THE ONTARIO TOBACCO RESEARCH UNIT
UNITÉ DE RECHERCHE SUR LE TABAC DE L'ONTARIO

Generating knowledge for public health

Environmental Scan of Workplace Tobacco Control Activities in Ontario Public Health Units

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Background

Research demonstrates that smoking rates are higher among occupations in manufacturing, trades (e.g., construction, equipment operators), and the service industry (e.g., retail, hospitality), and are relatively lower among occupations in management, business and government sectors.[1,2,3] Furthermore, the workplace is a setting with the largest population burden and number of young adult (YA) smokers, and the setting where many YAs may initiate or escalate their tobacco use.[4]

In accordance with the Ontario Public Health Standards, public health is expected to enhance the capacity of workplaces to implement comprehensive tobacco control policies and programs.[5] Preventing the use of commercial tobacco and alternative tobacco products among young adults is also a Ministry of Health and Long-Term Care priority for tobacco control. For these reasons, the *Provincial Young Adult Prevention Advisory Group* identified the need to better understand what tobacco-focused workplace activities (e.g., programs and policies) have been undertaken by Public Health Units (PHUs) and Tobacco Control Area Networks (TCANs), and what hinders and supports these activities.

Methods

In December 2016, the Workplace Working Group sent an online environmental scan by email to all 36 PHUs and 7 TCANs in Ontario. The email invited Tobacco Control Coordinators and TCAN Coordinators to complete a survey about recent (past 5 years)/current and planned workplace activities in two key areas: smoking cessation and smoke-free policies beyond the *Smoke-Free Ontario Act (SFOA)*. The scan had a response rate of 93% (39 organizations (5 TCANs and 34 PHUs) of 42 invited organizations[i]).

Quantitative data were tallied and summarized. Qualitative data were compiled and coded within each open-ended question. Similar codes were grouped into major topic categories and summarized.

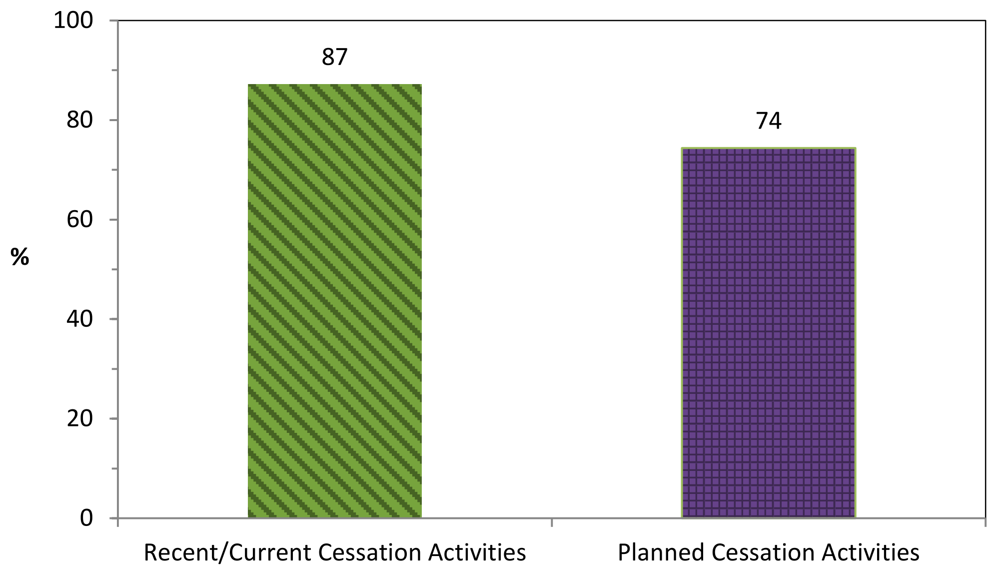
[i] A total of 42 organizations were eligible as Toronto is both a TCAN and PHU and provided one response.

