

## Making Your Worksite

# Tobacco-free

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# Welcome!

We are glad that you have decided to consider “Making Your Worksite Tobacco-free.”

“Making Your Worksite Tobacco-free” can be used by all business leaders interested in implementing a tobacco-free campus policy. The information in this handbook is broad-based and is written to be applicable to all types of worksites including hospitals, corporate businesses, small businesses, commercial businesses, industry, K-12 schools, and college/university campuses.

Business leaders across the nation, many in Iowa, are taking a step to improve the health of their employees by creating tobacco-free campus policies. Tobacco-free campus policies are more than simply saying smoking is prohibited indoors or on the grounds. Tobacco-free campus policies comprehensively eliminate *all* forms of tobacco use in company buildings, on company grounds, and in company owned, leased or rented vehicles. A comprehensive policy would also include addressing the needs of tobacco-using employees who are interested in quitting.

**One of the main reasons *tobacco-free policies* are a priority, not simply *smoke-free policies*, is because smokers may replace their cigarettes with spit tobacco products during times when smoking is prohibited. Health advocates *do not* recommend smokers trading one addiction or tobacco industry product for another.**

Although there are many questions that arise when considering tobacco use policies, such as designating tobacco use areas, ventilation systems, enforcement procedures or employee resistance, the most effective policy change you can make for your company is to implement a tobacco-free campus policy. Such a policy can impact the health of both tobacco users and non-tobacco users, increase productivity and save the company in insurance and liability costs.

All businesses that address tobacco use by providing appropriate time and resources to the policy change will see success. Many businesses have noted the policy change motivated tobacco users to finally quit years of addiction. Some of those stories are highlighted in the *Making the Case* section

Many of Iowa’s leading worksites and hospitals have committed to a tobacco-free campus policy. Many more are in the process of making an announcement, and hundreds more are considering the change. On the next pages, you will learn what Central Iowa business leaders are saying following an announcement or implementation of their tobacco-free policy.

We hope you will find this resource helpful in your journey to make your worksite tobacco-free.

### *Policy Change Checklist*

- ✓ Determine Messaging on WHY the Policy Change is Happening
- ✓ Utilize Community Resources to Assist in Policy Change (CITP)
- ✓ Select Committees and Committee Chairs
- ✓ Select a Timeline and Implementation Date
- ✓ Assess Employee Tobacco Use
- ✓ Review Health Insurance Change Opportunities
  - Employees (Tobacco Users vs. Non-Tobacco Users)
  - Cessation Product Coverage
  - Company Insurance Costs
- ✓ Employee Education
  - Tobacco Use and Secondhand Smoke
  - Policy Change – why changing policy, employee role
- ✓ Visitor Education
- ✓ New Employee Education
- ✓ Vendor/Partner Education
- ✓ Community Education (use media)
- ✓ Comprehensive Policy:
  - Tobacco-free Worksite (all property, buildings, grounds, and vehicles included with no exceptions)
  - Cessation/NRT Reimbursement Opportunities
  - Enforcement
  - Consequences for Violations - Progressive Disciplinary Policy
- ✓ Removal of all smoking huts, ashtrays and receptacles
- ✓ Install Adequate Signage
- ✓ Ongoing Education and Reminders
- ✓ Ongoing Enforcement

# Making the Case

Tobacco is the number one cause of preventable death in the United States. Deaths attributed to secondhand smoke exposure are the third most preventable. Consequently, tobacco - especially cigarette smoking - takes an enormous toll on business and industry in terms of:

- disability
- lost productivity
- fires
- insurance
- liability

Most business leaders who decide to implement a tobacco-free policy usually base their decision on one of two factors: health or dollars. Although tobacco control advocates believe the motivation behind such a policy change should be the health of all employees and visitors, they also understand that the business side – the bottom line –speaks loudly to decision makers. For that reason, both factors will be addressed in this section.

With approximately 16.1% of Iowa adults smoking and 4,400 Iowans dying every year because of their addiction, it is important to look at tobacco use in the worksite as a health issue.

No person is untouched by the toll of tobacco in Iowa. According to the 2006 Surgeon General’s Report on tobacco, Surgeon General Richard Carmona concludes, “there is no safe level of exposure to secondhand smoke.” Even brief exposure can be detrimental to certain populations, such as asthmatics.

Tobacco use creates a \$1 billion bill for Iowans every year due to healthcare costs. Almost \$1 billion is lost in Iowa every year due to a loss in productivity as a result of tobacco use. These costs are absorbed not only by taxpayers through Medicaid, but by employers and employees through higher insurance premiums. And with the tobacco industry shoveling more than \$102 million every year into Iowa to promote their deadly product, it is also important to understand the economic impact tobacco has on businesses and taxpayers.

A common argument some employers hear from tobacco-using employees is, “you can’t implement a tobacco-free policy. It’s my right to smoke.” Indeed, an employee can choose to smoke, but it is not a legal right. According to the anti-discrimination law by the U.S. Securities and Exchange Commission, tobacco users are not a protected class. For more information on smoker’s rights and other legal issues, see pages 21-26.

Some businesses might choose to conduct an employee survey to identify what the thoughts of employees are on such a change or to identify how many tobacco users are employed by an organization. A sample survey is included in this section (page 18-19).

*Source: Campaign for Tobacco-free Kids: <http://www.tobaccofreekids.org/>*

## **Benefits to Employer and Employees**

Employer benefits of a tobacco-free policy:

- Creates a safe and healthy environment
- Conveys a positive corporate image
- Direct health-care costs can be reduced
- Maintenance costs reduced
- Possible to negotiate lower health, life, and disability coverage
- Reduced risk of fire
- Reduction of absenteeism
- Reduction of worker's compensation claims
- Increased productivity
- Possible increased resale of building or business

Employee benefits of a tobacco-free policy:

- Creates a safe and healthy environment
- Demonstrates the company cares about employee health
- All workers are protected from secondhand smoke exposure
- Worksite policies motivate tobacco users to quit

## Statements of Support: Businesses

As a medical and health sciences university, we are committed to improving the health of our community, so going tobacco-free in 2006 was not a difficult decision. Surprisingly, Des Moines University is one of only 350 colleges and universities, out of 5,000 in the U.S., that are currently tobacco-free. As institutions of higher education, we can do better. By eliminating tobacco on college and university campuses we can protect the health of a large number of students, faculty, staff and visitors. I would encourage any organization considering this move, to realize that you can have a dramatic impact on the health of our community by going tobacco-free.

*President Angela Walker Franklin, Des Moines University*

At GuideOne Insurance, our employees are one of the company's greatest assets and competitive strengths. Because we care about the overall wellbeing of our employees, we felt that becoming a tobacco-free company would provide a healthier work environment for our team members, while reducing the health care costs associated with tobacco use. We have found that companies that operate with their hearts usually cultivate a happier, healthier group of employees, who in turn usually contribute to a better outlook for both the company and its team members.

*Jim Wallace, GuideOne Insurance, Chairman, President and CEO*

During our efforts to establish a tobacco-free work environment, we began to realize the important significance and far-reaching impact this initiative will have on the lives of our employees, their families, our clients, and the communities we serve across Iowa.

*Dan Dean, MPA, Lutheran Services in Iowa, Director of Capacity Development*

It is our belief that by eliminating tobacco use at our facilities, we are providing a healthy work environment for our employees, a healthy environment of care for our patients and families, and we are contributing to reducing the health care costs associated with tobacco use.

*David H. Vellinga, Mercy Medical Center – Des Moines, President and CEO*

NCMIC is committed to providing a healthy, comfortable and productive work environment for all employees. With our company's commitment to Wellness, it made perfect sense for NCMIC to expand our smoke-free workplace policy to encompass our premises, reducing exposure of second-hand smoke to our employees and visitors.

*Judy Bohrofen, VP of Human Resources, NCMIC Group*

## Statements of Support: Tobacco Users

I'm proud to say that I haven't smoked since I quit on March 23, 2006. I was motivated after my mother was diagnosed with breast cancer and I promised her if she got through this obstacle, I would quit smoking. My mother is now cancer-free and I'm smoke-free. The cessation class helped tremendously, along with the prescription of Zyban. When you decide to quit it is important to take it one day at a time and remember there are other habits you will personally have to change.

*Sherry Anderson, Mercy Clinics, Inc.*

I quit on July 11, 2006, during a vacation with my children and grandchildren. I saw it as an opportunity to be away from a daily routine to quit “cold turkey.” The key to becoming successful at quitting is to have the right attitude to really want to quit. I also found it helpful to remove the cigarettes from my home and car so I wouldn't be tempted.

*Tom McLean, Mercy Clinics, Inc.*

I was a smoker for more than 25 years and have to admit that I enjoyed it immensely. Because every smoker knows they should quit, I felt that GuideOne choosing to become tobacco-free helped make the decision for me to quit easier. My success at quitting is mostly due to the new drug, Chantix. GuideOne also offered a free smoking cessation class that was designed by the American Lung Association that I took advantage of. It was encouraging to hear about others' struggles, accomplishments and goals of how they were going to remain smoke-free. The hardest part about quitting has been changing the habits associated with smoking, but that has gotten easier every day. What it all boils down to is that if a smoker wants to quit, they need to be prepared mentally or nothing they do will help. The benefits of being smoke-free are great – I feel better, breathe easier and am saving almost \$125 a month by not buying cigarettes.

*Mark Watson, GuideOne Insurance*

My decision to quit smoking resulted after my company announced that it was going tobacco-free. I knew I wouldn't be able to quit cold turkey, so I started taking the drug, Chantix. After only one week of being on the drug, I was entirely smoke-free and have never looked back. My father is another reason that made me decide to quit. He passed away five years ago from lung cancer, so I wanted to do it for him and for my mother, so she wouldn't have to see another family member suffer like my father did. As a result of my decision and success, my wife has quit smoking and two of my children and my brother are now on Chantix. My goal is to have my family smoke-free by this summer.

*Eugene D. Wheeler Jr., GuideOne Insurance*

## Reasons for Change: Health - The Toll of Tobacco in Iowa

### Tobacco Use in Iowa

High school students who smoke	<b>18.9% (32,700)</b>
Male high school students who use smokeless or spit tobacco	<b>13.8% (females use much lower)</b>
Kids (under 18) who become new daily smokers each year	<b>3,800</b>
Kids exposed to secondhand smoke at home	<b>231,000</b>
Packs of cigarettes bought or smoked by kids each year	<b>7.5 million</b>
Adults in Iowa who smoke	<b>16.1% (373,200)</b>

Nationwide, youth smoking has declined dramatically since the mid-1990s, but that decline appears to have slowed considerably or even stopped in recent years. The 2007 Youth Risk Behavior Survey found that the percentage of high school students reporting that they have smoked cigarettes in the past month decreased to 18.9 percent in 2007 from 23 percent. The survey also found that 13.8 percent of high school males use spit tobacco, which is an increase by .2 percent from 2005. U.S. adult smoking has decreased gradually in the last several decades, and 16.1 percent of U.S. adults currently smoke. (Source: *Iowa Behavioral Risk Factor Surveillance System 2010 and Iowa Youth Risk Behavior Survey, 2005 and 2007*)

### Deaths in Iowa From Smoking

Adults who die each year from their own smoking	<b>4,400</b>
Kids now under 18 and alive in Iowa who will ultimately die prematurely from smoking	<b>66,000</b>

Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined -- and thousands more die from other tobacco-related causes -- such as fires caused by smoking (more than 1,000 deaths/year nationwide) and smokeless tobacco use. No good estimates are currently available, however, for the number of Iowa citizens who die from these other tobacco-related causes, or for the much larger numbers who suffer from tobacco-related health problems each year without actually dying.

### Smoking-Caused Monetary Costs in Iowa

Annual health care costs in Iowa directly caused by smoking	<b>\$1 billion</b>
- Portion covered by the state Medicaid program	<b>\$301 million</b>
Residents' state & federal tax burden from smoking-caused government expenditures	<b>\$587 per household</b>
Smoking-caused productivity losses in Iowa	<b>\$1 billion</b>

Amounts do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, spit tobacco use, or cigar and pipe smoking. Other non-health costs from tobacco use include residential and commercial property losses from smoking-caused fires (more than \$500 million per year nationwide); extra cleaning and maintenance costs made necessary by tobacco smoke and litter (about \$4+ billion nationwide for commercial establishments alone); and additional productivity losses from smoking-caused work absences, smoking breaks, and on-the-job performance declines and early termination of employment caused by smoking-caused disability or illness (dollar amount listed above is just from productive work lives shortened by smoking-caused death).

### Tobacco Industry Influence in Iowa

Annual tobacco industry marketing expenditures nationwide	<b>\$12.8 billion</b>
Estimated portion spent for Iowa marketing each year	<b>\$102.0 million</b>

Published research studies have found that kids are twice as sensitive to tobacco advertising than adults and are more likely to be influenced to smoke by cigarette marketing than by peer pressure, and that one-third of underage experimentation with smoking is attributable to tobacco company advertising.

Campaign for Tobacco-free Kids: <http://www.tobaccofreekids.org/>

# How Tobacco Smoke Causes Disease: A Report of the Surgeon General, U.S. Department of Health and Human Services

## 6 Major Conclusions of the Surgeon General Report

Smoking is the single greatest avoidable cause of disease and death. In this report, *A report of the Surgeon General: How Tobacco Smoke Causes Disease*, the Surgeon General has concluded that:

### **1. There is no safe level of exposure to tobacco smoke. Any exposure to tobacco smoke – even an occasional cigarette or exposure to secondhand smoke – is harmful.**

- Low levels of smoke exposure, including exposures to secondhand tobacco smoke, lead to a rapid and sharp increase in dysfunction and inflammation of the lining of the blood vessels, which are implicated in heart attacks and stroke.
- Cigarette smoke contains more than 7,000 chemicals and compounds. Hundreds are toxic and at least 69 cause cancer. Tobacco smoke itself is a known human carcinogen.

