

EVALUATION NEWS

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Evaluation of the Workplace-based Cessation Demonstration Projects Initiative

Introduction

This edition of the Workplace Cessation Demonstration Project Evaluation Newsletter includes an update on evaluation progress, emerging findings and next steps.

Background

Since September 2013, OTRU has been working with Smoke-Free Ontario partners to evaluate the development, implementation and outcomes of workplace-based smoking cessation demonstration projects in 11 public health units (representing 13 health unit partners) across Ontario. The demonstration projects were funded by the Ontario Ministry of Health and Long-Term Care (MOHLTC) and implemented in occupational sectors characterized by high smoking rates: construction, manufacturing, hospitality and service, and mining. The Smokers' Helpline and the Center for Addiction and Mental

Health's Smoking Treatment for Ontario Patients (STOP) Program were integrated into cessation service delivery at the local level. Knowledge exchange and transfer among project partners and health units was facilitated through a Workplace Cessation Learning Collaborative hosted by the Program Training and Consultation Centre (PTCC).



Evaluation Progress

Guided by the broad MOHLTC objectives for cessation, the evaluation attempts to:

- Identify program outcomes
- Provide useful information to PHU staff to support intervention development and refinement
- Provide information on intervention implementation (i.e., facilitators, challenges and opportunities for improvement)
- Understand the underlying mechanisms that lead to smoking behaviour change (i.e., determining what works for whom and in what circumstances)

Flexible evaluation methods allow for adaptations as the interventions develop, and the capture of emerging innovations. A variety of quantitative and qualitative data collection methods are used, including online and paper surveys, in-depth case study interviews and focus groups. The evaluation will continue until March 2015.

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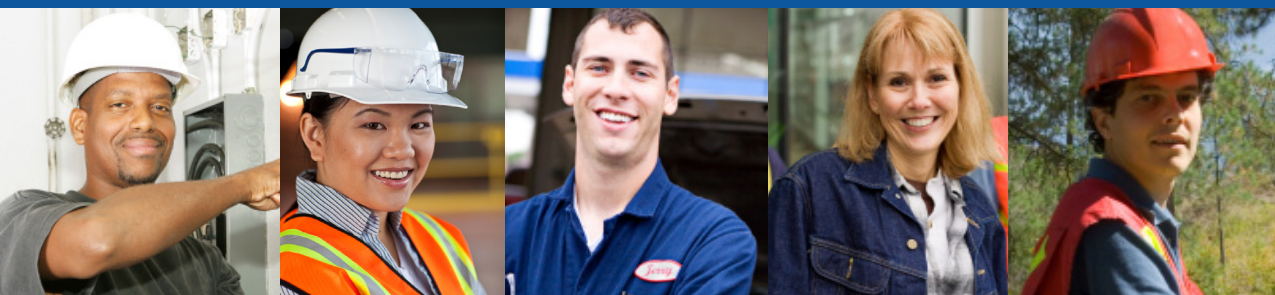
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Emerging Findings

Needs Assessment Surveys

Overall, needs assessment survey results demonstrate a need and interest among employer and employee respondents for provision of cessation support through the workplace. Most of the workplaces that completed the Needs Assessment Survey (n=48) did not have cessation support options in place for employees prior to the demonstration project. This was particularly the case for construction organizations. Overall, employers were mainly concerned that employees would not be interested in a workplace quit smoking program and would therefore not participate.

To date, 4084 employees (smokers and nonsmokers) completed a Needs Assessment Survey. Analysis of data entered to date (n=3068) suggests a relatively high smoking rate across the sample (29%, n=1005). Almost 60% of current smokers reported being *likely* or *very likely* to participate in a workplace quit smoking program. Employees were interested in receiving a variety of cessation supports through the workplace, with Nicotine Replacement Therapy (NRT) and Quit Smoking Medication being the most frequently selected options. These data provide useful information to employers about smoking within their workplace, employee interest in quitting and likelihood of participating in workplace quit smoking support activities.

How have Interventions Developed Locally?

While there is variation in intervention development across the demonstration projects in response to unique local contexts, common cessation support activities include:

- Distribution of free NRT (all demonstration projects)
- Quit smoking contests and challenges
- Individual cessation counselling for employees
- Brief intervention cessation counselling for employees

Almost all PHUs have reported undertaking capacity

building activities and initiatives addressing smoke-free policy as part of their demonstration projects. The most common capacity building activity was training workplace staff in brief intervention cessation counselling, NRT protocol and/or the use of community cessation resources. Smoke-free policy initiatives included assisting with the development or implementation of new smoke-free policies, strengthening current policies, or providing information if requested by the workplace. One PHU helped create a business case for smoke-free grounds at their demonstration workplace, and a few PHUs anticipated future policy discussions in this area.

