

## **Tobacco Free Denver Health Focus Group**

### **Introductions**

Thank you for coming to today's focus group. On January 1, 2009, Denver Health will be implementing a 100% Tobacco Free Campus Policy. The purpose of today's group is to gather feedback from employees on their ideas, opinions, and concerns related to the new policy and how to best transition for our community.

Your responses will be recorded by \_\_\_\_\_ and shared with the committees working on this policy change. We would also like to post them in summary form on the Tobacco Free Denver Health webpage. No participants will be identified or direct quotes used.

Group Introductions (Name, Role with Denver Health, Ice breaker question if desired)

### **Ground Rules**

In order to make the most of the time we have today and maintain a respectful environment, we put together some ground rules for our time together.

1. Listen actively - respect others when they are talking.
2. Speak from your own experience - "I" instead of "they," "we," and "you" to avoid generalizations.
3. Focus on ideas and solutions - do not be afraid to respectfully challenge one another by asking questions, but refrain from personal attacks. If a frustration is expressed with the policy, I challenge you to help us seek a possible solution.
4. Participate to the fullest of your ability.
5. Share differing perspectives - the goal is not necessarily to agree.

Are we all in agreement to respect these ground rules as part of our discussion?

### **Questions**

We've put together a series of questions we would like to pose to you regarding Denver Health's transition to a tobacco free campus. Our goal is to gather your feedback on these specific questions and allow you the opportunity to share any additional thoughts related to this change. To help us stay on task, we'll use a "Parking Lot" to hold ideas that while may not be directly related to the topic at hand, are important to discuss. Through the "Parking Lot", we'll put these ideas on hold and come back to them as a group after we've moved through our questions.

1. Have you heard about the tobacco free policy? (Distribute copies of policy highlights.)
2. Will it be difficult for you, fellow employees, patients, and visitors to comply with this policy?
3. What kind of support would help employees, patients, and visitors get through their time at Denver Health without using tobacco?
4. Do you foresee employees going into the bordering neighborhoods and near local businesses to use tobacco? If so, how do you feel that issue could best be addressed?
5. What level of disciplinary action is appropriate for employees who violate the policy?
6. Open for additional comments/"parking lot" issues.

## **Tobacco Free Focus Group Summaries**

**18 participants**

August 4th	12:30 – 1:30 pm	Westside Clinic	1 participants
August 8th	12:30 – 1:30 pm	Westside Clinic	5 participants
August 12th	7:30 - 8:30 am	DH Pavilion C	0 participants
August 13th	3:15 - 4:15 pm	Denver Cares	10 participants
August 14th	6:00 - 7:00 am	DH Pavilion	0 participants
August 20th	3:00 - 4:00 pm	DH Pavilion C	2 participants

### **1. Have you heard about the tobacco free policy? (Distribute copies of policy highlights.)**

- a. Heard about it – don't know details of policy.
- b. Think this is great – great change for people who don't have willpower.
- c. Scary for smokers – need to understand details more. Can be punitive but needs to be supportive.
- d. Many did not know the particulars of the policy.
- e. Some believed that tobacco was not going to be allowed on campus at all.
- f. Some felt that it was unduly punitive.
- g. Yes, happy for it – as a health entity this is long overdue. If we're promoting health, we can't also be promoting smoking.

