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EMPLOYERS "BUTT IN" WITH REGARD TO SMOKING IN THE WORKPLACE

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ABSTRACT

Cigarette smoking is the principal cause of premature death in the United States with over 440,000 people dying each year from smoke related diseases. And, smoking is expensive. The Centers for Disease Control and Prevention estimate that employee tobacco use costs US companies about $157 billion each year in direct medical expenses and lost productivity. Fed up with mounting health care costs, companies are trying an array of tactics to get employees to quit smoking. This paper will discuss the background surrounding smoking, describe the costs to society and businesses, outline the legal issues surrounding smoking, delineate what companies have done, and describe what managers can do to help their employees with this addiction as well as help the company's bottom line.

INTRODUCTION

"Smoking is hateful to the nose, harmful to the brain, and dangerous to the lungs."
King James I

Two decades ago, smoking in the workplace and public places was considered a virtual birthright. However in the late 1970's, a revolution of sorts began in the way our society views smoking. Today, acceptance of smoking in public places has largely disappeared, replaced by an increasing recognition of the right to breathe air free from harmful effects of tobacco smoke (Leourardy & Kleiner, 2000). In fact, many companies today have a "smoke-free policy" forcing smokers outside to take cigarette breaks. The effect of observing little huddles of workers puffing away in office doorways sends out a powerful message that smokers are outcasts – social rejects from the corporate community.

In ancient Greece, they used to write the names of unwanted people on a stone tablet known as an ostrakon, hence our verb, to ostracize. And this is exactly what smoking bans are: an exercise in social ostracism (Overell, 2005). Cigarette smoking continues to be the principal cause of premature death in the United States and a major cause of medical expenditures and lost productivity. Of the 46.5 million adults in the United States who smoke, about 70% will see a primary care provider at least once a year (Kaiser Permanente, 2005). Because of this, businesses today desperately seek ways to contain the costs they must pay for health insurance for their employees by limiting coverage, subscribing to HMOs, and increasing deductibles. CEOs cast anxious glances over their shoulders as foreign competition increases and the ability to cut costs and increase productivity becomes crucial to survival (Smoking in the Workplace, 2005).

This paper will discuss the background surrounding smoking, describe the costs to society and businesses, outline the legal issues surrounding smoking, delineate what companies have done,

and describe what managers can do to help their employers with this addiction as well as help the company's bottom line.

BACKGROUND

> "Smoking . . . is a shocking thing, blowing smoke out of our mouths into other people's mouths, eyes and noses, and having the same thing done to us."
> Samuel Johnson

In the last century, the use of tobacco has become more widespread and more hazardous. The development of machines that could manufacture cigarettes in the late 1800s and safety matches at the turn of the century set the stage for mass marketing of cigarettes. This mass marketing of cigarettes in the United States resulted in a rapid rise in per capita cigarette consumption that began around 1910 and provided one of the first demonstrations that advertising could create demand for a product where no previous demand existed (Leourardy & Kleiner, 2000). In the 21st century, every day sees 2,100 children under 18 become regular smokers, and for the first time girls are now smoking at about the same rate as boys (Healton, 2005). National estimates state that about 22.5% of all adults or 46 million people smoke cigarettes in the United States. In addition, groups of cigarette smokers vary by age as follows: 18-24 (28.5%) 25-44 (25.7%), 45-64 (22.7%) and 65 years or older (9.3%). Cigarette smokers also vary by race: American Indians/Alaska Natives (40.8%), Caucasians (23.6%) African Americans (22.4%); Hispanics (16.7%); and Asians (13.3%). And, finally, education level is correlated with cigarette smoking, as estimates of smokers are higher for adults with a General Education Development (GED) diploma (42.3%), or with 9-11 years of education (34.1%) as compared to estimates of smokers with an undergraduate college degree (12.1%) or graduate degree (7.2%) (Parekh, 2005b).

