

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

Questionnaire to identify relevant policies and best practices about smoke and aerosol-free environments in Europe

Within work-package (WP) 8 of the Joint Action on Tobacco Control (JATC) 2, we would like to collect information on barriers and opportunities to implementing smoke and aerosol-free environments, and on best practices about smoke and aerosol-free environments implemented in European countries. You have been selected among the experts who could provide information on this issue in your country. For this reason, we invite you to fill in the following questionnaire.

Your participation will contribute to better planning future interventions. We will keep you informed about the progress of the WP8 and how the information you provided has been used. Also, we will ask your permission to include your name in the list of key informants consulted in our Reports and papers.

This questionnaire consists of approximately 60 questions and it has two main sections. The first one, is on barriers and opportunities to the expansion or enforcement of smoke and aerosol-free environments, where you will be requested to provide information also on the status of smoke and aerosol-free regulations in your country. In the second section you will be asked to describe up to four selected best practices about the smoke and aerosol-free environments in your country. Please, refer to the following definition:

A best practice is a relevant policy or intervention implemented in a real-life setting and which has been favourably assessed in terms of adequacy (ethics and evidence) and equity as well as effectiveness and efficiency related to process and outcomes.

To better clarify, attached to the invitation e-mail you can find an example of a best practice already implemented in some European countries, that should be consulted to facilitate the filling of the questionnaire.

You are starting now SECTION 2. The length of this section, for each best practice, will be of approximately 60-90 minutes according to the details used to describe the best practice.

Please fill in the following questionnaire within 15/08/2022.

* By accepting the following statement, you give your consent to the processing of your personal data:

I consent to the collection and processing of my personal data (name, surname, job position, e-mail address, institution, country, telephone number, website of the project/practice) to manage the submission and subsequent evaluation of my submitted best practice(s). I submit the data voluntarily and my consent can be withdrawn at any time, without any consequences. Data are collected according to the Regulation (EC) No 45/2001 of the European Parliament and the Council of 18 December 2000.

☐ I understand and agree that the provided information is correct and may be used by the WP8 leaders for the purposes indicated.

☐ I understand and agree that my name and institution can be listed in the JATC-2 website and reports.

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

CONTACT INFORMATION OF THE PERSON WHO IS COMPLETING THE QUESTIONNAIRE:

* Given name

* Last name

* Position

* Institution

* Type of Institution

* Country

* E-mail

Website and other (optional) contact details

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

We need to provide some instructions before jumping to Section 2:

The questionnaire collects information that will be mostly of your knowledge. However, it is possible that we will ask for some details (e.g., about a best practice) that you do not have at hand at the moment. We will appreciate you provide as much information as possible.

Thus, the questionnaire allows you to save and stop the process (e.g., when you want to find a document to upload).

The questionnaire is time-consuming and we appreciate very much your effort. For this reason too, you may stop and save the introduction of information and continue in another moment.

Your answers are saved every time you press either "Save and Prev" or "Save and Next". So, if you want to stop the questionnaire please press one of the two buttons before closing the page.

We ask you to fill the questionnaire by 15/08/2022.

We will monitor the progress and remind you by email.

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

SECTION 2

Identification of best practices with reference to smoke and aerosol-free environments

We now ask you to collect your thoughts about up to four best practices with reference to smoke and aerosol-free environments in your country. For each best practice, we ask you to describe it in detail by answering to the following questions (please look at the example provided in the invitation e-mail to view the whole questionnaire on best practices). After having filled in the whole questionnaire for the first best practice, you will be given the opportunity to re-start the questionnaire (using the following links you have been provided in the invitation e-mail) and describe the following best practice.

Please notice that you can interrupt the completion of the questionnaire at any time and start it again when you prefer, but no later than 15/08/2022.

As a reminder, a best practice is a relevant policy or intervention implemented in a real life setting and which has been favourably assessed in terms of adequacy (ethics and evidence) and equity as well as effectiveness and efficiency related to process and outcomes.

For each best practice you are required to provide information on its adoption (description of the intervention/policy and formulation), implementation (enforcement and promotion) and its evaluation. We are interested in best practices that have at least already been implemented.

To better clarify, attached to the invitation e-mail you can find an example of a best practice already implemented in some European countries, that should be consulted in order to facilitate the filling of the questionnaire.

* In your country, can you identify a best practice in relation to the expansion or enforcement of smoke and aerosol-free environments?

