

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
20 April 2015 / 20 avril 2015**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2015-OPH-HPDP-0002

**SUBJECT: APPROVAL FOR PARTICIPATION IN PUBLIC HEALTH AGENCY OF
CANADA (PHAC) MULTI-YEAR FUNDING AGREEMENT FOR THE
CONSTRUCTION INDUSTRY TOBACCO CESSATION PROJECT**

**OBJET: APPROBATION DE LA PARTICIPATION À UN ACCORD DE
FINANCEMENT PLURIANNUEL AVEC L'AGENCE DE LA SANTÉ
PUBLIQUE DU CANADA (ASPC) POUR LE PROJET DE
RENONCEMENT AU TABAC DANS L'INDUSTRIE DE LA
CONSTRUCTION**

REPORT RECOMMENDATIONS

That the Board of Health for the City of Ottawa Health Unit (BOH) endorse the funding application made by the Medical Officer of Health to the Public Health Agency of Canada (PHAC) under PHAC's "Multi-sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease" funding initiative and, should the funding be granted, approve that delegated authority be granted to the Medical Officer of Health to execute the necessary agreements with PHAC and the project delivery agents to deliver the construction industry tobacco cessation pilot project as detailed in this report.

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la de la circonscription sanitaire de la ville d'Ottawa appuie la demande de financement soumise par le médecin chef en santé publique à l'Agence de la santé publique du Canada (ASPC) en vertu de l'initiative de financement intitulée « Partenariats plurisectoriels pour promouvoir les modes de vie sains et prévenir les maladies chroniques » et, si le financement est accordé, qu'il approuve que soit délégué au médecin chef en santé publique le pouvoir de signer les accords nécessaires avec l'ASPC et les agents de prestation du programme afin de mettre en œuvre le projet pilote de renoncement au tabac dans l'industrie de la construction, comme il est expliqué en détail dans le présent rapport.

EXECUTIVE SUMMARY

Ottawa Public Health's (OPH) Let's Clear the Air Strategy has established Ottawa as a provincial leader in tobacco prevention and control. As part of this Strategy, OPH's Construction Industry Tobacco Cessation Project has demonstrated success in reaching populations with higher smoking rates, such as construction industry workers, who report double the average National smoking rate. As a result of the project's success and as reported to the Board of Health (BOH) in fall of 2014, OPH, on behalf of the BOH, has submitted a five-year proposal to Public Health Agency of Canada (PHAC), under their Multi-sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease funding initiative, to expand OPH's current project to five national sites.

The proposal has been endorsed by Multi-sectoral delivery partners and is pending approval at PHAC. Should the proposal be approved, OPH, on behalf of the BOH, will assume the lead funding administrator and lead project manager and will be responsible for overall funding administration, management and delivery of this project. The

proposal includes a budget of approximately three million dollars over five years with the BOH directly receiving 1.75 million dollars to fund its contribution to overall project administration, management and cessation services locally. The remainder of the funding will be distributed by OPH, on behalf of the BOH, to project delivery partners in four other jurisdictions in Alberta, Manitoba Saskatchewan, and Ontario and three partner service providers for service delivery.

OPH is seeking the BOH's approval that OPH, on behalf of the BOH, assume the role of funding administrator and lead project manager for the pending proposal with PHAC's Multi-sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease funding initiative, for the Construction Industry Tobacco Cessation Pilot Project.

RÉSUMÉ

Grâce à la stratégie *Purifions l'air!* de Santé publique Ottawa (SPO), Ottawa est devenue un chef de file provincial de la prévention du tabagisme et de la lutte contre le tabagisme. Le Projet d'abandon du tabagisme dans l'industrie de la construction de SPO, qui s'inscrit dans cette stratégie, a permis de joindre des populations qui présentent des taux de tabagisme élevés, comme les travailleurs de la construction, qui affichent un taux deux fois supérieur à la moyenne nationale. Compte tenu de la réussite du projet, et comme il a été entendu avec le Conseil de santé à l'automne 2014, SPO a présenté au nom du Conseil une proposition de cinq ans visant à étendre le projet actuel de SPO à cinq sites au pays dans le cadre de l'occasion de financement Partenariats plurisectoriels pour promouvoir les modes de vie sains et prévenir les maladies chroniques de l'Agence de la santé publique du Canada (ASPC).

