The Conference Board of Canada
Insights You Can Count On

Briefing June 2013

Smoking Cessation and the Workplace
Briefing 2—Smoking Cessation Programs in Canadian Workplaces

At a Glance

- About half of employers conduct health risk assessments to gauge the risk factors, including smoking, among their employees.
- While the majority of organizations cover prescription smoking cessation medications, only 40 per cent cover nicotine replacement therapies.
- Cessation program delivery is often outsourced.
- Most organizations do not evaluate their smoking cessation programs. As a result, employers lack knowledge about whether smokers are participating or whether the programs are effective at helping employees quit.

In addition to the public health concern, smoking places a tremendous economic burden on employers.

—Andrew Webber, President and CEO of the National Business Coalition on Health

INTRODUCTION

There is a strong business case for employers to be part of the solution in helping their employees quit smoking. For organizations, the benefits will be felt directly on their bottom line. In 2006, Conference Board of Canada research estimated the

Canadian Alliance for Sustainable Health Care

Survey Methodology

In January 2013, a survey was sent to 2,173 senior-level human resources practitioners from primarily medium-sized and large Canadian organizations operating in a variety of regions, sectors, and industries. (See table.) A total of 129 organizations responded to the survey, representing a response rate of 6 per cent. This briefing reports only on findings corresponding to responses from these 129 organizations. Comparisons by sector and organization size were possible in some cases, but the sample size was too small to report on industry variations.

Survey Responses by Sector, Industry, and Number of Employees
(per cent, n=129)

Sector	
Private	71
Public	29
Industry	
Professional, scientific, and technical services	14
Public administration	13
Finance and insurance	12
Health care and social assistance	12
Manufacturing	11
Transportation and warehousing	10
Mining and oil and gas extraction	5
Utilities	4
Construction	3
Educational services	3
Information and cultural industries	3
Retail trade	3
Agriculture, forestry, fishing, and hunting	2
Arts, entertainment, and recreation	2
Accommodation and food services	1
Other services (except public administration)	1
Real estate and rental leasing	1
Wholesale trade	1
Number of Employees	
Fewer than 500 employees	32
500 to 1,499 employees	26
1,500 to 4,999 employees	16
More than 5,000 employees	21

Note: Totals may not add to 100 due to rounding.
Source: The Conference Board of Canada.

costs to organizations from smoking to be $3,396 per year per employee.[1] A portion of these costs is due to the higher absenteeism rates of employees who smoke. Research showed that current smokers were 33 per cent more likely to be absent from work than non-smokers, for an average for 2.7 extra days per year.[2] There is, therefore, a very compelling argument for employers to invest in smoking cessation programs.

The first briefing in the Conference Board's series, *Smoking Cessation in the Workplace*, examined smoking in Canada with a focus on the employed population in Canada. The briefing revealed the sizable opportunity to accelerate smoking cessation efforts through workplace benefits and programs. Three-quarters of current smokers are employed and many want to quit. While the evidence for a range of smoking cessation treatments is strong, and those who use an effective, evidence-based program are more likely to be successful, Canada has much more work to do to make sure all smokers who want to quit have the access and support they need. This second of three briefings in the series examines the role of employers in providing this access and support.

SMOKING CESSATION POLICIES AND PROGRAMS

In Canada, little was previously known about employer-initiated smoking cessation policies and programs—especially in certain industries where smoking rates remain above the national average. Therefore, establishing an accurate representation of what employers are offering and what resources are available will help determine opportunities for further action.

The Conference Board of Canada's Smoking Cessation Programs in the Workplace survey is the first time that Canadian employers have provided detailed information on workplace programs and policies in place to help their employees quit smoking. (See box "Survey Methodology.")

1 Hallamore, *Smoking and the Bottom Line*.

2 Weng, Ali, and Leonardi-Bee, "Smoking and Absence From Work."

The objectives of this briefing are to highlight the survey findings and provide insights into what employers are doing in terms of:

- assessing employees' smoking habits through health risk assessments (HRA)
- enforcing workplace smoking restrictions
- providing coverage for smoking cessation aids and services
- offering custom smoking cessation programming
- evaluating the success of their programs

ROLE OF HEALTH RISK ASSESSMENTS

It is very important that employers get a clear picture of the health risk factors in their organization and determine where wellness initiatives should be directed. Although smoking rates have been steadily decreasing over the years, smoking can still be a major problem for many employers. For example, in 2011 more than a third of workers in the construction sector were smokers. Smoking rates are also significantly higher in the mining and oil and gas extraction sector, and in transportation and warehousing.[3] (See Table 1.) Finding ways to target employees who smoke and providing them with the right types of support to quit is critical to decreasing benefits costs and increasing employee health.

By determining the health risk factors of its employee population (e.g., obesity, physical inactivity, smoking), an organization can assess whether a smoking cessation program should be implemented to reduce smoking rates and consequently decrease health benefits costs for the organization. HRAs are an excellent way to establish employees' health needs and problems to address. (See box "What Is a Health Risk Assessment?") Health improvements can then be tracked by looking at trends in the HRA responses over time. In our research, close to half of respondents (49 per cent) offered an HRA to all or some of their employees. (See Chart 1.) A large majority (91 per cent) of such assessments examine smoking habits and risks, which enables employers to gain a better understanding of the number of smokers in their workforce and their motivation to quit. If employers want to specifically target smoking behaviours, they

3 Bounajm and Stonebridge, *Smoking Cessation and the Workplace.*

Table 1
Smoking Prevalence by Industry, 2011
(share of workers who smoke, per cent)

Construction	34
Mining and oil and gas extraction	29
Transportation and warehousing	29
Administrative support, waste management, and remediation services	27
Accommodation and food services	27
Wholesale trade	26
Manufacturing	24
Retail trade	23
Real estate and rental leasing	23
Agriculture, forestry, fishing, and hunting	22
Other services (except public administration)	22
Health care and social assistance	18
Arts, entertainment, and recreation	18
Utilities	17
Information and cultural industries	17
Professional, scientific, and technical services	16
Public administration	16
Finance and insurance	15
Educational services	10

Note: Canadians aged 12 and over.
Sources: Statistics Canada, Canadian Community Health Survey.

