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**ABSTRACT**

Company policies and programs aimed at reducing smoking among employees have a number of other important benefits to employees and the company alike. Limiting or banning smoking helps create a safe and healthy workplace and may reduce direct health care costs, health and life insurance costs, employee absenteeism, costs associated with maintaining facilities and equipment, and the risk of fires. There is an increasing body of court cases and legal opinions indicating that employees have a common law right to a smoke-free work environment, that employers must accept some responsibility for discomfort and illness caused to employees by smoke in the workplace, and that employers are within their legal rights in banning smoking in the workplace and hiring only nonsmokers. Smoking policies can vary widely from company to company. Generally speaking, however, smoking policies generally have one or more of the following purposes: to protect equipment or property, to comply with laws or regulations, to ban smoking in specific areas, to ban smoking except in designated areas, to ban smoking entirely throughout an organization, or to preclude the hiring of smokers. (This report includes case studies of five companies with different types of smoking policies and two companies with successful smoking cessation programs, a list of 15 incentives that companies have offered employees to stop smoking, descriptions of six such incentive programs, and a region-by-region list of companies with various smoking policies.) (MN)

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WBGH WORKSITE WELLNESS SERIES

REDUCING SMOKING AT THE  
WORKPLACE

prepared by

Ruth A. Behrens  
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WBGH Worksite Wellness Series

**REDUCING SMOKING AT THE WORKPLACE**

Prepared by

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October, 1985

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## REDUCING SMOKING IN THE WORKPLACE

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## WHAT ARE THE HEALTH CONSEQUENCES OF SMOKING?

Just about everyone — even smokers — agrees that the use of tobacco is damaging to one's health. Yet while the percent of smokers in the U.S. has declined from 40 percent in 1965 (U.S. DHHS, 1982, p. ix) to just under 33 percent in 1983 (National Center for Health Statistics, 1984), the total number of smokers has remained almost constant. And in some categories, such as women between 20 and 34 years, the percent of smokers was increasing from 1980 to 1983 (National Center for Health Statistics, 1984).

So there is still a very significant role for employers to play in helping smokers quit. As the Assistant Secretary for Health (U.S. Department of Health and Human Services) stated in the 1984 Surgeon General's Report on Smoking, "Smokers can realize a substantial health benefit from quitting smoking, no matter how long they have smoked." Approximately 10 to 15 years after quitting, smokers' risk of dying is nearly the same as those who have never smoked. According to one major study, death from all causes was almost 30 percent lower among those who quit, compared to those who continued to smoke, after just six years of abstinence (U.S. DHHS, 1983, p.vi).

But for those who continue smoking, the health facts are rather frightening. Each year, 340,000 persons die prematurely (that is before they would otherwise normally die if they had not smoked) from smoking-related illnesses. The Surgeon General has stated that unless smoking habits change, one in every ten people living today could die prematurely of heart disease (U.S. DHHS, 1983 p. 7). In addition to smoking's contributions to heart disease, it is estimated that 30 percent of all cancers are caused by smoking (U.S. DHHS, 1982, p.vi). So from the point of view of the health of one's employees, smoking is bad business.

Here are just a few more facts about the impact of smoking on the health of employees.

- o Heavy smokers (two or more packs a day) are 15 to 25 times more likely to die of lung cancer than nonsmokers, and overall, smokers are ten times more likely to die of lung cancer than nonsmokers (U.S. DHHS, 1982, p. vi).
- o Eighty to 90 percent of such long term severe lung diseases as emphysema and chronic bronchitis are related to smoking (U.S. DHHS, 1984, p.ii).
- o It is estimated that 30 percent of all cancers are caused by smoking. That means that 138,000 Americans will die of cancer in 1986 because of smoking (U.S. DHHS, 1984, p.vi).

- o Heavy smokers are three to four times more likely to die of cancer than nonsmokers and overall, the risk to smokers is two times greater than for those who don't smoke (U.S. DHHS, 1982, p.v).
- o More than 550,000 Americans will die of coronary heart disease this year, and up to 30 percent of those deaths will be attributable to cigarette smoking (U.S. DHHS, 1983).
- o Heavy smokers have a 200 percent greater risk of dying from coronary heart disease than nonsmokers, and overall, the risk for all smokers regardless of the amount smoked, is 70 percent greater than for those who don't smoke, (U.S. DHHS, 1983. p.v).
- o Evidence demonstrates that smoking during pregnancy has a significant adverse effect upon the well being of the fetus and the health of the newborn, including causing lower birth weight infants and increasing the risk of spontaneous abortion and neonatal deaths (U.S. DHEW, 1979).
- o Children of smoking parents have increased prevalence of respiratory symptoms and have an increased frequency of bronchitis and pneumonia early in life (U.S. DHHS, 1984, p.405).

## WHAT ARE THE ECONOMIC CONSEQUENCES OF SMOKING?

In addition to adverse effects on the health of employees, dependents, and retirees, smoking has many direct impacts on business' bottom line. A 1985 document from the Office of Technology Assessment, U. S. Congress (OTA), estimates that smoking-caused illness costs \$43 billion in lost productivity annually (or \$1.45 for each pack of cigarettes sold), expenses borne largely by employers. Businesses also pay a significant portion of another \$22 billion in smoking-related health care costs, since nearly two thirds of the costs are incurred by those under 65. According to the OTA, combined lost productivity and health care costs related to smoking equal \$2.17 per pack of cigarettes sold (OTA, Sept. 1985).

A breakdown of costs on a per company basis is even more meaningful. A researcher recently set short-term losses alone to employers (fire, accidents, ventilation, cleaning, productivity, occupational health risks, etc.) at \$300 to \$350 per smoker annually. Long-term losses for such things as absenteeism, early death, medical care costs, etc., would make the figure many times higher (Kristein, 1984). For example one insurance company estimates that employers spend about \$300 more in insurance claims for smokers than for nonsmokers. As a result, some insurance companies are now offering reductions of up to 50 percent on nonsmokers life insurance policies and more than 30 percent on health insurance premiums. Companies are beginning to pass these nonsmokers savings on to their qualified employees in order to overcome the inequity created by nonsmokers subsidizing the added insurance costs of smokers.

Here are some additional examples of the economic impact of smoking on employers.

- o Absenteeism rates for smokers are approximately 50 percent higher than for nonsmokers (National Health Interview Survey, 1979).
- o Smokers have twice as many job related accidents as nonsmokers (U.S. DHEW, 1979).
- o Smokers are 50 percent more likely to be hospitalized than those who do not smoke.
- o Employers have been held legally responsible for at least part of the disability cost for smoking employees who contracted smoking related illnesses, in addition to claims from nonsmoking employees who were adversely affected by the smoke of others (American Lung Association, June 1983).
- o Companies with certain occupational hazards can expect greatly increased costs related to smoking. For example, an asbestos worker who smokes is ten times more likely to die prematurely than his nonsmoking coworker. A smoking uranium miner has six times the risk of contracting lung cancer as a nonsmoker in the same job (Kristein, Dec. 1983).

