the work not knowing that other people were doing the same thing. […] I think those meetings are good because if you are getting a little bit frustrated or not as inspired, you come to the meeting and get that refresher to keep going. Things are working, it's a process… it's not that easy. If it was that easy to quit smoking we'd just snap our fingers and we'd be done. It's hard work and I think that the people, they really add to that, their passion for it, their dedication.*
>
> Health Promoter, Niagara Region Public Health

Wenger and colleagues (2002, p. 55) explain that individuals participate in CoPs for three reasons – "the community directly provides value", "the personal connection", and "for the opportunity to improve their skills". One of the main responsibilities of a CoP Coordinator is to informally link community members across different work environments or organizations (Wenger et al., 2002). In Central West, some of the Cessation PHNs/HPs soon realized that they had become a broker of reliable connections (or a "go-to" contact) for both their CoP members and other local health practitioners who had an interest in cessation. The Public Health Nurse who coordinates the Waterloo-Wellington CoP noted that building trust and mutual respect to facilitate broader networks of good working relationships is an important part of the Cessation PHNs/HPs' role when coordinating CoPs.

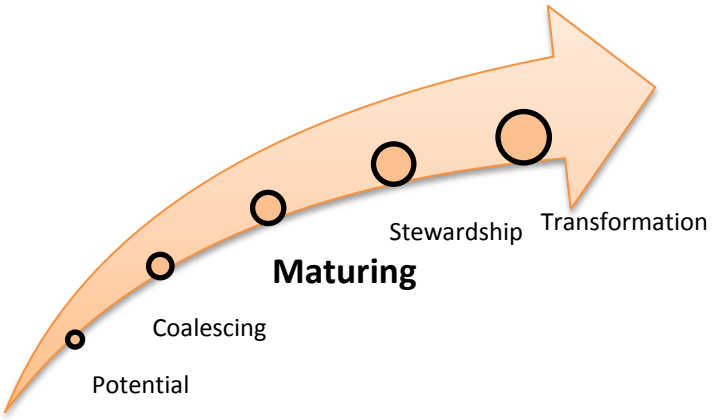
Section Summary

- Launch meeting invitations were sent to health care professionals and organizations that the Cessation PHNs/HPs felt may have an interest in tobacco cessation.
- The first meeting was used to determine members' cessation-related interests and meeting schedule preferences.
- The members of each CoP collectively developed their own local CoP charter.
- End-of-meeting feedback forms were filled out during the in-person meetings to inform the content for the next meeting.
- Email lists and in-person meetings were key tools in communication.
- Over time the Cessation PHNs/HPs who coordinated CoPs felt they had become the local "go-to" contact for cessation connections and information.

Key Success Factor for Stage 2

1. Allow members to drive the direction of the CoP – the CoP members' passions/interests/needs were used to inform their local CoP's schedules, communication media, topics of focus, and the professions allowed to participate in the CoP.

Stage 3: Maturing



According to Wenger and colleagues (2002) the third developmental stage, maturing, focuses on becoming more deliberate about the CoP's focus and functioning. Core activities include: identifying knowledge gaps and developing a learning agenda; revisiting the community's boundaries and its role in the broader organization; determining entry criteria and processes for new members; measuring the value of the CoP and; establishing and organizing a database for community knowledge (Wenger et al., 2002). This section of the document summarizes the key themes that emerged related to the maturing stage. The section is divided into the following headings:

1. Maintaining an evolving, relevant focus
2. Expanding membership
3. Discovering and measuring the CoPs' value

Maintaining an evolving, relevant focus

Wenger and colleagues (2002) emphasize that it is crucial for Coordinators to always stay connected to the needs of the core members to help ensure that their needs are met. Over time, each of the CoPs developed varying strategies for retaining a relevant and evolving focus. While the Brant CoP continued to focus on cessation, general updates on other tobacco-related topics such as new types of tobacco products, tobacco industry denormalization and changes to policies were highlighted as it was felt that this knowledge would foster comprehensive tobacco control programming while continuing to support cessation and improve members' knowledge. They also offered training and materials that reflected the group's increased capacity. Similarly, after much discussion about the group's needs and direction, the HPHS CoP recently shifted its focus from hospital-based cessation to developing cessation services in primary care. As part of this new focus members also identified interest in advocating for free nicotine replacement therapy (NRT) for their patients due to the high level of poverty in their region.

