

Welcome to today's webinar:

Support for Workers who Smoke: Findings from the Ontario Workplace Cessation Demonstration Projects

Dr. Pamela Kaufman, Tracey Borland, Rita Luk

Start time: 11:00 A.M. – 12:00 P.M.

For **audio**, call **(647)723-3984** (if you are located within the GTA)
or call **+1(866)365-4406** (toll-free)

When prompted, enter the access code: **7281777#**

If you are having technical difficulties, please call 1-800-363-7822

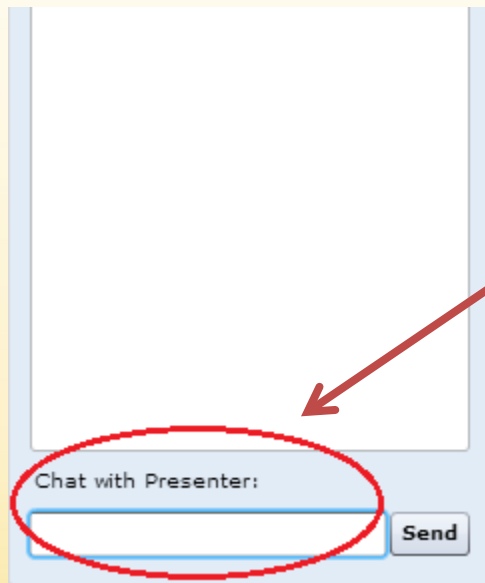


THE ONTARIO TOBACCO RESEARCH UNIT
UNITÉ DE RECHERCHE SUR LE TABAC DE L'ONTARIO

Generating knowledge for public health

Brought to you by the Program Training & Consultation Centre in collaboration with the Ontario Tobacco Research Unit.

How to submit comments or questions during the webinar:



Enter your comments/questions in this chat box (bottom left corner of your screen). They will be posted and shared with everyone in the webinar.



If you experience technical difficulties using the chat box during the webinar, please email your questions to debbie.kwan@cancercare.on.ca

Today's Speakers



Dr. Pam Kaufman

- Scientist at the Ontario Tobacco Research Unit
- Assistant Professor at the Dalla Lana School of Public Health, University of Toronto
- Interests in smoking behaviour and smoke-free policy research and evaluation

p.kaufman@utoronto.ca

Today's Speakers



Tracey Borland

- Research Officer at the Ontario Tobacco Research Unit
- Interests in smoking cessation for special populations and youth and young adult smoking

tracey.borland@camh.ca

Today's Speakers

Rita Luk

- Research Officer at the Ontario Tobacco Research Unit
- Interests in the economics of tobacco control, contraband cigarettes and tobacco control indicators

rita.luk@camh.ca



THE ONTARIO
TOBACCO
RESEARCH
UNIT

UNITÉ
DE RECHERCHE
SUR LE TABAC
DE L'ONTARIO

Ontario Workplace Cessation Demonstration Projects: Evaluation Outcomes

Pamela Kaufman, Tracey Borland, Rita Luk

Workplace Cessation
PTCC-OTRU Webinar
March 24, 2015

Key Evaluation Questions

1. What helps or hinders the development and implementation of quit smoking programs in workplaces?
2. What challenges and facilitators are encountered by participants of quit smoking programs in the workplace?
3. What workplace quit smoking programs are effective for different employees and under what circumstances?

Complex Questions!

- NRT (types), medication
- Dispensing
- SHL, counseling
- Challenges/contests
- Training
- Quitting buddies
- Workplace Champions
- Quit kits, materials
- Signage, activities

- Wellness culture
- Cessation supports
- Benefits coverage
- Size & resources
- Engagement intensity
- Worker turnover
- Smoking policies
- Peer support

Intervention

Sector

Organization

Individual

- Reach
- Shift workers
- FT/PT/Contract
- Permanence of place
- Opportunities to smoke
- Smoking culture

- Demographics
- Smoking history
- Quitting experiences
- Motivation to quit
- Confidence to quit
- Social factors
- Stress
- Other lifestyle factors

