

**MAKE  
IT YOUR  
BUSINESS:**

**Insure a tobacco-free workforce**

# **EMPLOYER'S TOOLKIT**

Washington Health Foundation  
**HEALTHIEST STATE IN  
THE NATION CAMPAIGN**  
[www.HealthiestState.org](http://www.HealthiestState.org)





Businesses like yours, particularly in staggering economic times, scrutinize every expense. Studies show that helping smokers quit is the most cost-effective preventive service you can provide employees. Why not make the investment? This toolkit explains how ‘Making It Your Business’ can lead to a healthy, productive workforce that can produce bottom-line results.

Nearly 2 million Americans have died from smoking since the first version of this toolkit was published four and a half years ago. Most wanted to quit and never received the kind of support that could have helped them break their gripping addiction. Meanwhile, millions more live with tobacco-related disease and yearn for a way to quit.

Even with evidence-based tools, quitting isn’t easy. But new developments can motivate smokers and ease the quitting journey:

- Nearly half of all states now prohibit workplace smoking
- Smokers who want to quit can call a toll-free number, 1-800-QUIT NOW, and speak to a quitting coach in their state
- The Food and Drug Administration approved a new stop-smoking medication, Varenicline (Chantix™), adding one more avenue to help smokers quit
- Medicare and a growing number of commercial and Medicaid plans now provide some smoking-cessation treatment coverage
- Employers are finding that incentives tied to effective stop-smoking treatments can entice smokers to try to quit
- Web-based stop-smoking strategies, tailored to individuals, offer promise for helping smokers quit when linked with proven methods

We are seeing progress:

- Nearly three-quarters of all smokers want to quit (2008), compared with 63% between 2000 and 2005, according to Gallup’s Annual Consumption Habits Survey
- Our country tallies more ex-smokers than smokers
- There is an “erosion in (U.S.) cigarette consumption,” according to the 2007 Annual Report of Altria, which owns the largest cigarette company in the country

For you, ‘erosion in consumption’ can mean improved workforce health. But tobacco companies aim to keep customers hooked: Altria and RJ Reynolds, the nation’s largest tobacco companies, are expanding into cigars and smokeless tobacco. With new products and marketing opportunities, Altria’s 2008 Annual Report promises shareholders “an acceleration in the pace of innovation.”

Employers, wanting a healthy, productive workforce and affordable health care, are doing some innovation of their own. Read their stories as you consider what you can do to

improve employee health by addressing tobacco:

- **Cover It!** makes the case for providing stop-smoking benefits or services and informs you about what help is most effective.
- **Promote It!** suggests ways you can encourage employees to use the services you provide.
- **Support It!** urges you to adopt workplace policies that will bolster employee decisions to become and remain tobacco-free. The toolkit also provides you with
- **Resources**, including posters, sample surveys, newsletter articles, and tobacco-free policies.

Organizations will use different approaches to eliminate workplace tobacco use. McCain Foods in Othello, Washington, used the intent to become tobacco-free as a springboard for employee cessation assistance. At Boeing, a robust tobacco-cessation program helped the company forge a tobacco-free campus policy. Companies that have successfully become tobacco-free have set organizational goals, worked with partners within their organization, evaluated their efforts, and honed strategies to achieve their goals. The best approaches for your organization are the ones that will get you where you want to be. Use these tools—and other efforts in your community—accordingly.

Thanks to the fabulous leaders in business, labor, insurance, public health, research and health policy whose work forms the foundation of the Make It Your Business Toolkit. Thanks to the organizations who support this work: The Washington Health Foundation's Healthiest State in the Nation Campaign, Washington Quits!, the Robert Wood Johnson Foundation and its program office, the Smoking Cessation Leadership Center. Your assistance has propelled an Oregon project into a national campaign. Thank you. Finally, thanks to businesses and labor trusts from the tip of Maine to the isles of Hawai'i who 'make it their business' and help tobacco users quit.

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# Cover It!

Any smoker will tell you, it's hard to quit. Three-quarters of all smokers want to quit.<sup>1</sup> Nearly half try every year—and fail.<sup>2</sup> They are two to three times more likely to succeed when they get help than when they don't.<sup>3</sup> Yet many businesses and insurers do not provide help that could significantly improve smokers' chances of success.

Businesses like yours, particularly when facing skyrocketing health care costs, need to carefully weigh changes in benefits or services. In making such decisions, consider why helping smokers quit is an investment in a healthy and productive workforce that can produce bottom-line results.

## 10 reasons to help people quit tobacco

- 1.** Health care costs for smokers at any given age are as much as 40 percent higher than those for nonsmokers.<sup>4</sup>
- 2.** Employees who take four 10-minute smoking breaks a day work one month less per year than workers who don't take smoking breaks.<sup>5</sup>
- 3.** On average, smokers cost company drug plans twice as much as nonsmokers.<sup>6</sup>
- 4.** Smokers are absent from work for sickness at least 26 percent more than nonsmokers.<sup>7</sup>
- 5.** Helping adult smokers quit is the most cost-effective preventive service that can be provided to employees.<sup>8</sup> Tobacco-cessation benefits pay for themselves and can save employers money in two to four years.<sup>9, 10</sup>
- 6.** Businesses pay higher life insurance premiums for smokers. Smokers are subject to more disciplinary actions and are at greater risk of occupational injuries. By creating a smoke-free workplace, a business not only can support workers in quitting tobacco, but may reduce fire insurance premiums as much as 30 percent.<sup>11</sup>
- 7.** Smoking harms nearly every organ of the body, placing smokers at greater risk for many chronic diseases, including asthma, cancer, heart disease, diabetes, and chronic obstructive pulmonary disease.<sup>12, 13</sup>
- 8.** Smoking during pregnancy is the most important preventable cause of poor pregnancy outcomes, resulting in low birth weight, perinatal mortality, and sudden infant death syndrome. Medical costs of complicated birth are 66 percent higher for pregnant smokers than for pregnant nonsmokers.<sup>14</sup>
- 9.** Children exposed to tobacco smoke are at increased risk of respiratory illnesses, middle-ear infections, and decreased lung function. Health care costs for a privately insured child of a smoker average \$174 more per year than the child of a nonsmoker.<sup>15</sup> Employers often pay these costs and for the reduced productivity, as parents care for sick children.
- 10.** Smoking is the leading preventable cause of premature death and disability in the United States, killing about 440,000 people every year.<sup>16, 17</sup> For every person killed by tobacco use, another 20 live with tobacco-related disease.<sup>18</sup>

## How much does tobacco cost you?

It costs pennies on the premium dollar to help smokers quit—far less than the cost of tobacco-related disease. An effective cessation benefit, including counseling and medications, costs less than 50 cents per member per month—\$6 per year, according to estimates by the Milliman, a respected actuarial firm. By comparison, in 2007, annual health insurance premiums for an individual averaged \$4,400.<sup>19, 20</sup>

Smoking significantly increases the risk of heart disease, stroke, pneumonia, low-birth-weight babies and a host of other illnesses. When a person quits, the risks—and expenses—for these conditions diminish. The list below, based on a Milliman actuarial study, estimates the impact on health care costs during the first year a smoker quits. These estimates do not factor in reduced absenteeism, increased productivity, or the compounding of employer savings over time.

| Selected Tobacco-Related Health Conditions | Avoided Costs the Year after a Smoker Quits |
|--|---|
| Coronary Heart Disease & Stroke            | \$153                                       |
| Adult Pneumonia                            | \$3   |
| Low Birth-Weight Babies                    | \$9   |
| Childhood Asthma                           | \$14  |
| Other Childhood Respiratory Conditions     | \$8   |
| Childhood Otitis Media (ear infections)    | \$5   |
| <b>Total Annual</b>                        | <b>\$192</b>                                |

It is impossible to predict whether the employee who quits smoking is the one who would have suffered a heart attack or stroke. However, for the medical cost of that one heart attack--\$33,000 for one year—a company with 5,500 employees and dependents could offer a robust cessation benefit for a year.

If you invest in tobacco-cessation services, you will realize a return-on-investment within a few years. When you consider productivity issues and other indirect expenses, your return will be even quicker.

Calculate the costs of smoking-related diagnoses at your workplace. A worksheet, Resource B, can help you.

Studies show that tobacco use costs more than \$5,600 per smoker per year when you factor in:<sup>21, 22, 23, 24</sup>

- Greater health care costs
- Increased absenteeism
- Work time spent on smoking rituals
- Higher life insurance premiums
- Greater risk of occupational injury
- Costlier disability
- More disciplinary action

### Do the Math

# of employees \_\_\_\_\_

% of smokers or .21<sup>25</sup>  
(average U.S. rate)

Estimated number of smokers \_\_\_\_\_

Cost per smoker: \$5,600

Total cost per year: \_\_\_\_\_

\_\_\_\_\_

x \_\_\_\_\_

\_\_\_\_\_

x5,600

\_\_\_\_\_

## Help employees quit

Since your company already pays for the loss of health and productivity resulting from smoking, why not come out ahead and provide the help employees want and need to kick their addiction?

In 1988, Surgeon General C. Everett Koop declared tobacco use an addiction.<sup>26</sup> Research testifies to the grip of nicotine in tobacco. More addictive than heroin or cocaine, nicotine changes the brain's chemistry and becomes necessary in the life of a tobacco user. Once inhaled, nicotine reaches the brain in seven seconds, affecting thought processes and changing moods.<sup>27</sup> Tobacco users become dependent upon nicotine's effects when they take smoking breaks at work, when they smoke or chew when feeling stressed, or while driving, relaxing or engaging in other activities.