La proposition a été approuvée par les partenaires plurisectoriels de prestation de services et est en attente d'approbation de l'ASPC. Si elle est approuvée, SPO assurera le rôle d'administrateur du financement et de gestionnaire de projet principal, en plus d'être responsable de l'administration du financement, de la gestion et de l'exécution générales du projet. La proposition prévoit un budget d'environ 3 millions de dollars sur cinq ans, duquel le Conseil de santé recevra directement 1,75 million de dollars pour financer sa contribution à l'administration et la gestion globale du projet et aux services d'abandon locaux. SPO distribuera le reste du financement au nom du Conseil à des partenaires de l'Alberta, du Manitoba, de la Saskatchewan et de l'Ontario, et à trois partenaires qui assureront la prestation des services.

SPO demande au Conseil de santé de l'autoriser à assumer en son nom le rôle d'administrateur du financement et de gestionnaire de projet principal dans cette proposition de projet pilote d'abandon du tabagisme dans l'industrie de la construction

en attente d'approbation de l'ASPC dans le cadre de l'occasion de financement Partenariats plurisectoriels pour promouvoir les modes de vie sains et prévenir les maladies chroniques.

BACKGROUND

Ottawa Public Health's (OPH) *Let's Clear the Air* Strategy ([ACS2012-OPH-HPDP-0002](#)) has established Ottawa as a provincial leader in tobacco prevention and control. As part of this Strategy, OPH's Construction Industry Tobacco Cessation Project has proven successful in reaching populations with higher smoking rates, such as construction industry workers, who report double the average national smoking rate. Nationally, construction industry workers smoking rate is 34 percentⁱ in comparison to the National smoking rate of 17 percentⁱⁱ. These workers have increased health risks including cardiovascular disease, respiratory illness, cancer, and asthma. Further, they are at increased risk for second hand-smoke exposure.

The Construction Industry Tobacco Cessation Project, originally funded by the Ministry of Health and Long-Term Care (MOHLTC) through one-time funding, was a partnership between OPH, local construction companies, construction associations and apprenticeship programs.

OPH staff visited eight construction sites and provided information on smoke-free workplaces, tobacco cessation and counselling for construction workers who wanted to quit smoking. Evaluation results indicated that almost all participants were daily smokers (98 percent) and smoked an average of 23 cigarettes per day. Six and twelve month follow-up evaluation demonstrated that smoking behavior among respondents had changed substantially since intake. Among complete cases, at six months follow-up (n=57), the percent of daily smoking decreased about 30 percent and at the 12-month follow-up (n=40), the percentage of daily smoking decreased approximately 25 percent. In addition, positive influences such as smoke-free homes and healthy behaviour modelling among friends and family were reported by participants.

As reported to the Board of Health (BOH) in November 2014 ([ACS2014-OPH-HPDP-0008](#)), Public Health Agency of Canada (PHAC) expressed interest in expanding the project to additional jurisdictions with federal Multi-sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease Program funding. In April 2014, OPH submitted a five-year project proposal to PHAC to expand OPH's current model by:

- Identifying committed partners to participate in delivering the program in five different locations across Canada;

- Identifying in-kind and cash contributions from private sector partners;
- Establishing roles and responsibilities that would inform service level agreements for partners; and
- Identifying how the project would be administered, including a detailed operational budget.

The proposal has been endorsed by partners and is pending approval at PHAC.

Should the proposal be approved, OPH, on behalf of the BOH, will assume the role of funding administer and lead project manager for the pilot project. As such, OPH staff will provide overall funding administration and management of the pilot project which includes a knowledge transfer role and serve as a fiscal agent to other jurisdictions. In Ottawa, provisions also include expanding cessation services from 8 to 26 local construction sites. The proposal includes a budget of approximately three million dollars over five years with the BOH directly receiving 1.75 million dollars to fund its contribution to overall project administration and management. This includes Information Technology (IT), support for knowledge transfer, monitoring, tracking and reporting project progress to PHAC and implementing services in Ottawa. The remainder of the funding will be distributed by OPH, on behalf of the BOH, to four other jurisdictions in Alberta, Manitoba, Saskatchewan and Ontario, and three partner service providers; the Canadian Cancer Society's Smoker's Help Line (SHL), the Centre for Addiction and Mental Health (CAMH) and the Ontario Tobacco Research Unit (OTRU), for project delivery.

The potential funding from PHAC would enable OPH to build on the success of the Construction Industry Tobacco Cessation Project and expand the pilot project to other construction sites, in Ottawa as well as across Canada.

