



Professional
Assisted
Cessation
Therapy

Employers' Smoking Cessation Guide

Practical Approaches to a Costly Workplace Problem

A RESOURCE DEVELOPED BY PACT
(PROFESSIONAL ASSISTED CESSATION THERAPY),
AN INDEPENDENT CONSORTIUM OF LEADERS IN THE TREATMENT OF
TOBACCO DEPENDENCE WHOSE MISSION IS TO LOWER BARRIERS
TO BROADER UTILIZATION OF CESSATION THERAPY
THROUGH EDUCATION AND ADVOCACY

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ABOUT PACT

Employers' Smoking Cessation Guide: Practical Approaches to a Costly Workplace Problem was developed by PACT (Professional Assisted Cessation Therapy), whose members collaborate in the creation and dissemination of educational materials with the aim of motivating healthcare professionals in all disciplinary areas to promote smoking cessation and empower patients to quit.

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INTRODUCTION

Tobacco dependence is our nation's #1 preventable health problem. It has considerable impact on the balance sheets of corporations and smaller employers, on workplace productivity, and on the health and well-being of employees and their families. While few states mandate that employers cover treatment for smoking cessation in their group health plans, it is in employers' best interests to formulate a voluntary, proactive, and prevention-oriented response to employee smoking, both to avoid mandates, and, more importantly, to reduce the negative effects of smoking. Employers have a particular stake in smoking cessation treatment and prevention since, as of 2000, 64.1% of Americans received health coverage through their employers.¹ Tobacco, especially cigarette smoking, exacts a toll on organizations in healthcare costs, disability, lost time, fires, insurance, and liability.

The cost of smoking is enormous for business and industry. Large employer health claims and life insurance costs attributable to smokers are reckoned in the millions of dollars, with self-insured employers hardest hit. Nationwide, by some estimates, earnings lost due to absenteeism and decreased productivity cost billions. Add to these other costs traceable to the effects of smoking—Workers' Compensation claims, accidents and fires, smoke pollution, illness due to environmental tobacco smoke (ETS), and disability claims—and the total price tag for this rampant addiction starts to become apparent.²

Nevertheless, the opportunity for employers to reduce the negative impact of smoking has never been greater. Both large and small employers have affordable options at their disposal. These include helping employees to quit through health plan coverage and management (including coverage of smoking cessation pharmacotherapy), workplace smoking policies, and tobacco cessation counseling.

Awareness of the cost of smoking and of the impact of secondhand smoke is growing as state and local governments increasingly mandate workplace smoke-free policies. The need is self-evident and the climate right for employer involvement in smoking prevention and cessation. Employers must rise to this challenge.

Employers' Smoking Cessation Guide: Practical Approaches to a Costly Workplace Problem is intended to help make this process straightforward and successful. Employers interested in learning more about workplace smoking cessation initiatives can use it as a road map for understanding this important task. First of all, it provides a business case for investing time and money in developing employer-sponsored smoking cessation policies and programs. It also provides information for public and private sector personnel (e.g., those working in human resources, employee benefits, occupational health) who have a stake in managing the health and performance of employees and their families. Executives in managed care organizations who wish to better understand and respond to the needs of their group health clients will also find the *Guide* useful. It contains practical advice and tools for developing effective smoking cessation initiatives for large and small employers, as well as those who work with employers.

KEEPING PROFITS FROM GOING UP IN SMOKE: THE BUSINESS CASE FOR EMPLOYER INVOLVEMENT IN SMOKING CESSATION

The Health Costs of Smoking

Smoking is the most preventable cause of death and disease in our society, resulting in nearly 1 in 5 deaths in the United States.³ *Healthy People 2010*, a set of objectives for the nation developed by public and private sector experts and coordinated by the Office of Disease Prevention and Health Promotion of the Department of Health and Human Services, has identified tobacco use as one of the 10 “Leading Health Indicators” that determine both the quality and quantity of healthy life.⁴ According to the Surgeon General, more than 430,000 Americans—almost 1,200 daily—die each year as a result of tobacco use.⁵ Secondhand smoke kills more than 50,000 nonsmokers each year.⁶

For cigarette-smoking employees, tobacco use is a greater cause of death and disability than their workplace environment.⁷ The combination of smoking with exposure to hazardous workplace substances poses an even graver health risk. Nonsmokers exposed to ETS also have higher death rates from cardiovascular disease than nonsmokers.⁸ Table 1 shows Centers for Disease Control and Prevention (CDC) data on the number of deaths in the United States during the period 1995-1999 that were directly attributable to cigarette smoking, as well as the corresponding total lost years of life. More than two thirds of annual cancer deaths and more than half of deaths from respiratory diseases during this period are directly attributable to smoking.

Table 1.**Smoking-Attributable Mortality, Total Annual Deaths, and Years of Potential Life Lost, Grouped by Cause of Death—United States, 1995-1999⁹**

Disease Category	Deaths		Total Years of Potential Life Lost
	Directly Attributable to Smoking (% of Total)	Total	
Cancers	155,761 (67.4%)	231,024	2,335,701
Cardiovascular diseases	148,605 (15.8%)	940,761	2,072,006
Respiratory diseases	98,007 (51.9%)	188,727	1,104,698
Perinatal conditions	1007 (10.0%)	10,057	76,224
Burn deaths	966	—*	27,756
Secondhand smoke deaths:			
Lung cancer	3000	NA	—*
Ischemic heart disease	35,053	NA	—*
Overall total	442,398	—*	5,616,385

NA = not applicable

*Data not available

The results of an American Cancer Society study of the increased risk of smoking-related death in throughout the United States are sobering (Table 2).

Table 2.