Results

Workplace Cessation Activities

- Almost all organizations who responded to this scan have had recent or current smoking cessation initiatives with one or more workplaces (34 of 39), two of the five who have not been involved with workplace cessation are planning to do so (Figure 1)
- 92% of organizations (36 of 39) have done or are planning future workplace cessation initiatives
- In December 2016, 29 organizations were planning for workplace cessation activities in the future

Figure 1: Proportions of Organizations Involved in Workplace Smoking Cessation Activities



Full data table for this graph is provided in the Appendix (Table 1).

Qualitative Findings: Description of Workplace Cessation Activities

Respondents were asked to briefly describe their workplace cessation activities. Activities included promoting and offering cessation services, engaging workplaces, and engaging and motivating employees. Specific actions within each of these activities are summarized below.

Promotion of Cessation Services: Promotion of cessations services in the community was achieved through presentations, workshops or information sessions on cessation support at worksites, participation in workplace health fairs, adding monthly key messages in workplace bulletins to promote cessation services, advertising quit clinics on the Health Unit's Workplace Wellness website and creating a CCTV loop with information to employees about cessation.

Cessation Services Offered: Most respondents provided consultation, resources and referrals (e.g., *STOP Program*, *Smokers' Helpline*) for workplace cessation services in the community, and cessation support services (e.g., *STOP on the Road* workshops, group counselling, workplace demonstration projects, *Leave the Pack Behind* programs).

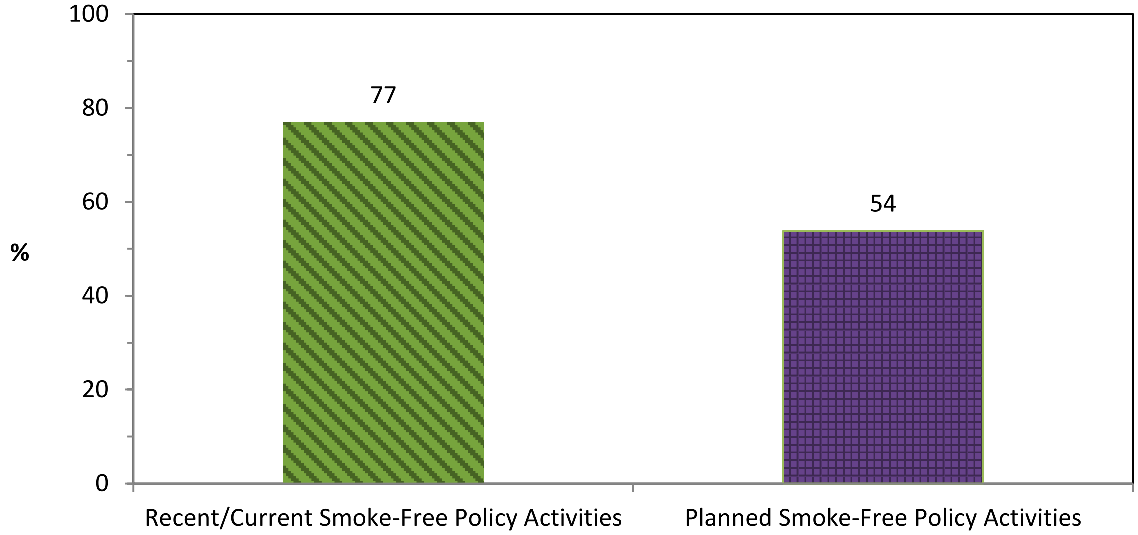
Engaging Workplaces: Some respondents actively engaged workplaces by inviting workplace representatives to participate in local cessation Communities of Practice; having Tobacco Enforcement Officers (TEOs) leave cessation services cards in the workplace during inspections; encouraging workplaces to enhance employee benefit coverage to include NRT and prescription medications beyond a once in a lifetime timeframe; consulting with workplaces and BIA to discuss and support promotion of cessation programs with employees.

Engaging and Motivating Employees: Respondents engaged and motivated employees who smoke through the use of lung-age devices and carbon monoxide tests, recruiting ex-smokers to share their stories about how they quit, and promoting online materials. One respondent highlighted their workplace specific website page and short educational videos on smoke-free workplaces, and another mentioned their involvement in research to inform the development of the *Quit the Smoke Break* creative and messaging for use across Ontario.

