2014 One-Time Funding Request over $10,000
Business Case

Health unit Name:	**Address:**
Middlesex-London Health Unit	50 King Street, London, ON N6A 5L7
Project Title:	**Location:**
Enhancement to Smoking Cessation Services	***50 King Street, London ON and at the 201 Queens Ave, 4th Floor, London, ON offices of the Health Unit and in partnership with community partners (community centers) where possible**
Contact Name / Position Title:	**Telephone Number:**
Linda Stobo, Chronic Disease Prevention and Tobacco Control Manager	**Office: (519) 663-5317 ext. 2388** **Cell: (519) 617-0169**

Category of Request:

( )Office Equipment
( )Information Technology
( )Program Costs
( )New Purpose Built Vaccine Refrigerators
( )Smoke-Free Ontario Enforcement Tablet Upgrade
(**X**)Smoke-Free Ontario Expanded Smoking Cessation Programming
( )Extraordinary Staffing costs
( )Other

Project Description (including programs to be included / involved).
This proposal intends to increase the capacity of the Health Unit to meet community need, the Ontario Public Health Standards, and the Ontario Government's target to achieve the lowest smoking rate in Canada through the provision of targeted, tailored, sustained and integrated smoking cessation counselling services.

Using cost-shared dollars from the Chronic Disease Prevention budget (non-SFO funds), the Health Unit currently has 1.0 FTE Public Health Nurse position (two 0.5 FTEs TEACH-trained as Smoking Cessation specialists) assigned to the smoking cessation portfolio within the Chronic Disease Prevention and Tobacco Control Team.

Under the Ontario Public Health Standards, "the board of health shall ensure the provision of tobacco use cessation programs and services for priority populations". Historically, this mandate has been achieved through the Health Unit's participation in the Center for Addiction and Mental Health's "Smoking Treatment for Ontario Patients (STOP)" workshops. Through these workshops, clients who meet the eligibility criteria have been able to access five weeks of free NRT at one time within a span of six months. Although this partnership has been helpful in filling a local gap, helping us to meet the OPHS standard, this approach does not provide regular, consistent access to NRT on an ongoing basis throughout the year and does not provide the Health Unit's smoking cessation specialist with the flexibility required to provide targeted, tailored and client-centered smoking cessation services to priority populations. These opportunities are also tied to funding agreements between the Ministry of Health and Long-Term Care and CAMH. Between workshops, individuals, community organizations, workplaces and physicians' offices continue to call and inquire about public health unit smoking cessation services. These individuals, at the very time they are motivated to quit, must be placed on a waiting list and are consequently falling between the cracks. In December 2013, using year-end cost-shared dollars, NRT was purchased so that the Health Unit could provide two Smoking Cessation workshops, which combined smoking cessation counselling/behavioural interventions from the TEACH-trained Smoking Cessation Specialists, and access to up to 8 weeks of free NRT. The opportunities aligned with health communication/social marketing campaigns that were in market in December (e.g. "Driven to Quit Challenge" and "wouldurather…Contest" promotion).

In addition, using cost-shared dollars, the Health Unit currently provides smoking cessation counselling and

the provision of NRT to high-risk pregnant and breastfeeding women (and their partners). Unfortunately, the services are limited to very high risk clients (as defined under the ***Healthy Babies, Healthy Children*** program guidelines); however, this program has helped to meet local needs based on higher southwestern Ontario rates of tobacco use during pregnancy (BORN data) and the risks associated with smoking during pregnancy.

Due to the current gaps in smoking cessation services, the Middlesex-London Health Unit is considering, pending Board of Health approval in February to enhance the Health Unit's cessation service delivery capacity. The proposal that is before the Board of Health is to use cost-shared dollars to increase by an additional 0.5 FTE PHN and some program funds, to support the purchase of nicotine replacement therapies so that the public health unit can meet the needs of our priority populations within our community, through targeted, tailored, sustained and integrated smoking cessation counselling services.

This proposal is being submitted to the Ministry for consideration to leverage and expand the reach of cessation services to priority populations. Ministry dollars would be utilized to purchase nicotine replacement therapy (patches, gum, inhalers and lozenges) so that clients who want to quit smoking have a variety of medication options to choose from to best meet client needs (e.g. those with dentures or oral health issues can't use gum but could successfully use a lozenge or an inhaler).