### **2. Damage from tobacco smoke is immediate.**

- The chemicals and toxicants in tobacco smoke damage DNA, which can lead to cancer. Nearly one-third of all cancer deaths every year are directly linked to smoking. Smoking causes about 85% of lung cancers in the U.S.
- Exposure to tobacco smoke quickly damages blood vessels throughout the body and makes blood more likely to clot. This damage can cause heart attacks, strokes, and even sudden death.

### **3. Smoking longer means more damage.**

- Both the risk and the severity of many diseases caused by smoking are directly related to how long the smoker has smoked and the number of cigarettes smoked per day.
- Smoking can cause cancer and weaken your body's ability to fight cancer. With any cancer – even those not related to tobacco use – smoking can decrease the benefits of chemotherapy and other cancer treatments. Exposure to tobacco smoke can help tumors grow.

### **4. Cigarettes are designed for addiction.**

- The design and contents of tobacco products make them more attractive and addictive than ever before. Cigarettes today deliver nicotine more quickly from the lungs to the heart and brain.
- While nicotine is the key chemical compound that causes and sustains the powerful addicting effects of cigarettes, other ingredients and design features make them even more attractive and more addictive.
- Evidence suggests that psychosocial, biologic, and genetic factors may also play a role in nicotine addiction.
- Adolescents' bodies are more sensitive to nicotine, and adolescents are more easily addicted than adults. This helps explain why about 1,000 teenagers become daily smokers every day.

## **5. There is no safe cigarette.**

- The evidence indicates that changing cigarette designs over the last five decades, including filtered, low-tar, and “light” variations, have NOT reduced overall disease risk among smokers and may have hindered prevention and cessation efforts.
- The overall health of the public could be harmed if the introduction of novel tobacco products encourages tobacco use among people who would otherwise be unlikely to use a tobacco product or delays cessation among persons who would otherwise quit using tobacco altogether.

## **6. The only proven strategy for reducing the risk of tobacco-related disease and death is to never smoke, and if you do smoke to quit.**

- Quitting at any age and at any time is beneficial. It's never too late to quit, but the sooner the better.
- Quitting gives your body a chance to heal the damage caused by smoking.
- When smokers quit, the risk for a heart attack drops sharply after just 1 year; stroke risk can fall to about the same as a nonsmoker's after 2-5 years; risks for cancer of the mouth, throat, esophagus, and bladder are cut in half after 5 years; and the risk for dying of lung cancer drops by half after 10 years.
- Smokers often make several attempts before they are able to quit, but new strategies for cessation, including nicotine replacement and non-nicotine medications, can make it easier.
- Talk to your doctor or call 1-800-QUIT-NOW and get started on a quit plan today.

### **Citation:**

U.S. Department of Health and Human Services. *How Tobacco Smoke Causes Disease: A Report of the Surgeon General, U.S. Department of Health and Human Services*, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

For more information, please refer to the CDC Resources page. Additional highlight sheets are also available at [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco).

Full document can be found at: <http://www.surgeongeneral.gov/library/tobaccosmoke/factsheet.html>

## Reasons for Change: Dollars



Defending your right to breathe smokefree air since 1976

### **BUSINESS COSTS IN SMOKE-FILLED ENVIRONMENTS**

*August 2006*

The U.S. Surgeon General has concluded that adopting smokefree workplace policies is a wise business decision. The results of all credible peer-reviewed studies show that smokefree policies and regulations do not have a negative impact on business revenues. Establishing smokefree workplaces is the simplest and most cost effective way to improve worker and business health.<sup>1</sup>

#### **PROFITABILITY**

- The Society of Actuaries has determined that secondhand smoke costs the U.S. economy roughly \$10 billion a year: \$5 billion in estimated medical costs associated with secondhand smoke exposure, and another \$4.6 billion in lost wages. This estimate does not include youth exposure to secondhand smoke.<sup>2</sup>
- If all workplaces were to implement 100% smokefree policies, the reduction in heart attack rates due to exposure to secondhand smoke would save the United States \$49 million in direct medical savings within the first year alone. Savings would increase over time.<sup>3</sup>
- Smokefree laws add value to establishments. Restaurants in smokefree cities have a higher market value at resale (an average of 16% higher) than comparable restaurants located in smoke-filled cities.<sup>4</sup>

#### **ABSENTEEISM AND LOST PRODUCTIVITY**

- The U.S. Surgeon General has concluded that smokefree workplace policies lead to less smoking among workers and the elimination of secondhand smoke exposure, thus creating a healthier workforce.
- Cigarette smoking and secondhand smoke cost \$92 billion in productivity losses annually, according to the U.S. Centers of Disease Control and Prevention.<sup>5</sup>
- Smokers, on average, miss 6.16 days of work per year due to sickness (including smoking related acute and chronic conditions), compared to nonsmokers, who miss 3.86 days of work per year.<sup>6</sup>
- In a study of health care utilization in 20,831 employees of a single, large employer, employees who smoked had more hospital admissions per 1,000 (124 vs. 76), had a longer average length of stay (6.47 vs. 5.03 days), and made six more visits to health care facilities per year than nonsmoking employees.<sup>7</sup>
- A national study based on American Productivity Audit data of the U.S. workforce found that tobacco use was one of the greatest variables observed when determining worker lost production time (LPT)—greater than alcohol consumption, family emergencies, age, or

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education. The study reported that LPT increased in relation to the amount smoked; LPT estimates for workers who reported smoking one pack of cigarettes per day or more was 75% higher than that observed for nonsmoking and ex-smoking workers. In addition, employees who smoked had approximately two times more lost production time per week than workers who never smoked, a cost equivalent of roughly \$27 billion in productivity losses for employers.<sup>8</sup>

- The U.S. Office of Technology Assessment estimated that in 1990 lost economic productivity from disability and premature mortality caused by smoking was \$47 billion.<sup>9</sup>
- The U.S. Centers for Disease Control and Prevention (CDC) puts a \$3,391 price tag on each employee who smokes: \$1,760 in lost productivity and \$1,623 in excess medical expenditures.<sup>10</sup> In addition, estimated costs associated with secondhand smoke's effects on nonsmokers can add up to \$490 per smoker per year.<sup>11,12</sup>
- Smokefree air will save Scotland £4.2 billion (\$7.9 billion) a year, according to a study conducted by Aberdeen University, assessing the costs and savings involved in the Scottish Executive's proposed bill that would make most enclosed public places in the country 100% smokefree. The report estimates that £1.9 billion (\$3.9 billion) of the savings would be in productivity gains, reduced sickness absences, savings on National Health Service treatment and reduced cleaning and decorating costs.<sup>13</sup>

## **MAINTENANCE**

- The U.S. Environmental Protection Agency (EPA) estimates that smokefree restaurants can expect to save about \$190 per 1,000 square feet each year in lower cleaning and maintenance costs.<sup>14</sup> The EPA also estimates a savings of \$4 billion to \$8 billion per year in building operations and maintenance costs if comprehensive smokefree indoor air policies are adopted nationwide.<sup>15</sup>
- The Organization for Economic Cooperation and Development estimates that construction and maintenance costs are seven percent higher in buildings that allow smoking than in buildings that are smokefree.<sup>16</sup>
- A 1993 survey of businesses conducted by the Building Owners and Management Association (BOMA) International found that the elimination of smoking from a building reduced cleaning expenses by an average of 10%. Smoking was also cited as the number one cause of fires on a BOMA fire safety survey.<sup>17</sup>
- The National Fire Protection Association found that in 1998 smoking materials caused 8,700 fires in non-residential structures resulting in a direct property damage of \$60.5 million.<sup>18</sup>
- In a survey of cleaning and maintenance costs among 2,000 companies that adopted smokefree policies, 60 percent reported reduced expenditures.<sup>19</sup>
- After Unigard Insurance, near Seattle, Washington, went smokefree, its maintenance contractor voluntarily reduced its fee by \$500 per month because the cleaning staff no longer had to dump and clean ashtrays, dust desks, or clean carpets as frequently.<sup>20</sup>

- Using U.S. Bureau of Economic Analysis data, it was determined that employees who smoke cost businesses in Marion County, Indiana, \$260.1 million in increased health insurance premiums, lost productivity, and absenteeism, as well as additional recruitment and training costs resulting from premature retirement and deaths due to smoking.<sup>21</sup>
- At the Dollar Inn in Albuquerque, New Mexico, maintenance costs are 50 percent lower in nonsmoking rooms.<sup>22</sup>
- Merle Norman Cosmetics Company in Los Angeles voluntarily went smokefree and saved \$13,500 the first year in reduced housekeeping costs.<sup>23</sup>

## INSURANCE RATES

- The total property and contract loss due to fires caused by smoking materials was more than \$10.6 million in 1996. The National Fire Protection Association reports \$391 million in direct property damage for smoking related fires from 1993 to 1996. Landlords and restaurants with smokefree premises have negotiated lower fire and property insurance premiums.<sup>24</sup> Fire insurance is commonly reduced 25-30% in smokefree businesses.<sup>25</sup>
- The American Cancer Society reports that employees who smoke have an average insured payment for health care of \$1,145, while nonsmoking employees average \$762.<sup>26</sup>

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## Reasons for Change: Dollars

New research confirms the major impact that cigarette smoking has on the work force. Economist Peter Lundborg from Free University, Amsterdam, estimates that smoking is responsible for more than one third of all sick days taken each year.

The figure is based on an analysis of Swedish registry data containing the annual number of sick days amassed by 14,272 workers between 1988 and 1991.

Twenty-nine percent of the workers were current smokers, 26 percent were ex-smokers and 45 percent never smoked. The non-smokers averaged 20 sick days a year, while current smokers averaged 34 days and ex-smokers 25 days.

Smoking increased the annual number of sick days by 10.7 compared with never smoking. This corresponds to 42 percent of the average number of days of sickness for the whole sample.

The number of sick days due to smoking was reduced by only 1 day when Lundborg factored in the tendency of smokers to choose riskier jobs and activities than non-smokers, which, in turn, may make them more likely to be absent from work.

Still, in these adjusted analyses, smoking was responsible for 38 percent of all annual work absences due to sickness, Lundborg reports in the journal *Tobacco Control*.

Controlling for health status further reduced the effect of smoking to 7.7 days sick annually.

Smokers were older, less educated, had more chronic ailments and were more likely to report "bad" health than non-smokers. The effect of smoking on sick leave was similar for men and women.

Lundborg says knowledge about the link between smoking and sickness absences is of importance from several perspectives. It allows employers, for example, to see the potential benefits of implementing anti-smoking policies and practices at the workplace.

"At a higher societal level, such knowledge is necessary for policy makers to judge the potential benefits of societal interventions against smoking," Lundborg writes.

Also, a study by San Diego State University researchers found that among female enlistees in the U.S. Navy, only 45.5% of smokers completed their full eight-year term of service, compared with 63% of nonsmokers. Smokers were also more likely to be discharged for misconduct, medical reasons, drug misuse, or personality disorders. One researcher notes that "cigarette smoking might simply be a marker for other underlying factors, such as non-conformity and high-risk-taking that contributes to poorer performance."

*SOURCE: Reuters Health and Tobacco Control, March 29, 2007.*

Employees who smoke do not only impact healthcare costs to an employer, they spend time away on breaks lighting up which impacts time on the clock. Estimate lost wages associated to smoking breaks below:

**Step 1: Calculate the number of smokers in your company.**

Enter number of full-time employees \_\_\_\_\_  
 Multiply employees by .16 x (.16)

*In a typical company, 16% of full-time employees smoked a pack of cigarettes or more a day over the past month. (Source: Substance Abuse and Mental Health Services Administration: National Household Survey on Drug Abuse, Main Findings, 1994.)*

Result = # of employees who smoke a pack of cigarettes or more a day \_\_\_\_\_

**Step 2: Determine how much time these smokers spend each day on smoke breaks.**

Multiply above result by 39 x 39 minutes  
 = \_\_\_\_\_  
 Divide this figure by 60 :- 60 minutes  
 = \_\_\_\_\_

*The average smoker spends 39 minutes each work day on smoking breaks. Multiply this figure by the number of smokers in an organization and divide the result by 60 minutes to arrive at an estimate of the number of hours smokers in an organization spend on such breaks each day. These figures are based on a survey of 1,800 adults. (Source: EPIC/MRA, Lansing, Mich., 2000).*

**Step 3: Determine the salary costs of paying employees on smoking breaks.**

Multiply above result by 5 (5 days in a week) x 5 days  
 = \_\_\_\_\_  
 Multiply this figure by the estimated average hourly wage of employees x (\$\_\_.)  
 = \_\_\_\_\_

***This is an estimate of an organization’s weekly wages going toward employee smoking breaks.***

There is also lost productivity time. To determine this, complete steps 1 and 2 only. For example, if your workforce includes 100 employees, consider 3 smoke breaks per day at 13 minutes each.

100 x .16 = 16 smokers  
 16 smokers x 39 minutes lost work = 624 minutes  
 624 minutes = **10 hours, 24 minutes lost work per day**

Source: EAP Digest, Summer 2000

## Sample Employee Survey

*(Insert Company name)* is considering introducing a tobacco-free worksite policy that acknowledges the needs of both tobacco users and non-tobacco users. Please take a few minutes to complete this survey and return it to *(person/location)*.

Your response is completely confidential. You do not need to give your name on this form.

1. Do you use tobacco? (circle one)                      Yes                      No

If 'Yes', how many cigarettes on average do you smoke per day? (select one)

- Less than 5 a day
- 5 to 10
- 11 to 20
- 21 to 40
- More than 40

If 'Yes' and you use another form of tobacco, please indicate: \_\_\_\_\_

2. Are you bothered or affected by tobacco or secondhand smoke anywhere at *(insert company name)*?  
(circle one)                      Yes                      No

If 'Yes', please indicate any ways in which you are bothered or affected by tobacco including physical symptoms, if relevant.

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Which work locations are most troublesome to you?