Waterloo-Wellington's CoP, entering its fourth year, entered a phase where most of the members were trained in cessation counseling. They realized that their health care professionals were having difficulty engaging their management in making systems changes (e.g. instituting policies) required to integrate tobacco cessation into routine practice. Such changes included integrating minimal contact intervention (5As) into patient screening and documentation forms, dedicating staff time to more intensive cessation strategies, adding NRT to hospital formularies, staff training, resource supports, and evaluations. To address this concern, a sub-group of CoP members decided to engage decision-makers by hosting a cessation talk by Dr. Andrew Pipe. The purpose of the talk was to raise awareness about the Ottawa Model for Smoking Cessation (OMSC) for hospitals and its recent expansion to primary care settings. It was felt that this would reinforce the role of primary care providers in tobacco cessation. The talk was directed towards decision-makers including physicians, and department heads (e.g., pharmacy, nursing, human resources, IT) in order to increase support for system-wide integration of cessation. This event not only allowed for other stakeholders to be engaged, but the Public Health Nurse who coordinated the

Waterloo-Wellington CoP also saw it as a sign of success that a sub-group of CoP members took the initiative to plan and organize this activity independently.

The Halton CoP reported planning to host a meeting in the fall of 2011 to discuss their new direction and growth points. They are also looking into the possibility of implementing a new tool for CoP communication to connect more often with members who currently only participate through receiving emails.

Expanding membership

Wenger and colleagues (2002) explain that community growth often occurs after the initial CoP core members have established strong working relationships with each other. They explain that while growth may be exciting and can increase the network of members, it can also disrupt the pattern of interactions and can change the community's sense of identity. In 2010 the Central West TCAN Cessation Sub-committee developed new materials to expand membership in the CoPs. The Central West TCAN Cessation Sub-committee adapted a brochure made by HPHS for mass distribution in the catchment areas of all six CoPs. The brochure has been distributed at local healthcare workshops and events across the region (see Appendix K).

Figure 4: The CoP brochure used across the region to recruit new members

Figure 5. An invitation to join the CoPs was embedded in the *You Can Make It Happen* materials.

The Central West TCAN developed additional materials to reach health care providers entitled "You Can Make It Happen" (see Appendix L). These materials aimed to encourage healthcare providers to talk to their patients about quitting using the 5As approach (Ask, Advise, Assess, Assist, Arrange) and encouraged them to join their local cessation CoP. CoP membership increased from 112 at the end of 2009 to 275 by the end of 2010 (Appendix N). Also, as of 2010, 127 organizations, including hospitals, community health centers, family health centers, private sector companies and government agencies, were represented within the CoPs.

The interviewees identified some challenges related to conducting CoP recruitment campaigns through the TCAN structure and Regional Action Plan. Given that each local CoP was at a different stage of development, some found that the centralized recruitment campaign did not take into account the needs and wants of the CoP members at the local level. While some CoPs were open to expanding membership, this was not true in all cases. It was also noted that while decisions to move forward with recruitment campaigns were made at the TCAN level, Cessation PHNs/HPs sometimes needed to get approval for this at the local level, and in

some cases this became a complex, time-consuming process. Finding ways to ensure that centralized recruitment campaigns leave space for each CoP to identify its own needs and timelines related to expanding membership is important when planning a centralized recruitment strategy.

Discovering and measuring the CoPs' value

[The information shared in the CoPs] not only informs my work, but it provides something to shoot for. It's inspiring.

Smokers' Helpline Central West Senior Coordinator

Wenger and colleagues (2002, p. 166) explain that measuring and managing a CoP's knowledge value is an important step if organizations want their CoP to be a "pervasive, integrated, and influential force for learning and innovation". This step is also important to help reinforce members' participation (Wenger et al., 2002). Determining what constitutes value of a CoP can take a variety of perspectives into account including organizers/coordinators, funders and participants. In the 2011 Central West TCAN Regional Activity Project Charter, the Central West TCAN Cessation Sub-committee defined some goals and indicators of success for that year including to plan, coordinate and organize CoPs to mobilize and network cessation champions, to provide CoP members an opportunity to attend a training to address common learning needs across CW and, to increase COP membership with connections to the You Can Make It Happen Campaign and RNAO Champions Workshop. In the Halton CoP, members included the CoP's measurement of success in their charter.