Each year in the United States, approximately 440,000 persons die of a cigarette smoking-attributable illness, resulting in 5.6 million years of potential life lost, $75 billion in direct medical costs, and $82 billion in lost productivity (Cigarette Smoking, 2005). Fighting tobacco use in America is the leading public health goal of our time. Today, smoking is the number one cause of death and disease in the United States, triggering heart disease, cancer, stroke, emphysema and chronic obstructive pulmonary disease. To put tobacco's toll into perspective, smoking kills more Americans than AIDS, alcohol, illegal drug use, car accidents, fires, murders and suicides combined (Healton, 2005).

Passive smoking, breathing other people's tobacco smoke, has been medically proven to cause lung cancer and heart disease, as well as many other illnesses in non-smokers. Those who choose not to smoke but are exposed to the smoke of others while in a work situation are also being exposed to a known hazard (Lammin, 2005). Mainstream smoke from a typical cigarette contains more than 4,000 chemicals, of which at lease 43 are known carcinogens. Researchers note that while the smoker himself gets the heaviest does of such substances, the environmental tobacco smoke (or ETS) rising from the end of a burning cigarette is even more deadly. In fact, gram for gram, ETS contains a higher concentration of carcinogens, mutagens, and toxic chemicals than does mainstream smoke because actually puffing on a cigarette raises the temperature of the burning process and allows for greater combustion of the tobacco. Lower temperatures do not provide for such a "clean" burn, leaving greater quantities of many toxic organic compounds to escape into the air. Non smokers working in a smoking environment complain of symptoms associated with asthma, hay fever, emphysema, and respiratory diseases, as well as eye, sinus, nasal and throat irritations. With worker health and productivity so closely interwoven, it is not surprising that business owners are starting to calculate the cost benefits of a smoke-free workplace (Rowe & Kleiner, 2002).

Cigarette smoking is the leading preventable cause of death in this country. It is responsible for one in very five American deaths. Smoking claims the lives of an estimated 1,100 each day or about 400,000 every year (Costs of Smoking, 2005). Another 38,000 Americans die annually from secondhand smoke. Lung cancer kills 27,000 more women than breast cancer every year, yet 80 percent of all women mistakenly believe that breast cancer kills more women (Healton, 2005).

COSTS TO SOCIETY AND BUSINESSES

"Smoking is one of the leading causes of statistics."
Steven Pearl

Smoking is expensive. It costs nearly $33 a pack when you include the cost of early deaths, smoking-related disabilities and other factors. Add $5.44 a pack for the costs of the effects of second hand smoke on your spouse and another $1.44 on society as a whole. That brings the total cost to nearly $40 a pack, or nearly $171,000 over a smoker's lifetime. Each pack of cigarettes cuts short a smoker's life by two hours. Men lose 4.4 years and women lose 2.4 years. Researchers valued the cost of each lost year at $100,000. However, smokers' cost to society is offset, in part, by their early deaths. A smoker, who dies, does not require medical care or income support (Actual Costs of Smoking, 2005).

The Centers for Disease Control and Prevention estimate that employee tobacco use costs US companies about $157 billion each year in direct medical expenses and lost productivity resulting from premature death. Others estimate that lost productivity due to smoking breaks and excess sick days taken by tobacco-using employees increases the impact to about $6,000 per tobacco-using employee. For a company with 10,000 employees and an average prevalence of tobacco use, that pencils out to more than $15 million a year (McAfee & Montanari, 2005). In addition, smokers can cost employers an extra $45 per year for accidental injury and related workers' compensation costs. Smokers have twice the accident rate of nonsmokers due in part to loss of attention, smoking hand occupied, eye irritation, and cough. Researchers have estimated fire accident costs due to smoking to be $10 per year per smoker. Also, up to three-fourths of the early retirements are coming from smokers, who comprise only one third of the work force. The propensity for smokers to become disabled and retire early is almost six times greater than for nonsmokers (Smoking in the Workplace, 2005).

Smokers, on average, use more sick leave than non-smokers, spend more of a company's health care dollars, raise life insurance and disability costs, exhibit lower morale and lower productivity, increase building maintenance, property and business insurance costs, and put their non-smoking colleagues at risk (Rowe & Kleiner, 2002). Also, smokers have twice the accident rate of nonsmokers on the job. Higher carbon monoxide levels caused by smoking may lower alertness and reflex speed (Smoking and the Workplace, 2005). Thus, employers have taken an interest in smoking control because smoking employees generate extra expenses due to their higher health costs, absenteeism, reduced performance, greater number of accidents, and excess premature deaths and disability. Some employers are interested in health promotion as it improves morale, reduces turnover, and results in better employee-management relations (Leourardy & Kleiner, 2000).

