Promoting Tobacco Cessation in the Workplace

A Policy Resource Guide ©

2012

Project Funding Provided By:

Blue Cross Blue Shield
Kansas City
An Independent Licensee of the Blue Cross and Blue Shield Association

In Collaboration With:

Mid-America Coalition on Health Care

About
Mid-America Coalition on Health Care

Mid-America Coalition on Health Care (MACHC) is a not-for-profit business coalition that leverages the expertise, experience and resources of its multi-disciplinary membership to promote the health and well-being of current and future employees and their families in the greater Kansas City area.

Through the power of collaboration and the use of innovative best practices, MACHC provides leadership and acts as a catalyst to effect positive changes for containing business health care costs and improving health outcomes.

To learn more about MACHC go to www.machc.org.

Promoting Tobacco Cessation
in the Workplace

A Policy Resource Guide © 2012

Written and prepared by: **Craig Galvin**, Vice President
Mid-America Coalition on Health Care

Heather Winslow Gibbons

Designed by: **Pam Besler Kaufman**, Create, Inc.

Review Committee: **Edward Ellerbeck, MD, MPH**, Department of Preventive Medicine
University of Kansas Medical Center

Teresa Gerard, Community Health Outreach
Blue Cross and Blue Shield of Kansas City

Missty Lechner, Worksite Wellness Specialist
Kansas Department of Health and Environment

Christine T. Wilson, President and CEO
Mid-America Coalition on Health Care

Organizations that
provided case studies: **American Century Investments**
Cerner Corporation
JE Dunn
Sprint Nextel

Using This Guide

Tobacco Cessation in the Workplace: A Policy Resource Guide was created to guide organizations in their efforts to help employees stop using tobacco. It explains ways employers of any size can: provide personalized benefits and support for individuals; develop and implement corporate policies; and change the physical environment to help tobacco users break their addiction. Through case studies, the guide highlights best practices in the Greater Kansas City region.

A comprehensive tobacco cessation initiative is important to an organization's overall strategy to create environments that support healthy habits.

This guide is meant to serve as an introduction to the rationale, benefits and best practices associated with promoting tobacco cessation at work. It is not a comprehensive, step-by-step manual and therefore some worthy approaches and local resources may have been omitted, regrettably. In addition, while the resources and case studies presented here are evidence-based, their inclusion does not constitute an endorsement by the authors, sponsors or review committee.

Table of Contents

A Rationale for
Tobacco Cessation in the Workplace

According to the Centers for Disease Control and Prevention (CDC), "Tobacco use is the leading cause of preventable death in the United States, and reducing tobacco use is a winnable battle with known, effective strategies for success."[1] From a business standpoint, smoking comes with high medical costs, productivity loss, and increased building maintenance costs that hurt your bottom line.

The Prevalence of Tobacco Use

The good news is that over the past decade, smoking rates have declined. According to the United Health Foundation's America's Health Rankings® – 2011 Edition, adult smoking rates fell from 23.2% in 2001 to 17.3%.[2] Unfortunately, while Kansas and Missouri have also seen slight declines, smoking is still quite prevalent. The report reveals that, "While smoking has decreased from 21.0% to 17.0% of adults in the past ten years, 361,000 people still smoke in Kansas."[3] And over the past ten years in Missouri, "Smoking decreased from 27.2% to 21.1% of the adult population; however, there are still 963,000 adults in Missouri who smoke."[4]

Smokeless tobacco products such as chewing tobacco or snuff are used by an estimated 6.9 million people in the United States.[5]

Consider the health risks to tobacco users:

- Each year, approximately 443,000 individuals die as a result of smoking, accounting for 20% of all deaths in the United States.[6] For every person killed by tobacco use, another 20 live with tobacco-related disease.[7]
- The risk of developing lung cancer is an estimated 23 times higher in men who smoke cigarettes and about 13 times higher in women who smoke cigarettes compared with men and women who have never smoked.[8]
- Smoking causes coronary heart disease, which is the leading cause of death in the U.S. The CDC says, "Cigarette smokers are 2-4 times more likely to develop coronary heart disease than nonsmokers," and, "Cigarette smoking approximately doubles a person's risk for stroke."[9]
- The use of chewing tobacco and snuff can lead to nicotine dependence, oral cancer, dental cavities, gum disease, heart disease, and precancerous lesions called leukoplakia.[10]

Even nonsmokers face risk from exposure to secondhand smoke, which is the combination of smoke from the burning end of a cigarette and the smoke exhaled by a smoker.[11] The CDC says there is no risk-free level of exposure to secondhand smoke.

