TAFT-HARTLEY HEALTH & WELFARE FUNDS

Evaluating the Need for Cessation Benefits
Findings from a Preliminary Study: 2006–2008

WorkSHIFTS
TOBACCO LAW CENTER

UNIVERSITY OF MINNESOTA
SCHOOL OF PUBLIC HEALTH

MINNESOTA LABORERS

UNITE HERE MINNESOTA

UFCW LOCAL 789
WorkSHIFTS (Stopping Harmful Impact From Tobacco Smoke in the Workplace) is a collaborative labor outreach program of the Tobacco Law Center at William Mitchell College of Law in St. Paul, Minnesota. WorkSHIFTS partners with labor unions and public health researchers to address tobacco-related policy issues affecting blue-collar and service sector workers and their families. Examples of WorkSHIFTS’ collaboratively produced outreach materials include A Union Guide to Tobacco and An Employer Guide to Tobacco. Please visit our website, www.workshifts.org, to access these and other materials.

This project was funded by ClearWay™ Minnesota, Grant No. RC-2006-0033.

Copyright © 2008 WorkSHIFTS
An estimated 9 million unionized adult smokers—roughly one-fifth of all adult smokers in the U.S.—get their health care benefits through Taft-Hartley Health and Welfare Funds. These predominantly blue-collar and service sector fund participants are disproportionately impacted by tobacco use and exposure to secondhand smoke, in that they have substantially higher risks for the health and economic harms caused by tobacco, compared to white-collar workers. The majority of Taft-Hartley Funds do not offer comprehensive tobacco cessation services as a standard benefit. There is evidence, however, that offering cessation services would save both lives and money.

From 2006 to 2008, WorkSHIFTS conducted a study of the process by which Minnesota Taft-Hartley Health and Welfare Fund trustees make decisions about possible modifications to existing health plan benefits, in particular, modifications regarding the provision and promotion of tobacco cessation services. We also examined health care plan participants’ perceptions about having their unions, Taft-Hartley Funds, and employers provide and promote tobacco cessation resources. This study has broadened our understanding of how Taft-Hartley Health and Welfare Fund trustees resolve the difficult task of choosing among competing health care options in order to structure health care benefits packages for union members and their families who are fund participants. We have applied the results of this research to the design of an intervention that will encourage Taft-Hartley Funds to provide and promote tobacco cessation services in existing health care plans.

**Why this study?**

**Study partners**

Partnering on this project were the Minnesota Laborers, UNITE HERE Minnesota, UFCW Local 789, the University of Minnesota School of Public Health, and the WorkSHIFTS program of the Tobacco Law Center, which led the study.
“...the (Taft-Hartley Health and Welfare) boards that do the best are those that, really, the trustees take to heart their role as stewards over not only the fiscal health of the membership, but also the physical and mental well-being of the members, as well.”

- Interview participant
“I think that we are in a paradigm shift in terms of having the fund move from a reactive to a proactive mode of health plan management.”

- Interview participant

**Interviews**

To learn more about the decision-making processes of Taft-Hartley Health and Welfare Fund trustees, we conducted 29 in-depth interviews with labor and management trustees, attorneys, third-party and in-house administrators, health and actuarial consultants, and business liaisons of Minnesota-based health care service providers. Study participants responded to questions about the process by which trustees make modifications to health plans; sources that trustees rely upon for information; roles of various stakeholders in the decision-making process; economic, medical or other factors that influence trustees’ decisions; fund attributes or characteristics that have an effect on decision-making; barriers to providing or promoting tobacco cessation services; and fund communications with health care plan participants.

**Interview findings**

Labor and management trustees of Taft-Hartley Health and Welfare Funds are well-intentioned, busy people who meet infrequently in their capacity as trustees and juggle many competing needs and interests.

- Many trustees serve on multiple funds.
- While some trustees have served for many years, others are relative newcomers who have had limited training to assist them in performing their duties.
- Most, if not all, trustees lack in-depth training and knowledge about health policy issues.