Workplace Smoke-Free Policy Activities

- More than 75% of organizations (30 of 39) have supported workplaces to develop smoke-free policies beyond the *SFOA*; one organization who has not been involved with this work is planning to do so (Figure 2)
- A total of 21 organizations are planning to support future workplace smoke-free policy development in the future

Figure 2: Proportion of Organizations Involved in Workplace Smoke-Free Policy Activities



Full data table for this graph is provided in the Appendix (Table 2).

Qualitative Findings: Description of Smoke-Free Policy Activities

Respondents were asked to briefly describe their workplace policy activities. Some respondents indicated they have worked proactively with workplaces, such as advocating for a complete smoke-free workplace policy, and encouraging workplaces to adapt smoke-free policies to support cessation efforts. However, most respondents were supporting local workplaces with smoke-free policy development on request.

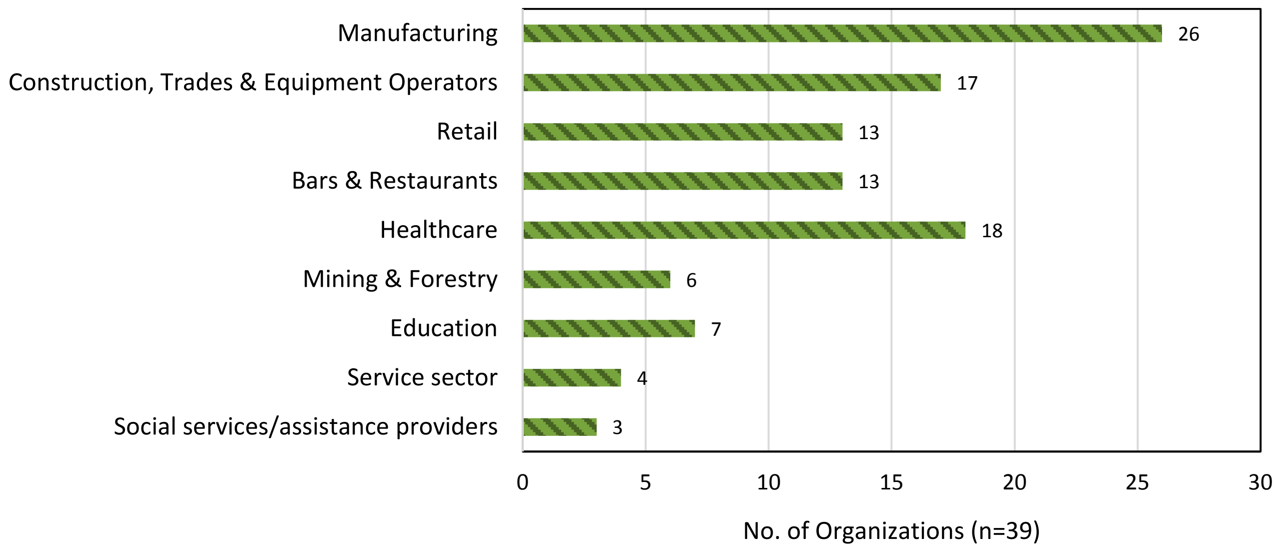
Other policy activities included working with construction companies, unions and related associations to enhance smoke-free regulations and opportunities for smoke-free places (including entrances to buildings and smoke-free properties). One respondent referred to their smoke-free workplace vehicle campaign to increase awareness of *SFOA* among employers who own vehicles. Another respondent was working with county partners and their health unit to amend corporate policy to include outdoor grounds, and another was working towards a municipal outdoor smoke-free by-law. A few respondents had addressed waterpipe and e-cigarettes in their smoke-free bylaws, in response to complaints or inquiries.

A few respondents mentioned the role of TEOs to provide support to workplaces when implementing smoke-free policies that go beyond the *SFOA*. Some respondents indicated that they provided tobacco-free/smoke-free workplace tool kits and guides, health promotion media campaigns such as the *Take Your Butt Outside;* and signage, electronic banners and other materials to promote and support smoke-free workplace policy development.