Key Indicators of Effectiveness

- Reach and uptake
 - High smoking prevalence
 - Low uptake of interventions
- Intervention delivery
- Quitting Outcomes
 - Reducing smoking
 - Quitting
- Context specific challenges

Evaluation Overview

Baseline/Needs Assessment

- ✓ Survey of employers prior to intervention (48)
- ✓ Survey of employees prior to intervention (4,084)

Intervention

- ✓ Intake Surveys (668)
- ✓ 6m follow-up surveys (319 of 640 eligible; 50%)
- ✓ 12m follow-up surveys (145 of 235 eligible; 62%)
- ✓ Brief check-ins with PHUs (13)
- ✓ Brief check-ins with employers (19)

Case Studies

- ✓ 10 interviews with employers & PHU staff
- ✓ 4 focus groups with employees (n=27)
- ✓ 10 interviews with employees
- ✓ Interviews with Prov. Stakeholders (2)

Evaluation Working Group

Workplace Cessation Learning Collaborative, PTCC

Intervention

- NRT (patch, gum, lozenge, inhaler)
- Prescription medication (Champix, Zyban)
- Counseling (1-1, group, brief contact, SHL)
- Self-help materials
- Promotional materials and activities
- Competitions and challenges
- Peer support (management, co-workers)
- Smoke-free policy consultation/enforcement

Sector Characteristics

Manufacturing

- 67% male
- Aging long-term workforce
- Sense of family/community
- Shift work
- Boredom/tedium
- Permanence of place is high

Construction

- 85% male
- Strong smoking culture among some trades
- Opportunities to smoke
- Permanence of place is low
- Residential vs. commercial

Hospitality/ Service

- 38% male
- Shift work
- Seasonal work
- Seldom benefits
- Permanence of place is low

Primary Industry

- 94% male
- Strong smoking culture (age segmented)
- Shift work
- Remote/Northern ON
- On location for weeks at a time

Reach

Participation of Workplaces and Employees in Cessation Interventions by Sector

Sector	% Workplaces (n=57)**	% Participants (n=668)
Construction	46% (26)	23% (213)
Manufacturing	33% (19)	56% (377)
Hospitality/Service	16% (9)	6% (39)
Primary Industry	4% (2)	5% (31)
Other*	2% (1)	1% (8)

* Other refers to respondents who identified as not working or unemployed, on disability leave, or working in the home

** Some workplaces were grouped within a union or larger organization

Participant Characteristics

Among 668 participants at intake:

- Most were male (72%)
- 48% \geq 45 yrs old (mean 42 yrs)
- Almost all daily smokers (98%)
- High nicotine addiction
 - Avg 21 cig/day
 - 73% smoked within 30 min of waking

Qualitative Insights



Engaging Workplaces

- Resource intensity
 - Minimal disruption to workflow
 - Employers value NRT and other services
 - Some employer investment is needed (champion/employee time, communication resources, etc.)
- Business case
- Implementation ease and timing
 - Be ready to implement because priorities shift

Engaging Workplaces

- Wellness culture
 - Established wellness culture facilitates buy-in
 - Programs might help create wellness culture
- Workplace champions (i.e., Health and Safety Coordinators, Human Resources)
 - Dedicated champion important for obtaining and maintaining senior management buy-in

Construction: Building buy-in across a sector

“I guess a barrier is that I thought I had a lot of people sold in the room until I left and my partners are telling me later, “Yeah, right”. I think they didn’t want to see the nanny kind of state, you know the government taking over and we had to sell that we were going to be working with them, not that they were going to be working for us. We’re working with them and we’re stepping into their culture. We’re very aware of that. Very respectful.”

- Public Health Practitioner



Construction: Building buy-in across a sector

- Participatory approach and teamwork
 - Work closely with Health and Safety Coordinators and informally engage employees to develop program tailored to sector and local context

“...you know, there’s so many programs that roll out without any thought put behind them and that’s why they fail because you’re missing the level of information that directly connects to the individual you’re trying to reach. So that’s what we tried to do...just meetings going back and forth, various different ideas. From there, we were able to put something together that’s going to be usable.”