Factors Shaping Employee Participation in Workplace Quit Smoking Programs

Needs assessment participants reported that constraints related to the nature of the program and work environment, such as lack of time, motivation, work schedule, and inconvenient location, could potentially limit their participation in a workplace wellness program. Overall levels of stress, support from a partner or family member, and readiness to quit contribute to employee's willingness to participate in a quit smoking intervention. This emphasizes the need to understand what stress means to participants (i.e., job, home and financial stress), its interrelationship with smoking and how to manage it.

Case study data also reveal that trust in employers' motivations for offering a quit smoking program (i.e.,



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having a genuine concern for employees' health) is also an important factor that shapes employee interest in the program. Daily work routines and exposure to secondhand smoke while at work are also important considerations when designing workplace cessation programs.

Intervention Participants

To date, approximately 550 employees have enrolled in quit smoking activities offered through the local demonstration projects. Preliminary analysis of data entered as of March 31, 2014 (n=368), shows that almost all participants were daily smokers at intake and smoked on average 22 cigarettes a day. A large majority of participants indicated that they had intentions to quit in the short term, within 30 days. The main concerns expressed among participants about quitting smoking were being unable to cope with stress (36%), weight gain (34%) and being unable to quit (30%).

As of March 21, 2014, 102 participants have completed a six-month follow-up survey (data collection is ongoing). Of the 88 surveys that have been analyzed so far, 32% of participants reported not having smoked a cigarette, even a puff, in the last 7 days and 88% noted that they had reduced the amount that they smoke. Challenges that have made quitting or reducing smoking more difficult for survey respondents were: stress (56%), drinking alcohol (41%), cravings (38%), other people smoking (32%), drinking caffeine (22%), and work environment (21%).

When asked what they have found to be most helpful for their tobacco-related goals, participants most commonly noted partner and/or family support, NRT, inspiration from loved ones (e.g., their children), willpower, one-on-one support, and support from coworkers.

"I wanted to stop smoking and this program came at the perfect time for me. I liked the support from the people in the program who came to our work and gave us follow-up calls. I also liked the support from coworkers."

"The quit smoking program through my work

helped me the most. It was a phenomenal program, and really gave me the motivation to quit. I liked that it was a free program, and the people [public health staff] that came too were really great and very inspiring."

When asked what they liked best about the quit smoking program offered through their workplace, the most common response was the provision of free NRT followed by the support offered by PHU and NGO staff.

"The free nicotine patches were the best part of the program. I would not have been able to quit without them. Because they were free, I felt that I had nothing to lose in trying to quit. It took me two tries– the first time I only managed to quit for a week, but I tried again at Christmas and now I have quit. I felt like I wasn't throwing my money away if I didn't succeed in quitting so I was more willing to give it a try because it was free."

"I really liked the two nurses that came in. They were very friendly and motivating and did not speak in a condescending way."

When asked what they liked least about the program, the majority of respondents noted "nothing". However, several respondents indicated that the patch did not stick well, had unpleasant side effects and was not strong enough. Several participants indicated that it would have been helpful if there were more quit aids offered including other brands of patches and medications.

"The nicotine patch wasn't enough for me, so I also tried inhalers that I bought. I think the program should offer a wider variety of products (such as [gum], inhalers and patches). My husband had access to a much larger variety of products through his doctor when he quit than we did through this program."

Summary

This newsletter reports on preliminary data and is therefore subject to change. However, there are some emerging trends that can inform the development and implementation of workplace-based cessation



programs, particularly among construction and manufacturing organizations.

- Needs Assessment Survey data can be used by PHUs to facilitate management buy-in for smoking cessation programming
- Preliminary data shows that the most common support used by participants is NRT. However, when asked what was most helpful, support from a partner or family member was the most frequent response
- Employees' overall interest in the program appears to be influenced by perceived support from coworkers, trust in employers' motivations, overall levels of stress, support from a partner or family member and readiness to quit
- Being unable to cope with stress, weight gain and concerns about being unable to quit are emerging strongly as barriers to quitting
- While it is too early to confirm the demonstration projects' influence on participants' smoking behaviour, six-month follow-up and check-in surveys do indicate an overall positive outcome

Evaluation Next Steps

OTRU will continue to conduct evaluation activities over the next year. The final evaluation outcomes will be available in 2015.



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Newsletter Production

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