

worksite  
wellness  
council  
*of Rhode Island*



## WORKSITE TOBACCO CONTROL INITIATIVE

GRANT REPORT JULY 2001 - JUNE 2002

by

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## EXECUTIVE SUMMARY

This report describes the progress made by thirty-five Rhode Island employers toward reaching the goals and objectives set by the Worksite Wellness Council of Rhode Island (WWCRI)'s Worksite Tobacco Control Initiative for the grant year July 2001 to June 2002. The following are highlights of the progress made by these employers, representing 15,520 employees, toward achieving smokefree workplaces:

- One employer improved its policy such that there is no smoking on the premises thereby affecting 900 employees.
- Four employers banned smoking in all buildings and established designated external smoking areas (829 employees).
- Two employers improved their smoking policy by further restricting designated external smoking areas (2,525 employees).
- In addition, two employers are actively working on improving their policies to place further restrictions which may affect 335 employees.
- Among these thirty-five organizations, there was a 52% increase in smoking-cessation programs.

In addition, the WWCRI Tobacco Consultant continued to have contact with many of the eighty-five employers visited during the project's initial grant period. The focus of these meetings was to continue to improve worksite tobacco control. These ongoing relationships are a clear indication that the WWCRI is becoming known as a useful resource for assisting employers with their smokefree efforts. The following are observations on activities of the eighty-five employers that were initially contacted:

- Forty-seven percent (40) of these employers remained engaged in worksite tobacco control activity in the grant year 2001-2002.
- One employer improved its smoking policy by further restricting designated external smoking areas affecting 1,100 employees.
- Eight employers are at different stages working to improve their smoking policy to include further restrictions which may potentially affect 9,085 employees.
- Overall, the WWCRI Tobacco Control Consultant had contact with seventy-five employers during the 2001-2002 grant year, with eight companies improving their smoking policies affecting 5,345 working Rhode Islanders.

- Fifteen employers had a total of fifty employees who quit smoking due in part to the company's smoking-cessation activities. According to a recent study by the Centers for Disease Control (CDC), annual smoking-attributable productivity costs per smoker are \$1,760. This results in a potential annual saving of \$88,000 in reduced costs to their employers.
- Fifty-nine employers promoted the 1-800-Try-To-Stop Quitline at their worksites reaching 44,000 employees.
- Since the WWCRI Worksite Tobacco Initiative started in May 2000, 11,875 working Rhode Islanders have eliminated or reduced exposure to secondhand smoke. Also of importance, ten employers are working on improving their smoking policy which may potentially affect an additional 9,420 working Rhode Islanders. In addition, 92 employees have quit smoking due in part to employer-initiated smoking-cessation activities, which provide a potential annual savings to their employers of \$161,920 according to the CDC study.

## BACKGROUND

During the time period July 2001 – June 2002, the Worksite Wellness Council of Rhode Island (WWCRI), an organization established to facilitate health promotion initiatives in worksites statewide, continued to coordinate a Worksite Tobacco Control Initiative. Funding was provided by the Rhode Island Department of Health's Tobacco Control Program. The purpose of this initiative continues to be assisting employers in achieving smokefree workplaces. The WWCRI Tobacco Control Consultant concentrated efforts on making calls to employers who were interested in addressing both tobacco control and overall worksite wellness. During the period July 2001 – June 2002, the Consultant visited thirty-five additional employers, as well as many of the eighty-five who were seen in the previous project year. Referrals for these first-time sites came from a wide variety of sources (see table below).

Sources of Referrals for Sites First Visited during this Project Year

SOURCE OF REFERRAL	NO. OF REFERRALS
BC/BS's Good Health Benefit	6
WWCRI Membership	4
WWCRI Mailing	3
R.I. Dept. of Health's Tobacco Program	3
Tobacco Consultant's Contacts	3
R.I. Builders Assoc./Beacon Mutual	3
Dr. Nolan's "Well State" Letter	2
Intl. Personnel Managers Association	2
Chamber's Business Expo.	2
American Lung Association	1
American Cancer Society	1
Greater Prov. Chamber of Commerce	1
Occupational Nurses' Association	1
R.I. Manufacturers Association	1
United Health	1
R.I. Dept. of Health's Wellness Check	1
<b>No. of Referrals:</b>	<b>35</b>

No. of Sources= 16

The activities over the last two years have resulted in the formation of a network that has provided employers with:

- Assistance in improving worksite smoking policies,
- Information on smoking-cessation programs, and
- Information on a wide range of health/wellness programs and services.