Thus, when people quit tobacco, they not only face the physical challenges of withdrawal, they must also change their daily rituals and stress relievers. Within hours of quitting, they experience cravings, anxiety, frustration, irritability, loss of concentration, increased heart rate, fatigue or light-headedness. Although most of these symptoms disappear within three weeks, the urge to smoke can recur for months and even years.<sup>28</sup>

Extensive research conducted over decades shows that the most effective help includes medications to treat the withdrawal symptoms of quitting, and counseling to help develop new ways to cope with the behavioral and psychological effects.<sup>29</sup> Medicare covers this evidence-based cessation treatment. So does Medicaid in most states.<sup>30</sup> An increasing number of employers and health insurers are making the investment as well.<sup>31</sup>

Companies that have been most successful in curbing worker tobacco use generally make a commitment to becoming tobacco-free and devise strategies and measurements to continually improve how they help employees quit.

### **Chevron tackles top risk factor—tobacco**

Chevron, a California-based oil company with 65,000 employees, won the 1998 C. Everett Koop Award for worksite health promotion for its focus on tobacco-cessation. The company found that it spent about \$4 million per year on tobacco-related illnesses—more than on any other risk factor. Since 1991, Chevron has reduced the number of employees who smoke by more than 43 percent.

Company personnel educated health insurers on how to effectively monitor and treat tobacco use and addiction. They measured how each insurance company provided these services and demanded necessary improvements. Finally, Chevron structured an internal program with the kinds of counseling and medications proven to be most effective.

## Review the health benefits or services you provide

Do you know what your company offers to help tobacco users quit? Find out if you provide evidence-based cessation benefits or services: counseling and medications. Design a benefit that encourages smokers to take the tough road to quitting.

# Include assistance that effectively helps people quit smoking

## Counseling/Coaching<sup>32</sup>

Expert counseling or coaching increases quitting success.

- Person-to-person counseling—individual, by telephone, or in groups—is the most effective.
- Smokers are more likely to use telephone counseling than participate in individual or group counseling sessions.
- The effectiveness of counseling increases with more or longer sessions.

A national Tobacco Quit Line phone number, 1-800-QUIT NOW, transfers smokers to telephone based support in their home state. Services vary depending upon state funding. A quit line may offer quit information, a quit coach who provides direct telephone support, nicotine replacement therapy, local resources, and services in various languages. An employer or insurance company may be able to contract directly with the vendor for more intensive treatments, including company-specific reports. To learn what your state quit line offers, visit [http://www.naquitline.org/flash/map\\_world/map\\_world.html](http://www.naquitline.org/flash/map_world/map_world.html)

Services that provide only educational or self-help materials, including those on the web, have not been shown to be effective. However, web assistance tailored to an individual can be useful, particularly when it is linked with other effective treatments.

## Medications<sup>33</sup>

The Food and Drug Administration has approved seven medications to help people quit tobacco. Some may be purchased over the counter. Others require a prescription. Some are available in generic form. Studies show that each of these therapies can help a smoker quit:

- The five nicotine-replacement therapies relieve cravings and withdrawal symptoms. They are available in different forms, including gum, lozenges, nasal spray, inhaler, or patch. Costs vary significantly.
- Bupropion SR, a sustained release tablet, reduces withdrawal symptoms by preparing the body for the stress of quitting. It is commonly used to treat depression.
- Varenicline, sold as Chantix™, reduces the pleasant effects of nicotine on the brain.

These medications can produce side-effects, but none has been found to be as damaging as smoking. Smokers concerned about using nicotine-replacement therapies, products that contains nicotine to help them quit, may not know that it is the 4,000-plus chemicals, tars and additives in cigarettes that cause illness and premature death. The nicotine creates the addiction to cigarettes or chewing tobacco. Nicotine-replacement therapies, used properly, can ease the withdrawal symptoms.<sup>34</sup>

## Benefit design<sup>35</sup>

When designing a tobacco-cessation benefit, remember that breaking the addiction to smoking is difficult. Successful quitting can take multiple tries using a variety of aids. Reduce treatment barriers to encourage smokers to get help, prevent relapse, and eventually quit.

Tobacco-cessation benefits that have been found to be most effective cover the following:

- Counseling and medications, together or separately
- Counseling services, including telephone and individual counseling classes, are also effective, but few smokers attend them<sup>36</sup>
- Several counseling sessions over a period of several weeks or more
- FDA-approved medications, including prescription and over-the-counter nicotine replacement medication, bupropion and varenicline

### **FDA-Approved Prescription and Over-the-Counter Tobacco-Cessation Medications**

| Type                                | Form        | Common Brand Names                     |
|-------------------------------------|-------------|--|
| Nicotine-<br>Replacement<br>Therapy | Gum         | Nicorette®                             |
|                                     | Patch       | Nicoderm® Habitrol® Prostep® Nicotrol® |
|                                     | Inhaler     | Nicotrol®                              |
|                                     | Nasal Spray | Nicotrol®                              |
|                                     | Lozenge     | Commit®                                |
| Bupropion SR                        | Pill        | Zyban® Wellbutrin®                     |
| Varenicline                         | Pill        | Chantix™                               |

Show tobacco users you want to help them quit and understand the chronic nature of tobacco dependence by designing a benefit that encourages quitting—even if it takes awhile:

- Require employees to pay no more than the standard copayment. Data show that smokers rarely use cessation services inappropriately and are much more likely to try to quit when no copayment is required.<sup>37</sup>
- Provide at least two courses of treatment per year—both medications and counseling.
- Do not impose a lifetime limit.

### **Incentives**

A recent study by a quit-line vendor found 50 percent higher quit rates among employers who offer incentives.<sup>38</sup>

Design an incentive that meets the five Health Insurance Portability and Accountability Act (HIPAA) standards for a wellness plan:<sup>39</sup>

- The premium reduction for those in a wellness plan is not more than 20 percent of the cost of coverage
- The program is designed to promote health and prevent disease
- Individuals eligible for the program can qualify for a premium discount or incentive at least once a year
- The program provides a “reasonable alternative standard” for those having an unreasonably difficult time quitting (i.e. discount for attending educational classes or trying a nicotine patch) and
- Plan materials describe the reasonable alternative standard to qualify for the lower premium.

Here is a list of incentives that have been used:<sup>40</sup>

- Up to \$500/year in benefit credits for people who meet wellness goals
- Discounted life insurance premiums for nonsmokers
- Nonsmokers receive a \$100 credit toward annual health insurance premium
- \$50 for pledging to avoid tobacco and avoid misusing alcohol or drugs
- People who quit smoking get \$600 in cash over 18 months
- Those who successfully meet wellness goals are entered into a drawing for a prize

### How much would an effective tobacco-cessation benefit cost you?<sup>41</sup>

Number of covered lives: \_\_\_\_\_  
\$.28 per member, per month\*\* x \_\_\_\_\_  
Total cost per year \_\_\_\_\_

\*\*Assumptions: Includes a physician evaluation and advice session, 8 weeks NRT, six individual/group therapy sessions, 25% cost-sharing, used by 6 percent of smokers.

## Monitor the effectiveness of your programs

While science provides volumes of evidence of what helps people quit tobacco, you and those you work with are experts on your workplace and circumstances. Union Pacific Railroad pioneered the concept of “making it their business” to help employees quit tobacco more than two decades ago. The company started its wellness effort in the late 1980s with a champion or two. Now, Union Pacific is a national leader in wellness with its award-winning program.

In 1987, Union Pacific found that its high incidence of smoking was costing millions of dollars in health care claims and safety incidents. The company had some challenges in addressing the issue, with more than 50,000 employees based in 23 states who were constantly on the move. Union Pacific made a business decision to reduce tobacco use. The company decreased smoking from 40 percent in 1992 to less than 17 percent in 2007. Over the years, the company has aligned its policies to support its goal of a healthy workforce:<sup>42, 43, 44</sup>

### Union Pacific’s Timeline

- 1987** No smoking in headquarters offices  
Smoking rooms established
- 1996** Smoking rooms closed
- 1999** Started pilot study for smoking cessation
- 1999** Smoking restricted at all sites and on equipment
- 2004** Non-hiring of smokers where legal
- 2005** Contributions to employees’ healthcare reimbursement accounts for completing a wellness assessment and for being a nonsmoker or completing a smoking-cessation program
- 2005** No smoking on any company property

Union Pacific's General Director of Health Promotion, Jackie Austad, attributes the company's success to a company-wide commitment to wellness as a major business objective.

The company has won numerous awards for its efforts, including the Partnership for Prevention Healthy Workplace Award, the C. Everett Koop National Health Award for Integrated Health, Productivity & Safety Management Programs, and the National Business Group on Health Platinum Award as a Best Employer for Healthy Lifestyle.



Union Pacific posts motivational messages for employees on match books.

### **Group Health eases quitting journey**

Group Health Cooperative's ongoing effort to curb tobacco use pays off: fewer smokers, more quit attempts, and reduced use of health care services. In 1991, Seattle-based Group Health made reducing tobacco use a top priority for members. Since then, smoking prevalence by the 600,000-member health maintenance organization has declined from 25 percent to less than 15 percent.<sup>45</sup>

Management commitment and close analysis of results are key to the group's success. Senior leadership, including the CEO and medical director, make reducing tobacco use a top prevention priority. In the 1990s, Group Health removed copays for counseling, simplified paperwork, and removed geographical barriers by using telephone counseling.<sup>46</sup>

More recently, Group Health revitalized its cessation effort with new policies and improved benefits. In 2007, Group Health banned tobacco use on all of its campuses, including 25 medical centers and a hospital. In 2008, the company approved the use of Varenicline to help members quit and eliminated the copayment for all FDA-approved cessation medications. Within six months, quit attempts doubled.<sup>47</sup>

Group Health promotes its stop-smoking program in every issue of its quarterly member magazine. The HMO finds that luring members to quit smoking not only improves their health, it saves money: Three to five years after giving up tobacco, members used significantly fewer inpatient and outpatient health care services than counterparts who continued to smoke.<sup>48</sup>

## Take the next step

- Assemble a team within your organization committed to developing a tobacco-free workforce.
- Examine your policies surrounding tobacco use. Consider policies that discourage tobacco use and support employees to quit tobacco.
- Measure the toll of tobacco on your company. How many employees use tobacco? What is the estimated impact on your company's health care costs, absenteeism, smoking breaks, life insurance, disability, workforce harmony, industrial accidents and disciplinary actions?
- Talk to your insurance consultant or broker about benefits, riders, products or discounts designed to help employees quit tobacco.
- Add coverage for the counseling and medications that have proven most effective in helping tobacco-users quit.
- Determine ways to make tobacco-cessation benefits more accessible. Limit employee costs by waiving or reducing them to no more than the standard copayment. Offer at least two courses of treatment per year.
- Expand tobacco-cessation benefits to employees, spouses, significant others, and dependents as a way to encourage more support for quitting.
- Establish systems to measure what you do and the impact of any changes you make.