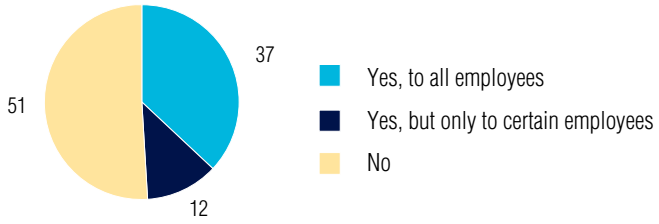
What Is a Health Risk Assessment?

Health risk assessments survey the health of employees and provide them with an evaluation of their health risks. Although they are based on self-reported data, these assessments are important tools, providing a solid, yet relatively inexpensive, starting point for employers that want to determine the most prevalent health issues in their workforce. Not only do HRAs offer baseline data to employers, they also increase employees' awareness of their own health risks and their willingness to change—potentially making them more open to changing unhealthy behaviours. Usually, an HRA includes three key components—a questionnaire, a risk calculation (or personal scorecard), and some form of feedback (e.g., face-to-face meeting with a health advisor or an automated online report).[1]

1 Thorpe, Chenier, and Hoganson, *Making the Business Case*, 20.

Source: The Conference Board of Canada.

Chart 1
Organizations Offering Health Risk Assessments
(per cent; n = 129)



Source: The Conference Board of Canada.

could develop their own internal survey tools to determine reasons for smoking, methods of quitting that employees have tried in the past, their readiness for attempting to quit again, etc.

Among employers surveyed, the average percentage of smokers within the organization was 12 per cent, well below the national average, but ranging from a low of 2 per cent to a high of 25 per cent.

WORKPLACE SMOKING RESTRICTIONS

Employers have a significant role to play in eliminating employee exposure to second-hand smoke. (See box "Limiting Exposure to Second-Hand Smoke Through Workplace Smoking Restrictions.") Our survey results show that many organizations are taking actions to limit or completely ban smoking on workplace premises. The majority of organizations (80 per cent) do not permit smoking inside any buildings, and close to one in five organizations (19 per cent) completely bans smoking on company property (inside and outside). (See Table 2.) However, smoking on job sites is still allowed for almost two-thirds of organizations. This is an area where employers can really make an impact. Limiting the areas where employees can smoke and enforcing these restrictions will reduce the likelihood of smoking and shift the organizational culture on smoking.

Compliance with workplace smoking bans is also an important piece of the puzzle. Most organizations (73 per cent) do monitor compliance with smoking bans and only about one-quarter of those organizations (23 per cent) have issues with non-compliance and/or complaints from non-smokers. The most prevalent issues include:

- improper disposal of cigarette butts
- second-hand smoke from smoking areas near building entrances

Limiting Exposure to Second-Hand Smoke Through Workplace Smoking Restrictions

In all Canadian jurisdictions, smoking in the workplace is restricted by laws or regulations, with some jurisdictions completely banning smoking and others allowing smoking in a separately ventilated space.[1] Restrictions on smoking at workplace entrances and on company property are also inconsistent across different cities, provinces, and territories. This is a concern given the health implications from exposure to second-hand smoke (SHS). In 2011, over half of Canadians reported having been exposed to SHS at building entrances in the last month.[2] A 2011 study of building entrances at 28 office buildings in Toronto found that air pollution was significantly higher at building entrances where smoking was allowed.[3] Employers can eliminate workplace SHS exposure for their employees, visitors, and customers by implementing complete smoking bans in the workplace.

1 Canadian Centre for Occupational Health and Safety, *Environmental Tobacco Smoke (ETS).*

2 Based on Health Canada's 2011 *Canadian Tobacco Use Monitoring Survey (CTUMS).*

3 Kaufman and others, "Not Just 'a Few Wisps'," 217.

Table 2
Areas Where Smoking Is Not Permitted in the Workplace
(per cent, n = 129)

Inside any building	80
Company vehicles	61
Outside building entrances	55
Outside of designated smoking areas	53
Within a set distance outside the building	45
On job site(s) (e.g., construction, landscaping)	36
Other	4
No smoking is permitted on company property either inside or outside	19

Source: The Conference Board of Canada.

- smokers who aren't respecting restrictions related to smoking a set distance from the building
- smokers who take breaks, in some cases where no formal breaks are allowed
- air quality and smell in company vehicles after a smoker has used it
- restricting clients/customers from smoking in non-designated areas

It is important that management set clear policies regarding smoking in the workplace and also properly communicate the designated areas, the distance from doorways/entrances (e.g., 300 metres), and where smoking is not permitted (e.g., company vehicles). This will establish clear rules for smokers who wish to continue smoking at the workplace and help to limit the number of complaints from non-smokers.

GROUP BENEFITS PLAN COVERAGE

Access to group benefits plans can vary greatly based on an employee's type of employment. While almost all permanent full-time employees (98 per cent) are covered by a group benefits plan, benefits coverage is less common for permanent part-time employees (74 per cent) and non-permanent employees (23 per cent), such as those on contract or term. (See Table 3.) Access to a group benefits plan also varies significantly by organization size and industry. (See box "Benefits Coverage by Workplace Size and Industry.")

Table 3
Employees Who Have Access to Group Benefits Plan
(per cent, n = 129)

Permanent full-time	98
Permanent part-time	74
Non-permanent, full- or part-time (e.g., including contract, term, seasonal, casual employees; excluding all independent contractors)	23
Retirees	39
Other	2
No group benefits plan offered	2

Source: The Conference Board of Canada.

COVERAGE OF SMOKING CESSATION AIDS AND SERVICES

Most employers provide psychological sessions/counselling through an Employee Assistance Program (EAP) (78 per cent) and coverage of prescription smoking cessation medications such as Champix or Zyban (73 per cent).[4] (See Table 4.) However, prescription drug plans often have yearly (16 per cent) or lifetime (48 per cent) maximums. (See Table 5.) Although drugs like Champix and Zyban can increase the quitting success rate, smokers usually need many quit attempts before becoming smoke free. Lifetime maximums can therefore be counterproductive to helping an employee quit smoking and remain a non-smoker. Annual maximums can allow for multiple quit attempts, and can be effective, but employers must ensure that employees are able to follow dosage recommendations from their physicians or pharmacists for the entire durations of the therapy.

Limiting areas where employees can smoke and enforcing these restrictions will reduce the likelihood of smoking and shift the organizational culture on smoking.