- Nonsmokers who are exposed to secondhand smoke at home or work increase their heart disease risk by 25-30% and their lung cancer risk by 20-30%.[12]
- Among nonsmokers, secondhand smoke causes an estimated 46,000 premature deaths from heart disease each year in the U.S.[13]
- Thirdhand smoke is the residue secondhand smoke leaves on a smoker's hair and clothes, and on surfaces of indoor environments such as the car and home. It contains carcinogens and toxins that may affect brain development in babies and young children. Children can ingest the toxins when they crawl on carpeting, or put their mouths on clothing, toys, furniture and skin polluted with thirdhand smoke.[14]

The Costs of Tobacco Use

Employers cannot ignore the total economic burden – $183 billion – attributed to tobacco use:
- In the United States from 2001-2004, the average annual smoking-attributable health-care expenditures were estimated at $96 billion per year.[15]
- In that same timeframe, productivity losses were estimated at $97 billion per year.[16]

At a tobacco cessation summit hosted by Mid-America Coalition on Healthcare in December 2011, representatives from local employers and providers shared that:

- "At Sprint, tobacco use adds an estimated $1,850 per employee in annual medical costs," said Michael Finch, benefits analyst.
- "Tobacco users cost JE Dunn about $2,000 per year more in medical claims than non-tobacco users," said Steve Best, vice president and director of compensation and benefits of JE Dunn.
- Becky Captain of St. Luke's Health System reported that nationally, additional annual employer costs due to lost productivity and medical expenses was $3,400 per smoker. That's an estimated $1,760 per smoker in lost productivity and $1,623 per smoker in excess medical expenditures (in 2002 dollars).[17]

Non-medical costs associated with smoking – lost workdays, overtime premiums, unscheduled absences, productivity loss, and even building maintenance costs – are workplace burdens that can add up quickly.

- Compared to nonsmokers, smokers miss about 60% more days due to sickness.[18]
- The Organization for Economic Cooperation and Development calculates that construction and maintenance costs are 7% higher in buildings that allow smoking than in buildings that are smoke-free.[19]

Benefits of Tobacco Intervention

To mitigate the direct and indirect costs companies incur when their employees smoke, the CDC recommends that employers establish 100% smoke-free policies and provide employees and their dependents with health insurance that covers support for quitting with little or no copayment.[20] The benefits of such a comprehensive approach can be seen in improved employee health, in the company's culture and corporate image, and in the bottom line:

- Over time, tobacco cessation policies and benefits generate financial returns for employers in reduced absenteeism, health care and life insurance costs, and in higher worker productivity.[21]
- Employers who provide a smoke-free workplace may save as much as 30% on fire insurance.[22]
- Companies that have tobacco-free policies are more likely to be seen in a positive light by their nonsmoking customers, applicants and employees. According to the CDC, the benefits of promoting a "culture of health" include engaged and empowered employees, lessened health care costs, and increased worker productivity.[23]

Nicotine Dependence and Vulnerable Populations

According to the October 2011 Gallup-Healthways Well-Being Index, even though Americans' access to basic necessities such as food, medicine, shelter, and healthcare has reached a four-year low, 21% of adult Americans continue to smoke as of October 2011. The index also revealed that 30% of Americans who have not had enough money to pay for healthcare and/or medicine in the past 12 months are smokers.[2]

For more information on nicotine dependence and vulnerable populations, see the Appendix.

Key Components of a Comprehensive Strategy

Once your company has decided to provide tobacco cessation benefits and support, it's time to dig into the process of building a workplace cessation program.

Programs that include all of these components are more likely to be successful:

1. A needs assessment
2. A tobacco-free policy
3. Health plan coverage for cessation treatment and services
4. Support for employees who want to quit
5. A thoughtful communications plan

1. Conduct a Needs Assessment

To determine the best program for your company, you must first learn how many of your employees use tobacco:

- Many companies use a health risk assessment (HRA) tool to gauge tobacco use. Typically, your health insurance carrier, third party administrator or wellness vendor have HRA tools. Some HRAs will assess how many tobacco users are planning to quit in the next 6-12 months. This can help you determine the level and types of support programs to provide. Conducting an annual or semi-annual health risk assessment is a sound strategy for measuring your program's effectiveness.
- Consider obtaining additional information about employees' attitudes and perceptions of tobacco use. You may want to find out what your employees know about their tobacco-cessation benefits (e.g., where and how they would prefer to get information and support to quit, barriers they face to quitting). This can be done through surveys or focus groups.

Once you have identified the number of tobacco users, consider what level of support your company is able to provide. While not every company can implement a program that meets the CDC's recommendation, it's important to note that any level of support can benefit employees and the company.