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3. If you use tobacco, would a tobacco-free worksite policy:

- Help you cut down?
- Create difficulties for you?
- Encourage you to quit?
- Not affect you at all

Please comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What type of support should be provided for tobacco users who wish to quit?

- Quitting information
- Group cessation counseling at work
- Individual cessation counseling at work
- Time off to attend a group outside of work
- Cash incentive/fee reimbursement for quitting courses or products

Other: \_\_\_\_\_

5. What timeframe should be taken to introduce a tobacco-free worksite policy?

- 3 months
- 6 months
- 1 year

Other: \_\_\_\_\_

6. Please make any further comments about a tobacco-free worksite policy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Tobacco-free Worksites**

### **Central Iowa Tobacco-free Worksites**

All the hospitals in Polk, Dallas, Warren and Madison counties are 100% tobacco-free.

August Home Publishing  
Childserve  
Cornerstone Recovery  
DART  
Des Moines University  
Echo Valley Golf and Country Club  
EMC Insurance Companies  
EMCO  
Employee and Family Resources  
GuideOne Insurance  
Holmes-Murphy  
Homemaker's  
ING Financial Services  
ITA Group  
Lutheran Services of Iowa  
Manor Care  
Marsh Inc.  
Members Group  
Meredith Corporation  
Moehl Millwork  
NCMIC  
Noridian Health Care  
Norwalk Nursing  
Planned Parenthood of Greater Iowa  
Qwest  
Rowley Masonic Community  
Scottish Rite Park  
United Community Services  
Wellmark Blue Cross and Blue Shield  
Wesley Life Retirement Services  
Women's Prison in Mitchellville  
Youth and Shelter Services of Iowa

## There Is No Constitutional Right to Use Tobacco

- There is no constitutional right to smoke or use other tobacco products. Claims to the contrary have no legal basis. No court has ever recognized tobacco use as a fundamental right nor has any court ever found tobacco users to be a protected class. [1](#)
- The Constitutional “right to privacy” protected by the U.S. Constitution includes only marriage, contraception, family relationships, and the rearing and educating of children. [2](#)
- There are groups of people – such as groups based on race, national origin and gender – that receive greater protection against discriminatory acts under the U.S. and California constitutions than do other groups of people. [3](#) Tobacco users have never been identified as one of these protected groups. [4](#) Tobacco use is a behavior, not a condition of birth. [5](#) Tobacco use is not an “immutable characteristic” because people are not born as smokers; smoking is a behavior that people can stop.
- “No Smoking” or “No Tobacco Use” rules for apartment units are in the same legal category as “no pets” or “no loud noise” rules. They are legal policies that reduce property damage and protect tenants’ right of quiet enjoyment.

### YES! YOU CAN CHOOSE TO MAKE YOUR WORKSITE TOBACCO- FREE!

- People who use tobacco are not protected by state and federal anti-discrimination laws.
- It is legal to advertise a unit (residential or commercial) as “smoke-free” or “tobacco-free.”
- It is legal to ask tenants to acknowledge in the lease or month-to-month rental agreement that they do not smoke and/or will not smoke in the unit they are renting.

1 All citations compiled from "There Is No Constitutional Right to Smoke" an informational memo prepared by The Technical Assistance Legal Center (TALC), a project of the Public Health Institute. Full memo available at: [talca@phi.org](mailto:talca@phi.org) • (510) 444-8252.

2 *Griswold v. Connecticut*, 381 U.S. 479, 484 (1964); *Meyers v. Nebraska*, 262 U.S. 390 (1923); and *Moore v. East Cleveland*, 431 U.S. 494 (1977).

3 *Brown v. Board of Education*, 347 U.S. 483 (1954); *Sugarman v. Dougall*, 413 U.S. 634 (1973) ; *Craig v. Boran*, 429 U.S. 190 (1976).

4 *City of Cleburne v. Cleburne Living Center, Inc.*, 473 U.S. 432 (1985); *San Antonio Independent School Dist. v. Rodriguez*, 411 U.S. 1 (1973).

5 *Frontiero v. Richardson*, 411 U.S. 677, 686 (1973).

*This information is not offered or intended as legal advice.  
For more information about legal issues, e-mail [respect@jps.net](mailto:respect@jps.net)*

## City and Union Laws: Legal Issues Addressed

Various legal issues might be asked when creating, implementing or enforcing tobacco-free policies. All worksites must comply with federal, state and city policies. Hospitals, for example, must comply with accreditation guidelines set by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

According to the U.S. Centers for Disease Control Office on Smoking and Health, employers have a common law requirement to provide a “safe and healthful” workplace. Because secondhand smoke is a Class A carcinogen (like asbestos, radon and benzene), employers are responsible for creating an environment where employees are not exposed to secondhand smoke. Otherwise, employers leave themselves open to lawsuits.

For further clarification or to answer questions specific to your business, work with your company attorney to ensure your policy complies with any local or state laws. In Iowa, it is legal to create, implement and enforce tobacco-free worksite policies.

According to American Nonsmokers’ Rights Foundation, “there is a natural alliance between unions and tobacco control advocates: both are charged with improving workers’ health through education and policy initiatives. Workers’ unions are political bodies that should be one of the first groups tobacco control advocates reach out to when forming tobacco-free coalitions; unions are strong, politically savvy, and they advocate for safer workplaces.” For more information, please see the attached fact sheet in this section entitled, “Smoke-free Air is a Union Issue.”

For additional legal information, go to the following websites:

Public Health Law Center: <http://publichealthlawcenter.org/>

Technical Assistance Legal Center: <http://www.phi.org/talc>

Tobacco Control Legal Consortium: <http://tclconline.org/>

Tobacco Law: [www.tobaccolawcenter.org](http://www.tobaccolawcenter.org)



## There Is No Constitutional Right to Smoke

*February 2004*

*Revised April 2005*

### I. INTRODUCTION

Laws that limit how and where people may smoke should survive a legal challenge claiming that smoking is protected by the state or federal constitution. Smoking is not mentioned anywhere in either constitution. Nevertheless, some people may claim that there is a fundamental “right to smoke.”<sup>1</sup> These claims are usually made in one of two ways: (1) that the fundamental right to privacy in the state or federal constitution includes the right to smoke, or (2) that clauses in the state and federal constitutions granting “equal protection” provide special protection for smokers. Neither of these claims has any legal basis. Therefore, a state or local law limiting smoking usually will be judged only on whether the law is rational, or even plausibly justified, rather than the higher legal standard applied to laws that limit special constitutionally protected rights.

### II. THERE IS NO FUNDAMENTAL RIGHT TO SMOKE

The argument that someone has a fundamental right to smoke fails because only certain rights are protected by the constitution as fundamental, and smoking is not one of them. The U.S. Supreme Court has held that “only personal rights that can be deemed ‘fundamental’ or ‘implicit in the concept of ordered liberty’ are included in the guarantee of personal liberty.”<sup>2</sup> These rights are related to an individual’s bodily privacy and autonomy within the home.

Proponents of smokers’ rights often claim that smoking falls within the fundamental right to privacy, by arguing that the act of smoking is an individual and private act that government cannot invade. Courts consistently reject this argument. The privacy interest protected by the U.S. Constitution includes only marriage, contraception, family relationships, and the rearing and educating of children.<sup>3</sup> Very few private acts by individuals qualify as fundamental privacy interests, and smoking is not one of them.<sup>4</sup>

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PHLP is a nonprofit organization that provides legal information on matters relating to public health. The legal information provided in this document does not constitute legal advice or legal representation. For legal advice, readers should consult a lawyer in their state.

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**Example:** A firefighter trainee challenged a city fire department requirement that trainees must refrain from cigarette smoking at all times, by arguing that “although there is no specific constitutional right to smoke, [there is an] implicit . . . right of liberty or privacy in the conduct of [ ] private life, a right to be let alone, which includes the right to smoke.”<sup>5</sup> The court, however, disagreed and distinguished smoking from the recognized fundamental privacy rights.<sup>6</sup> The court went on to find that the city regulation met the fairly low standard for regulating non-fundamental rights because there was a perfectly rational reason for the regulation, namely the need for a healthy firefighting force.

### III. SMOKERS ARE NOT A PROTECTED GROUP OF PERSONS

The second common constitutional claim made by proponents of smokers’ rights is that laws regulating smoking discriminate against smokers as a particular group and thus violate the equal protection clause of the U.S. or the California constitutions. No court has been persuaded by these claims.

The equal protection clauses of the United States and California constitutions, similar in scope and effect,<sup>7</sup> guarantee that the government will not treat similar groups of people differently without a good reason.<sup>8</sup> Certain groups of people – such as groups based on race, national origin and gender – receive greater protection against discriminatory government acts under the U.S. and California constitutions than do other groups of people.<sup>9</sup> Smokers have never been identified as one of these protected groups.<sup>10</sup> Generally, the Supreme Court requires a protected group to have “an immutable characteristic determined solely by the accident of birth.”<sup>11</sup> Smoking is not an “immutable characteristic” because people are not born as smokers and smoking is a behavior that people can stop. Because smokers are not a protected group, laws limiting smoking must only be rationally related to a legitimate government purpose.<sup>12</sup>

**Example:** New York City and New York State enacted laws prohibiting smoking in most indoor places in order to protect citizens from the well-documented harmful effects of secondhand smoke. The challenger argued that the smoking bans violated the Equal Protection Clause because they cast smokers as “social lepers by, in effect, classifying smokers as second class citizens.”<sup>13</sup> The court responded that “the mere fact that the smoking bans single out and place burdens on smokers as a group does not, by itself, offend the Equal Protection Clause because there is no . . . basis upon which to grant smokers the status of a protected class.”<sup>14</sup> The court proceeded to uphold the smoking bans since they were rationally related to the legitimate government purpose of promoting the public health.

The equal protection clause not only protects certain groups of people, the clause also prohibits discrimination against certain fundamental “interests” that inherently require equal treatment. The fundamental interests protected by the equal protection clause include the right to vote, the right to be a political candidate, the right to have access to the courts for certain kinds of proceedings, and the right to migrate interstate.<sup>15</sup> Smoking is not one of these recognized rights.

If a government classification affects an individual right that is not constitutionally protected, the classification will be upheld if there is any reasonably conceivable set of facts that could provide a rational basis for it.<sup>16</sup> So long as secondhand smoke regulations are enacted to further the government goal of protecting the public’s health from the dangers of tobacco smoke, the regulation should withstand judicial scrutiny if challenged.<sup>17</sup>

#### IV. CONCLUSION

There is no constitutional right to smoke. Claims to the contrary have no legal basis. The U.S. and California constitutions guarantee certain fundamental rights and protect certain classes of persons from all but the most compelling government regulation. However, no court has ever recognized smoking as a protected fundamental right nor has any court ever found smokers to be a protected class. To the contrary, every court that has considered the issue has declared that no fundamental “right to smoke” exists. So long as a smoking regulation is rationally related to a legitimate government objective such as protecting public health or the environment, the regulation will be upheld as constitutional.

<sup>1</sup> Common usage of the term “rights” conflates two distinct legal meanings: those rights that are specially provided for or protected by law (e.g., free speech); and those rights that exist simply because no law has been passed restricting them (e.g., the right to use a cell phone while driving). The latter type of right is always subject to potential regulation. Therefore, this memo addresses only those rights provided for or protected by law. This memo also does not address whether an employer may refuse to employ someone who smokes. While prohibiting smoking at work is permissible, Cal. Labor Code §96(k) protects employees from discrimination based on off-work conduct, though one court held that this statute does not create new rights for employees but allows the state to assert an employee’s independently recognized rights. *Barbee v. Household Auto. Finance Corp.*, 113 Cal. App. 4th 525 (2003).

<sup>2</sup> *Roe v. Wade*, 410 U.S. 113, 152 (1973).

<sup>3</sup> See, for example, *Griswold v. Connecticut*, 381 U.S. 479, 484 (1964) (recognizing the right of married couples to use contraceptives); *Meyers v. Nebraska*, 262 U.S. 390 (1923) (recognizing the right of parents to educate children as they see fit); and *Moore v. East Cleveland*, 431 U.S. 494 (1977) (protecting the sanctity of family relationships).

<sup>4</sup> *City of North Miami v. Kurtz*, 653 So.2d 1025, 1028 (Fla. 1995) (city requirement that job applicants affirm that they had not used tobacco in preceding year upheld because “the ‘right to smoke’ is not included within the penumbra of fundamental rights protected under [the federal constitution’s privacy provisions]”).

<sup>5</sup> *Grusendorf v. City of Oklahoma City*, 816 F.2d 539, 541 (10th Cir. 1987).

<sup>6</sup> *Id.* The court relied heavily on the U.S. Supreme Court decision *Kelley v. Johnson*, 425 U.S. 238 (1976). In *Kelley*, the Court held that a regulation governing hair grooming for male police officers did not violate rights guaranteed under the Due Process Clause even assuming there was a liberty interest in personal appearance.

<sup>7</sup> U.S. Const. amend. XIV, Cal. Const. art.1 §7. See *Serrano v. Priest*, 5 Cal. 3d 584, 597 n.11 (1971) (plaintiff’s equal protection claims under Article 1 §11 and §21 of state constitution are “substantially equivalent” to claims under equal protection clause of Fourteenth Amendment of U.S. Constitution, and so the legal analysis of federal claim applies to state claim).

<sup>8</sup> Equal protection provisions generally permit legislation that singles out a class for distinctive treatment “if such classification bears a rational relation to the purposes of the legislation.” *Brown v. Merlo*, 8 Cal. 3d 855, 861 (1973).

<sup>9</sup> See, for example, *Brown v. Board of Education*, 347 U.S. 483 (1954) (race); *Sugarman v. Dougall*, 413 U.S. 634 (1973) (exclusion of aliens from a state’s competitive civil service violated equal protection clause); *Craig v. Boran*, 429 U.S. 190 (1976) (classifications by gender must serve important governmental objectives and must be substantially related to the achievement).