Percentage Increase in Mortality Risk for Cigarette Smokers, Aged 35 Years or Older, Compared to Subjects Who Never Smoked Regularly. Four-Year (1982-86) Follow-Up Study of American Cancer Society 50-State Study^{10*}

Cause of Death	Increase (%)	
	Males	Females
All Causes	134	90
Cardiovascular		
Coronary heart disease age ≥ 35	94	78
Coronary heart disease age 35-64	181	200
Coronary heart disease age ≥ 65	62	60
Other heart disease, including hypertensive heart disease	85	69
Cerebrovascular lesions age ≥ 35	124	84
Cerebrovascular lesions 35-64	267	380
Cerebrovascular lesions ≥ 65	94	47
Other circulatory disease, including non-syphilitic aortic aneurysm and general arteriosclerosis	306	200
Lung Diseases		
Chronic obstructive pulmonary disease	865	947
Other respiratory disease, including influenza and pneumonia	99	118
Cancer		
Lip, oral cavity, pharynx	2648	459
Esophagus	860	925
Pancreas	114	133
Larynx	948	1678
Lung	2136	1094
Cervix uteri	—	114
Kidney	195	41
Bladder, other urinary organs	186	158

*Source: Unpublished tabulations. American Cancer Society.

There are additional health risks associated with cigarette smoking, as well as exposure to ETS (Table 3).

Table 3. Additional Health Consequences of: A) Tobacco Use and B) Environmental Tobacco Smoke.¹¹

A. TOBACCO USE

Women's Health

- Intrauterine growth retardation, leading to low birth weight babies
- A contributing factor for cervical cancer
- A probable cause of unsuccessful pregnancies

Other

- Addiction to nicotine
- Adverse interactions with occupational hazards that increase risk of cancer
- Alteration of the actions and effects of prescription and nonprescription medications
- A probable cause of peptic ulcer disease

B. ENVIRONMENTAL TOBACCO SMOKE

- Lung cancer in nonsmokers
- Higher death rates from cardiovascular disease in nonsmokers
- In children:
 - Respiratory tract infections
 - Increased prevalence of fluid in the middle ear
 - Additional episodes of asthma and increased severity of symptoms in children with asthma
 - Risk factor for new-onset asthma in children who have not previously displayed symptoms
- Increased risk of sudden infant death syndrome (SIDS)
- Increased irritant effects, particularly eye irritation, among allergic persons

The Financial Costs of Smoking

In a study of 6 large employers with a total of more than 46,000 employees, The Medstat Group determined that former smokers cost the companies \$4.5 million annually in health claims and current smokers cost \$2 million.¹² The CDC has reported the nationwide smoking-attributable productivity costs during the period 1995 to 1999 at more than \$81

billion annually.⁹ Combined with smoking-attributable medical expenditures for the year 1999 at more than \$75 billion, the CDC reports a total economic loss in excess of \$157 billion annually (Table 4).

Table 4. Annual Smoking-Attributable Economic Costs for Adults and Infants—United States, 1995-1999⁹

Cost Component	Total Cost (in millions of dollars)	Cost Per Smoker (in dollars)
Adult Costs		
Annual productivity costs	\$ 81,872	\$1,760
Medical expenditures, 1998	\$ 75,448	\$1,623
Total Adult Costs	\$157,360	\$3,383
Total Infant Costs	\$ 366	\$ 704
Total Costs	\$157,726	\$4,087

According to the CDC, the factors associated with smoking that contribute to increased costs for employers include:¹¹

- 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 ETS
- Recruiting and retraining employees when employees die or are disabled due to smoking
- Liability costs associated with exposure to ETS
- Morale and image
- Penalties associated with noncompliance for community/state ordinances

The Benefits of Smoking Cessation for Employers and Employees

Benefits for Employers

The costs involved with smoking are great for employers and employees, as are the benefits gained by both in promoting workplace smoking cessation initiatives and policies. Many employers, enlightened by these facts, are now opting to extinguish cigarette smoking in the workplace. Almost 50% of employees now work in facilities where smoking is prohibited in their work area or in shared work spaces, and more than 80% work for companies that have an ETS policy.¹³ Table 5 shows the proportion of adults in the United States who reported they worked in a smoke-free workplace in 1999.

Table 5. Proportion of Adults* Who Reported a Smoke-Free Workplace† by State—United States, 1999¹⁴

	Adults in a Smoke-Free Workplace
Colorado	72.1
Delaware	76.3
District of Columbia	82.0
Iowa	73.5
Mississippi	61.3
Montana	75.6
Nebraska	74.4
New Jersey	78.2
New York	75.7
North Carolina	72.0
North Dakota	73.9
Ohio	72.4
Oklahoma	64.1
Pennsylvania	69.7
South Carolina	67.8
West Virginia	73.5
Wisconsin	64.4
Wyoming	66.5

* Respondents ≥ 18 years of age.

† A smoke-free workplace was defined as an indoor work environment that was reported as having an official policy that did not allow smoking in common, public, or work areas.

For employers, some of the particular benefits of a smoke-free workplace include:

- **Enhanced morale and image:** Smoke-free workplace policies and other initiatives to help employees give up smoking communicate that the employer cares about the health and safety of its employees and community. This is particularly important in light of the fact that approximately three quarters of employees are nonsmokers.
- **Increased productivity and reduced medical costs:** Smoking cessation initiatives reduce the costs of doing business by reducing the impact of ETS on nonsmokers and controlling the increased absenteeism and medical costs attributed to smokers. According to the National Center for Health Statistics, the civilian noninstitutionalized population of cigarette smokers in 1985 who are 25 years and older is expected to incur excess medical expenditures of \$501 billion (or \$6,239 per smoker) over its remaining lifetime.¹⁵ Another study found that nonsmokers spent fewer years with disability than smokers, and that eliminating smoking not only extends life and results in an increase in the number of years lived without disability, but also decreases disability time by 2.5 years for men and 1.9 years for women.¹⁶

Benefits for Employees

There are also compelling reasons for employees to be involved in employer-sponsored antismoking initiatives. A recent study by the Partnership for Prevention sponsored by the CDC ranked 30 preventive services based on their cost effectiveness and potential to protect health for average-risk patients.¹⁷ Tobacco cessation counseling/treatment for adults and offering adolescents an anti-tobacco message or advice to quit were among the highest ranked services with the lowest costs. The study reported that if counseling were delivered to all smokers on a regular basis, approximately 70,000 deaths could be prevented in one year. Furthermore, preventing adolescents from ever smoking could save even more lives. Unfortunately, these services currently reach less than half of all Americans.

Why the Workplace?