LEGAL ISSUES

"It has always been my rule never to smoke when asleep, and never to refrain when awake."
Mark Twain

The employer has a duty to take reasonable care to protect the health of employees. An employer who receives a complaint about the effects of smoking, but ignores the problem, could be

sued for any damage the employee feels has been caused to his or her health (Lammin, 2005). No employer wants to alienate a smoking employee, but lenient policies may not provide adequate health or legal protection to employees, or even employers. When emphysema forced a smoker named Fuentes to retire, he sued his company for workers' compensation. The California Supreme Court ruled that the employer was responsible for one third of the disability payment for allowing Fuentes to "inflict harm on himself" by smoking during working hours (Rowe & Kleiner, 2002).

Federal laws bar U.S. employers from discriminating against potential and current workers on the basis of race, religion, gender, disability or age, but smokers are only a protected class in parts of the country. Twenty-nine states and the District of Columbia in recent years have enacted legislation banning employers from discriminating against employees who smoke. In states such as Arizona, Colorado, Pennsylvania and Wisconsin, antismoking policies are considered illegal (Parekh, 2005b).

Therefore, many big employers tread carefully in imposing penalties for fear of running afoul of federal regulations protecting the disabled and those suffering from health conditions. The Health Insurance Portability and Accountability Act of 1996, or HIPAA, generally prohibits employers from discriminating on the basis of health status or "health condition" of an employee in setting premiums or contributions. The Americans with Disabilities Act bars employers from denying disabled people the right to participate in programs or to receive benefits. There are some ways around HIPAA's restrictions, however. If an employer creates a "bona fide wellness program" aimed at reducing smoking or obesity among employees, it can apply some financial incentives and disincentives without running afoul of HIPAA rules (Wysocki, 2004).

But beyond what is required by state or local law, any employer is free to ban smoking in its workplace, even if state law allows it. There is no law that protects a smoker's right to smoke at work. Many states, however have laws that prohibit employers from discriminating against smokers in work-related decisions – for example, making hiring or firing decisions based on whether an employee or potential employee smokes (DelPo, 2005).

WHAT MANAGERS HAVE DONE

> "To cease smoking is the easiest thing I ever did. I ought to know because I've done it a thousand times."
>
> Mark Twain

Fed up with mounting health care costs, companies are using an array of tactics to get employees to quit smoking cigarettes. While many employers dangle carrots such as wellness programs and cash incentives in front of smokers, a growing number of firms are opting for the stick, even vowing to fire employees who refuse to kick the habit (Parekh, 2005b) For example, Georgia state employees, public school teachers will pay an extra $40 a month for coverage. A $20 a month surcharge will be applied to Alabama state workers, if covered employees or spouses report themselves as tobacco users. Starting January 1, 2006, workers at Northwestern Mutual Life Insurance Company will be subject to a $25 fee on monthly health care premiums if the employee or his/her depends is a smoker. In addition, Omaha, Nebraska based Union Pacific Corporation last fall stopped hiring smokers in several states, including Texas and Arkansas. Finally, Alaska Airlines for almost a decade has required applicants to pass a urine test for tobacco in order to be considered for employment (Parekh, 2005a).

In addition, many employers have sponsored anti-smoking educational programs using a variety of methods such as publishing articles in company bulletins, distributing pamphlets and other materials obtained from voluntary and public health agencies, displaying posters, and holding meetings where films are shown and talks are provided by a company doctor, nurse, or health educator. A few companies have offered anti-smoking education during routine health screening

examination. Also, voluntary health organizations have developed special promotional materials for use at the worksite. For example, the American Cancer Society and the American Lung Association provide consultants who assist in designing worksite promotion and help organize orientation meetings. Companies that have sponsored these programs include IBM, Ford, Johnson and Johnson, AT&T, General Foods, and Boeing (Leourardy & Kleiner, 2000).