Determine your next steps. Resource C can provide some direction.

# Promote It!

Just offering help is not enough. Employees need to know help is available and that it can ease the quitting journey. And they need to know how to obtain it. In this chapter, you will learn steps to effectively promote the tobacco-cessation benefits or services you provide.

## Step One: Conduct research

### 1. Assess current tobacco use

If you want to measure your program's effectiveness, collect up-front data. Survey employees to find out how many use tobacco. Many companies use a health-risk assessment tool to gauge smoking levels. Others use life insurance records, as life insurers charge additional premiums for smokers.

Average smoking rates vary by geography, ethnicity, profession, and other factors. About 21 percent of U.S. adults smoke. But an adult in Kentucky is nearly three times more likely to smoke than one in Utah. (28.8 percent vs. 9.8 percent). Native American men smoke at a rate of 36 percent, compared with 5 percent among Asian women.<sup>49</sup> In some occupations, including blue-collar trades, smoking rates are close to double the average.<sup>50</sup>

### 2. Find out what benefits you offer

Employers are often surprised that tobacco-cessation, though a standard measure for quality care, is not a standard benefit in many health plans. Effective health benefits include medications and counseling or classes with little or no copayment.

Check with your human resources department or insurance agent to find out your benefits, deductibles and limitations for tobacco-cessation.

### 3. Consider what your employees think

Before you promote tobacco-cessation help, find out:

- How many employees smoke, and if a particular work group smokes more than others
- How many employees plan to quit within the next six months
- What employees know about their tobacco-cessation benefits
- Where they prefer to get information about benefits and stop-smoking programs
- Quitting barriers they face, especially in the workplace
- How you can help them quit

This can be done with a written or web-based survey or focused group discussion.

Find sample survey and focus group guides that can help you assess your workplace tobacco issues and design effective promotions in Resources D, E, and F.

## Step Two: Prepare your messages

### 1. Prepare key messages

Two key messages employees need to know are:

- Help makes a difference
- Help is available (through benefits or services).

Smokers in focus groups say they are most interested in learning about the kinds of help you provide. Make this a key part of your message.

### 2. Provide information

You can provide other helpful information, such as:

- The national toll-free number, 1-800-QUIT NOW. This links callers to free telephone consultation in their state. Services vary from state to state and, depending upon state budget support, may include information, a quit coach, nicotine-replacement therapy, local resources, services in various languages, and referrals to other services in the community.
- Local tobacco-cessation classes and support groups
- Stop-smoking tips and strategies

You can find websites with stop-smoking strategies in Resource G.

### 3. Use encouraging and hopeful messages

Don't forget the power of storytelling. Employees who have quit smoking motivate others to follow suit. When someone believes they can change, they are more likely to try.<sup>51</sup> Foster positive thinking by featuring success stories in publications and other venues.

#### Timing is everything

People are ready to quit at different times, and the average smoker tries several times before quitting. That can be discouraging — for smokers, their families, their co-workers and their employers. A person who resumes smoking after trying to quit may be discouraged from trying again. That's why it's important to assure people that help is available when they are ready to quit. Persistence does pay off: Of those who try to quit, half will ultimately succeed.

Union Pacific makes sure the employee is ready to quit before enrolling them in its cessation program. "We've found they have to really be ready for it to work," says Marcy Zauha, director of health and safety. If they don't succeed the first time, Union Pacific pays for prescription medication a second time.

Common sense, research and testimony from smokers and former smokers tell us they are unlikely to quit until they are ready. Thus, accessible information about how to get help can catch a smoker when he or she is prepared to quit. Employers are well positioned to provide this information.

## Step Three: Choose communication tools

In developing communication strategies, answer these questions:

**Who** are you trying to reach? Since tobacco use may span different departments, you may want to use an array of strategies. But if you find tobacco use is more common with certain groups, you may want to start with those employees.

**What** is your message? Two key messages that employees need to know are:

- 1) Help makes a difference and
- 2) Help is available (through benefits or services). Tell employees what kinds of benefits or services you provide and how to get them.

**When** should you promote benefits and programs? Often. If you are changing your tobacco-use policies, promote help before, during, and after your company's changes. Targeted information campaigns at various times during the year will boost enrollment. At the same time, remember that quitting tobacco is an individual journey: People are ready at different times. Some people will quit, then slip. With a little encouragement and help, they can try to quit again. Keep information about benefits and services in front of smokers regularly.

**Where** do employees get information? Ask your employees. While employees can find information in a variety of places, find out their preferences, particularly for health and health care issues. Learn what sources of information and messengers they consider credible.

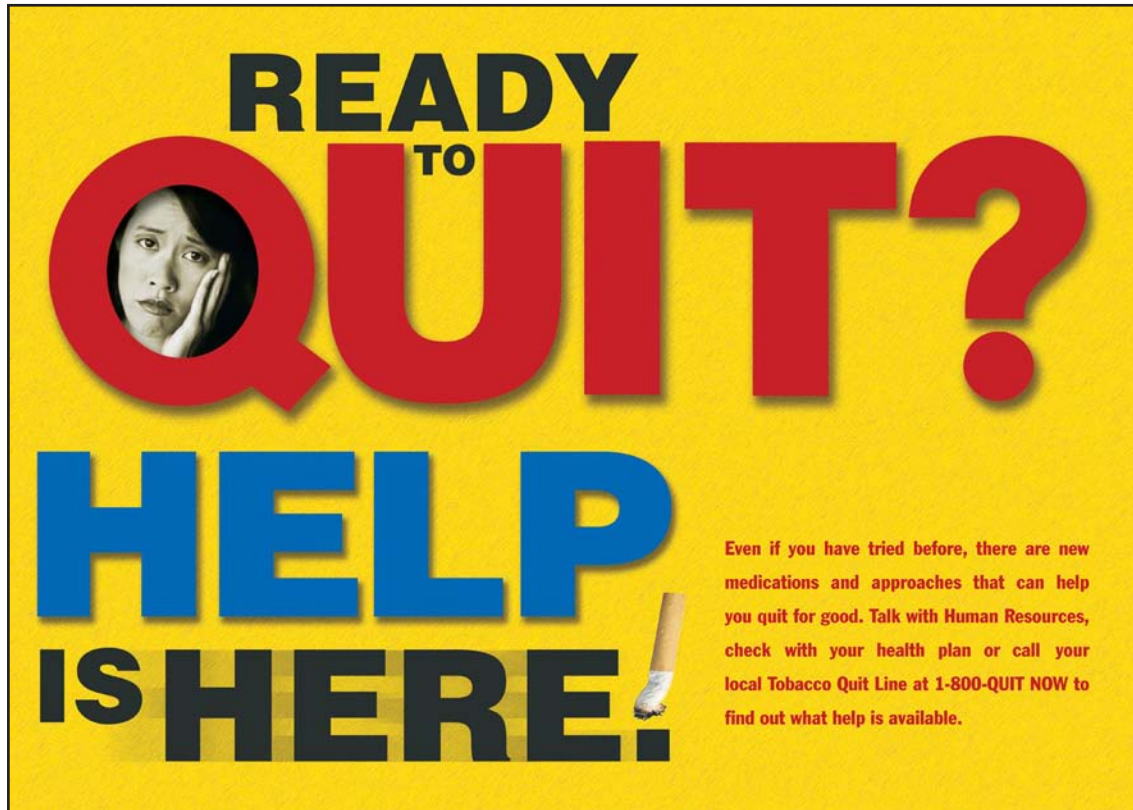
**How** should you promote tobacco-cessation? Many ways. Some employees prefer meetings and health fairs, while others would rather read a newsletter or website. Your messenger and how he/she communicates can be as important as the message itself.<sup>52</sup> Smokers may be more likely to enroll in a program promoted by a co-worker who successfully quit than a manager from a different department or a representative from a different company. Word-of-mouth communications can be very powerful.

## Suggested communication tools

### Poster in the workplace

One popular way to reach employees is to post information on bulletin boards in the break room, cafeteria, copy room, restrooms or other shared areas in the workplace.

Consider displaying these posters to encourage employees to get help quitting tobacco.



Every month, Portland General Electric posts a one-page flyer, titled "Stall Talk," on the inside door of employee restrooms. This colorful flyer focuses on health and wellness topics, including tobacco-cessation.

Posters you can hang in your breakroom are in Resource H.

### Company newsletter

Company newsletters can remind employees of the benefits or services available to them to help quit tobacco. They can feature success stories, provide news about stop-smoking seminars, quitline numbers and the like. Consider running a tobacco-cessation article at least once every quarter. (Remember, people are ready to quit at different times.) And don't forget company e-mail newsletters.

Sample articles are available in Resource I.