<sup>10</sup> Even some potentially damaging classifications, such as those based upon age, mental disability and wealth, do not receive any special protections. See, for example, *City of Cleburne v. Cleburne Living Center, Inc.*, 473 U.S. 432 (1985) (mentally disabled adults are not protected under Equal Protection Clause); *San Antonio Independent School Dist. v. Rodriguez*, 411 U.S. 1 (1973) (education and income classifications are not protected).

<sup>11</sup> *Frontiero v. Richardson*, 411 U.S. 677, 686 (1973).

<sup>12</sup> *Fagan v. Axelrod*, 550 N.Y.S. 2d 552, 560 (1990) (rejecting the argument that a state statute regulating tobacco smoking in public areas discriminated against members of a subordinate class of smokers on the basis of nicotine addiction by holding that “the equal protection clause does not prevent state legislatures from drawing lines that treat one class of individuals or entities differently from others, unless the difference in treatment is ‘palpably arbitrary’ ”). Note, too, that nonsmokers also are not recognized as a protected class, so equal protection claims brought by nonsmokers exposed to smoke in a place where smoking is permitted by law are unlikely to succeed.

<sup>13</sup> *NYC C.L.A.S.H., Inc. v. New York*, 315 F. Supp. 2d 461, 480, 482 (S.D.N.Y. 2004).

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<sup>14</sup> *Id.* at 492.

<sup>15</sup> See, for example, *Baker v. Carr*, 369 U.S. 186 (1962) (improper congressional redistricting violates voters' rights under equal protection); *Turner v. Fouche*, 396 U.S. 346 (1970) (all persons have a constitutional right to be considered for public service); *Shapiro v. Thompson*, 394 U.S. 618 (1969) (residency requirement for receipt of state benefits violates equal protection).

<sup>16</sup> *People v. Leung*, 5 Cal. App. 4th 482, 494 (1992).

<sup>17</sup> *Dutchess/Putnam Restaurant & Tavern Ass'n, Inc. v. Putnam County Dep't of Health*, 178 F. Supp. 2d 396, 405 (N.Y. 2001) (holding that County code regulating smoking in public places does not violate equal protection rights); *City of Tuscon v. Grezaffi*, 23 P.3d 675 (2001) (upholding ordinance prohibiting smoking in bars but not in bowling alleys because it is rationally related to legitimate government interest); *Operation Badlaw v. Licking County Gen. Health Dist. Bd. of Health*, 866 F.Supp. 1059, 1064-5 (Ohio 1992) (upholding ordinance prohibiting smoking except in bars and pool halls); *Rossie v. State*, 395 N.W.2d 801, 807 (Wis. 1986) (rejecting equal protection challenge to statute that banned smoking in government buildings but allowed it in certain restaurants).

# Making the Change

Improving your tobacco use policy does require some attention to ensure implementation is smooth for employees and visitors. A comprehensive tobacco-free policy ensures no one is exempt from the policy. As with most company policies, all employees, visitors, vendors, students and/or patients will need to comply with the tobacco-free policy.

A tobacco-free policy committee is vital to successful implementation. Sample committees include: education, marketing, and facilities. Some worksites also create a steering or advisory committee that oversees the activities of the subcommittees. Affiliate or offsite employees need to be updated about the policy through the Steering Committee. Although all committees are important, the education and marketing groups will be responsible for moving the policy forward. The Human Resources and Communication/Marketing departments need to be strongly represented on such committees.

Businesses need to determine a timeline to implement their tobacco-free policy. Most businesses use a six-month timeline. Larger businesses or hospitals may need more time because of public impact. An appropriate timeline should be determined by:

- Company Size
- Committee Size
- Number of Employees
- Public Impact

For a 1-year implementation timeline, spread the 6-month timeline out over 1-year, focusing on education.

Some worksites are smaller and do not need a full 6 months or do not have the staff resources available to dedicate to the full process. Many of the pieces included in this section can easily be adapted or expanded to fit your company.

## Committee Overview

The committees and duties detailed below are for use in a business with the available resources. Some businesses do not have the manpower to create large committees and will only use 3-4 people to implement this policy change. In such circumstances, please use this page as a guide for the activities that need to be considered or addressed.

Committees are comprised of all levels of employees from a variety of departments. It is highly encouraged and beneficial to invite tobacco-users to be part of each committee.

### Steering/Advisory

- Set Implementation Date
- Create overall timeline
- Determine committees needed. Select committee chairs and help recruit participants.
- Approval and oversight of committee activities
- Affiliate office managers are updated by a Steering Committee member and pass information along to their office and implement the policy in their respective location

### Education

- Create formal subcommittee timeline to implement activities
- Develop Tobacco-free Policy
- Develop educational materials about the policy
- Provide employee educational materials about tobacco and secondhand smoke (Utilize community resources)
- Provide resources for those who want to quit tobacco
- Work with PR committee to address communication to visitors

### Public Relations/Marketing

- Create formal subcommittee timeline to implement activities
- Create theme/campaign/logo (ex: TIME campaign)
- Create messaging
- Create internal/external signage
- Media Relations/Press Releases
- Business-to-business communication

### Facilities

- Create formal subcommittee timeline to implement activities
- Remove any smoking huts, ashtrays and receptacles
- Install signage on property

## Sample Timelines

### 6-Month Implementation Timeline for Worksites and Hospitals

#### Six Month Countdown

- Establish an employee committee (include tobacco users and non-tobacco users)
- Work with administration/senior management to finalize policy
- Announce policy and date of implementation via usual employee communication
- Schedule meetings with supervisors and management to review policy and enforcement issues
- Involve all shifts
- Include public relations to outline a schedule of releases
- Meet with Human Resources and Facilities Management
- Move ash receptacles 20 feet away from all entrances
- Promote employee cessation counseling with any incentives
- Medical Staff updated on policy and their role (*if applicable*)
- Approval of standing orders by medical staff (*if applicable*)

#### Five Month Countdown

- Have final policy available
- Make a mechanism of feedback available for employees
- Continue public relations campaign
- Ongoing meetings with employee task force and policy team

#### Four Month Countdown

- Meetings with management to outline responsibilities
- Continue with the public relations campaign
- Promote cessation assistance as well as offering wellness education

#### Three Month Countdown

- Utilize employee communications to publish testimonials of successful cessation efforts by employees
- Address employee resistance to quit
- Continue all campaigns – Human Resources, Public Relations, employee education

#### Two Month Countdown

- Continue with Public Relations campaign
- Address any concerns from management
- Have letters to the editor in the local newspapers
- Continue to promote community and employee cessation opportunities
- Ensure signage is ready for placement

### **One Month Countdown**

- Meet with Facilities Management
- Continue management meetings, human resources, and public relations involvement
- Assess changes needed on admission forms
- Strongly encourage employee cessation with approaching deadline
- Hold cessation support group for employees

### **Implementation Date**

- Tobacco-free campus policy in place
- Patients sign acknowledgement of policy with admission papers
- All ash receptacles removed from property as well as any smoking huts
- Signage on all entrances and drives in place
- Continue public relations campaign – invite media for photo opportunity
- Continue with employee cessation services

### **Post Implementation Evaluation**

- Assemble employee task force on a monthly basis for 3-6 months as needed
- Make modifications if needed – although cautiously
- Question neighbors for any problems
- Continue with employee cessation support
- Address any complaints through proper channels

### **5-Month Implementation Timeline for Smaller Company**

#### **Five Month Countdown**

- Establish committee to implement policy timeline
- Create draft policy
- Create timeline
- Order materials from Quitline Iowa
- Website will be updated to reflect forthcoming policy change
- Determine management commitment to providing staff NRT
- Communication to Guests
  - Verbal announcements
  - Signs announcing policy change will be created and placed at front desks, in offices and in conference rooms.
    - Pre- date: “Effective DATE, WORKSITE will be a tobacco-free campus.”
    - Post- date: “WORKSITE is a tobacco-free campus.”

#### **Four Month Countdown**

- Finalize cessation dates for staff
- Display Quitline Iowa materials (posters and brochures) throughout building(s)
- Create and distribute letter to appropriate organizations notifying them about the policy change.
- Finalize policy and share with management (if committee is creating policy)

#### **Three Month Countdown**

- Cessation class (Freedom from Smoking) for staff interested in quitting begins
- Identify management responsibility for implementing/enforcing policy
- Discuss signage needs with management

#### **Two Month Countdown**

- Management to recognize efforts of quit attempts by staff
- Management to discuss policy in more detail with all staff. Answers to any lingering questions given.

#### **One Month Countdown**

- “Acknowledgement of Policy” form created and shared with all staff
- Remove ashtray receptacles
- Outdoor and indoor signage displayed

#### **Implementation Date**

- Tobacco-free campus policy in place
- Signage on all entrances and drives in place
- Continue with employee cessation services

## **Educational Materials**

Ensuring all audiences are clearly informed about the policy before implementation is key to a successful policy change. The next several pages present samples of how other worksites shared the policy change with different audiences.

Based upon your individual worksite, the following groups are some of the audiences worksites need to consider and target during implementation:

- Employees
- Patients (if health care facility)
- Visitors
- Public/Community
- Media
- Volunteers
- Vendors/Contract Workers
- Surrounding Worksites/Neighbors
- Board of Directors

**Sample communication pieces, policies and surveys can be found in the Making the Connection section.**

## Human Resources

Many Human Resource questions need to be addressed when a tobacco-free policy is presented. First, insurance concerns are raised. It is important to understand that in Iowa, it is up to each individual company to set the insurance premiums for their company. Also, companies in Iowa can make a distinction between tobacco users and non-tobacco users on insurance forms.

Some employers, such as Northwest Airlines, Northwest Mutual Life Insurance Co. and the state of Georgia, have started imposing surcharges for employees who use tobacco. Quoting a story written by S.P. Dinnen from the November 20, 2005, *Des Moines Register*, “Gannett Inc., which publishes The *Des Moines Register* and has 1,150 employees in Iowa, will add a \$50 per month surcharge starting in January [2006] for smokers who use its insurance plans.”

Some companies screen potential job applicants for tobacco use and have enacted policies that indicate the company will not hire tobacco users.

Human Resources employees need to be familiar with the tobacco-free policy. It is encouraged they be included in the planning and implementation of the policy.

Additional materials Human Resources employees might want to reference:

Sample Employee Survey	page 18-19
Frequently Asked Questions	page 42-44
Progressive Discipline Policy	page 37

Some Human Resources departments may choose to provide an anonymous “complaint form” to employees who observe tobacco use on the campus by employees. In an effort to not pin employee against employee, complaint forms relieve anxiety of many employees to “tell” on a co-worker or a friend. This confidential tool may be available to employees online or may be a written form.

## **Model Tobacco-free Worksite Policy**

### Purpose:

Company Name (X) is responsible not only for the treatment of disease but for taking steps to promote the prevention of illnesses and injuries, as well. Furthermore, as a healthcare leader, it is X's mission to set the standard for and demonstrate healthy lifestyles for the communities in which X serves. Tobacco use is widely recognized as a major preventable cause of many diseases in smokers and nonsmokers alike. As X is committed to providing a safe, healthy, comfortable and productive environment for all who visit or work in and around our facilities, X has been designated as a tobacco-free institution. The success of the policy will depend upon the thoughtfulness, consideration and cooperation of all tobacco users and non-users alike.

### Policy:

Smoking or other use of tobacco or tobacco-like products (examples include but are not limited to cigarettes, electronic cigarettes, cigars, chewing tobacco, snuff, pipes, dissolvable tobacco products, snus, etc.) during business hours or on company property, at any time, is strictly prohibited. This includes any emerging tobacco product or simulated smoking device. This also includes all nicotine products not regulated or approved by the Food and Drug Administration (FDA). Prohibition includes any and all buildings, owned, leased, rented and areas maintained by X; any grounds, parking lots, ramps, plazas or contiguous sidewalks (within 300 feet); and in vehicles owned or leased by X. Use of tobacco or tobacco-like products in any vehicle of any employee, contractor, vendor or visitor when on X property is prohibited. This policy applies to all off-campus sites including clinics, office buildings or any X programs operated offsite. The distribution or sale of all tobacco products is prohibited.

There are no designated smoking areas within any X location or on any grounds. Ash receptacles and spittoons are not available on company property. All X employees, while representing the company, shall not use tobacco products. Adherence to this policy requires that tobacco users refrain from using these products while on campuses and when at work/on company business.

All employees, physicians, students, visitors, patients, vendors, contract workers, volunteers or any person coming on grounds or to the facility must comply with this policy.

This policy is in compliance with regulations and directives of the Joint Commission standards. The policy complies with the Iowa Smokefree Air Act in the Iowa Code.

### Responsibility:

All persons coming onto X property and/or entering the buildings are required to comply with this policy. All employees share in the responsibility for enforcing the policy.

The attending physician should discuss the use of nicotine replacement therapy (NRT) prior to hospital admission (when foreseeable). Standardized order sets for NRT are available and should be used for hospitalized patients.

Procedures:

- The policy will be communicated through WEBSITE, intranet, job postings, media coverage and signage at each location.
- All persons are asked to extinguish and/or cease from using all tobacco or tobacco-like products before coming onto properties as noted above.
- Those who smoke or use tobacco products shall ensure that the odor of tobacco is not present when on X property.
- Visitors or other non-employees will be politely informed of any policy violation and provided with information explaining the policy in a supportive and educational manner. Continued non-compliance may result in Security escorting the individual from the property.
- Applicants and interviewees will be advised that X is a tobacco-free worksite. As a part of the application process each applicant will acknowledge in writing that they understand X's policy and attest that they do not use tobacco as a requirement for further consideration.
- Employees are advised of the provisions of this policy during new employee orientation.
- All employees are authorized and encouraged to communicate and reinforce this policy with courtesy and diplomacy to any person whom they see violating the policy.
- Supervisors are responsible to ensure that employee violations of the Tobacco-free Worksite Policy are administered promptly and consistently.
- Employees, spouses and domestic partners who wish to quit using tobacco will be given information on recommended tobacco cessation programs, alternatives to tobacco use (e.g. Nicotine Replacement Therapy) and/or materials.
- Employees who violate the policy will be subject to disciplinary action up to and including termination as per X's progressive discipline process.