DISCUSSION

RECOMMENDATION: That the Board of Health for the City of Ottawa Health Unit (BOH) endorse the funding application made by the Medical Officer of Health to the Public Health Agency of Canada (PHAC) under PHAC's "Multi-sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease" funding initiative and, should the funding be granted, approve that delegated authority be granted to the Medical Officer of Health to execute the necessary agreements with PHAC and the project delivery agents to deliver the Construction Industry Tobacco Cessation Pilot Project as detailed in this report.

OPH is seeking the Board of Health's (BOH) endorsement for the funding application with the Public Health Agency of Canada for the Construction Industry Tobacco Cessation Pilot Project. OPH's local experience and detailed negotiations with its partners and funder have contributed to a proposal with the following required elements:

Project Management

As the lead agency, OPH will provide overall funding administration and management of the pilot project, lead knowledge transfer and mentorship activities, and be the fiscal agent to other jurisdictions. The proposal identifies staffing and operational budgets for project management, financial administration and support for an autonomous project web site. As well, OPH would have additional resources to expand cessation support from 8 to 26 local construction sites.

Partnership Commitment

The following partners have committed to being project sites and participating delivery agencies: Alberta Health Authorities, Manitoba Tobacco Reduction Alliance Inc, The Lung Association of Saskatchewan, Ontario-Kingston, Frontenac and Lennox & Addington (KFL&A) Public Health as host agencies. As mentioned, SHL, CAMH and OTRU have agreed to be delivery agencies in the pilot project.

Private Backing

This PHAC funding requires private sector backing to be identified in the proposal. OPH has been able to garner in kind and financial support from a national construction company to advance projects on their sites across all locations. Further, private sector support to ensure availability of Nicotine Replacement Therapy has been identified.

Operating Budget

Detailed budgets for the project over five years have been developed. The BOH will retain 58 percent of the budget for administration, training and knowledge transfer with partners and cessation services. The Pay-for-Performance (P4P) funding model describes that payments are based upon the achievement of pre-determined performance milestones. The BOH will be paid for milestones reached through 11 proposed output activities: establishing funding transfer agreements; building a community of practice website; translating program material; creating an ethics protocol document; completing reports; determining an evaluation plan, a logic model and evaluation data collection tools; creating and chairing workgroup meetings; developing and implementing a promotional plan; and advertising products.

Evaluation

The Ontario Tobacco Research Unit will document the pilot project's progress, i.e., reach, access and uptake of the smoking cessation initiative, quit attempts and smoking reductions and project sustainability.

OPH has consulted staff, partners and stakeholders on all elements of the proposal to maximize the likelihood for success. Considerations include:

Benefits

The project aims to:

- Reduce tobacco use in construction industry workers;
- Reinforce the City of Ottawa's reputation as a national leader in progressive tobacco prevention and control;
- Support knowledge exchange of construction industry tobacco cessation to other jurisdictions and thus, establish a new best practise standard in Canada;
- Strengthen OPH's ability to work with Multi-sectoral partnerships to promote healthy living and prevent chronic disease;
- Align with the expectations set out in the Ontario Public Health Standards (OPHS) in relation to chronic disease prevention;
- Complement the work of the Champlain Cardiovascular Prevention Network by advancing tobacco cessation in harder to reach populations; and
- Enable OPH to build on the success and gain a return on investment from the Construction Industry Tobacco Cessation Workplace Demonstration pilot project, funded by the MOHLTC.

Challenges

As the fiscal agent and because the PHAC funding is premised on a Pay for Performance format, the BOH could face potential pressures associated with expectations from project delivery agents to be reimbursed prior to receiving funding from PHAC. Further, with accountability to monitor and report on performance, and with projects geographically spread across Canada, there may be a challenge to ensure timelines and deliverables are met. OPH has mitigated this challenge through discussions with project delivery agents related to payment expectations. All project delivery agents have agreed to sign a contribution agreement that the BOH is required to enter into with PHAC, in the event that the BOH's proposal is selected by PHAC. As well, OPH will connect regularly with partners, use web based technology for meetings, conduct annual visits to jurisdictions, undertake regular reporting, monitoring and

problem solving to ensure that this pilot project stay on track. In addition, OPH and PHAC have had extensive negotiations about the pilot project including discussions about the administration of funding. Clear expectations, documented commitments, strong project management and excellent partner communications will minimize any risks related to the BOH's lead accountability.

OPH's Construction Industry Tobacco Cessation Workplace pilot project has raised attention on a unique outreach strategy and has proven to be a best practice. Successes include smoking behavior changes related to results on smoke free workplace policies and active participation from management, associations, unions and staff. In particular, the engagement demonstrated by the construction companies locally is a strong predictor that this project will see similar success. That said, the proposal also articulates an important knowledge transfer component, with a third party evaluation to ensure capacity building and sustainability is captured. As the lead funding administrator and project manager, OPH will share lessons learned in the field, and provide ongoing mentorship to assure the success of this pilot project, should the funding be approved.