To demonstrate the value of the CoPs to its funder, the Ontario Ministry for Health Promotion and Sport, the Central West TCAN Cessation Sub-committee designed a measurement tool to gather evaluation data across all CoPs. Some CoP members also needed the evaluation data to justify the time spent attending CoP meetings to their employers. There were three forms of evidence used to measure the value of the CoPs – process, outcome, and qualitative feedback provided by the CoP members.

During two Central West TCAN Cessation Sub-committee meetings the group determined the key indicators that they would want to measure as part of the evaluation. A survey originally created by HPHS was adapted for use as a biannual evaluation for all six CoPs. The survey focused primarily on general process measures (e.g., number of meetings, consultation requests to the PHU resulting from CoP networking, workgroups resulting from CoP networking) but also included some outcome questions (e.g., number of policies developed through leadership of CoP members) and one open-ended question (i.e., provide a success story; see Appendix M for survey questions). Each CoPs' survey included some common required questions, and some optional questions that could be included if the Cessation PHN/HP felt they would be useful for their individual CoP. The surveys were hosted on *Survey Monkey* and links to the online survey were sent to CoP members. Cessation PHNs/HPs reported the results as a collective to the Central West TCAN Coordinator who compiled the results and wrote annual project summary reports that were provided to the Central West TCAN Steering Committee and the Ministry of Health Promotion and Sport. The Central West TCAN Coordinator expressed that she had an interest in conducting a more comprehensive outcome evaluation but this would require more staff time and funding than is currently available.

While quantitative measures were the focus of the CoP evaluation process, four of the seven interviewees acknowledged that some of the CoPs' value would be better captured through qualitative measures. The interviewees felt that giving members the chance to speak freely of the value they gain from the CoP meetings and collecting success stories from members is important for being able to fully describe the

value of the CoPs. Wenger and colleagues (2002) state that the systematic collection of stories is one useful way to map out the causal linkages between the CoP's activities, the knowledge created through the CoP and the ultimate value they provide. Sharing success stories may also help motivate CoP members in their work. In short, using a combination of methods within the evaluation design is necessary for capturing the full value of a CoP. The results of the 2010 evaluation can be found in the 2010 Central West TCAN Regional Action Plan final activity report in Appendix N.

The CoPs were identified by the Central West TCAN Cessation Sub-committee as having helped to create a supportive environment for a number of cessation-related initiatives. The Cessation PHNs/HPs stated that much of the CoPs' work included assisting partner organizations to develop a business case/rationale for implementing cessation-related policies in their organizations. An example of members applying such knowledge from the CoP was found when members of the Halton CoP who worked in human resources returned to their workplace after a talk by the developers of the OMSC, Drs. Pipe and Reid, and changed their large company's cessation support policy in order to provide more active support to employees during the quitting process (e.g., providing nicotine replacement therapy for employees instead of providing a financial incentive to current smoking employees if they could remain smoke-free for six months). Importantly, four of the seven interviewees described the CoPs as being instrumental in creating common language, consistent messaging, standardizing and benchmarking cessation-related activity for the region including the development of smoke-free hospital grounds, instituting the Ottawa Model for Smoking Cessation (OMSC), and increasing the awareness of TEACH training.

Three interviewees said that the CoPs were helping to build regional momentum in cessation due to the synergies created as a result of the initiation of multiple cessation-related programs and activities. This was aided through the knowledge exchange system (see Figure 6) that developed with Cessation PHNs/HPs gathering knowledge from their CoP members and sharing this information with the other Cessation PHNs/HPs in the Central West TCAN area who were coordinating CoPs. The other Cessation PHNs/HPs in turn shared this information with their own local CoP members. To complete the cycle, the Central West TCAN's Cessation Sub-committee planned regional cessation training events around the locally identified common needs and interests. The interviewees characterized the CoPs as having a positive impact on policy development, creation of a common local cessation language, and the standardization of cessation programming and training for practitioners in the region. The Central West TCAN Coordinator explained:

> From networking and sharing, we'll get connections. Then agencies locally will coordinate to create local group programs and provide referral services to each other. Then you'll have groups get together from that larger CoP into a work group to develop a policy at a hospital for example for MCI [Minimal Contact Intervention] and/or smoke-free spaces. [You'll] also have people in the CoP connect with [their] local health unit to have consultations and support in the health unit. [All] that may not have happened before [the CoPs existed].