Priority Populations:

- ***LGBTQ*** – to not only help those interested in quitting, but to also intervene with the cycle that those children of smoking parents have a higher probability of becoming smokers themselves; the Health Unit will outline a comprehensive strategy to work with the LGBTQ community and service providers to promote cessation and provide cessation services.
- ***OUTPATIENTS from local hospital –*** St. Joseph's Healthcare and London Health Sciences Center (including London Regional Cancer Centre) have implemented the Ottawa Model for Smoking Cessation; however, NRT provision is limited to inpatients due to the inclusion of NRT by placement on the formulary. This means that while outpatients or those receiving cancer treatment on an outpatient basis are screened for tobacco use, they are not being provided with free NRT. The Health Unit will work with local healthcare partners to identify mechanisms and referral paths so that the Health Unit can provide smoking cessation counselling and NRT to those outpatients motivated to quit but lacking financial means to access NRT and adequate support services.
- ***Low Income and Those Living with Mental Illness –*** There can be significant barriers to accessing NRT, especially for those with low incomes (LICO and the working poor). By establishing appropriate referral paths between the Health Unit's clinic services (family planning and contraception clinics, immunization clinics, dental clinic) and community health/social service providers, we will increase the likelihood that we adequately promote and service those who are motivated to quit but experience barriers to do so.
- ***Males between the ages of 20 and 34 –*** there are higher rates of tobacco use in this age group compared to other age groups; through partnerships with the Workplace Health Promotion program and ties to SFOA workplace inspections and policy development, cessation services will be promoted and offered.

Program Reach:

- It is difficult to provide a number with complete certainty based on the fact that different clients will use different amounts of NRT based on levels of addiction and experience quitting. For example, some clients may require the full 8 weeks of treatment whereas other may use between 4 and six weeks of treatment. Consideration also needs to be given to the fact that some clients may use the patch, of which there are three levels of NRT dose, due to the level of addiction, or some, due to past NRT use/experience or lower levels of addiction may choose the inhaler, gum or lozenge. That being said, based on the Health Unit's history of costing, purchasing and dispensing of NRT, targets for 2014 have been set making the assumption that every client utilizes the full 8 weeks of treatment (which is based in best practice for client centered care):
    - Pending Board of Health approval, the Health Unit will utilize the enhanced cost-shared budget towards smoking cessation to purchase enough NRT to reach at least 175 clients
    - With the funding provided from the Ministry of Health and Long-Term Care through this proposal, $30,000 would be used to purchase enough NRT to reach at least an additional 150 clients.

Cessation Service Delivery and Documentation:

- ***How tobacco users are identified and referred to the program***: Almost all tobacco users entering our program will be through referrals and through earned media opportunities (some limited paid media opportunities) when promoting cessation-related messages (e.g. National Non-Smoking Week; World No Tobacco Day; Driven to Quit Challenge; Quit the Denial; etc…). Generally there are two ways that tobacco users are referred to our cessation services: 1) Self-referral, where the client is looking for help in quitting and calls to inquire what the Health Unit has to offer or the client is responding to an MLHU advertised opportunity to help individuals; or 2) Community Health / Social Service Provider referrals (both internal referrals and referrals from external community partners.
- ***Who provides the intervention and how the intervention is documented****:* The Middlesex-London Health Unit has a medical directive for Nicotine Replacement Therapy and under this medical directive tobacco cessation interventions provided to clients in the community must be done by a TEACH-trained Public Health Nurse. The TEACH-trained Public Health Nurse must assess each client not only for medical contraindications but also for smoking status and tobacco dependence (i.e., number of cigarettes per day, length of use of cigarettes, other tobacco use, time after waking to first cigarette), readiness to change behaviours, cessation goals (reduction vs. quitting), and prior cessation experience (i.e. any NRT use including side effects and reactions, past triggers, barriers, support etc.). The Public Health Nurse is required to document the assessment he/she has completed in determining the need to implement the directive using the MLHU "Smoking Cessation Assessment Form" and the MLHU "Nicotine Replacement Therapy Consent". The Public Health Nurse also must document any follow up plan or any evaluation of the client's response to the implemented treatment on these forms.
- ***How are proactive follow-up counselling needs being addressed:*** Currently we are following-up with clients within 4 weeks of their quit date to see how things are going with their quit attempt and determine if there needs to be any modification to their current quit plan. Clients are contacted by phone or email (the clients preferred method of contact) and then the Public Health Nurse will meet with the client in person to receive the remainder of their nicotine replacement therapy. Clients who indicate that that they are no longer continuing with their quit attempt are encouraged to contact the health unit if they decide to engage in a quit attempt again. Clients who are given a full course of nicotine replacement therapy will be followed up at the end of their course of treatment (approximately 8 weeks from their quit date) to see how things are going.
- ***How will the health unit document quit attempts and quit rates:*** Quit attempts are recorded in the clients' chart. At this point, we have not calculated the quit rates for our program as most often we have utilized the ***STOP on the Road*** program (through CAMH) and have not been able to offer nicotine replacement therapy on a routine basis. However this is something that we plan to explore further as we expand our services and act as an RNAO Smoking Cessation BPG Implementation site for 2013-2014.

