

NBCH Case Studies Introductory Report

Nicotine dependence from smoking is a chronic, relapsing medical condition – not just a “bad habit” – that poses a tremendous public health and economic burden on society. In fact, nicotine dependence is the most common form of chemical dependence in the United Statesⁱ; research suggests that it is as addictive as heroin, cocaine, or alcohol.ⁱⁱ Increasingly, employers are providing more robust smoking cessation benefits to help smokers quit while simultaneously realizing cost savings.

Impact on Public Health

Each year, cigarette smoking causes an estimated 438,000 deaths, or about one of every five deaths. This estimate includes approximately 38,000 deaths from secondhand smoke exposure.ⁱⁱⁱ In fact, more deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.^{iv, v} Much can be done to mitigate this public health concern, as tobacco use is the leading *preventable* cause of death in the United States. On average, smokers who quit will live longer and have fewer years living with disability.^{vi} Additionally, nonsmokers who are exposed to secondhand smoke at home or work increase their heart disease risk by 25-30 percent and their lung cancer risk by 20-30 percent.^{vii}

Economic Burden of Smoking

In addition to this public health concern, smoking places a tremendous economic burden on employers. In 1999, lost productivity due to smoking and smoking-related illnesses cost employers \$2,312 per smoking employee. Excess medical expenses due to smoking and smoking-related illnesses cost employers \$2,132 per smoking employee (both figures are adjusted to year 2008 dollars).^{viii}

Employers are beginning to recognize the value of providing smoking cessation benefits to employees relative to overall employee health and health care costs; however, many are not aware of what constitutes a comprehensive smoking cessation benefit. A recent nationwide survey found that a majority of employers ranked smoking as one of the greatest priority health issues facing their companies, second only to obesity, but only **two percent** offer the comprehensive benefit recommended by the Centers for Disease Control and Prevention (CDC).^{ix}

Cost-Effectiveness of Tobacco Use Treatment Programs

Smokers who successfully stop smoking reduce their potential medical costs associated with coronary heart disease by an average of \$67 during the first year and approximately \$1,225 during the next 7 years (in year 2008 dollars).^x Screening for tobacco use allows clinicians to identify tobacco users and offer them effective cessation treatments such as counseling and pharmacotherapy (e.g., over-the-counter and prescription medications that aid tobacco cessation). Counseling and pharmacotherapy are effective when used by themselves. A combination of counseling and pharmacotherapy are more effective than either alone.^{xi,xii,xiii}

The design of a tobacco cessation program influences its cost effectiveness. For example, one study found that employees were more likely to enroll in a smoking cessation plan if the employer covered all costs. In the study, full coverage quadrupled the yearly quit rates of smokers, compared with those with reduced coverage.^{xiv} An additional study found covering the full cost of smoking cessation intervention increased the number of quit attempts, the number of successful quitters, and the use of smoking cessation treatment attempts. Therefore, reducing or eliminating out-of-pocket costs for patients who

wish to quit smoking increases the use of effective cessation therapies and increases the number of people who attempt to quit.^{xv}

According to the CDC, smoking cessation treatment is one of the most cost-effective health care interventions available, similar to aspirin therapy and childhood immunizations.^{xvi} The CDC recommends the following actions for a comprehensive smoking cessation benefit:

- Cover at least four counseling sessions of at least 30 minutes each, including proactive counseling and individual counseling
- Cover all FDA-approved nicotine replacement products and tobacco cessation medications^{xvii}
- Provide counseling and medication coverage for at least two smoking cessation attempts per year
- Eliminate or minimize co-pays or deductibles for counseling and medications^{xviii}

With time, employers will realize financial returns from providing smoking cessation benefits in the following ways^{xix}:

- Reduced health care costs
- Reduced absenteeism
- Increased on-the-job productivity
- Reduced life insurance costs

Role of Employers: Workplace and Health Benefits

The role of employers may include both worksite programs and health benefits support for tobacco cessation, as well as tobacco-free worksite policies and promotion of similar state and community efforts. A large part of the employer's role involves helping to educate employees and their families not only about the health impact of tobacco use but also about the programs and services that are available to aid tobacco cessation.

Employers may consider the following actions:

- Implement an evidence-based benefit design that supports screening, counseling, and over-the-counter and prescription medications that aid tobacco cessation
- Implement smoke-free workplace and campus policies
- Educate and communicate with employees about the benefits of tobacco cessation
- Provide information about programs and services to help with tobacco cessation, such as quit lines, CDC resources, other public health sources, or other readily available sources
- Foster a supportive work environment
- Provide support for community-based tobacco cessation initiatives
- Integrate smoking cessation programs with other available programs and services
- Offer multiple resources to reach specialized populations (e.g., resources to employees who smoke and to those who are pregnant or planning to be pregnant)
- Request details from health plans about the benefits and services offered and how these are accessed by plan participants

Employer Case Studies

To provide a useful resource to our membership and foster a community of sharing experiences, the National Business Coalition on Health (NBCH) developed the following case studies. They present real-life examples of employer-based tobacco cessation programs and describe how employers implemented these programs, the challenges they faced and the outcomes of their experiences. NBCH coalitions and

others selected the companies profiled in the case studies to illustrate a variety of geographies, industries, and types of workforce, and to demonstrate how different companies handle smoking cessation issues.