☐ None

☐ Yes

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

GENERAL INFORMATION OF THE PRACTICE

* B1. Title/Name of the practice.

Please indicate the title/name of the practice (in original language and English translation, if the original language is not English). Please do not use acronyms.

*** B2. Type of practice.**

Please select all that apply for this practice.

- ☐ Information/Awareness raising programme
- ☐ Policy
- ☐ Action plan
- ☐ Regulation/Ban
- ☐ Monitoring/Surveillance
- ☐ Service delivery approach/Method
- ☐ Tool/instrument
- ☐ Guideline
- ☐ Training
- ☐ E-health, mHealth
- ☐ Health in All Policies
- ☐ Don't know
- ☐ Other, please specify:

*** B3. Which is the current phase of the best practice?**

- ☐ The practice is at the first stage of implementation but not yet totally developed
- ☐ The practice has been developed/adopted but not yet enforced
- ☐ The practice has been implemented (enforced/promoted)
- ☐ The practice has been evaluated
- ☐ The practice has been registered in a best practice registering portal
- ☐ Don't know

*** B4. Who has the responsibility of the practice?**

Please indicate which is/are the entity responsible/promoter entity(ies) of this initiative.

Please select all that apply.

- ☐ Municipality/City
- ☐ Province/Region
- ☐ Nation
- ☐ Public agency
- ☐ University
- ☐ Government
- ☐ NGOs
- ☐ Private institution
- ☐ Don't know

B5. Name of the entity(ies) in national language and English and acronym.

Please describe/name the responsible/ promoters of this best practice.

B6. Please specify also the responsibility of the entity(ies):

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

Summary of the best practice

* C1. Please summarize this best practice.

Please briefly describe the best practice and its main characteristics. For example, was it an intervention on general population or a specific population group? Or was it a policy or about a novel change on organisational/managerial models?

C2. Possible source of information where the practice is described:

Please provide more information on the practice such as link to a website, link to any available documents (reports, articles).

C2 bis. If relevant please upload possible documentation (if not available on the internet but of public domain).

Choose File

Choose File

No file chosen

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

* D1. Duration of the practice

- ☐ The practice is ongoing
- ☐ The practice has ended
- ☐ Don't know

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

D1 bis. Please provide start date.

If you don't know the exact date please refer to the closest month and year and choose 15 as day.

Start date

Date

MM/DD/YYYY

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

D1 tris. Please provide start and end date.

If you don't know the exact dates please refer to the closest months and years and choose 15 as days.

Start date

Date

MM/DD/YYYY

End date

Date

MM/DD/YYYY

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

* E1. What is the geographical scope of the practice?

International (specify
the names of the
participating
countries)

National (specify the
Nation)

Regional (specify the
regions)

Local (specify the
cities/municipalities or
other local units)

E1 bis. Please add possible notes.

* E2. How was the practice funded?

- ☐ Own resources
- ☐ External resources - public
- ☐ External resources - private excluding the tobacco or nicotine industry
- ☐ External resources - private including the tobacco or nicotine industry
- ☐ No funds required
- ☐ Don't know
- ☐ Other (please specify)

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

E2 bis. Please specify who funded the practice.

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

BACKGROUND AND METHODOLOGY OF THE PRACTICE

* F1. What is the justification (need or problem) and context (existing evidence and theory) for developing this practice?

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

* F2. What is the overall goal of the practice?

The overall goal is the general indication of the practice's contribution to society in terms of its longer-term benefits.

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

* F3. Does the best practice focus on public or private settings?

- ☐ Public only
- ☐ Private only
- ☐ Both public and private
- ☐ Don't know

* F4. What are the objectives of the practice?