As a result of this network, the progress highlighted in this report is primarily related to tobacco control with some improvement in other areas of health and wellness. The main focus of the employer visits\* was to collect data on workplace tobacco policies and to provide assistance in the development or improvement of smokefree workplace policies. Also, covered were the implementation and maintenance of smokefree worksites and the coordination of smoking-cessation programs. In many instances, the WWCRI Consultant was responding to specific requests from employers for information or assistance. Follow-up interviews were conducted to determine the status of their tobacco control program.

This report will detail findings from the initial meetings with employers and will compare initial interviews with follow-up interviews. The comments made by employers during the interviews are presented to support the wide range of views on worksite tobacco control.

In addition, the WWCRI Tobacco Consultant worked with 38 of the 85 employers visited during the first year of the worksite tobacco initiative. Many of these employers contacted the WWCRI Consultant based on meeting during the first year and had specific interest in worksite tobacco control. This report also highlights the wellness activity of the 85 employers visited during the first year of the project, which shows that these employers have remained engaged in health and wellness initiatives.

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\* For a list of the employers visited by the tobacco consultant during the last two years, see the APPENDIX.

## FINDINGS FROM THE INITIAL MEETINGS WITH EMPLOYERS

The WWCRI Tobacco Control Consultant completed a data collection form on each of the thirty-five employers contacted. Additionally, comments by the interviewees were recorded. The status of that company's tobacco control program as well as specific health and wellness initiatives were covered. The categories on the data collection form that dealt with worksite tobacco control programs related to smoking policies, smoking-cessation programs, financial support for smoking cessation, and participation in the Great American Smokeout.

### Company Smoking Policy

14% (5) Allow smoking in indoor areas
49% (17) Allow smoking anywhere outdoors
37% (13) Allow smoking in a designated external area

The majority of employers visited have a smokefree building policy. Forty-nine percent allow smoking anywhere outdoors on their property. Thirty-seven percent allow smoking in a designated outdoor area. Some of these employers requested assistance in improving their smoking policies. Others expressed concern with their current policy but were not prepared to address change. In some cases, improving their smoking policy was not a priority.

Fourteen percent of the employers visited still allow smoking in an internal area. Most of these employers realized the negative effects that the smoke was having on the health and well-being of all their employees and they were open to becoming a smokefree worksite. Only one organization was reluctant to modify its policy because of a concern about the reaction of its long-term employees that smoke.

The following comments reflect views on worksite smoking policies from some of the employers visited:

- *"We know we need to address our smoking policy but we are concerned about alienating our long-term employees that are smokers. We have many business issues to deal with – smoking is not our top priority."*
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- *"The company has a high percentage of smokers and we need to change our smoking policy based on a number of complaints from nonsmokers."*
- *"Smoking is a big issue for our company (primarily single women ages 25-35 and some hard-core smokers) along with obesity and drug use. Smokers are taking excess breaks and nonsmoker complaints are increasing. We need to improve our smoking policy and offer programs to support those smokers who would like to quit."*

- *“We are ready to modify our smoking policy and would appreciate any assistance the WWCRI can provide.”*
- *“We need to show our internal policy committee what other similar organizations are doing. Please provide me with sample policies from like organizations.”*
- *“We allow smoking in doorways, which does create an unpleasant entry and exit from our buildings and would consider changing our policy to establish a certain distance.”*
- *“Our president wants to ban smoking completely but HR feels that it must be done in stages. I (the occupational nurse) try to convey the message that banning smoking completely will help the smokers in the long run.”*
- *“We are a small company. As an owner, I would like to have the company go smokefree, however my partner feels another way when it comes to changing our smoking policy. Please help us facilitate this process of going smokefree.”*
- *“There are internal obstacles which impact our company's going smokefree – some managers may sabotage the efforts. This presents a barrier to implementation.”*
- *“We are concerned with safety and the relationship of smoking to work injuries.”*
- *“We have few smokers and good compliance with our smoking policy. The company really has taken smoking very seriously for quite some time. It has paid off.”*

## Smoking-Cessation Programs

17% (6) Offered Smoking-Cessation Programs

The majority of employers visited indicated they have not conducted smoking-cessation programs in quite some time as evidenced by the statistics in this section. Many of the employers offered smoking-cessation programs when they established their smokefree buildings policy and haven't offered any programs since that time. Some are small employers and do not offer worksite health initiatives. The employers interested in changing their smoking policy realize the need to offer smoking-cessation support to their employees that will be impacted by the change.