In most cases, nicotine replacement therapies (NRT) are available over the counter and consequently are not always covered by employees' group benefits. (See box "What Are Nicotine Replacement Therapies?") Only about four in ten organizations (40 per cent) cover NRT treatments such as patches, gums, or inhalers. As noted with prescription smoking cessation medications, yearly (31 per cent) and lifetime (38 per cent) maximums for NRTs are quite common.

Alternative therapies such as hypnosis or acupuncture and psychological sessions/counselling are also covered by approximately 40 per cent of organizations. In many cases, these treatments are covered only if the employer/

4 Employers in Quebec must cover stop-smoking products specified by la Régie de l'assurance maladie du Québec. Annual maximums and dosage limits are in place.

Benefits Coverage by Workplace Size and Industry

Small businesses (fewer than 100 employees) account for 98 per cent of employer businesses in Canada.[1] According to the Statistics Canada's Workplace and Employee Survey,[2] small businesses are less likely to provide supplemental medical insurance to their employees, which would include coverage for smoking cessation medication and other aids. (See table.) Without this coverage, many employees who work for small businesses will not have the financial support in place to quit successfully.

Access to a supplemental medical insurance plan also varies greatly by industry. Unfortunately, benefits coverage is limited in some industries with relatively high smoking rates. For instance, less than half (47 per cent) of employees in the construction sector have supplemental medical insurance. This sector has the highest smoking rate (34 per cent). In the retail trade and consumer services industry, only 30 per cent of employees have supplemental medical insurance. The smoking rate in this sector is 23 per cent—higher than the Canadian average of 17.3 per cent. Access to smoking cessation aids and services, either through supplemental medical insurance plans or by other means, is critical to decreasing smoking rates in specific high-risk industries.

1 Industry Canada, *Key Small Business Statistics*.

2 Statistics Canada, *Workplace and Employee Survey Compendium 2005*.

Source: The Conference Board of Canada.

Percentage of Employees Who Have Access to Supplemental Medical Insurance Plan

Number of employees	
1 to 19 employees	31
20 to 99 employees	50
100 to 499 employee	64
500 or more employees	67
Industry	
Finance and insurance	71
Secondary product manufacturing	68
Forestry, mining, oil and gas extraction	67
Primary product manufacturing	65
Capital-intensive tertiary manufacturing	65
Communication and other utilities	65
Information and cultural industries	64
Transportation, warehousing and wholesale trade	60
Education and health services, non-profit groups	55
Business services	54
Labour-intensive tertiary manufacturing	49
Construction	47
Real estate, rental and leasing operators	46
Retail trade and consumer services	30

Note: Results from survey conducted from 1999 to 2005; 24,197 employees responded.
Source: Statistics Canada, *Workplace and Employee Survey Compendium, 2005*.

benefits provider indicates that it is an eligible paramedical expense. Organizations can choose to have separate maximums for each service (e.g., psychologist, physiotherapy, chiropractor) or a combined maximum for all paramedical services. Maximum reimbursements ranged from $554 for alternative medicine to $701 for psychological sessions/counselling. (See Table 6.)

Some employers indicated that even though they do not cover smoking cessation aids through a group benefits plan, the organization offers a health care spending account that could be used to claim these expenses. (See box "What Is a Health Care Spending Account?")

Table 4
Smoking Aids and Services Covered
(per cent, n = 125)

Psychological sessions/counselling (through EAP)	78
Prescription/smoking cessation medications (e.g., Champix, Zyban)	73
Psychological sessions/counselling (other than EAP)	42
Alternative medicine (e.g., acupuncture, hypnosis)	41
Nicotine replacement therapy (e.g., patches, gums, inhalers)	40
Other	8
Do not cover any smoking cessation aids	7

Source: The Conference Board of Canada.

What Are Nicotine Replacement Therapies?

NRTs help with withdrawal symptoms from quitting smoking or help with cravings. The patch, gum, lozenges, or inhalers replace the nicotine for those who have just quit and, over time, the dosage can slowly be reduced while the individual adjusts to being smoke free.[1]

1 The Lung Association, *Smoking & Tobacco*.

The Ontario government has also recently announced that the 41 Community Health Centres are now offering free counselling and over-the-counter smoking cessation aids.[5]

5 Ontario Ministry of Health and Long-Term Care, *Ontario Helping More Smokers Quit*.

Table 5
Types of Maximums in Place for Smoking Cessation Aids and Services
(per cent)

	No.	Yearly maximum	Lifetime maximum	Dosage maximum	Yearly and lifetime maximum	No maximum
Nicotine replacement therapy (e.g., patches, gums, inhalers)	45	31	38	2	2	27
Prescription/smoking cessation medications (e.g., Champix, Zyban)	84	16	48	5	1	31
Alternative medicine (e.g., acupuncture, hypnosis)	58	90	5	n.a.	0	5
Psychological sessions/counselling	81	62	5	n.a.	0	33

n.a. = not applicable
Source: The Conference Board of Canada.

Table 6
Reimbursement Maximums for Smoking Cessation Aids and Services
(C$)

	Yearly maximum		Lifetime maximum	
	No.	Mean	No.	Mean
Nicotine replacement therapy (e.g., patches, gums, inhalers)	14	$505	18	$611
Alternative medicine (e.g., acupuncture, hypnosis)	51	$554	*	*
Psychological sessions/counselling	51	$701	4	$675

*sample size too small to report (n<4)
Source: The Conference Board of Canada.

What Is a Health Care Spending Account?

Health care spending accounts (sometimes referred to as health spending accounts or health care expense accounts) are ones containing credits or a fixed dollar amount that can be used to reimburse medical, vision, and dental expenses over and above what may be paid by the organization's benefits program.[1]

1 Thorpe, Martin, and Lamontagne, *Benefits Benchmarking 2012*, iii.

Although most public and private sector organizations offer coverage for prescription smoking cessation medications, public sector organizations are more likely to cover other types of smoking cessation aids. (See Table 7.) Close to half of public sector organizations (47 per cent) provide NRT reimbursement compared with only 37 per cent of private sector organizations.

NRT and prescription smoking cessation medication coverage is more prevalent in larger organizations. Organizations with 5,000 or more employees are more than twice as likely to cover NRT compared with organizations having fewer than 500 employees.

SMOKING CESSATION PROGRAMS

Although group benefits coverage for smoking cessation medications is a critical component to assist employees to try to quit smoking, organizations can implement other smoking cessation programs in the workplace. These programs can range from simply providing access to self-help resources to developing a custom program that could include providing individual or group counselling on-site at the workplace, with free or partially covered smoking cessation aids.