### **1. Will it be difficult for you, fellow employees, patients, and visitors to comply with this policy?**

- a. Will be difficult for some employees/patients to comply
- b. Mental addiction is challenging.
- c. Have heard comments about what employees were going to do/where to go upon policy implementation.
- d. May increase stress for current smokers with stressful personal lives.
- e. Tried patches and hypnotism and it hasn't worked. Hearing things about it not being an addiction, which is not true. Hard one to beat.
- f. All agreed that it would be difficult, especially those supervising others.
- g. Very difficult to enforce especially if people were going to be terminated for using a legal substance.
- h. Most agreed it would be hardest for the patients.
- i. Patients will leave the treatment facility, because it is too much to expect them to deal with tobacco as well as the other issues they are working on.
- j. Long term abstinence from all substances would be enhanced in the long run if the patients quit tobacco, but the majority felt that the immediate hardship would win out over the long term benefits of quitting tobacco and their other substances of choice.
- k. Already difficult to enforce the current policy of not smoking near the doors, much less not smoking on the grounds, especially for clients at liberty to come and go.
- l. Concern about tobacco use being an addiction and having very real consequences to the people who were not going to be able to use tobacco at work or for patients not allowed to use tobacco on the grounds.
- m. See a lot of employees and patients smoking on-site, not sure how to deal with it. Corridor between hospital and Webb bldg. - Patients with limited mobility outside hospital and outside ED seen frequently.

- 2. What kind of support would help employees, patients, and visitors get through their time at Denver Health without using tobacco?**
- a. Buddy system – need to partner with someone who doesn't smoke. If partner with smoker, one's failure can contribute to another's.
  - b. Getting through work day seminars – yes, staff would be receptive to tips offered.
  - c. Wellness activities - Weight gain real concern as part of quit attempts. (e.g. yoga classes, exercise tapes on-site after work hours)
  - d. Most helpful thing is taking quick walk around the block and it goes away. Helps to walk with somebody vs. being alone.
  - e. Managers need to be supportive to employees.
  - f. Need to provide alternative coping strategies for stress
  - g. Better to have managers educated - For nonsmokers, it's difficult to understand scope of addiction and may not be supportive of impact on smoking staff.
  - h. Pull in support of Wellness Coordinator
  - i. Make NRT patches available. NRT products expensive – being able to buy with co-pays would be helpful.
  - j. Need to look into coverage by other insurance carriers – post to webpage to make info more accessible for employees
  - k. Up to individual to find best way to quit.
  - l. Favorable toward NRT and other employee support. NRT through QuitLine, but especially through DH, would be helpful to those employees who smoke.
  - m. NRT was available on a limited basis to patients.
  - n. More information about community cessation resources and support groups should be provided.
  - o. Support groups or services through DH or the hospital's insurance plan
  - p. Mentoring or buddy system should be put in place to help employees deal with tobacco issues.
  - q. Have Health Promo staff available for people on campus who are having a hard time coping
  - r. Day of Implementation: On-site support counseling from staff
  - s. Gum, quit kits available in reception areas of clinics/hospital
  - t. Put quit kit location info in patient handouts
  - u. Receptionist and Security staff training – important they know policy, how to give people kit, etc. Will field more questions than other staff.
  - v. Place sticker on business cards to tell people how to get quit kit
  - w. Make sure smokers don't feel persecuted.
  - x. Use Survey Monkey survey to see if smokers interested in group level support following implementation.
  - y. Education needed on how to use NRT and other meds (Include as part of "Getting Through Work Day" trainings with staff

