

EMPLOYERS ENGAGED IN TOBACCO CONTROL CASE STUDY

Company: Sprint Nextel
Operation: Communications
Employees: 40,037
Unionized: Not Applicable

Program Background:

Recognizing tobacco use among employees as one of the highest prevalence health issues, with excess medical costs to the organization estimated at \$1,850 per employee per year, Sprint implemented a comprehensive smoking cessation program.

Program Delivery:

Sprint's broader active focus on employee health targets the health risks in their workforce through a wide range of approaches:

- **Health Improvement Programs** offered include the *Sprint Alive!* coaching services focused on smoking cessation, weight, nutrition, exercise, healthy heart, diabetes lifestyle, stress, and maternity program. Also included are a 24/7 nurseline, on-site health clinics, pharmacies and fitness centers
- **Many educational opportunities**, including vendor websites and communications, annual health fairs, monthly wellness forums and lunch and learns at specified locations
- **Policies, programs, and administrative** approaches such as smoke-free buildings and non-smoker discounts for medical and life programs, on-site food services with a nutritional focus, and a focus on optimizing plan management for cost, outcomes, quality and administration efficiencies.
- **Health Management** offerings including active case management, condition assistance programs in such areas as asthma, COPD, diabetes, CAD, heart failure, cancer, kidney, and healthy back. All of this includes integration of health management among separate health care vendors, and involvement with health quality initiatives at regional and national levels.
- **Creating new value based benefits** focused on such health issues as smoking cessation and bariatric surgery.

Coverage and Provision of Services/Incentives:

Sprint has been particularly focused on encouraging participation in a comprehensive smoking cessation benefit. One campaign, *QuitPower*, created an environment to help employees make the healthy choice by providing health coaching for smoking cessation and setting policies to create smoke-free buildings and offer non-smoker discounts for medical programs. Targeted interventions include:

- 100% smoke-free buildings and designated outdoor smoking locations away from pedestrian traffic

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- Comprehensive smoking cessation benefits (e.g., eight weeks of free nicotine replacement therapy, cessation drug coverage through prescription plan)
 - As of January 2011, all barriers to smoking cessation therapies were eventually eliminated
- Health and wellness communications regarding smoking cessation benefits including onsite wellness ambassadors and peer-influence to increase employee engagement.
- Partnerships with health plan providers and vendors to develop a comprehensive smoking cessation benefit package
- Engagement of key stakeholders in the process, including: retail, HR, the legal department, real estate, corporate communications and the C-Suite before implementing the policies.

Program Monitoring/Measurement:

Sprint measured participation in smoking cessation programs (801 in the past 12 months) and success rates with outreach six months after program completions. With the *QuitPower* program, Sprint has seen quit rates between 35% and 45% for members enrolled in the program. This surpasses other tobacco cessation programs generally showing a quit rate between 15-28%.

Lessons Learned:

- Wellness Ambassadors played a significant role in increasing employee participation in smoking cessation programs, giving significant bumps upwards in participation.
- It's important to develop grassroots champions—employee leaders who can encourage and communicate wellness messages and take local (in their work site) ownership of the effort.
- Communication strategies – the team at Sprint wants to focus on developing health communication strategies that provide a common way to reach people.
 - Because most communication is done electronically, this presents a challenge for the 65% of employees who are in the frontline role of retail sales or customer care (as opposed to administrative and office personnel). The outward facing employees can only use computers to support customer requests; they do not have access during work hours to intranet, internet and/or email.

EMPLOYERS ENGAGED IN TOBACCO CONTROL CASE STUDY

Company: BankPlus

Operation: State of Mississippi

Employees: 750

Unionized: No

Health Management Program Name: WellnessPlus

WellnessPlus' Tobacco Control Component: Be Tobacco Free

Program Background:

- 2003 – Organized tobacco cessation materials available to employees
- 2005 – Quit Line counseling implemented at no cost to employee
- 2006 – Nicotine replacement therapy and/or prescribed cessation pharmaceuticals are available at no cost to employee for two quitting attempts if meeting Quit Line counseling criteria
- 2007 – Establish smoke free property policy at 61 offices in 34 communities
- 2008 – Being tobacco free for twelve consecutive months becomes one of four health insurance discount criteria
- Tobacco free policy applies to tobacco, including cigarettes, cigars, pipes and smokeless tobacco
- BankPlus' tobacco free policies are a team initiative between the Health Management Department, Human Resources and Executive Management.

