

Partnering with the Minnesota labor community to reduce tobacco use among blue-collar workers and their families

# Cessation Benefits *focus*

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## Benefit Promotion Tools

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## Overview

In past issues, we've focused on why it is important, from both health and economic standpoints, to provide fund participants with comprehensive coverage of effective tobacco cessation services. In the Newsletter #3 factsheet, we discussed why the most effective tobacco cessation strategies include in-person or telephone counseling, along with the use of cessation medications. Here, we turn our attention to the promotion of a cessation benefit once it is in place. We provide information on effective promotion methods, as well as tools and resources to help you incorporate strategies into practical promotional campaigns, materials, and activities.

## Key strategies for promoting a tobacco cessation benefit

Knowing that Taft-Hartley advisors and trustees have limited time and resources to devote to promoting health benefits, this issue of Cessation Benefits Focus features practical tools to help you get started. We encourage you to share these materials with others to whom the responsibility for promotion may be delegated, including staff members or health educators who can be engaged as consultants for short term projects.

**Implement a comprehensive communication strategy.** An effective promotion campaign employs multiple communication channels and methods that reach plan participants as they move through the stages of quitting, from having no intention to quit, to thinking about quitting, taking action, and, finally, staying quit. Using a variety of messages and delivering them through different channels at regular intervals can resonate with people at different stages of the quitting process and increase the likelihood that promotion messages will reach intended participants.

**Increase access.** Structuring a benefit to remove barriers and increase access

to services makes it easier for people to quit. For example, a fund could send participants a two-sentence postcard letting them know that counseling is an insurance benefit.

**Enable participants to try products and services before making a commitment to use them.** Giving participants the opportunity to experience different approaches can help them overcome reticence to try the unfamiliar. For example, a fund could host visits by medical services representatives at health fairs or worksites where they could provide free samples of cessation medications or show a video demonstrating a telephone counseling session.

**Foster social support for using the benefit.** Encouragement and support for quitting from fund opinion leaders, such as union leaders, management representatives, or members who have been successful in quitting is an emotionally evocative way to reach people at all stages of the process. Messages with nonjudgmental, empathetic and respectful tones are most effective.

# A letter from Rod and Susan



Rod Skoog and Susan Weisman,  
Project Leaders

When we began the WorkSHIFTS program in 2002, we learned that many union and employer representatives were uncertain about their roles, and those of Taft-Hartley Funds, in helping workers quit tobacco use. Some thought of tobacco cessation as personal business—not a matter for union or employer involvement. Most wanted to take action, but expressed a need for help defining appropriate support. We learned that many people don't know that smoking rates among U.S. workers in some service and blue-collar occupations are more than twice as high as the national average—and have not dropped in recent years, as they have among the population-at-large. We also learned that many people don't realize that most smokers want and actively try to quit, but typically succeed only after several attempts and with supports in place, including access to over-the-counter and prescription medications, and counseling—and that few succeed by trying to quit *cold turkey*.

These facts bring urgency to the need to institute effective strategies to support fund participants' efforts to quit. Soaring health care costs have grabbed everyone's attention. Taft-Hartley advisors and trustees are looking to health promotion and disease prevention strategies—such as offering smoking cessation services, increasing opportunities for physical activity, and encouraging healthful eating habits—to improve fund participants' health and reduce costs.

WorkSHIFTS collaborates with labor union leaders on research and outreach initiatives to address how to improve workers' health—and drive down health care costs—through policy change. Providing coverage of tobacco cessation benefits is a good first step but, to achieve positive health and financial outcomes, workers and families must know about, understand, and be able to access the covered services.

In this issue of *Cessation Benefits Focus*, we respond to Wade Luneburg's observation (on p. 3) that trustees "...want and need answers" and, after making a policy change, will inevitably ask: "Where do we go from here?" We are pleased to provide you with four health promotion tools to use when providing guidance to funds about specific steps they can take to increase participants' use of health benefits. Although the tools are designed to promote cessation benefits, they can be used as templates for other types of health promotion campaigns. As always, we welcome opportunities to assist you, should you or fund trustees with whom you work want to explore how to use these resources to their best advantage, and encourage you to contact us by phone or e-mail (see p. 4).

