

**Global Bridges at Mayo Clinic and
Pfizer Independent Grants for Learning and Change
RFP**

**The China-U.S. Smoke-free Workplace Initiative
Build the bridge: from capacity building to practice**

Organization: **ThinkTank Research Center for Health Development**

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B. Main Section of the proposal

Overall Goal & Objectives:

The overall goal of this project is to train a cohort of physicians in three target cities in China to promote and support development of smokefree workplaces by providing training and technical assistance and smoking cessation services to private companies. The project builds on an existing network of companies and local health officials established under the US-China Smokefree Workplace Initiative (CUSW). The project targets three cities—Shanghai, Shenzhen and Beijing—where CUSW has already conducted need assessments in collaboration with local health officials. While over 285 companies have joined the CUSW network, pledging to support employee health and taking concrete steps towards making their workplaces smokefree, the majority of companies that participated in a needs assessment also expressed the need for assistance in helping employees to quit smoking. Thus, we propose to build a network of trained physicians in three cities to provide technical assistance, conduct trainings for company leaders and employees, and provide cessation services and advice. These physicians will serve as a local resource to respond to the needs of companies who are going smokefree as well as to advocate for and promote the benefits of smokefree workplaces. The data collected through evaluation of this project will be critical to informing similar efforts in other cities, and it is hoped that this project can subsequently be expanded to other regions in China.

China has the largest smoking population in the world—300 million adult smokers making up nearly one-third (30%) of smokers worldwide. Overall adult smoking prevalence is 28.1% (52.9% among men and 2.4% among women). At the same time, China has fewer former smokers compared with other nations. An analysis of Global Adult Tobacco Survey data from 16 countries showed that, in China, about 13% of people who were ever-daily smokers have quit compared with 49% in the United States. Chinese smokers also report higher levels of tobacco dependence and less interest in quitting compared with other countries.

China ratified the WHO Framework Convention on Tobacco Control (FCTC) in 2005, but so far national smokefree workplace laws do not meet FCTC guidelines. In 2009, the Ministry of Health, along with other agencies, established regulations requiring hospitals and schools to be smokefree. And as of May 1, 2011, national law (under the *Implementation Rules for the 1987 State Council Regulation on Public Places Sanitation Administration*) restricts smoking in a number of indoor public spaces, including hotels, restaurants and bars, hospitals, health care facilities, and indoor stadiums. However, the rules do not fully cover factories, offices, or government workplaces, and they lack specific enforcement mechanisms, so the impact of this legislation has been limited.

So far, municipalities have taken the lead in enacting smoke-free workplace legislation. Early policies banning smoking in certain categories of public places were enacted in Beijing, before the 2008 Olympic Games, and Shanghai, before the 2010 World Expo. However, these early policies fell short of banning smoking within all indoor workplaces. Additionally, enforcement continues to be a major challenge. However, more recently several cities have enacted more comprehensive smokefree workplace policies that include restaurants and hospitality venues.

For example, ShenZhen's new law, which went into effect March 1, 2014, bans smoking in restaurants and has been vigorously enforced from the start. However, employers and local health offices lack capacity for providing cessation assistance, thus limiting the potential impact of these legislative measures. This effort is to design a locally-deployable force to be dispatched to geographically feasible companies to advocate for smoke-free workplaces as well as provide options for smoking cessation services.

Objectives:

1. Raise awareness of the health effects of smoking and secondhand smoking and the critical role that health professionals play with tobacco control efforts in China.
2. Recruit and train physicians in hospitals or community health centers on cessation services, and tobacco dependence treatment that is feasible within their communities.
3. Build and expand a network of trained physicians, and companies which are interested in promoting smoke free workplaces, and provide a point of contact for companies to provide services including seeking cessation assistance for their employees to quit smoking.

Technical Approach

The CUSW team will work with local health officials in Beijing, Shanghai, and Shenzhen to conduct a series of training workshops for local physicians and health professionals.