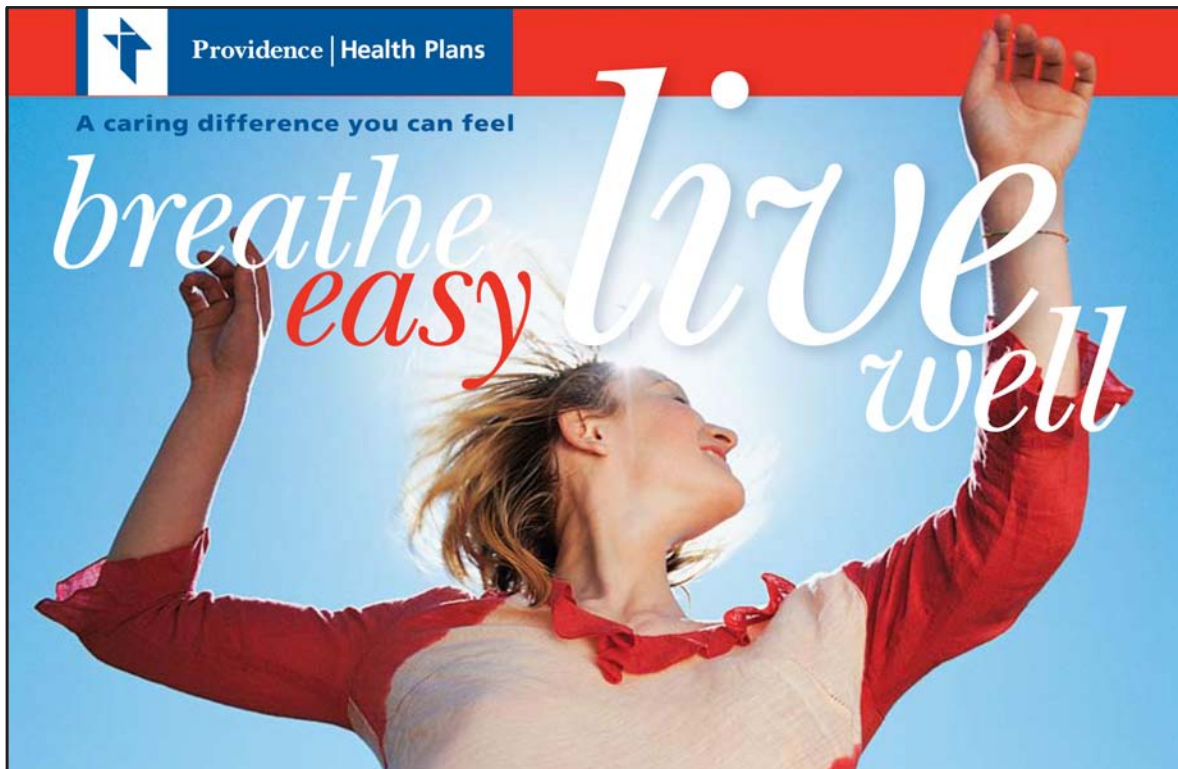
## Information on the intranet

Most companies with internal websites include general information about health care benefits. Feature your tobacco-cessation services in a prominent place. The intranet also is a great place to include general stop-smoking tips.

*Resource G includes websites with information about how to quit smoking.*

## Postcards, flyers, brochures

Some companies put postcards or flyers in employee mailboxes, or mail information to their homes, letting them know what benefits or services are available for employees, spouses, significant others, and dependents.



*Providence Health System promotes tobacco-cessation to employees with this postcard.*

## Wellness events, health fairs

Many companies have health fairs, wellness weeks and other regular events which provide opportunities to promote cessation services and benefits. Other companies plan special events or campaigns to coincide with annual days and observances that are natural times for people to quit tobacco, including:

New Year's Day (Jan. 1)

World No-Tobacco Day, (May 31)

The American Cancer Society's Great American Smokeout, (third Thursday in November)

## Co-workers help out at Medtronic

Medtronic, which makes health care equipment, supports a healthy workforce. Tobacco-cessation has long been a key component of Medtronic's wellness focus. Medtronic uses the Great American Smokeout as a rallying time to get employees geared up to quit smoking. The entire company gets into the act – smokers and nonsmokers alike.

The company gears up for the day by promoting it early and often through newsletters, the website and posters. Employees are encouraged to set the Great American Smokeout as their quit day. That day, classes and seminars are held to get people started. Benefits and services for smokers are heavily promoted. Everyone gets a free lunch. Mints, gum and toothpicks are well-stocked to help allay cravings. The company also offers cash incentives for employees who agree to "adopt" a co-worker and help them through the day as they're trying to quit.

Moral support and encouragement are key ingredients in Medtronic's successful tobacco-cessation program. Smokers are embraced.

### Company meetings and presentations

Company-wide or group meetings are a good way to let employees know about the tobacco-cessation benefits available to them and their families. Make sure this information is highlighted in any company meeting about health benefits or wellness.

### Word of mouth

Employees who have used your program to quit smoking can be your best promoters. Consider ways they can reach out to their co-workers to encourage them to quit tobacco.

Stimson Lumber's T-shirts give employees a way to trumpet their new smoking status. A visible 'quitter' can be an inspiration and resource to others wishing to break their addiction to smoking.



## **Boeing sustains enrollments**

Typically, when a company adopts a new tobacco-cessation program, eager employees rush to join. But after an initial surge lasting less than a year, enrollment may dwindle. Not so with The Boeing Company.

Boeing folded tobacco-cessation into its wellness program in 2003 and was determined to maintain momentum, said Wellness Program Director Michael Brennan. Boeing promoted the program through posters, letters, health fairs, and other conventional means, adding new innovations each year.

One effective strategy, Brennan says, is “keeping our customers.” Free & Clear, Boeing’s cessation vendor, conducts post-program surveys, congratulating participants who have successfully quit and inviting the others to try again. This strategy, says Brennan, recognizes the chronic nature of nicotine addiction. At the same time, a welcoming approach to ‘customers’ is consistent with Boeing’s ultimate goal: a healthy workforce.

Over a six-year period, roughly one-third of Boeing’s smokers—or nearly 12,000 people—have tried to quit smoking or chewing tobacco. As many as 5,300 have succeeded. Boeing introduced a new tobacco-free policy in 2008. The momentum to quit continues, Brennan says.

| <b>Year</b> | <b>Boeing’s Campaign Strategy</b>   |
|-------------|---|
| <b>1</b>    | Health letter mailed to homes, new employee orientation materials, health fair give-aways, posters, and printed materials in the company clinic |
| <b>2</b>    | (All of the above plus): Treatment for family members, integrated program with disease management and medical clinics, new tobacco policy       |
| <b>3</b>    | (All of the above plus): Recruitment through health-risk assessments, urged prior participants to re-enroll, web enrollment                     |
| <b>4</b>    | (All of the above plus): Web-based program to complement cessation program  |
| <b>5</b>    | (All of the above plus): Refined policy to reflect new Washington state law and addition of new telephone weight-loss program                   |
| <b>6</b>    | (All of the above plus): New tobacco-free workplace policy  |

### **Support from your health plan or vendor**

Meet with your tobacco-cessation vendor or representatives of your health plan to discuss how they can help you promote tobacco-cessation services to their members. They may conduct special mailings, host employee meetings or develop other strategies to promote the benefits you pay them to provide.

Free & Clear, the nation’s largest tobacco quit-line vendor, helps businesses tailor posters, websites and other tools to promote workforce quit attempts.

## **Unions, associations**

Consider enlisting others who communicate with your employees, such as unions or associations, to spread the message about cessation benefits and programs. They also have newsletters, meetings, websites and other communication vehicles where they can post information about employee services.

The Carpenters Trusts of Western Washington offer 9,500 members and their families tobacco-cessation counseling and medication at minimal cost. The trusts provide health and pension benefits to carpenters who work at hundreds of businesses.

## **Closed-circuit television**

Companies that have closed-circuit television are often looking for employee-friendly stories and information. This would be a great place to highlight a success story and feature information about tobacco-cessation benefits or services.

## **Step Four: Evaluate and adjust**

You will want to evaluate the effectiveness of your tobacco-cessation promotion as you would other company investments. Ask employees for advice, formally and informally. Consider surveying employees to determine if your promotion efforts have made an impact. Seek information, not only about tobacco use but also measuring employee awareness of benefits or services, attitudes toward company promotions, etc. Armed with this information, you can adjust your program to be as effective as possible.

Plan how you will promote your tobacco-cessation benefits or services. Resource J will help.

# Support It!

The work environment can provide needed support for employees who want to quit tobacco, making the tough quitting journey a bit easier. On the other hand, ignoring smoking at work can inadvertently encourage nicotine addiction, make it tougher to quit, and expose all employees to the deadly toxins in cigarette smoke.

Consider your workplace policies. Do your smoking rules, policies and practices align with your mission? Do you encourage or deter tobacco use? Who in your workplace and community can help you champion tobacco policy changes that bolster worker health, safety, and productivity? What barriers do you face?

Former smokers say they value support from co-workers during the arduous process of quitting tobacco. To provide a workplace that supports quitting, consider these actions:

1. Protect employee health with a tobacco-free workplace
2. Identify and address barriers to quitting
3. Support quit attempts

## Protect employee health with a tobacco-free workplace

“There is no safe level of exposure to secondhand smoke. Tobacco smoke is deadly.”