## HOW DO EMPLOYEES FEEL ABOUT SMOKING ON THE JOB?

Two recent studies, one a national survey and the other involving a single, large company, illustrate that smokers, as well as nonsmokers, are concerned about smoking at the worksite.

In 1983, the Gallup Organization did a nation-wide survey of attitudes toward smoking and found that 92 percent of all respondents, smokers and nonsmokers, agreed that smoking is harmful to health. When asked whether individuals should refrain from smoking in the presence of nonsmokers, 55 percent of the smokers and 82 percent of the abstainers said yes. An even larger percentage — 64 percent of smokers and 84 percent of nonsmokers — felt that smoking is hazardous to the health of nonsmokers. When asked whether there should be restrictions on smoking at the workplace, 75 percent of smokers and 87 percent of nonsmokers favored either designated areas or a total prohibition. In its survey three years earlier, Gallup found that nearly two-thirds of smokers wanted to give it up (American Lung Association, April, 1983).

The smoking habits of the 75,000 employees at Pacific Telesis (formerly Pacific Telephone) in California and Nevada parallel national statistics, with 33 percent smoking regularly. In a recent survey, eighty percent of the company's nonsmokers and 60 percent of its smokers indicated they are bothered, at least occasionally, by smoking at work. Although their preferences for smoking restrictions at work were somewhat lower than the national average, they still make a powerful statement, with 51 percent of smokers and 80 percent of nonsmokers preferring designated areas or a complete ban. When asked what impact a smoking policy would have on their behavior, 51 percent of all Pacific smokers said they probably would reduce the amount smoked or quit entirely (Pacific Telephone, June 1983).

However, it would be a mistake to let surveys, such as these, lull employers into false beliefs that virtually everyone recognizes the health hazards associated with smoking. A recent Roper report revealed that 53 percent of the total population and 63 percent of smokers did not know that smoking causes most cases of emphysema (U.S. DHHS, 1983, p.vi).

## WHAT ARE THE BENEFITS OF A SMOKING POLICY AND PROGRAM?

In addition to all the statistics cited in earlier sections, there are many benefits that accrue to both employees and the company once a policy and programs are undertaken. Here are just a few.

### Benefits to Employees

- o Smokers, as well as nonsmokers, are concerned about the impact of smoking on their health and the health of their families. A well planned and carefully carried out effort shows the company cares.
- o Nonsmokers who are bothered by smoke have some recourse.
- o As smoking becomes socially unacceptable, smokers appreciate a company policy that outlines how smoking at work will be handled.
- o Managers, too, are relieved when processes for dealing with smoking are clearly defined.
- o Both smokers and nonsmokers recognize that money spent by the company on smoking-related illnesses, absenteeism and maintenance is not available for improved salaries and benefits.

### Benefits to the Company

- o Limitations or a ban on smoking helps create a safe, healthy workplace.
- o Direct health care costs to the company appear to decline.
- o The cost of plant and equipment maintenance will go down as smoke, matches, and cigarette butts are reduced or eliminated.
- o Employers indicate that absenteeism rates decrease.
- o Smokers will spend less time at their work stations handling smoking paraphernalia and thus may have more time for, and greater concentration on, the job.
- o The value of office equipment and furniture will depreciate more slowly.
- o It may be possible to negotiate lower health, life, and disability coverage as smoking by employees is reduced.
- o The risk of fires will be lowered. For example, 50 percent of all hospital fires are caused by smoking.

## HOW DO LAWS AND COURT DECISIONS SUPPORT SMOKING RESTRICTIONS AND BANS?

While legal cases dealing with smoking at the workplace are a relatively new phenomenon, there is a growing body of court cases and legal opinions that indicate (1) employees have a right under common law to sue for a smoke-free work environment, (2) employers must be prepared to bear some responsibility for the discomfort, pain, and illness caused to employees by smoke in the workplace, and (3) employers are within their rights in banning smoking at the workplace or in hiring only nonsmokers.

An analysis of cases related to smoking published by the American Lung Association reports the following (American Lung Association, June 1983):

- o There is legal precedent for employers to be held responsible for smoking related illnesses of employees who are allowed to smoke on the job. The California Supreme Court ruled that an employer was liable for one-third of the disability for an employee with emphysema because the employer permitted him "to inflict harm on himself" by smoking during working hours (Fuentes versus Workmen's Compensation Appeals Board, 1976-77).
- o A New Jersey Supreme Court case established that it is the employer's common-law duty to provide a safe workplace; this includes protecting the rights of nonsmokers and providing them with a smoke-free working environment. In addressing involuntary smoke (or that smoke produced by the tobacco use of others), the court found that "The right of an individual to risk his or her health does not include the right to jeopardize the health of those who must remain around him or her in order to properly perform the duties of their job." (Shimp versus New Jersey Bell, 1976).
- o In a case involving a government employee, the Ninth Circuit U.S. Court of Appeals ruled that the complaining employee was to be offered suitable employment in a safe environment or disability retirement benefits. In 1984, the plaintiff was awarded a cash settlement and a full disability retirement pension (Irene Parodi versus Merit System's Protection Board, 1982; appeal 1984).
- o It is the consensus of legal opinion that employers are fully within their constitutional and legal rights in banning smoking at the workplace. An exception is any workplace where the right to smoking is specified in a union contract.
- o It also is the consensus of legal opinion that employers are within their rights in establishing hiring policies that disqualify smokers from eligibility for employment, as long as the policy is applied equitably.
- o There appear to be no legal grounds for the claim that smoking at work is a "right."

## WHAT KINDS OF COMPANY SMOKING POLICIES HAVE BEEN SUCCESSFUL?

The backbone of any company's effort to discourage smoking is its smoking policy. While these statements vary depending on the specific situation facing each organization, most address some or all of the following areas: the company's rationale for reducing or banning smoking, designated smoking areas and/or prohibited areas, procedures for handling shared work areas and areas of common use, restrictions for visitors, cessation opportunities, procedures for enforcing the policy, and information about how non-compliance will be dealt with. Thus policies set out the company's basic motivations for, and expectations from, regulating smoking and form the basis, to a large extent, for how employees will view the effort.

Policies can be categorized in many ways. For the purpose of this document, seven categories are discussed based on the primary aims of the policy. Smoking policies may be designed to: (a) protect equipment or property, (b) comply with laws or regulations, (c) ban smoking in specific areas, (d) ban smoking throughout the organization, except in designated areas, (e) ban smoking throughout the organization, (f) preclude the hiring of smokers, (g) a combination of these.

Policies designed to protect equipment or property — Policies written primarily to protect equipment or property, rather than to protect health, offer a clear statement of the company's interest in material objects rather than in employees. Many company policies started in this form. However, increasing information about the health hazards of smoking is influencing many concerned corporate leaders to redirect their policies to focus on employees' health instead of, or as well as, equipment and property.