Program Delivery:

- Tobacco cessation services are delivered through the Quit Line, a carved out third party vendor that provides individual counseling, telephonic counseling, on-line programming and self-help programs.

Program Monitoring/Measurement:

- Employee's must certify tobacco status on-line, monthly
- Nicotine testing implemented into pre-employment and random drug testing

Lessons Learned:

- Having established and demonstrated cessation tools in place before 'Be Tobacco Free' was implemented as one of the insurance discount criteria components resulted in very little impact on employee morale.
- Proactive employee communication in regards to the entire health promotion program was key in the success of insurance discount implementation.

Successes:

- 2006 – 2007: 12% of tobacco users quit using tobacco
- 2008: 47% of tobacco users have currently quit using tobacco or are currently meeting Quit Line criteria.

EMPLOYERS ENGAGED IN TOBACCO CONTROL CASE STUDY

Company: The Dow Chemical Company

Operation: Global

Employees: 50,000

Unionized: Yes, at some locations

Program Background:

- In North America, all Dow property and meetings are smoke-free. All Dow Health Services facilities are tobacco-free.
- Globally all Dow buildings and meetings are smoke-free. Designated outside smoking areas are still allowed in some work locations.
- Dow's tobacco policy was updated January 1, 2003, as a strategic partnership between Health Services and Human Resources.

Program Delivery:

- An internal team of global health experts monitors and provides consultation on our tobacco program.
- The inaugural Dow No Tobacco Day was held May 31, 2007, with more than 400 employees from 27 countries committing to give up tobacco for 24 hours. More than half of the participants met the challenge. At the six-month mark, results show a 19 percent global quit rate has been maintained. In addition, more than 30 sites around the world committed to make their work environment more supportive of employees trying to quit. Since 2007, more than 1500 employees have committed to quit for Dow No Tobacco Day. 45% of Dow sites (125 sites) have also committed to support the event.
- Tobacco use assessment, consultation and referral are part of the internal Health Assessment Program.
- Best practice standards for service design and delivery, and clinical guidelines for individual consultation are used globally.
- Other services, including customized programs for pregnancy and online quit programs, are delivered through health plans and/or partnerships with local resources.
- Tobacco use is designated as a priority risk factor in the company Health Strategy. Long and short term tobacco reduction targets and plans are in place, globally and regionally.

Coverage and Provision of Services:

- US health plan coverage (PPO) includes individual counseling, telephonic counseling and group programs, as well as prescription and over-the-counter medications. Effective January 1, 2008, coverage is at 100% with an annual maximum cap of \$1000/person.
- Use of a credible external vendor for telephonic counseling and nicotine replacement therapy was initiated to increase access of support for US employees, retirees and families.
- In some locations, prescription medications and/or nicotine replacement as a starter kit or full complement are provided through the local onsite Health Services clinic.
- Services may be provided to employees, retirees, family members and/or contractors.

Incentives:

- Prize drawings (valued from \$5-\$100) are used to increase participation on Dow No Tobacco Day. Incentives are based on participation, reporting and quit success.
- Effective January 1, 2010, a monthly tobacco user surcharge of \$50 and \$5 was added to U.S. medical and dental plan premiums, respectively if the employee or his/her

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spouse/domestic partner uses tobacco (in any form) and chose not to participate in a tobacco cessation program.

Program Monitoring/Measurement:

- Compliance with policy (included as a criteria in the Healthy Workplace Index – part of Dow’s 2015 Sustainability Goal of Local Protection of Human Health and the Environment)
- Program participation
- Quit rates
- Population tobacco use (identified as a company priority health target area, improvement in which is tied to the variable pay of Health Services personnel)

Lessons Learned:

- In 2007, we compared our coverage for tobacco cessation against best practice recommendations (from the National Business Group on Health’s *Purchaser’s Guide to Clinical Preventive Services*) and recognized that our previous coverage at 50% and \$200 individual maximum was not adequate – and that the ROI for quitting tobacco use justified a greater investment.
- We also recognize that the “build it and they will come” mentality does not work with benefits coverage and/or services. We need to do more to communicate the coverage and help tobacco users take advantage of it. Special efforts are currently in process to increase promotion and use.
- We’ve also learned that local programs and counselors are not always prevalent – so efforts to connect individuals to resources outside their community or build internal support are critical. We have implemented virtual classes, which although are not as effective as in-person programs, can be beneficial for some employees. We have also negotiated a contract to provide virtual counseling.
- From our individual consultation efforts, we have learned and are continuing to improve our practice in the following ways:
 - We recognize the need to ask about tobacco use at EVERY patient encounter. The more opportunities where tobacco is discussed (even briefly), the better the outcome. Outcomes can include decreased use of tobacco or an increase of cessation attempt(s)/success. This may take time, but as we see employees from year-to-year, more tobacco users are making positive changes. Encourage them to try, then encourage again, and praise all efforts!
 - 1:1 interfacing is very important. Don’t just hand information to a tobacco user without some degree of discussion. Show them how the reimbursement process or other benefit works – and give them easy-to-use forms, etc. to take advantage of these offerings. Review the resources they can use. Showing that you genuinely care makes a difference.
 - Marking medical records and/or including tobacco inquiry as part of patient encounter documentation helps counselors remember to include the topic in the discussion.
 - Individualizing the rationale for tobacco users quitting right now helps to increase their desire and motivation to quit. For example, explain how tobacco use inhibits the healing process to someone who is trying to heal after surgery or a musculoskeletal injury.
- We have seen voluntary expansion of site workplace tobacco policies beyond the global company requirements to include all forms of tobacco (e.g., smokeless) and gate to gate policies.
- It is possible to continue to make progress and impact on tobacco use prevalence even with a mature program. After recommending to impact tobacco use rates in 2004, we’ve seen a 17% decrease in tobacco use in five years – achieving our current global prevalence of 16%.

EMPLOYERS ENGAGED IN TOBACCO CONTROL CASE STUDY

Company: Navistar Inc.

Operation: Global

Employees: 12,000

Unionized: Mixed

Program Background:

- Smoking cessation policy is defined at each location. Some sites have a smoke free campus policy and others restrict smoking to outside designated smoking areas.
- There are separate policies for smoking and smokeless tobacco; applicable to cigarettes, cigars, and pipes, and chew tobacco at all of the company's U.S. locations.
- The implementation of Navistar's tobacco policy has been an initiative between the health and safety department, local management and the union, and date of implementation varies by location.

Program Delivery:

- Tobacco cessation services are delivered through a carved out third party vendor, pharmaceutical partners and an internally developed program.

Coverage and Provision of Services:

- Health plan coverage includes individual counseling, telephonic counseling, group programs, and self-help programs.
- Prescription medications and over-the-counter medications are covered through the health plan.
- There is no limit on the maximum number of counseling services or courses of medication available to employees annually.
- Employees may be referred to tobacco/smoking cessation services outside of the medical plans.

Incentives:

- Navistar employees who chose not to smoke pay \$50 less per month in health care premiums. (not applicable to some unionized employees without premiums)

Program Monitoring/Measurement:

- Compliance with policy
- Program participation
- Quit rates

Lessons Learned:

- Leadership support is necessary
- Providing a supportive environment is key
- Offering a variety of smoking cessation support tools is critical
- Employee engagement is driven by implementing and enforcing smoke-free workplaces
- State and local laws prohibiting smoking in the workplace laws are effective drivers of smoke free workplaces.

EMPLOYERS ENGAGED IN TOBACCO CONTROL CASE STUDY

Company: Union Pacific

Operation: United States

Employees: 50,000

Unionized: Yes

Program Background:

- Smoke free campuses – smoking is not allowed on company property.
- The policy applies to smoked tobacco, including cigarettes, cigars, and pipes at all of the company's U.S. locations.
- Union Pacific's tobacco free policy was implemented in 2005 and was a team initiative between the Health and Medical Department and the field Operations staff.

Program Delivery:

- Tobacco cessation services are delivered through the carved out third party vendor and Union Pacific has a summary plan description strictly for tobacco cessation.

Coverage and Provision of Services:

- Tobacco Cessation coverage includes individual counseling, telephonic counseling, online programming and self-help programs.
- Prescription medications are covered through the plan.
- Services are provided to family members.

Incentives:

- Union Pacific offers \$100 in a Health Savings Account for being a non-smoker or participating in tobacco cessation programming if an employee is a smoker.

Program Monitoring/Measurement:

- Compliance with policy
- Program participation
- Quit rates
- Smoking rates

Lessons Learned:

- Need a comprehensive plan that includes both policy changes along with behavioral change support.
- When making policy changes, communicate the changes to employees early enough that they can make the preparations necessary to ensure compliance.
- Communicate with all the stakeholders prior to implementation of any policy or program changes.