Partnering with the Minnesota labor community to reduce tobacco use among blue-collar workers and their families

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Overview

In this issue, you will learn about the health and financial savings associated with tobacco cessation coverage, one of the most cost-effective preventive services available. We provide information about a variety of direct and indirect tobacco-related costs for businesses. You will learn how offering full tobacco cessation coverage provides both immediate and long-term cost savings for health plans, improves access to effective treatments and increases the proportion of people who quit successfully. We report on ways that UFCW Local 789 is working with its fund to track smoking rates among members and offering cessation benefits to help participants quit.

Please note that we have included a fact sheet insert on nicotine dependence for you and trustees with whom you consult. We will include a fact sheet in each future issue of the newsletter. Please let us know if you have suggestions for additional fact sheet topics.

How much does tobacco use cost businesses?

Approximately 17% of adults in Minnesota smoke. Smoking rates are higher in many blue-collar occupations. To estimate the total annual cost of tobacco use to your business, use the sample calculation below.

\[
\text{Total # of employees} \times \text{Smoking rate} \times $3,400 = \text{Annual employer cost}
\]
A letter from Rod and Susan

Welcome to the second issue of Cessation Benefits Focus, a series of five quarterly newsletters, designed for Minnesota Taft-Hartley Health and Welfare Fund advisors, administrators, and attorneys. This issue addresses the critical importance of including tobacco cessation benefits in Taft-Hartley Health and Welfare Fund health plans that serve workers in service and blue-collar occupations and highlights how, by offering well-designed cessation benefits and helping fund participants in their readiness to quit, funds can have a positive impact on other chronic health issues. Please share the newsletter, as well as the enclosed fact sheet on nicotine dependence, with your colleagues and fund chairs and trustees with whom you consult. And please remember that we welcome opportunities to provide you with tailored information or technical assistance on policy formation or implementation.

On April 4, WorkSHIFTS sponsored its first event for Minnesota Taft-Hartley Fund advisors, Tobacco Cessation: Making the Case for Action, a luncheon presentation held in conjunction with the 2009 Labor Care Health and Benefits Fair. Our featured speaker was Dr. Jane Korn, M.D., M.P.H., Medical Director of the Health Promotion and Chronic Disease Division at the Minnesota Department of Health and Director of Minnesota’s Comprehensive Cancer Control Program. Dr. Ted Loftness, M.D., Vice President of Regional Health Services at Medica, also spoke briefly.

Dr. Korn spoke eloquently about the particularly severe impact of tobacco use within blue-collar occupations, where smoking rates among workers, such as construction trades and food service workers, are nearly double the smoking rate for all U.S. adults. She emphasized that tobacco cessation programs are not only inexpensive—generally costing less than 50 cents per member, per month—but also cost-effective, and noted that successful outcomes can be optimized when cessation programs provide workers with access to both counseling and medications and remove cost barriers to evidence-based treatments.

Afterward, guests engaged in highly interactive roundtable discussions facilitated by WorkSHIFTS’ staff and community partners. Fund advisors spoke to the need for more information about best practices for tobacco cessation treatments, relapse rates, and behavior change and communication strategies, including incentives. Some requested evidence-based data regarding the length of time for which a cessation benefit, or certain medications, should be made available, as well as data about return-on-investment (ROI); others expressed a strong interest in learning more about how to design and implement cost-effective tobacco cessation programs that will help workers to quit using tobacco. We thank those of you who were able to attend this event for your valuable participation and feedback.

We look forward to addressing many of these issues in our newsletters and other materials, and to conferring individually with as many of you as possible. Again, please don’t hesitate to contact us with your questions, needs, or ideas. Have a most pleasant and healthy summer!

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Did you know?

Smoking and pregnancy

Smoking is the number one cause of preventable illness and death among mothers and infants and greatly increases the risk of pregnancy-related complications and low birth weight babies. Tobacco cessation programs for pregnant women are among the most cost-saving preventive services available.

- Up to $6 saved per $1 invested in a prenatal tobacco cessation program
- $4,000 saved per low birth weight baby prevented
- $63,000 per perinatal death prevented
- $210,000 per Sudden Infant Death Syndrome (SIDS) case prevented

Smoking and chronic disease

Chronic diseases, including heart disease, stroke, cancer, and diabetes, are primary drivers of health care expenses, accounting for over 75% of medical care costs in the U.S. every year. Chronic diseases, though costly to treat, are preventable in most cases. Tobacco use greatly increases the risk of developing the leading chronic diseases. Tobacco cessation can lower this risk. Within three years of quitting, former smokers reduce their risk of coronary heart disease by 21%, stroke by 12%, and death from these causes by 15%.

