



## Evaluation of Workplace Cessation Demonstration Projects- Construction Organizations

### Introduction

In 2012-13 and 2013-14, the Ontario Ministry of Health and Long-Term Care (MOHLTC) provided one-time funding to 11 Public Health Units (representing 19 health unit partners) in Ontario for demonstration projects to implement smoking cessation interventions in workplaces. The projects aimed to reduce present levels of smoking in industry sectors with high prevalence of smoking, such as construction, mining, manufacturing, and hospitality and service.



The Ontario Tobacco Research Unit (OTRU) evaluated the demonstration projects in collaboration with Tobacco Control Area Networks (TCANs) and health units, workplace leaders and partner agencies (Smokers' Helpline, Smoking Treatment for Ontario Patients (STOP), and the Program Training and Consultation Centre (PTCC)).

This newsletter focuses on evaluation findings relevant to the construction sector. Findings have been drawn from:

- Baseline and six month follow-up surveys with intervention participants
- Qualitative interviews and focus groups with employees, program participants, workplace leaders and public health practitioners.

### Key Findings for Construction Demonstration Projects

#### Workplace Participation

A total of 51 construction companies participated in the demonstration projects in Central West and Eastern Ontario (Project A and B, respectively). The majority of the construction companies were small businesses (<100 employees), with a few medium-sized (100-499) and one large business (500+).



## Program Characteristics

Both projects had several common characteristics:

- 10 weeks of free NRT (patches) mailed directly to participants by STOP
- Promotion of Smokers' Help Line to employees for more in-depth support
- Frequent engagement of workplace leaders

However, employee engagement and counseling strategies differed across the two projects. For Project A, trained Wellness Coordinators (often health and safety staff) promoted cessation support to employees on site. Interested employees then called a local tobacco hotline to complete an intake survey over the phone with a health practitioner.

For Project B, public health practitioners visited construction sites once a week for one month to launch a smoking cessation contest for smokers and non-smokers, promote the program, facilitate completion of intake surveys by employees, and provide Brief Intervention Cessation Counseling (BICC).

## Program Development and Implementation

Adequate time for relationship building was important to solidify a meaningful public health and construction sector partnership. This was the foundation for successfully integrating cessation support activities into a construction workplace culture.

*I have to understand the culture I'm stepping into. It's not important for me to bring my culture, my bias. That has to stay at the door... I'm very clear on what I'm there for and that's to support them when they're ready to quit and you know to really help build a smoke-free culture. Public health practitioner*

Flexibility was also considered important to project implementation. For example, public health practitioners had to adapt to the construction environment by taking relevant safety training and wearing construction attire (e.g., boots, hardhat) when on site. The intervention approach also had to be tailored to meet the needs of different worksites (i.e., time and length of site visits, relevant health promotion materials). These efforts to adapt to the workplace were appreciated by workplace leaders.

*I mean public health put it in my lap. That's important whenever it happens again. You have to say to the company, "you make it work for you". We're not going to tell you how we want it to work, you make it work in your time and they were very flexible...there was never no distraction or hold-up of work....When they approached us they said we will completely work around you... Workplace leader*



## Engaging Employees in Cessation Support

Overall, 213 construction employees enrolled in the workplace cessation demonstration projects (52 in Project A; 161 in Project B). A majority of the participants were male (85%) and the average age was 37 years old (range: 18-71 years). Almost all participants (99%) were daily smokers and smoked an average of 23 cigarettes per day.

The following factors influenced employee recruitment and engagement in cessation activities offered through the construction demonstration projects:

### Public Health Presence

The overall public health presence and manner of interaction was important for establishing trusting relationships, motivating employees to start quitting and creating a sense of accountability.

*I'd see some posters and stuff like that but paid no attention to it, but then (Name of Public Health Practitioner) actually came into our lunch trailer one day...she was very personable ...and she made us listen not by forcing us but just by the way she was speaking and presenting herself and I just kind of took notice and I started thinking about what she was saying and she said that she was coming back and that she'd be around...for whatever reason I trusted her.... It kind of made me stop and think that there might a resource here that was reliable and that I could take advantage of. Program participant*

### No Pressure Approach

Framing interventions so employees do not feel pressure to participate was considered integral to encouraging uptake. For example, emphasizing that support was available for those who wanted it and communicating as much information as possible about the intervention helped to reduce apprehension.

### Ease of Participation

Offering the program onsite had a positive influence on recruitment because it was easy for employees to participate during their workday. This was important to employees who had limited opportunities to access support outside of work.

*....and it was kind of cool I didn't have to go anywhere for it and in my trade like we don't always have a lot of time, like we work ten hour shifts we're not allowed cell phones, like we can't make appointments or talk to our doctors on the phone or do anything on our lunch breaks. So it was kind of interesting that we were able to get some information and stuff whereas by the time we get home at night...you know...all the businesses' hours are finished. Program participant*



## Accessible NRT

Mailing free NRT patches eliminated barriers to accessing NRT. In addition to patches, 'fast-acting' options such as nicotine gum were recommended by some practitioners to help employees deal with triggers to smoke while at work (e.g., other people smoking).