The following comments on smoking-cessation support the need for programs to be conducted at the companies that have been visited:

*"Fifty percent of our employees smoke – mostly females. The smokers feel it's their right to smoke and the more vocal smokers influence the less vocal smokers. It really is a social activity at our organization."*

*"We are interested in helping employees quit not just for the sake of the employee and the company but for the sake of the employee's family as well."*

*"We wish to offer a full menu of smoking-cessation options for our employees as we implement a more stringent smoking policy. We feel a responsibility to support our employees through this change."*

*"Our company is committed to providing a safe and healthy work environment and we realize the benefits to the company when employees quit smoking. We also realize just how much nonsmokers appreciate our efforts."*

*"We have a high percentage of smokers, many of whom are female. Our concern is for pregnant employees who continue to smoke. We really need to address smoking cessation."*

*"We are a small company and it can even be more crucial if a smoking employee becomes ill. It can affect a high percentage of your workforce. We need help with offering programs."*

*"At our company, we definitely witness different work habits for smokers compared to a nonsmoker as well as a difference in personality and performance. We see a higher rate of injuries among smokers as well. And our real challenge comes from the fact that fifty percent of our employees smoke."*

*"We are interested in offering a variety of smoking-cessation programs to hopefully reach as*

*many smokers as possible."*

*"The company is very concerned about the health and welfare of our employees. The HR department really encourages employees to make wise wellness choices and consistently creates awareness about tobacco use. We hope this helps move smokers along the stages of change."*

*"We have employees ready to quit and want a program that suits our needs."*

*"We have a stressful environment due to the nature of our business coupled with mostly women which equates to high percentage of smokers. We need smoking-cessation programs."*

#### **Financial Support for Participation in Smoking-Cessation Programs**

**14% (5) Offered Financial Support for Smoking-Cessation Programs**

Few of the employers visited provided financial support to employees who participate in smoking-cessation programs. Most of these employers had not addressed worksite tobacco control in quite some time.

#### **Great American Smokeout**

**6% (2) Took part in the Great American Smokeout**

The Great American Smokeout (GASO) provides an opportunity for employers to promote smoking cessation. Apparently, many employers do not take the opportunity to use the GASO as a time to create awareness and encourage employees to quit smoking.

## Health Screenings, Health-Risk Appraisals, and Health-Interest Surveys

60% (21) Offered Health Screenings to Employees  
34% (12) Provided Health-Risk Appraisals  
34% (12) Offered Health-Interest Surveys

Many of the employers that conducted health screenings and health-risk appraisals did so through their healthcare provider or through the efforts of an occupational nurse or an onsite fitness coordinator. The Department of Health's 'Wellness Check' Program also provided health-risk appraisals. Employers that had not conducted a health-risk appraisal were encouraged to do so and were referred to appropriate sources of this service. Those organizations that offered a health-interest survey usually did so in association with a health-risk appraisal.

There was considerable discussion on barriers to conducting health-risk appraisals. Some relevant comments follow:

- *"Challenges exist with conducting an HRA which would identify key areas of concern. Our union does not support HRAs. The key areas we'd like to address are weight management, cardiovascular, diabetes and smoking. It would be good to know if we are on target."*
- *"Anything this organization does for wellness is tied in with safety and the union sometimes presents barriers to implementation. Conducting an HRA would be a challenge."*
- *"HRAs are a concern with our unions. It is a challenge to gain acceptance."*
- *"Getting our employees to buy into HRAs is a problem."*

## Financial Support for Health-Club Membership

29% (10) Offered Financial Support for Health-Club Membership

Some employers provide financial support for health-club membership. Company benefits range from on-site fitness facilities with discounted membership or free access, to memberships or discounts at off-site fitness facilities. One employer was interested in developing an on-site fitness center.