Interviewees described the CoPs as complementing other cessation capacity building programs like the RNAO Smoking Cessation Champion Workshop and the Ottawa Model for Smoking Cessation.

Four out of five Cessation PHNs/HPs interviewed stated that tobacco cessation efforts would be very disjointed in Central West Ontario without the CoPs, and three of five Cessation PHNs/HPs and the Central West TCAN Coordinator felt that there would be less cessation programming in the region without the CoPs. The PHNs who coordinated the CoP at Brant noted that a lasting effect of the CoP was

the idea of having individuals in the community who were passionate about working in cessation. A coordinator from Brant said:

> Once we get them to buy into the issue of tobacco as a health issue, we've got them hooked. They will continue to do what they can to address the issue of cessation and I think that's the lasting effect. I don't think that that will ever go away. I would anticipate that they get passionate about it. It just becomes a part of their practice.

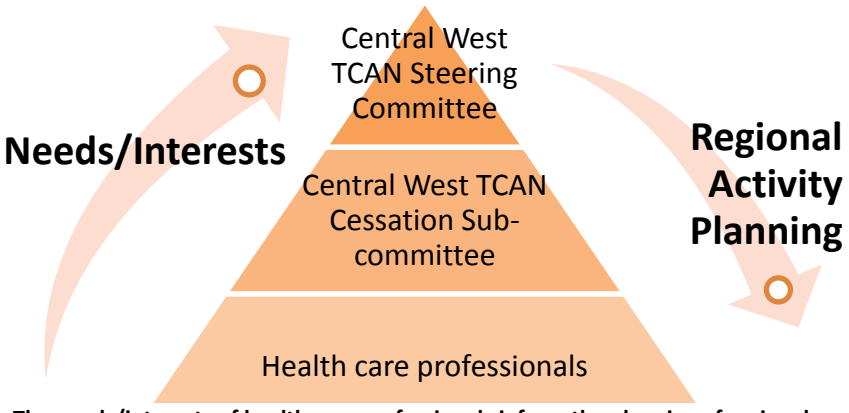
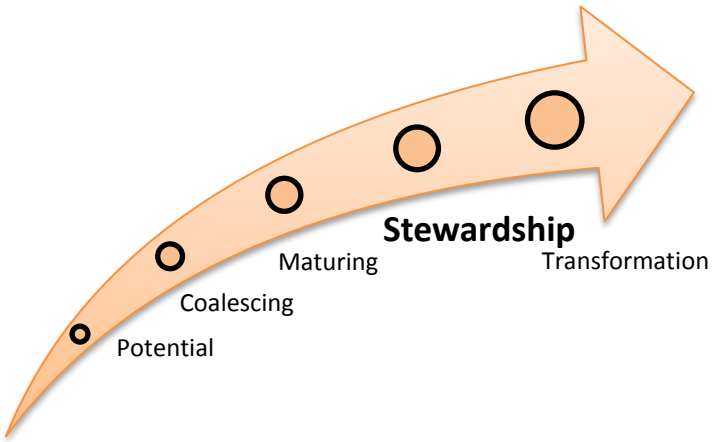


Figure 6: The needs/interests of health care professionals inform the planning of regional cessation activities. Also, the activities of the CoPs are influenced by the TCAN's regional action planning.

Section Summary

- The interviewees credit the six CoPs, along with other cessation programming, with helping to build regional cessation momentum that supports policy development, and the use of a common cessation language and messaging. The CoPs have helped to standardize cessation training for practitioners and create common approaches to cessation programming. The collective passions, needs and interests across the six local CoPs were used to inform the planning of regional cessation workshops and activities.
- Cessation PHNs/HPs who coordinated the CoPs used various strategies to keep the CoP firmly focused on the core membership's needs.
- Various tools were used to expand cessation CoP membership including a brochure, and an invitation to join a local CoP embedded in the "You Can Make It Happen" regional cessation campaign.
- As of 2010, 127 organizations, including hospitals, community health centers, family health centers, private sector companies and government agencies, were represented within the CoPs.
- TCAN-wide evaluation of the CoPs was conducted on a biannual basis and focused predominantly on process measures. Evaluation data was reported to the funder annually and was useful for CoP members who needed a justification for attending CoP meetings during work-hours.