- 3. Do you foresee employees going into the bordering neighborhoods and near local businesses to use tobacco? If so, how do you feel that issue could best be addressed?**
- a. Good Neighbor Relations – Need to communicate with neighboring business.
  - b. Convenience stores near hospitals may move to selling single cigarettes.
  - c. Courtesy that people should not smoke in neighbor's yard. But too far to set up people to spy on others.
  - d. Forced to go to neighborhoods because of no designated smoking area. Concerned about safety issue of going into alleys.
  - e. Patients would be the greatest issue when it came to smokers going to bordering neighborhoods or business to smoke. Some already do, but not much of a problem to get them to move along. New policy will make more difficult issue to deal with - Where are they going to go?
  - f. Night shift employees might smoke in their vehicles, which may or may not be parked on hospital property – how to enforce?
  - g. Yes- will happen. Best addressed with support.
  - h. Communicate contact person for neighbors to contact if problems occur.
- 4. What level of disciplinary action is appropriate for employees who violate the policy?**
- a. Same as breaking other rule: verbal, written, dismissal.
  - b. Disciplinary action related to fragrance of SHS is too strict. Fine line because people not smoking standing next to someone smoking could cause smell of smoke.
  - c. Discipline for staff should be comparable for patients and visitors.
  - d. Some very concerned about disciplinary process - heard that people would just get terminated if they were caught using tobacco without any warning.
  - e. Employees would just have to adjust, as they had to other unpopular policies, if they wanted to keep their jobs.
  - f. Policy would encourage employees to “snitch” on each other, leading to increased difficulties in the work place.
  - g. Worried about enforcement and having to test patients for nicotine use as they test for other substances
  - h. Traditional disciplinary procedure of verbal, written warnings and then termination as well as having a treatment program available
  - i. Need clear guidelines for supervisory staff and provide training specifically about tobacco issues.
  - j. Disciplinary procedures should not result from “hear say”, because of the possibility of false accusations.
  - k. Employees should sign agreement to policy to ensure knowledge and understanding.
  - l. Feel action taken if violations happen on work time similar to consistent tardies.
  - m. Verbal warning and referral to support. Possible support could be on-line tutorial re: subsequent disciplinary action, health risk, etc. if caught again.
  - n. Verbal warning appropriate with referral and follow-up with supervisor
  - o. Don't feel written warning or dismissal is appropriate because people need support.
  - p. If no interest in quitting, possible written warning but don't think someone should be terminated.
  - q. Need repercussions or people won't respect policy.

## 5. Additional comments

- a. Sidewalk ordinance poses problem for outer-lying clinic when parking lot is not DH-owned. Garage rental fees paid by employees to outside agency.
- b. Smokers trigger each other by asking to go on smoke break. Need to motivate people by not going with them.
- c. Policy of no eating or drinking at your work station – how to manage this? (e.g. registration personnel).
- d. Implementation date poorly timed - Easier to be able to quit when weather is nice – winter conditions make it more challenging to quit attempts.
- e. Neighboring business staff come onto DH property to smoke. Problem with security – communicating message to patients. Staff currently informs patients of policy but patients ignore policy and continue to smoke.
- f. Restricting tobacco products in vehicle while parked on DH property is too strict.
- g. Not going to quit – going to drive us underground
- h. Inconsistent information out there – told by Executive Staff ok to smoke on breaks
- i. Concern regarding people taking longer breaks because employees need to go off of campus.
- j. Issue when it affects my personal time and personal property.
- k. Better to implement in stages – first stage not to include prohibition on paid break time.
- l. Policy unfair and prejudicial singling out people. Smoking doesn't affect the work we do.
- m. Timeframe too soon- should have been announced sooner so people have more time to prepare.
- n. Too much imposition on personal time (lunch and in car off DH property re: fragrance)
- o. Nonsmokers see policy as being over the top.
- p. Concern re: crowd control issues if smoking was not available as an escape in situations were clients are escalated.
- q. Like the false fingernail policy, there should be a well publicized count down for employees and patients. Signs and communications should detail how many days left until the campus is smoke-free
- r. New Employee Orientation – Need to address with Presentation.
- s. Add to evaluation and orientation – signed agreement similar to drug policy.

### Questions posed:

- a. When on way to meeting off-campus, can I smoke in my car? Off of DH property but still on paid work time.
- b. Question about disciplinary action. Employees who come to work intoxicated - don't dismiss them but enroll them in a treatment program. What is the difference between tobacco and alcohol? People with alcohol program have opportunity to enroll in treatment program in order to maintain employment – not afforded for tobacco? CSA employees – additional benefits under EAP program?
- c. What support services will Denver Health provide?
- d. QuitLine : what if you've already gone through that?
- e. Collaborating with QuitLine – will patches and counseling be available at Denver Health?
- f. When working on weekends, is Saturday/working late evenings part of my workday officially on the clock?
- g. How much communication so far with patients/visitors?
- h. How will employees get the business cards?