Physicians and health professionals will receive training to:

- Advocate for SF workplaces (the health and economic benefits of smokefree workplaces, etc) and how to engage company leaders in developing employee health programs
- Provide training to company employees on the harms of tobacco use to smokers and their families and the hazards of workplace smoke exposure. This is a train-the-trainer model, where CUSW trains physicians to go out and deliver training in companies.
- Provide tobacco dependence counseling and treatment services.

Current Assessment of need in target area

Smoking and exposure to secondhand smoke in the workplace presents a major public health challenge in China. Over 60% of nonsmoking adults are regularly exposed to secondhand smoke in the workplace. According to the data from the International Tobacco Control Policy Evaluation Project, more than 90% of smokers and former smokers surveyed in China reported observing smoking in restaurants and bars, far more than in any of the other 15 countries surveyed. Additionally, adults reported observing others smoking in health care facilities (38%) and in government buildings (58%), despite efforts to restrict smoking in these areas. Social norms in China are also more favorable toward smoking compared with other high- and middle-income countries. Giving premium cigarettes as a gift to a boss, business colleague or client is a common practice, and refusing to accept an offer of a cigarette from a business associate may be seen as impolite. In our workshops, many participants expressed concerns about how to deal with the role of smoking as a shared behavior in the workplace.

Health professionals play a critical role in promoting smoking cessation, and to engage physicians more actively in the smoking cessation effort is very important. However, health professionals in China have limited experience with tobacco control and cessation. 41% of male Chinese doctors are smokers, and health professionals lack training on the health effects of tobacco use and methods for treating tobacco cessation. According to a survey conducted by China CDC in 2004, only 7.1% percent of 3,650 doctors surveyed have knowledge of methods for treating tobacco dependence. More than 97% had never used medications to treat tobacco dependence. More than half of them have never heard of the drugs used for tobacco dependence. A study of community healthcare providers in Beijing similarly found that over three-quarters of respondents reported that they lacked knowledge about tobacco cessation but would like to receive such training.

To date, CUSW has recruited over 285 member companies and covers about 500,000 employees in China. 60% of member companies have more than 200 employees. Among them, there are 105 companies in Beijing area, 32 in Shanghai area, 25 in Guangdong province (Shenzhen city is located in Guangdong province), and 35 in Shandong Province, respectively. Recruited US and Chinese companies represented a span of industry sectors, including: IT, the food and beverage industry, telecom, hospitality, media, health, law firms, consultants, the pharmaceutical and medical devices industry, and clothing manufacturers. About half of CUSW member companies currently have a policy in place that prohibits smoking in all indoor areas. CUSW has organized a series of workshops and other materials to support companies implementing smokefree policies. A handbook and accompanying toolkit provide information on the benefits of smokefree workplaces, guidance on how to develop and implement a smokefree policy, and methods for evaluating the policy. The toolkit includes sample signs and announcements, questionnaires for employees, and links to local cessation resources.

CUSW offered a series of one-day training workshops called *CUSW Training and Business Experience Sharing Workshop* in Beijing, Shenzhen, and Qingdao in March and April, 2014. Additionally, previous workshops were held in 2013 in Shanghai. These workshops were targeted at company representatives who are in charge of employee health and welfare and are looking for practical assistance to make their company smokefree. Workshops were open to CUSW member companies and local public health professionals as well. The workshops provided presentations on 1) the health effects of smoking and secondhand smoke exposure; 2) step-by-step instructions to establish and maintain a smokefree workplace; and 3) case studies from companies that have successfully implemented smokefree workplace policies. The sessions were designed to be interactive and to promote discussion. For example, while participants may already be familiar with basic information about the health effects of smoking, these sessions were designed to give them experience discussing the issues themselves so that they could effectively advocate for the benefits of smokefree workplaces within their companies. Training sessions have also either been held at a company location or involved a site visit to a participating company to learn about their smokefree efforts. Experience sharing is an important component of these workshops, and past workshops have included presentations from companies including Johnson and Johnson, Anshan Steel Company, Sohu, Grandma's Kitchen, Dow Chemical Company, Tsingdao Brewery, and others.

Through these workshops and other contacts with companies, we also conducted a needs assessment to identify what additional support or assistance is needed.