- *Comprehensive support* includes fully-funded benefits, on-site programs, extensive communications.
- *Facilitative support* includes employer-provided self-help materials, health plan coverage for treatment.
- *Referral based support* includes employer-provided self-help materials and referrals to community programs.[1]

2. Implement a Tobacco-free Policy

If it's within your company's means, a comprehensive tobacco-free environment is your best bet for helping employees quit. Such a setting should be thoughtfully structured to include: adequate health plan coverage for tobacco cessation and prevention; a supportive work environment; educational initiatives; and restrictions on tobacco use.[3]

With careful planning, your company can make a smooth transition to a tobacco-free environment. Consider these steps as you develop your policy:

- Review state and local laws and ordinances that may influence your policy-making decisions.
- Assess the need and interest: Secure buy-in from your company's leaders and recruit an action team. Take into account how the following factors will affect and/or bolster your tobacco-free policy: leased property, union employees, existing policies, available support and benefits.[4]
- Plan Ahead: Appoint a team leader, define the group's mission and goals, determine a budget, and establish a generous leadtime. The CDC recommends allowing 12-18 months.[5]
- Define the terms of your policy: Determine whether you will adopt a "tobacco-free" policy, which goes beyond "smoke-free" to address all tobacco use. Consider whether it is possible to enforce your policy beyond your company's indoor environment to outdoor areas.[6] (Note: Be sure to review your policy with legal council to ensure compliance with employment laws in your state.)
- Enforce: Handle infractions as you would for other company policies. Investigate complaints and take disciplinary action in the same manner.[7]
- Evaluate: Begin planning early to ensure that the data you want will be collected during all stages of the initiative. Develop a plan for evaluating the implementation and impact of the policy initiative, including the impact of the expanded cessation services.[8] Some examples of measures to consider are: utilization of cessation services; satisfaction with cessation services; smoking rates from health risk assessments; and number of policy infractions. Remember to keep it fairly simple to assure that the evaluation will be conducted.

For more in-depth guidance on this process, see The National Business Group on Health's "Tobacco: The Business of Quitting," www.businessgrouphealth.org/tobacco.

The Power of Good Policy

Evidence has shown that smoke-free policies in enclosed workplace settings are associated with reduced daily cigarette consumption among employees and possibly with increased cessation among employees.[9]

Support from upper management is one of the most often cited keys to successfully implementing a tobacco-free policy. In addition, management expectations often drive the development of tobacco-free policies and programs.[10]

3. Design a Benefits Package that Supports Tobacco Cessation

Providing full coverage of healthcare benefits is a cost-effective way for companies to help employees stop using tobacco.[11] Also, when companies provide adequate incentives and support to balance any restrictions or penalties (restricted smoking-allowed areas, higher premiums) they can avoid an approach that stigmatizes smokers.[12]

These steps will help you make your way through the process of designing a strong benefits package:

- Carefully examine program offerings. Employee benefits consultants and actuaries can help evaluate vendors' bids, assessing costs, benefits, and potential benefit trade-offs.[13]
- Consult a benefits attorney before charging higher insurance premiums for smokers. While this practice is well established for life insurance, some jurisdictions may regulate how this can be done for health benefits.[14]
- Offer coverage for a variety of cessation services to remove as many barriers as possible. Let employees know that they will be more likely to quit if they combine multiple types of services (medication, group counseling, and a quitline, for example).[15]
- Eliminate or at least reduce co-pays or deductibles for counseling and medications. Even a small co-payment will reduce the likelihood that employees will take advantage of the benefit.[16]
- Include incentives such as benefit enhancements, lower deductibles, or reduced premiums.[17]
- Avoid imposing annual or lifetime coverage limits for medications or counseling.[18] Keep in mind that breaking tobacco addiction is difficult. It may take some people several tries using a variety of aids to quit successfully.
- Consult *A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage* (See Resources). In it, the National Business Group on Health provides summary plan description language you can request from your healthcare plan administrator. The guide also lists current procedural terminology codes. Be sure to always confirm with your health plan administrator that this information is the most current.[19]

Benefits and Incentives are Worth the Expense

Smoking cessation programs are relatively low in cost when compared with other benefits. According to the CDC, comprehensive tobacco cessation benefits cost between $1.20 and $4.80 per member annually.[20]

According to a 2009 study, financial incentives can increase enrollment in tobacco cessation programs and increase completion and abstinence rates.[21]

At firms with more than 20,000 employees, 24% vary premiums based on whether someone smokes, as do 12% of companies with 500 or more workers, according to the 2011 survey of employer-sponsored health plans by human resources consultant Mercer.[22]

4. Help Employees Who Want to Quit

Nicotine is highly addictive. It increases the release of dopamine, a brain chemical that makes a person feel good.[1] Also, cigarette smoking becomes strongly associated with physical routines and emotional behaviors such as driving, talking on the phone, or coping with stress, causing smokers to feel they must have a cigarette in these situations.[2] It's no surprise, then, that tobacco users face considerable barriers to quitting: withdrawal symptoms, fear of failure, peer and social pressure, and weight gain, which is of special concern for women.[3]

To boost the power of a tobacco-free policy and to motivate smokers to quit, your company can provide tobacco cessation services onsite, or refer employees to resources available in your community, such as those listed in the Resources section of this guide.