## Ergonomically-Sound Work Stations

80% (28) Provided Ergonomically-Sound Work Stations

The majority of employers visited have addressed ergonomically-sound work stations. For those that had not, they were encouraged to do so.

### Release Time for Health-Promotion Events

**69% (24) Offered Release Time for Health-Promotion Events**

The majority of employers visited provided employees with some opportunity to participate in health promotion activity on company time.

### Employee Assistance Services

**66% (23) Provided EAP Services**

The majority of employers have an Employee Assistance Program. These services vary from: internal programs, outside providers, to referrals through health care providers.

## FOLLOW-UP FINDINGS

Follow-up contact was conducted with each of the 35 employers that were visited throughout the grant year. Five of these employers became members of the WWCRI and one attained a WELCOA Silver Award designation as a "Well Workplace." At many of the worksites, changes occurred in worksite tobacco control between the time of the initial visit and follow-up contact. This is likely due to the WWCRI becoming known as a resource for assisting with worksite tobacco control. Employers interested in addressing tobacco control are also being referred to the Council by a variety of sources.

Information regarding reasons why companies should consider a smokefree policy as well as sample policies were distributed during employer visits. The WWCRI has been successful in establishing itself as a resource for worksite tobacco control. Effective collaboration occurs with:

Rhode Island Department of Health,  
 American Lung Association,  
 American Cancer Society,  
 Blue Cross Blue Shield of Rhode Island's Good Health Benefit,  
 United Healthcare, and  
 Other organizations that provide services to worksites.

**Comparing Initial and Follow-Up Result on Smoking Policy**

POLICY	INITIAL	FOLLOW-UP
Allow Smoking in Buildings	14% (5)	3% (1)
Allow Smoking Anywhere Outdoors	49% (17)	43% (15)
Allow Smoking in Designated External Areas	37% (13)	51% (18)
Smokefree Premises	0% (0)	3% (1)

The follow-up data showed a reduction from five worksites to one that allow smoking in buildings. This difference of four worksites accounts for 820 employees that are no longer exposed to secondhand smoke in buildings at their worksites. These worksites also designated an external smoking area. In addition, one employer representing 900 employees, improved their smoking policy to a smokefree premises policy and two employers representing 2,525 employees improved their smoking policy to include further restrictions on designated external smoking areas.

Not represented in these statistics are two employers representing 335 employees that are actively working on improving their smoking policy. They are planning to include further restrictions that relate to external designated smoking areas as well as enforcing scheduled break times. They plan to implement changes in 2003.

The following employer comments reflect the positive changes which occurred in worksite tobacco control:

- *"We needed assistance in executing enforcement of our smoking policy as well as conducting smoking-cessation programs."*
- *"We are ready to commence discussion on how to go about implementing smoking policy changes and programs to support the employees through the changes."*
- *"We are not sure if any of our employees have quit as a result of our programs but the policy change has had an impact. Smoking has curtailed some. The policy change has made a difference."*
- *"The change in our smoking policy sent a clear message to all our employees that we care about creating a healthier, safer and more pleasant environment."*
- *"Our new smokefree policy was enforced for a while. We backed off and started running into problems. Enforcement is really an issue and a very important piece to the success of the policy."*
- *"We hear positive comments frequently concerning our new smoking policy. Cleanliness, cleaner air and happier employees – we should have done this a long time ago."*

#### Comparing Initial and Follow-Up Result on Smoking-Cessation Programs

INITIAL	FOLLOW-UP
17% (6/35)	69% (24/35)

Due to the combined efforts of the WWCRI, the R.I. Department of Health's tobacco media campaign, health care providers, and advocacy organizations, there is a significant change in the number of smoking-cessation programs (an increase of 52%) that are now being conducted. The employers that conducted on-site smoking-cessation programs utilized: the American Lung Association, Blue Cross Blue Shield of Rhode Island's Good Health Benefit, or an in-house facilitator. The remainder of employers presented one or some of the following:

- single session presentations on smoking cessation;
- promotion of the 1-800-Try-To-Stop smoking quitline;
- distribution of self-help smoking-cessation materials;
- health fairs with a focus on smoking cessation;
- participation in the Great American Smokeout; or
- the provision of individual smoking-cessation counseling.