Stage 4: Stewardship



In the Stewardship stage, the challenge is to sustain momentum through the usual changes that will occur in the CoPs' practice, members, technology and affiliation with the organization or system that sponsors it (Wenger et al., 2002). In this stage, to remain vibrant, CoPs need to forge new relationships and actively invite new members. This helps to reenergize the CoPs with new ideas, perspectives and approaches. Wenger & colleagues describe the following activities that can be used at this stage to keep a CoP on the cutting edge: giving the CoP a voice in the strategy and direction of the sponsoring organization/system, rejuvenating the CoP through controversial guest speakers or introduction of new topics, holding a renewal workshop, actively recruiting new members, mentoring new members and seeking benchmarks for practices from outside the CoP. Some of the CoPs have taken on some of these activities which were described in earlier stages (e.g., introducing new topics and taking input from CoPs to inform the planning of region-wide cessation events). Another activity is to develop new leadership (Wenger et al., 2002). Wenger and colleagues (2002) recommend that Coordinators should continuously look for successors. Rotating leadership on a regular basis or passing on leadership when a community's energy is low or when the Coordinator's ideas are running out, can help rejuvenate the community. Wenger and colleagues (2002) explain that rotating the Coordinator role may help build stronger relationships between core members and move the community towards collective leadership.

According to the Cessation PHN who coordinates the Waterloo-Wellington CoP, the CoP is beginning to experience a transition in CoP leadership. Through the past year and a half, the PHN has perceived that members of this CoP have begun to take initiative in planning meetings, workgroups and events for the CoP. The PHN perceived that the group has reached a stage where the members may be engaged enough to sustain the CoP without her specific leadership. No other Cessation PHNs/HPs reported seeing this transition in their CoPs as of yet.

Section Summary

- Waterloo-Wellington CoP members have begun to share the CoP leadership role with the Cessation PHN who coordinates the CoP.
- None of the CoPs have yet reached the last developmental stage of a community of practice – Transformation.

Conclusions

Although not all Cessation PHNs/HPs who coordinated the CoPs actively referred to theory, the analysis presented in this document suggests that the CoPs in general did develop according to Etienne Wenger's theory of CoPs. The cultivation of this system of CoPs aligns with four of Wenger's suggestions on how organizations can cultivate successful CoPs:

- Valuing the learning CoPs do (e.g. adopting the CoPs as an official TCAN project, using common needs/interest of CoP members to inform regional cessation-focused planning);
- Making time and resources available (e.g. yearly funding, PHU and TCAN support);
- Encouraging participation (e.g. brochures at CW health events);
- Removing barriers (e.g. allowing flexibility and space as needed for all CoPs to grow; Wenger et al., 2002).

Since this centrally supported system of CoPs was considered by the interviewees as being successful and instrumental to building cessation service momentum in Central West Ontario, Wenger's CoP theoretical basis coupled with this system of CoP planning and evaluation may hold promise for other health-related topics of interest. While the purpose of this study has not been to define the developmental stage reached by each CoP, based on the analysis it seems likely that the CoPs fall somewhere along the continuum of the maturing to stewardship stages.

Success factors from the six CoPs can serve as practice-based knowledge to inform the development and implementation of other centralized systems of CoPs that focus on facilitating sustained knowledge exchange and the building of supportive relationships between practitioners working in diverse settings. The results of this project are not only valuable as a learning tool within tobacco cessation but are potentially useful for other fields of practice.

This system of CoPs created a complex, comprehensive and far-reaching knowledge system. The combination of the multiple disciplines, organizations, geographic areas and management levels participating in this system of CoPs means that the potential impact of the activities of these CoPs can be quite extensive but also very difficult to trace and measure. The knowledge system mapped out within this document is a simplified representation. To uncover a more comprehensive view of the value these CoPs have offered the region, the CoP's knowledge value will have to be traced through the CoP members' own stories. This might be done by starting with the activities individual members participate in within the CoP, recording the knowledge created through these activities, and then following this new-found knowledge into the members' practices and organizations to discover the ultimate value they create there.

Possible future directions may include continuing to evaluate the value of the CoPs for the regional cessation system and the CoP members through more rigorous outcome evaluation, and sharing resources related to CoPs so that others may use them to set up their own communities. As the existing evaluation data indicates that the numbers of voluntary members and the reach of these CoPs are rising yearly, it may be interesting to measure the value that each CoP provides to their local area once they have all reached the Stewardship phase.

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