In our research, almost two-thirds of organizations (63 per cent) have a smoking cessation program in place for all (27 per cent) or some (36 per cent) employees. (See Chart 2.)

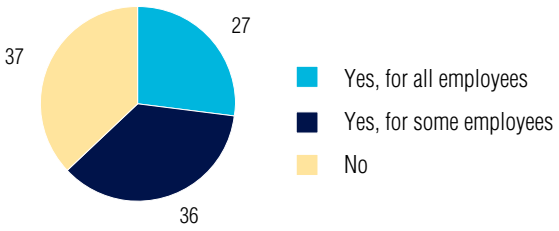
The prevalence of smoking cessation programs varies widely by sector and employer size. Smoking cessation programs are significantly more common in the public sector (78 per cent) than in the private sector (57 per cent). Large organizations (with more than 5,000 employees) are the most likely to offer smoking cessation programs. (See Table 8.)

Table 7
Percentage of Organizations That Have Smoking Cessation Coverage in Place by Sector and Number of Employees
(per cent)

	No.	Nicotine replacement therapy	Prescription/smoking cessation medications	Alternative medicine	Psychological sessions/counselling (through EAP)	Psychological sessions/counselling (other than EAP)
Sector						
Private	89	37	73	40	76	40
Public	36	47	72	42	81	44
Number of employees						
Fewer than 500	39	26	64	36	80	33
500 to 1,499	33	39	70	49	76	36
1,500 to 4,999	20	55	75	40	80	55
More than 5,000	25	60	92	44	76	48

Source: The Conference Board of Canada.

Chart 2
Smoking Cessation Program in Place
(per cent; n = 129)



Source: The Conference Board of Canada.

Table 8
Percentage of Organizations That Have Smoking Cessation Programs in Place by Sector and Number of Employees

	No.	Per cent
Sector		
Private	92	57
Public	37	78
Number of employees		
Fewer than 500 employees	41	56
500 to 1,499 employees	33	70
1,500 to 4,999 employees	20	55
More than 5,000 employees	27	74

Source: The Conference Board of Canada.

Table 9
Administration of Smoking Cessation Program
(per cent, n = 81)

Internal administration	27
Co-managed with a third party	28
External third party administers program	49
Other	1

Note: Total does not add to 100 due to multiple responses.
Source: The Conference Board of Canada.

Table 10
External Third-Party Administrators of Smoking Cessation Programs
(per cent, n = 64)

EAP provider	91
Group benefits plan administrator	30
Wellness and health promotion provider	16
Local health authority/public health unit	13
Other	2

Note: Total does not add to 100 due to multiple responses.
Source: The Conference Board of Canada.

PROGRAM ADMINISTRATION

For almost half of the organizations surveyed, the smoking cessation program is administered by an external third party. Only 27 per cent of organizations administer the program internally and 28 per cent of organizations co-manage the smoking cessation program with an external provider. (See Table 9.)

Organizations most frequently outsource the administration of their smoking cessation program to an EAP provider. (See Table 10.) For example, Morneau Shepell offers two different smoking cessation programs, depending on the needs of the individual. The first is a personalized program that provides one-on-one coaching by phone with a trained smoking cessation counsellor. This is supported by a comprehensive employee handbook based on the principles of cognitive behavioural therapy. The other alternative is an online smoking cessation program that allows employees more flexibility to work independently and at their own pace. It provides access to customized material on smoking cessation, and offers peer support through a moderated online chat forum. Both approaches were developed specifically for the Canadian market and have proven to be effective. Success rates are in the 10–20 per cent range, with higher rates for heavy smokers. Ceridian LifeWorks offers wellness coaching by telephone through a specialized program for smoking cessation called iCanQuit.[6] An evaluation of this U.S.-originated program showed a quit rate of 26 per cent, which is roughly 2.5 times the physician-assisted quit rate. Ceridian also has a Stop Smoking Centre, which is an online self-serve program. Since its launch, 2,785 participants have accessed the program. When offered in partnership with the American Cancer Society, this

6 Shepell fgi, *Smoking Cessation Services*; Ceridian, *Wellness Solutions*.

Windsor-Essex County Health Unit Partners With Workplaces and Pharmacies

Pharmacist-led programs in the community are garnering interest as a means to accelerate successful quit attempts.[1] A recent pilot project between the Windsor-Essex County Health Unit, six workplaces, and 10 pharmacies developed a comprehensive smoking cessation program that would meet the diverse needs of the workplaces. Over a 12-week period, the pharmacist provided counselling sessions, discussed NRT and medication options, and followed up with the individual while the Health Unit paid the cost of smoking cessation aids and counselling services not covered under each organization's benefits plan. Pharmacists also referred participants directly to a Smokers' Helpline to allow the quit line specialist to contact them directly. In total, 240 employees participated in the program and 40 per cent[2] indicated they remained smoke free after six months.[3] This is significantly higher than the average quit rate without medication or counselling, which ranges from 4 to 7 per cent.[4]

1 Ontario Ministry of Health and Long-Term Care, *Pharmacy Smoking Cessation Program*.

2 Based on 124 participants who responded to the follow-up interview. The quit rate would be lower if those who were lost to follow-up were classified as failed quit attempts.

3 MacKenzie, "Quitters Always Win," 40.

4 American Cancer Society, *A Word About Quitting Success Rates*.

program showed a quit rate of 11 per cent—higher than the average quit rate without medication or counselling of 4 to 7 per cent.[7]

Although not many organizations work in collaboration with a local health authority, partnerships with a health unit and other external experts can be very effective. (See box "Windsor-Essex County Health Unit Partners With Workplaces and Pharmacies.") On January 23, 2013, the Ontario government announced that it plans to partner with 11 public health units to target workplaces. The initiative will include brief in-person counselling, free smoking cessation aids, and follow-up telephone counselling.[8]

7 E-mail correspondence with Estelle Morrison, Ceridian Canada, April 22, April 25, June 5, and June 6, 2013; American Cancer Society, *A Word About Quitting Success Rates*.