— Dr. Richard H. Carmona,  
U.S. Surgeon General’s Report, July 2006

Whether inhaled through a cigarette or by way of someone else’s, tobacco smoke is a Group 1 carcinogen, known to cause cancer in humans.<sup>53</sup> Some labor agreements require employers to provide smoking areas at the workplace. But workers have **no fundamental right to smoke**.<sup>54</sup>

In fact, employers who allow smoking could face liability for exposing employees to a cancer-causing substance at work. Northwest Airline flight attendants, for instance, brought a class-action lawsuit after being exposed to second-hand smoke on flights to Asia, more than a decade after the 1988 smoking ban on US domestic flights.<sup>55</sup>

Businesses are discovering that employee tobacco use at work is a bottom-line issue:

- Secondhand smoke in the U.S. costs \$9.6 billion a year: \$5 billion in medical costs and \$4.6 billion in lost wages.<sup>56</sup>
- Construction and maintenance cost 7 percent more in buildings that allow smoking than those that are smoke-free.<sup>57</sup>
- Smoking is the leading cause of fire deaths in the United States. Between 1999 and 2002, non-home fires caused by smoking cost an average of 10,000 lives and \$153 million in property damage per year.<sup>58</sup> Fire insurance is commonly reduced 25-30% in smoke-free businesses.<sup>59</sup>

Not surprisingly, restrictions reduce employee smoking. The tobacco industry has done the math on workplace smoking bans: “Smokers facing these restrictions,” says an internal Phillip

Morris memo, “consume 11 percent to 15 percent less than average and quit at a rate that is 84 percent higher than average.”<sup>60</sup>

## **Involve and inform employees**

Open communication between employees and management will broaden support for your new tobacco-use policy. Allow ample time for employees to discuss proposed changes, expected outcomes, and concerns.

Early in the process of implementing your tobacco policy change, form a working group. Include senior management, human resources staff, safety officers, union and occupational health representatives, and other interested employees. The working group can consider workplace culture and local laws to determine ways to effectively implement and monitor the new policy.

Focused group discussions or surveys can help you better understand the impact of tobacco on your workforce: How many employees smoke or chew tobacco and why? How do smokers and nonsmokers feel about the current tobacco-use policy and the changes you propose? Do tobacco users want to quit? Do they know ways to make the quitting journey easier? Find out from tobacco users the barriers to quitting tobacco and what could help motivate them to quit.

McCain Foods, a food processing company, gave employees plenty of notice before banning tobacco in 2005 on its Othello, Washington campus. Employees of the mid-sized operation met monthly with the company nurse and a county health official to design a tobacco-cessation program. They designed a program that included free cessation aids, peer counselors, and premium incentives for nonsmokers.

Sample surveys and discussion guides are found in Resources D, E and F.

## **Support quit attempts**

Many companies support employees trying to quit. Companies, small or large, can create an atmosphere where employees can feel supported as they break their addiction to tobacco.

Throughout the worksite, Medtronic provides hard candy, mints and toothpicks that smokers can pop in their mouths, in place of a cigarette.

Union Pacific provides coaches for people who are trying to quit. Former smokers can play this role. Smokers say they prefer the support of former smokers who can relate to their addiction; they resent being “lectured” by people who have never smoked.

Slumberland, headquartered in New Canada, Minn., has provided workshops on becoming tobacco-free, and rewards employees who attend—whether or not they smoke. This encourages everyone to learn more about tobacco, and also helps reduce any stigma associated with attending the sessions.

## **Establish a comprehensive tobacco use policy**

Creating a tobacco-free workplace can take anywhere from six to eighteen months, depending upon the complexity and culture of your organization and the smoke-free laws in your community.

If you plan to introduce a new tobacco-use policy, begin with an understanding of your tobacco-cessation resources, the smoke-free laws and ordinances in your region, and the potential impact on your workforce. Clearly establish your intention to become tobacco-free and the rationale behind this decision. Then, with visible support from top management, develop a process that engages employees at all levels and supports tobacco users to quit.

Craft a clear policy with accountability and periodic reviews. Effective policies include:

- Purpose of the policy
- Products covered under the policy (i.e. Does policy apply to smokeless tobacco?)
- Definition of how policy applies to employees, visitors, others
- Physical boundaries of policy (e.g. private vehicles, company equipment, etc.)
- Support to help employees comply, including cessation services
- Clear enforcement rules and consequences
- Contact person who can answer questions and address concerns
- Policy review process

Find examples of tobacco-use policies in Resource K.

### **Smokeless tobacco harms health**

Snuff, chew, or spit tobacco cause addiction and disease. When designing a tobacco-use policy for your organization, consider including smokeless products:

- Nicotine in smokeless tobacco is absorbed 3-4 times the rate of nicotine in cigarettes
- Smokeless tobacco contains 28 carcinogens
- Spit tobacco products cause gum disease, tooth decay, cancer of the oral cavity and pharynx, and pregnancy-related problems

As companies, localities and states ban smoking, the tobacco industry seeks to expand the use of smokeless tobacco through aggressive marketing and new products. Develop policies that demonstrate your concern for employee health.

Source: National Cancer Institute, US National Institutes of Health. Smokeless Tobacco & Cancer: Questions & Answers. <http://www.cancer.gov/cancertopics/factsheet/Tobacco/smokeless#top> Accessed Sept. 16, 2008.

## 10 steps to becoming tobacco-free

1. Establish a leadership group and commitment to a tobacco-free workplace. Assign a senior manager to implement the new policy.
2. Engage employees, including smokers, nonsmokers, and former smokers. Be sure to include representatives from different departments and recognized employee organizations (e.g. union, safety committee).
3. Gather information:
  - Legal, medical and economic background
  - Employee tobacco use, concerns about new policy, barriers to quitting
  - Examples of policies
  - Organizational complexities (i.e. ownership of building, labor contracts)
4. Create a change plan and implementation timetable with preparation steps, the announcement date, interim steps, and opportunities to review the policy and process.
5. Chief executive officer announces the policy to all employees in a meeting and letter.
6. Communicate often. Inform and educate employees using manager trainings, employee feedback, company newsletter, paycheck inserts, letters to families.
7. Transform your environment by removing ashtrays and cigarette vending machines and installing “No Smoking” signs in prominent places. (Include these steps in the timeline.)
8. Provide and promote effective cessation treatment, including counseling and medications at little or no cost.
9. Support smokers and tobacco users who want to quit, understanding that quitting is a process that can take multiple attempts with a variety of strategies.
10. Evaluate and refine your policy.

For more information on developing a tobacco-free workplace with an example of a detailed 12-month timeline and sample workplace policies, visit Smokefree in a Box at <http://www.globalsmokefree.com>

## **Frequently Asked Questions: Resource A**

### **Is the Make It Your Business campaign pushing to mandate tobacco-cessation services?**

Make It Your Business focuses on the value of tobacco use policies and cessation assistance. Since Make It Your Business was founded in Oregon in 2003, campaigns have sprung up in at least nine states. Though they vary by community, all persuade businesses and insurers to routinely protect workers from the hazards of tobacco and to invest in and promote tobacco-cessation benefits or services, deemed “the gold standard of preventive services.”

### **Why should I invest in helping an employee quit smoking, when that employee will probably work for someone else in a few years?**

The first return on your investment will be your employee’s increased productivity. Former smokers take shorter breaks, use fewer sick days, and are generally more energetic than those who smoke. They also will take fewer days off to take care of children suffering from respiratory illness exacerbated by second-hand smoke. Human resources executives notice fewer conflicts between smokers and nonsmokers in a tobacco-free environment.

Work locally. The issue of employee turnover becomes less significant when tobacco-cessation services are a standard of care adopted by the entire community. The Make It Your Business campaign encourages employers and insurers to universally offer tobacco-cessation treatment—a move that speeds up the return on investment for everyone and creates a clinical pathway so health care providers can more easily help smokers quit.

### **In my state, small businesses pay community rates for health insurance. No matter what we do, premiums rise. Why would I add anything when I reap no savings?**

You reap productivity savings right away. Furthermore, you’ll be part of a community-wide effort that will result in longer-term savings. This should mean fewer doctor visits, fewer inpatient and outpatient hospital days, and, eventually, a reduction in the community rating.

### **Isn’t tobacco-cessation covered by most insurance plans?**

There are no guarantees. Most public insurance programs (Medicare, Medicaid, Veteran’s Administration) provide some tobacco-cessation treatments, but such coverage in the private market is spotty.

Find out whether your company covers effective tobacco-cessation services. If so, promote these services. If not, ask your human resources manager, broker or insurer to negotiate for the counseling and medications that can double or triple a smoker’s chances of successfully quitting.

### **Why should nonsmokers pay to help someone quit?**

All of us share the financial burden for tobacco-related illnesses. By investing in a tobacco-free workforce and educating all employees about effective ways to address nicotine addiction, an employer can reduce everyone’s financial burden and create a healthier, more productive and harmonious workforce. Research shows that smokers view cost as a barrier to

participating in stop-smoking programs. Tobacco-cessation counseling has been shown to be one of the most cost-effective clinical preventive services available—and highly underused. An effective benefit will entice use of this service to help smokers quit, rather than discourage them from trying.

### **Many of the smokers I know try to quit and, before too long, I see them light up again. Why should I pay when it seems like they really don't want to quit?**

About three-quarters of all smokers say they want to quit. Most of them started smoking as adolescents and, since then, have tried to quit and failed. Certainly, by bankrolling their cigarette money, they could pay for the help they need in relatively short order. But, because of the nature of addiction and smokers' fear of failure, most view the cost of treatment as a barrier.

Experts suggest adopting another perspective: Try thinking of nicotine addiction as a chronic disease. While it often takes multiple tries for a smoker to quit, each attempt can provide new insights and strategies that will make subsequent attempts easier. Virtually no one would suggest curtailing benefits for someone whose diabetes or hypertension was out of control. Rather, they would encourage, support and provide alternate medications and strategies to address the condition. Experts suggest taking this chronic disease approach with smokers who want to quit.