Effective Date for Current Employees:

July 1, 2011

Employment Application Statement:

I acknowledge and understand that X is a tobacco-free employer and that I do not use tobacco or tobacco-like products as clearly defined in the Tobacco-Free Worksite Policy.

I further understand that X is relying on my acknowledgement that I do not use tobacco or tobacco-like products as a condition of its consideration of my employment. I understand that false or misleading information given in my application, interview(s), or any supplemental information in the employment process may result in termination. I understand, also, that I am required to abide by all rules and policies of X.

Effective Date for All New Hires

All new hires must comply with the Tobacco-Free Worksite policy as (insert effective date).

# Making it Work

“How will we ever enforce this policy?” You enforce this policy in the same manner you enforce any other policy at your worksite. Enforcement is a common and valid concern for business leaders interested in improving their tobacco policy. Like any policy, it is difficult to achieve 100% compliance; however, enforcement should not be a make-or-break factor for any worksite wanting to commit to the health of their employees. We encourage worksites to seek compliance, not push enforcement.

Any policy can be violated. Just because someone speeds, should we eliminate speed limits? A tobacco-free policy change can be successful if key members of the organization commit to making the change a priority. Signage, on-going education and reminders about the policy decrease the frequency of violations. Over time, people will know your campus – like most campuses – is off limits to tobacco use.

Cessation, or assistance in quitting tobacco, is a key component to a tobacco-free campus policy. Providing adequate assistance to tobacco users choosing to quit as a result of the policy change is an excellent benefit to those on staff who use tobacco. Tobacco users are addicted to nicotine; this is not merely a ‘bad habit.’ Sensitivity to the needs of tobacco users is important as you provide resources to help them quit. Resources addressed in this section include:

- on-site cessation
- telephone cessation
- web-based cessation
- tobacco cessation therapy reimbursement (nicotine replacement and oral medications)

## **Enforcement**

Many business leaders are fearful of enforcement issues. They believe if a policy cannot be enforced without fail, the policy shouldn't be implemented. However, most employees will abide by company-set policies. No worksites have been confronted with severe revolt from tobacco-using employees after implementing a policy change.

Most worksites already have established a progressive discipline policy for violations of other worksite policies. The enforcement of the tobacco-free campus policy would not be implemented any differently.

Often times, progressive discipline policies read:

- First offense: verbal warning
- Second offense: written warning
- Third offense: further disciplinary action, may result in termination
- Fourth offense: termination

## Signage

In accordance with The Smoke Free Air Act, businesses are required to post “no smoking” signs at every entrance that “clearly and conspicuously” informs persons that they are entering an area where smoking is prohibited, including entrances to outdoor serving and seating areas and in all vehicles owned, leased, or provided by an employer.

All “no smoking” signs must contain the following elements:

1. The words “No Smoking” or the international “no smoking” symbol
2. The Smokefree Air Act Helpline: “1-888-944-2247”
3. The official Web site: “[www.IowaSmokefreeAir.gov](http://www.IowaSmokefreeAir.gov)”

All “no smoking” signs should be at least 24 square inches in size. Font type and size must be legible. Vehicle signage must meet all of the above requirements, but the size can be at least 9 square inches.

To download sample signs, please visit <http://www.iowasmokefreeair.gov/>. These signs are suitable for posting indoors. Outdoor or custom signs should be ordered from the vendor of your choice. For more information on obtaining signs for your buildings, vehicles, and grounds, contact the Iowa Department of Health, Division of Tobacco Use and Control or your local partnership which can be found in the “Making a Connection” section of this toolkit.

## Cessation

Cessation programs are a beneficial tool for individuals serious about quitting tobacco. Cessation programs offer the tobacco user tools, accountability and support to assist in the quit attempt. Studies show quit attempts accompanied by cessation counseling can double a person's chance of success.

Most tobacco users who are trying to quit find it easier to quit in a setting where tobacco use is not an option, such as when a worksite implements a tobacco-free campus policy.

### On-site Cessation Classes

*Freedom from Smoking* is the American Lung Association smoking cessation program. The program launched in 1975 and has been revised through the years to provide the most current cessation information. *Freedom from Smoking* classes are run by a facilitator who guides the conversation. Participants learn tools and techniques for quitting tobacco from the facilitator and gain additional support and ideas from fellow participants. Research shows tobacco users are more likely to be successful in their quit attempt when they use a cessation program.

The 8 session *Freedom from Smoking* class addresses:

- benefits of quitting
- how to deal with withdrawal/recovery symptoms
- importance of social support
- weight control
- stress management
- resisting the urge to use tobacco
- relapse and success

Freedom from Smoking facilitator trainings are available through the American Lung Association. Call the American Lung Association (1.800.LUNG.USA) for a current facilitator training schedule and participant material fees.

### Telephone Cessation

Quitline Iowa – 800.QUIT.NOW (800.784.8669)

American Lung Association – 800.548.8252

### Website Cessation

Quitline Iowa – [www.quitlineiowa.org](http://www.quitlineiowa.org)

American Lung Association – [www.lungusa.org](http://www.lungusa.org)

Freedom from Smoking- <http://www.ffsonline.org/>

Tobacco-free Nurses – [www.tobaccofreenurses.org](http://www.tobaccofreenurses.org)

Quit Smokeless – [www.quitsmokeless.org](http://www.quitsmokeless.org)

Through With Chew – [www.throughwithchew.com](http://www.throughwithchew.com)

## Cessation Reimbursement Options

Many worksites offer additional support to tobacco users outside of cessation classes. Below, find sample cessation reimbursement options provided for employees.

### For class attendance

- Must attend 8 sessions of Freedom from Smoking or 3 sessions of Quit Smart to get \$25 reimbursed.
- Payment method is check or cash. Checks to be made payable to facility providing the smoking cessation class.
- Reimbursement will be provided by the employees' home facility.
- Reimbursement for attending smoking cessation classes will be available for up to 3 different sessions
- Reimbursement is available for those attending classes that begin prior to December 31, 2006

### For Nicotine Replacement Therapy (NRT)

- Smoking cessation class participation with 100% attendance is a requirement for NRT.
- NRT will be reimbursed for a **total** of 8 weeks of therapy
  - One prescription of Zyban or Wellbutrin, and
  - One non-prescription such as patches, gum, or lozenges
- Participants will purchase the NRT and turn in the receipts at the end of 8 weeks of therapy.
- Receipts are turned into each hospital's designee. Class participation list will be provided by the facilitator to the appropriate hospital.
- Reimbursement for NRT will be in the form of check request.
- NRT reimbursement is available for those attending classes that begin prior to December 31, 2006.

### Other

- Attendance at smoking cessation classes is "on your own time".
- \$25 will be reimbursed for attendance at smoking cessation classes outside of those offered at Mercy, IHS and Broadlawns. Must have written documentation of 100% attendance at required classes.
- Reimbursement for NRT is not available for those attending smoking cessation classes outside of those sponsored by Mercy – DM, IHS – DM, or Broadlawns. Resource information for NRT will be available.
- No reimbursement is available for other forms of smoking cessation such as hypnosis, self-help and etc.

## Incentives

Many worksites see the value in providing incentives to those who are attempting to quit and who successfully quit as a result of the policy change. Below are a number of incentives a company might consider providing employees who decide to quit.

- Allowing cessation classes be held on the clock
- Reimbursing the employee for the cessation class if the employee successfully completes all sessions
- Inviting employees with tobacco-using spouses, neighbors and friends to participate in the cessation classes, as well
- Reimbursing up to a certain dollar amount to use toward non-traditional forms of cessation (hypnosis, acupuncture, etc.)
- Providing nicotine replacement therapy to employees for a set number of weeks, a set number of months, or a specific dollar amount
- Allowing any established fitness reimbursement to go toward nicotine replacement therapy and/or non-traditional forms of cessation
- Reimbursing employees for fitness efforts to assist in quitting (gym memberships, at-home fitness equipment, etc.)
- Target gift card after completing class or quitting
- Additional paid time off or vacation day (full or half day)
- Public recognition at staff meetings for their willingness and courage to quit at 10 days, 1 month, 3 months, 6 months, 1 year, etc.
- Lunch/Dinner with significant other or friend paid for by CEO, President, manager, etc. to recognize quit attempt
- Office Pizza Party or Office Potluck to celebrate successful quit attempts or those who are trying to quit

# Making Sense

A variety of questions are asked when the policy change is first discussed and announced, such as “where can I smoke?” and “shouldn’t we just ‘corral’ smokers in one area?” In this section, worksites provide the FAQ sheets and role-play scenarios they have found helpful in implementation.

## Frequently Asked Questions: Wesley Acres

On July 1, 2006, Wesley Acres is implementing a completely tobacco-free campus policy for employees and visitors. Tobacco use will be prohibited for employees, residents, and visitors both indoors and outdoors on all properties owned and cared for by Wesley Acres. In preparation for this transition, employees have asked questions about what a tobacco-free environment means to them. The following are frequently asked questions and responses regarding the tobacco-free campus.

### **Q: Why are we becoming totally tobacco-free?**

A: Tobacco use is the leading cause of disease and death in the US. As an organization that is concerned about the health of our community, we need to take action to help people take control of their health. Our organization has made a commitment to participate with local and state partners to create healthy communities; this is a step in that direction.

### **Q: How does this policy differ from our existing smoking policies?**

A: Our existing policy prohibits smoking inside any facility but allows employees and visitors to smoke in designated outdoor areas. Effective July 1, 2006, employees will not be allowed to smoke or use any tobacco product anywhere on Wesley Acres property inside or outside, which include personal vehicles and vehicles leased or owned by Wesley Acres.

### **Q: Why don’t we continue to have designated smoking areas?**

A: Eliminating tobacco use on our campus supports those who are trying to quit, and helps to eliminate employees’, residents’, and visitors’ exposures to 2nd hand smoke. Strong tobacco odors have been known to trigger allergy or asthma reactions with fellow workers, residents, and visitors. Tobacco odors on others can serve as a trigger for the desire to smoke in persons attempting to quit. In compliance with the promotion of a healthy environment, we need to effectively eliminate the 2<sup>nd</sup> hand smoke that may trigger adverse health effects for employees, residents, and visitors who are attempting to make positive life changes. Eliminating tobacco use completely is the most effective and considerate way for us to provide the best possible environment.

### **Q: What does this mean to Wesley Acres staff?**

A: Employees who do NOT choose to stop using tobacco products will need to learn how to not smoke and manage their tobacco use (i.e., by the use of nicotine replacement therapy) while they are working for Wesley Acres. Several support programs are planned for staff includes: Freedom From Smoking tobacco cessation program and Nicotine Replacement Therapy reimbursement. The Freedom From Smoking cessation classes are also open to family and community members.

**Q: Will I have to quit by July 1, 2006?**

A: Becoming a tobacco-free workplace and campus does not mean you have to quit. What it means is that you will not be able to smoke or use tobacco products on the grounds of Wesley Acres or while on work time. However, we will encourage everyone to quit because of the great health benefits associated with being tobacco free.

**Q: Can I smoke in my car at work?**

A: Again, the policy states that no tobacco use by employees is allowed while on Wesley Acres property, including parking areas. You will not be able to smoke in your car if it is parked on the grounds of Wesley Acres or on work time. You will also not be able to smoke in your car if it is parked at Des Moines University or the other neighboring areas.

**Q: What if I smell like smoke?**

A: Our new policy that will become effective July 1, 2006, states that you are not able to smell like tobacco smoke, perfume, or other odor masking products. If you do smoke at home or during your lunch break off-campus, then you will need to have a change of clothes that does not smell like tobacco smoke.

**Q: As a current smoker who does not want to quit, what could I do to prepare for this policy?**

A: Prior to July 1, 2006, you may want to try working through a full shift using (i.e., Nicotine Replacement Therapy) to determine what assistance you will need throughout your workday. Remember: One cigarette equals 1 mg of NRT. Therefore, if you are a pack-a-day smoker then you will want to use the NRT that equals 21 mg/day.

**Q: How will the new policy be enforced?**

A: This policy will be enforced like the other policies at Wesley Acres. Under the tobacco-free environment policy, employees who use tobacco in non-smoking areas (anywhere on the property) will be reported to their department director and supervisors. These managers will take action that is necessary to address the problem according to the Wesley Acres progressive discipline policy. Continued smoking infractions by employees can result in termination, based on our policy.

**Q: Do other employers have a similar policy or plan?**

A: In the past 10 years, many organizations (large and small) all around the country have adopted or are adopting Tobacco-Free Environment policies. Several Iowa hospitals have already implemented the Tobacco-Free Environment Policy with success. The local businesses include: Des Moines University, Mercy Medical Clinics, Iowa Health System (Iowa Lutheran and Iowa Methodist Hospitals), Broadlawns Hospital, and Planned Parenthood of Iowa.

**Q: How will the support and cessation programs work?**

A: There are many different forms of support available for employees who are interested in quitting smoking.

