



# WHERE ARE YOU NOW?

**What about this work motivates you?**

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**Describe your current tobacco environment.**

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# FACTION MAPPING

**Your Issue:**

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**Faction:** \_\_\_\_\_  
What is important to them?  
\_\_\_\_\_  
\_\_\_\_\_

**Degree to which you need them in order to advance your vision (1 to 10).** \_\_\_\_\_

**Faction:** \_\_\_\_\_  
What is important to them?  
\_\_\_\_\_  
\_\_\_\_\_

**Degree to which you need them in order to advance your vision (1 to 10).** \_\_\_\_\_

**Faction:** \_\_\_\_\_  
What is important to them?  
\_\_\_\_\_  
\_\_\_\_\_

**Degree to which you need them in order to advance your vision (1 to 10).** \_\_\_\_\_

**Faction:** \_\_\_\_\_  
What is important to them?  
\_\_\_\_\_  
\_\_\_\_\_

**Degree to which you need them in order to advance your vision (1 to 10).** \_\_\_\_\_

**Faction:** \_\_\_\_\_  
What is important to them?  
\_\_\_\_\_  
\_\_\_\_\_

**Degree to which you need them in order to advance your vision (1 to 10).** \_\_\_\_\_



# LEADERSHIP COMPETENCIES

**Are there risks you need to take or  
hard choices you need to make?**

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**What strategies can you practice to get used to uncertainty  
or experiment beyond your comfort zone?**

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**IN LIGHT OF YOUR RESULTS  
& THE WWKS FRAMEWORK**

How comprehensive are your efforts?



What strategies do you tend to rely on?

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What strategies might you need to experiment with?

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## VISION

(Our worksite/wellness committee) will create a culture of health.

## WORKSITE GOAL

As a result of working at [your worksite], it will be easier for employees to be tobacco-free.



**"IF YOU DON'T KNOW WHERE YOU  
ARE GOING  
YOU WILL PROBABLY END UP  
SOMEWHERE ELSE"**  
-ZIG ZIGLAR



## Purpose

(What do you want to know? What do you plan to do with the data?)

WHAT	WHEN	FOLLOW UP	WHO	HOW
<b>(Ex.) WorkWell KS worksite Tobacco Assessment</b>		<b>Annually</b>		<b>WWKS will email worksite contact</b>
<b>(Ex.) Individual Level Tobacco Assessment</b>		<b>Annually</b>		<b>WWKS will email worksite contact</b>



## Communication Campaign / What is your message?

*We offer a number of services to assist employees with tobacco cessation, including counseling and medication at no charge. Contact HR for more information.*

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**\*Tobacco Campaign: Tips from former smokers**

[www.cdc.gov/tobacco/campaign/tips/stories/index.html](http://www.cdc.gov/tobacco/campaign/tips/stories/index.html)

CHANNEL	WHO

-  **Tailor to your employees**  
(Are you speaking their language?)
-  **What's in it for them?**
-  **Be Concise**
-  **Be Consistent**  
(Does the message support our goal?)



# CHECK YOURSELF





## Purpose

(What do you want to encourage? Does this align with your goal?)

## Program Best Practices

- Kansas Tobacco Quitline (web-based)
- Kansas Tobacco Quitline (phone-based)
- Partners in Quitting: Smokeless Tobacco Cessation Program
- Medication
- Counseling

WHICH PROGRAM	DURATION



## Sustainability/Impact

(Are any of these programs ready for policy making?)



## Purpose

(What do you want to encourage? Does this align with your goal?)

## Benefit Design Best Practices

- Coverage for tobacco cessation counseling and medication
- Insurance premium reduction
- Co-payment reduction

BEHAVIOR	STRATEGY
<i>(Ex.) Employee becomes tobacco-free</i>	<i>Insurance premium reduction</i>



## Measurement/evaluation

(Could usage or participation in offerings be tracked?)



## Remember

(Worksites that provide health insurance, be cognizant of how you reward or penalize participants. Employers can provide a financial reward or penalty of up to 50% of the cost of coverage for a tobacco program.)



## Purpose

(What behavior do you want to encourage? Does this align with your goal?)

## Policy Best Practices



### INCLUDES

- Cigarettes
- Pipes
- Cigars
- E-cigs
- Smokeless Tobacco



### WHERE/WHEN

- Grounds
- Work Vehicles
- During work hours
- In company uniform
- Other

*(Ex.) Our worksite will be tobacco free.*

EFFECTIVE DATE	AVAILABLE WHERE?	ENFORCED HOW?	CONSEQUENCES
July 1st	HR department, online, employee handbook	Anyone witnessing a violation must report it to HR.	Employees in violation of this policy will be subject to disciplinary action, up to and including, termination of employment.

EFFECTIVE DATE	AVAILABLE WHERE?	ENFORCED HOW?	CONSEQUENCES

## **Tobacco-Free Workplace Policy**

### **Purpose**

A tobacco-free workplace helps to create a safe and healthy work and living environment for our staff and customers of Sample Worksite.

### **Definitions**

Any form of tobacco including, but not limited to, cigarettes, smoldering cigars, pipe tobacco, snuff, dip, and chew, as well as non-FDA approved nicotine delivery devices such as an e-cigarette.

### **Policy**

Sample Worksite prohibits the use of tobacco products inside company facilities, including offices, hallways, stairways, and inside company vehicles.

Effective March 1, 2017 smoking or tobacco use shall be prohibited outside the plants and offices on company premises, including in vehicles that are parked on company property. Tobacco use is also prohibited on sidewalks, roads, or property that is adjoined to Sample Worksite owned or leased property; extending 50 feet from Sample Worksite property. Tobacco products are not allowed inside company facilities including break rooms, offices, and production areas.

### **Enforcement**

Employers have the legal right to eliminate the use of tobacco products in the workplace and may voluntarily choose to create smoke-free outdoor areas. It is the responsibility of every employee to comply with this policy. Sample Worksite executives, directors, managers and supervisors are authorized to enforce this policy during breaks and working time in a fair and consistent manner.

Employees in violation of this policy will be subject to disciplinary action, up to and including, termination of employment.

### **Reporting Violations of this Policy**

Any violations of this policy should be brought to the attention of Human Resources, Plant Manager, or Production supervisor for resolution. The complaint should be submitted in writing and identify specific objections. Sample Worksite will investigate the complaint and resolve it in accordance with the policy.

### **Tobacco Cessation Programs Available**

Sample Worksite will help employees who want to quit using tobacco products by providing them access to recommended tobacco cessation programs and materials. Please see a member of the Human Resources team for further details.

Each employee will be required to complete an affidavit during new hire orientation or annual benefits open enrollment to certify their tobacco use status. Falsification of this information by the employee (or their dependents) will be subject to disciplinary action up to and including termination of employment.

### **Statement of Understanding**

I have read and fully understand the terms of this policy. I understand that any violation of the tobacco use policy will be subject to disciplinary action up to and including termination of employment. I understand that Sample Worksite reserves the right to make changes to this policy as may be required without notice.

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Employee Printed Name

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Date

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Employee Signature

# ENVIRONMENT



# Making Changes



## Purpose

(What do you want to encourage? Does this align with your goal?)

## Environmental Change Best Practices

- Signage
- Repurpose tobacco areas (for other uses not involving tobacco).

WHAT	WHO	BY WHEN
<i>(Ex.) Post tobacco-free signs at all building and parking lot entrances.</i>	<i>Facilities Director</i>	<i>July 1</i>



## Evaluation

(Are there ways to track or evaluate these changes?)