### **Don't taxes and funds from the Tobacco Master Settlement Agreement cover this kind of thing?**

Every state taxes cigarette sales. Rates range from 7 cents a pack in South Carolina to \$2.75 a pack in New York (August 2008). In addition, tobacco companies are required to compensate states for some of the costs of treating people with smoking-related illnesses, under the Tobacco Master Settlement Agreement developed in 1998. In fiscal year 2008, states were projected to collect a record \$24.9 billion from the tobacco settlement and tobacco taxes, according to the Campaign for Tobacco-Free Kids.

Just 6.4 percent of this total could fund tobacco prevention and cessation programs in every state at minimum levels recommended by the Centers for Disease Control & Prevention. However, states allocated only 2.9 percent of their tobacco revenue for tobacco prevention and cessation.

### **Shouldn't we focus our efforts on preventing children from taking up smoking?**

Prevention is a key piece of an effective tobacco-control program and can complement the work you are doing to help adult smokers quit.

If you are concerned about youth tobacco-use prevention, join legislative efforts to increase tobacco taxes and fund tobacco control and prevention programs. Taxes on tobacco are a leading deterrent to youth smoking. There also may be opportunities to join partnerships with other businesses or with local schools.

Meanwhile, by helping the adult smokers in your company quit, you indirectly deter youth smoking. Children of smokers are twice as likely to smoke as children of nonsmokers.

## Calculate your company's tobacco liability: Resource B

This is a partial list of diagnoses caused or exacerbated by tobacco use. Health plan reports may contain this information, or special reports can be generated by the health plans or by internal healthcare data analysis systems. Benefits and human resource managers can use these data to help determine what you spend on tobacco use. It can also help measure the effectiveness of new programs or services you add.

### How to calculate the costs of smoking-related diagnoses

|                                       | ICD-9<br>Diagnosis<br>Code | Number<br>of<br>Claims | Estimated<br>%<br>Tobacco-<br>Related | Cost Per<br>Diagnosis | Cost to<br>Your<br>Company |
|---------------------------------------|----------------------------|------------------------|---------------------------------------|-----------------------|----------------------------|
| Acute myocardial infraction           | 410.0                      |                        |                                       |                       |                            |
| Asthma                                | 493.00                     |                        |                                       |                       |                            |
| Carcinoma, in situ, bronchus and lung | 231.2                      |                        |                                       |                       |                            |
| Chest pain                            | 786.50                     |                        |                                       |                       |                            |
| Chronic airway obstruction            | 496.00                     |                        |                                       |                       |                            |
| Chronic obstructive pulmonary disease | 491.2                      |                        |                                       |                       |                            |
| Coronary atherosclerosis              | 414.0                      |                        |                                       |                       |                            |
| Cough                                 | 786.2                      |                        |                                       |                       |                            |
| Diabetes mellitus                     | 250.0                      |                        |                                       |                       |                            |
| Dysplasia, lung                       | 748.5                      |                        |                                       |                       |                            |
| Dyspnea                               | 786.0                      |                        |                                       |                       |                            |
| Emphysema, obstructive                | 492.8                      |                        |                                       |                       |                            |
| Hypercholesterolemia                  | 272.0                      |                        |                                       |                       |                            |
| Infection, upper airway               | 465.9                      |                        |                                       |                       |                            |
| Metaplasia, tracheobronchial tree     | 519.1                      |                        |                                       |                       |                            |
| Reduced vital capacity                | 794.2                      |                        |                                       |                       |                            |

Source: *Professional Assisted Cessation Therapy. Employers' Smoking Cessation Guide: Practical Approaches to a Costly Workplace Problem. 2002:20-21. [www.endsmoking.org](http://www.endsmoking.org)*

# Cover It! Checklist: Resource C

| Steps to a tobacco-free workforce  | Yes, done | No | Plan for next year | In 3-year plan | Planning in the future | Comments |
|--|-----------|----|--------------------|----------------|------------------------|----------|
| <b>SMOKEFREE WORKPLACE</b>   |           |    |                    |                |                        |          |
| • We have a smokefree workplace.   |           |    |                    |                |                        |          |
| • We have a written policy about workplace tobacco use.                        |           |    |                    |                |                        |          |
| • We have procedures to enforce our policy.                                    |           |    |                    |                |                        |          |
| <b>COST/BENEFIT ANALYSIS</b>   |           |    |                    |                |                        |          |
| • We have a good idea how much tobacco use costs our business.                 |           |    |                    |                |                        |          |
| • We have a plan to help tobacco users quit.                                   |           |    |                    |                |                        |          |
| • We know the cost to us of helping tobacco users quit.                        |           |    |                    |                |                        |          |
| <b>ASSISTANCE TO QUIT</b>  |           |    |                    |                |                        |          |
| WE PROVIDE COUNSELING:   |           |    |                    |                |                        |          |
| • Individual, group, or telephone counseling program through on-site program.  |           |    |                    |                |                        |          |
| • Employee cost is less than or equal to health insurance copayment.           |           |    |                    |                |                        |          |
| • Employee cost is greater than health insurance copayment.                    |           |    |                    |                |                        |          |
| • Individual, group, or telephone counseling program through health insurance. |           |    |                    |                |                        |          |
| • Employee cost is less than or equal to health insurance copayment.           |           |    |                    |                |                        |          |
| • Employee cost is greater than health insurance copayment.                    |           |    |                    |                |                        |          |
| • At least one course of tobacco-cessation counseling per year.                |           |    |                    |                |                        |          |
| WE PROVIDE MEDICATIONS:  |           |    |                    |                |                        |          |
| • Access to over-the-counter and prescription cessation medications.           |           |    |                    |                |                        |          |
| • Employee cost is less than or equal to health insurance copayment.           |           |    |                    |                |                        |          |
| • Employee cost is greater than health insurance copayment.                    |           |    |                    |                |                        |          |
| • Cessation medications through health insurance.                              |           |    |                    |                |                        |          |
| • Employee cost is less than or equal to health insurance copayment.           |           |    |                    |                |                        |          |
| • Employee cost is greater than health insurance copayment.                    |           |    |                    |                |                        |          |
| • At least one course of tobacco-cessation medication per year.                |           |    |                    |                |                        |          |

**Overall, how would you describe your company's commitment to a tobacco-free workforce?**

- Very strong commitment  
  Pretty strong commitment  
  Average commitment  
  Minimal commitment  
  No commitment

## Sample Employee Survey: Resource D

One way to learn what employees need and want to know is to administer an anonymous survey. For those who have Internet access, a web-based survey is easiest because it compiles the data. (Check with your information technology staff, or consider a web-based survey service such as [www.surveymonkey.com](http://www.surveymonkey.com).)

### Sample questions

1. What is your opinion of the tobacco-use policy at work?  
 Not strict enough     Reasonable     Too strict
2. Are you currently using tobacco?  
 Yes     No
3. If yes, do you want to quit?  
 Yes     No
4. When?  
 Next month     In the next 2-6 months     In 6-12 months     Sometime later
5. Which of the following things would you consider using to help you quit? (Check as many as you want)  
 Doctor visit     Zyban/Wellbutrin     Nicotine patch or gum     Stop-smoking class  
 Confidential, 24-hr. telephone counseling     Support group     Varenicline /Chantix  
 Other\_\_\_\_\_
6. Does your plan provide any help in quitting smoking?  
 Yes     No     I don't know
7. If you said yes, what help do you think your plan provides?  
 Zyban     Nicotine patch or gum     Stop-smoking class     Doctor visits  
 24-hr. telephone counseling     Support group     Varenicline /Chantix  
 Other\_\_\_\_\_
8. Where would you prefer to get information about tobacco-cessation benefits?  
 From posters at work (where\_\_\_\_\_?)  
 On the company intranet  
 From the human resources department  
 At company or group meetings  
 Mailed to my home  
 Other:\_\_\_\_\_
9. What information would be helpful for you?
10. What, if anything, could our company do to help you quit?

## **Sample Focus Group Guide: Resource E Tobacco Users**

*You can use focus groups to help develop and promote your company's tobacco-cessation programs. Use this discussion guide to find out what smokers know about available programs, what help they would use, and the best way to communicate with them about services. A focus group is typically led by an outside facilitator who conducts an anonymous, non-threatening discussion with 8 to 10 employees. The session is usually taped and few, if any, observers are present. Participants may be paid an honorarium to participate.*

How old were you when you started smoking?

What do you like about smoking?

What don't you like about smoking?

If I could wave a magic wand and you could quit smoking tomorrow, would you?

Those who said yes – what's the #1 reason why you would quit smoking?

Any other reasons why you want to quit?

Have you tried to quit before? How many times? How recently? What was that like? Did you get any help? (Probe: doctor, medications, counseling, encouragement from co-workers)

Are you thinking of trying to quit?

If yes, probe: Later this year? Within the next 6 months? Within the next 30 days?

How do you plan to quit? Will you get help? What kind of help? Will you go to a doctor? Use medications? Professional support or counseling? (Telephone or in person?)

Some of you said you would quit tomorrow, if I had that magic wand. But unfortunately, I don't. So tell me – what's the single greatest barrier to your quitting?

What would make it easier?

Now, let's switch gears a bit. Tell me, how does smoking affect your work life? (Probe: breaks, attention to work, relationships with co-workers)

What's hardest about being a smoker here at work? When is it most difficult?

What, if anything, could the company do to help you stop smoking?

What is your opinion of the tobacco-use policy at work? What would make it better?

Are you aware of anything the company offers to help employees quit? Do you know what medical benefits, if any, our health plans provide for smokers who want to quit?

How do you know that? (Probe: i.e. wellness fair, meetings about benefits, company newsletters)

I'm going to mention a few things that research has shown to be helpful to people who want to quit smoking. When I name these things, tell me if they would make you more likely, less likely, or have no effect on trying to quit:

1. Advice from a doctor or nurse
2. Low-cost, over-the-counter nicotine-replacement therapy such as patches, gum, lozenges, or inhalers
3. Prescription drugs, including Zyban or Chantix
4. Low-cost, one-on-one counseling or professional support
  - a. Face-to-face
  - b. Over the telephone
  - c. In a group class away from work
  - d. In a group class at the workplace
5. How much would you be willing to pay for the medications? (aimed at finding a financial threshold)
6. How much would you be willing to pay for personal consultations?