- a. Any employee who is interested in quitting smoking will be eligible for 100% reimbursement (up to \$20) to attend the Freedom From Smoking tobacco cessation class. The Freedom From Smoking sessions will be offered free of charge to employees during 2006 at Wesley Acres. These seven-week group sessions are based on materials developed by the American Lung Association. Research has shown the advantages of participating in a group format. The larger support base from other group members going through the same process is very helpful when an individual is developing smoking cessation coping strategies. For more information, contact Mary Heisterkamp at 271-6596. Our first session will begin Thursday, January 26<sup>th</sup>. The class will be held every Thursday for seven-weeks in the Theater from 3:00 – 4:00 p.m. The initial cost is \$20 paid to Wesley Acres the first day of class. Each employee who completes all 7 classes will be reimbursed 100% at the end of the session. Other classes will be offered throughout 2006 at various days and times. Notification of the classes will be posted in our newsletter and bulletin boards.
- b. Any employee who is interested in quitting smoking will be eligible for up to \$50 reimbursement for non-prescription nicotine replacement therapy. Using pharmacological aids can dramatically increase a person's chances of quitting for good and are strongly recommended to anyone who is considering quitting tobacco use. Wesley Acres will reimburse up to \$50 for tobacco replacement therapy to any employee who has completed all 7 Freedom From Smoking cessation classes. The receipts must be sent to Jennifer Fenstermacher, Executive Assistant, for reimbursement with their completed class certificate signed by the instructor. All Wesley Retirement Services insurance plans will cover certain prescription forms of NRT as of February 1, 2006. Please check with Kimberly Newton, Human Resources, for more information.
- c. Quitline Iowa (1-800-784-8669). Employees are encouraged to use other resources such as the toll-free Iowa Tobacco Quit Line professional counseling services. Counselors are available from 8:00 a.m. to midnight, seven days a week to provide support while you quit. You can also visit their website: [www.quitlineiowa.org](http://www.quitlineiowa.org)
- d. Employee Assistance Program. Employees are eligible to contact our Employee Assistance Program. Mercy – EAP Des Moines also wants to help you, and can offer support as you develop a plan to quit. This is a free service for all of our employees. Call 515-271-6150 or toll-free 1-877-271-6100 for more information.

**Q: How do I resist temptation?**

A: Every time you try to block a thought out of your mind, you drive it deeper into your memory. By resisting it, you actually reinforce it. This is especially true with temptation. You don't defeat temptation by fighting the feeling of it. The more you fight a feeling, the more it consumes and controls you. You strengthen it every time you think of it. Since temptation always begins with a thought, the quickest way to neutralize it's allure is to turn your attention to something else. Don't fight the thought, just change the channel of your mind and get interested in another idea. This is the first step in defeating temptation. The battle is won or lost in your mind. Whatever gets your attention will get you. Sometimes this means physically leaving a temptation situation. This is one time it is okay to run away. To avoid being stung, stay away from the bees. Do whatever is necessary to turn your attention to something else.

## Role Play Exercises

### **Mercy Medical Center – Des Moines Policy Enforcement Role-Playing Exercises: Outdoor Encounters with Staff, Visitors and Patients**

These role-playing exercises are intended to help staff become comfortable discussing the Tobacco-Free Environment policy in a respectful and supportive manner. Clinical staff will receive additional role-playing examples during the policy education. Common sense should be used for every situation.

Information cards that explain the policy and support options are available in each department and at information desks. They may be distributed to anyone using tobacco products in prohibited areas.

**All staff should review and practice these suggested dialogues when a person is observed using tobacco products on hospital/clinic property.**

*If you see a person using tobacco products on hospital/clinic property:*

Introduce yourself and say, “Excuse me Sir (Ma’am). All of our property, grounds and parking areas are tobacco-free. There is some helpful information about our policy and quitting resources on the information cards at the entrances. I understand this is difficult for you, but would you please extinguish your cigarette now. Thank you.”

***“Where am I (staff) allowed to smoke?”***

“No where on our property.” [continue with:]

For MMC/MCAP: “Nicotine gum is available inside at the outpatient pharmacy. Smoking cessation support information is available in the information cards at the entrances.”

***“Where am I (visitor) allowed to smoke?”***

“No where on our property. You must leave our property if you wish to smoke.” [continue with:]

For MMC/MCAP: “Nicotine gum is available inside at the outpatient pharmacy. Smoking cessation support information is available in the information cards at the entrances. Contact the nurse manager on the unit you are visiting for a free care kit. Patients are not allowed to leave the property.”

***“Where am I (patient) allowed to smoke?”***

“I’m sorry if this upsets you, but for your safety, patients are not allowed to leave our property. Your nurse can assist you with other options for your nicotine cravings.”

***“Can I (staff) smoke in my car?”***

“No, the policy states no staff member is to use tobacco products in your car or on company time.”

***“Can I (visitor) smoke in my car?”***

“We would appreciate it if you would respect our policy and if you would not use tobacco products while on our property. There are many patients, visitors and staff who are trying to quit, and even smelling smoke on another person can trigger nicotine cravings.”

***“Why are you making me leave hospital property?”***

“I understand this is really difficult for you, but our campus has recently become tobacco-free so you are unable to use tobacco while you are here. There is some helpful information about our policy and quitting resources on the information cards at the entrances. If you want to talk to someone, contact the nurse manager on the unit you are visiting for a free care kit.”

***“What are you going to do if I continue to smoke here?”***

“Smoking is not permitted on the hospital campus. Please extinguish your cigarette now.” (*Then walk away*).

***“I have to have a cigarette! My loved one is very ill or just passed away.”***

“I’m very sorry about your loved one. Is there anything else I can do to help?”

***“How am I supposed to get through the day without smoking?”***

“Free care kits are available in nursing units that might help you, and there is nicotine gum for purchase at the outpatient pharmacy. [Provide assistance if requested. Walk away if no help is requested.] (After hours: call the House Supervisor for nicotine gum.)

***“I’m afraid to leave the property at night and want to smoke.”***

“You may go inside and get nicotine gum that will take away your craving. You can purchase gum inside at the outpatient pharmacy.” (After hours: “If you would like to try the gum, ask your nurse for assistance.” Nurse: call the House Supervisor) [If the individual becomes very upset, walk away and contact public safety if you believe the safety of others is at risk.]

***“I cannot use the nicotine gum (patient, contraindications, don’t like gum).”***

“Let’s go inside the hospital so I can provide you an information card or brochure with smoking cessation information and other options. Also, feel free to talk to the manager on the unit you are visiting to determine other options available.”

## Mercy Medical Center – Des Moines Policy Enforcement Role-Playing Exercises: Unit Situations with Patients, Families and Visitors

All Mercy Medical Center clinical staff should review and practice these suggested dialogues when caring for patients/families.

### ***“Where am I (visitor) allowed to smoke?”***

“Nowhere on our property. You may leave our property if you wish to smoke. Nicotine gum is available at the outpatient pharmacy. I have a care kit that might help you. Smoking cessation support information is also available in the information cards at the entrances. Patients are not allowed to leave the property.”

### ***Staff believes the patient is smoking in the bathroom.***

“I just want to remind you that we are a tobacco-free institution inside and outside on all the property. Would you like me to contact your physician about an order for nicotine gum or other nicotine replacement therapy to help with the cravings while you are in the hospital?” [Contact public safety or follow normal procedures for smoke in the facility.]

### ***Patient wants to go outside to smoke.***

“We are now a tobacco-free institution inside and outside on all the property. Would you like me to talk with your physician about an order for nicotine gum or other nicotine replacement therapy while you are here? This may help with the cravings.”

### ***The patient has been in the hospital before July 1, 2006, implementation of the policy.***

Patient: “The aide took me outside to a shelter to smoke when I was here the last time, why can’t they take me outside now?”

Staff Member: “We are an entirely tobacco-free environment now. In an effort to promote health and wellness, no one can use tobacco products on any of our property. Would you like me to contact your physician for an order for nicotine gum or other nicotine replacement therapy while you are here? This may help with the cravings. We have information about the smoking cessation classes available for you as well.”

## **Public Safety Script for Parking Area Enforcement**

If Security Officers observe staff members smoking in a car on our property, the following response should be made:

“Excuse me Sir (Ma’am). Tobacco use is not permitted on our property. Staff members are prohibited from smoking during the workday on company time.” [If situation escalates, follow normal enforcement procedure.]

## **Schedulers, registration and physician office staff script**

“I’d like to let you know in advance that our property is entirely tobacco-free as of July 1, 2006. Use of tobacco is not permitted on any maintained property, grounds or parking areas. Nicotine replacement therapy will be available to hospitalized patients. Patients will not be allowed to leave the hospital to smoke. Nicotine gum will be available for purchase for family members and visitors at the outpatient pharmacy.

## **Making a Connection**

Many community resources are available to counties – free of charge – to assist in the implementation of a tobacco-free campus policy. The Iowa Department of Public Health, Tobacco Use Prevention and Control Division is able to connect local worksites with a Community Partnership. Community Partnerships are able to provide assistance to all community worksites provide and more specific information on how to implement such policies.

To contact the Iowa Department of Public Health Tobacco Use Prevention and Control Division, call 515.281.6225.

If your worksite is in Polk, Dallas, Warren or Madison County, please contact the American Lung Association/Central Iowa Tobacco-free Partnership at 515.309.9507 for assistance with your policy change.

## **Sample Communication Resources**

Local community partnerships have access to many sample implementation materials. They are happy to share these materials and their expertise in order to assist you in the process of adopting a tobacco-free policy. For your reference, within this section you will find a few examples of materials that have been used for employee and press communication including:

- Employee memos
- PowerPoint presentation
- Policies
- Press release
- Surveys

Should you need any additional assistance, please contact the Iowa Department of Public Health as listed on the previous page.

# Memo

To: Mercy Family  
From: David H. Vellinga, President and CEO  
Date: June 1, 2005  
Re: Campus-Wide Tobacco-Free Policy

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At Mercy Medical Center – Des Moines, we care about providing a healthy environment for our employees, patients and visitors. That’s why we, along with our affiliated clinics and facilities, plan to implement a new policy that will make our campuses **entirely tobacco-free** by July of next year. We believe that by making this change, we are addressing the inconsistency of providing a healthy environment for all who come to our health care facilities while permitting the use of tobacco products on our campuses.

It is our belief that by eliminating tobacco use at our facilities, we are providing a healthy work environment for our employees, a healthy environment of care for our patients and families, and we are contributing to reducing the health care costs associated with tobacco use.

A combined Mercy – Des Moines and Iowa Health – Des Moines Tobacco-Free Task Force consisting of employees, nurses and physicians, smokers and non-smokers, who represent key areas of our hospitals – has been established to develop, implement and communicate about the new policy, which will take effect on **July 1, 2006**. The policy makes a strong statement about the dangers of tobacco consumption by banning its use on our campuses (grounds, facilities, both owned or leased), our vehicles, as well as employees’ vehicles parked at our facilities.

On a national level, many notable hospitals and health care systems have also chosen to implement a tobacco-free policy, including Johns Hopkins University School of Medicine, Kaiser Permanente in California and Covenant Healthcare System in Michigan.

## **What is our plan of action?**

Over the next year, we are planning several educational programs for our patient care employees to assist them in preparing for patient and family issues related to being a tobacco-free environment. In addition, various tobacco cessation initiatives, including tobacco replacement therapies, will be available to assist our employees and the community with their no smoking efforts.

You can also look forward to additional communication pieces regarding our new policy, timeline for implementation, and our efforts to help our employees, patients and families adjust to a tobacco-free environment.

We have known for years that tobacco cessation is the number one thing Americans can do to improve their health and increase their life expectancy. I look forward to your support of this important community health initiative.



Excellence.  
Every Day in Every Way.™

For more information, contact Traci McBee  
Mercy Medical Center – Des Moines  
515-229-1546

## FOR IMMEDIATE RELEASE

Mercy to enact nicotine-free hiring policy effective July 1, 2011  
***Central Iowa hospital to lead by example in the creation of healthier communities***

**Des Moines, Iowa (May 19, 2011)** – As a health care organization with a mission-driven commitment to create healthier communities, Mercy Medical Center – Des Moines will implement a nicotine-free hiring policy for all job applicants at its hospitals, clinics, outpatient centers and all other facilities effective July 1, 2011.

“Mercy’s primary goal is to improve the health and well-being of the patients and families it serves. By living our mission of creating healthier communities, we support healthier lifestyles,” said Senior Vice President and Chief Human Resources Officer Robyn Wilkinson.

Under the new policy, all physicians, nurses and other individuals who apply for a position with Mercy on or after July 1 will be tested for nicotine during the regular pre-employment screening process. Those who test positive for nicotine will be eliminated from hiring consideration with the option to reapply after six months.

The policy does not apply to current Mercy employees who smoke or use tobacco products unless they leave the organization and reapply for future employment with Mercy on or after July 1. However, those employees are strongly encouraged to use the smoking cessation options afforded them under Mercy's health and wellness benefits.

“We recognize smoking or using tobacco products is not illegal,” said Wilkinson. “However, our employees have an obligation to set a good example for the communities we serve. By implementing a nicotine-free hiring policy, Mercy will be expecting its employees to model the same healthy behaviors it encourages of its patients and their family members.”

While Mercy is the first member of the Iowa Hospital Association to make nicotine-free a condition for employment, the organization has promoted and supported a tobacco-free health care environment since 2006, when it partnered with other local hospitals in an effort to prohibit smoking and the use of tobacco products on its campuses.

#### About Mercy Medical Center – Des Moines

Mercy Medical Center-Des Moines is an 802-bed acute care, not-for-profit Catholic hospital, with three hospital campuses in Des Moines and more than 50 clinics. Mercy provides services and support to a network of critical access hospitals and health care facilities (Mercy Health Network – Central Iowa) in 20 central Iowa communities, including Des Moines and maintains 12 wholly owned subsidiaries. With more than 6,600 employees and a medical staff of more than 950 physicians and allied health professionals, Mercy is one of the largest employers in the state.

# # #

## **New Mercy Hiring Policy: Adding Nicotine to Substance Testing at the Mercy Medical Center – Des Moines, MBO**

1

### **A Quick Look at the Policy**

- Effective July 1, 2011, Mercy will add testing for nicotine to our pre-employment screening process
- Those who test positive will not be extended a job offer
  - Applicants can reapply in six months

2

### **A Quick Look (continued)**

- Applies across the Mercy Des Moines system
- Applies to employed physicians
- Will not affect current employees now or in future
  - Medical groups/physicians engaged in discussions on implementation date will have their employees grandfathered
- Will not apply to non-employees (agency, volunteers, etc.)
- Additional smoking cessation programs to be offered

3

## Why?

- To align Mercy's employment policies with mission and strategic direction
  - Improve general health of employee population
  - Improve patient satisfaction and quality of care
    - Time away from job and cigarette odor affects care standards
  - Lower costs over time
    - According to the Center for Disease Control, the typical smoker costs his/her employer an additional \$4,000 annually in increased medical expenses and lost productivity.