Eight employers (representing 4,100 employees) attended the Business Expo 2002 Tobacco Control Seminar. This session introduced the 1-800-Try-To-Stop Smoking Quitline. Twelve additional employers representing 4,200 employees promoted the quitline. In total, 8,300 working Rhode Islanders were made aware of the 1-800-Try-To-Stop Smoking Quitline.

The follow-up interviews indicated that a total of 26 employees from five companies quit smoking due in part to employer-initiated, smoking-cessation programs. A detailed view of these results can be found in the following table:

Company	No. of Employees	No. that Quit Smoking	% that Quit Smoking	Factors that Contributed to the Quitting
A	134	12	9.0%	Readiness, supportive of each other, management support
B	141	5	3.5%	Top management support
C	250	4	1.6%	Readiness & employee interest, supportive environment
D	145	3	2.1%	Supportive environment & culture that supports smoking cessation
E	45	2	4.4%	Smoking policy change

Some employers conducted smoking-cessation programs but did not have knowledge of whether or not employees quit. It should also be noted that there is no data as of yet to show if any employees quit smoking due to accessing 1-800-Try-To-Stop.

Some comments from organizations that offered smoking-cessation programs are:

- *“We are pleased to offer the 1-800-Try-To-Stop Quit Smoking Quitline Program.”*
- *“We appreciated the opportunity to learn more about smoking-cessation options.”*
- *“Thank you for leading us to resources for smoking cessation. We are a small company and do not have the time to research these things.”*

### Financial Support

Five additional employers provided financial support for participation in smoking-cessation programs. These employers established financial incentives to encourage employees to participate in smoking-cessation programs and in some cases provided further support for those who quit smoking, and who remained smokefree.

## Great American Smokeout

Three additional employers participated in the Great American Smokeout due in part to the WWCRI's promotion of the GASO in association with the American Cancer Society.

## Health-Risk Appraisals and Health Screenings-

One additional employer conducted a health-risk appraisal. It is likely that there will be more. And two additional employers conducted health screenings.

Relevant comments:

- *"We have reconsidered conducting an HRA – please contact us about the Wellness Check."*
- *"We attended Wellness University and are interested in conducting a health-risk appraisal."*

## FOLLOW-UP WITH THE INITIAL EIGHTY-FIVE EMPLOYERS

During the grant year July 2001 to June 2002, the WWCRI Tobacco Consultant had direct contact with 45% of the 85 employers visited during the first year of the initiative. These 38 employers remained engaged in worksite-wellness programs during this grant year. Highlights are in the table below.

### Ongoing Activities of the Initial Eighty-Five Employers

ACTIVITY	NUMBER OF EMPLOYERS
Smoking Policy Improvement: Further restrictions for designated external area      Actively working on improving the smoking policy	1a 8b
Provided smoking-cessation programs	38
Provided financial support for smoking cessation	12
Took part in the Great American Smokeout	10
Provided health-risk appraisals	15
Provided health screening	35
Provided health-interest surveys	11
Attended Business Expo's Tobacco Seminar	18
Attended Wellness University	7
Became a member of WWCRI	5

aThis affected 1,100 employees.

bThis may potentially affect 9,075 employees.

These thirty-eight employers representing 36,000 employees also promoted the 1-800-Try-To-Stop as a smoking-cessation option. In addition, ten companies had a total of 24 employees quit smoking in part due to employer-initiated smoking-cessation programs. Two other employers provided rebates to 22 employees for smoking-cessation participation which may have resulted in more individuals quitting smoking.

The Worksite Tobacco Control Initiative has enhanced the Council's ability to reach out to its members and the business community in general. And, it has established a network of employers interested in improving worksite-tobacco control.