- Workplace Leader

Construction: Building buy-in across a sector

- Adequate time needed for partnership building and maintaining relationships
 - Developed relationships with higher level organizations (health and safety associations, unions, trade councils) and eventually local companies
 - Constant communication w/ Health and Safety Coordinators to keep upper management (foremen) informed; helped maintain buy-in and commitment to implementation

Program Uptake

- Accessible NRT
 - Incentive to make quit attempt
 - Offering different forms of NRT is important (gum, lozenge, inhaler)
- Ease of participation
 - Job characteristics make it difficult for many to access support outside of work (night shifts, transient jobs, long hours, remote work)
 - Flexibility (employee can participate during work, support provided at different times/locations, accommodate shifts)

Manufacturing: Overcoming participation barriers

- Peer support model a solution
 - Trained HR and employees as Wellness Coordinators (compensated)

“We [Wellness Coordinators] acted as kind of a liaison to either get people to call the helpline, go through the survey online or we actually handed out the survey information with follow-up from public health nurses. We found that worked a lot better because of the shift work. It made it very difficult to kind of chorale everybody at once because that’s just not an option....We aren’t in a position that we can pull them off of their regular duties and they didn’t want to make a commitment outside of work hours, so it was kind of a way that we could meet their needs and ours.”

- Workplace Leader



Program Uptake

- Public Health presence
 - Third party provider
 - Someone to talk to, expert
 - Qualities: trusting, non-judgmental, dynamic, confident, friendly, passionate
 - Promote the program
- Contests/challenges
 - Promote program and generate interest in quitting
 - Involve all employees (smokers and non-smokers) to create supportive environment

Manufacturing: Workplace morale

- Layoffs, job insecurity, cutbacks to employee benefits...
 - Question permanence of cessation support in less secure environments
 - Job insecurity a barrier to making a quit attempt
 - Offering a sustained cessation program a way to build/repair trust issues (show employees the workplace cares)?

Hospitality: Improving uptake

- Adopt a more collaborative approach: engage overarching bodies (i.e., local tourism board, associations)
 - Sector-wide contest, consistent support messaging throughout year, training
 - Reach employees who work for multiple companies within the sector

Facilitators to Quitting

- Health practitioner support and NRT
- Co-worker and partner support
 - Positive reinforcement; encouragement
 - Quitting together
 - Respectful of decision to quit (avoid smoking around them; don't give cigarettes)
- Personal factors
 - Mental preparation
 - Strategies (physical activity, eating, avoiding alcohol and caffeine, keeping busy, avoiding smokers)

Challenges to Quitting

- Stress (work environment and personal)
- Individual factors
 - Mental preparation, willpower
 - Use of other substances (alcohol, caffeine)
 - Weight gain (eating during breaks)
- Other smokers
 - Work environment and at home (partners)

Challenges to Quitting

- Smoke break

From the employees though, they did say that their heaviest smoking was at work, like for most. And it was around break time. We had conversations around like, you don't have to leave the building on breaks and go with those people, and that type of thing.