4

## Action Steps

- Update documents
  - Recruitment material
  - Disclosure statements for new hires
- Promote smoking cessation assistance available to current staff
  - Via benefit plan, EAP, etc.
- Evaluate adding additional smoking cessation program resources as needed
- Incorporate into new hire screening process

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## Communications Plan

- Key Messages:
  - Mercy will include nicotine in substance testing for employment candidates effective July 1, 2011 to promote community health and to hold down health care costs.
  - This policy will not affect current employees who may use tobacco products.
    - However, to promote their good health, additional smoking cessation resources will be offered.

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## Communications Plan

- Key Messages (continued):
  - Smoking is not illegal. However, it is costly in terms of human health and wellbeing, and is expensive to individuals, employers, the community and the nation as a whole.

7

## Communications Strategy

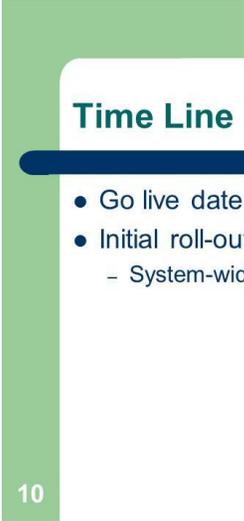
- Internally “cascade” communications:
  - Senior Leadership
  - Leaders/Managers
  - Current MMC employees – hospital and medical staff
  - Volunteers
- Externally
  - Job applicants
  - Proactive media release

8

## External Approach

- Make policy visible in recruitment process
  - Update recruitment website(s)
  - Educate Recruitment Team
    - Evaluate required changes in website and processes

9



## Time Line

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- Go live date July 1, 2011
- Initial roll-out to take 30-60 days
  - System-wide and department communications

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# Wellmark Tobacco-Free Workplace Policy and FAQ



## **I. Belief Statement**

Wellmark constantly strives to assist employees and their dependents in reaching optimal personal health. We are committed to providing a healthy, constructive, and productive work environment for our employees, contractors, vendors and visitors.

## **II. Rationale**

Tobacco use causes short-term health issues and is a risk factor for chronic lung and heart disease, stroke, and several forms of cancer. It is the single most preventable risk factor for death and disease. Tobacco use may also impact the health of others through second hand smoke.

We are enhancing our current Smoking and Tobacco Use Policy to be a *Tobacco-Free Workplace* to better align with our commitment to the health of our employees and their families, and in support of our overriding strategic priority of creating a sustainable health care system.

## **III. Business Policy for all Workplace Locations in Iowa**

Our company is committed to the health of our employees and their families. We are equally committed to ensuring that all workforce members portray an image that is consistent with this policy. The success of the policy will depend on the thoughtfulness and cooperation of each member of Wellmark's workforce.

## **Policy**

- Smoking or other use of tobacco or tobacco-like products (examples include but are not limited to cigarettes, e-cigarettes, cigars, chewing tobacco, snuff, pipes, etc.) during business hours, or on company property at any time, is strictly prohibited.
- Prohibition includes any and all buildings, owned, leased, rented and areas maintained by Wellmark; any grounds, parking lots, ramps, and contiguous sidewalks (within 300 feet); and in vehicles owned or leased by Wellmark.
- Use of tobacco or tobacco-like products in any vehicle of any employee, contractor, vendor or visitor when on Wellmark property is prohibited.
- There are no designated smoking areas within any Wellmark location or on any grounds. Ash receptacles and spittoons are not available on company property.
- All Wellmark employees, while representing the company, shall not use tobacco products.
- All employees, contractors, vendors and visitors must comply with this policy.

## **Responsibility**

Anyone coming onto Wellmark property and/or entering the buildings is required to comply with this policy. All employees share in the responsibility for enforcing the policy.

## **Procedures**

- The policy will be communicated on Wellmark.com and the Wellmark Web intranet, job postings, and signage at each location.
- All persons are asked to extinguish and/or cease from using all tobacco or tobacco-like products before coming onto properties as noted above.
- Those who smoke or use tobacco products shall ensure that the odor of tobacco is not present when on Wellmark property.
- Visitors or other non-employees will be politely informed of any policy violation and provided with information explaining the policy in a supportive and educational manner. Continued non-compliance may result in Security escorting the individual from the property.
- Applicants and interviewees will be advised that Wellmark is a tobacco-free workplace. As a part of the application process each applicant will acknowledge in writing that they understand Wellmark's policy and attest that they do not use tobacco as a requirement for further consideration.
- All employees are authorized and encouraged to communicate and reinforce this policy with courtesy and diplomacy to any person whom they see violating the policy.
- Leaders are responsible to ensure that violations of the Tobacco-free Workplace Policy are administered promptly and consistently.
- Employees, spouses and domestic partners who wish to quit using tobacco will be given information on recommended tobacco cessation programs, alternatives to tobacco use (e.g. Nicotine Replacement Therapy) and/or materials.
- Violation of this policy may result in discipline, up to and including termination.

## **Effective Date for Current Employees**

Effective October 1, 2010, all Wellmark owned, leased offices, building structures, and property in Iowa will be entirely tobacco-free.

## **Employment Application Statement**

I acknowledge and understand that Wellmark is a tobacco-free employer and that I do not use tobacco or tobacco-like products (examples include but are not limited to cigarettes, e-cigarettes, cigars, pipes, snuff and chew) as written in its Tobacco-Free Workplace Policy. I further understand that Wellmark is relying on my acknowledgement that I do not use tobacco or tobacco-like products as a condition of its consideration of my employment. I understand that false or misleading information given in my application, interview(s), or any supplemental information in the employment process may result in termination. I understand, also, that I am required to abide by all rules and policies of Wellmark.

## **Effective Date for All New Hires**

All new hires must comply with the Tobacco-Free Workplace policy as of June 1, 2010.

## Tobacco-Free Policy Frequently Asked Questions (FAQ) - Iowa

To help employees understand how the tobacco-free policy will impact them, the following are frequently asked questions and responses regarding the tobacco-free policy.

**Q. When does the tobacco-free policy go into effect?**

**A.** Effective October 1, 2010, Wellmark will implement a tobacco-free policy for all current employees, contractors, vendors and visitors. All new hires must comply as of June 1, 2010. This means that use of tobacco or tobacco-like products will be prohibited:

1. At any time during the work day, including scheduled breaks (including lunch).
2. In all buildings and on all property owned or operated by Wellmark at any time.
3. In any vehicle our company owns, rents, or leases for business purposes or any vehicle on company property.

**Q. Does this policy include all Wellmark's offices in Iowa?**

**A.** Yes. As the policy states, use of tobacco or tobacco-like products will be prohibited in all buildings owned, leased, rented or maintained by Wellmark.

**Q. Why has Wellmark decided to enhance their tobacco-free policy?**

**A.** We are enhancing our current Smoking and Tobacco Use Policy to a *Tobacco-Free Workplace* to better align with our commitment to the health of our employees and their families and in support of our overriding strategic priority of creating a sustainable health care system.

**Q. How does this policy differ from our existing smoking policy?**

**A.** Our existing policy prohibits tobacco use within 100 feet of any Wellmark owned or rented facility. Effective October 1, 2010, employees, contractors, vendors and visitors will not be allowed to smoke or use any tobacco product on or near any Wellmark property at any time.

**Q. Do other employers have a similar policy or plan?**

**A.** In the past 10 years, many organizations (large and small) all around the country have adopted or are adopting tobacco-free environment policies.

**Q. Is this policy legal? It seems like an infringement on my rights.**

**A.** While Wellmark feels very strongly about the health of its employees and members, the company is equally committed to adhering to the letter of the law. This policy complies with Iowa and South Dakota laws.

**Q. How will the new policy be enforced? Could I get fired?**

**A.** The success of the policy will depend on the thoughtfulness and cooperation of each member of Wellmark's workforce. All employees are authorized and encouraged to communicate and reinforce this policy with courtesy and diplomacy to any person whom they see violating the policy. We are confident we have a professional workforce who understand and value a culture of health and will comply with the policy so terminations do not occur.

**Q. What options are available to help employees, spouses and domestic partners quit smoking or using tobacco products?**

**A.** There are several options available. Visit the Health Matters Web page at: <http://wellnet.int.wellmark.com/FocusOnYou/BenefitsPayAndHealth/HealthMatters/HMIndex.aspx> to find the available resources.

**Q. What if I can't quit by October 1, 2010?**

**A.** Becoming a tobacco-free workplace does not mean you have to quit. What it means is that you will not be able to smoke or use tobacco during the business day (this includes lunch and other breaks). We do, however, encourage tobacco users to quit because of the substantial health benefits associated with being tobacco-free. And for employees who are pursuing smoking cessation options, you will have sufficient time to complete the programs and become tobacco-free by October 1.

**Q. Does tobacco-free mean just smoking, or does it include other tobacco products as well?**

**A.** Tobacco use is defined as any smoking (cigarettes, cigars, pipes) or smokeless (e.g. chewing, dipping, spit, or tobacco mixed with bubblegum) tobacco product, or tobacco-like products (e.g. electronic, vapor or smokeless cigarettes). Tobacco-free means the absence of the use of any tobacco or tobacco-like products during work hours, including lunch and breaks. Use of tobacco or tobacco-like products is prohibited on Wellmark property at all times.

**Q. Will nicotine chewing gum and nicotine patches be allowed in the workplace?**

**A.** Using these non-tobacco nicotine products as part of a plan to quit tobacco use will be allowed. However, we encourage employees not to use these products as a permanent replacement for tobacco.

**Q. If I can't smoke on Wellmark's property, can I walk across the street to smoke?**

**A.** No. Use of tobacco or tobacco-like products is prohibited during the work day regardless of how far away from our property you may be.

**Q. Can I leave Wellmark's offices during a scheduled break to smoke?**

**A.** No. Use of tobacco or tobacco-like products is prohibited any time during the working day.

**Q. Will I be able to use tobacco anywhere during the work day, such as in my car?**

**A.** Wellmark property will be entirely tobacco-free. You may not smoke or use tobacco or tobacco-like products of any kind during the work day. It also applies to working after-hours when you are on company property. This includes vehicles parked in Wellmark parking ramps.

**Q. If I am traveling on business and using a rented vehicle, can I use tobacco in the vehicle?**

**A.** Use of tobacco or tobacco-like products is prohibited by employees who are utilizing company-owned, rented or leased vehicles (including off the property).

**Q. What if the smell of smoke is on my clothing?**

**A.** While employees have the right to smoke when they are away from work, those employees should still be considerate of the others who are around them during the work day and must be free of tobacco residue.

**Q. Who should I contact if I see someone using tobacco or tobacco-like products or if the smell of smoke is present?**

**A.** All employees are authorized and encouraged to communicate and reinforce this policy with courtesy and diplomacy to any person whom they see violating the policy. You may also address in the same manner as other known or suspected violations of company guidelines:  
<http://wellnet.int.wellmark.com/ToolsAndResources/EthicsAndCompliance/index.aspx>

**Q. As a current smoker who does not want to quit, what could I do to prepare for this policy?**

**A.** Prior to October 1, 2010, you may want to try different options, such as using nicotine replacement therapy (NRT) to determine what you will need throughout the workday.

**Q. What if I don't want to stop?**

**A.** Wellmark recognizes that making the decision to quit is difficult. Wellmark does not have any interest in directing or controlling anyone's personal life; we are requiring that all employees, contractors and vendors comply with this policy while doing business for Wellmark. The company hopes that our workforce will see this policy and the cessation support as an opportunity for a healthier lifestyle.

**Q. Why is there separate Tobacco-Free Workplace policies for Iowa and South Dakota?**

**A.** State laws are different. Our policies adhere to the letter of the law while committing to providing a healthy, constructive and productive work environment for our employees, contractors, vendors and visitors.

## **I. Business Policy for all Workplace Locations in *South Dakota***

Our company is committed to the health of our employees and their families. We are equally committed to ensuring that all workforce members portray an image that is consistent with this policy. The success of the policy will depend on the thoughtfulness and cooperation of each member of Wellmark's workforce.

### **Policy**

- Smoking or other use of tobacco or tobacco-like products (examples include but are not limited to cigarettes, e-cigarettes, cigars, chewing tobacco, snuff, pipes, etc.) during company paid time, or on company property at any time, is strictly prohibited.
- Prohibition includes any and all buildings, owned, leased, rented and areas maintained by Wellmark; any grounds, parking lots, ramps, and contiguous sidewalks (within 300 feet); and in vehicles owned or leased by Wellmark.
- Use of tobacco or tobacco-like products during company paid time in any vehicle of any employee, contractor, vendor or visitor when on Wellmark property is prohibited.
- There are no designated smoking areas within any Wellmark location or on any grounds. Ash receptacles and spittoons are not available on company property. All use of tobacco or tobacco-like products during non-company paid time (e.g. before the work day begins, during non-company paid lunch time or after the work day ends) must be at least 300 feet from any Wellmark location.
- All Wellmark employees, while on company paid time and representing the company, shall not use tobacco products.
- All employees, contractors, vendors and visitors must comply with this policy.

### **Responsibility**

All persons coming onto Wellmark property and/or entering the buildings are required to comply with this policy. All employees share in the responsibility for enforcing the policy.

### **Procedures**

- The policy will be communicated on Wellmark.com and the Wellmark web intranet, job postings, and signage at each location.
- All persons are asked to extinguish and/or cease from using all tobacco or tobacco-like products before coming onto properties as noted above.
- Visitors or other non-employees will be politely informed of any policy violation and provided with information explaining the policy in a supportive and educational manner. Continued non-compliance may result in Security escorting the individual from the property.
- All employees are authorized and encouraged to communicate and reinforce this policy with courtesy and diplomacy to any person whom they see violating the policy.
- Leaders are responsible to ensure that violations of the Tobacco-free Workplace Policy are administered promptly and consistently.
- Employees, spouses and domestic partners who wish to quit using tobacco will be given information on recommended tobacco cessation programs, alternatives to tobacco use (e.g. Nicotine Replacement Therapy) and/or materials.
- Violation of this policy may result in disciplinary action, up to and including termination.