Policies designed to comply with laws or regulations — Many smoking policies are implemented as a result of laws that restrict smoking in theaters, elevators and parts of hospitals. The number of states with clean air legislation also has been growing since the mid-1970s, with some 35 states now regulating smoking in public places, four states govern smoking in all workplaces (CT, MN, NB, UT), and five more regulate smoking for state employees only (AL, CA, HA, ME and NJ). In addition, the number of counties and municipalities with smoking ordinances covering the workplace is mushrooming, with over 20 cities and six counties in California taking the lead, and counties in Massachusetts and New York following suit.

As with the policies themselves, these ordinances vary, and this variety may pose problems for some companies, such as those with facilities in multiple areas in California. For example, when faced with responding to many vastly differing requirements for its California sites, Pacific Telesis chose to develop a single company-wide policy with a simple addendum for each regulated location. In some cases, policies developed in response to laws or regulations comply with the letter of the law, but are not enforced with vigor nor were they developed with the strong support and participation of top management. Other companies, on the other hand, see the regulations as a welcome invitation to move forward into an areas where they might have hesitated before.

Policies banning smoking in specific areas — This may well be the most common type of policy in effect today, often banning smoking in elevators, hallways, auditoriums, sections of cafeterias, laboratories, rooms with delicate equipment, meeting rooms, etc. Many companies aiming for an eventual total or near total ban on smoking use this type of policy as an initial step toward that goal (Provident Indemnity Insurance, Norristown, PA; MSI Insurance, Arden Hills, MI; The Boeing Company, Seattle, WA). While a fine first step, it should be recognized that this type of policy makes smoking the norm — that is, smoking is acceptable everywhere except in areas designated as No Smoking — rather than making no smoking the norm (as does the following type of policy).

Policies banning smoking throughout the organization, except in designated areas — As suggested in the preceding category, this type of policy makes No Smoking the organizational norm, rather than smoking. That is, the entire organization is identified as "No Smoking," with the exception being those areas designated as "Smoking." Thus, the onus is on the smoker to locate the smoking areas in order to practice his/her habit, rather than forcing the nonsmoker to seek out the no smoking areas for clean air. Short of a total ban on smoking, this is certainly the most powerful type of statement about a company's concerns related to smoking (Group Health Cooperative of Puget Sound, Seattle, WA; Control Data Corporation, Minneapolis, MN; MSI Insurance, Arden Hills, MI).

Policies designed to ban smoking throughout the organization — An organization that issues a total ban on smoking within its facilities (and sometimes on its grounds, as well) leaves no doubt about its position. While many organizations strive for this goal, and achieve it in principle, a high percentage eventually identify at least a small area where smoking is permitted (see previous category). However, there are excellent examples of companies that have successfully implemented total bans, and most have real success

stories to tell about the results — improved employee morale, enhanced recruitment, (people seeking a smoke-free workplace), and beliefs that costs have been lowered (Provident Indemnity Insurance, Norristown, PA; Austad Company, Sioux Falls, SD; Radar Electric, Seattle, WA). In order to effect a total ban, the CEO must be behind the move 100 percent, so it is not surprising that executives of organizations that have eliminated smoking are quick to come forward and attest to their beliefs in the value of a strong policy.

Policies designed to preclude the hiring of smokers — A few organizations have taken their beliefs that smoking is harmful to all employees one step further by developing policies that state "Smokers need not apply." While initially questioned, these policies have been judged to be legal as long as the restrictions are imposed equally on all affected employees (Pro-Tec, Bellevue, WA; Independent Press, Murray Hill, NJ).

## EFFECTIVE SMOKING POLICIES -- SOME CASE STUDIES

Provident Indemnity Life Insurance Company chose to implement a policy designed to ban smoking throughout the organization and on its grounds. The following description illustrates how active, hands-on involvement and commitment by a CEO, participation by employees, use of a phase-in period, involvement of spouse, inclusion of financial incentives, and on-site smoking cessation programs all contributed to a highly successful policy and program.

### **Provident Indemnity Life Insurance Company, Norristown, PA**

As far back as 1980, Provident was responding to the Surgeon General's statements and to actuarial tables that proved nonsmokers were living generally longer, healthier lives with the introduction of several policies that offered nonsmokers within groups discounts as high as 33 percent. As the company put more energies into developing and marketing these nonsmokers packages, it also began to look critically at its own practices.

A big boost was given to the effort when Joseph Reese became Provident's president in January, 1982. Like many companies, Provident started by distributing informative literature to all employees about the health dangers of smoking. Within months, Reese appointed an employee committee, made up largely of smokers, and charged them with making recommendations about how the company should handle smoking at the worksite. Reese suggested to the committee that it would be in keeping with Provident's goals if it eventually became smoke-free. The committee recommended and management approved a policy that initially eliminated all smoking from office and work areas and confined it to the lunchroom, blocking out a one-hour period when even the cafeteria would be smoke-free. A total ban was planned to be implemented in the fall of 1983. A survey at the time the policy was implemented revealed that 35 of the company's 120 employees were smokers, slightly less than the national average of 33 percent.

But the program included much more than restrictions. In May, 1982, more than a year before the total ban went into effect, the company's employment application was changed to include its smoking policy. The company invited the American Lung Association of Philadelphia and Montgomery County to offer weekly programs on company time starting in September and, according to Reese, employees responded very positively providing the needed peer pressure to help many smokers quit. Since spouses also exert a great influence on smokers, the program also was opened to them. Following the initial effort, nine more cessation programs were offered at employees' own expense.

In January, 1983, Provident's employment application was further amended, asking prospective employees to sign a statement that if they accept a position with Provident they agree to abide by its smoking policy, and that if they smoke at all, they will be charged the excess rate of their insurance coverage over that of nonsmokers, an amount in the vicinity of \$300 per year. Further restrictions limited smoking in the building to just one hour at lunchtime. Finally, as was planned from the beginning, on September 30, 1983, Provident eliminated smoking completely from its office and its grounds. As a by-product of implementing the new policy, the company received many thousands of dollars worth of excellent free publicity from the Associated Press, television stations in Philadelphia, Pittsburgh, and New York, and more than 50 radio stations.

Reese is convinced the results more than justify the work that went into developing the policy and program. Employees have reacted "superbly well," and absenteeism is down. The air in the building is much cleaner, and Reese guesses they saved \$15,000 to \$20,000 in damages and cleaning in the first 12 months following the ban. There have been virtually no complaints from employees and, according to Reese, job applications are up, with many applicants seeking a smoke-free work environment.

But Provident hasn't stopped its desire to promote employee health with its smoking program. It now has a new employee wellness committee and offers employees aerobics classes at work, CPR training, an employee assistance program, bonus pay for not using sick leave, discounts on YMCA memberships, a walking club, and high blood pressure screening. In addition, over 50 percent of Provident's employees participate in exercise regularly.

"Although some people were initially upset with the ban," says Reese, "almost everyone seems pleased with the results. Some of the pregnant women who quit are particularly happy that the company adopted a policy that got them to give up smoking."

Following are examples of several other companies, both large and small, that have successfully reduced or totally banned smoking.