Types of Workplaces Engaged and Populations Targeted

- Manufacturing, construction and healthcare are the most common types of workplaces that have been supported (Figure 3)
- Other workplaces include retail, bars and restaurants, and mining and forestry, education, service sectors (e.g., call centres, telemarketing, and internet service providers), and social service/assistance providers (e.g., homecare) (Figure 3)
- Other industries supported include utilities, trades and transit (n=3), housing (n=2), city/county (n=2), vehicles (workplace vehicles, taxis) (n=2). Other individual settings included agriculture, casinos, manufacturing, municipal outdoor workers, public administration, scientific and technical services, waste management and remediation, a women's shelter and an insurance company
- Almost 70% of organizations supporting workplaces (25 of 36) worked with internal or external partners

Figure 3: Types of Workplaces Supported by Recent or Current Workplace Activities in Ontario



Full data table for this graph is provided in the Appendix (Table 3).

Qualitative Findings: Specific Populations Targeted

When asked to describe specific populations they have worked with on workplace tobacco control initiatives, most respondents had targeted workers in occupations with high smoking prevalence (e.g., construction, trades and equipment operators, and mining), including one respondent who was targeting apprentices. Other targeted occupations included utilities, transit bus drivers, hospital staff, retail, trades, manufacturing, young adults in the technology sector, part time/occasional workers (i.e., those that don't have benefits). Low socioeconomic populations were also identified as a target population by several respondents, including low income young adults in rural locations. Other populations identified were males (young adult and older), smokers aged 35-64 (due to high prevalence in region), those not eligible for STOP (e.g., youth, pregnant or breastfeeding women), Indigenous Persons, youth attending alternative schools, housing residents and seniors in homes for the aging. However, many respondents indicated that they had not targeted any specific population.

Factors that Hindered Development/Implementation of Workplace Policies or Programs

Respondents were asked to describe any factors that have hindered the development or implementation of workplace tobacco control policies or programs. Overall, a major theme was the lack of internal capacity and resources (time, staffing, funding). Capacity issues contributed to challenges responding to requests or inquiries, and not having the time to be proactive. Specifically, many respondents mentioned the need for a dedicated staff member (e.g., public health nurse or health promoter) to work on workplace cessation and policy activities. Other resource limitations included not being able to provide NRT due to limited funding, not having a medical directive to dispense NRT, and workplaces not having benefit coverage for cessation medication.

A couple of respondents noted that smoke-free policy development beyond the *SFOA* had not been a priority in the past as the focus was on education about cessation support and keeping workplaces up to date on changes to the *SFOA*. Interestingly, one respondent mentioned that many local workplaces have polices beyond the *SFOA*, but workplaces often do not publicly share their internal policies.

Obtaining workplace or organizational buy-in was another major theme associated with workplace policy development hindrances. Specific challenges that hindered buy-in included low readiness, concerns about costs involved, fear of employee reactions and concerns about enforcement. A few respondents also mentioned concerns about potential legal challenges. Some respondents also had difficulty recruiting workplaces for cessation programming due to lack of workplace commitment, interest and buy-in. It was noted that some workplaces do not have a health mandate, and those that do were more focused on mental health than smoking.

A couple of respondents mentioned that it was challenging to make personal contact with local businesses and business associations. For example, there were challenges identifying the best modes of communication for different types of workplaces and which workplaces to support based on evidence regarding priority populations. Other factors that contributed to recruitment challenges included location (e.g., smaller city or town centre), employee lay-offs, going out of business or undergoing changes in management and ownership.

Factors that Supported Development/Implementation of Workplace Policies or Programs

Overall, a strong theme regarding support for both policy and cessation program development and implementation was the importance of working together provincially (e.g., provincial communities of practice) for consistent messaging and approaches, and having support from other health units and organizations regarding lessons learned from programs or policies already in place across the province. Related support included the sharing of existing knowledge, resources and materials, (e.g., tools and packages, Documents of Practice, policy analyses and evaluation reports on evidence of effectiveness, environmental scans of other municipalities/workplaces, and local data on smoking rates). Educational opportunities (e.g., webinars) designed to support public health staff or workplaces in the promotion of cessation programs and the development of smoke-free policies were also highlighted.