Handwritten signatures of Rod and Susan in black ink.

## Financial stress can derail quit attempts

Studies have shown financial stress to be associated with smoking and a major reason for relapse for those who have tried to quit. Given this, how can people successfully quit when economic times are tough?

A 2009 study, looking at data across four countries, found that smokers with financial stress were 20 percent more likely to want to quit smoking than other smokers. Despite their increased interest, smokers with financial stress are 26 percent less likely to succeed in their quit attempt. The study recommends that cessation treatment efforts regularly include an assessment of financial stress and provide additional counseling or direct clients to resources that can help them address their financial concerns.

Read more about this study at <http://jpubhealth.oxfordjournals.org/cgi/content/abstract/29/4/338>.



## When smokers make the decision to quit

A recent survey by the American Cancer Society (ACS) shows that 22 percent of smokers make the decision to quit 24 hours in advance and another 30 percent begin planning a week or two ahead of time. The ACS survey findings are important, given that many medical experts believe advance planning, including obtaining prescriptions for nicotine replacement therapy, can help smokers succeed in quitting.

Read the ACS press release on survey results at [http://www.cancer.org/docroot/MED/content/MED\\_2\\_1x\\_American\\_Cancer\\_Society\\_Survey\\_Finds\\_Many\\_Smokers\\_Make\\_Last\\_Minute\\_Plans\\_to\\_Quit.asp](http://www.cancer.org/docroot/MED/content/MED_2_1x_American_Cancer_Society_Survey_Finds_Many_Smokers_Make_Last_Minute_Plans_to_Quit.asp).

See the Great American Smokeout Survey results at [https://www.surveymonkey.com/s.aspx?sm=r51d790vOe8a0M3Pt\\_2bEf7w\\_3d\\_3d](https://www.surveymonkey.com/s.aspx?sm=r51d790vOe8a0M3Pt_2bEf7w_3d_3d).

# Trustee Profile: Wade Luneburg, Unite Here

As a trustee, Wade Luneburg has found that drawing attention to a new issue or suggesting a benefit change can be challenging. He believes, however, that enlisting the support of fund professionals, including administrators, attorneys, and consultants, can help.

Luneburg has served on Unite Here Local 17's Health and Welfare Fund for three years and understands firsthand that most trustees have multiple commitments and must balance their responsibilities as trustees with the demands of their full-time jobs. Despite these challenges, Luneburg believes it is the responsibility of trustees to be mindful of opportunities for members to improve their lives. "It's not just having the benefits," Luneburg says. "It's ensuring that people understand them and use them appropriately."

Many trustees don't have a lot of time to do the research needed to present a case for something like promotional activities or benefit modifications. Having participated in numerous successful organizing campaigns, Luneburg sees value in applying organizing principles. "Trustees need to push advisors to better use their tools so they're able to

organize the trustees around a promotional campaign," Luneburg says. He believes that in order to make a persuasive case for change to health care benefits—be it a benefit modification or advocating for a promotional activity—trustees will want and need answers. "When you get the trustees to support a change of some sort, the next question is going to be, 'Where do we go from here?' You need those answers up front," Luneburg says.

To plan an effective promotional or interventional campaign, Luneburg believes trustees need the help of all the advisors at the table to gather relevant data and provide guidance on the roles and responsibilities of those involved. They need to know what the promotional campaign will cost, how it will be structured, what legal considerations need to be taken into account, and the likely return on investment, to name a few items. Advisors can also connect trustees with organizations and consultants who can help plan a successful promotional campaign. "Trustees," Luneburg states, "rarely have the time or expertise to design promotional strategies themselves."



*"It's not just having the benefits, it's ensuring that people understand them and use them appropriately."*

Wade Luneburg, Unite Here

## Upcoming Event

### Promoting Benefits in the Context of Wellness Tobacco Cessation and Beyond

Saturday, April 10  
11:30 a.m. – 1 p.m.  
Minneapolis Convention Center  
Room M100F, Mezzanine Level

This event will be held in conjunction with the 2010 LaborCare Health and Benefits Fair and will include a complimentary luncheon.