#### **The Boeing Company, Seattle, WA**

One of the largest and best known companies to announce its intentions to work toward a total smoking ban, Boeing implemented a series of interim steps, including gaining support from almost a dozen unions and informing all new employees of the company's smoking policy.

In April, 1984, 90,000 employees of the Boeing Company, were notified that the organization had "decided to take additional positive steps toward providing a smoke-free working environment for all employees." While no absolute date was set for the total prohibition on employee smoking, the memo stated "it is the intent of the Company ultimately to do so." In the meantime, a variety of interim steps were set forth, including prohibiting smoking in numerous areas such as restrooms, lobbies, classrooms, auditoriums, medical facilities, hallways, etc. Employees also were informed they could designate their "immediate workplace" as a no smoking area and that no less than two-thirds of the cafeterias and lunchrooms would become nonsmoking. Beginning with the April, 1984 announcement, all new hires were informed of the smoking policy. Before instituting the policy, almost a dozen unions were contacted, and all supported the move. (Approximately one quarter of the workforce is unionized.)

As a way of assisting smokers to quit before the total ban is implemented, Boeing offered a company-sponsored, off-hours stop smoking program free of charge, and offered a partial cost reimbursement for those who preferred to attend one of several commercial smoking cessation programs. While there were some negative letters and calls about the new restrictions, employee reaction generally has been positive.

## **Group Health Cooperative of Puget Sound, Seattle, WA**

A forerunner among health care organizations in banning smoking, Group Health gave all employees multiple opportunities to participate in developing the policy, successfully involved 12 bargaining units, and included procedures for identifying and approving "exceptions" to the total ban.

Although a high percentage of hospitals and other health organizations have smoking policies, thus far few have been at the forefront of efforts to eliminate smoking in their facilities. But a real team approach led to a smoke free environment at Group Health Cooperative of Puget Sound (GHC), a health maintenance organization in Seattle, WA. Urging from the Cooperative's 300,000 members for a stronger stand against smoking, plus support from top management and a resolution from the Medical Staff to reduce the number of smokers at GHC all helped stimulate the subsequent action. Six thousand employees and 28 GHC sites across the state also were involved.

In addition to the strong support of top management, a highly personal approach taken by management to reach out and involve individual employees was critical to the success of the program. A series of 30 to 40 open meetings were held allowing employees to vent their feelings and to have a say in solving some of the problems that arose as the policy unfolded. GHC's 12 bargaining units also were involved and all eventually supported the effort. Because so many people and facilities were involved, a procedure was set up whereby "exceptions" could be identified. Recommendations for digressions from the basic policy went to the management, which had the final decision-making authority and which chose a strong nonsmoking position.

The outcome? No smoking is allowed by consumers or employees in GHC's 20 clinics, and no smoking is allowed in any administrative facilities. In all its hospitals except one, no employees or visitors may smoke, but patients may light up if they have written permission from their physicians and their roommates. In one of the hospitals, however, employees may use a smoking room from 7 p.m. to 6 a.m. because the facility is located in a neighborhood where it could be dangerous to stand outside the building to smoke.

A survey before the ban went into place showed that 75 percent of GHC employees were in favor of it; six months after its April, 1984, implementation, 85 percent favored the restrictions.

## **Austad Company, Sioux Falls, SD**

Although it has only 180 employees and is located in Sioux Falls, SD, Austad receives inquiries about employment from people all over the country seeking a smoke free work environment.

At Austad Company, the decision to prohibit smoking goes back to the establishment of the company — in this case, 1963. The impact of the policy is difficult to measure because "it's always been this way," and the company is self insured so comparisons with other companies also are hard to make. However, it is clear at Austad, a golf equipment distributor, that the policy has had a positive effect on recruitment. Many people seek out the 180 employee organization because it is smoke free. Smokers are hired, however, applicants are asked if they can go without a cigarette for longer than six hours. If they say yes, and therefore can comply with the rules, they are considered for employment.

**Pro-Tec, Bellevue, WA**

While President Dennis Burns can't document that his decision to hire only nonsmokers has saved money, he believes it has, and can point to one employee who took up smoking after being hired (but didn't smoke at work) who "had by far the worst attendance record in the company."

Pro-Tec, a maker of sporting goods equipment, started by eliminating smoking from its plant, but allowing employees to light up outside the building. But even that stopped when the company president drove up to the plant with an important customer and found the flower beds littered with cigarette butts. So in 1975, the company instituted a policy of hiring only nonsmokers. Dennis Burns, Pro-Tec president, says he instituted the policy partly because he had asthma and has "a fond appreciation for clean air," but he also believes that every individual has the right to a nonsmoking area immediately adjacent to himself. "We must respect the rights of those who want clean air," he says. His employees do, and they're delighted with the policy. Has it made a difference to the company's bottom line? Burns can't prove that it has, but he cites the case of one employee who took up smoking after she began working for the organization (although she didn't smoke at work). According to Burns, she had "by far the worst attendance record in the company." And with just 12 employees, absences can have a big impact on getting the job done.

## WHAT RESULTS CAN BE EXPECTED FROM A SMOKING CESSATION PROGRAM?

The results achieved by stop smoking programs vary according to a large number of factors — the desire of the smokers to quit; the quality of the intervention; the monetary and time investments made by the participants; the level of support for the new nonsmoking behavior from family, co-workers, and the company; such related factors as weight gain and depression, etc.

What kind of quit rates can reasonably be expected from a program at a workplace? While there are no national data available on worksite quit rates, strong worksite programs claim anywhere from 20 to 50 percent quit rates after one year, however, most published studies report six month abstinence rates of 30 percent or less (U.S. DHEW, 1982, p.27). But even if a company's quit rate is lower, as long as its program is based on sound educational and behavior change principles, and employees believe it is helpful, it should not give up. Studies show that quitting often is a result of persistence. In one study, only 25 percent of the participants quit on the first try, but by the fourth attempt, 73.4 percent of the total participants had kicked the habit (U.S. DHHS, 1982, p.29). Persistence pays off, both for the smoker and for the company. In addition, a high percentage of smokers kick the habit on their own (although they may have taken part in one or more cessation activities earlier), and a company's policy, coupled with a climate that encourages and rewards employees for quitting, can go a long way toward encouraging self-motivated quitters (U.S. DHHS, 1982, p. vii).

So, business decision-makers must be realistic when setting goals for cessation programs and when judging results. Experience shows that while company-sponsored programs may achieve initially high quit levels, even the best programs may not be able to sustain high rates with high participation over many years.

At New York Telephone, a big stop smoking effort several years ago offered a range of different quit methods so that each smoker could choose an intervention he or she felt would work best — cold turkey, gradual waning, intensive five-day programs, those taking many months, hypnosis, self help, etc. Initially their quit rates were as high as 85 percent,

with four-year rates still at a very impressive 47 percent. However, these initial quitters probably were those most highly motivated to stop, according to Loring Wood, M.D., Medical Director, Research and Development, NYNEX (formerly New York Telephone), White Plains, NY. In later programs, sustained, one year quit rates among NYT employees averaged 25 to 30 percent, with 33 percent as a maximum (L. Wood, personnel communication, September, 1984).