Important facts about quitting:

- Treatments for nicotine dependence typically include nicotine replacement therapy, non-nicotine medications, counseling, lifestyle change, and improved coping skills.[4]
- Both medications and counseling are effective in helping smokers quit. When these approaches are combined, they are even more likely to work.[5]
- Smokers are more likely to quit permanently if they follow a plan that treats both the physical and behavioral aspects of nicotine dependence.[6] Still, it's common for smokers to relapse four or five times before successfully quitting smoking.[7]

Free Phone- and Web-based Quit Coaching

Kansas
www.quitnow.net/Kansas
1-800-QUIT-NOW

Missouri
www.quitnow.net/Missouri
1-800-QUIT-NOW

What You Can Do

- Counseling and classes help tobacco users learn techniques for preparing to quit and provide support during the process.[8] Your company can offer group counseling and other programs onsite, and provide access to or referrals for individual or group counseling programs and classes. If your business is small, work with neighboring businesses to combine resources for the benefit of all employees.

- Educate employees on the health hazards of smokeless tobacco, smoking, and exposure to secondhand and thirdhand smoke to their family members, especially children. Thirdhand smoke is the toxic residue left in indoor environments.[9]

- Encourage the use of quitline counseling. It can more than double a smoker's chances of quitting, and when combined with medication (such as nicotine replacement therapy), it can more than triple the chance of a positive outcome.[10] Quitlines are one of the most accessible treatment programs, especially for vulnerable populations, because they are free and they reduce access-related barriers such as transportation and childcare. They afford users a degree of anonymity and act as a gateway to other cessation resources and broader health-related information and resources.[11]

- Before employees will take advantage of tobacco treatment services, they need to gain an appreciation for good health and feel empowered in their healthcare choices.[12] To facilitate this shift, offer other health-related programs such as stress management, weight management or physical fitness, which support a tobacco-free lifestyle.[13]

- Only about 50% to 60% of smokers receive advice about quitting smoking from their health care provider.[14] You can help bridge this gap by providing information through printed materials, company intranet, third-party websites, or group presentations.

- Provide education about over-the-counter products (skin patches, chewing gum, lozenges, homeopathic sprays) and prescription medications, including nicotine replacement, and non-nicotine drugs.[15]

5. Communicate Effectively

How you deliver the news of changes in your company's tobacco-related policies, benefits, and support can influence employees' attitudes for better or worse. First and foremost, communications should be created with the understanding that tobacco use is an addiction.[1] Here are some other things to keep in mind when creating a communications plan to accompany your corporation's cessation strategies:

- Create communications with an empathetic approach that recognizes the power of nicotine dependence.[2]
- Reinforce your organization's commitment to helping tobacco users who want to quit, and refer employees to additional information on cessation services.[3]
- Clearly explain your company's new tobacco-free policy, its rationale and provisions. Specifically spell out times of day and locations (indoors and out) affected under the policy.[4]
- Engage company leaders in announcing any changes. This reinforces the stance that policies, benefits, and services related to tobacco cessation are a corporate initiative.
- Allow a sufficient span of time between announcing a tobacco-free policy and implementing it to give tobacco users time to plan how they will adjust.
- Communicate the policy change through public announcements, email, your company's intranet site, payroll stuffers, table and bulletin board displays, door decals, permanent outdoor signs, and maps showing property lines.[5]
- Be sure to include the policy in new employee orientation trainings, and in an updated employee handbook.[6]

Case Studies

Cerner Corporation

Headquartered in Kansas City, Cerner is the leading U.S. supplier of healthcare information technology solutions that optimize clinical and financial outcomes. It supplies unified, integrated systems to more than 8,000 clients worldwide, ranging from single-doctor practices to entire countries.

To support health and wellness (including smoking cessation) among employees, Cerner has devised a program that includes financial incentives and peer support.

To begin with, Cerner offers each of its 4,800 employees compelling financial incentives for fulfilling various wellness exams and activities. Every employee can earn up to 1,000 points annually for performing different tasks, including quitting smoking. Each point is worth a dollar, and the total amount earned is applied to a premium reduction for the following year. Associates who complete a smoking cessation program earn 100 points. If any employees convert from a positive cotinine (a metabolite of nicotine) screen to a negative, they earn 400 points. Nonsmokers can receive 200 points.

Cerner also appoints Wellness Ambassadors – employees within the company who are dedicated to supporting company-wide primary prevention efforts. They promote wellness throughout headquarters and also on "Healthe & Wise," Cerner's company-wide social networking site. Cerner notes that recruiting representatives outside of human resources has been a huge boon to the program.

For additional details on Cerner's program:
http://www.nbch.org/NBCH/files/ccLibraryFiles/Filename/000000000339/Cerner.pdf

JE Dunn

Kansas City-based JE Dunn Construction is a leading provider of construction management services, design-build, and integrated project delivery. In 2011, the company was ranked twelfth largest general building company in the United States. In 2008, JE Dunn joined a two-year pilot program offered by Mid-American Coalition on Health Care in collaboration with Pfizer Inc. Dubbed the Kansas City Collaborative (KC2), the pilot was designed to improve health benefits and develop a replicable model to assist employers in identifying programs that offer high value.