For more information, contact Susan Weisman, WorkSHIFTS, at 651.290.7516 or [susan.weisman@wmitchell.edu](mailto:susan.weisman@wmitchell.edu).

*Upcoming  
event!  
April 10*

# Resources

## Publications

National Tobacco Cessation Collaborative's "Innovations in Building Consumer Demand for Tobacco Cessation Products and Services." This document can be found online at <http://www.tobacco-cessation.org/PDFs/CD%20Conference%205-3-07%20Final%20Report.pdf>

Cigarette usage statistics by occupation can be found online at: <http://oas.samhsa.gov/2k9/170/170OccupationHTML.pdf>

Tobacco-related health statistics can be found online at: [www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/effects\\_cig\\_smoking/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm)

For additional resources and a complete list of our references, visit our website at [www.workshifts.org](http://www.workshifts.org).

## Opportunities for action: Steps for creating an effective benefit promotion plan

### Use planning tools to promote use of tobacco cessation benefits

Effective promotion planning includes five basic steps: (1) establishing a working group; (2) using information, such as that provided in this issue of Cessation Benefits Focus, to create effective tobacco cessation messages; (3) preparing a realistic plan for a promotional campaign that covers a defined period of time; (4) developing appropriate promotional strategies/materials/activities; and (5) documenting the process and evaluating the effectiveness of chosen strategies.

### Establish a working group

To be successful, a promotional campaign needs to be doable—in the context of a particular Taft-Hartley fund—and effective in motivating participants to use the benefit. Achieving these two goals is most likely to occur when a plan is created by a group rather than by one individual. It is important to involve representatives of all key stakeholder groups in the planning process, including fund, union, and employer representatives, employees, and family members (e.g., spouses). Creativity and shared commitment are more likely to come out of group participation.

### Create effective health messages (See Benefit Promotion Tool #1)

Some ways of framing messages that are used to promote health are more effective than others. Studies have shown that people are most likely to change their behavior—such as quitting tobacco use—when they understand they are personally at risk for the harmful consequences of the behavior; the harmful consequences are severe; the benefits from changing the behavior are meaningful to them; and barriers to quitting tobacco use can be overcome.

### Prepare a realistic plan for a promotional campaign (See Benefit Promotion Tool #3)

An effective promotion plan uses multiple delivery channels and methods and is compatible with available resources—but it doesn't need to be complicated. The promotional campaign should reach participants with messages appropriate to their stage of readiness to quit using tobacco. Considering that people typically make 5-7 quit attempts before succeeding, having a 6-12 month promotional campaign increases the likelihood that someone who doesn't succeed at one point in time may be reached later.

### Develop and document promotion strategies; Evaluate effectiveness (See Benefit Promotion Tools #2 & #4)

Recording the promotion strategies put into action is the first step in evaluating which strategies are the most effective. You might measure the success of your benefit promotion in two ways—first, by simply recording the number of participants who use the benefit, union/participant satisfaction with the process, and other variables of implementation. Second, you can measure the impact by recording the number who succeed in quitting.

## References

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# Benefit promotion tool #1

## Creating effective health messages

This tool can be used for guidance in creating health messages that are most likely to lead to cessation.

Perceptions that facilitate quit attempts	Illustrations of messages that can be used to positively influence participants' perceptions of risk and barriers to quitting
Goal: People believe tobacco use puts them personally at risk for disease and other harmful health consequences.	Participants are part of an occupational group which has smoking rates that are twice the national average of 20 percent of all U.S. adults. The highest rates of smoking among full-time workers aged 18-64 are in food preparation and serving-related occupations (44.7 percent) and in the construction and extraction trades (42.9 percent), compared with a national average of 28.4 percent of all full-time employees aged 18 to 64.  (See Resources, Page 4, for resources on smoking rates by occupation.)
Goal: People believe the harmful consequences of tobacco use are severe.	Messages: Smoking causes 80-90 percent of lung cancer deaths and 90 percent of chronic obstructive lung disease. It increases the risk of coronary heart disease by 2-4 times, stroke by 2-4 times, development of lung cancer by 13 times for women and 23 times for men.  (See Resources, Page 4, for health statistic resources.)
Goal: People believe the benefits of cessation are meaningful to them.	Messages: Stopping tobacco use is associated with positive consequences, such as improved health and physical fitness and financial gain. For example, a pack-a-day smoker can save approximately \$1,500 a year by quitting. (That could pay for a nice vacation with your family.)
Goal: People believe it is possible for them to overcome the barriers to quitting.	Messages: The importance of social support from families, coworkers, funds, unions and employers. The importance of addressing participants' underlying concerns, such as financial stress, that can derail their quit attempts. (See Sidebar, Page 2.)