- Public Health Practitioner

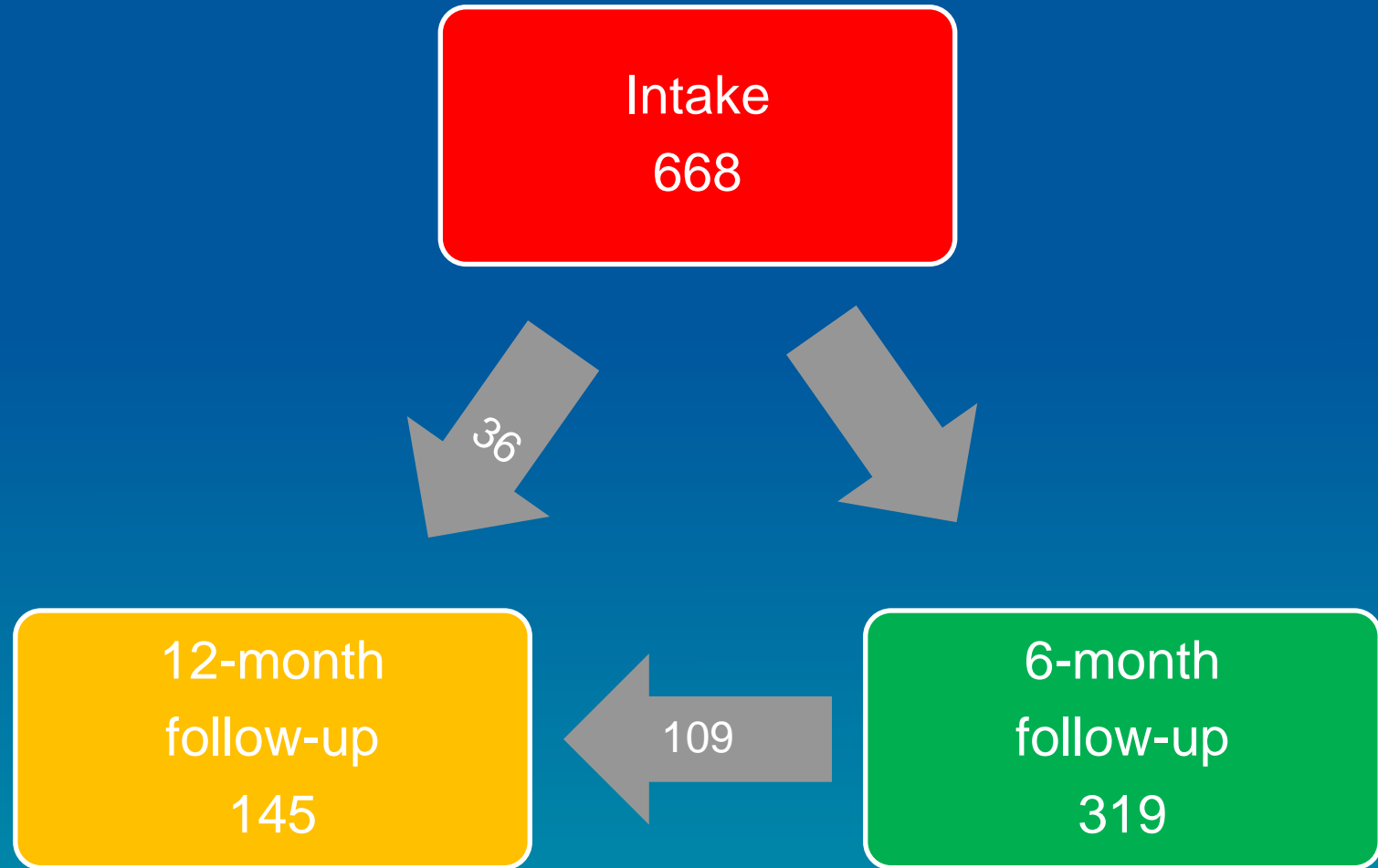
Night shift breaks were hard to fill, because I don't want to sit and eat every break. I signed up for the gym upstairs and work out a little bit. One Break room is at the other end of the plant with couches, television, vending machine and a coffee machine. It gave me somewhere to go at 3 in the morning instead of going to the smoking area. The cafeteria is close to the entrance, so if I go that way, I consider going out for a cigarette.