With a smoke-free ordinance going into effect for the City of Kansas City, Missouri, the time was right to start talking about providing support and incentives to help employees quit using tobacco.

During a baseline assessment, the company found that of the 60% of employees who completed the health risk assessment, approximately 17% were current smokers. It was suspected that the actual number might be even higher because the state of Missouri had a 25% tobacco use rate at that time.[1]

The KC2 pilot provided JE Dunn with an excellent framework for understanding their data, determining interventions, and assessing results. Through that process, the company embraced this thoughtful, step-by-step plan for creating a smoke-free workplace:

- Step One: A smoke-free workplace.
- Step Two: A tobacco-free workplace. JE Dunn had a high prevalence of smokeless tobacco users in the field construction workforce and wanted to change that behavior.
- Step Three: Introduce the "Free and Clear" tobacco cessation program. Make it available to family members to support a tobacco-free home. Change benefits plan design to cover the cost of prescription tobacco cessation medications at no co-pay.
- Step Four: Implement a tobacco surcharge. Not intended as a punishment, the surcharge is meant to support employees in the challenging task of breaking the tobacco habit. In fact, employees who take part in the Free and Clear class but aren't able to quit don't pay the surcharge because they have demonstrated a commitment to their health.

Throughout the process, JE Dunn emphasized to employees how the most recent initiative was just another step along the path of wellness. They were very careful in the wording and dissemination of their communications. The tobacco cessation benefits were touted in open enrollment materials and were discussed during employee benefit meetings. Information about the surcharge was introduced in a similar way, but with several months' notice to give employees time to ask questions and begin the Free and Clear program.

As a result of their plan, JE Dunn's facilities are all "tobacco-free." They've implemented a tobacco cessation initiative in partnership with the American Cancer Society, and they provide coverage for over-the-counter and prescription tobacco cessation medications.

There is evidence that the initiative is making a difference. Tobacco use has declined from 17% in 2007 to 10.9% in 2010. Since implementing the tobacco surcharge in 2011, JE Dunn has seen triple the participation in the Free and Clear program from the previous year and a 60% increase in serious quit attempts from the previous year.

Sprint Nextel

Headquartered in Kansas City, Sprint Nextel is a global communications company that serves more than 50 million customers. Sprint has been particularly focused on implementing a tobacco-free workplace and a comprehensive smoking cessation benefit. With its "QuitPower" campaign, the company created an environment to help employees make healthy choices by providing health coaching for smoking cessation, setting policies to create smoke-free buildings, and offering discounts on medical programs to nonsmokers.

Targeted interventions included:

- Implementing a tobacco-free workplace.
- Creating comprehensive smoking cessation benefits (e.g., eight weeks of free nicotine replacement therapy, 50% off cessation drug coverage). Cost barriers to smoking cessation therapies were eventually eliminated.
- Developing messaging regarding tobacco-free workplace and benefits. Onsite wellness ambassadors and peer-influence were effective in increasing employee engagement.
- Working with their health plan, providers, and vendors to develop a comprehensive smoking cessation benefit package and campaign, maximizing their vendor value.
- Engaging multiple Sprint stakeholders in the process, including representatives from retail, human resources, the legal department, real estate, and the C-Suite before implementing the policy. Sprint's corporate communications department and change management team also played an important role.

Sprint evaluated its efforts according to participation in smoking cessation programs and success rates with outreach six months after program completions. While other tobacco cessation programs generally show quit rates between 15-28%, Sprint saw rates between 35% and 45% for members enrolled in the QuitPower program.

American Century Investments

American Century Investments is a Kansas City-based asset management firm founded by James E. Stowers Jr. in 1958. While the company had historically promoted general health and wellness through programs addressing hypertension, heart health, back pain, and stress, American Century had not directly addressed tobacco use among employees, in part because such a small percentage of their workforce were affected.

American Century's benefits department decided to initiate a tobacco-free worksite project because they felt tobacco use was inconsistent with the company's values. In 1994, Mr. Stowers, a cancer survivor himself, and his wife Virginia G. Stowers had endowed their personal fortune to establish the Stowers Institute for Medical Research. Their goal was to improve human health through basic research. Because of this close tie, it only made sense to completely restrict tobacco use on American Century property and to provide comprehensive support for employees' quit attempts.

As the project got underway, Melissa Campbell, benefits and human resources operations manager, formed a team that included human resources staff, the company's wellness coordinator, and representatives from the facilities, security, and communications departments.

Next, the team secured buy-in from top leadership and engaged them in announcing the eminent tobacco-free policy. This helped employees see that the change was in line with the company's beliefs, and it hindered opposition that might have come if the change had been rolled out as part of a benefits package.

In September 2010 the tobacco-free team developed a comprehensive plan that provided support for tobacco cessation.