8 Ontario Ministry of Health and Long-Term Care, *Ontario Helping More Smokers Quit*.

Smart Steps Comes Into Your Workplace

The Alberta and Northwest Territories Lung Association created a workplace smoking cessation program called Smart Steps...towards a smoke-free life™. The program is held during work hours, at no cost to the individual, and includes:

- an introductory information session
- three sessions that discuss nicotine withdrawal, coping mechanisms, developing quit plans, smoking cessation medication, and other topics
- follow-up sessions at 1, 3, 6, and 12 months after the program to discuss challenges and success with quitting smoking
- a $200 certificate for NRT

From September 2009 to March 2012, 727 smokers from 54 different organizations participated in the program. At the one-year follow-up point, 27 per cent[1] of respondents were smoke free. Again, this is significantly higher than a typical quit rate without medication or counselling (which ranges from 4 to 7 per cent).[2] This is also important because being smoke free for a full year significantly increases the chance that the person will remain a non-smoker in the long term. The success of the program is credited to:

- communicating through various channels (e.g., staff meetings, posters, payroll messages)
- creating a tobacco champion in each workplace
- having skilled Smart Steps facilitators who are trained in smoking cessation counselling
- hosting group sessions of 7 to 20 participants, which enhanced peer support
- holding free sessions during work hours to reach heavy smokers who need motivation to quit and those of lower socio-economic status who may not have the means of transportation or the financial ability to attend external programs[3]

Smart Steps … towards a smoke-free life™ will be launched as a national flagship program across all provincial lung associations in the neart future.[4]

1 Based on the 123 participants who participated in the follow-up interview. The quit rate would be lower if those who were lost to follow-up were classified as failed quit attempts.

2 American Cancer Society, *A Word About Quitting Success Rates*.

3 The Lung Association, Alberta & NWT, *Smart Steps*, Executive Summary.

4 Information provided by e-mail by Kristin Matthews (Tobacco Control Regional Manager, The Lung Association Alberta & NWT); May 13, 2013.

Table 11
Promotion of Smoking Cessation Program
(per cent, n = 81)

Corporate intranet site	38
Health and wellness bulletin	36
Lunch and learn sessions	31
Pamphlets or bulletins from EAP provider	30
Flyers/posters on employee bulletin board	24
Organization newsletter	20
E-mail	20
Staff meetings	10
Workshop/training sessions	7
Employee orientation/benefits booklets	6
Social networking tools (e.g., Facebook, chat groups)	4
On-the-job mentors	4
Referral to occupational health nurse	4
Corporate wellness website	4
Podcasts	1
Webcasts, web conferences, webinars, e-learning	1
Union newsletter	1
Other	4
Do not promote the smoking cessation program	25

Note: Total does not add to 100 due to multiple responses.
Source: The Conference Board of Canada.

Some organizations have also partnered with disease groups such as provincial lung associations to administer smoking cessation programs. (See box "Smart Steps Comes Into Your Workplace.") For small companies that lack the resources or capacity to deliver a smoking cessation program, partnerships can be a valuable way to facilitate employee access to effective programs. However, employers should be careful when implementing one-time campaigns that have very short durations like Quit and Win challenges. If smoking cessation aids are covered only for the length of the challenge, a person may not have the support in place after it is over to remain smoke free. A review of these types of campaigns by Region of Peel Public Health showed that there is currently no evidence that these types of programs produce short- and long-term quit rates.[9]

9 Datta, *Quit and Win Contests*, 1.

PROMOTION OF SMOKING CESSATION PROGRAM

To ensure that their smoking cessation programs are successful, organizations need to actively promote the programs to employees who smoke. The most popular way to communicate program offerings is through the corporate intranet site (38 per cent) where most information on HRAs and organization-wide programs can be found. (See Table 11.) This presents a challenge for many employees (e.g., retail, construction, mining) who may not have access to a computer on a daily basis. Corporate intranet sites are also not always easy to navigate, which can make it difficult for employees to find the information they are looking for and can discourage them from making a quit attempt.

Other commonly used promotional tools include health and wellness bulletins (36 per cent), lunch and learn sessions (31 per cent), and pamphlets or bulletins from the EAP provider (30 per cent). These are much more direct methods for communicating smoking cessation services and programs to employees. However, organizations must ensure that the resources are getting to hard-to-reach employee segments to increase awareness of the resources available at the workplace and in the community. This can be done by using multiple communication channels such as staff meetings, posters, e-mail, payroll messages, employee newsletters, workplace intranet, and health and wellness committees. With effective smoking cessation programs, the program can be promoted through word of mouth by employees who have participated in the program.

SELF-HELP RESOURCES

Employers can also suggest certain self-help resources to their employees to assist them in quitting smoking or to remain smoke free in the long term. The vast majority of organizations direct their employees to self-help resources provided by an external EAP provider. However, many national and provincial not-for-profit organizations, such as the Canadian Cancer Society, the Heart and Stroke Foundation of Canada, or the Canadian Lung Association, can also provide excellent self-help resources. (See Table 12.) (See box "Smoking Cessation and Physical Activity.") Employers could also suggest that employees visit their family physician for advice on which smoking cessation aids to take and for referral to counselling services or community programs.

Table 12
Self-Help Resources Offered by Employers
(per cent, n = 129)

EAP services/resources	90
Canadian Cancer Society (e.g., Quit Smoking guides: One Step at a Time)	34
Heart and Stroke Foundation (e.g., Just Breathe: Becoming and Remaining Smoke Free)	27
Health Canada (e.g., On the Road to Quitting, Quit 4 Life)	21
Lung Association (e.g., Quitting Smoking)	21
Telephone support lines (e.g., Smokers' Helpline)	21
Provincial government resources	17
Community health centres/district health authorities	12
Services/resources developed in house	12
Benefits provider/smoking cessation coverage	6
Other	11
Employees are not referred to any self-help resources	6

Note: Total does not add to 100 due to multiple responses.
Source: The Conference Board of Canada.

Recommending telephone quitlines can be an effective low-cost alternative to encourage employees to quit smoking. Provincial quitlines in Canada have been able to help many people quit smoking. For example, the Ontario Smokers' Helpline had a quit rate of 18.8[10] per cent in 2010–11 while the quit rate for AlbertaQuits was 26.1[11] per cent in 2011–12. Some organizations are also partnering with quitlines to create a comprehensive smoking cessation program for their employees. (See box "City of St. John's Stop Smoking Support Pilot Project.")

