

Going Tobacco-Free: Proven Strategies & New Challenges



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Webinar Logistics

- Chat box
- Recorded webinar will be available
- PDF of slides available in files pod
- Links to WorkHealthy America and webinar evaluation



Chat Check!

- Introduce yourself:
 - Your name
 - Organization
 - State
- What is your biggest challenge in creating or maintaining a tobacco-free worksite?



Today's Agenda

- The Latest in Tobacco Control
- 10 Years of Tobacco-Free: What We Know Works
- Case Studies
 - Caswell Developmental Center
 - Arbuckle Memorial Hospital
- Looking Forward: Future Challenges
- Question & Answer

The Latest in Tobacco Control



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Trends in Tobacco Use – Good News!

- | | | |
|--|---|---|
| • 1966: 42% of U.S. adults smoked |  | • 2015: 15.1% of U.S. adults smoke |
| • Smoking rate fell 1.6% in last year |  | • Greatest 1 year decrease in 20 years |
| • U.S. adults are smoking less |  | • 5.7M fewer daily smokers from 2009 |

Trends in Tobacco Use – Challenges

- Disproportionately high use among some racial minorities, LGBT adults, those below poverty level
- E-cigarette use is increasing dramatically
 - 1.5% in 2011 → 16% in 2015
 - 70% of all users started within last year
- More teens use e-cigarettes than traditional cigarettes
 - 82% cite flavors as reason for use
 - Over 7,700 flavors available



FDA Deeming Rule – In Effect 8/8/16

- Electronic nicotine delivery systems (ENDS) meet the definition of a tobacco product
 - E-cigarettes, hookah, vaporizers, etc. can now be regulated by the FDA
- The FDA can regulate:
 - Manufacturing
 - Import
 - Packaging
 - Labeling
 - Advertising
 - Promotion
 - Sale
 - Distribution

New Studies on E-Cigarettes

- All e-cigarettes emit harmful chemicals
 - Level and amount depend on temperature, type, and age of device
 - When heated, liquid emits known respiratory irritants and carcinogens
 - Longer usage = hotter device = increased chemicals
- Ongoing research on use of e-cigarettes for cessation purposes



10 Years of Experience: What We Know Works



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Prevention Partners' Hospital Initiatives



2006



2009



2008

2012



Prevention Partners' Tobacco-Free Work



- ★ 129 Hospitals that have passed 100% tobacco-free campus wide policies (as of May 10, 2011)
- ★ 0 Hospitals that have publicly announced that they will become 100% tobacco-free campus wide
- ★ 0 Hospitals that have started the policy development process, but not yet announced when they will become 100% tobacco-free campus wide
- ☆ 0 Hospitals that NCPP and the NC Hospital Association have contacted to inform them of the policy initiative
- ★ 5 Veterans Affairs and Psychiatric Hospitals



Strategies for Going Tobacco-Free

Tobacco-Free Policy

- Property-wide enforcement
- Clear signs & communication

System Approach

- Identify tobacco users
- Support quit attempts

Benefits & Incentives

- Health insurance premium differential
- No or low-cost treatments

Evaluation

- Compliance with policies
- Use of cessation resources

Tobacco-Free Policy

- Property-wide enforcement
- Clear signs & communication



How to Implement

- Property-wide – grounds, parking lots, vehicles
- Communicate several months prior
- Signs throughout – not just on buildings
- Keep property clean

Why?

- Helps reduce tobacco use among employees
- Most effective when implemented across property

System Approach

- Identify tobacco users



How to Implement

- Opportunities to identify tobacco users
 - New employee orientation
 - Annual health risk assessments
 - Performance reviews
- Motivational interviewing to assess interest in quitting
 - Discuss benefits of quitting and risks of continued use

Why?

- Over 70% of tobacco users want to quit



System Approach

- Support quit attempts



How to Implement

- Offer cessation resources
 - Counseling – on-site health care professional, state Quitline
 - Medication – NRTs + prescription
- Follow-up on quit attempts
 - Through Quitline, on-site counselor, Human Resources

Why?

- Helps employees know what resources are available

Poll

- Where does your organization refer employees for counseling who are ready to quit tobacco?
 - State Quitline
 - On-site counselor
 - On-site cessation program
 - Other
 - We do not currently refer employees for counseling



Benefits & Incentives

- Health insurance premium differential
- No or low-cost treatments



How to Implement

- Medication + counseling
- No or low copay for cessation medications
- Incentivize quit attempts & remaining tobacco-free

Why?

- More tobacco users make a quit attempt when out-of-pocket costs are reduced

Benefits & Incentives

- Communicate and promote benefits



How to Implement

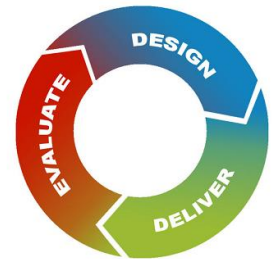
- Communicate available resources in multiple channels
 - Employee handbook, HR emails, bulletin boards
- Provide work time for employees to access counseling

Why?

- Reducing the number of tobacco using employees saves the organization money
- Supports an overall culture of wellness

Evaluation

- Compliance with policies
- Use of cessation resources



How to Implement

- Identify factors to track & timeline
- Include quantitative and qualitative measures
 - Distributions of NRTs
 - Referrals to Quitline or counselor
 - Violations to tobacco-free policy
 - Observe property for cigarette butts

Why?