Sources: National Survey on Drug Use and Health, "The NSDUH Report." Retrieved February 1, 2010, from the U.S. Health and Human Services' Office of Applied Sciences website: <http://oas.samhsa.gov/2k9/170/170OccupationHTML.pdf>

For additional references, see "References," in Cessation Benefits Focus, Issue 4, March 2010, available at [www.workshifts.org](http://www.workshifts.org).

**To learn more about smoking cessation, visit [www.workshifts.org](http://www.workshifts.org).**

# Benefit promotion tool #2

## Behavioral principles underlying effective cessation messages

This tool summarizes principles that, when used in designing health messages, have been found to be most likely to lead to cessation. We have included several examples of ways to build on these underlying principles.

Underlying Principles	Definitions	Example of incorporating principles into development of promotional messages and strategies
<b>Self confidence</b>	Building confidence among participants in their ability to quit smoking or use other forms of tobacco.	<p>Produce written materials, videotapes or other media that profile other union members who have been successful in quitting tobacco use.</p> <p>Design hard hat stickers for workers who have succeeded in quitting with relevant messages, such as: "If I can quit, so can you! Ask me how." or "Quitting Makes Cents."</p> <p>Sponsor a health promotion event where participants who have quit using tobacco give testimonials about their experiences or are available to answer questions.</p>
<b>Observational/ experiential learning</b>	Learning to perform new behaviors by observing demonstrations or by trying skills needed to change.	In captive audience settings, such as at toolbox meetings, union meetings or health fairs, show a videotape of a union member making a call to a telephone counseling cessation hot line or stage live demonstrations of counseling calls. Feature an online video, which demonstrates an in-person tobacco cessation counseling session/group and advertise its availability.
<b>Facilitation</b>	Providing tools and resources that make new behaviors easier to adopt.	<p>Make comprehensive health insurance coverage for tobacco cessation available and provide free samples of medications such as over-the-counter nicotine gum or lozenges.</p> <p>Print tobacco cessation information on the outside of fund mailings (members may be more likely to see it on the outside of the envelope).</p>
<b>Social support</b>	Providing positive support for quitting from persons influential in members' lives.	Encourage families, co-workers and union leaders to support members' efforts to quit.
<b>Self-regulation</b>	Learning to modify one's own behavior through self-monitoring, goal-setting, feedback and getting social support.	Provide health insurance coverage for tobacco cessation counseling that routinely employs these techniques with persons counseled.
<b>Incentives</b>	Using material (money, gift items) or non-material (privileges) rewards to reward positive behavior.	Research is limited and mixed on the value of incentives for achieving quitting. However, incentives can be used to attract people to participate and this might lead to larger absolute numbers of quitters.

For additional references, see "References," in Cessation Benefits Focus, Issue 4, March 2010, available at [www.workshifts.org](http://www.workshifts.org).

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## Benefit promotion tool #3

# Example of a 6- or 12-month promotional campaign

A promotional campaign could be implemented over a 6- or 12-month period.