## Contests

A 'Fresh Air' contest, in which smokers and their support persons (smoker or non-smoker) were eligible to win a cash prize helped to raise awareness about quitting smoking and the availability of support. While the monetary incentive was important for capturing initial attention, practitioners reported that motivation shifted to quitting for one's self as the intervention rolled out.

## Inclusivity

Providing opportunities to the entire worksite to participate in activities (including non-smokers or smokers who did not want to quit), helped to raise awareness and gain acceptance of cessation support, and to avoid a division between smoking and non-smoking employees. This also built cohesiveness around addressing on-site smoking to support quitting and reduce exposure to secondhand smoke.

## Sub-Trades

Public health practitioners observed more smoking and less interest in cessation support among sub-trades who worked mostly outdoors (e.g., masons, roofers), compared to those who worked mostly indoors (e.g., dry wall finishers, painters). Having more opportunity to smoke in outdoor settings and stronger smoking cultures were hypothesized as reasons for this difference.

## Impacts on Smoking Behaviour

Evaluation data suggest the demonstration projects had a positive impact on participants' tobacco use.

Among construction participants who completed a 6-month follow-up survey (N=86):

- 23% (20/86) had not smoked in the past 7 days
- 21% (18/86) had not smoked in the past 30 days
- 8% (7/86) had not smoked in the past 6 months

Among respondents who were still smoking at 6-month follow-up (N=66):

- Average number of cigarettes smoked per day was significantly reduced from 22 cigarettes at intake to 15 at follow-up



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- 77% (51/66) of respondents had made a quit attempt, which was significantly higher than at intake (41%)
- 22 days was the average number of days respondents went continuously without smoking

The impact of the program on co-worker smoking also emerged in the qualitative findings:

*The program got me started with trying to quit. There were some other co-workers who were also trying to quit so that was helpful. It was a positive program. Program participant*

*I quit smoking! Also, I take a lot less smoke breaks now. I was a positive influence on co-workers because I quit smoking, and some other co-workers are trying now because of my success. Program participant*

## What Helped Quitting

Qualitative data from surveys, interviews and focus groups provide insight into what helped participants meet their tobacco related goals.

### Public Health Presence

Regular visits from public health practitioners gave employees the opportunity to ask questions, discuss concerns about the process of quitting, receive encouragement and be accountable to someone.

### NRT Support

NRT was an essential component of the program because it helped participants with their nicotine cravings as they moved through the process of quitting.

### Social Support

Participants described how partners, children and grandchildren helped to motivate them and support their quit attempts. They also described how co-workers (smokers and non-smokers) provided support both formally (e.g., quit buddy) and informally.

*...we were in the unit working and before break he said, "Okay, I want to smoke, but I don't want to smoke". So, he had his cigarettes on the counter, I just grabbed them and put them in my pocket and he goes, 'Alright'. Program participant*

## What Hindered Quitting

Participants identified several challenges to quitting, including other people smoking, stress and substance use.



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## Other People Smoking

Being around other people smoking (family, friends and co-workers) was challenging for some participants trying to quit. However, some participants also referred to instances where co-workers made accommodations by not smoking around them while they were trying to quit. In general, there was a greater consciousness about smoking (i.e., where and when) among employees as a result of the cessation program.



## Stress and Substance Use

Stress was a central theme raised in the context of challenges experienced by participants. Some participants explained that co-workers who relapsed likely did so because of stress. While a few construction participants referred to personal stress (e.g., financial, relationship), most talked about job related stress, including the physical toll on the body, demanding workloads and fast paced environments. Public health practitioners identified provision of 15 minute stress management information sessions for employees as an opportunity for program improvement.

*...I mean, it's construction, it's high stress, fast paced. I know people who have quit smoking and then gone to a new job and it's a different change of pace, it's more stressful and they start smoking again. Workplace leader*

Use of alcohol, caffeine, and marijuana were also identified as triggers to smoking. For example, a public health practitioner noted that the most common theme associated with relapse was “*oh, I had a beer this weekend; oh, I went to the cottage.*”

## Additional Impacts

In addition to changes in smoking behaviour, the workplace cessation projects had the following impacts on construction organizations and their employees:

- Stronger quitting cultures on worksites
- Conversations about worksite smoking and smoke-free policy
- Self-perceived reductions in smoke breaks, and improved physical capacity and productivity
- Self-perceived health improvements (e.g., increased water consumption)
- Identification of other health needs (i.e., weight management)
- Sense of pride for personal and co-worker accomplishments
- Project recognition (media, award nomination, expansion to other sites)



## Summary

The evaluation results point to the importance of developing culturally relevant, tailored interventions that can be feasibly implemented within construction workplace settings. This requires strong engagement of the construction sector, a flexible approach and mail-out NRT dispensing system to minimize disruption of workflow and reach transient workers. Contests that are inclusive of all employees and have significant financial incentives also help to promote participation and create supportive environments.

Additional evaluation and research is needed to better understanding how to reach construction workers in sub-trades with higher rates of smoking (i.e., masonry, roofing). Further collaboration with the construction sector and public health is also needed to address challenges related to social and physical exposure to smoking in different types of construction settings.

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