- During March and April 2014, a survey was conducted at three training workshop to better understand CUSW companies' current situation and needs. 37 out of 40 participants completed and submitted the survey (92.5% response rate). Information collected from the survey included:
 - 40.5% of company representatives who completed the survey have smokefree policy that covered all indoor area of workplaces. 24.3% of them have smokefree policy that covered indoor and outdoor area of workplaces. 35.1% of them have smokefree policy that covered partial indoor area of workplace.
 - 97.3% of company representatives agree that company should provide assistance to help employee to quit smoking.
 - 54.0% answered "yes" to an interest in health consultation.
 - 40.5% answered "yes" to an interest in cessation services, such as a telephone, group consultation, or other form of support.
- We also conducted site visits to CUSW member companies in Beijing, Qingdao and Shenzhen to gather more in depth information about companies' experience with their smokefree workplace programs and their technical assistance needs. The most common request from companies that we met with was for assistance in helping employees to quit smoking. While many CUSW member companies have already implemented workplace smoking restrictions and provided information about the health effects of smoking to their employees, they are unsure what to do beyond this to help employees to quit. While a handful of large multi-national companies within the CUSW membership have a medical director and extensive employee health programs, including support for tobacco cessation, the majority of companies lack experience and capacity in this area.

Early policies banning smoking in certain categories of public places were enacted in Beijing before the 2008 Olympic Games. Recently, Beijing is working on amend the city-wide smoke-free legislation to include more public places and indoor workplaces. In Shanghai, the current public smoking policy was passed on 2009 and bans smoking in indoor area of public places. In Shenzhen, the current public smoking policy was passed on 2013 and bans smoking in all indoor area of public places and work places.

Intervention Design and Methods:

The project is to build an infrastructure, starting with 3 cities (Beijing, Shanghai and Shenzhen), of physicians to be readily deployed to companies committed to implementing smokefree workplaces for their employees. These physicians will be able to act as local consultants for all tobacco cessation-related technical assistance to companies, conduct training for employees, and provide cessation counseling and advice. This project will support initial training and company visits but eventually companies will pay for ongoing cessation services.

By building the mechanism to connect trained physicians with companies, we hope to initiate a network that includes CUSW companies, local health providers, and cessation experts to promote employees' and their families' health.

The intervention includes:

- Local coordinators recruit 30 physicians or health professionals from each city. The CUSW team and invited experts will provide a one day training workshop in advocating for smokefree workplaces, including company image, behavioral and pharmacological interventions known to promote smoking cessation, as well as providing information about other cessation tools and resources, such as quitlines and text messaging applications.
- Provide a list of trained physicians to companies that are interested in offering cessation services to their employees, encouraging and helping companies to do so in conjunction with other CUSW activities. Each trained physician should at least provide cessation services to one CUSW company to gain some work experience.
- Local coordinators and cessation clinic experts follow up with trained physicians on company visits, and provide support to them.
- Build a network for trained physicians and CUSW companies to share experience.

Physicians and health professionals will receive training to:

- Advocate for smokefree workplaces (the health and economic benefits of smokefree workplaces, etc) and how to engage company leaders in developing employee health programs
- Provide training to company employees on the harms of tobacco use to smokers and their families and the hazards of workplace smoke exposure. This is a train-the-trainer model, where CUSW trains physicians to go out and deliver training in companies.
- Building the capacity of health professionals to better identify, assess and manage clients with nicotine addiction
- Treating tobacco dependence
- Referral pathways to access treatment and support services
- Tobacco treatment resources available in the local area: Quitline, SMS text message cessation program, etc.

This series of training workshops will provided by:

- Experienced tobacco control experts from the Tobacco Control Office, China Center of Disease Prevention and Control
- Health education professionals from the city-level CDC, who work closely on local tobacco control efforts
- Cessation specialists from local cessation clinics who have rich experience in providing tobacco dependence treatment to patients can serve as mentors for trainees. They can also be the doctor which trainees can refer their patients to.