Given that the overall percentage of smokers has not declined in recent years, it is appropriate for employers as major healthcare purchasers to push for change. Despite convincing data, some employers and unions may hesitate to address a personal health habit such as smoking, preferring to leave this to physicians and the healthcare delivery system. However, employer-sponsored initiatives are intended to support and complement healthcare providers' smoking cessation efforts, not replace them. Moreover, there are gaps in smoking cessation services provided by the healthcare delivery system. According to the previously mentioned Partnership for Prevention study, managed care organizations—the primary mechanism through which employees receive healthcare coverage—are not doing enough to help enrollees quit smoking.

Although there is clear evidence that counseling and medication [including nicotine replacement therapy and bupropion (Zyban®)] can effectively address the nation's leading killer,^{18,19} a third of smokers enrolled in managed care did not receive advice to quit from their providers in 1999.²⁰ This figure is expected to be even higher for all smokers combined. Only 21% of practicing physicians say that they have received adequate training to help their patients stop smoking, according to a recent survey of U.S. medical school deans published in the *Journal of the American Medical Association*.²¹ At present, the majority of medical schools do not require clinical training in smoking cessation techniques.

The work environment, if thoughtfully structured, can provide an ideal support system for employees wishing to quit. According to a recent report from the Surgeon General, comprehensive tobacco prevention programs are most effective in addressing tobacco use.²² With an approach that combines adequate health plan coverage for smoking cessation and prevention, a supportive work environment and educational

initiatives, and restrictions on workplace smoking, employers are perfectly situated to create a nonsmoking culture.

The Partnership for Prevention publishes *Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers, Large and Small*, an easy-to-understand guide for planning a worksite health promotion program and a catalog of free or inexpensive resources to plan and implement a health promotion program where you work. The booklet can be obtained from their Web site, www.prevent.org.

From a purely economic standpoint, such programs make sense for employers. The average employee remains with a firm 4 to 6 years, but frequently only remains with a health plan 2 to 3 years. Therefore, the employer benefits from the change in smoking status. The employer also benefits in reduced absenteeism due to smoking-related illness and reduced healthcare costs, and a corresponding increase in productivity.

HOW EMPLOYERS CAN PROMOTE WORKFORCE SMOKING CESSATION

Issues, Initiatives, and Target Populations

Employers who wish to promote workforce smoking cessation and a smoke-free work environment should develop a strategy that addresses the needs of the following 5 distinct groups of employees and their dependents with health coverage.

- **Smokers who wish to stop smoking** and whose needs include access to high quality treatment (counseling, education, and drug therapies), assistance in paying for treatment, and a supportive work environment and policies
- **Smokers who are *not* ready to stop smoking** but who employers can attempt (appropriately) to motivate through incentives/disincentives, education, and workplace policies
- **Recent ex-smokers** who often require follow-up support to prevent relapse
- **Nonsmokers** who do not wish to be subjected to ETS
- **Supervisors and managers** who need practical guidelines for implementing smoking policies and addressing conflicts between smokers and nonsmokers, as well as resources to which they can refer employees who wish to quit smoking

Decision makers have 3 primary tools with which to address the interests of these various constituencies: 1) health plan reimbursement and plan design, 2) policies regarding smoking at work, and 3) workplace-based smoking cessation initiatives (Table 6).

Table 6. Three Primary Tools Available to Decision Makers

Tool	Specific Examples
Health Plan (reimbursement and plan design)	<ul style="list-style-type: none"> • Coverage of drug therapies • Counseling by healthcare providers • Risk rating of health insurance (pages 29 and 30) • Health-plan-sponsored counseling in community or via Internet or telephone • Physician incentives to provide counseling • Flexible benefit credits to finance cessation interventions
Smoking Policies	<ul style="list-style-type: none"> • No smoking permitted • Smoking in separately ventilated areas • Other smoking restrictions (e.g., only in one part of cafeteria)
Workplace-Based Smoking Cessation Initiatives	<ul style="list-style-type: none"> • Newsletter articles on the benefits of quitting • Health risk appraisals and other workplace health promotion/wellness activities • Special events (e.g., The Great American Smoke-out, health fairs) • On-site or community-, intranet-, or telephone-based counseling services

These categories of initiatives are interdependent and often overlap. For example, many employers sponsor on-site smoking cessation classes or counseling for employees (i.e., workplace-based initiatives), and also provide coverage for such classes indirectly for employees and dependents through their health plan. Some employers, especially those with on-site medical dispensaries or primary care centers, provide pharmacotherapy through occupational medicine personnel and/or health plan reimbursement. They may charge smokers higher health premiums, limit or prohibit on-site smoking, and then provide encouragement with on-site smoking counseling at a reduced rate.

This interdependent approach is the result of:

- Today's more sophisticated business needs (e.g., greater awareness of the financial impact of smoking, less tolerance for smokers, an understanding of ETS);
- An increased understanding of successful motivational (e.g., economic incentives, self-help materials) and clinical (e.g., medications, including nicotine replacement therapy and bupropion; professional counseling) strategies;
- Technology that extends the reach of smoking cessation resources
 - Telephone counseling, which has been extensively evaluated and provides the quickest outreach and efficacy
 - Internet-based initiatives/counseling

Taken together, these initiatives can establish a corporate culture that supports cessation for all employees. This contrasts workplace smoking cessation initiatives of 15 to 20 years ago, which consisted mainly of on-site group classes and lacked pharmaceutical intervention, benefits coverage, or smoke-free policies.

These initiatives are inexpensive to implement, which makes them appropriate for employers with few employees or limited budgets. Small employers can, for example, contract with health plans that provide coverage for smoking cessation drugs and counseling, and take advantage of low-cost community- or Internet-based educational programs. (See **Appendix** for examples of free or low-cost smoking cessation initiatives offered by community-based not-for-profit organizations, such as the American Cancer Society.)