Please select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Smoke-free indoor settings (conventional tobacco products) | <input type="checkbox"/> Car vaping ban with minors or pregnant women |
| <input type="checkbox"/> Smoke-free outdoor settings (conventional tobacco products) | <input type="checkbox"/> Car vaping ban also without minors or pregnant women |
| <input type="checkbox"/> Voluntary home smoking ban (conventional tobacco products) | <input type="checkbox"/> Vaping ban as an anti-Covid-19 measure |
| <input type="checkbox"/> Car smoking ban with minors or pregnant women (conventional tobacco products) | <input type="checkbox"/> Indoor aerosol-free regulation for heated tobacco products |
| <input type="checkbox"/> Car smoking ban also without minors or pregnant women (conventional tobacco products) | <input type="checkbox"/> Outdoor aerosol-free regulation for heated tobacco products |
| <input type="checkbox"/> Smoking ban as an anti-Covid-19 measure | <input type="checkbox"/> Voluntary vaping ban regulation for heated tobacco products |
| <input type="checkbox"/> Indoor aerosol-free regulation for e-cigarettes | <input type="checkbox"/> Car heated tobacco product ban with minors or pregnant women |
| <input type="checkbox"/> Outdoor aerosol-free regulation for e-cigarettes | <input type="checkbox"/> Car heated tobacco product ban also without minors or pregnant women |
| <input type="checkbox"/> Voluntary home aerosol ban regulation for e-cigarettes | <input type="checkbox"/> Ban of heated tobacco products use as an anti-Covid-19 measure |
| <input type="checkbox"/> Other (Specify) | |

* G1. Target settings.

Please select all that apply.

- ☐ Restaurants and bars (indoor)
- ☐ Hotels (indoor)
- ☐ Train stations and public transports (indoor)
- ☐ Airports (indoor)
- ☐ Workplace (indoor)
- ☐ Schools/ public-education institutions/ educational venues except universities (indoor)
- ☐ Universities (indoor)
- ☐ Cinemas/theatres (indoor)
- ☐ Hospitals including outpatient clinics (indoor)
- ☐ Primary health care institutions (indoor)
- ☐ Institutions from social sector (indoor)
- ☐ Prisons (indoor)
- ☐ Cars
- ☐ Home
- ☐ Restaurants' patios/terraces (outdoor)
- ☐ Bus, tramway, trolley-bus stop waiting areas (outdoor)
- ☐ Parks (outdoor)
- ☐ Underpass (outdoor)
- ☐ Stadiums and outdoor arenas (outdoor)
- ☐ Beaches (outdoor)
- ☐ Outdoor areas of hospitals and healthcare institutions (outdoor)
- ☐ Outdoor areas of school (outdoor)
- ☐ Children's playgrounds (outdoor)
- ☐ Others (please specify)

* G2. If any, which is the specific target population?

The target population are persons or entities who are expected to be/were positively affected by the action. Please mark all that apply. If there is no specific target population, tick “general population”.

- ☐ General population
- ☐ Gender specific groups
- ☐ Age specific groups
- ☐ Socioeconomic position (including educational level)
- ☐ Certain levels in education system
- ☐ Cultural/ethnic background
- ☐ Vulnerable groups (Disability)
- ☐ Vulnerable groups (Diseases)
- ☐ Vulnerable groups (Prisoners)
- ☐ Vulnerable groups (Sexual diversity, e.g., LGBTQ)
- ☐ Vulnerable groups (Pregnant women)
- ☐ Vulnerable groups (Immigrants/Refugees)
- ☐ Urban setting
- ☐ Rural settings
- ☐ Don't know
- ☐ Other (specify)

G2 bis. Please add notes if relevant

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

H1. Have the target population and other stakeholders been involved in the adoption/development, implementation or evaluation of the practice?

Please, specify in which phase (development, implementation or evaluation) they have been involved in.

	Development	Implementation	Evaluation
Groups of the target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International/European public health authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National public health authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Regional public health authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local public health authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary care centre staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialized physicians, please indicate which: (You may write a short text in the following note)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health care professionals, please indicate which: (You may write a short text in the following note)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informal caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers /academics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools/Kindergarten – teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employers/employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil society organisations, please specify: (You may write a short text in the following note)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stakeholders from other than the health sector, please specify: (You may write a short text in the following note)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify (You may write a short text in the following note)			

H1 bis. Please add possible notes here.

* J1. What methods are/were used in the practice?

Methods should be explicitly linked to the objectives. They should describe how the (specific) objectives were reached, what were the essential tasks performed, e.g. intervention protocol, survey methods, panel of experts, training development, etc.

Please provide sources of information (online references)

J1 bis. If relevant, please upload possible documentation.

Choose File

Choose File

No file chosen

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

* K1. Enforcement of the practice.

Please describe if the practice has been enforced. Please provide information on how the enforcement was set and who/which entity was in charge of the supervision and controlling of its compliance.

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

OUTCOMES, EVALUATION, TRANSFERABILITY AND SUSTAINABILITY

* L1. What are the main outcomes of the practice?