One year cessation rates at Metropolitan Life Insurance Company have averaged an impressive 35 percent over four years; however, the number of participants declined markedly after the first year (A. Brennan, personnel communication, October, 1984).

Campbell Soup Company also has experienced a drop in both the number of participants in its cessation classes and in the percent of successful quitters since it started offering classes at the worksite, on company time in the late 1960s and early 1970s. Initially, it attracted large numbers of employees who were very eager to quit. Now, according to Medical Director Roland Wear, M.D., they are left with hard core smokers who are both harder to attract to the program and harder to help quit because they have a lifetime habit to overcome. Current one-year quit rates are about 20 percent. But Dr. Wear is still very encouraged by the results achieved from one-on-one counseling of smokers by the corporate medical department. When they are able to convince a smoker to quit, they achieve close to an 80 percent success rate after a year. Dr. Wear's advice? To supplement cessation activities, work with your company doctors and nurses, or if your company is too small to have a medical department, enlist the aid of local physicians and other health professionals to counsel employees. They often can find the "teachable moment" and provide the kinds of advice needed to motivate people to quit (R. Wear, personal communication, October, 1984).

The goal at Johnson & Johnson was dramatically different from most other companies, which calculate their success rate based on the pool of workers who choose to sign up for a program. But as a result of its intensive smoking cessation program — part of its overall "Live for Life" health promotion program — Johnson & Johnson states its two-year success rate is 23 percent. However, at Johnson & Johnson this means 23 percent of all smokers in the company have quit. These results underscore the unusually high level of effectiveness that can be achieved when an organization makes top level company-wide commitment to helping improve the health of its employees through a multitude of related efforts, including a high quality cessation program and policy decisions aimed at creating a truly healthy corporation (C. Wilbur, personnel communication, November, 1984).

Following are examples of two companies with successful smoking cessation programs:

**Control Data Corporation, Minneapolis, MN**

After finding that smokers' health care costs were up to 25 percent higher than nonsmokers', CDC began offering its employees three types of cessation programs; instructor-taught, self-instructional, and computer-assisted.

In 1980, Control Data Corporation found that its smoking employees had 25 percent higher health care costs than nonsmokers and 114 percent more hospital days. Analysis of its most recent data shows similar results, with health care costs for heavy smoking males averaging almost 19 percent higher than their nonsmoking counterparts and female heavy smokers racking up health care costs 25 percent higher than nonsmoking women. So stepped up efforts to reduce smoking appeared to be a worthwhile corporate investment. Today, CDC's 55,000 U.S. employees (25,000 of which are in Minnesota) are not permitted to smoke in any company facility, except where specifically designated. The company also drastically limited the number of cigarette machines in its facilities, so that while cigarettes are still available, they are hard to find.

Through its StayWell health promotion program, CDC has had a long-standing commitment to promoting its employees' health, offering an unusually wide range of smoking cessation opportunities. At the most basic level, information about the health risks of smoking and the health and economic advantages of quitting is made available to all employees. Beyond that, more than 65 percent of all employees take part in the StayWell health risk appraisal, which displays in dramatic terms how the habit jeopardizes each individual smoker's chances for a long and healthy life.

For those who want assistance in quitting, three methods are available — instructor-taught programs, self instructional materials, and computer assisted courses. In the latter, individuals are exposed to numerous strategies for quitting, such as establishing a future quit date, stopping cold turkey, and rapid smoking techniques. Then the computer aids each individual in assessing which method has the greatest potential for success, given the person's lifestyle, smoking patterns, etc.

Twelve month quit rates for the instructor-taught course shows that just over 30 percent of smokers are still off cigarettes, and that another 43 percent are smoking an average of one-third less than when they entered the program. Thus 73 percent of smokers involved in the program were positively affected. Management's expectation about cessation rates from the self-instruction materials were not especially high, but anecdotal information indicates that employees were, indeed, assisted and motivated by the materials. Both the self instruction and computer programs will be extensively evaluated.

**Johnson & Johnson, New Brunswick, NJ**

A strong internal health marketing effort, tied to a broad based health promotion program, resulted in 23 percent of all smokers stopping during the first two years of its intensive cessation program.

Informational and educational materials, incentives, employee testimonials, referrals from company health professionals, and environmental changes like designated smoking areas are the major elements of a strong marketing effort used by Johnson & Johnson to encourage smokers to participate in top quality, behaviorally based smoking cessation programs. This intensive, total approach — part of the company's "Live for Life" program that touches on virtually all elements of a healthy lifestyle and on all aspects of its corporate environment — is credited, at least in part, for the success of its smoking cessation efforts. Twenty three percent of all smokers (not just those who attended the formal smoking cessation program) stopping during the first two years.

But credit must be given to the cessation program, itself, which was designed by a team of psychologists from Duke University. It consists of a group program and an adaptation for those who choose to work at quitting on their own. Three phases are involved: preparation for quitting, intensive quitting, and maintenance. During preparation for quitting, attendees learn about their habit, keep smoking diaries, set up social support systems to aid their quitting, learn relaxed breathing techniques and coping mechanisms, etc. Next, employees try a variety of aversive smoking procedures to aid in their cold turkey quitting, write contracts, get involved in support groups, and engage in relapse prevention training. Learning to cope with side effects such as depression and weight gain are among the goals of the third and final phase. Current evaluations indicate that 40 percent of all attendees (not just those who quit at the end of the program) were not smoking one year after starting the program.

Johnson & Johnson's program is still evolving, and a new incentive has been recently added to encourage quitters and to dramatically draw attention to the impact cigarettes can have on life span. Discounts on life insurance premiums are now being offered to employees who don't smoke and engage in four out of six additional good health practices that include regular use of seatbelts, maintenance of proper weight, and regular, sustained exercise. A 50-year old male employee who meets these criteria and who opts for a \$100,000 life policy can save \$240 per year on that coverage. Just one more piece of evidence that the company, which is self insured, believes its investment in "Live for Life" and its smoking reduction efforts are worthwhile.

## WHAT INCENTIVES ARE COMPANIES OFFERING TO HELP SMOKERS QUIT?

Sometimes people need just a little added push or reward to motivate them to stop smoking. Many businesses have recognized this need and are responding with an inventive variety of incentives designed to take some of the sting out of the process. Employees also have devised ways to reward long-term employees and new hires who already are nonsmokers.

To stimulate thinking about what added reward or gimmick might entice employees to consider stopping, following is a list of some incentives being used by businesses today. The key, of course, is to find the right combination of policy, cessation program, information, environmental changes (elimination of cigarette machines and sale of cigarettes, improved air filtering) and/or incentives that will motivate employees to stop smoking.