Reducing the risk of heart disease and stroke can also provide health care savings.

- $65,000 saved per coronary heart disease event prevented
- $66,000 saved per stroke prevented
The United Food and Commercial Workers Local 789, which represents nearly 7,000 workers in Minnesota and western Wisconsin, has made great strides in enhancing the health benefits offered through their health and welfare fund. The trustees of UFCW Local 789 Health and Welfare Fund recently decided to add a tobacco cessation benefit to support members in their quit attempts.

Bernie Hesse, Director of Special Projects and Politics for UFCW Local 789, notes that “everyone I have talked to who smokes wants to quit and wants to lead a healthier lifestyle. Sometimes it is hard for people to get plugged into resources to do it. Now we have more resources available for members.”

After deciding to add the cessation benefit, trustees worked with their health care provider, Blue Cross Blue Shield of Minnesota, to design a benefit and estimate its potential financial impact on the fund. Trustees hope that by adding a cessation benefit, more members will be able to successfully quit smoking and using other forms of tobacco, resulting in long-term health improvements and cost reductions for the fund over time.

Hesse notes that the cost of the benefit is far less than the costs of tobacco-related disease and illness. “If the benefit costs 35 cents per member per month, but we can prevent thousands of dollars in treatment for a heart attack or cancer, it makes sense,” Hesse states.

Since adopting the benefit, the union’s health and welfare fund has continued to work with the health care provider to track the smoking and tobacco use rates among plan participants. The fund found an alarmingly high rate of smoking among plan participants, more than 31%, nearly double the statewide average in Minnesota of 17%. By tracking smoking rates and offering cessation treatment, UFCW hopes to see a decline in smoking prevalence over time. The fund is also developing strategies to increase benefit utilization by promoting the benefit and making it more user-friendly. These efforts aim to improve the health of plan participants and prevent chronic disease.

Tobacco cessation offers an array of health benefits and can provide cost savings to health plans. Smokers who stop smoking see immediate health rewards, and these health gains result in both short and long-term cost savings for health plans. Former smokers reduce their potential medical costs related to cardiovascular disease by an estimated $900 during the first seven years of cessation. The National Commission on Prevention Priorities estimates a lifetime savings of $22,434 in tobacco-related health expenses for every former smoker who does not relapse. Comparing the cost of offering a cessation program with the business savings gained from each smoker who successfully quits, the Commission calculated a net savings of $542 per smoker. Tobacco cessation programs that include medications and counseling make sense from both health and financial perspectives.

For each smoker who successfully quits, the medical savings in year one (health and life insurance claims) would decrease by the amounts estimated in the table to the right. Costs would continue to decrease in subsequent years.

<table>
<thead>
<tr>
<th>Short Term Health Consequences of Smoking</th>
<th>Estimated Medical Savings During the First Year per Smoker Who Quits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Heart Disease &amp; Stroke</td>
<td>$153</td>
</tr>
<tr>
<td>Adult Pneumonia</td>
<td>$3</td>
</tr>
<tr>
<td>Low Birth Weight Babies</td>
<td>$9</td>
</tr>
<tr>
<td>Childhood Asthma</td>
<td>$14</td>
</tr>
<tr>
<td>Other Childhood Respiratory Conditions</td>
<td>$8</td>
</tr>
<tr>
<td>Childhood Ear Infections</td>
<td>$5</td>
</tr>
<tr>
<td>Total Savings</td>
<td>$192</td>
</tr>
</tbody>
</table>

“It is like the old saying that an ounce of prevention is worth a pound of cure. It is forward thinking.”