Also, employers have targeted smoking behaviors to reduce health care costs. In a recent survey it was found that employers were targeting smoking behaviors to reduce health care costs. Thirty-two percent offer a smoking cessation program; 27% have policies limiting the number of breaks employees can take during the day; 17% have written policies stating that smoking in undesignated areas may result in termination; 5% charge higher health care premiums for smokers; and 2% ask about smoking behavior in the recruiting process (Parekh, 2005b).

WHAT MANAGERS CAN DO TO HELP

"I phoned my dad to tell him I had stopped smoking. He called me a quitter."
Fletcher Knebel

Employers considering limiting smoking should consider the following points. If a collective bargaining agreement exists, consult with union officials. Introduce a thorough program of employee education on the dangers of workplace smoking, stress health effects on smokers and nonsmokers. Decide how the policy will be implemented, either smoking and nonsmoking areas or a totally smoke-free environment with a smokers' lounge or corridor and reasonable smoking breaks (10 minutes every two hours). Consider implementing smoking limitation in steps (e.g., begin by prohibiting it in conference rooms and common areas). Employee-financed smoking cessation programs are well-received and effective, as smokers who wish to quit may be further motivated by the new limitations. Above all, try to maintain an atmosphere of participation among all levels of employees (Smoking in the workplace, 2005).

Employers need to take an active role in recruiting employees to participate in the program. While many tobacco users try to quit each year, only three to five percent succeed without help. Employers need to promote the effective treatments that are available for their employees. Repeated outreach is necessary to increase the chances that employees have the information they need when they are motivated to act on it. And even those who are motivated to quit may not be able to do so the first, second, or even third time they try. And, even with the most effective programs, only about one in four participants are still tobacco free one year after program completion (McAfee & Montanari, 2005).

As with any other strategy an intervention to achieve a smoke-free workplace should have a clear vision statement. A well-constructed smoking policy seeks to guarantee all employees the right to work in air free of tobacco smoke. The policy should not be concerned with who smokes but where they smoke, and it should take into consideration the impact on smokers as well as non-smokers. A good policy will also ensure that employers meet their legal obligations (Lammin, 2005).

Another strategy includes financial incentives. These could include straight bonuses, contributions to an employee's retirement plan, or reductions in an employee's monthly contribution to the health premium. These incentives can be given in exchange for meeting specific goals, like taking a health risk assessment, entering a disease management program, participating in a smoking cessation program, or not smoking (Carlson, 2005).

CONCLUSION

The negative health impacts of tobacco are creating a growing burden on employers and the economy as a whole. Employee tobacco use costs United States companies $157 billion each year in direct medical expenses and lost productivity. Employers looking for ways to mitigate the rise in healthcare costs for their employees would do well to consider including tobacco treatment in their benefits package. Smokers use more sick leave, spend more of a company's health care dollars, raise life insurance and disability costs, exhibit lower morale and lower productivity. Thus, there are many good reasons for implementing a smoke-free policy in a workplace, the primary one being to protect the health and welfare of employees and visitors to the business as well as minimizing the risk of legal action arising from employee exposure to tobacco smoke while at work.

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THE IMPACT OF HOME EYE CARE AMONG THE ELDERLY POPULATION IN NORTHEASTERN PENNSYLVANIA

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ABSTRACT

This study examined the need for routine vision examinations for the homebound population. This elderly population is very challenging due to the fact that many age-related vision problems go undetected because of neglect by patients and care givers.

The focus of this study included data from a population of 300 homebound patients and nursing home patients. The data gathered age, sex, homebound or nursing home patient, vision problems, surgical interventions, eyeglasses prescribed, and outcomes of the intervention. This study will include the frequency of vision problems that should be treated at an early stage including: glaucoma, macular degeneration, cataracts, and diabetic retinopathy. The frequency of providing eyeglasses to patients will also be included as an important role that "Home Eye Care" provides.

The results of providing home-based optometric care will show that it is a cost effective delivery system, it reduces more serious medical problems later in life and helps the patient in quality-of-life issues involving their vision.