One respondent highlighted the importance of developing cessation programs in consultation *with* (instead of *for*) champions within the industry and partners. Availability of flexible staffing, using an evidence-based approach, and communicating the benefits to employers (i.e., market value) helped to sell the program to partners. “Carrots” for recruiting workplaces included being able to offer free cessation support medication/NRT through provincial funding, internal budgets, programs like *STOP On the Road* and Quit Clinic programs in the PHU; and comprehensive benefit packages offered by the workplace. Having a dedicated project lead and a dedicated department within the health unit that works directly with employers, is connected with the local population and has workplace policy and programming expertise was also identified as being particularly helpful. Other activities positively associated with cessation programming included advocacy by workplace representatives to connect employees to cessation programs and services, and well-designed promotional campaigns with supporting materials/resources.

In regards to smoke-free policy development and implementation, working with an organization that is committed to health and wellness, and establishing relationships with workplace upper management, health promotion nurses, community partners, employees and other stakeholders were identified as key supporting factors. Having a team that includes TEOs and health promoters was also identified as important because they can work together to ensure workplaces are provided with *"the full package"* in terms of overall tobacco control support and assistance. Activities that were positively related to the implementation of smoke-free policies included proactively offering free signage, repeated messaging of the benefits of a tobacco-free workplace (e.g., safety, extended benefit costs, absenteeism costs, loss of productivity costs) and examples of other workplaces that have gone smoke-free.

Organizations NOT Engaging in Workplace Tobacco Control Initiatives

- Lack of capacity was the main reason for not engaging in workplace activities (n=6)
- Other reasons for not engaging with workplaces included not a priority (n=1), not being approached by workplaces (n=1), and don't know (n=1)
- 6 organizations were interested (somewhat or very interested) in supporting workplace tobacco control activities; 1 organization was unsure and two were neutral

Workshop Needs and Knowledge Exchange Topics

Respondents who indicated that they were interested in a one-day knowledge exchange meeting (21 of 39) were asked to describe what they would like to learn. Respondents were also asked what they needed to support their workplace initiatives. Responses were very similar across the two questions and have been combined.

Several different knowledge exchange formats were identified, including webinars, face to face meetings, workshops to bring to the TCANs, or a centrally located workshop within a knowledge exchange forum that might include other related topics such as planning. Overall, practice sharing was a major theme, such as the sharing of ideas that others are using, hearing of success stories and learning about which health units are active in providing cessation programs in workplaces and how it's done. There were many specific topics of interest and needs relevant to both cessation programming and policy development identified by respondents. These topics/needs have been categorized below.

Decision Maker Awareness and Support

- Updated SAC 2.0 report and new MOHLTC SFO Strategy to determine future directions for work
- Use the meeting as a forum to increase the awareness of decision makers about the importance of investing in healthy workplaces in Ontario, including smoking cessation
- Adequate funding from the Ministry of Health and Long Term Care so that PHUs can assist priority population workers and citizens in their cessation efforts (e.g., provision of free NRT to support cessation counselling)

> "NRT should be available outside of constraints of STOP Program. Vaccines are provided why not NRT?"

Targeting Specific Populations

- Should organizations target a specific population group (e.g., gender, age) vs. a general universal approach?
- Evidence related to cultural change in workplaces that supports the need to target a specific group (i.e., young adults vs. older workers, or vice versa)
- Recent evidence related to workplaces, types of workers who smoke, how they want to quit or manage quits in workplaces

- Highlight 'for-profit' workplaces who have made the decision to be tobacco-free
- Examine successes in small, medium and large workplaces that have implemented smoke-free policies and engaged employees in workplace wellness programs (suggested partnerships: the Ontario Workplace Health Coalition, Health and Safety Ontario, Ministry of Labour, OTRU, CAMH, WSIB)
- How to target several smaller workplace vs. a large workplace
- Which sectors are most likely to enact a policy
- How to build message(s) specifically for workers in different workplace settings/sectors (mining, construction, industrial, transportation, etc.)