- Program Participant

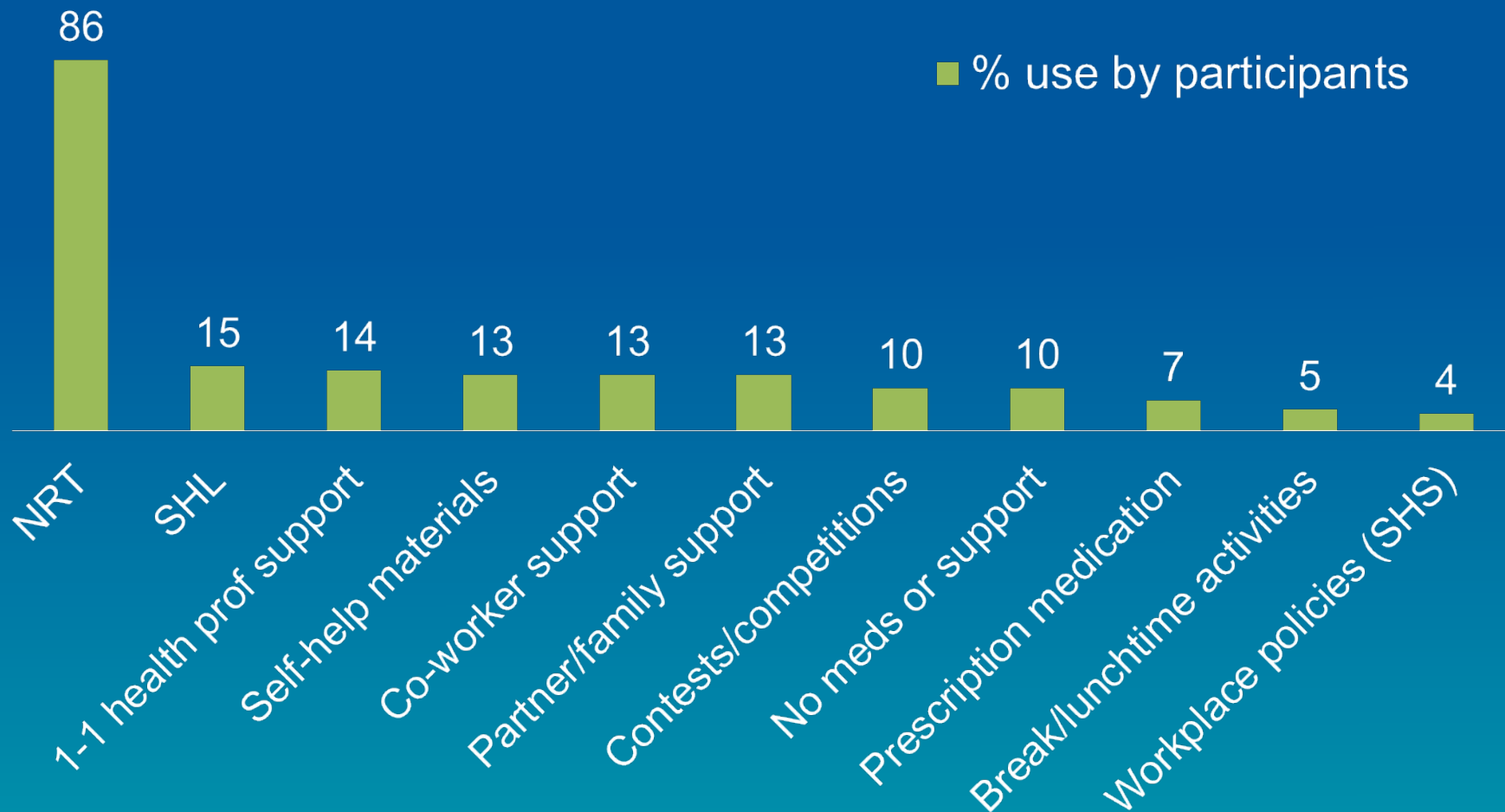
Quit Outcomes



Survey Sample



Program supports used to quit or reduce smoking, 6-months (n=319)



Quit Outcomes

Quit outcome	Completed Cases 6-month follow-up N=319	Completed Cases 12-month follow-up N=145
6-month continuous abstinence	14% (n=44)	21% (N=30)
30-day point prevalence	27% (n=85)	23% (N=33)
7-day point prevalence	30% (n=96)	26% (N=37)

Quit Outcomes

6-month follow-up

Workplace Sector	7-day point prevalence	30-day point prevalence	6-months continuous abstinence
Manufacturing (<i>n</i>=186)	33% (61)	29% (54)	17% (32)
Construction (<i>n</i>=86)	23% (20)	21% (18)	8% (7)
Hosp. & Serv. (<i>n</i>=24)	29% (7)	21% (5)	4% (1)
Primary Ind. (<i>n</i>=19)	32% (6)	32% (6)	16% (3)
Others (<i>n</i>=4)	50% (2)	50% (2)	25% (1)

Do not compare effectiveness across sectors.



