

# Final Report

Canadian Tobacco Control Research Initiative

Interdisciplinary Capacity Enhancement Program

Research Grant, 2006

Health care utilization and associated costs from  
smoking and exposure to environmental tobacco  
smoke

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*Background:* At the 2nd Annual Invitational Symposium for Research to Inform Tobacco Control, Toronto, November 10-11, 2005, participants were invited to join discussion groups on a topic of their choice. The Interdisciplinary Capacity Enhancement (ICE) Program proceeded to form research teams to address priority topics leading to evidence-based policy decisions for tobacco control. The team submitting this report responded to a suggested topic: Secondary analysis of national/provincial data sets, and successfully applied for an ICE Seed Grant.

*The Problem:* Demonstrate the relationship between smoking exposure (defined in categories as current smoker, former smoker, environmental tobacco smoke (ETS) exposed never-smoker, and never-smoker, and health system utilization in dollars. The study was to be conducted in Manitoba, where a linked database exists that includes Manitoba responses to the Canadian Community Health Survey phase 2.1, and the ongoing administrative claims database of Manitoba Health. The linked database would also enable the investigation of smoking exposure and morbidity/mortality from various causes, including the hazards associated with ETS.

*Methods:* Funding would be sought from CIHR or CTCRI in a full proposal for the above research. The full funding proposal would entail negotiations and approval from Manitoba Health, and the Manitoba Centre for Health Policy where the analyses would be carried out. A protocol would then be written, and submitted to the Health Research Ethics Board of the Faculty of Medicine, University of Manitoba, and the Health Information Privacy Committee at Manitoba Health, for approval. Concurrently the protocol would be presented to the Manitoba Centre for Health Policy, the agency approved to access these linked data and conduct analyses.

*Procedures:* The team met a number of times face-to-face or by conference phone. Our most productive meeting occurred on April 10 and 11, 2006, in Winnipeg. As a result of that meeting a draft funding proposal was prepared. Patricia Martens, Director of the Manitoba Centre for Health Policy was added to our team. Two representatives from Manitoba Health attended our sessions. It was Manitoba Health that would contribute the health utilization data to our project. Team members took away various assignments that would complete the proposal.

One such assignment was to contact the Health Information Manager at Manitoba Health to secure his support for the project. The project was added to a list of government "deliverables" for the year 2006, but was not approved. As the 3rd Annual Invitational Symposium for Research to Inform Tobacco Control approached, our team sought approval from Manitoba Health for the year 2007. This approval was also withheld. We were advised from the Manitoba Government, "... there is absolutely no appetite for doing a tobacco deliverable, politically speaking."

One option available to us was to apply for grant funding (CIHR or CTCRI). but to do that required permission from Manitoba Health to link the CCHS with repository data housed at MCHP (and this special permission is usually only granted for an MCHP/Manitoba Health "deliverable"). Another option is what is called a "quasi-deliverable" which is not funded through the MCHP contract but which is allowed the special privilege of CCHS linkage, and which is required to satisfy the needs and interests of government as well as research. The MCHP deliverable route was not successful. The quasi-deliverable route was deemed not of interest to the government at this time (as mentioned above), due to potential legal concerns with the data.

It appears that Manitoba was considering a legal action against the tobacco industry, and planned to proceed on the BC model. Their legal advisors apparently reasoned that the costs estimated for BC would serve this purpose, and alternative estimates would likely be different and would not advance their cause. We have had no formal confirmation of this reasoning, but were referred to speak with Robin Hanvelt, a researcher in BC. It also had not escaped our attention that conducting research whose main users would be a provincial legal team would not likely appear as published work. This was the state of affairs as of the 3rd Invitational Symposium.

Our proposal was quite complete at that time. It is attached below as Appendix A. Magdalena Lagerlund joined the team at this point.

As an alternative strategy, we considered a revised proposal which would use a data set consisting of three consecutive surveys of a sample of Winnipeg adults, previously merged with morbidity and mortality data from Manitoba Health. This data set had been established primarily for the purpose of studying the health effects of alcohol use, but contained many questions on tobacco use. It was a sample of 1,154 individuals compared to the approximately 8,000 in the Manitoba part of the CCHS, so that statistical power was in question. The proposed outcome from this subsequent study was to be health rather than costs, with the intent of pacifying Manitoba Health. It was less than clear that such a study would make a unique contribution to the literature.

Time was running out for our seed grant, and it was regrettably decided by our team to abandon the alternate proposal. In summary, we ended with no approval to proceed with our main proposal. We, the members of this ICE team are grateful to the ICE Program, and particularly to Dr. Paul MacDonald, for the opportunity to collaborate on this work. Our budget for the year is attached as Appendix B. Our budget officer at the University of Manitoba ...