The trainees can be recruited via such vendors:

- Health professionals from medical or health-related units or departments of CUSW companies;
- Physicians from the community health services centers which are located close to CUSW companies;
- Health professionals from community level health facilities (such as the Chronic Disease Prevention and Treatment Center).
- Physicians from hospitals which are located close to CUSW companies;

Here is a sample agenda for the training:

Time	Topic	Presenter(s)
9:00 – 9:20	Welcome and Remarks	HHS and NHFPC
9:30 – 10:00	National and City-wide Tobacco Epidemic The Health Consequences of Active and Passive Smoking	China CDC
10:10 – 10:45	National and local Tobacco Control Efforts Efforts on Advocating Smokefree Workplace	China CDC Local CDC
10:45–11:00	Break	
11:00 – 11:50	Tobacco Control Program in Workplace: Development, Implementation and Evaluation	China CDC
11:50 – 13:30	Lunch	
13:30 – 14:30	Treating Tobacco Dependence	Cessation experts
14:30 – 14:45	Break	
14:40 – 15:10	Case Exercise	Cessation experts
15:10 – 16:00	Experience Sharing and Discussion	Representatives from CUSW company

At the end of this training participants will be able to:

- Describe the impact that tobacco use and the tobacco industry has on society including environmental/cultural factors and economic impact
- Describe the individual impact that tobacco use has on individual health and addiction, co-morbidities and special populations
- Assess critical factors used in the development of a tobacco treatment plan including motivation and dependence
- Examine how to implement components of a comprehensive, evidence-based tobacco dependence treatment intervention including behavioral skills, social support, and pharmacotherapy including principles of community outreach and cultural sensitivity

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- Practice and demonstrate the skills needed to conduct an assessment, engage in brief smoking cessation intervention and group counseling

Evaluation Design:

Assessment of the program impact in addressing the practice gap will draw on several sources of data. First, descriptive data will be used to assess the implementation of the program, including the number of health professionals recruited and participating in the training sessions, the number of participants that complete the program, and the number of interactions they have with CUSW member companies (site visits, training courses offered, etc). Second, we will interview the local health agency partners to better understand any challenges they faced (such as in recruitment or interactions with companies) and how they were addressed.

Additionally, a baseline and end-point survey will be conducted among the trainees to evaluate the knowledge and skills gained from the intervention. The outcomes evaluation will include: 1) change in the overall knowledge and attitude among health professionals on health effects of smoking and the role of health professionals on tobacco control efforts; 2) change in the number of physicians trained in tobacco dependence treatment in selected health facilities that are available to conduct cessation services and consultation for corporations. There is no separate control group included in the design, but the before and after comparison will provide a baseline to assess change.

To disseminate the experience and outcomes from this program, we plan to utilize the Global Bridges website globalbridges.org as such:

Resources Section: In the Resources section, we will post powerpoint presentations and agendas from our training workshops, post the updated CUSW smokefree training manual, and also create case-study reports with successful examples of smokefree businesses. Materials will be in Mandarin and open to anyone who is interested in using them. CUSW is also partnering with corporate members to create a video of CEOs talking about the benefits of smokefree workplaces which can be added to the site.

Events and Community: We will use the Community section of the website to invite discussions around smokefree workplaces and encourage companies to share experiences and tips with each other. This forum can be a great adjunct to the in-person workshops.

Detailed Workplan and Deliverables Schedule (see next page)

	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	
I. Preparation																									
1. Collaborate with coordinators from each city to identify community health centers and hospitals																									
2. Contact with CUSW member companies which have the needs and interests to join this project																									
3. Recruit physicians and health professionals for the training workshops																									
4. Prepare for the training workshop																									
II. Implementation																									
1. Hold training workshops for health professionals in 3 cities																									
2. Baseline survey to physicians and health professionals																									
2. Partner trained physicians with local CUSW companies																									
3. Trained physicians work with companies on helping smokers to quit																									
III. Closing																									
1. Experience sharing sessions for trainer, trained, and CUSW company representatives																									
2. End point survey to physicians and health professionals																									
3. Summary and writing report																									