Integration with RNAO Smoking Cessation Implementation Site Project 2013/2014

The Middlesex-London Health Unit was selected as an RNAO Smoking Cessation Implementation Site for 2013/2014. The Health Unit implemented the RNAO Best Practice Guideline for Smoking Cessation in 2005. As an Implementation Site, we intend to explore and determine how best we can continue to sustain the RNAO Best Practice Guideline (e.g. better, consistent documentation; referral options for "arrange", etc.) and expand the implementation to include other health professionals within the organization (e.g. oral health practitioners, immunization clinic staff).

In brief, we intend to complete the following activities which will align nicely with the expansion of our cessation services:

1. Establishment of Smoking Cessation Implementation Team
2. Preparation and approval of cessation system logic model for Health Unit to guide cessation service delivery across the organization, mapping the gaps in service to priority populations to facilitate identification of appropriate referral paths and required policies
3. Development of action plan to support sustaining and expanding implementation of the RNAO Best Practice Guideline (BPG) for Smoking Cessation across the organization, including Smoking Cessation Policy Review, Documentation Policies, Orientation practices for new staff and assessment of barriers and facilitators to following the BPG
4. Review of policies and practices of other health units who have implemented smoking cessation clinic to inform model development
5. Establish evaluation and monitoring plan for smoking cessation clinic and the sustainability and expansion of the RNAO BPG
6. Implement, with ongoing assessment and adaptation based on results.

Why is this project necessary? What is the impact of the project on service delivery and programming by the board of health? Describe the risk associated with not receiving any or all of funding (attach supporting documentation / report as appropriate).

Tobacco cessation is essential to reduce the morbidity and mortality associated with tobacco use. Lung cancer is the second leading cause of death in Middlesex-London for 2005-2007 according to Ontario Mortality Data extracted in 2011. According to the 2010 Canadian Community Health Survey, 22% of Ontarians aged 12 or over reported using some form of tobacco (cigarettes, pipes, cigars, dip or chewing tobacco) in the last 30 days. Even if the uptake of tobacco use was immediately halted, this means that 2.47 million tobacco users in Ontario will still experience the health consequences of tobacco use. In Middlesex-London, according to the 2009/10 Canadian Community Health Survey, just over 22% of adults aged 19 years and over reported that they were current smokers. The burden of tobacco addiction and tobacco-related illness and the impact of interventions are not distributed equally across all populations within the Middlesex-London region; smoking status varied by gender (more males than females), age (higher proportion of young adult smokers), socioeconomic status (lower income, lower education), mental illness and co-addictions (other substances and gambling).

Tobacco use remains the leading cause of preventable disease and death in Canada, responsible for 37,000 deaths annually in Canada. Tobacco use is responsible for 80% of lung cancers, 80% of chronic obstructive pulmonary disorder (COPD) and has been linked with breast cancer and cancer in 18 other sites, post-surgical complications and stroke, costing the Canadian economy $17 billion annually, including $4.4 billion in direct healthcare costs.

