

Tobacco Control

The Role of Labor Organizations in Tobacco Control: What Do Unionized Workers Think?

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Abstract

Purpose. Examine unionized workers' knowledge and attitudes about workplace tobacco use, their exposure to secondhand smoke, and the role of labor unions in addressing smoking and cessation coverage policies.

Design. Random-digit dial telephone survey.

Subjects. Unionized workers in Minnesota ($N = 508$).

Measures. Knowledge and attitudes about workplace tobacco use and tobacco control policy making.

Analysis. Multiple logistic regression.

Results. The majority of respondents viewed secondhand smoke exposure as an important workplace health and safety issue, a health risk to nonsmokers, and a driver of increased health care costs, but smokers were less likely than nonsmokers to agree. Only 7% of respondents supported their unions taking the lead in tobacco control policy making. A large majority of those surveyed rated smoking cessation programs as an important benefit for which their labor unions could bargain; however, smokers and those whose workplaces allowed smoking were less likely than their counterparts to agree.

Conclusions. Most unionized workers were aware of the health effects of exposure to secondhand smoke and supported union bargaining for restrictions on workplace smoking and cessation programs, although few workers supported their unions taking the lead in initiating worksite smoking policies. Results suggest that campaigns to promote smoke-free worksites should be tailored to unionized workers, and further collaborations with labor unions to promote policy change are needed. (*Am J Health Promot* 2009;23[3]:182–186.)

Key Words: Workplace, Labor Unions, Smoking, Policy, Prevention Research.

Manuscript format: research; Research purpose: descriptive; Study design: nonexperimental; Outcome measure: behavioral; Setting: workplace; Health focus: smoking control; Strategy: policy; Target population: adults; Target population circumstances: education/income level

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PURPOSE

Several studies have shown that workplace nonsmoking policies reduce workers' exposure to secondhand

smoke and that smokers who work in smoke-free workplaces report increased quit attempts and reduced levels of smoking.^{1,2} However, even with considerable recent forward momentum in the enactment of smoke-

free workplace laws, smoking rates remain highest among persons with working-class jobs, many of whom are employed in workplaces where smoking is still permitted.^{3,4} Compared with white-collar workers, blue-collar, service, and hospitality workers have a substantially larger risk of workplace exposure to smoke and tobacco-related medical conditions, diseases, and death.^{5,6} Given that an estimated one in eight smokers in the United States belongs to a labor union, tobacco control advocates recognize that unions can provide powerful, culturally relevant communication channels and be valuable partners in health promotion efforts.^{7–9}

Despite awareness of occupation-based disparities related to tobacco, as well as the role labor unions have played in championing workers' rights to safe and healthy worksites, few studies have examined unionized workers' knowledge and attitudes about tobacco-related issues and their support for or against labor union involvement in initiating nonsmoking policies. A survey of nearly 1100 union workers in Australia found that 79% expressed concern about exposure to secondhand smoke, including 66% of smokers.¹⁰ Higher levels of concern were reported by hospitality workers compared with other workers. A survey of union leaders in the United States found that 48% of those surveyed supported worksite smoking bans or restrictions, whereas only 8% opposed both bans and restrictions. Thirty-two percent of those surveyed indicated that their labor unions should take the lead in initiating workplace smoking policies.¹¹

In this study, we examined unionized workers' knowledge and attitudes about tobacco use, harm associated with workplace exposure to second-

hand smoke, and the role of labor unions in addressing worksite smoking and cessation coverage policies. We also report how results have been used to build partnerships with union leaders in the state of Minnesota. Results may help tobacco control advocates in other locales identify potential facilitators for building relationships with the labor community in efforts to reduce tobacco-related, class-based disparities in health status.

METHODS

Design

We conducted a telephone survey of unionized workers in Minnesota in June 2003 as part of *WorkSHIFTS* (Stopping Harmful Impact From Tobacco Smoke), the Tobacco Law Center's labor outreach program. The sample was generated using the list-assisted random-digit dialing method, which is described in detail elsewhere.¹²

Sample

At the time of the survey, 18% of all Minnesota workers (414,000) were either members of or represented by labor unions.⁹ Samples of home telephone numbers were screened to identify households containing persons 18 years or older who were currently employed or temporarily laid-off union members. If more than one family member was a qualified union member, we spoke to the person who had most recently celebrated a birthday. We reached 508 union members after making approximately 15,000 telephone calls. Respondents provided verbal informed consent before completing the telephone survey. The University of Minnesota Institutional Review Board for studies involving human subjects approved the reported analyses.