Bernie Hesse, Director of Special Projects and Politics for UFCW Local 789
Cessation treatments work

Tobacco users become nicotine-dependent, and as a result, quitting tobacco presents formidable challenges. Quitting requires more than an act of will—it is similar to withdrawal from other substances, such as alcohol, heroin, and cocaine. Although some are able to quit without formal treatment, cessation medications and counseling increase the chance of quitting successfully. Counseling and medications are effective as independent forms of treatment, and their effectiveness increases when used in combination. The U.S. Public Health Service Clinical Guidelines recommend that health plans provide full coverage for cessation treatment, including counseling and all FDA-approved tobacco cessation medications.14

Research studies have found:

- 12.4% of smokers remained abstinent after 0–1 individual counseling sessions compared with 16.3% after 2–3 sessions and 20.9% after 4–8 sessions.14
- 13.8% of smokers taking a placebo remained abstinent from smoking at six months, compared with 19% who used nicotine gum, 23.4% who used the nicotine patch, 24.2% who took Bupropion (Zyban®), and 33.2% who used Varenicline (Chantix®).14
- 14.6% of smokers who received counseling alone remained abstinent from smoking compared with 22.1% who received counseling in combination with medication.14

Why covering the benefit matters

Smokers face a variety of obstacles when attempting to quit, and cost is often one of the biggest barriers. Providing tobacco cessation treatment as a covered benefit helps reduce participants’ out-of-pocket costs and leads to increases in utilization of effective cessation treatments.14,15 Smokers who have cessation coverage are more likely to attempt to quit smoking than those who lack cessation benefits, and they are more successful with their quit attempts.16,17 Providing full coverage, by eliminating or minimizing co-pays and deductibles, is an effective strategy to lower smoking rates among health plan participants and results in highest treatment use rates.14,18 In focus group research conducted by WorkSHIFTS, Taft-Hartley Fund participants who smoked expressed that employers and unions could help them most by selecting a plan that offered a variety of cessation benefits.19

Opportunities for action

- Contact your plan’s health provider to find out what the current smoking rates are among plan participants
- Share WorkSHIFTS materials, including this issue of Cessation Benefits Focus, fact sheets and other publications with fund chairs, trustees and colleagues with whom you consult
- Visit the WorkSHIFTS website at www.workshifts.org for frequently updated tobacco cessation news items, publications and additional resources
- Contact the WorkSHIFTS staff to obtain additional resources about cessation coverage and explore how we can tailor our assistance to meet your needs
References


Nicotine dependence, relapse, and quitting smoking

Quick Facts

- Currently 43.4 million adults smoke, about 20% of the U.S. population.¹
- Over half of all living adults who have a history of smoking have successfully quit.¹
- Most adult smokers, about 70%, want to quit.²
- At any given time, about 10% of smokers plan to quit within the next month, 30% think about quitting within the next 6 months, 30% think about quitting at some point, and 30% are not planning to quit.³
- Only 4-7% of adults who quit smoking without using treatment, i.e. “cold turkey,” are successful.⁴

Nicotine Dependence

- Nicotine is highly addictive, equal to heroin, cocaine, and alcohol.⁵
- When smokers try to quit, they can experience withdrawal symptoms, including irritability, frustration, anger, anxiety, increased appetite, and difficulty concentrating.⁶
- Withdrawal symptoms peak within the first 1-2 days after quitting and gradually decline over time.⁶
- Many things trigger the need to smoke, including places, feelings, moods, or activities.⁷
- People who are highly nicotine dependent smoke more than 20 cigarettes daily and smoke within the first half hour of waking up in the morning.⁴

Relapse

- Nicotine dependence is a chronic condition that usually requires repeated interventions.⁴
- About 40% of smokers try to quit every year.⁸
- Most smokers try to quit without using recommended cessation methods.⁴
- Most untreated smokers relapse within 8 days after trying to quit.⁹
  - 24-51% are abstinent at one week
  - 15-28% are abstinent at one month
  - 10-20% are abstinent at 3 months

Quitting Smoking

- One-third of all smokers who succeed in quitting use treatment to do so.¹⁰
- Using smoking cessation medications increases quit rates by 1.5 to 2.7 times.¹¹
- Behavioral therapy and counseling increases quit rates by 1.5 to 2.1 times.¹²
- The chance of successfully quitting smoking increases with every attempt.¹¹

Factors that make quitting more challenging

- High stress levels
- Living with other smokers
- Lack of knowledge regarding effective treatments
- Lack of access to cessation treatments
- High nicotine dependence
- Having a diagnosed mental health condition

Keys to successfully quitting

- Motivation to quit
- Confidence in ability
- Readiness to quit
- Social support
- Supportive environment: smoke-free homes and workplaces
- Access to and use of cessation treatments, including medications and counseling

To learn more about smoking cessation, visit www.workshifts.org.
Nicotine dependence, relapse, and quitting smoking

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