Quit Outcomes

12-month follow-up

Workplace Sector	7-day point prevalence	30-day point prevalence	6-months continuous abstinence
Manufacturing (<i>n</i>=78)	26% (20)	24% (19)	24% (19)
Construction (<i>n</i>=53)	19% (10)	17% (9)	13% (7)
Hosp. & Serv. (<i>n</i>=14)	50% (7)	36% (5)	29% (4)
Primary Ind. (<i>n</i>=0)	--	--	--
Others (<i>n</i>=0)	--	--	--

Do not compare effectiveness across sectors.

Transition of Smoking Cessation (N=109 completed 3 waves)

Transition of smoking cessation	% (<i>n</i> =109)
Continuous abstinence (past 12 months)	12% (13)
Intermittent smokers	22% (24)
Persistent smokers (past 12 months)	66% (72)

Numbers may not add up due to rounding.



Changes in Smoking Status (N=319)

6-month follow-up

Smoking Status	Baseline % (<i>n</i> =319)	Follow-up % (<i>n</i> =319)
Daily	98% (312)	57% (181)
Occasional	2% (5)	17% (53)
Former	1% (2)	27% (85)

Numbers may not add up due to rounding.

Changes in Smoking Status (N=145)

12-month follow-up

Smoking Status	Baseline % (<i>n</i> =144)	Follow-up % (<i>n</i> =144)
Daily	97% (140)	63%(91)
Occasional	1% (2)	14% (20)
Former	1% (2)	23% (33)

Numbers may not add up due to rounding.

Cutting Back among Participants who Remain Smoking at Follow-up

- 6-month follow-up (N=223):
 - 81% reduced the number of cigarettes smoked in past 6 months
 - Average number of cigarettes smoked per day significantly reduced from baseline (21 to 13)
- 12-month follow-up (N=108):
 - 75% reduced the number of cigarettes smoked in past 6 months
 - Average number of cigarettes smoked per day significantly reduced from baseline (21 to 14)

Quit Attempts among Participants who Remain Smoking at Follow-up

- 6-month follow up (N=223):
 - 80% of smokers made a quit attempt (34% at intake)
- 12-month follow up (N=108):
 - 67% of smokers made a quit attempt (33% at intake)

Workplace Characteristics

- Wellness culture
- Commitment
- Climate
- Permanence
- Job security
- Working hours
- Intervention intensity
- Intervention accessibility
- Opportunities to smoke
- Employment size

Predictors of Quitting

- Predictors that increased the likelihood (odds) of cessation
- 7-day & 30-day point prevalence abstinence
 - Used Smokers' Helpline to quit
 - Used contests/competitions to quit (30-day abstinence only)
 - Considered weight gain as a challenge to quitting
 - Reported no challenges/barriers to quitting
 - Lower level of nicotine addiction
 - Smoked because of boredom

Predictors of Quitting

- Predictors that decreased the likelihood (odds) of cessation
- 7-day & 30-day point prevalence abstinence
 - Depression
 - Stress
 - Used other tobacco products (follow-up)

Predictors of Quitting

- Predictors that increase the likelihood (odds) of cessation
- 6-month continuous abstinence
 - Used new break/lunchtime activities (internet, puzzle, games or sports) to quit
 - Reported no challenges/barriers to quitting

Important Considerations for Workplace Smoking Initiatives



Development and Implementation

- Make it easy for employers to participate
 - Minimal disruption of workflow (time and capacity)
 - Minimal organizational resources but need to demonstrate investment
- Workplace/industry commitment
 - Understand employer motivation
 - Maintain employer buy-in and interest (priority)
 - Sr. management support
 - Dedicated Workplace Champion