Public Health Investment to Reach Priority Populations with Tobacco Cessation:

The purchase and provision of free nicotine replacement therapies within smoking cessation programs would enable the Health Unit to target and tailor cessation services to meet the needs of hard to reach, priority populations within the Middlesex-London community. This investment would complement the provincial investment in smoking cessation through Family Health Teams, Community Health Centres, Aboriginal Health Access Centres and the Ontario Drug Benefit program and could help close cessation service delivery gaps that currently exist. In order to make significant changes to the number of individuals smoking in Ontario, a comprehensive tobacco control strategy that includes a cessation support system that encompasses the “no wrong door” approach and facilitates access to cessation services is required. This funding proposal would help the Middlesex-London Health Unit to ensure that as a health care and public health agency in the community who has become known as the ‘place to call for tobacco control and smoking cessation’, we are best equipped to meet the client with supports and services when they are ready to quit. This also helps to balance the perception that not only do we work to ban smoking in public places, workplaces and outdoor public places (protection and prevention-related outcomes), we also have identified that there are gaps in the smoking cessation service delivery system, and the Health Unit is attempting to address those gaps by providing tailored, targeted smoking cessation services.

System Partners and Internal Linkages:

Under the CDPTC Team's Smoke-Free Ontario Strategy programming, the "SFO-funded" public health nurse is collaborating with community partners to assess cessation service delivery gaps in the community, and is also working with an internal Smoking Cessation Implementation Team, with representatives from across the Health Unit (Best Beginnings, Reproductive Health, Young Adult, Sexual Health, Oral Health and VPD) to create partnerships and increase internal capacity to ensure that all priority clients within Middlesex-London who use tobacco are identified and offered a brief smoking cessation intervention, including referral to cessation services (access to medication and an evidence-based behavioural intervention).

How is this project consistent with Ministry and/or Government priorities? Please see criteria for one-time requests on pages 26 to 29.

According to two reports commissioned by the Government of Ontario to compile advice and recommendations from the scientific and tobacco control community, “Building on our Gains, Taking Action Now: Ontario’s Tobacco Strategy for 2011-2016” and the “Evidence to Guide Action: Comprehensive Tobacco Control in Ontario”, the provision of evidence-based cessation interventions must be part of Ontario’s renewed tobacco control strategy. Specifically, the reports recommend:

1. Creating a tobacco user system that encompasses a “no wrong door” approach with clients being

asked about smoking at every point in the healthcare system;

2. Providing free smoking cessation medication and counseling to tobacco users; and,
3. Targeting tobacco users that are considered to be at high-risk for tobacco-related disease and have limited access to cessation services.

Smoking cessation has been identified as a priority within the Ministry of Health and Long-Term Care's "Make No Little Plans: Ontario's Public Health Sector Strategic Plan" and "Ontario's Action Plan for Healthcare".

The funding will be used to provide cessation services and medication to those who want to quit but that experience barriers to access NRT and barriers to access counselling and support services from trained Smoking Cessation Specialists.

Please describe how the project fits the long and short term goals of your board of health (i.e. strategic plan, operating plan etc.).

The Middlesex-London Health Unit's three year Strategic Plan 2012 – 2014, identified that the Ontario Public Health Standards will continue to be met and monitored within the context of the accountability framework. In addition to this work, special emphasis will be placed on the following:

● Improve health outcomes by enhancing service delivery through collaborative comprehensive, integrated strategies in Middlesex-London in the areas of:
- Healthy eating, and physical activity for all
- Reducing health inequities

Strategies must: be integrated, expand what we do, have a virtual component, serve Middlesex-London, provide excellent health information to staff and partners, and contain an outcomes and evaluation plan.

The burden of tobacco-related illness is not equally distributed across all population groups within Middlesex-London. This proposal aligns with the Health Unit's 'reducing health inequities' strategic area of focus and also provides opportunities to identify and eliminate disparities related to tobacco use, as prescribed within the Ontario Public Health Standards and the Ontario's Smoke-Free Ontario Strategy documents and the Ontario Public Health Sector Strategic Plan.

