



Designing Effective Tobacco Control Programs for Blue Collar Workers

- Current tobacco cessation and tobacco control programs have been unsuccessful in reaching blue-collar and service workers and their families.¹
- Skepticism about management's commitment to improve worker health may contribute to reducing workers' interest in participating in worksite health promotion programs, including tobacco cessation programs.²
- Research shows that when messages address quitting smoking and promoting healthy lifestyles in combination with messages about occupational health and safety, they are more effective in reaching all workers and blue collar workers in particular.²
- Worksite tobacco cessation and tobacco control efforts are more effective when they:
 - **Engage all players** – workers, management, unions – in creating and assuring a healthy work environment.
 - Establish Employee Advisory Boards – channel worker-management input and discussions; work together to create smoking policies and encourage financial coverage for cessation treatment.
 - Establish Worker-management Wellness Committees.
 - **Work to build social norms and support for non-smoking lifestyles**
 - Offer group cessation classes that address other occupational exposures, in addition to tobacco.
 - Provide opportunities for group discussions and activities.
 - Involve workers' families in non-smoking initiatives.
 - **Reduce structural or psychological barriers to individual participation**
 - Offer time off and/or provide easy access to classes at worksites (during all shifts, day and night).
 - Have self-assessment with feedback, self-help activities, contests, demonstrations with personal interactions, opportunities to try behaviors and set goals.²

¹ Massachusetts Coalition for a Healthy Future. *Clean Air Works for Massachusetts*. April 29, 2003.

² Sorensen G, Stoddard AM, LaMontagne AD, Emmons K, Hunt MK, Youngstrom R, McLellan D, Christiani DC. A comprehensive worksite cancer prevention intervention: behavior change results from a randomized controlled trial (United States).[comment]. *Cancer Causes & Control* 13(6):493-502, 2002.