A CASE IN POINT: UNION PACIFIC RAILROAD— ON TRACK WITH SMOKING CESSATION

Union Pacific Railroad is an example of an employer that has pursued a thoughtful, integrated, and incremental employee smoking cessation strategy—with impressive results. The Railroad has reduced the incidence of smoking in its population from 40% in 1993 to 25% in 2001. Having achieved this impressive reduction, medical and management personnel are aiming for further reductions to 15% by 2004. According to Dr. Dennis Richling, a physician and Assistant Vice President for Health Services, “If we can do it, *anyone* can.” Dr. Richling cites numerous circumstances that made Union Pacific’s situation particularly challenging and ultimately gratifying, including:

- 50,000+ employees throughout the country who are difficult to reach because they travel constantly;
- Ninety percent of employees belong to a union, raising issues of negotiated benefits and personal lifestyle freedom;
- A high incidence of smoking among employees.
 - A health culture survey conducted in 1995 showed that employees had very negative attitudes toward health and personal care;
 - A health risk appraisal and a review of medical claim costs conducted at the same time corroborated these results.

Approach: Keys to Success

A follow-up health culture survey conducted in 2001 showed one of the biggest improvements researchers had ever seen, culminating in the current level of 25% smokers.

Union Pacific attributes this success to a number of factors:

- **A good relationship with the union** – Management worked hard to cultivate trust in health promotion by the unions, who are supportive of smoking cessation, albeit in a somewhat passive way.
- **Top management support** – Smoking cessation is a key business objective, actively supported by senior management.
- **An integrated approach** – Union Pacific combined smoking policies, awareness education, risk identification, and clinical interventions.

- **Incremental and continuous improvement** – Rather than imposing an ambitious agenda on its employees, management developed its smoking cessation initiative gradually, continuously improving it and piloting new approaches.

The railroad's smoking policy has evolved from one that provided smoking rooms in 1987 to one that prohibited smoking at all sites and on all equipment by 1999. Its innovative behavioral interventions included pioneering telephone counseling in the early 1990's. A study of the impact of Zyban *in combination with* counseling was conducted in 1999 by Union Pacific, and results were shared with health plans and senior management. Zyban is now covered by the major union health plans and the company also plans to provide coverage for nonunion employees not covered by their health plans. This new system-wide smoking cessation program—called B.O.B. (Butt-Out & Breathe)—offers behavioral support in addition to Zyban.

The Future

Dr. Richling attributes the continuing drop in smoking prevalence to a commitment by the company to view smoking cessation as one of its major business objectives. He hopes that other businesses will follow Union Pacific's lead, and believes that partnerships with other large employers will be critical to reaching the US Government's *Healthy People 2010* objectives. Further, Dr. Richling believes that current industry efforts are not adequately coordinated, and somehow occupational and public health professionals need to work more closely on smoking cessation efforts.²³

Becoming an Informed Purchaser of Smoking Cessation Services

In addition to quantifying the business impact of smoking and identifying the needs of various constituencies, decision makers should acquire a basic understanding of smoking cessation services: what is available, what works, and what questions to ask when purchasing smoking cessation services. Employers do not need to become clinical experts,

but should become informed purchasers so they can efficiently and cost-effectively support employees who are interested in quitting. This entails key people understanding:

- **Effective smoking cessation pharmacotherapy and counseling, according to the best and most recent available research:** The US Public Health Service recently developed a clinical practice guideline, *Treating Tobacco Use and Dependence*,²⁴ to assist purchasers and others in identifying and assessing tobacco users and in delivering tobacco dependence interventions that work. Some of the key findings of this guideline, which represents the latest research in cost-effective treatment, are summarized at www.surgeongeneral.gov/tobacco/tobaqrg.htm.
- **Types of counseling and educational services available:** There are a wide variety of educational and counseling services available to employees, including those provided in physician offices, corporate medical departments or conference rooms, the community, by telephone, on the Internet, or via employer intranets. These services can include:
 - **Self-help:** pamphlets, books, audiotapes, videotapes, mailings, computer programs, Internet/intranet, automated telephone lines
 - **Individual counseling:** face-to-face, telephone, Internet/intranet
 - **Group programs:** classes facilitated by trained professionals, support groups (in-person or on-line)
 - See **Appendix** for specific counseling resources
- **Questions to ask vendors when purchasing smoking cessation services (in person, by telephone or via Internet):**
 - **Experience:** how long the company has been providing services; the number of employees who have participated in their programs; references
 - **Program/counseling methodology:** methods used; program components; research basis; whether stress, exercise, and nutrition are also addressed; relapse prevention; print/online materials available; how pharmacotherapy is addressed; healthcare provider interface; incorporation of support systems (e.g., family, co-workers); number of sessions; readiness to change assessment; flexibility; guest speakers; how referrals into program are made
 - **Access:** non-English-speaking employee needs; inbound and outbound calling (for telephone counseling); ability to cover all work shifts; availability of on-site and off-site programs; ability to handle the required volume
 - **Staffing:** qualifications; training; counseling experience

- **Marketing to employees:** whether vendor provides materials and consultation
- **Evaluation:** 6-month and 1-year quit rates; evaluation methods; methodology for measuring quit rates
- **Costs/guarantees:** cost per employee or per covered member; availability of group discounts; guarantees (e.g., whether employees can repeat the program free or at a reduced rate)
- **Extent of benefit:** how many times can the employee receive the benefit and for how long (e.g., 90 days' duration, 1 time per year; 90 days' duration once only)
- Must **counseling and smoking cessation medications be used concurrently** to obtain benefits?

Deciding on Your Organization's Overall Approach and Objectives

While no single approach will work with all organizations, there are a number of guidelines that, if followed, will facilitate implementation of workplace smoking cessation initiatives.