Reach and Uptake

- Reached 668 smokers!
 - High smoking rates; low participation interventions
 - Life stage (middle age, long-term smokers, health decline, thinking about retirement, grandchildren)
 - Schedules, commuting, remoteness, exhaustion
 - Access to and awareness of support
 - Release time to participate

Ecological Influences

- NRT + Behavioural Support
 - Otherwise inaccessible (re. community, benefits)
- How can we maximize their effect?
 - Positive workplace climate/morale
 - Workplace culture shift
 - Workplace smoking policy
 - Peer support, sustained support
 - Reduced stress (job security, etc.)
 - No pressure approach
 - Public health on site (trustworthy 3rd party)

What appears to work?

- SHL/counseling
- NRT (different types)
- Wellness support (weight & stress man.)
- Contests/Challenges
- Workplace Champions

Intervention

- Job security/control
- Permanence of place?
- Smoking culture
- Regular working hours
- Smoking policy (people smoking around me)
- Boredom

Sector

- Wellness culture
- Commitment
- Break/lunch activities
- Larger organizations
- Positive climate
- Precariousness low
- Smoking policy

Organization

- Ready to quit
- Supportive network
- Mental health (reduce depression, stress)
- Low nicotine addiction
- Not using other tobacco

Individual

98% of respondents would
recommend this program to others!
(6-month follow-up)



Knowledge Exchange

- Survey databases and analyses to PHUs
- Final evaluation report
- OTRU Newsletters
- Presentations
 - TOPHC
- Additional dissemination products

Acknowledgements

- MOHLTC
- STOP / CAMH, SHL, PTCC
- Public Health Units
- Workplace Leaders and Employees
- Evaluation Working Group
- OTRU Evaluation Team
 - Robert Schwartz, Pam Kaufman, Tracey Borland, Emily Taylor, Rita Luk
 - Susan Bondy, University of Toronto
 - John Garcia and Irene Lambraki, U of Waterloo
- Research Services Unit, University of Toronto

Check out PTCC's new Workplace Resources webpage!

The screenshot shows the PTCC CFC website header with the logo and navigation menu. The 'Resources' menu item is highlighted with a red arrow. A dropdown menu is open, showing 'Resource Library', 'SFO Enforcement', 'Knowledge Repository', and 'Workplace Resources', with the last option highlighted by another red arrow. Below the header, the 'Workplace Resources' section features a cityscape illustration and a list of six resource categories, each with an icon: Toolkits, Promotional Materials, Literature, Campaign & Project Websites, Webinars & Training, and Evaluation Tools.

PTCC CFC
Program Training and Consultation Centre
A resource centre of the Smoke Free Ontario Strategy
Centre de formation et de consultation
Un centre de ressources de la Stratégie ontarienne sans fumée

Français | Contact Us
Print Email
SEARCH

Home About Us Training Consultations LEARN Media Network **Resources**

Resources

Workplace Resources

Tools and resources that support the development, implementation and evaluation of workplace smoking cessation interventions.

- Toolkits
- Promotional Materials
- Literature
- Campaign & Project Websites
- Webinars & Training
- Evaluation Tools

http://www.ptcc-cfc.on.ca/resources/workplace_resources/

Questions?



Please enter your questions and comments in the chat box. If you are experiencing technical difficulties, please email your question(s) to debbie.kwan@cancercare.on.ca

POLL



Would you be interested in attending a follow-up webinar on Support for Workers Who Smoke, focusing on case studies from the field?

- I am interested!
- I am somewhat interested.
- No, thanks.

Thank you for participating

Your feedback is important to us!

A link to our **webinar survey** will be emailed to you following this webinar.

For more information about the services and resources of the
Program Training & Consultation Centre

Contact:

1-800-363-7822

admin@ptcc-cfc.on.ca

www.ptcc-cfc.on.ca