The benefits department changed their medical plan to cover FDA-approved prescription tobacco cessation medications and physician office visits for tobacco cessation at no cost. They promoted the American Cancer Society's Great American Smokeout, delivered the Thinking About Quitting webinar in conjunction with the American Cancer Society, and offered Cigna's "Quit Today" program at no charge.

Quit Today includes: a personalized assessment; free behavior change aids such as nicotine replacement patches or gum; telephonic coaching providing one-on-one support from a specially trained health advocate to help quitters overcome the emotional, physical and social barriers; ongoing communications to help quitters stay focused and track their progress using the workbooks and toolkits; relapse prevention resources to support them as they continue their new healthy lifestyle.

"We wanted to have several tools in place to support tobacco users when we announced that we were going tobacco-free," says Ms. Campbell.

These benefits were available to anyone covered under American Century's health insurance plan, supporting whole households in quitting.

To ease tobacco users' anxiety, the tobacco-free team planned to announce the pending change in October 2010, a full six months before the tobacco-free worksite policy would go into effect. At the time of the announcement, the team launched an intranet site that explained what resources were available and what benefits American Century would provide to support smoking cessation. This gave tobacco users the time and resources they needed long before the policy would go into effect in March 2011.

The Great American Smokeout in November provided a great opportunity for American Century to encourage employees to quit using tobacco (not just cigarettes), and to remind them of the coming policy change. Communications were also delivered to managers to make sure they understood the policy and to address concerns they may have around employee reactions or break times now that tobacco users would have to leave company property during the work day.

But the policy planning team had to think beyond the company's own workforce. If the company were to truly embrace a tobacco-free stance, its policy would have to include contractors, visitors and vendors coming to the site, and workers in American Century's New York and California offices as well. None of these people would be allowed to use tobacco on American Century property.

The team also had to consider employees of other companies that occupied American Century buildings. For instance, about 70% of one of the company's office towers was rented to other businesses, and one property housed a restaurant. How could the benefits team enforce their policy upon smokers who weren't employed by American Century and wouldn't have access to the same support programs and benefits?

It was determined that if a policy was not spelled out in a lease agreement, it could not be enforced. In the end, tenants, but not American Century employees, were allowed to smoke in a remote area of the property. However, the tenants were notified of the policy and asked to be mindful of American Century employees, contractors and visitors who would no longer be able to smoke onsite. Going forward, the tobacco-free policy will be part of renewal and new lease negotiations.

Thanks to a plan that included ongoing discussions with employees, vendors and tenants, early announcements, periodic reminders, and visible signage stating that American Century's campus and other buildings would be tobacco-free by March, the new policy went into place without controversy.

Evidence shows that the policy is having a positive effect. A 2011 survey revealed that smoking rates are at an eight-year low: 4.7% among employees and 4.5% among spouses and plus ones.

Resources

Kansas and Missouri Facts, Programs, and Resources

Health Promotion Worksite Initiative: A Literature Review, March 2007, Missouri
Department of Health and Senior Services
www.health.mo.gov/data/pdf/WorksiteWellness.pdf

Kaiser State Health Facts, The Henry J. Kaiser Family Foundation
www.statehealthfacts.org

Kansas Tobacco Use Prevention Program, Kansas Department of Health and
Environment
www.kdheks.gov/tobacco/index.html

Smoking and Tobacco, Missouri Department of Health and Senior Services
www.health.mo.gov/living/wellness/tobacco/smokingandtobacco/

Smoke & Money: An Employers Toolkit for Smokefree Workplaces and Tobacco
Cessation Assistance, Missouri Department of Health and Senior Services
health.mo.gov/living/wellness/tobacco/smokingandtobacco/pdf/EmployersToolkit.pdf

State Tobacco Activities Tracking and Evaluation System, Centers for Disease Control
and Prevention
www.apps.nccd.cdc.gov/statesystem/Default/Default.aspx

Tobacco Use: Kansas City, Missouri Community Health Assessment 2011
www.kcmo.org/idc/groups/health/documents/health/cha2011-tobaccouse.pdf

Helpful Websites

American Lung Association
www.lung.org

National Business Group on Health
www.businessgrouphealth.org/tobacco

National Cancer Institute
www.smokefree.gov

Smoking and Tobacco Use, Centers for Disease Control and Prevention
www.cdc.gov/tobacco/index.htm

Workplace Health Promotion: Tobacco-Use Cessation, Centers for Disease Control and
Prevention
www.cdc.gov/workplacehealthpromotion/implementation/topics/tobacco-use.html

Help for Individuals

EX: Re-learn Life without Cigarettes
www.becomeanex.org

FDA 101: Smoking Cessation Products
http://www.fda.gov/downloads/ForConsumers/ConsumerUpdates/UCM198648.pdf