These are some of the many comments by employers in the network:

- *"The company needs to make a decision to create a safe and healthy environment and this includes becoming a smokefree environment."*
- *"It would be great to become a smokefree premises but this isn't realistic. The next best thing is to modify the smoking policy to include further restrictions on designated outside-smoking areas."*
- *"From a safety standpoint, the company wants to make a change in our smoking policy."*
- *"The HR staff needs assistance to convince top management that the smoking policy needs attention."*
- *"Our plan is to modify our smoking policy in 2003 and we will definitely enlist the support of the WWCRI when the time comes to plan our strategy."*
- *"We will be improving our smoking policy in 2003 to include further restrictions."*
- *"We will call on the WWCRI in late 2002 to discuss changing our smoking policy."*
- *"We have new management and I feel confident that a new smoking policy will be addressed in early 2003."*
- *"We are looking to recommend changes to our smoking policy to be effective in 2003. We want the WWCRI to be an integral part of this process."*
- *"We have a high percentage of female smokers. We will need assistance in coordinating worksite smoking-cessation programs in 2003."*
- *"We have had a smokefree premises for many years and it still presents challenges. We must stay focused for it to remain effective."*
- *"Our non-smokers are much happier and smokers are smoking less since we changed our smoking policy. Thank you for assisting us with this initiative."*
- *"We initially contacted the Department of Health to request assistance in changing our*

*smoking policy. They referred us to the WWCRI. The information you provided walked us through the process of becoming smokefree. Thank you for following through. It took us a year but we did it and all our employees will benefit."*

- *"It is because of the WWCRI and the promptness in which you responded to our requests for information that our company went smokefree."*

## ESTIMATES of COST SAVINGS

A recent report issued by the CDC sums up the cost of smoking to employers.\* It states that the nationwide smoking-attributable productivity costs during the time period 1995 to 1999 was more than \$81 billion annually. The annual productivity costs per smoker totaled \$1,760. For workers affected by the WWCRI Worksite Tobacco Control Initiative, 50 quit smoking during the grant year of 2001-2002. This has a direct impact on the cost of doing business and results in potential annual savings of \$88,000 for their employers.

Also, the report states the nationwide smoking-attributable medical expenditures for the year 1999 at more than \$75 billion with a cost of \$1,623 per smoker. Combined with the smoking-attributable productivity costs, the CDC reports a total economic loss of \$3,383 per smoker annually.

According to the CDC, the factors associated with smoking that contribute to increased costs for employers include:

- Absenteeism,
- Health insurance and life insurance costs and claims,
- Workers' Compensation payments and occupational health awards,
- Accidents and fires (plus related insurance costs),
- Property damage (plus related insurance costs),
- Smoke pollution (i.e., increased cleaning and maintenance costs),
- Illness and discomfort among nonsmokers exposed to secondhand smoke,
- Recruiting and retraining employees when employees die or are disabled due to smoking,
- Liability costs associated with exposure to secondhand smoke,
- Morale and image, and
- Penalties associated with noncompliance for community/state ordinances.

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\*Source: Employers' Smoking-Cessation Guide - Practical Approaches to a Costly Workplace Problem - PACT 2002.

## SUMMARY AND CONCLUSIONS

The attitudes of employers toward smoking have a significant impact on the effectiveness of smoking policies and the likelihood of employees quitting smoking. The WWCRI Tobacco Consultant has worked with employers to encourage them to view establishing an effective smoking policy as a major business objective.

Enforced smokefree policies appear to have the greatest positive health impact. It offers the best protection from secondhand smoke and smoking at worksites, as well as lower costs overall for the employer. Many of the employers visited expressed concern over what smoking employees are costing them. Some cost factors that were mentioned included work injuries, poor performance, low attendance, excessive breaks, and lost productivity. Yet, some employers are still reluctant to consider further restrictions or enforcement of their smoking policies. In spite of this, the WWCRI is experiencing success with improving tobacco control in Rhode Island worksites. It should be noted that in many cases it takes time for employers to move through the process of improving their smoking policy.

Several employers conducted smoking-cessation campaigns, health fairs, and other events with a focus on smoking-cessation. Although some companies did document employees quitting smoking, there were some that did not have a mechanism in place to measure outcomes. Therefore, it is quite likely many more working Rhode Islanders quit due to employer initiated smoking-cessation programs.

It appears that more and more employers are seeking out the WWCRI for their worksite tobacco control needs. In addition, many different sources refer employers interested in tobacco control to the Council as well. The American Cancer Society and the Rhode Island Public Health Association recognized the Worksite Tobacco Control Initiative with outstanding program awards. The WWCRI was also the recipient of a professional trade show display through its partnership with the Rhode Island Department of Health's Tobacco Control Program.