- **Use an integrated approach—policies, health plans and workplace programs—for maximum impact.** According to the Surgeon General, *comprehensive* tobacco prevention programs are most effective in addressing tobacco use.²² Comprehensive programs are those that combine coverage for medication and counseling, as well as inclusion of workplace smoking bans. This does not need to be costly. For example, small employers can develop policies using existing prototypes approved by their legal counsel, sponsor low-cost community programs such as those offered by the American Lung Association, and select health plans based on the quality of a plan's smoking cessation treatment/prevention programs and benefits.
- **Interweave smoking cessation initiatives with other on-site or off-site employee health programs.** Investigate other programs that will support a nonsmoking lifestyle (e.g., stress management, weight management, and exercise activities). Involve and educate on-site nursing staff in assessing and referring smokers. Work together with the employee assistance program (EAP). Small employers can take advantage of health programs offered by their health plans or by community-based organizations such as the YMCA.
- **Develop a strategy based on an understanding of smoking as an addiction.** Avoid an approach that stigmatizes smokers. Many smokers require multiple quit attempts before they are successful in overcoming their addiction. The workplace

should be a place that supports this challenging process. Balance any restrictions (e.g., higher benefit contributions, restrictions on places where employees can smoke) with cessation incentives and support (e.g., opportunities for counseling, reimbursement for counseling and drug therapies). Benefits and the workplace should be structured to support this challenging process.

- **Determine the level of support that you will provide.** Smoking cessation support ranges from *comprehensive* (e.g., fully-funded benefits, on-site, extensive communication) to *facilitative* (e.g., health plans provide counseling and some medication, the employer provides self-help materials, extensive communication) to *referral-based* programs (e.g., referrals to community providers, self-help materials). Smaller organizations with more limited resources and staffing may want to focus on referral-based programs or work with the managed care program to provide telephone help line services.
- **Use a systematic approach.** Since smoking is a complex human resource issue, consider assembling a task force that, depending on the company size, might include multiple departments, such as benefits, human resources, medical, legal, union, safety, facilities, operations, general management and (smoking and nonsmoking) employee representatives. Then you will be in a position to design your organization's specific smoking cessation activities by:
 - Assessing the cost impact of smoking on your organization (see below);
 - Identifying and speaking with the various constituencies via surveys and/or focus groups;
 - Researching available resources;
 - Deciding on a philosophy and general approach.

A smaller organization may appoint a more limited number of people including, for example, the human resources or office manager, a representative from senior management, and 1 or 2 employee representatives.

- **Assess the cost impact of smoking on your organization.** If self-insured, examine claims data. If a large percentage of employees are in several health plans, the managed care organizations can assist with the process. Diagnoses such as lung cancer, chronic obstructive pulmonary disease, emphysema, and heart disease have very high correlations with smoking. For example, according to the 1989 Surgeon General Report, cigarette smoking increases the risk of death from heart disease approximately threefold in persons less than 65 years of age, and is therefore responsible for 40% to 45% of deaths in this age group.¹⁰ Each health plan can define the cost of each diagnosis, and this can be multiplied times the number of employees with the diagnosis.
- **Assess your strategy's success.** Over time, evaluate both short-term impact (policy awareness, morale, conflict reductions, quality of work, job satisfaction)

and long-term outcomes (reduced numbers of employees who smoke, reduced absenteeism, reduced healthcare costs, reduced maintenance costs). Evaluation should measure whether initial goals have been met, and need not be costly or complex. On a minimum basis, employers can survey employees to determine the perception and impact of the smoking cessation strategy.

USING EMPLOYER HEALTH PLANS TO HELP EMPLOYEES AND THEIR FAMILIES QUIT SMOKING

Practical Steps

Healthcare coverage and health plan management play an important role in promoting employee cessation. As funders of health insurance, employers are in a position to advocate for complete and effective coverage. The following are a number of practical steps that employers, independent of size or budget, can take to ensure that they leverage healthcare coverage to promote cessation and reduce smoking.

1. **Quantify/identify smoking-related costs** and the incidence of smoking in your employee population, and use this information as a basis for dialogue with your health plans. Health plans that participate in the National Committee for Quality Assessment (NCQA) Health Employer Information Data Set (HEDIS) have an estimate of smoking prevalence from their patient satisfaction survey. States also have an estimate of prevalence and an estimate of excess smoking-related healthcare costs from SAMMEC II software. (SAMMEC II adapts national epidemiologic methods for use by State and local health departments.)
2. When reviewing current health plans or re-bidding for health plan coverage, incorporate **“wise shopper” questions** (pages 28 and 29) in correspondence with health plans.
3. Carefully explore the possibility of **risk rating health insurance** to encourage smoking cessation (pages 29 and 30).
4. Look into membership in a local **purchasing coalition** or form one, to leverage your purchasing power.

Costing Out Smoking-Related Reimbursement

A simple yet compelling place for employers to start in determining the fiscal impact of smoking on their businesses and tailoring plan coverage is to quantify the costs of smoking-related diagnoses reimbursed by their health plan.

NCQA and HEDIS

Utilize the HEDIS system, a tool used by more than 90% of America's health plans to measure performance on care and service.²⁵ HEDIS is provided by The National Committee for Quality Assurance (NCQA), a not-for-profit organization that evaluates managed care organizations and provides accreditation and performance measurement programs (www.ncqa.org). The HEDIS system is a set of measures developed by the NCQA in cooperation with the medical care industry, employers and the government. HEDIS data—combined with information from NCQA's accreditation program, a rigorous evaluation of how well a health plan manages its delivery system—provides standardized, comprehensive information about health plan quality and is an excellent comparative tool when selecting a plan in a competitive marketplace.

The NCQA's Open Enrollment Toolkit helps employers choose a quality health plan, and gives tips on doing so, as well as directions to available resources. Information for employers can be found at www.ncqa.org/Programs/cr/employers.htm.

The NCQA also has a free, interactive, online tool called the Quality Dividend Calculator, which allows employers to input their own company's parameters and determine how many of their employees are likely to have one or more of 8 key health conditions such as asthma, diabetes, heart disease, smoking, etc., and what these conditions stand to cost the company. It then demonstrates how choosing a higher-quality health plan can help an employer reduce the sick days and sick wages associated with various illnesses. The Quality Dividend Calculator is available at www.ncqacalculator.com/Ncqa/InputWorkforce.asp.

Calculate Your Company's Health Liability

Table 7 is a worksheet that can be used to calculate the costs of smoking-related diagnoses. Existing health plan reports may contain this information or special reports can be generated by the organization's health plans or by internal healthcare data analysis systems. Benefits and human resource managers can use this data to estimate current tobacco-related disease costs and determine what programs (e.g., smoking cessation counseling, drug coverage) to seek from health plans. It can also serve as a health plan smoking cessation report card.