Engaging and Building Relationships with Workplaces

- Providing a business case (cost-benefit analysis beyond health benefits)
- Case studies of workplaces that have created tobacco-free environments and testimonials from CEOs (e.g., Promoting Healthy Workplaces project at Johns Hopkins)
- Identifying what is of interest to workplaces and what do they need in terms of cessation or policy support
- Knowing when workplaces develop new/revise policies to ensure compliance with new legislation
- Engaging employers who don't see cessation and policy development as something worthwhile to fund (e.g., time for employees to attend a session is often at a premium)
- Real workplace policy and benefit package examples that can be shared with workplaces
- Communications campaign/policy examples from other similar workplaces
- Better knowledge of available resources to support workplaces (and public health staff supporting workplaces) in policy development

Developing, implementing and Evaluating Programs and Policies

- Enhance understanding of best practices in workplace policy development, and practical understanding of policy implementation approaches/challenges
- Compile best approaches and practices in workplace cessation/policy development

- The Comprehensive Workplace Health Model, how do we have an impact on smoking cessation in organizations
- Insights into facilitators, barriers
  - Understand how employees deal with enforcement challenges and "Die hard" smokers when implementing a policy
  - How to create the most valuable health fair, lunch and learns, etc.
  - Role of TEOs in policy development and implementation
  - How to support workplaces to evaluate the policy in realistic way
  - Promotion of practical/applicable resources, information and adaptable tools/toolkits
  - Update the workplace package/website with ECA info/research (once Section 10 is proclaimed)
  - Creating supportive workplace environments/organizational culture

"Educate workplaces not just with 'services' but with a healthy workplace culture approach with tobacco-free environments being an important first step"

Conclusions

The environmental scan of workplace tobacco control activities had a very high response rate (93%), representing 5 TCANs and 34 PHUs. Almost all organizations (87%) who responded to the scan have been involved in recent or current smoking cessation initiatives and many are planning initiatives in the future. More than 75% of organizations have supported the development of smoke-free workplace policies beyond the SFOA and many are planning to support policy development in the future. While PHU/TCANs worked with a wide range of workplaces; manufacturing, construction and healthcare were the most common types of workplaces supported.

The main challenges that hindered the development or implementation of workplace policies or programs were the lack of internal capacity and resources (time, staffing, funding), not being able to provide NRT and obtaining workplace or organizational buy-in. The main factors supporting workplace tobacco control initiatives were working collaboratively at a local and provincial level for consistent messaging and approaches, and having support from other health units and organizations regarding lessons learned from programs or policies already in place. Being able to offer free NRT and other cessation support medication was also identified as an important factor to help engage workplaces and employees.

More than half (54%) of PHUs/TCANs indicated an interest in participating in a one-day knowledge exchange meeting regarding workplace tobacco control policy initiatives. Many suggestions were offered for meeting topics that would support the work of PHUs/TCANs. Overall, practice sharing was a strong theme, including the sharing of ideas, hearing success stories and learning about how to provide cessation programs to workplaces. Other topics of interest included raising awareness and support among decision makers (e.g., MOHLTC), engaging and building relationships with workplaces and employees, creating healthy workplace environments, identifying specific groups or workplace types to target, and best practices for developing, implementing and evaluating workplace programs and policies.

The results of this scan will be used by SFOA partners to inform recommendations and next steps for supporting current and future workplace activities.

Appendix: Data Tables

Table 1: Proportions of Organizations Involved in Workplace Smoking Cessation Activities

Workplace Cessation Initiatives	Proportion of Organization (%)
Recent/current activities	87
Planned activities	74

Data table is for Figure 1

Table 2: Proportion of Organizations Involved in Workplace Smoke-Free Policy Activities

Workplace Smoke-Free Policy Initiatives	Proportion of Organization (%)
Recent/current activities	77
Planned activities	54

Data table is for Figure 2

Table 3: Types of Workplaces Supported by Recent or Current Workplace Activities in Ontario

Workplace Type	Number of Organizations Supporting Workplace (%)
Social services/assistance providers	3
Service sector	4
Education	7
Mining & Forestry	6
Healthcare	18
Bars & Restaurants	13
Retail	13
Construction, Trades & Equipment Operators	17
Manufacturing	26

Data table is for Figure 3

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