To substantially impact smoking rates (on a population level), comprehensive tobacco control programming is required, so this proposal, in isolation, will not have a substantial impact on population-level statistics we measure for smoking rates and intentions to quit; however, this proposal, in combination with our existing sustained efforts locally and provincially with tobacco control, along with linkages to our community partners, will contribute to the greater good, which is to reduce the smoking rate and reduce barriers to access to NRT and counselling.

Related projects	Date submitted	How related
N/A		
N/A		
N/A		

Indicate any implications this project will have on other organizations or services within your district / region and identify persons you have consulted in support of this request.

As outlined in the proposal previously, under the CDPTC Team's Smoke-Free Ontario Strategy programming, the "SFO-funded" public health nurse is collaborating with community partners to assess cessation service delivery gaps in the community, and is also working with an internal Smoking Cessation

Implementation Team, with representatives from across the Health Unit (Best Beginnings, Reproductive Health, Young Adult, Sexual Health, Oral Health and VPD) to create partnerships and increase internal capacity to ensure that all priority clients within Middlesex-London who use tobacco are identified and offered a brief smoking cessation intervention, including referral to cessation services (access to medication and an evidence-based behavioural intervention). Collaborations have also been discussed and explored with our health care community partners (through the Middlesex-London Cessation Community of Practice) and through our ongoing partnership/collaboration with the Southwest Regional Cancer Program/London Regional Cancer Centre and hospital leads for the Ottawa Model implementation.

Costs

Item	Cost	Description
Habitrol - 400 boxes of 21 mg	$8,664.00	Please note that these estimates were provided based on the purchase of NRT made in December 2013. If this funding proposal is accepted and the proposal before the Board of Health is also approved, the actual purchase will need to be done through a competitive RFP process (through procurement); therefore, costs may in fact decrease on a per unit basis and the potential reach (number of clients that can be served) would increase.
Habitrol – 320 boxes of 14 mg	$6931.20	
Habitrol – 240 boxes of 7 mg	$5198.40	
Thrive Gum – 116 boxes of 2 mg	$2,917.40	
Thrive Gum – 24 boxes of 4 mg	$603.60	
Nicorette Inhaler – 56 units	$2, 037.84	
Estimated Total Cost	**$29,778.26 (includes HST)**	

How much of your costs pertain to program areas that are not eligible for funding by the Ministry of Health and Long Term Care through the PBG process (e.g., Healthy Babies Healthy Children, etc.)?

None – not applicable

Total share requested from MOHLTC	Total municipal	Non-shareable costs
$ 27,000 (net of HST Rebate)	**$**	**$**

Project will impact operating costs
☐ no ☐ yes (if yes, provide detail below)

Additional FTEs **N/A**	Number **N/A**	Cost (including benefits) $ **N/A**
Accommodations **N/A**	Cost $ **N/A**	Increase % **N/A**
Other operating costs **N/A**	Cost $ **N/A**	Increase % **N/A**

Indicate how additional operating costs resulting from this project will be managed.

Due to the current gaps in smoking cessation services, the Middlesex-London Health Unit is considering, pending Board of Health approval in February to enhance the Health Unit's cessation service delivery capacity. The proposal that is before the Board of Health is to use cost-shared dollars to increase by an additional 0.5 FTE PHN and some program funds, to support the purchase of nicotine replacement therapies so that the public health unit can meet the needs of our priority populations within our community, through targeted, tailored, sustained and integrated smoking cessation counselling services. If the proposal is approved by the Board of Health in February, then the funding for enhancement from the cost-shared

budget ($88,032) combined with the funding from this proposal ($30,000) will complement the existing investment made to smoking cessation through the funded Public Health Nurse position ($96,064). The additional operating costs will be managed through the Chronic Disease Prevention and Tobacco Control budget with a specially created revenue and expense account for ease of accounting and budget management.

Will funds be spent by December 31, 2014?

Yes

Board of Health Approvals

Signature – Business Administrator	Print Name	Date
Signature – Medical Officer of Health / Chief Executive Officer	Print Name	Date
Signature – Chair of the Board of Health	Print Name	Date