- o Offer nonsmokers a differential rate (discount) on health and life insurance (Provident Indemnity Life Insurance Company, Norristown, PA).
- o Offer free or reduced-rate cessation programs (The Boeing Company, Seattle, WA; Provident Indemnity Life).
- o Pay for all or a portion of the cost of cessation programs taken in the community (Radar Electric, Seattle, WA; MSI Insurance, Arden Hills, MI).
- o Provide cessation programs on company time or on shared time with employees (Provident Indemnity Life).
- o Offer cessation programs to family members, as well (Bonne Bell, Lakewood, OH).
- o Offer cash payments to quitters after six or 12 smoke-free months (Mahoning Culvert, Canfield, OH; Bonne Bell).
- o Incorporate disincentives for quitters who revert to their smoking habit (Bonne Bell).
- o Hold drawings for prizes for quitters (Sentry Insurance, Stevens Point, WI; MSI Insurance).
- o Provide equal incentives to long-term employees and new hires who are smoke free (City Federal Savings & Loan, Birmingham, AL).
- o Reward nonsmokers who "adopt-a-smoker" and encourage him/her to quit (MSI Insurance, Sentry Insurance).
- o Participate in the national quit smoking day (The Rhulen Agency, Monticello, NY; Pioneer Plastic, Auburn, ME; Arkansas Department of Health; Bass Shoe Company, Farmington, ME; Texas Business Magazine).
- o Select your own 24 hour period and encourage smokers to quit for the day (Hartford Insurance Group, Hartford, CT).

- o Distribute carrot sticks (as cigarette substitutes) and sugarless gum to help quitters make it through the day smoke free (Hartford Insurance, MSI Insurance).
- o Hold a stop smoking fair for local vendors from all types of community stop smoking programs (Hartford Insurance).
- o Conduct a stop smoking competition among volunteer teams of employees or with neighboring companies with prizes (Sentry Insurance).

Following are descriptions of several successful smoking reduction incentive programs.

**MSI Insurance, Arden Hills, MN**

In the 14 months leading up to a near total smoking ban aimed at improving health and eliminating problems of managing smoker-vs-nonsmoker issues, MSI developed a wide array of incentives to encourage smokers to quit.

Employees were given 14 months to prepare for a policy that banned smoking everywhere except in one area of the cafeteria on January 1, 1985, at MSI Insurance. While many members of the management staff were smokers, they agreed that statistics underscoring the devastating health hazards of smoking were clear enough to make it important for the organization to do something about smoking among its employees. Further, the insurance company's overall philosophy related to health, plus growing pressures and inquiries from employees, and the desire to eliminate problems inherent in managing smoker-vs-nonsmoker situations, made the strong move to an almost total ban the logical and necessary step.

In an effort to assist and encourage smokers to stop, a series of incentives and events were staged throughout the year, and an interim policy limiting smoking to designated areas was established. The count-down got underway November 17, 1983.

- o On MSI Cold Turkey or D-Day, smokers were encouraged to stop smoking for 24 hours — "or, if possible, forever."
- o Employees who stopped for the day were eligible for a drawing for a frozen turkey.
- o Nonsmoking employees — often overlooked in incentive programs — also could become eligible for the drawing by signing up as a support person for a participating smoker.
- o Survival kits of lemon drops, sugarless gum and candy cigarettes were handed out at D-Day registration.
- o "Thank You for Not Smoking" signs were available.
- o MSI removed all its cigarette machines.
- o In December, three more pairs of turkeys were awarded to quitters who were still off cigarettes and to their buddies.
- o In May, those who were smoke-free for six months were eligible for a drawing for a free YMCA membership.
- o Employees who successfully completed the seven week cessation program were given a subsidy covering half the \$120 fee, or a subsidy of equal value toward an outside cessation program when first cleared by the Medical Services Department.

- o Those who remained smoke free for one year were eligible for a weekend vacation.
- o July 4, those still smoking were invited to "Declare Your Independence from Smoking."
- o If successful, one month later they became eligible for a set of barbeque tools.

While a few smokers were upset by the policy, most reacted positively and appreciated the encouragement and rewards for quitting.

#### **Hartford Insurance Group, Hartford, CT**

"Rebates-plus" for successful quitters, no smoking days, no smoking fair, door prizes, carrot sticks as cigarette substitutes are among this firm's many stop-smoking incentives.

The 4,000 employees of the Hartford Insurance Group are offered a stop smoking program on company time for just \$50; and if the participant stops smoking for three months, he or she not only gets the \$50 back, but, as an added inducement, he gets an extra \$10 as well. The extra \$10 comes from the fees paid by those who do not complete the program successfully. Hartford also holds its own no smoking day and no smoking "fair" each year in January to take advantage of New Year's resolutions to stop smoking. Door prizes and carrot sticks to substitute for cigarettes are among the gimmicks used to draw attention to the stop-day and to aid those who choose to quit for 24 hours. At the fair, local representatives "from every conceivable way to quit smoking" are invited to display their programs and meet the employees. Smokers are encouraged to attend one of these locally sponsored programs or Hartford's own in-house program which is conducted in January and one or two additional times each year. Twenty-five to 30 employees have signed up for each program since it started. About 50 percent of these taking part in the staff-run program are still not smoking after six months, but the numbers are somewhat lower after one year. The only cost to the company for these activities is the time of the teacher — the company nurse — and the released time for employees to attend the cessation programs.

#### **Bonne Bell, Lakewood, OH**

A strong smoking policy is reinforced by cash payments to quitters, paid the year the smoker quits, plus financial disincentives for reverting to smoking.

A strong smoking policy and incentives to quit are a major part of an overall fitness effort at Bonne Bell. This cosmetics firm offers monetary incentives and instructional programs for employees who want to engage in various forms of exercise, want to lose weight, or who try to stop smoking. Bonne Bell's commitment to good health is largely the result of personal lifestyle changes undertaken almost a decade ago by the firm's president Jess Bell, and as part of his commitment, a smoking policy is strictly enforced. The use of cigarettes, cigars, and pipes is limited to just one room in the building, and smoking is allowed only during two fifteen minute breaks and during lunch (although not in the

cafeteria). To encourage quitters, any smoker wishing to stop can sign up at the first of the year for an awards program that provides \$250 to employees who quit for six months. However, if the employee resumes smoking at any time, he must pay back \$500! The money goes to the J.G. Bell Foundation, which in turn donates it to a local voluntary association that supports nonsmoking efforts. At about the same time, early January, a hypnotist offers stop smoking assistance to both employees and their families as an added aid.

The company received almost no complaints from its 250 employees, even when smoking was initially eliminated at desks. At Bonne Bell, where respect for one's body and health is a way of corporate life, the number of smokers has dwindled since the program started in 1977, and although no one has actually counted, it is estimated that only about 10 percent of employees smoke today.

### **Mahoning Culvert, Canfield, OH**

After deciding to "do something significant" to discourage smoking, this executive established strong financial incentives to quit, based on contributions from the quitter and the company.