Table 7. Worksheet: How to Calculate the Costs of Smoking-Related Diagnoses

	ICD-9 Diagnosis Code	% Tobacco- Related	Cost Per Diagnosis	Cost to Your Company
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			
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			
Acute myocardial infarction	410.0			
Coronary atherosclerosis	414.0			

“Wise Shopper” Questions to Ask Health Plans

When reviewing current health plans or going out to bid for a new one, benefits managers can incorporate some or all of the following “wise shopper” questions into written specifications:

- 1.** To what extent have systems changes been implemented to promote Agency for Healthcare Research and Quality (AHRQ) (www.ahrq.gov) or the US Public Health Service tobacco treatment guideline utilization? How will the health plan ensure that these are met?
- 2.** How does the health plan identify and document smokers and smoking cessation interventions?
- 3.** List covered smoking cessation drugs. How frequently are these offered, and for what period of time annually?
- 4.** What counseling (e.g., in-person, online, telephone) do you cover, how often is counseling covered annually, and for what period of time is it covered (e.g., 90 days twice per year)?
- 5.** What counseling/educational programs exist? Can you guarantee that these include the entire geographic area included in our employee population? Please provide a calendar of programs currently offered and their location(s). What are your quit rates and how are they calculated?
- 6.** Describe your plan design for smoking cessation (e.g., co-pay, etc.). Is co-pay in line with other medications?
- 7.** Are over-the-counter medications, such as nicotine patches and gum, covered? Is there a co-pay?
- 8.** Who is eligible for smoking cessation benefits/drugs/counseling? Does this include all covered individuals or only those with a drug benefit?
- 9.** What other educational or counseling materials do you provide (e.g., hard copy, on-line, other)?
- 10.** Provide a photocopy from your standard contract describing covered smoking cessation benefits.
- 11.** How do you motivate healthcare providers to provide smoking cessation counseling (e.g., withholds, bonuses)?
- 12.** How do you assess the percentage of smokers who have received treatment? How is the success of your smoking cessation initiatives evaluated?

13. Please provide your health plan's HEDIS scores and NCQA accreditation for smoking cessation for the last 3 years.

For in-depth information on other smoking cessation benefit information to seek from health plans, consult PACT's *Reimbursement for Smoking Cessation Therapy: A Healthcare Practitioner's Guide*, a free copy of which is available at www.endsmoking.org.

Risk Rating Health Insurance

Health benefit risk rating, or the provision of financial incentives or penalties to promote healthy lifestyles and control of disease risk factors such as cigarette smoking, is a relatively recent and growing development. Tobacco smoking is the most frequently risk rated lifestyle due to its high costs. Risk rating is based on the premise that employees and dependents will modify or manage health risk factors if given appropriate financial incentives or disincentives. Through lifestyle-related incentives and penalties, employers convey the central message that employees share responsibility with employers in managing healthcare costs.

Risk rating may take the form of incentives, penalties, or a combination of the two. While risk rating incentives convey a positive message, they entail immediate additional costs, with a potential long-term payback. Examples of incentives include benefit enhancements, lower deductibles, flexible benefit credits to attend classes or participate in telephone counseling, reduced premiums, extra flexible benefit plan credits, cash incentives to improve health risk factors, and cash incentives to attend health education programs for those who are nonsmokers.

Risk-rating penalties can, on the other hand, be negatively received but generate immediate savings. These include higher deductibles or reduced flexible benefit plan

credits for smokers. One way to counteract the negative impact of penalties is to offer higher benefit contributions for those employees who receive smoking cessation counseling.

Employers interested in pursuing risk rating of health insurance for tobacco smoking should proceed with care.

- Carefully determine goals and objectives, taking both benefit goals and organizational culture into consideration.
 - Are you seeking short- or long-term results?
 - How will employees perceive risk rating?
- Develop a program that is flexible, one that factors in the difficulty of quitting smoking and promotes lifestyle change. Make sure that you approach risk rating carefully, with an eye to both avoiding stigmatizing smokers, some of whom require multiple quit attempts before they are successful, and to preventing potential legal problems.
- Make sure that you assess the impact of the Americans With Disabilities Act, the Health Insurance Portability and Accountability Act (HIPAA), and other applicable state laws or court decisions.
- Decide whether you will require verification of smoking abstinence (e.g., saliva test, written confirmation).

How to Harness Collective Buying Power: Employer Purchasing Coalitions

Employer purchasing coalitions provide the strength with which to advocate for smoking cessation benefits coverage. A number of healthcare purchasing coalitions have been instrumental in extending coverage for smoking cessation treatment, including the Pacific

Business Group on Health in the Greater San Francisco area, the Buyers Healthcare Action Group in Minneapolis, and the Gateway Purchasers for Health in St. Louis. The Gateway Purchasers for Health collects a 2% premium rebate from HMOs with unsatisfactory performance for each of 5 clinical measures, 1 of which is smoking cessation.

The National Business Coalition on Health (NBCH; www.nbch.org) is a “coalition of coalitions,” with a membership of nearly 85 employer-led coalitions across the United States, representing over 11,000 employers and approximately 21 million employees and their dependents. These business coalitions are composed of mostly mid- and large-sized employers in both the private and public sectors in a particular city, county, or region. NBCH member coalitions are committed improvement in the value of health care provided through employer-sponsored health plans. NBCH’s Request for Information (RFI) Toolkit encompasses a broad scope of questions that can be used to evaluate health plan performance and has a number of questions specific to tobacco dependence treatment. Utilization of this tool enables comparisons across plans nationally for larger employers. Information on the toolkit can be obtained at www.nbch.org/rfi-web.htm.

SMOKING POLICIES

Types of Policies and Associated Outcomes

While there is a large array of possible workplace antismoking policies, there are 2 primary types that are viable in today's social, regulatory, and scientific environment: **smoke-free**, which requires a smoke-free environment in company facilities, vehicles, and, in some cases, grounds or property of the employer; and **separately-ventilated areas**. A 1997 study sponsored by the National Cancer Institute showed that, while slightly more than 80% of workers are covered by a written workplace smoking policy, only 46% of indoor workers have a smoke-free policy in their workplace.^{11,26} Some employers take a third approach, that of limiting smoking to non-work areas such as sections of cafeterias or lounges. However, this type of policy, which does not require separate ventilation, is generally viewed as less acceptable today because it exposes other employees to secondhand smoke.