Collaboration between the Worksite Tobacco Control Initiative and many organizations has contributed to the project's success. Notable among these are: American Lung Association, the American Cancer Society, the Department of Health, Blue Cross Blue Shield of Rhode Island's Good Health Benefit, and United Health Care.

## APPENDIX

### EMPLOYERS VISITED BY THE TOBACCO CONSULTANT

AAA Southern New England  
Adesa Impact  
A & H Manufacturing Co.  
AIPSO  
Amaral Levite Corp.  
American Cancer Society  
American Insulated Wire Corp.  
American Mathematical Society  
Amgen  
Amica Mutual Insurance Company  
Anteon Corp.  
A T Cross Company  
ARC of Northern Rhode Island  
Arkwright Inc.  
Autocrat Coffee & Extracts  
B.A. Ballou Company, Inc.  
Beacon Mutual Insurance Company  
Blue Cross Blue Shield of Rhode Island  
Bradford Dyeing Association, Inc.  
Brown & Sharpe, Inc.  
Brown University  
Carbon Technology  
Care New England  
CCL Custom Manufacturing, Inc.  
Cedar Crest Nursing Centre, Inc.  
City of Newport  
Clariant Corporation  
Collette Vacations  
Community College of Rhode Island  
Cooley, Inc.  
CVS  
Dexter Credit Union  
EDS  
Eleanor Slater Hospital  
Equity Title & Closing Services, Inc.  
ETCO Engineered Products  
Excell Manufacturing Co.  
Fidelity Investments  
Fleet Boston Financial  
Frank Simonelli Construction  
G Tech  
Gateway Healthcare, Inc.  
General Dynamics-Electric Boat Corp.  
Gifford Masonry, Inc.  
Greater Providence Chamber of Commerce  
Green Plastics  
Harmony Hill School  
Hasbro, Inc.  
Herrick & White, LTD.  
Honeywell Sensors and Controls  
Hope Global  
Hurd Automotive  
Ikon Office Solutions  
J. Arthur Trudeau Memorial Center  
Jewish Community Center of RI  
Kenney Manufacturing  
Kent County Mental Health Center  
Lavigne Manufacturing  
Lee's Manufacturing Co.  
Leviton Manufacturing Company, Inc.  
Lighthouse Medical Management, Inc.  
Log On America, Inc.  
Management Realty Services, Inc.  
Meeting Street Center for Adults  
Memorial Hospital of RI  
Metropolitan Life Insurance Company  
Microfibres, Inc.  
Miriam Hospital  
Modine Manufacturing  
Narragansett Bay Commission  
New England Institute of Technology  
Newport Hospital  
Noranda Sampling, Inc.  
Nulco Lighting  
Occupational Health and Rehabilitation  
Parkinson Machinery and Manufacturing Corp.  
Partridge, Snow, & Hahn  
Perkin Elmer Centurion Mechanical Seals  
Pet Food Experts  
PM Industries, Inc.  
Polytop Corp.  
PSC Philip Services  
Providence Center  
Providence College  
Providence Metalizing  
Raytheon Electronic Systems  
Rhode Island Army National Guard  
Rhode Island College  
RI Department of Children, Youth & Families  
RI Department of Elem. & Secondary Education

RI Department of Health  
RI Economic Development Corp.  
RI Housing, Mortgage and Finance Corporation  
RI Medical Imaging  
RI Temps  
Roger Williams Hospital  
Salve Regina University  
South County Hospital  
St. Gobain Performance Plastics  
St. Joseph Health Services  
St. Mary's Academy Bay View  
Swissline Precision Mfg., Inc.  
Taco, Inc.  
The Slater Companies  
Toray Plastics (America), Inc.

Tower Manufacturing Company  
Tru-Kay Manufacturing Company  
Union Wadding Company  
United Healthcare  
United States Naval War College  
United States Navy  
University of Rhode Island  
Verizon  
Visiting Nurse Svcs. of Newport & Bristol Counties  
Walco Electric Company  
Wardwell Braiding Machine Company  
Waterline Systems  
Women and Infants Hospital  
Women's Center of RI  
YMCA of Pawtucket, Inc.