Measures

Survey questions on workers' attitudes about and knowledge of exposure to secondhand smoke and their support for union involvement in policy making were measured on a four-point scale (1 = low level of support/agreement; 4 = high level of support/agreement) and then recoded to create dichotomous variables (concerned vs. not concerned; agree vs. disagree; convinced vs. not convinced). "Don't know" responses and

refusals to questions were recorded by research staff in one category (don't know/refused); thus, we recoded those responses to missing. No more than 44 (9%) responses were coded as missing for most variables. The sample was divided in half, and each group received one of two survey versions that differed slightly in the phrasing of questions to determine whether alternative ways of asking the same question might resonate differently with union members. These differences could then guide *WorkSHIFTS*'s development of outreach materials for blue-collar and service sector unions.

Analysis

We calculated *t*-test statistics to determine whether split sample questions differed significantly from each other and found no significant differences; therefore, all relevant variables from the two survey versions were pooled. We calculated frequencies and then entered all variables into multivariate logistic regression models to determine predictors of workers' knowledge and opinions about tobacco and workplace smoking policies. Analyses reported here were adjusted for all demographic variables. The SAS software package, version 9.1, was used for statistical analyses.

RESULTS

Workers represented by 48 different unions in Minnesota participated in the survey. Table 1 depicts union worker demographics and worksite characteristics. Most respondents (78%) worked in settings where smoking was prohibited indoors, but 22% worked in settings that permitted smoking in indoor areas or had no smoking restrictions in effect. Twenty-one percent of men and 9% of women reported being current smokers.

Attitudes About Workplace Tobacco Use and Secondhand Smoke

Overall, a majority of respondents (75%) agreed that secondhand smoke was an important workplace health and safety issue, with the odds of agreeing five times greater among nonsmokers than among smokers and three times greater among younger respondents than among those 45 years and older. Seventy-five percent of respondents also

agreed that workplace exposure to secondhand smoke was a significant health risk to nonsmokers; women, nonsmokers, and those who worked in places where smoking was not allowed indoors were more likely than their counterparts to agree. In addition, 82% of participants agreed that smoking increased their health care costs, with the odds of agreeing nearly eight times greater among nonsmokers than among smokers. Three-fourths of participants found the statement, "Everyone has a right to breathe clean indoor air" convincing, with the odds of being convinced nearly six times greater among nonsmokers than among smokers.

Knowledge About Tobacco and Secondhand Smoke

Table 2 presents multivariate odds of knowledge regarding facts about tobacco and secondhand smoke. Respondents were highly convinced of reasons that secondhand smoke could be considered an important workplace health issue. Compared with nonsmokers, smokers were less likely to believe that secondhand smoke contains more than 4000 cancer-causing chemicals; causes or aggravates respiratory conditions; can be harmful, particularly to those with heart conditions; and kills more than 38,000 nonsmoking Americans per year. The odds of believing that secondhand smoke contains cancer-causing chemicals and causes/aggravates respiratory conditions in nonsmokers were greater among those who worked indoors than among those who worked outdoors or in vehicles.

Opinions About the Role of Labor Unions in Tobacco Control

Respondents reported varying levels of union involvement in policy making related to reducing workers' exposure to secondhand smoke: 21% indicated that their unions played a big role, 30% indicated a small role, and 49% reported that their unions played no role at all. When asked who should take the lead on initiating workplace policies regarding smoking, 43% of respondents indicated workplace management, 29% indicated employees themselves, 13% indicated the government, and 7% indicated their labor unions.

The multivariate odds of union workers' opinions about the role of

Table 1
Demographics of Union Workers and Worksite Characteristics (N = 508)

Characteristic	N*	Percent
Sex		
Male	295	58
Female	213	42
Race		
White	472	94
Other	31	6
Age, years		
18–44	264	53
≥45	234	47
Education		
Less than college degree	298	59
College degree	210	41
Workplace smoking policy		
Not allowed indoors	396	78
Allowed indoors or no restrictions	109	22
Political affiliation		
Democrat or Independent	266	56
Republican	213	44
Government/public agency employee		
No	271	54
Yes	234	46
Work sector		
Blue collar/construction/service	237	47
Other	271	53
Work setting		
Indoors	367	73
Outdoors or in vehicle	137	27
Parental status		
No children <18 years at home	301	60
Live with child <18 years at home	204	40
Smoking status		
Nonsmoker	355	70
Current smoker	153	30

* “Don’t know”/missing responses coded as missing.