When considering which policy to implement, decision makers should first review relevant laws and ordinances. Employers should also consider the possible outcome of the smoking policy. Smoke-free policies are more likely to reduce healthcare costs by both encouraging employees to reduce their smoking and by eliminating ETS risk. One study found that smoke-free policies could reduce lung cancer mortality among smokers, whereas smoking rooms might increase lung cancer death rates of smokers.²⁷

Enforced smoke-free policies thus have the greatest positive health impact, offering the best protection from secondhand smoke and primary smoking while at work. They may also reduce company fire and liability insurance premiums. Smoke-free policies are easier to administer and less expensive to implement, requiring no special facilities or ventilation. They also create opportunities for reduced insurance costs and lower maintenance costs.

Perhaps most significantly, they send a clear message that smoking is not tolerated, providing the greatest motivation to smokers to quit.

Despite the potential for greater positive impact on employee health and safety and on profits, some employers choose not to go smoke-free because they do not wish to be perceived as “too extreme” or do not wish to cause discomfort to smokers. Some employers establish interim policies and gradually implement a smoke-free environment.

When considering the type of workplace smoking policy to implement, ask the following questions:

- Is our organization willing to **support employees** with resources (e.g., reimbursement for medication, smoking cessation counseling) to help them quit while it restricts their ability to smoke during working hours?
- How will the policy fit into our **overall organizational smoking strategy**? Will we also provide support (e.g., corporate culture, health benefit design) for employees who wish to smoke?
- What do relevant **laws and ordinances** require? How will we capitalize on existing ordinances to maximize our smoke-free workplace initiatives? Strong local smoking ordinances have been shown to increase the likelihood that workplace smoking policies will be in place, and that employees will quit.²⁸
- In light of the organization’s **culture, employee health, and the work environment**, what policy will provide the best protection? (Tip: place the emphasis on health and safety, rather than individual rights. Focus on smoke, not on smokers.)
- What policy will be **most beneficial to the organization**?
- What policy will **management and employees** support? (Don’t make assumptions about this; conduct surveys or focus groups.)
- What are **customer and community expectations** regarding ETS?
- If employees **smoke outside the front door**, how will this be perceived by visitors to the building?
- What **policies, if any, already exist**, and how are they perceived? Where are employees and visitors allowed to smoke? Is this a written company policy?

- What **support programs and benefits already exist** to help smokers and their families quit? What will we add?
- If applicable, how will we involve our **unions** in the dialogue, and how do our unions perceive smoking policies?
- Have we developed an employee and management **communications and training** strategy for articulating and managing the smoking policy? Have we identified other natural opportunities for promoting the policy (e.g., New Year's resolutions, the American Cancer Society's Great American Smoke-Out in November, a company health fair)?
- Does our implementation timetable allow a **transition period**?
- Has our **legal counsel** reviewed our policy and its implementation/communications plan? (Your legal counsel should review your draft policy with regard to its compliance with the Americans With Disabilities Act and the Health Insurance Portability Acts [HIPAA]. For example, the HIPAA would prevent employers from denying healthcare coverage to smokers.)

Specific Policy Contents

The workplace smoking policies should be posted, and include:

- The purpose of the policy.
- A link between the smoking policy and the organization's overall workforce/human resource management values and strategy.
- Clear statements of:
 - Where smoking is prohibited;
 - Where smoking is permitted (if anywhere);
 - Enforcement methods and consequences of noncompliance;
 - Available support for smokers wishing to quit (e.g., counseling, health plan coverage).
- Contact person who can answer questions (name, telephone number, E-mail address).
- Effective date and transition period allowed, if any.

Making Your Workplace Smoke-Free: A Decision Maker's Guide is a model smoke-free policy developed by the Centers for Disease Control. It is available at www.cdc.gov/tobacco/research_data/environmental/etsguide.htm. This sample policy can be used as a starting point, however, the policy implemented by your organization must be tailored to your organization's needs.

WORKPLACE-BASED SMOKING CESSATION INITIATIVES: OPTIONS FOR ALL EMPLOYERS, LARGE AND SMALL

Workplace-based quit smoking strategies are an essential part of an effective smoking cessation/smoke-free workplace initiative and constitute gestures of support. They provide employees with the tools to do something about their smoking habits, and they set the tone for a positive, health-oriented work environment. They complement the counseling and drug benefits offered through health plans to employees and their families. The workplace can provide a built-in support system, allowing employers to capitalize on a relatively “captive audience” to change health views and promote healthy lifestyles. Ideally, smoking cessation will be part of a broader workplace-based health promotion or wellness program. Employees do best if they are supported in learning a healthy lifestyle that includes exercise, weight management, proper nutrition, and stress management, rather than simply assisted in quitting smoking. On-site programs also offer the simple advantage of convenience for time-strapped employees.

Traditionally, workplace-based quit smoking programs took place exclusively on-site or through attendance in community-based programs, often subsidized by the employer. Today, the options available to support employees and the definition of “workplace” have expanded to include the Internet and telephone quitlines. New technologies have enabled both employers with limited budgets and those with employees working at multiple sites or in different time zones to offer smoking cessation initiatives.

In summary, **employers of all sizes and budgets** can provide direct, workplace-based assistance to employees interested in quitting smoking (see Appendix).