With the vast array of resources currently available, not many organizations (12 per cent) have created their own custom resources to help employees quit smoking. In one organization, nurses and the health and wellness program leads worked collaboratively to design a virtual coach that employees can access through the Corporate Health Portal. Self-help resources can vary in their effectiveness; consequently, employers should contact their local health authority or health unit to seek advice on what resources might be the most effective to help their employees quit smoking. The local health authority or health unit can guide employers toward the best supports available for specific types of employees (e.g., shift workers, office workers).

10 Note: 30-day quit rate, based on 7-month follow-up. Ontario Tobacco Research Unit, *Smoke-Free Ontario Strategy Evaluation*, 61. The quit rate would be lower if those who were lost to follow-up were classified as failed quit attempts.

11 Note: 30-day quit rate based on the 7-month follow-up. Information provided by e-mail by Cindy Connell (Alberta Health Services), March 12, 2013. The quit rate would be lower if those who were lost to follow-up were classified as failed quit attempts.

Smoking Cessation and Physical Activity

Tobacco cessation experts are leveraging the evidence that combining physical activity and smoking cessation can yield promising results.[1] For example, The Lung Association of Nova Scotia has created a Learn to Run for Smokers program. The program is focused on building participant commitment to fitness and a healthy lifestyle through running, and in turn helping people develop the confidence needed to address their smoking. It is based on evidence that shows moderate exercise can help reduce some of the side effects that can occur when quitting smoking.[2] Session facilitators typically have experience in tobacco cessation or leading a running program and are provided with training and materials from the provincial lung association. Since 2009, 18 sessions have been completed with 250 people participating. Results show a 30 per cent quit rate at the end of the eight-week program.[3] As the program continues to grow, the Lung Association will be exploring opportunities to expand the program into workplace settings.

The Canadian Cancer Society and the Running Room have partnered to offer a similar Run to Quit program.[4] Run to Quit coaches provide education and resources to smokers on how to quit, along with support for a 10-week running program that will help participants move toward a 5-km run/walk by the end of the session.

1 The Lung Association, *Fact Sheet: Exercise and Quitting*.

2 The Lung Association of Nova Scotia, *Learn to Run*, 10.

3 Robert MacDonald (Manager of Health Initiatives, Lung Association of Nova Scotia), interview by Carole Stonebridge, October 24, 2012.

4 Canadian Cancer Society, *Run Towards a Smoke-Free Life*.

INCENTIVES TO PROMOTE PARTICIPATION AND QUITTING

In addition to promoting smoking cessation programs, organizations can incentivize employees to participate by introducing gaming activities or incentives. Of the organizations that provide smoking cessation programs, only one in six (17 per cent) currently offers incentives

to employees who take part in the smoking cessation program. (See Chart 3.) Examples of these incentives include:

- cash incentives for employees who quit smoking for at least one year (e.g., $100)
- extra sum of money transferred into wellness account
- points toward corporate rewards program to buy items (e.g., cameras)
- contests to win prizes (e.g., iPad, iPod)
- small gift card for completing custom in-house program
- cash incentives for completing an HRA and one coaching session
- sessions offered during paid work time

MONITORING AND EVALUATION OF SMOKING CESSATION PROGRAMS

Smoking cessation programs are typically not very costly for employers. The total cost of a workplace smoking cessation program averages $6,265 per year. (See Table 13.) The cost of the program varies from an average of $2,375 for employers with fewer than 500 employees to $10,367 for organizations with more than 1,500 employees.

Almost two-thirds of organizations (63 per cent) have a smoking cessation program in place for all (27 per cent) or some (36 per cent) employees.

Slightly more than 20 per cent of employers evaluate their smoking cessation programs using one or more methods. The most common method used to evaluate smoking cessation programs is program participation rates (19 per cent). (See Table 14.) On average, 2 per cent of employees participated in a workplace program during the last fiscal year.

Most organizations have an EAP provider in place to provide smoking cessation services, but only 4 per cent of organizations analyze reports from their EAP provider. Employers should take advantage of these reports to determine if smoking cessation support counselling is being fully utilized, if more promotion/communication is required, and if the program is effective in helping employees quit smoking.

City of St. John's Stop Smoking Support Pilot Project

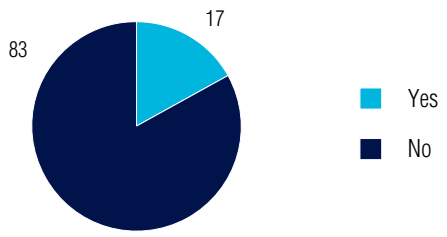
Between 2008 and 2009, the City of St. John's Employee Wellness and Education Program provided health assessments by occupational health nurses to all willing employees. It was discovered during this process that many employees were struggling to quit and some workplace sites had smoking rates as high as 90 per cent. Even after a non-smoking policy was implemented, the overall smoking rate was still around 20 per cent—higher than the national average. The City launched a smoking cessation information seminar with the Newfoundland and Labrador (NL) Lung Association for employees during work hours, but not a single employee attended. Rethinking its strategy, the City developed a new program that would integrate the counselling support of the NL Lung Association with financial reimbursement for smoking cessation aids. Before this, the group benefits plan did not cover any NRTs or prescription smoking cessation medications.

All employees and their immediate family members are now eligible to participate in a smoking cessation pilot project to help employees quit smoking. The employees must first register with the employee health and wellness educator, who then registers them with the NL Lung Association Smokers Helpline. Individuals must then use the quitline program in order to receive financial support for the purchase of smoking cessation aids (reimbursed at 50 per cent for a maximum of $500 per lifetime). Smoking cessation aids covered include the patch, gum, lozenges, inhalers, Zyban, and Champix. To date, 35 people (31 employees and 4 spouses) have registered for the program.

Currently, the City's focus has turned to getting more employees to participate and formally evaluating the program to determine which smoking cessation aids were most effective at getting employees to remain smoke free. City Council will have to be convinced that the program should become permanent and that the budget should be increased to reimburse a greater portion of smoking cessation aids (75 per cent). For the manager of the program, success is measured by every employee who quits smoking; so far, one of the greatest success stories is a very heavy smoker who quit after smoking for 35 years.[1]

1 Information provided by Brian Harris (Health and Wellness Educator, City of St. John's), fax, January 20, 2013.

Chart 3
Provide Incentives to Participate in Smoking Cessation Program
(per cent; n = 81)



Source: The Conference Board of Canada.

Table 13
Average Cost of Smoking Cessation Program
(n = 19)

	Total average annual budget (C$)
Mean	$6,265
Median	$3,000

Source: The Conference Board of Canada.