Free Phone-based Quit Coaching
1-800-Quit-Now

Free Web-based Quit Coaching - Kansas
www.quitnow.net/Kansas

Free Web-based Quit Coaching - Missouri
www.quitnow.net/Missouri

Harley Sears Hypnosis Center
www.hdsears.com

National Cancer Institute
www.smokefree.gov

Guides for Businesses

Coverage For Tobacco Use Cessation Treatments, Centers for Disease Control and
Prevention, Department of Health and Human Services
www.cdc.gov/tobacco/quit_smoking/cessation/pdfs/reimbursement_brochure.pdf

Covering Smoking Cessation as a Health Benefit: A Case for Employers, Milliman
Consultants and Actuaries and the American Legacy Foundation
http://www.legacyforhealth.org/PDFPublications/Covering_Smoking_Cessation_as_a_
Health_Benefit_-_A_Case_for_Employers.pdf

*Demographic and Geographic Differences in Exposure to Secondhand Smoke in
Missouri Workplaces, 2007-2008*, Centers for Disease Control and Prevention
www.cdc.gov/pcd/issues/2011/nov/10_0197.htm?s_cid=pcd86a135_e&source=govdelivery

*Employers' Smoking Cessation Guide: Practical Approaches to a Costly Workplace
Problem,* Professional Assisted Cessation Therapy
www.endsmoking.org/resources/employersguide/pdf/employersguide-2nd-edition.pdf

Fundamentals of Smokefree Workplace Laws, 2009, Americans for Nonsmokers' Rights
www.no-smoke.org/pdf/CIA_Fundamentals.pdf

Investing in a Tobacco Free Future, Partnership for Prevention
www.prevent.org/downloadStart.aspx?id=19

Leveraging Benefits: Opportunities to Promote the Delivery and Use of Preventive Services, National Business Group on Health
www.businessgrouphealth.org/benefitstopics/topics/purchasers/part6.pdf

Moving Science into Coverage: An Employer's Guide to Preventive Services, National Business Group on Health
www.businessgrouphealth.org/preventive/background.cfm

Save Lives, Save Money: Help People on Medicaid Quit Tobacco, Action to Quit, Partnership for Prevention, American Lung Association
www.actiontoquit.org/uploads/documents/Save_Lives_and_Money_Medicaid_2010.pdf

Save Lives, Save Money: Make Your Business Smoke-Free, Centers for Disease Control and Prevention
www.cdc.gov/tobacco/basic_information/secondhand_smoke/guides/business/pdfs/save_lives_save_money.pdf

Smoke-Free Policies: An Action Guide, Partnership for Prevention
www.prevent.org/data/files/initiatives/smokefreepolicies.pdf

WorkWell Missouri Tool Kit, University of Missouri Extension
www.extension.missouri.edu/p/MP912

Appendix

Unproven Treatments

- According to the Centers for Disease Control and Prevention, hypnosis and acupuncture are not effective smoking cessation treatments.[1] In a 2010 study of hypnosis for smoking cessation, the authors did not show that "hypnotherapy has a greater effect on six-month quit rates than other interventions or no treatment." They concluded that "there is not enough evidence to show whether hypnotherapy could be as effective as counseling treatment."[2] While hypnosis is unproven, many people feel it has helped them quit smoking. Employees who want to try hypnosis should look for a therapist with a state recognized professional license in some area such as medicine, nursing, psychology, dental, chiropractic, and marriage and family counseling.[3]
- Electronic cigarettes, known as e-cigarettes, are battery-operated devices that vaporize nicotine, flavor and other chemicals in a way that allows users to mimic the look and action of cigarette smoking.[4] While some studies show e-cigarettes may help smokers quit, anti-smoking groups are concerned that the devices will lead adolescents to use other tobacco products. Either way, e-cigarettes aren't approved or regulated by the FDA and should not be considered a safe alternative to cigarettes.[5]

Tobacco Use Among Minorities and Vulnerable Populations

- In Kansas, 17% of Hispanics, and 24% of African Americans smoke, while 17% of Whites smoke.[8] In Missouri, those numbers are 27%, 27%, and 24% respectively.[9]
- More than 35% of high school drop outs in Kansas smoke[6] and more than 50% of high school dropouts in Missouri[7] smoke.
- More than a third of all kids who ever try smoking a cigarette become regular, daily smokers before leaving high school.[10]
- Smoking during pregnancy increases the risk for preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS). In Missouri, one of every six pregnant women smokes, a rate 64% higher than the national average.[11] According to a study published in Health Care Financing Review, in 1997 approximately 13.2% of pregnant women in Kansas smoked and 22.6% of pregnant women covered by Medicaid smoked.[12]
- Exposure to secondhand smoke and asthma prevalence are more common in low-income and low-education-level households. Parents are responsible for 90% of children's exposure to secondhand smoke.[13]