APPENDIX

IDEAS AND RESOURCES FOR WORKPLACE-BASED SMOKING CESSATION SUPPORT

- Provide free **smoking cessation brochures** in public areas so employees can help themselves.
- Use **employee newsletters and intranets** to communicate the importance of quitting smoking, as well as the resources and benefits available to employees.
- Invite **guest speakers** from the community (e.g., a local physician) to come in and talk about the importance of quitting smoking. Local providers will often present free of charge in the hope of obtaining referrals. Make sure, however, to review the outline of their presentation beforehand, and speak with other individuals who have heard the presenter speak. Emphasize that this will not be a self-promotional speech.
- Look into **telephone-based counseling programs** provided by states and pharmaceutical companies, health promotion service providers, and perhaps by your health plan. Consider adopting a policy that allows employees to access these services during working hours. Examples include:
 - Group Health Cooperative, Free & Clear telephone support and print materials (www.freeandclear.org);
 - Mayo Health Clinic tobacco quit line and program, available to eligible members and their families of participating companies (for information, call 1-507-538-1500 or E-mail Quitline@mayo.edu).
- Offer subsidized access to **online smoking cessation counseling and information** and develop a policy that allows employees to participate during breaks or perhaps during working hours. Engage the services of providers focusing exclusively on smoking cessation or those that include smoking cessation as part of a broader array of services (e.g., www.LifeCare.com). Examples of online smoking cessation initiatives include:
 - American Lung Association *Freedom From Smoking Online* (www.lungusa.org/ffs/index.html);
 - American Heart Association: *Heart at Work Online*, a comprehensive cardiovascular health program that includes smoking avoidance (www.americanheart.org/haw/index.html);
 - Optum's *QuitPower*, a multifaceted program in which trained professionals work with participants through each phase of the cessation process (www.optumanswers.com/products/quitpower.shtml).

- **Provide self-help materials** for employees interested in quitting, such as self-help guides, audiotapes, or video programs. For example, The American Lung Association book *Seven Steps to a Smoke-free Life* (www.lungusa.org/pub/seven/seven_intro.html).
- Check into existing services such as your **Employee Assistance Program (EAP)**, for which you are already paying, to see if they provide smoking cessation counseling. Most employers have already purchased a block of training sessions from their EAP provider, and some EAP vendors can provide smoking cessation training. Moreover, EAPs have substance abuse expertise and can often provide smoking cessation counseling.
- **Train existing on-site medical personnel** (e.g., occupational health nurses, physicians assistants, physicians) in smoking cessation counseling and in the referral resources available. Develop a referral form, and make it a policy to ask about and counsel on smoking cessation at every visit. Provide staff with self-help materials to dispense.
- **Train internal health promotion, fitness and employee assistance program personnel** to ask about smoking and to refer employees to smoking cessation services and benefits. Make sure your external service providers also have access to information about smoking cessation coverage, services and vendors.
- **Develop an incentive system** to promote attendance in workplace smoking cessation classes. For example, charge a nominal fee, a portion of which employees can earn back upon completion of the program, after 6 months of abstinence, and after 1 year of abstinence. Charge employees less if they need to repeat the program. Give employees a prize and a certificate. Consider (after obtaining the employee's permission) publicizing success stories and photos in the company newsletter.
- Studies have demonstrated that **very low or no co-pays** are the best way to encourage people to quit smoking.²⁹ This is true for a range of lifestyle behavior changes, and smoking is an addiction.
- **Sponsor an on-site support group** for those attempting to quit or for recent quitters. Consider whether you will use a trained facilitator. Nicotine Anonymous,[®] a 12-step program based on the format of Alcoholics Anonymous, provides guidelines for starting an NA group at www.nicotine-anonymous.org.
- **Conduct a brief one-session seminar** to attract "fence straddlers" and offer refreshments or a free lunch. Invite an employee who is an ex-smoker to speak.
- **Sponsor a special event** that includes or focuses exclusively on smoking cessation. Examples include health fairs, New Years Resolution events, or the Great American Smokeout, which is sponsored by the American Cancer Society each year on a designated day in November. More people quit each on this day than any other day of the year. Contact the Cancer Society for ideas and materials (www.cancer.org/eprise/main/docroot/PED/ped_10_4).

- **Sponsor a confidential Health Risk Appraisal (HRA).** HRAs are written health questionnaires, sometimes accompanied by physical health tests (e.g., blood pressure) that provide employees with an assessment of their health status and education on ways to improve their health and reduce their health risks. Smoking cessation is a key part of virtually all HRAs. HRAs can also be used by employers to develop a profile (no employee names are included) of the percentage of smokers in a population. For information on HRAs, contact:
 - The Staywell Company (www.staywell.com);
 - Summex Corporation (www.summex.com).

- **Sponsor subsidized on-site or community-based smoking cessation classes or counseling.** There are nonprofit providers of smoking cessation classes (e.g., American Lung Association, local hospital or health departments) in most communities, in addition to high quality for-profit providers. Consider opening up the classes to spouses and other family members, especially teenagers. Ask your health plan if they would be willing to provide on-site smoking cessation classes or counseling without an additional charge over what the plan already includes in its fees. Be sure to review the material and assess instructor credentials. Some employers use their flexible benefits programs to help employees pay for community-based programs. Check your local telephone book for smoking cessation initiatives provided by:
 - The American Lung Association
 - Hospitals
 - Health Department
 - The American Heart Association
 - American Cancer Society

- **National vendors** of workplace smoking cessation initiatives include the American Institute for Preventive Medicine, which also has a self-help program (www.healthylife.com).

- **Prescreen and recommend public Web sites** that provide information, counseling and support for smoking cessation; consider providing time during the work day, to access the Internet for smoking cessation information. Examples of such sites include:
 - Boston University School of Public Health/QuitNet (www.quitnet.com/qn_main.jtml)
 - Canadian Cancer Society's One Step at a Time program (www.cancer.ca);
 - Committed Quitters Program, sponsored by GlaxoSmithKline (www.committedquitters.com);

- Group Health Cooperative for consumers (www.quittobacco.org);
- Massachusetts Department of Public Health's Quit Wizzard (www.trytostop.org)
- National Cancer Institute of the Centers for Disease Control (www.cdc.gov/tobacco);
- National Institutes of Health's *Clearing the Air: How to Quit Smoking...And Quit for Keeps* (http://dccps.nci.nih.gov/TCRB/Clearing_the_Air/clearing.html);
- Novartis's German/French Site (www.nicotinell.ch);
- www.quitsmokingsupport.com
- US Public Health Service's consumer guide, *You Can Quit Smoking* (www.surgeongeneral.gov/tobacco/consquits.htm)

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