Employees who quit smoking can earn up to \$1,500 over two years at Mahoning Culvert division of the Youngstown Steel and Alloy Corporation. President Warren Freed had been active for 20 years in the American Cancer Society and decided to "do something significant" to discourage smoking at his steel fabricating company. Smokers who quit are asked to contribute 50¢ per day into a pool, for a total of \$182.50 per year. If, after a year, the employee is still smoke free, the company will add \$817.50 bringing the total to \$1,000, which is awarded to the employee. The bargain continues into the second year, with the company adding enough to the employee's deposit to bring the bonus to \$500. Sixteen employees have taken advantage of the program, leaving just two smokers in the 25-member company.

Because the organization depends heavily on hand operations, and because studies indicate that smokers waste 30 minutes per day at their habit, the \$24,000 paid out has been well worth the investment, according to Freed.

### **City Federal Savings and Loan Association, Birmingham, AL**

Financial incentives, paid monthly, are made available to quitters and to current nonsmokers, as well, in this decade-old incentive program.

City Federal Savings and Loan Association not only provides incentives for smokers to quit, but also offers equal rewards to current and new employees who don't smoke. For over 10 years, City Federal has offered a monetary inducement (now \$20 per month) to any smoking employees, beginning 30 days after they give up the habit, or to new, nonsmoking employees at the time they are hired. Today, the vast majority of new hires at the 300-employee savings and loan association are nonsmokers.

## The Great American Smoke Out

Many businesses encourage smokers to quit for one day, with the hope that quitting will become a lifetime habit. Some companies select their own 24 hour period; others tie in with the American Cancer Society's Great American Smokeout in November. In addition to utilizing ACS's materials, companies are highly creative in developing their own incentives and special activities. The Rhulen Agency in Monticello, NY, gave employees \$10 if they gave up smoking for the entire year. Pioneer Plastics of Auburn, ME, offered employees a \$25 check to use at their favorite restaurants if they quit smoking for three months. Oil companies and gas stations in California participated by distributing stop smoking guides and other helpers designed around the theme "Get Extra Mileage Out of Life—Quit Smoking." The Risk Reduction Project Office of the Arkansas Department of Health underwrote singing telegrams from nonsmoking paraphernalia for the day. Bass Shoe Company in Farmington, ME, found an activity especially appropriate — Bass sponsored a "Run Your Butts Off" road race. Texas Business Magazine sent letters to the top 300 companies in the state urging participation in the smokeout and published a "Corporate Honor Roll" of employers that met their participation criteria.

## COMPANY EXAMPLES — SMOKING POLICIES AND PROGRAMS

### DC/Maryland/Virginia

- o Center for Science in the Public Interest  
Washington, DC  
Contact: Michael F. Jacobson  
(202)332-9110

Smoking is banned in the workplace

- o Clark Enterprises  
Bethesda, M.D.  
Contact: Kendra Smith  
(301)657-7100

Smoking is banned from the building except in the lobby.

- o Oracle Corporation  
Bethesda, MD  
Contact: Dianne Siegel  
(301)951-9190

Smoking is banned in the workplace.

- o General Health, Inc.  
Washington, DC  
Contact: Hilda Cashman  
(202)965-4881

Smoking is banned in the workplace

- o Washington Business Group on Health  
Washington, DC  
Contact: Willis Goldbeck  
(202)547-6644

Smoking is banned in the workplace, and smokers are not hired.

### Arizona/California/Colorado/South Dakota/Oregon/Washington

- o Merle Norman Cosmetics  
Los Angeles, CA  
(213)641-3000

Smoking is banned except in specially ventilated areas of the cafeteria.

- o Pacific Telesis  
San Francisco, CA  
Contact: Michael Erikson  
(415)542-9814

Smoking is restricted to certain areas. The policy is designed to accommodate the preference of both nonsmokers and smokers to the greatest extent possible. Smoking is allowed only where it does not endanger life or property or cause discomfort or unreasonable annoyance to other employees.

- o Speedcall Corporation  
Haywood, CA  
(415)279-6565

Smoking is banned except in restrooms and small designated areas in the lunchroom. Company reimburses part of the registration fee for smoking cessation courses to those who successfully quit.

- o Austad Company  
Sioux Falls, SD  
Contact: Oscar Austad, President  
(605)336-3135

People from all over the country contact Austad for employment because it has offered a smoke-free environment since it was established in 1963.

- o Group Health Cooperative of Puget Sound  
Seattle, WA  
Contact: Neal S. Sofian  
(206)326-7100

Smoking is prohibited in all GHC's 29 clinics, its administrative facilities, and in all its hospitals (except one, where smoking is permitted in one area from 7 p.m. to 6 a.m.).

- o Northern Life Insurance Company  
Seattle, WA  
Contact: Leah Woodruff  
(206)292-1111 x493

Smoking is restricted to designated areas. Company now hires only nonsmokers. Incentives to those who quit include 50 percent reimbursement for cessation programs and a \$200 bonus to those who stop smoking and remain a nonsmoker for one year.

- o Pacific Northwest Bell  
Seattle, WA  
Contact: Bruce Admundson  
(206)345-2211

Company has a smoking limitation policy. The nonsmoking sections reflect the percent of employees who are nonsmokers.

- o Pro-Tec  
Bellevue, OH  
Contact: Dennis Burns, President  
(206)828-6595

No smoking is allowed anywhere in the building or on the grounds. Beginning in 1975, the company hired only nonsmokers.

- o Kentrox Industries  
Portland, OR  
Contact: Glenna Kruger  
(503)643-1681

Smoking is banned, with the exception of half of the lunchroom.

- o Radar Electric  
Washington and Oregon  
Contact: Warren McPherson, President  
(206)282-2511

Neither employees nor customers have been allowed to smoke in Radar Electric's three stores since 1977. Smoking employees are encouraged to stop through a 50 percent rebate on cessation programs.

#### Connecticut/Massachusetts/New Jersey/New York/Pennsylvania

- o Johnson & Johnson  
New Brunswick, NJ  
Contact: Curtis Wilbur, Ph.D.  
(201)524-6111

Smoking is restricted to designated areas; smoking cessation programs are offered.

- o Campbell Soup Company  
Camden, NJ  
Contact: Roland Wear, M.D., Medical Director  
(609)964-4000

On-site smoking cessation courses are offered; tuition reimbursement or subsidies are given for community programs.

- o Rodale Press  
Emmaus, PA  
Contact: Robert Rodale, President  
(215)967-5171

Smoking is banned completely; the company subsidizes participation in smoking cessation classes and issues bonuses to those who successfully quit.

- o Provident Indemnity Life Insurance Company  
Norristown, PA  
Contact: Maryann Fichter  
(215)279-2500

Smoking is banned completely from the workplace. Smokers pay in the vicinity of \$300 per year more for insurance coverage than nonsmokers.

- o Stanley Works  
New Britton, CT  
Contact: Tom Kempa  
(203)827-3827

Smoking is restricted to designated areas only. The Company offers smoking cessation programs and a partial rebate for those who successfully complete the program.