labor unions in tobacco control are shown in Table 3. Although a high percentage (85%) of participants rated programs to help people quit smoking as an important employee benefit for which their labor unions could bargain, the odds of supporting such bargaining were significantly lower among smokers and those whose workplaces allowed smoking indoors than among their counterparts. Among those who did not already work in smoke-free settings, support for labor unions bargaining for total prohibition against workplace smoking was split, with 51% supporting such bargaining and 49% opposing it. Further, the odds of supporting union bargaining for total prohibition against workplace smoking were 50 times greater among nonsmokers than

among smokers and nearly four times greater among women than among men. Substantial support for unions to bargain for “reasonable” workplace smoking restrictions was shown among workers in settings where smoking was still allowed. As with support for total smoking bans, the odds of supporting union bargaining for reasonable workplace smoking restrictions, such as limiting smoking to designated outdoor areas, were greater among nonsmokers than among smokers.

DISCUSSION

At the time of this study, many respondents were still affected by secondhand smoke in their workplaces—22% of workers were employed at worksites that allowed smoking indoors

or had no smoking restrictions in effect.

Not surprisingly, results showed that nonsmokers were more likely than smokers to support labor union bargaining for smoking restrictions. Nonsmokers were also more convinced of the health effects of exposure to secondhand smoke and of the importance of the union’s role in bargaining for smoking cessation program benefits. That smokers were significantly less likely than nonsmokers to consider exposure to secondhand smoke an important workplace health and safety issue, a health risk to nonsmokers, or a driver of increased health care costs and that smokers were less likely than other workers to support union efforts to reduce exposure to secondhand smoke suggest that planning, implementing, and promoting effective smoke-free workplace policies should involve input from both smokers and nonsmokers.

Although three-fourths of participants were convinced that secondhand smoke was an important workplace health and safety issue and that “everyone has a right to breathe clean air,” the same percentage also supported having designated smoking areas. These somewhat conflicting results may indicate a perception that designated smoking areas effectively eliminate nonsmokers’ exposure to secondhand smoke or a reluctance to initiate changes to existing protocols despite awareness of harm associated with secondhand smoke exposure. Educational messages that indicate ventilating buildings cannot eliminate exposure to secondhand smoke, coupled with messages that frame secondhand smoke as a workplace health and safety issue, may be effective in convincing unionized workforces to embrace policy changes.

Compared with Sorensen’s previous study,¹¹ in which 32% of labor union leaders believed that unions should take the lead in initiating worksite smoking policies, only 7% of respondents in the current study voiced support for unions to take the lead in such policy making. Given that our sample included all levels of union membership, not union leaders only, results may suggest that rank-and-file workers are less likely than union leaders to see a role for unions taking a lead in shaping worksite smok-

Table 2
Multivariate Analyses of Unionized Workers' Knowledge About Tobacco and Secondhand Smoke*

Predictor	Convinced that							
	SHS Contains ≥ 4000 Chemicals, Including 43 Known to Cause Cancer		SHS Kills >38,000 Non-smoking Americans Annually		SHS can Cause/Aggravate Respiratory Conditions in Nonsmokers		Even Short-Term Exposure to SHS can be Harmful	
	OR (95% CI)	p	OR (95% CI)	p	OR (95% CI)	p	OR (95% CI)	p
Smoking status								
Nonsmoker	1.0 (referent)		1.0 (referent)		1.0 (referent)		1.0 (referent)	
Smoker	0.12 (0.05–0.30)	<0.0001	0.07 (0.03–0.13)	<0.0001	0.06 (0.02–0.18)	<0.0001	0.11 (0.06–0.20)	<0.0001
Work sector								
Other	NS		1.0 (referent)		NS		NS	
Blue collar/construction/service			0.46 (0.24–0.87)	0.02				
Workplace smoking policy								
Not allowed indoors	NS		NS		1.0 (referent)		NS	
Allowed indoors					0.20 (0.07–0.59)	0.004		
Government/public agency employee								
No	NS		NS		NS		1.0 (referent)	
Yes							1.98 (1.07–3.70)	0.03
Race								
Other	NS		NS		NS		1.0 (referent)	
White							0.10 (0.01–0.85)	0.03
Work setting								
Outdoors or in vehicle	1.0 (referent)		NS		1.0 (referent)		NS	
Indoors	3.73 (1.49–9.34)	0.005			6.03 (1.94–18.72)	0.002		

SHS indicates secondhand smoke; OR, odds ratio; CI, confidence intervals; and NS, nonsignificant.

* Analyses reported here were adjusted for all demographic variables. "Don't know"/missing responses coded as missing.

ing policies. This lack of support may point to a lack of knowledge or appreciation among unionized workers, generally, of the important role labor

unions have played in promoting and protecting workers' health, safety, and access to health care; a related perception among workers that the role of

unions is limited to bargaining over wages and benefits; or a perception that creating and implementing workplace tobacco use policies can be divisive.