Month	Message	Delivery Method
<b>January (6-month campaign)</b> <b>January (12-month campaign)</b>	<p>"Did you know that smoking rates among workers in the building trades and in hospitality settings are twice as high as the national average? Your fund cares about your health so it provides members with insurance coverage for counseling and medication to aid in quitting tobacco use. This benefit covers the following: (insert details of what is covered by their benefit together with contact information)."</p> <p>"Return this postcard to receive hard hat stickers saying, '(insert tobacco cessation messages).'"</p>	General mailing from fund to all participants.
<b>February (6-month campaign)</b> <b>March (12-month campaign)</b>	<p>"I quit and this is how I did it" testimonial from a participant.</p>	Booth at a health fair or presentation at union meeting or workplace.  Provide free samples of cessation medications.
<b>March (6-month campaign)</b> <b>May (12-month campaign)</b>	<p>Engage a representative from a company that produces cessation medications to answer questions and provide samples.</p>	Booth at health fair or presentation at union meeting or workplace.
<b>April (6-month campaign)</b> <b>July (12-month campaign)</b>	<p>Play a video demonstrating a quitline-type counseling call.</p>	Booth at health fair or presentation at union meeting or workplace.
<b>May (6-month campaign)</b> <b>September (12-month campaign)</b>	<p>"Your union supports your efforts to lead healthier, more active lives by stopping smoking."</p>	Celebrate "World No Tobacco Day" (May 31 <sup>st</sup> ) by having union leaders communicate messages of support to those who decide to quit.
<b>June (6-month campaign)</b> <b>November (12-month campaign)</b>	<p>"Return this postcard for a free sample of nicotine gum."</p>	Postcard mailing to all fund participants.

For additional references, see "References," in Cessation Benefits Focus, Issue 4, March 2010, available at [www.workshifts.org](http://www.workshifts.org).

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# Benefit promotion tool #4

## Checklist for monitoring a plan for a promotional campaign

This checklist is designed to help monitor promotional efforts. It is based on materials developed by the National Tobacco Cessation Collaborative and can help you strategize on how to build demand for use of the benefit and ensure the inclusion of the tested principles of behavior change described in Benefit Promotion Tools #1-3.

Strategic Questions	Considerations/Action Steps
<b>Does your Taft-Hartley Health and Welfare Fund:</b>	
Have a comprehensive cessation benefit in place that includes coverage for counseling and cessation medications?	<ul style="list-style-type: none"> <li>Evaluate and identify ways to improve existing benefits.</li> </ul>
View smokers as consumers and take a fresh look at quitting from their perspective? Make efforts to develop a better understanding of quitters' preferences and needs?	<ul style="list-style-type: none"> <li>Understand the quitting journey and nicotine addiction and engage smokers in new ways and in new places along the way?</li> <li>Promote tobacco cessation products and services in ways that reach smokers, especially those who are underserved?</li> <li>Correct misconceptions about what works and what doesn't regarding nicotine replacement therapies (NRTs) and counseling?</li> </ul>
Combine and integrate evidence-based strategies into a promotion plan for a campaign to achieve maximum impact?	<p>Has the fund used health messages that:</p> <ul style="list-style-type: none"> <li>Address ways in which fund participants are particularly vulnerable to the consequences of smoking and using tobacco?</li> <li>Address the serious health and financial costs of tobacco use?</li> <li>Convey the health and financial benefits conferred by tobacco cessation?</li> <li>Build fund participants' confidence that they can quit smoking?</li> <li>Allow members to observe and/or learn by experience ways in which they can seek counseling and medications?</li> <li>Encourage families, co-workers and union leaders to support participants' quit efforts;</li> <li>Facilitate participants' use of the benefit provided?</li> <li>Provide participants with financial or non-financial incentives for engaging in the tobacco cessation process?</li> </ul>
Establish a system for documenting and measuring the success of your benefit promotion?	<p>Has the fund:</p> <ul style="list-style-type: none"> <li>Documented the promotional strategies put into action?</li> <li>Recorded the number of participants who use the benefit, union/participant satisfaction with the process, and other key factors involved in implementation?</li> <li>Surveyed participants about their quit attempts, including measuring the number who successfully quit?</li> </ul>

Sources: Innovations in Building Consumer Demand for Tobacco Cessation Products and Services." Retrieved February 1, 2010, from the National Tobacco Cessation Collaborative's website: <http://www.tobacco-cessation.org/PDFs/CD%20Conference%205-3-07%20Final%20Report.pdf>

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