**Effective Date**

Effective October 1, 2010, all Wellmark owned, leased offices, building structures, and property in South Dakota will be entirely tobacco-free.

**Employment Application Statement**

I acknowledge and understand that Wellmark is a tobacco-free employer and that I do not use tobacco or tobacco-like products (examples include but are not limited to cigarettes, e-cigarettes, cigars, pipes, snuff and chew) as written in its Tobacco-Free Workplace Policy. I further understand that Wellmark is relying on my acknowledgement that I do not use tobacco or tobacco-like products as a condition of its consideration of my employment. I understand that false or misleading information given in my application, interview(s), or any supplemental information in the employment process may result in termination. I understand, also, that I am required to abide by all rules and policies of Wellmark.

**Effective Date for All New Hires**

All new hires must comply with the Tobacco-Free Workplace policy as of June 1, 2010.

## Tobacco-Free Policy Frequently Asked Questions (FAQ) – South Dakota

To help employees understand how the tobacco-free policy will impact them, the following are frequently asked questions and responses regarding the tobacco-free policy.

**Q. When does the tobacco-free policy go into effect?**

- A. Effective October 1, 2010, Wellmark will implement a tobacco-free policy for employees, contractors, vendors and visitors. All new hires must comply as of June 1, 2010. This means that use of tobacco or tobacco-like products will be prohibited:
1. At any time during company paid time.
  2. In all buildings and on all property owned or operated by Wellmark at any time.
  3. In any vehicle our company owns, rents, or leases for business purposes or any vehicle on company property.

**Q. How do you define “company paid time” for exempt employees?**

- A. Exempt employees who do not clock in and out will not be allowed to smoke or use any tobacco product whenever they may be perceived by others to be representing Wellmark, regardless of the time or place.

**Q. Does this policy include all Wellmark’s offices in South Dakota?**

- A. Yes. As the policy states, use of tobacco or tobacco-like products will be prohibited in all buildings owned, leased, rented or maintained by Wellmark.

**Q. Why has Wellmark decided to enhance their tobacco-free policy?**

- A. We are enhancing our current Smoking and Tobacco Use Policy to a *Tobacco-Free Workplace* to better align with our commitment to the health of our employees and their families and in support of our overriding strategic priority of creating a sustainable health care system.

**Q. How does this policy differ from our existing smoking policy?**

- A. Our existing policy prohibits tobacco use within 100 feet of any Wellmark owned or rented facility. Effective October 1, 2010, employees, contractors, vendors and visitors will not be allowed to smoke or use any tobacco product during company paid time. All use of tobacco or tobacco-like products during non-company paid time (e.g. before the work day begins, during non-company paid lunch time or after the work day ends) must be at least 300 feet from any Wellmark location.

**Q. Do other employers have a similar policy or plan?**

- A. In the past 10 years, many organizations (large and small) all around the country have adopted or are adopting tobacco-free environment policies.

**Q. Is this policy legal? It seems like an infringement on my rights.**

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**Q. What options are available to help employees, spouses and domestic partners quit smoking or using tobacco products?**

**A:** There are several options available. Visit the Health Matters Web page at: <http://wellnet.int.wellmark.com/FocusOnYou/BenefitsPayAndHealth/HealthMatters/HMIndex.aspx> to find the available resources.

**Q. What if I can't quit by October 1, 2010?**

**A.** Becoming a tobacco-free workplace does not mean you have to quit. What it means is that you will not be able to smoke or use tobacco during company paid time. All use of tobacco or tobacco-like products during non-company paid time (e.g. before the work day begins, during non-company paid lunch time or after the work day ends) must be at least 300 feet from any Wellmark location. We do, however, encourage tobacco users to quit because of the substantial health benefits associated with being tobacco-free. And for employees who are pursuing smoking cessation options, you will have sufficient time to complete the programs and become tobacco-free by October 1.

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**Q. Will nicotine chewing gum and nicotine patches be allowed in the workplace?**

**A.** Using these non-tobacco nicotine products as part of a plan to quit tobacco use will be allowed. However, we encourage employees not to use these products as a permanent replacement for tobacco.

**Q. If I can't smoke on Wellmark's property, can I walk across the street to smoke?**

**A.** No. Use of tobacco or tobacco-like products is prohibited during company paid time regardless of how far away from our property you may be. All use of tobacco or tobacco-like products during non-company paid time (e.g. before the work day begins, during non-company paid lunch time or after the work day ends) must be at least 300 feet from any Wellmark location.

**Q. Can I leave Wellmark's offices during a scheduled break to smoke?**

**A.** During any non-company paid time (e.g. non-company paid lunch time) must be at least 300 feet from any Wellmark location.

**Q. Will I be able to use tobacco anywhere during the work day, such as in my car?**

**A.** Wellmark property will be entirely tobacco-free. If you use tobacco or tobacco-like products during non-company paid time, you must be at least 300 feet from any Wellmark location. This also applies to working after-hours when you are on company property. This includes vehicles parked in Wellmark parking lots and ramps.

**Q. If I am traveling on business and using a rented vehicle, can I use tobacco in the vehicle?**

**A.** Use of tobacco or tobacco-like products is prohibited by employees who are utilizing company-owned, rented or leased vehicles (including off the property).

- Q. Who should I contact if I see someone using tobacco or tobacco-like products?**
- A.** All employees are authorized and encouraged to communicate and reinforce this policy with courtesy and diplomacy to any person whom they see violating the policy. You may also address in the same manner as other known or suspected violations of company guidelines:  
<http://wellnet.int.wellmark.com/ToolsAndResources/EthicsAndCompliance/index.aspx>
- Q. As a current smoker who does not want to quit, what could I do to prepare for this policy?**
- A.** Prior to October 1, 2010, you may want to try different options, such as using nicotine replacement therapy (NRT) to determine what you will need in order to be tobacco free during company paid time.
- Q. What if I don't want to stop?**
- A.** Wellmark recognizes that making the decision to quit is difficult. Wellmark does not have any interest in directing or controlling anyone's personal life; we are requiring that all employees, contractors and vendors comply with this policy while doing business for Wellmark. The company hopes that our workforce will see this policy and the cessation support as an opportunity for a healthier lifestyle.
- Q. Why is there separate Tobacco-Free Workplace policies for Iowa and South Dakota?**
- A.** State laws are different. Our policies adhere to the letter of the law while committing to providing a healthy, constructive and productive work environment for our employees, contractors, vendors and visitors.



**FOR IMMEDIATE RELEASE: June 30, 2011**

**For more information contact:**

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Mikki Stier, Broadlawn Medical Center 515-282-2449

Kendall Dillon, Des Moines University, 271-1661

Amy Varcoe, Iowa Health – Des Moines 515-241-5057

Gregg Lagan, Mercy Medical Center-Des Moines 515-247-3050

**Des Moines Health Care Providers Celebrate 5 Years Tobacco-free  
*Minor policy revisions to take effect July 1, 2011***

DES MOINES – Just five years ago, a tobacco-using patient could walk outside Des Moines-area hospitals and light up. Today, Broadlawn Medical Center, Des Moines University, Iowa Health – Des Moines and Mercy Medical Center – Des Moines celebrate the five-year anniversary of tobacco-free campuses.

The collaborative effort by the four health agencies set the precedent for tobacco-free policies across Iowa. According to the Iowa Hospital Association, approximately 99% of the 118 total Iowa hospitals have a 'tobacco free campus/grounds' policy as of April 1, 2011.

“As healthcare organizations with the mission of improving the overall health of the communities we serve, we believe it is important for us to continue to take a strong stand on this issue,” said Eric Crowell, President and CEO of Iowa Health – Des Moines. “Through this effort, we join our colleagues across Iowa, as well as the United States, in trying to reduce the cause of one in five deaths.”

“As a medical and health sciences university, we are committed to educating our students and the community on the dangers of tobacco use,” said Angela Walker Franklin, Ph.D., President of Des Moines University. “The continued focus on reducing the number of deaths caused by tobacco use will benefit the health of all Iowans. We are proud to be tobacco-free and encourage more organizations to also take this important step toward health and disease prevention.”

Since implementation of the tobacco-free campus policies in 2006, important statewide legislation has been enacted including the \$1 cigarette tax increase in 2007 and the Smokefree Air Act in 2008.

“We believe that this collaborative effort in Central Iowa helped set the tone for a shift in the culture of tobacco use in Iowa,” said Broadlawns Medical Center spokeswoman Mikki Stier. “Great strides have been made across Iowa since that time both within the health care community and within local communities. We are proud of the step forward we made five years ago.”

The tobacco-free policies at these locations have expanded to now prohibit the use of electronic cigarettes by employees, patients, physicians, volunteers, contractors and visitors in buildings, vehicles, walkways and parking lots. As passed in 2006, the policy covers all grounds and facilities, owned or leased, and company and personal vehicles parked on hospital property.

“There is no scientific evidence that electronic cigarettes help tobacco users quit,” said American Lung Association in Iowa Executive Director Micki Sandquist. “Until these products are found to be safe and effective, they should not be on the market, and certainly shouldn’t be promoted as successful quitting aides. Our organization is incredibly proud to support the efforts of our local health leaders as they strengthen their policy.”

Electronic cigarettes, also known as e-cigarettes, are battery-powered nicotine inhalation devices that claim to deliver nicotine to the user through a vaporized propylene glycol solution.

In April, the U.S. Court of Appeals for the District of Columbia ruled that the FDA cannot regulate e-cigarettes as drug delivery devices unless marketed for therapeutic purposes. Instead, the FDA can move ahead with asserting jurisdiction and regulating electronic cigarettes as tobacco products as suggested and allowed under the federal appeals court decision.

Recently, Mercy Medical Center announced it will take the idea of a tobacco-free health care environment a step further by enacting a nicotine-free hiring policy. Effective July 1, anyone applying for a position with Mercy hospitals, clinics, outpatient centers or facilities will be tested for nicotine during the regular pre-employment screening process. Those who test positive will not be considered for employment, but may reapply after six months.

“We recognize smoking or using tobacco products is not illegal,” said Senior Vice President and Chief Human Resources Office Robyn Wilkinson. “However, Mercy’s primary goal is to improve the health and well-being of the patients and families it serves. We cannot, in good conscience, be a champion for developing and maintaining healthy lifestyles and continue to hire people who smoke or use tobacco products,” said Wilkinson.

All entities indicated that the successful implementation of the tobacco-free campus policies can be attributed to effective communication and employee support.

“Collectively, these organizations saved money and created a healthier community by implementing a tobacco-free campus policy,” said Sandquist. “Staff and volunteers of the American Lung Association in Iowa could not be more proud of their efforts.”

It is estimated that use of tobacco products in the U.S. costs about \$150 billion a year in health care and lost productivity costs. Each year, more than 450,000 people die prematurely from tobacco-related diseases. Tobacco use is the ***number one cause of preventable death and disease*** in the United States.

For additional information, please visit [www.TobaccoFreePartnership.com](http://www.TobaccoFreePartnership.com), [www.LungIA.org](http://www.LungIA.org), [www.Broadlawns.org](http://www.Broadlawns.org), [www.DMU.edu](http://www.DMU.edu), [www.IowaHealth.org](http://www.IowaHealth.org) and [www.MercyDesMoines.org](http://www.MercyDesMoines.org).

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## Tobacco Cessation Survey

In order to best accommodate our employees as we become a tobacco-free worksite, we want to hear from you. Please take a minute to fill out this survey and return to *(location)* when finished. There is a place to fill in your name and department; however, you may leave this space blank if you prefer.

1. Are you interested in attending a smoking cessation program? (circle one)

Yes                      No

2. If yes, what time of day would be most convenient for you?

Morning

Noon

Afternoon

Evening

Other: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

## Online Tobacco Resources

### **Advocacy and Education**

American Cancer Society: [www.cancer.org](http://www.cancer.org)

American Legacy Foundation: [www.americanlegacy.org](http://www.americanlegacy.org)

Americans for Nonsmokers' Rights: [www.no-smoke.org](http://www.no-smoke.org)

Campaign for Tobacco-free Kids: [www.tobaccofreekids.org](http://www.tobaccofreekids.org)

Encyclopedia for Tobacco: [www.tobaccopedia.org](http://www.tobaccopedia.org)

Iowa Department of Public Health: [www.idph.state.ia.us/tobacco](http://www.idph.state.ia.us/tobacco)

Iowa Tobacco Prevention Alliance: [www.smokefreeiowa.org](http://www.smokefreeiowa.org)

Mayo Clinic – Nicotine Dependence Center: [www.mayoclinic.org/ndc-rst/](http://www.mayoclinic.org/ndc-rst/)

Medical Articles: [www.pubmed.gov](http://www.pubmed.gov)

Technical Assistance Legal Center: <http://www.phi.org/talc>

Tobacco Control Legal Consortium: <http://tclconline.org/>

Tobacco Law: [www.tobaccolawcenter.org](http://www.tobaccolawcenter.org)

U.S. Centers for Disease Control: [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

U.S. Surgeon General: [www.surgeongeneral.gov/tobacco](http://www.surgeongeneral.gov/tobacco)

### **Cessation**

American Lung Association: <http://lunghelpline.org>

Freedom From Smoking: <http://www.fffsonline.org/>

Quitline Iowa: [www.quitlineiowa.org](http://www.quitlineiowa.org)

GlaxoSmithKline: [www.gsk.com](http://www.gsk.com)

Pfizer: [www.pfizer.com](http://www.pfizer.com)

Quitting Smokeless Tobacco: [www.quitsmokeless.org](http://www.quitsmokeless.org)



## **Contributors:**

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