RURAL IMPLICATIONS

There are no rural implications to this information report.

CONSULTATION

The purpose of this report is administrative in nature and therefore no public consultation is required.

LEGAL IMPLICATIONS

Subject to appropriate management of the risks associated with the delivery of the pilot project, as outlined in this report, there are no legal impediments to the implementation of the recommendation in this report.

The pilot project detailed in this report presents an opportunity to the BOH to take a leadership role to advance an innovative, Multi-sectoral approach to promote healthy living and prevent chronic disease under PHAC's "Multi-sectoral Partnerships to Promote Health Living and Prevent Chronic Disease" initiative.

Should the BOH's proposal for \$3.1 million in project funding be selected by the PHAC peer review committee, the BOH is required to enter into a contribution agreement with PHAC that provides for the BOH to be the lead funding administrator and project

manager for the delivery of a tobacco cessation project to construction workers in Alberta, Saskatchewan, Manitoba and Ontario (Kingston and Ottawa).

The sample contribution agreement provided by PHAC contains a familiar “no liability” provision under which PHAC states that it shall not be liable for any damages incurred by the BOH or its contractors or voluntary workers in carrying out the project.

Further, the “indemnification” provision is in favour of PHAC only and is not a “mutual” indemnification that is common and appropriate for the contribution agreements that the BOH regularly enters into with its Ottawa community partners to provide for the delivery of public health programs to Ottawa residents.

Under the PHAC agreement, the BOH agrees to fully indemnify and save harmless PHAC, its employees and agents, from and against all liability, damages and claims in relation to the funding and delivery of the project.

The BOH would enter into a similar form of contribution agreement with each of the project delivery agents located in Alberta, Saskatchewan, Manitoba and Ontario. Consequently, from a Legal perspective, the BOH would be requiring the project delivery agents to commit to the same legal obligations that the BOH would be committing itself to with PHAC.

It is often necessary for a local board or a municipality to enter into an agreement with the federal or provincial government that contains "one-sided" liability and indemnification provisions because the government parties almost always refuse to negotiate the terms of these provisions.

Given the fact that this is an innovative, Multi-sectoral approach to promote healthy living and prevent chronic disease, with BOH assuming a lead funding administrator and program manager role, there is some potential liability to the BOH and the City and exposure to claims, (i.e., claims for damages from program participants relating to program delivery methods and possible adverse reaction to the tobacco cessation products offered in the Pilot Project).

However, in light of the fact that the project delivery agents are comprised of public health agencies and not-for-profit agencies whose mandates are to promote healthy living and prevent chronic disease by reinforcing tobacco prevention and cessation in the workplace, it is anticipated that there will be a strong commitment of all the project delivery agents to work together towards the success of the pilot project and to manage all risks in a cooperative and appropriate manner.

Under section 16 of the BOH’s delegation of authority by-law 2011-2, the Medical Officer of Health has authority to approve and execute agreements with the provincial or

federal government as long as the agreements are consistent with the BOH's mandate and are at no cost to the BOH with the exception of associated operational and administrative costs that are within approved budgets.

Although the Medical Officer of Health has broad delegated authority to enter into provincial and federal agreements, given the innovative and national Multi-sectoral approach of the pilot project that is outlined in the report, the involvement of the extra provincial project delivery agents, the potential issues that may arise in the project delivery, and the BOH's jurisdiction under Subsection 12(4) of the *City of Ottawa Act, 1999*, it was considered important to bring this report forward to ensure that the BOH is fully apprised of the implications of the acceptance of the funding and the delivery of this pilot project.

RISK MANAGEMENT IMPLICATIONS

Potential risks and mitigation strategies are outlined in the body of this report.

FINANCIAL IMPLICATIONS

Financial implications are outlined in the body of this report.

ACCESSIBILITY IMPACTS

There are no accessibility implications to receiving this report.

TECHNOLOGY IMPLICATIONS

There are no technology implications associated with receiving this report.

ⁱ Conference Board of Canada. Briefing 3 October, 2013. Smoking cessation and the workplace: Benefits of workplace programs.

ⁱⁱ Health Canada. (2012, September 14). Canadian Tobacco Use Monitoring Survey (CTUMS). Summary of Annual Results for 2011. Retrieved April 10, 2015, from http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/ctums-esutc_2011/ann_summary-sommaire-eng.php