There is a great deal to learn from each company's experience in implementing smoking cessation benefits. The summaries below present a unique characteristic from each experience; for more detailed information, please review the full case studies following this report.

Quintiles Transnational Corporation

Adhering to the CEO Cancer Gold Standard

Quintiles Transnational Corporation is a global leader in pharmaceutical services, providing professional expertise, market intelligence and partnering solutions to the pharmaceutical, biotechnology and health care industries. With 44 percent of its work force home-based, Quintiles successfully implemented a corporate-wide, integrated smoking cessation benefit based on the CEO Cancer Gold Standard.

Caterpillar

Implementing International Programs

As the largest maker of construction and mining equipment, diesel and natural gas engines, and industrial gas turbines in the world, Caterpillar overcame the challenges of its multiple, multinational office locations to provide smoking cessation benefits to its employees.

City of Savannah

Demonstrating Long-term Commitment

The city of Savannah comprises a workforce providing services for a diverse local economy including manufacturing, distribution, tourism, military, health care, port operations and retail sectors. With a rich history of promoting wellness benefits to employees, Savannah demonstrates its long-term commitment to a smoking cessation program that continues to evolve.

Navistar

Realizing Cost Savings

Navistar International Corporation is dedicated to integrated truck and engine product development. Using evidence-based data highlighting higher medical costs of smoker versus nonsmoker employees, the implementation of International's smoking cessation benefit demonstrates cost savings and a return on investment.

Paychex

Measuring Outcomes

Recognized as a top national provider of business solutions, Paychex has approximately 12,000 employees and more than 100 locations across the country. Paychex tackled the dual challenges of enforcing a company-wide smoke-free policy in multiple locations and leased spaces, and effectively measuring outcomes from its smoke-free policies and smoking cessation benefits.

Stanford University

Helping Employees Understand Health Benefits

Located in the heart of Silicon Valley, Stanford University is one of the world's leading research and teaching institutions. The university implemented two approaches to provide access to smoking cessation programs for employees, one through a campus-based program and the other designed to

help employees access services provided by their health plan. Both programs were supported by extensive communications plans.

Lessons Learned

Each company expressed key “lessons learned” from its experiences that may be helpful to any organization implementing a smoking cessation program. Some of these key lessons include:

- Use evidence-based rationale to support the implementation of a smoking cessation program and for the benefit design
- Integrate within existing wellness and health programs
- Build on community or state regulation for tobacco-free workplaces
- Understand that tobacco dependence is a chronic, relapsing medical condition and treatment success may require multiple quit attempts
- Educate employees about the risks associated with tobacco use
- Assess landscape of employee demographics and potential challenges
- Reduce financial barriers for employees (or covered dependents)
- Select a vendor with specialized support services
- Engage senior staff in the development and communication of benefits from the smoking cessation program
- Provide access to a variety of smoking cessation support tools – *one size does not fit all*
- Communicate, communicate, communicate

Conclusion

Each company profiled has its own challenges, key learnings and programs that will continue to evolve. Policy changes or other external forces may affect smoking cessation programs—or the opportunities to implement or reinvigorate programs—but wherever an employer finds itself on the spectrum of providing comprehensive benefits, the case studies on the following pages clearly demonstrate that these programs hold significant value for employees’ health and realize meaningful returns on investment. Employers can optimize their smoking cessation programs by learning more about the evidence-based benefit design and ensuring this model is adopted broadly.

This educational initiative was sponsored by Pfizer Inc. For more information on this project, please contact NBCH Representative [Insert name] or visit NBCH’s Web site at www.nbch.org.

ⁱ American Society of Addiction Medicine. Nicotine Dependence and Tobacco. Public Policy of ASAM; 1996 [cited 2006 Nov 06]. Available from: [http://americ20.temp.veriohosting.com/ppol/NICOTINE%20DEPENDENCE%20&%20TOBACCO%2010-96%20\(1\).htm](http://americ20.temp.veriohosting.com/ppol/NICOTINE%20DEPENDENCE%20&%20TOBACCO%2010-96%20(1).htm)

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ⁱⁱⁱ Centers for Disease Control and Prevention. [Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses – United States, 1997-2001](#). Morbidity and Mortality Weekly Report [serial online]. 2002;51(14):300-303 [cited 2006 Dec 5]. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm>.

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xiv Curry SJ, Grothaus LC, McAfee T, et al. Use and cost effectiveness of smoking-cessation services under four insurance plans in a health maintenance organization. *N Engl J Med*. 1998;339: 673- 679.

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