Table 14
Methods for Evaluating Smoking Cessation Programs
(per cent, n = 129)

Program participation rates	19
Employee surveys and/or focus groups	6
Informal feedback mechanisms (e.g., feedback from supervisors, employees, unions)	5
Reports from an EAP provider	4
Information from benefits/wellness provider	3
Tracking data from health risk assessment	2
Return on investment calculation	2
Other	1
Do not evaluate program	79

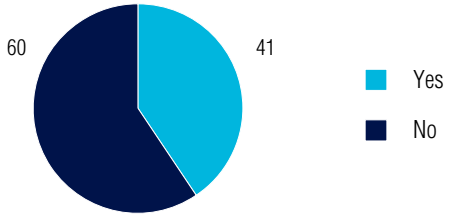
Source: The Conference Board of Canada.

Following up with employees to assess if they have remained smoke free is an essential component of determining successful quit rates or what additional supports are needed to help employees quit smoking. Among employers that administer follow-up, half complete it after a six-month period. On average, 18 per cent of participants had remained smoke free after six months.

INTEGRATING HEALTH AND WELLNESS INITIATIVES

Smoking cessation programs should be integrated with other wellness programs to target all lifestyles choices and help employees adopt healthier behaviours. Approximately two out of five of the organizations (41 per cent) currently incorporate their smoking cessation program within a broader health and wellness strategy. (See Chart 4.)

Chart 4
Smoking Cessation Programs Linked to Other Wellness Initiatives
(per cent; n = 79)



Note: Total may not add to 100 due to rounding.
Source: The Conference Board of Canada.

Incorporating elements of competition, teamwork, and online engagement can help to keep employees motivated and encourage them to participate in smoking cessation initiatives as well as other wellness programs. Team-based competitions with online tracking of results are an excellent way to energize employees about the wellness program.[12]

BARRIERS TO SUCCESS

Organizations face many barriers when trying to introduce or implement smoking cessation programs. Here are some of the key challenges that were reported by employers.

FINANCIAL AND HUMAN RESOURCES

As with many other health and wellness programs, it is often difficult to make the business case to senior management about the importance of investing in such programs. Some employers do not have the staff required to administer and manage the program, let alone to devote resources toward its evaluation. However, getting feedback from participants on their experience with the program and their progress is essential to demonstrate the value of the program to senior management.

12 Riseley, *The Failure of Incentive-Driven Wellness Programs*.

Other pressing health concerns such as a lack of physical activity and poor nutrition are also competing for health and wellness dollars, and these priorities are often more predominant in the minds of executives than the need to offer smoking cessation support.

In addition, with escalating benefits costs, employers may be reluctant to cover smoking cessation aids because it will increase the overall cost of their employee group benefits plan. Many employers have also implemented yearly or lifetime maximums to keep expenditures contained, but these measures can limit the number of times a smoker can attempt to quit with smoking aids.

Due to a lack of resources and time, some organizations are not able to monitor compliance with smoking bans (e.g., smoking a set distance away from the building), making the enforcement of smoking restrictions less effective.

REACHING ALL EMPLOYEE GROUPS

Properly promoting and communicating programs are challenges for all HR initiatives. In the absence of a good communications strategy, encouraging and maintaining participation is difficult. This has rendered some smoking cessation programs unsuccessful.

Feedback from participants on their experience and their progress is essential to demonstrate the value of the smoking cessation program to senior management.

Employers need to choose the right communication channels to reach out to employees who do not have access to e-mail, shift workers who work during different times of the day, or employees who work in certain industries where smoking is accepted as part of the workplace culture.

Many smokers are not ready to take action to stop smoking. As a result, it is hard to motivate employees, especially "hardcore" smokers, to participate in smoking cessation programs. Finding the right approach to market these programs has been a complex task for many organizations.

Large national organizations that have offices in a variety of locations across the country and in remote areas often have difficulty providing programming at each worksite. EAP, self-help resources, or online tools are easily offered across a large number of locations, but ensuring that employees are aware of the resources and can access them easily (e.g., Internet connectivity in small communities) is an obstacle for smokers in these locations.

STRATEGIES THAT MAKE PROGRAMS SUCCESSFUL

There are a number of elements that employers identified as being crucial to the success of their smoking cessation strategies.

STRONG POLICIES REGARDING SMOKING IN THE WORKPLACE

Those organizations that have instituted a smoke-free workplace have found it a great opportunity to create a communications campaign around what services and programs are available to help employees quit smoking. Introducing a smoke-free environment also makes it more difficult for employees to smoke during work hours, which might encourage them to reach out for support in quitting. This is a central component to any smoking cessation program because employees must first understand that the employer is serious and committed to reducing smoking rates in the organization and promoting healthy behaviours.

RELATIONSHIPS WITH EXTERNAL PARTNERS

Many organizations recognize the expertise and knowledge of external vendors or programs. They have partnered with specific institutions (e.g., Ottawa Heart Institute, BC Cancer Society, local health authorities) to deliver evidence-based and comprehensive counselling and support. These providers can offer free smoking cessation aids, on-site peer support groups, and continued follow-up.

INTEGRATED WELLNESS STRATEGY

Having an integrated wellness strategy allows organizations to run a more effective smoking cessation program. By unifying wellness programs under one umbrella,

employers can ensure that programs are aligned. The organization can also better leverage investments. For example, HRA data can be used for input into smoking cessation, nutritional, and physical activity programming. Benefits coverage also needs to be aligned with health and wellness priorities and objectives.

SENIOR MANAGEMENT SUPPORT

Having the senior leadership team on board with the smoking cessation program is an integral part of shifting the organizational culture. This support makes change happen and helps ensure it is permanent. Designating employees at the senior level as organizational champions for the program will also raise awareness across the organization and increase participation. For instance, because the program was supported by the executive leadership, one organization was able to create a "no shame, no blame" attitude around quitting smoking and co-workers would actively encourage each other through the process.

OTHER SUCCESS FACTORS

Other factors employers believed contributed to a successful implementation of the program include:

- collaboration between departments
- targeted and regular communication about programs and where to access them
- evidence-based program design
- having on-site health care professionals who are strong advocates for smoking cessation and can direct employees to the right resources

RECOMMENDATIONS

Evidence suggests that employers should offer smoking cessation benefits and programs. A 2008 systematic review of workplace interventions for smoking cessation found that cessation aids with proven effectiveness, such as individual counselling, group therapy, or NRT, are just as effective when offered in a workplace as they are in other settings.[13]

There are many opportunities for employers to take action. Based on a literature review and gaps in employer practices identified through our survey, a number of guidelines have been developed for employers implementing a smoking cessation program in the workplace.