Are there other things the company could do to make it easier for you to quit smoking? (Examples: Support from your immediate boss or your co-workers. Mints or gum. Stop smoking classes at work. Access to counseling or professional support. Medications.)

Any closing comments?

## **Sample Focus Group Guide: Resource F Those Who Do Not Use Tobacco**

*When investing in tobacco-cessation for employees, it can be helpful to understand the feelings and perceptions of their nonsmoking coworkers. This sample guide helps identify attitudes about tobacco use, concerns about new programs or benefits and possibilities for the effective promotion of such a program. Consider hiring a facilitator to conduct an anonymous, non-threatening discussion with 8 to 10 employees. The session is usually taped and few, if any, observers are present. Participants often are paid an honorarium to participate.*

How many of you have never used tobacco before?

What are the main reasons that you've never used tobacco?

Tell me how you feel about tobacco.

How do you feel about smokers?

How many of you have used tobacco before?

When did you smoke? For how long?

When did you quit?

What were the main reasons that you quit?

How did you quit?

(All of you) - How do you feel when others around you smoke?

Do any of you have close co-workers who smoke?

How do you feel about their tobacco use?

Probe: Indifferent? Angry? Sad?

Have you ever tried to get them to quit?

What did you do to encourage them or help them?

How did they respond?

How much help do you think people need to quit smoking?

What kind of help do you think they should get?

Probe: Medications? Counseling? Mentors?

Let's talk about the work environment. What is your opinion of the tobacco-use policy at work?  
What would make it better?

What help do you think the company currently provides for people who want to quit?

What help do you think the company should provide for people who want to smoke?

Do you think the company health plans should provide help for people who want to quit smoking?

What if that cost slightly more in premiums — say \$5.00 a year? Would you support it then?

I can tell you that the company's health plan offers some help for smokers. Were you aware of that? If so, how do you know that?

(Probe: i.e. wellness fair, meetings about benefits, company newsletters)

Would you support company efforts to get more people to stop smoking?

What would you personally be willing to do?

Attend a seminar? Be a coach? Be part of a supportive environment? Talk to human resources?

Are there other things the company should do to make it easier for people to quit smoking? (Examples: Support from your immediate boss or your co-workers. Mints or gum. Stop-smoking classes at work. Access to counseling, professional support or medication.)

Any closing comments?

## Useful Web Sites: Resource G

The following websites contain information employers can use or share with employees.

### For the employer

**America's Health Insurance Plans** provides on-line calculator that can help you determine your return on investment for tobacco-cessation benefits. The calculator offers a conservative projection, based only on the impact of medical costs—not the impact of lost productivity. <http://www.businesscaseroi.org>

The **National Business Group on Health** hosts A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage. In addition to providing strong rationale for covering tobacco-cessation treatment, it includes technical language to describe and bill for an effective benefit. <http://www.businessgrouphealth.org/benefitsttopics/topics/purchasers/fullguide.pdf>

**Americans for Nonsmokers Rights** maintains a database that can tell you about public smoking policies in your community. It also includes information about how to avoid second-hand smoke in your workplace, community and home. <http://www.no-smoke.org/>

The **Global Smokefree Partnership** addresses why businesses and communities need to ban tobacco and provides tools to help them. The Smokefree in a Box link includes sample policies and a detailed 12-month timeline for becoming tobacco-free. <http://www.globalSmokefreePartnership.com>

**WorkSHIFTS**, a program of Minnesota's Tobacco Law Center, has guides for unions and employers on tobacco use and smoke-free policies, including legal insights on tobacco policy as a bargaining issue. <http://workshifts.org/>

**Free & Clear** offers online and telephone coaching products designed to help employees quit tobacco and improve other key health indicators. <http://www.freeclear.com>

**1-800-QUIT NOW** Find out what kinds of tobacco quit line services are available to the public in your state, including hours of operation, languages spoken and whether someone is eligible for cessation medications. <http://1800quitnow.cancer.gov/> You can order cards to promote the quit line through the Smoking Cessation Leadership Center. <http://smokingcessationleadership.ucsf.edu/>

The **Pacific Business Group on Health** developed *Tobacco Cessation Benefit Coverage and Consumer Engagement Strategies: A California Perspective*. The publication includes specific information about tobacco cessation coverage by insurers in California and more general information about the value of such benefits. [http://www.pbgh.org/documents/PBGH-CDC\\_TobaccoCessation\\_06-2008.pdf](http://www.pbgh.org/documents/PBGH-CDC_TobaccoCessation_06-2008.pdf)

**Mayo Clinic Nicotine Dependence Center** provides information on quitting tobacco and offers an inpatient tobacco treatment program. <http://www.mayoclinic.org/stop-smoking/programs.html>

## **For the employee who wants to quit tobacco**

The **National Cancer Institute** offers tips for handling quitting challenges, including cravings, irritability, stress, depression, boredom and drinking. <http://www.nci.nih.gov/> The Institute also hosts a site focused on individuals quitting tobacco: <http://www.Smokefree.gov> You will find printed materials, information about available support through telephone and text-messages and a list of tobacco-related research that may need study subjects.

The **Centers for Disease Control and Prevention** website includes information on tobacco use, nicotine addiction and tips on quitting smoking. The CDC also has a booklet that makes the case for establishing tobacco-free policies at work, *Save Lives, Save Money: Make Your Business Smoke Free*. [http://www.cdc.gov/tobacco/secondhand\\_smoke/00\\_pdfs/save\\_lives\\_save\\_money.pdf](http://www.cdc.gov/tobacco/secondhand_smoke/00_pdfs/save_lives_save_money.pdf)  
<http://www.cdc.gov/tobacco/>

The **Agency for Healthcare Research and Quality** has materials in English and Spanish to help smokers quit, including a five-day quit countdown that can be downloaded onto a palmtop computer. <http://www.ahrq.gov>

Smoking causes at least 15 kinds of cancer. The **American Cancer Society** offers information about smoking, prevention and the Fresh Start cessation program for pregnant women. <http://www.cancer.org/>

Smoking causes 87 percent of lung cancer cases. The **American Lung Association** has materials for the public and healthcare professionals and the on-line Freedom from Smoking cessation curriculum. <http://www.lungusa.org/>

Smokers are two-to-three times more likely to die from heart disease than nonsmokers. The **American Heart Association** urges consumers to fight heart disease and stroke through lifestyle changes, including quitting tobacco. <http://www.americanheart.org/>

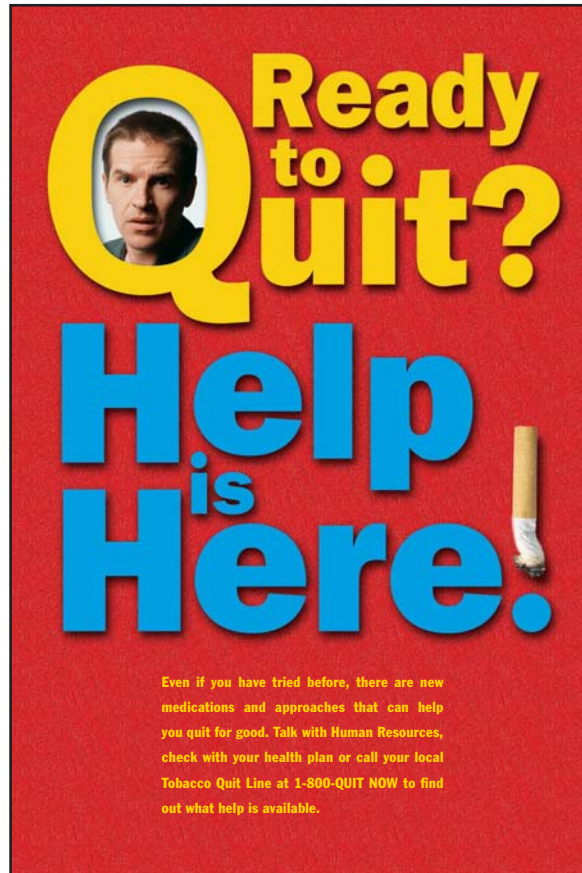
**Nicotine Anonymous** is a 12-step support program designed to help people live without using tobacco. Meetings are available by telephone, over the internet, and in many communities. <http://www.nicotine-anonymous.org>

<http://www.QuitNet.com> provides on-line support for quitting tobacco, including research information, testimonials, on-line communities, and cessation resources in your locale.

<http://www.BecomeAnEX.org> is an on-line program of the **American Legacy Foundation** that focuses on relearning life without cigarettes. Users can create a quit plan, access information, and share stories and strategies through virtual groups.