Please describe the most important quantitative and/or qualitative obtained results and main lessons learned. Please clearly and precisely summarize the main outcomes regarding achieved improvements, impact and/or eventual negative effects, and whether or not the desired outputs and outcomes of the practice changed during the implementation of the practice. The outcomes are the changes that have occurred because of the practice i.e. when the specific objectives/overall goal are reached.

L1 bis. If relevant, please upload possible documentation.

Choose File

Choose File

No file chosen

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

M1. What indicators are used in the monitoring of the process and outcome of the practice?
Indicators are variables measuring the performance of an action and the level to which the set objectives are reached. Process, output and outcome/impact should be reported.

M1 bis. If relevant, please upload possible documentation.

Choose File

Choose File

No file chosen

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

* N1. Has the practice been formally evaluated?

- ☐ Yes, by an external partner
- ☐ Yes, the evaluation was carried out internally
- ☐ Not yet, the intervention is still ongoing but the evaluation is foreseen
- ☐ No
- ☐ Don't know

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

N1 bis. If you answered "Yes" or "Not yet":

Please specify the organizations that conducted the evaluation.

Please explain how the evaluation was carried out (both process and outcome). Please also describe the planned evaluation methods if the evaluation is agreed and foreseen. Please also describe if any economic evaluation took/will take place.

N1 tris. It is strongly recommended to link or attach to this form a document describing the evaluation process and results in more detail.

Choose File

Choose File

No file chosen

N1 quater. If possible, please provide reference of the results of the evaluation.

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

* O1. Level of transferability and/or scalability.

Please select the most suitable option from the following.

- ☐ Transferability has not been considered. The practice has been implemented on local/regional/national level and transferability has not been considered in a systematic way.
- ☐ Ready for transfer, but the practice has not been transferred yet. The practice has been developed on local/regional/national level and transferability has been considered and structural, political and systematic recommendations have been presented. However, the practice has not been transferred yet.
- ☐ The practice has been transferred (i.e. scaled-up) within the same country/region. The practice has been scaled-up to other locations or regions or at national scale in the same country.

O2. Have any barriers or challenges been identified in the transfer or scaling up?

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

* P1. Sustainability.

Please select all that apply.

- ☐ The practice has institutional support and stable human resources.
- ☐ The practice provides training of staff in order to sustain it
- ☐ A sustainability strategy has been developed
- ☐ None of the above options

P1 bis. Please describe how sustainability was achieved in economic terms, in capacity building and leadership.

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

* Q1. What are the equity and ethical principles underpinning the practice?

Please provide information about e.g. ethical review and oversight, ethical training for staff and stakeholders and of the strategy for managing adverse events. When individual data is collected, please also indicate if individual's rights have been protected (according to national and European legislation). Please describe how absence of conflicts of interest is taken into account regarding the activities.

* Q2. What were the barriers or what are perceived barriers for the implementation of this practice?

- ☐ Lobbying of the tobacco or nicotine industry
- ☐ Political barriers
- ☐ Cultural barriers
- ☐ Other (Specify)

☐ None

* Q3. What were the facilitators or what are perceived facilitators for the implementation of this practice?

- ☐ Environmental movement
- ☐ Cultural
- ☐ Communication/Social media
- ☐ Not relevant
- ☐ Other (Specify)

Q3 bis. If you answered "Communication/Social media", please specify

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

End of SECTION 2.

The Joint Action on Tobacco Control 2 thanks you for having participated in this survey.

* Do you want to check your answers?

If you press "Yes", you will be re-directed to the beginning of the questionnaire and you'll be able to see all your answers.

☐ Yes

☐ No

WP-8 QUESTIONNAIRE: Section 2. FIRST BEST PRACTICE

End of SECTION 2.

The Joint Action on Tobacco Control 2 thanks you for having participated in this survey.

In your country, can you identify any OTHER best practices in relation to the enforcement or expansion of smoke-free environments?

If you want to provide information on a new best practice, you can press "Done", close the page and re-open the following links related to SECTION 2 that you have been provided in the invitation e-mail, and start a new questionnaire. Please note that you can provide information on up to four best practices.

NOTE: If you press the button "Done" you will exit the questionnaire and you will not be able to modify your answers. If you want to have the opportunity to re-enter the questionnaire and modify/add some information please press "Save and Prev" and then you can close the page and re-enter the questionnaire later. If you want to end the questionnaire please press "Done".