Illinois/Indiana/Iowa/Kansas/Arkansas/Kentucky/Michigan/Minnesota/Missouri/Nebraska/Ohio/Wisconsin/Tennessee

- o Bonne Bell  
Cleveland, OH  
Contact: Connie Schaffer  
(216)221-0800

Smoking is banned in the offices. Employees may smoke only in a smoking room and then only at specific breaks for fifteen minutes. Employees who quit smoking for at least six months are given \$250. However, if within the year smoking is resumed, the employee must pay back \$500, which is given to a local charity.

- o Mahoning Culvert Division of Youngstown Steel and Alloy Corporation  
Canfield, OH  
Contact: Warren Freed, President  
(216)533-5563

Smokers who quit contribute 50¢ per day into a pool for a year-end total of \$182.50. At the end of the year, the company adds \$817.50 to reward those who are still not smoking with \$1000. The second year, the contributions total \$500.

- o General Motors Corporation, New Center Area  
Detroit, MI  
Contact: Judi Gualtieri  
(313)556-5000

GM subsidizes 75 percent of the registration fee for employee participation in a smoking cessation program.

- o Park-Nicollet Medical Clinic  
St. Louis Park, MN  
Contact: Maureen McCullough  
(612)927-3123

Smoking is restricted to designated areas.

- o Honeywell, Inc.  
Minneapolis, MN  
Contact: Steve Roberts  
(612)870-2175

Smoking is restricted to designated areas.

- o Scherer Brothers Lumber Company  
Minneapolis, MN  
Contact: Bob Peters  
(612)379-9633

Smoking is restricted to designated areas.

- o MSI Insurance  
Arden Hill, MN  
Contact: Gordon Lindquist, CEO  
(612)631-7000

Smoking is banned in the workplace. The company assists employees through smoking cessation programs, program subsidies, educational materials, and contests.

- o Hubbard Milling  
Mankato, MN  
Contact: Tim Violet  
(507)625-1882

Smoking is banned in the workplace. The company sponsors smoking cessation.

- o Salina-Kansas Journal  
Salina, KS  
Contact: Harris Rayl, Editor  
(913)823-6363

Smoking is banned throughout the entire building.

- o Westlake Community Hospital  
Melrose Park, IL  
Contact: Leonard Muller, President  
(312)681-3000

Under a new policy, only nonsmokers are hired. Starting July 1, 1985, smoking is permitted in only one section of the cafeteria. Patients may smoke only with the permission of their physician.

Florida/Georgia/Alabama/Louisiana/North Carolina/Texas/Oklahoma

- o Muse Air Lines  
Dallas, TX  
Contact: Scott Hamilton, Director of Corporate Affairs  
(214)352-2828

There is no smoking in the office areas; smoking is restricted to designated areas only. All Muse Air planes are totally smoke free.

- o City Federal Savings and Loan Association  
Birmingham, AL  
Contact: Elizabeth Mengel  
(205)320-6000

The company pays \$20 per month to all employees who abstain from smoking at both the workplace and home.

- o Pratt and Whitney Aircraft  
West Palm Beach, FL  
Contact: Keith Klischer  
(305)840-3076

There are separate work areas for smokers and nonsmokers, air cleaners and fans are available at no charge to employees, and smoking cessation classes are offered on a regular basis.

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## RESOURCES ON SMOKING CONTROL

Action on Smoking and Health  
2013 H Street, NW  
Washington, DC 20006  
(202)659-4310  
Contact: John Banzhaf III, Executive Director

American Cancer Society  
90 Park Avenue  
New York, NY 10019  
(212)599-8200  
Contact: Dee Burton, Ph.D.

American Heart Association  
7320 Greenville Avenue  
Dallas, TX 75231  
(214)750-5300  
Contact: Glenn Bennett

American Hospital Association  
Center for Health Promotion  
Helping Smokers Quit Kit  
840 N. Lake Shore Drive  
Chicago, IL 60611  
(312)280-6044  
Contact: Lynn Jones

American Lung Association  
1740 Broadway  
New York, NY 10019  
(212)315-8700  
Contact: Nancy C. Dovle

Association for Nonsmokers' Rights  
1829 Portland Avenue  
Minneapolis, MN 55404  
(617)870-9842  
Contact: Jeanne Weigum

Clean Air Associates  
25 Deaconess Road  
Boston, MA 02215  
(617)266-3191  
Contact: Rita Addison

Coalition on Smoking or Health  
1607 New Hampshire Avenue, NW  
Washington, DC  
(202)234-9000  
Contact: Matthew Meyers, Executive Director

Group Health Cooperative of Puget Sound  
GHC Smoke Free Program  
212 First Avenue West  
Seattle, WA 98112  
(206)326-7100  
Contact: Neal Sofian

Institute for Occupational Smoking Policy  
Albers School of Business  
Seattle, WA  
(206)626-6391 or 626-5456  
Contact: Robert Rosner

National Interagency Council on Smoking and Health  
90 Park Avenue  
New York, NY 10019  
(212)599-8200  
Contact: Allan Erickson or William Griffiths, Ph.D.

Office of Cancer Communications  
National Cancer Institute  
National Institutes of Health  
Bethesda, MD 20014  
(800)638-6694  
Contact: Rosemary Romero

Office of Disease Prevention and Health Promotion  
Department of Health and Human Services  
330 C Street, SW, #2132, Switzer Building  
Washington, DC 20201  
(202)472-5370  
Contact: Anne Kiefhaber

Office on Smoking and Health  
Department of Health and Human Services  
5600 Fishers Lane  
Rockville, MD 20857  
(202)443-1575  
Contact: Donald Shopland

Washington Business Group on Health  
229 1/2 Pennsylvania Avenue, SE  
Washington, DC 20003  
(202)547-6644  
Contact: Ruth Behrens

For further information contact your local Lung Association, Heart Association, Cancer Society, or local chapter of GASP (Group Against Smokers' Pollution).

# All About WBGH

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The Washington Business Group on Health (WBGH), established in 1974, gives the business community a credible voice in the formulation of federal and state health policy. Started as a member coalition of large corporations, WBGH began with five companies and has grown steadily to include almost 200 of the Fortune 500 companies. WBGH members direct the health care purchasing for more than 50 million of their employees, retirees and dependents.

In 1976, WBGH expanded to become the first national employer organization dedicated to medical care cost management. Its primary purpose is to identify and enunciate the needs and concerns of large employers. WBGH is an active participant in discussions, hearings and other aspects of the legislative and regulatory arena. It also serves as a reliable resource base providing information and expertise on a variety of health care issues and concerns as well as consulting to its members, government and other employers.

WBGH developed research capacity through its institutes to provide long-range planning and analysis with a corporate perspective. Under the research umbrella are: the Institute on Aging, Work and Health; Family Health Program; Institute for Organizational Health and the Institute for Rehabilitation and Disability Management. WBGH also publishes two magazines, *Business and Health* and *Corporate Commentary*, and other resource information, reports, studies and surveys.

WBGH assists the business community with a speakers bureau, Policy Exchange telecommunications network, and a yearly conference to discuss new health policy issues, cost management strategies, benefits design solutions and health promotion ideas. WBGH has been instrumental in helping form over 35 local business health care coalitions across the nation.