To help inform their decisions, protect the financial integrity of each fund, and meet the health care needs and interests of fund participants, trustees rely upon the expertise of advisors, including consultants, actuaries, administrators and attorneys. Fund advisors gather and present data, educational information and analyses, and provide guidance to trustees about which health care benefits to offer and promote.

Relationships between individual trustees and consultants, actuaries, administrators and attorneys are often decades-long. Trustees typically place a high degree of trust in these relationships and change advisors infrequently.

The pool of Minnesota-based advisors to Taft-Hartley Health and Welfare Fund trustees is small. Many, if not most, advisors serve multiple funds.

The rapid escalation of health care costs in recent years has caused Taft-Hartley Funds to sharpen their focus and examine customary ways of operating, leading some trustees to pay much closer attention to the quality of the services they receive and to demand more from the pool of Taft-Hartley Health and Welfare Fund advisors.

- Fund advisors have substantial training and expertise in business, financial and legal aspects of health plan considerations and provide strong guidance to trustees in these respects.
- Most advisors do not have in-depth expertise about germane public health policy issues, including tobacco cessation methods or coverage.
- Many advisors lack easy access to current, reliable, evidence-based health policy information upon which they can base sound recommendations.

Study participants—trustees and their advisors—viewed these gaps as impediments to the ability of Taft-Hartley Health and Welfare Funds to embrace health and wellness policy initiatives.
**Focus groups**

We also conducted four focus groups of blue-collar and service sector union members who identified themselves as current smokers, meeting with a total of 24 participants from 6 separate blue-collar and service unions that receive health care benefits through Taft-Hartley Funds. Focus group sessions were held in Duluth, Minneapolis and Rochester. Participants shared accounts of their quit attempts, provided feedback on cessation methods, and gave opinions about union-supported and employer-supported cessation programs.

**Focus group findings**

Nineteen of the 24 focus group participants had tried to quit using tobacco. Many had made multiple quit attempts. Their reported success in staying quit averaged five to six months. The quit method tried most frequently was nicotine replacement therapy (NRT), with the patch being the most frequent method used. Participants identified family and friends as primary sources of support for their quit attempts. The biggest barrier to quitting cited by participants was stress. Participants named several cessation methods that they would like to see offered and paid for as part of their health plan: NRT and other medications, acupuncture, incentives, hypnotism, counseling or a combination of these methods. These services were seen by many as too expensive to pursue without benefits.

A majority of focus group participants felt their employers and unions could help them the most by selecting a health plan that offers many different types of tobacco cessation benefits, by providing non-smoking break rooms or other relaxation spaces at work, and by clearly communicating to them about what cessation resources are available in their health care plans and how to access those services.

Focus group participants welcomed health information about the impact of tobacco use on their bodies and future health. Some participants wanted their unions to designate a staff person who is proficient on health care and union policies to be available to respond to individual requests for information and assistance. Others preferred to get information directly from health plan representatives. Brochures, bulletin board flyers, e-mails, newsletters, notices in paychecks, and informational group meetings were seen as ways to share information about cessation methods and services.

“They should also offer you counseling to get you started. You can’t just say, ‘If you quit smoking for six months, we’ll give you such-and-such amount.’ They need to say,

‘This is how we’re going to help you succeed in this.’”

- Focus group participant
Next steps

The partners to this study have been awarded a grant for a follow-up study to implement and test an intervention to improve the reach of, and access to, tobacco cessation services by:

- Increasing the availability and promotion of tobacco cessation health care benefits in health plans administered by Taft-Hartley Health and Welfare Funds
- Increasing access to and use of tobacco cessation services by blue-collar and service sector workers and families whose health care benefits are covered under health plans administered by Taft-Hartley Health and Welfare Funds

The new study begins in late 2008, and the new program will be launched in 2009.

“…. I think if I had some more convenient source of getting access to information about how medical science is developing, how new approaches to disease, disease management, health management, wellness—if I had a way of sort of filtering that white noise of data into something I could understand in the amount of time I’ve got, that would be a great thing. And I think probably everybody who deals with this stuff would agree with that.”

- Interview participant