CONDUCT HEALTH RISK ASSESSMENTS

Currently less than half of organizations (49 per cent) offered an HRA to all or some of their employees, but HRAs help organizations determine the percentage of the workforce that smokes and health risk factors that can be reduced by decreasing smoking rates in the organization.

DEVELOP A COMPREHENSIVE NON-SMOKING POLICY THAT INCLUDES A SMOKING BAN ON COMPANY PROPERTY

Prohibiting tobacco use anywhere on company property is more effective than smoking restrictions that allow smoking in designated areas or in company vehicles or worksites.[14] However, only 19 per cent of organizations do not permit smoking on company property either inside or outside.

COVER SMOKING CESSATION AIDS UNDER YOUR GROUP BENEFITS PLAN

While the majority of organizations (73 per cent) cover prescription smoking cessation medications, NRTs are covered only by 40 per cent of employers. Reducing out-of-pocket costs for effective treatments such as NRTs or prescription smoking cessation medications can be effective in increasing both the number of people who try to quit and the number of those who are successful.[15]

13 Cahill, Moher, and Lancaster, "Workplace Interventions."

14 Centers for Disease Control and Prevention, *Tobacco-Use Cessation.*

15 Reda and others, "Healthcare Financing Systems."

ELIMINATE LIFETIME MAXIMUMS FOR SMOKING CESSATION AIDS AND PRESCRIPTION SMOKING CESSATION MEDICATIONS

Many employers have lifetime maximums in place for NRTs (38 per cent) and prescription smoking cessation medications (48 per cent), but on average Canadians needed 3.2 quit attempts before successfully quitting smoking.[16] Barriers to repeat quit attempts should be removed; employers should ensure that annual maximums allow for more than one quit attempt a year.

COMBINE SMOKING CESSATION AIDS COVERAGE WITH COUNSELLING SESSIONS

Ensure that employees are getting coaching during their quit attempts by directing them to the specific EAP smoking cessation counselling programs, local health professionals, or on-site group counselling during paid work time. Seventy-eight per cent of employers cover counselling sessions through EAP, but only 42 per cent cover counselling sessions outside of EAP. Combining counselling and medications or NRT can increase the chance of success when quitting.[17]

Most employers' smoking cessation programs are not well coordinated with other benefits and are not typically part of a broader health and wellness strategy.

CREATE EFFECTIVE PARTNERSHIPS WITH VENDORS OR EXTERNAL SUPPLIERS

Organizations should collaborate with outside partners to offer additional programs and services to assist employees who are trying to quit. Many employers highlighted in this briefing have had great success when working with the right vendor or partner. However, organizations should be careful when implementing one-time campaigns because employees need continued support to remain smoke free over the long term. For employers that already have sophisticated smoking cessation programs, reaching out to vendors that have innovative or new programs in place can help refresh the program and encourage participation among employees who are still smoking. Employers should also have a list of self-help resources that employees can access when they are ready to stop smoking.

BUILD AN INTEGRATED WELLNESS PLAN WITH A WELL-DESIGNED COMMUNICATIONS STRATEGY

Employers need to incorporate smoking cessation programs within a broader health and wellness strategy. Sixty per cent of organizations have not yet taken this step. Integrating the smoking cessation programs will ensure that this strategy is aligned with other programs and properly communicated to employees. This will also help to ensure that employees know what support is available to them and where they can access the resources.

ENGAGE SENIOR MANAGEMENT IN BECOMING ORGANIZATIONAL CHAMPIONS FOR THE PROGRAM

Senior management buy-in will allow employees to directly see their dedication to developing a culture of health and wellness in the organization. It can also motivate more participation in the program because employees will be encouraged by their peers to make the change and the organization as a whole will be committed to achieving better health outcomes.

MONITOR AND EVALUATE THE PROGRAM'S SUCCESS

A large majority of employers (79 per cent) do not evaluate their smoking cessation program. To ensure the program is as effective as possible and to demonstrate the return on investment, employers need to measure success. This will provide direction on how to fine-tune the program and ensure that senior management remains committed to funding the program. For employers that already have comprehensive smoking cessation program offerings, tracking the effectiveness of the program and seeing if it is successful at helping employees maintain this healthy behaviour is essential.

CONCLUSION

Smoking cessation programs can be a critical component in improving employee health and wellness. However, only about half of organizations take the important first step of offering an HRA to determine if smoking is a significant health risk for their employee population. Most employers' smoking cessation programs are not

16 Health Canada, CTUMS.

17 Stead and Lancaster, "Behavior Interventions as Adjuncts."

well coordinated with other benefits and are not typically part of a broader health and wellness strategy. More work also needs to be done to educate employees on what resources are offered and ensure they are comfortable accessing and/or participating in these programs at work. At this time, only a small percentage of organizations are actually measuring and evaluating their smoking cessation programs. As a result, employers do not know if their programs are reaching smokers in their organization or if they are being successful at helping employees quit.

Employers can also play a much more strategic role in directing employees to external resources with proven effectiveness and convenience for the individuals who wish to quit. This can help employers optimize their investment as well as the health outcomes achieved. Provincial lung association programs, quitlines, and pharmacists offer a number of resources that employers can leverage to help their employees quit smoking.

Simon Stevens, president of UnitedHealth Group's global health businesses, predicted that a future trend in health care will be a shift in private health plans taking a much more active role in helping improve outcomes and reduce costs.[18] But Canadian employers do not have a history of being attuned to the costs and management of their health plans[19]—in part because they have less financial incentive to do so under a publicly funded health care system. With an aging population, employers will have to focus on fostering healthy behaviours in their employee population to help reduce benefits costs and maintain an engaged and productive workforce.

Strategic, well-designed investments in effective smoking cessation programs benefit employees and employers, by improving public health and enhancing the productivity of the Canadian labour force. This impact is the subject of the third and final briefing in this research series. This briefing will build on the Conference Board's economic modelling expertise to examine the potential impact of improving smoking quit rates through workplace smoking cessation programs.

18 Stevens, *How Health Plans Can Accelerate Health Care Innovation.*

19 Picard, "Employers Are Clueless."

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