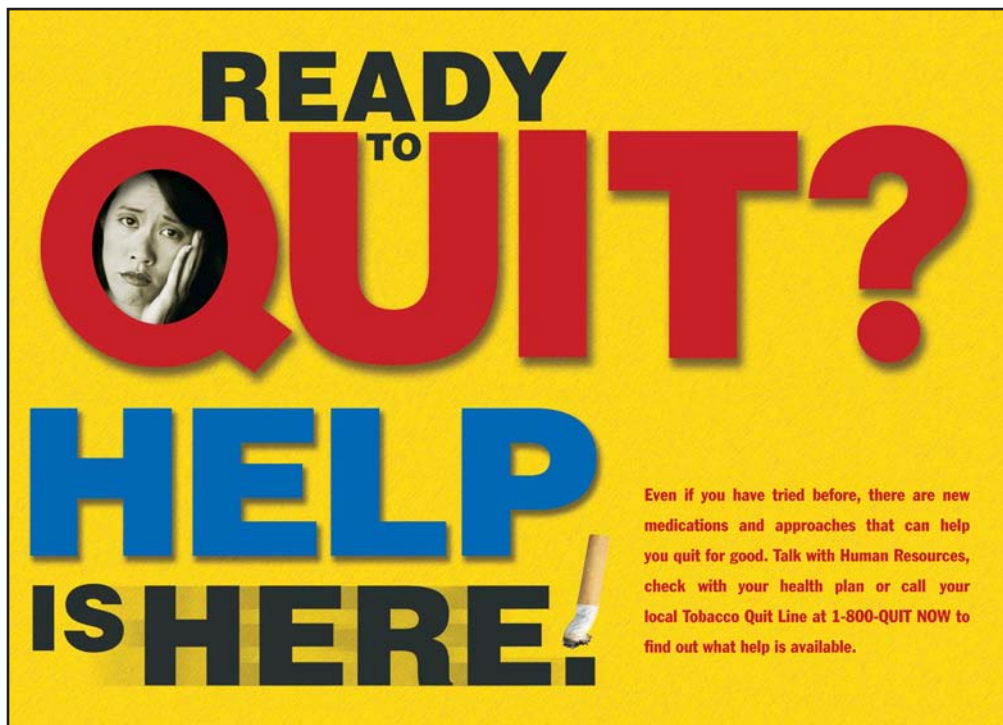
## Posters: Resource H

Please download the pdf Resource H to print these posters



**Q** Ready  
to  
**Quit?**  
**Help**  
is  
**Here!**

Even if you have tried before, there are new medications and approaches that can help you quit for good. Talk with Human Resources, check with your health plan or call your local Tobacco Quit Line at 1-800-QUIT NOW to find out what help is available.



**READY**  
**TO**  
**QUIT?**  
**HELP**  
**IS HERE!**

Even if you have tried before, there are new medications and approaches that can help you quit for good. Talk with Human Resources, check with your health plan or call your local Tobacco Quit Line at 1-800-QUIT NOW to find out what help is available.

## Materials You Can Use: Resource I

Here are two articles which you can use in your company newsletter or adapt to a flyer.

(Publish in mid-to late-October so smokers can prepare to quit.)

### It's a great day to quit tobacco!

The Great American Smokeout is drawing near – and if you've been thinking of quitting tobacco, why not join with others on (date)?

The smokeout, held every year on the third Thursday in November, is sponsored by the American Cancer Society to encourage smokers to quit for at least one day, in hopes they will quit forever.

Experts agree that choosing a quit date in advance (like the Great American Smokeout) is the first step toward becoming tobacco-free. By choosing a quit date, you can prepare yourself and those who care about you for this important step.

Even if you've tried to quit before, research shows that you can double or triple your chances of successfully quitting if you find the right mix of medicine and support. If you are ready to quit, call the Tobacco Quit Line at 1-800-QUITNOW. In addition, (Name of your company) provides these services: (List them here, or ref who can give them this information.)

If you would like to make this your day to quit, seek the help you need from friends, co-workers, family and professionals. In addition to the services we provide, there is help on the Internet. Check out the American Cancer Society's website at [www.cancer.org](http://www.cancer.org).

Let our Human Resources folks know if there's any way we can help. Good luck!

(Publish anytime)

### Thinking About Quitting Smoking? 10 Great Reasons To Quit Today!

When you quit smoking, you will experience physical and emotional benefits that begin within an hour, and will continue for years. If you have been thinking about quitting smoking, here are 10 great reasons to make the change today:

1. Save money. A pack-a-day smoker will save more than \$1,400 each year!
2. Smell better. Your clothes, hair, car and house will no longer have that stale cigarette smell.
3. Look better. Nonsmokers have fewer wrinkles and healthier skin than smokers.
4. Enhance your sense of taste and smell. Within just 48 hours, you develop a keener sense of smell and taste.
5. Live to see your grandchildren. People who quit smoking before age 50 have half the risk of dying in the next 15 years, compared with continuing smokers.
6. Improve your health. When you quit smoking, you decrease the risk of heart attack, stroke, bronchitis, emphysema, lung cancer and all other cancers.
7. Improve your child's health. Children who live in smoke-free homes are less likely to have asthma, coughs and colds.
8. Have a healthy baby. Women who stop smoking before pregnancy decrease the risk of having a low birth-weight baby and increase the chances of a healthy pregnancy and a healthy newborn.
9. Breathe easier. As soon as two weeks after quitting, you increase your lung function by as much as 30 percent, making it easier to breathe.
10. Pump up your energy level. Within a month of quitting, your stamina will increase.

Quitting smoking is not easy, but there are resources available that can make it easier. (Insert company name) is committed to helping you quit. For more information on the benefits that are offered to help you quit for good, call Human Resources at (insert phone number). Or call 1-800-QUITNOW.

## Promote It! Checklist: Resource J

| <b>BENEFITS OR SERVICES WE PROVIDE</b>   |                    |                  |
|--|--------------------|------------------|
| BENEFIT  | INSURANCE PROVIDER | COPAY/DEDUCTIBLE |
| Medications<br>Type:   |                    |                  |
| Counseling<br>Number of sessions:  |                    |                  |
| Other  |                    |                  |
| <b>OUR PROMOTION STRATEGIES</b>  |                    |                  |
| PROMOTION  | WHO WILL DO IT     | WHEN             |
| Posters at work<br>Locations:  |                    |                  |
| Company intranet   |                    |                  |
| Company newsletters  |                    |                  |
| Flyers and postcards   |                    |                  |
| Group meetings   |                    |                  |
| Other:   |                    |                  |
| <b>OTHER SUPPORT WE'LL PROVIDE</b>   |                    |                  |
| Barriers to quitting, identified by our employees:   |                    |                  |
| Changes we can make in the workplace:<br>(e.g.: smoke-free property, stress reduction)                   |                    |                  |
| Support we can provide at work:<br>(e.g.: on-site classes; wellness promotion; mints, toothpicks or gum) |                    |                  |
| Special events we can promote:<br>(e.g.: Great American Smokeout, health fair)                           |                    |                  |

# Sample Tobacco-Free Workplace Policy: Resource K

**Name of Company**

## 1. PURPOSE

**1.1** \_\_\_\_\_ desires to promote the health and wellness of employees by incorporating a total “tobacco-free” workplace. Subsidiaries can individually manage their transition to a “tobacco-free” workplace based on their current smoke-free status, but must be totally tobacco-free by no later than \_\_\_\_\_.

**1.2** To be in compliance with this policy, companies must communicate the tobacco-free workplace policy to employees and develop site-specific implementation plans in conjunction with site management, Human Resources, and Health & Safety no later than \_\_\_\_\_.

**1.3** Each affiliate is expected to establish a company policy of its own which incorporates each of the elements described in this corporate policy. Where local laws restrict certain concepts in the policy, it is expected that the local company policy will be modified to be permissible under the law.

## 2. PRODUCTS COVERED

**2.1** The personal health hazards related to all tobacco products, which include but are not limited to, smoking (e.g., cigarettes, pipes, cigars, hookah, etc.) and/or using smokeless tobacco (e.g., snuff, chew-gutka, jarda, betel quid, etc.), have been well-documented. The health hazards affect the smoker and the nonsmoker who is exposed to secondhand smoke. It is the intent of \_\_\_\_\_ to provide all employees with a work environment conducive to good health.

## 3. APPLICATION OF POLICY

**3.1** This policy is applicable to all employees, contractors, and visitors while on the property at any of our locations worldwide. As necessary, this policy will be modified to comply with local laws regulating designated smoking areas.

**3.2** All employees, contractors, and visitors are prohibited from using tobacco at \_\_\_\_\_ company workplaces. The workplace is defined as inside all company-owned or leased facilities, as well as outside on the grounds and parking lots, and personal vehicles on company property. This policy also applies to company-sponsored meetings and events on or off company premises. Prohibited uses of tobacco include but are not limited to smoking (e.g., cigarettes, pipes, cigars, hookah, etc.) and/or using smokeless tobacco (e.g., snuff, chew-gutka, jarda, betel quid, etc.).

**3.3** Tobacco-cessation and awareness programs, behavioral modification tools, referrals, and resources will be made available to employees who desire to stop tobacco use.

**3.4** Employee non compliance with the policy will result in disciplinary action.

**3.5** Any questions regarding this policy should be referred to the local Human Resources and/or Health & Safety representative.

# Sample Smoke-Free Policy

**Name of Company**

## **PURPOSE**

To protect and enhance indoor air quality and contribute to the health and well-being of all employees, \_\_\_\_\_ shall be entirely smoke-free effective \_\_\_\_\_.

## **POLICY**

Smoking will be strictly prohibited within all company work areas and public spaces, including conference rooms, reception areas, restrooms, stairwells, hallways, work stations, parking areas and company-owned vehicles.

This policy applies to all employees, clients, contractors and visitors. Copies of this policy shall be distributed to all employees. The company's policy will be posted at all entrances and throughout the building.

## **ASSISTANCE TO SMOKERS**

Employees who smoke and would like assistance quitting may participate in stop-smoking programs offered by this company.

## **ENFORCEMENT OF POLICY**

The success of this policy will depend upon the thoughtfulness, consideration and cooperation of smokers and nonsmokers. All employees share in the responsibility for adhering to and enforcing the policy.

### **Complaints**

Persons observing a violation of this policy should bring it to the attention of their supervisor or the Health and Safety Committee.

### **Investigations**

Supervisors or the Health and Safety Committee receiving a complaint will investigate and take action to resolve the issue as soon as possible.

### **Violators**

Persons found to have violated this policy will be subject to disciplinary action in the same manner and magnitude as violations of other company policies.

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