- CDC recommends evaluating your program every 6 to 12 months to assess progress

Poll

- How does your organization evaluate its tobacco-free efforts?
 - Observe property and number of violations
 - Track enrollments in cessation counseling
 - Seek feedback from employees on resources
 - Using data from health insurance provider
 - Other
 - We do not currently evaluate



Common Challenges

- Establishing employee quit-tobacco systems
 - Identifying tobacco users
 - Assessing readiness to quit
 - Follow-up on quit attempts
- Offering financial benefits and incentives
 - No- or low-cost NRTs (patch, gum, lozenge)
 - Participating and completing tobacco cessation program

Strategies for Overcoming Challenges

- Consider using an outside vendor
 - Resolves privacy issues
- Connect employees with the state Quitline
 - 1-800-QUIT-NOW
 - QuitlineNC.com
 - Web coaching
- Think about tobacco addiction as a chronic disease
- In-house or local partnerships to support access to nicotine replacement therapies

Case Studies



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Caswell Developmental Center

- Intermediate care center for individuals with intellectual disabilities in Lenoir County, NC
- 24-hour residential facility
- 1,400 employees

Tobacco-Free
Policy

Benefits &
Incentives

Caswell's Tobacco-Free Policy

“As a health care provider committed to the health and safety of the individuals residing here, visitors, and business associates, the facility is taking a leadership role on the major public health issue of tobacco use”

- Products prohibited: cigarettes, pipes, tobacco substitutes, chewing tobacco, snuff, cigars, e-cigarettes, & tobacco paraphernalia
- Property includes: buildings, clinics, facilities, parking lots, roads, grounds, vehicles, off-site activities
- Partnership with neighboring organizations



Benefits & Incentives at Caswell

- Insurance premium differential
 - Non-smokers and smokers enrolled in a cessation program
 - \$40 off monthly insurance premium compared to smokers
- Cessation support through NC HealthSmart program
 - Covered in-person counseling with your doctor or behavioral specialist
 - Discounted NRTs and cessation medications
 - Varies by insurance plan, may include:
 - \$5 nicotine patches with a prescription
 - \$0 prescription medication

Arbuckle Memorial Hospital

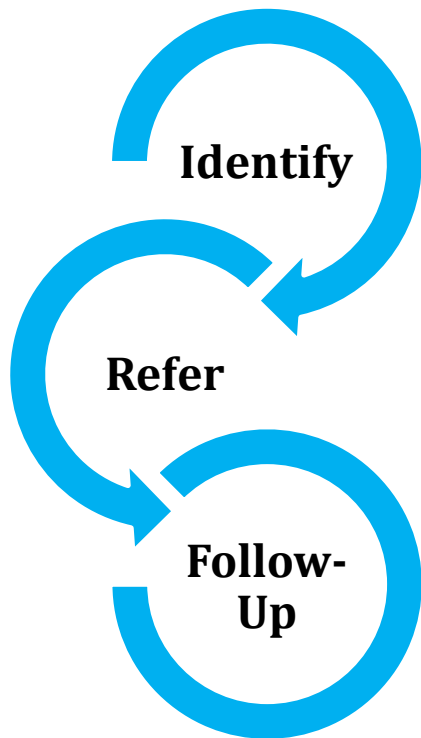
- Hospital in Murry County, OK
- 25-bed critical care facility
- 160 employees

System
Approach

Evaluation



Arbuckle's System Approach



- Identify:
 - HR orientation
 - Annual attestation form about tobacco use
- Refer:
 - HR referrals from orientation
 - Emails from staff Respiratory Specialist
 - Direct line for “Freedom From Smoking” Program and the Oklahoma Tobacco Helpline
- Follow-Up:
 - Oklahoma Tobacco Helpline
 - Staff respiratory therapist

Tobacco-Free Evaluation at Arbuckle

Qualitative

- End of program celebrations
 - How program worked throughout for participants
- Wellness Committee feedback
 - Discuss programs with employees and review edits at every meeting
- Environment observation
 - After tobacco-free policy & signage implemented

Quantitative

- Tobacco users identified in HRA
 - Compare data year to year
- Referrals to ready to quit program, quit line, and respiratory specialist
 - Wellness coordinator tracks # of tobacco users who engage in programs, etc.

Comparing the Case Studies

Arbuckle Memorial Hospital

- 160 employees
- On-site support for cessation counseling
- Utilize state Quitline
- No-cost NRTs and prescription medications
- Tobacco users pay higher insurance deductible

Caswell Developmental Center

- 1,400 employees
- External vendor for cessation counseling
- Utilize state Quitline
- No-cost NRTs and prescription medications
- Tobacco users pay higher insurance premiums

Looking Forward: Future Challenges



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Enforcement Issues

- E-cigarette debate
 - Unhealthy alternative or cessation tool?
- “Tobacco-free” vs. “Smoke-free”
 - Renewed debate with e-cigarettes in the mix

→ Prevention Partners currently recommends
“tobacco-free including electronic devices”



Impact of FDA Legislation

- Set as a foundational rule – “opportunity to reduce tobacco-related disease and death and specifically reduce youth access”
 - Applications of rule to be determined
 - In effect as of August 8; manufacturers have up to 3 years for compliance
 - Sales can continue during this time
- Impacts likely not seen for consumers for a few years; may continue to see increased usage of e-cigarettes

Evolving Landscape of Products



- E-cigarettes, nicotine gels, hookah, etc.
- Many flavors & new delivery devices appealing to youth and young adults – will their use continue as working adults?

→ Important to set clear policies now to cover all tobacco & electronic nicotine-delivery devices

Question & Answer



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**Please type your questions
in the chat pod**



Thank You

- We value your feedback!
Please complete our brief evaluation survey:
 - <https://www.surveymonkey.com/r/V9SJDPM>
- For more information:
 - **Contact Leslie Smith:** leslie@forprevention.org