Table 3
Multivariate Analyses of Unionized Workers' Opinions About the Role of Labor Unions in Tobacco Control*

Predictor	Rate Cessation Programs as Important Benefit for Union Bargaining		Support Union Bargaining for Total Ban on Smoking at Workplace†		Support Union Bargaining for Reasonable Smoking Restrictions at Workplace†	
	OR (95% CI)	p	OR (95% CI)	p	OR (95% CI)	p
Smoking status						
Nonsmoker	1.0 (referent)		1.0 (referent)		1.0 (referent)	
Smoker	0.25 (0.12–0.50)	0.0001	0.02 (0.01–0.09)	<0.0001	0.03 (0.01–0.10)	<0.0001
Work sector						
Other	NS		NS		NS	
Blue collar/construction/service						
Workplace smoking policy						
Not allowed indoors	1.0 (referent)		NS		NS	
Allowed indoors	0.40 (0.19–0.84)	0.02				
Sex						
Male	NS		1.0 (referent)		NS	
Female			3.91 (1.43–10.70)	0.008		

OR indicates odds ratio; CI, confidence intervals; and NS, nonsignificant.

* Analyses reported here were adjusted for all demographic variables. "Don't know"/missing responses coded as missing.

† Total ban and reasonable restrictions variables were analyzed for only those workers not already covered by smoke-free policies.

In contrast to the low levels of expressed support for unions to take the lead in policy making, more than 80% of those surveyed rated programs to help people quit tobacco use as an important employee benefit for which their labor unions could bargain. That smokers were less likely than non-smokers to support union bargaining for smoking cessation benefits may indicate that smokers believe cessation programs should already be provided by employers or health care providers or that quitting should be achieved on one's own; in other words, smoking cessation is not union business. Further collaborations with labor unions that highlight the important role unions can play in bargaining for comprehensive tobacco cessation benefits are needed.

Due to limitations of cross-sectional survey data, the ability to infer what causes support for or opposition to a labor union's involvement in shaping tobacco policies is difficult. Because of survey length limitations, we did not assess all types of workplace tobacco control policies. Also, given that we did not gather data on respondents' positions in their unions, responses could have differed based on their positions (i.e., those involved in decision making or who held leadership positions may have been more supportive of policy making than were other workers). Although we reached more than 500 Minnesota union members, we do not know whether opinions of union members who were unreachable or who refused to participate in the survey would have differed from those who participated. In addition, when asking about support or opposition to smoking prohibitions or restrictions, participants may have interpreted the phrases "total ban" or "reasonable restriction" differently (i.e., to some, a total ban might indicate that no smoking is allowed indoors, but to others it might indicate that smoking is not allowed indoors, anywhere on company grounds, or in company vehicles). Such differences in interpretation about policies might have influenced participant responses.

Although the above limitations exist, this study is one of only a few to examine unionized workers' support for labor union involvement in initiating smoking policies to reduce expo-

sure to secondhand smoke and in bargaining for smoking cessation health benefits. Survey results helped the *WorkSHIFTS* project reach out to and build collaborative relationships with labor leaders from nearly a dozen blue-collar and service sector unions. Results also helped shape common themes around which we developed and implemented a collectively conceived strategic outreach plan which, in turn, led to a collaborative research project that is now examining the process by which decisions are made regarding the provision and promotion of tobacco cessation services as a health care benefit for workers in blue-collar and service-sector unions.

Given that many localities and states are enacting laws that prohibit smoking in virtually all indoor workplaces, the findings in this study may be useful to tobacco control advocates who are committed to building and strengthening advocacy coalitions with labor unions around shared policy goals, including worksite no-smoking policies and smoking cessation programs.

SO WHAT? Implications for Health Promotion Practitioners and Researchers

Very few researchers have examined unionized workers' opinions about labor union involvement in worksite no-smoking policies or smoking cessation programs. This study offers insights into how union members view tobacco control issues. That union members believed secondhand smoke was an important workplace health and safety issue and that most supported union bargaining for cessation programs and restrictions on workplace smoking shows promise for unions to play an active role in promoting policy change. Tobacco control organizations and labor unions can use these data to identify potential barriers and facilitators for building and strengthening collaborations to advance worker health through comprehensive workplace tobacco policies.

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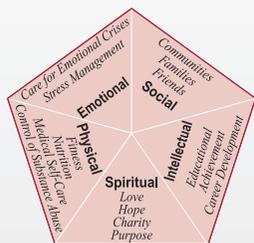
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