Endnotes

Rationale for Tobacco Cessation in the Workplace

1. Centers for Disease Control and Prevention. "Vital Signs," September 2011. http://www.cdc.gov/tobacco/data_statistics/vital_signs/index.htm
2. United Health Foundation. America's Health Rankings® – 2011 Edition. http://www.americashealthrankings.org/ALL/Smoking/2011
3. Centers for Disease Control and Prevention. Tobacco Control State Highlights 2010, Smoking and Tobacco Use – Kansas. http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/states/kansas/index.htm
4. Centers for Disease Control and Prevention. Tobacco Control State Highlights 2010, Smoking and Tobacco Use – Missouri. http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/states/missouri/index.htm
5. Berigan TR, Deagle EA. Treatment of Smokeless Tobacco Addiction with Bupropion and Behavior Modification. J Am Med Assoc. 1999;281:233.
6. Centers for Disease Control and Prevention. Smoking and Tobacco Use – Tobacco-Related Mortality. March 21, 2011. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/
7. Centers for Disease Control and Prevention. Cigarette Smoking-Attributable Morbidity – United States, 2000. Morbidity and Mortality Weekly Report 2003;52(35):842–4 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5235a4.htm
8. Centers for Disease Control and Prevention, Smoking & Tobacco Use – Cancer. February 8, 2012. http://www.cdc.gov/tobacco/basic_information/health_effects/cancer/index.htm
9. Centers for Disease Control and Prevention, Smoking & Tobacco Use – Heart Disease & Stroke. December 16, 2010. http://www.cdc.gov/tobacco/basic_information/health_effects/heart_disease/index.htm
10. Mayo Clinic, Health risks of chewing tobacco and other forms of smokeless tobacco. October 29, 2011. http://www.mayoclinic.com/health/chewing-tobacco/CA00019/NSECTIONGROUP=2
11. Centers for Disease Control and Prevention, Smoking & Tobacco Use – Secondhand Smoke (SHS) Facts. March 21, 2011. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm
12. Ibid.
13. Ibid.
14. Global Advisors on Smokefree Policy. Thirdhand Smoke Is a Public Health Concern. June 2011. https://njlmn.rutgers.edu/cdr/docs/2011-06_NJGASP%20Info.pdf
15. Centers for Disease Control and Prevention. Smoking-Attributable Morbidity, Years of Potential Life Lost, and Productivity Losses – United States, 2000-2004. Morbidity and Mortality Weekly Report. 2008 / 57(45);1226-1228 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5745a3.htm
16. Ibid.
17. Centers for Disease Control and Prevention, Department of Health and Human Services. Coverage for Tobacco Use Cessation Treatments. http://www.cdc.gov/tobacco/quit_smoking/cessation/pdfs/reimbursement_brochure.pdf
18. Missouri Department of Health and Senior Services. Smoke & Money: An employer's toolkit for smokefree workplaces and tobacco cessation assistance. http://health.mo.gov/living/wellness/tobacco/smokingandtobacco/pdf/EmployersToolkit.pdf
19. Americans for NonSmokers' Rights. Business costs in smoke-filled environments. August 2006. http://no-smoke.org/document.php?id=209
20. Centers for Disease Control and Prevention. "Vital Signs," November 2011. http://www.cdc.gov/tobacco/data_statistics/vital_signs/index.htm
21. Centers for Disease Control and Prevention, Department of Health and Human Services. Coverage for Tobacco Use Cessation Treatments. http://www.cdc.gov/tobacco/quit_smoking/cessation/pdfs/reimbursement_brochure.pdf
22. Americans for NonSmokers' Rights. Business costs in smoke-filled environments. August 2006. http://no-smoke.org/document.php?id=209
23. Centers for Disease Control and Prevention. Workplace Health Promotion – Tobacco-Use Cessation. August 25, 2011. http://www.cdc.gov/workplacehealthpromotion/implementation/topics/tobacco-use.html

Key Components of a Comprehensive Strategy for Tobacco Cessation in the Workplace

1. Professional Assisted Cessation Therapy. Employers Smoking Cessation Guide. http://www.endsmoking.org/resources/employersguide/pdf/employersguide-2nd-edition.pdf
2. Healthways. Adult Americans maintain their smoking habit despite declining access to food, shelter or healthcare. November 15, 2011. http://www.well-beingindex.com/files/20111115_WBI_Smoking_Final.pdf
3. Professional Assisted Cessation Therapy. Employers Smoking Cessation Guide. http://www.endsmoking.org/resources/employersguide/pdf/employersguide-2nd-edition.pdf

4. Centers for Disease Control and Prevention. Tobacco-Free Workplace – Assessing Need and Interest. January 6, 2010. http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/assessing.htm
5. Centers for Disease Control and Prevention. Tobacco-Free Workplace – Planning a Tobacco-Free Campus Initiative. January 6, 2010. http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/planning.htm
6. Ibid.
7. Centers for Disease Control and Prevention. Tobacco-Free Workplace – Implementing the Initiative. January 6, 2010. http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/implementation.htm#Enforcing
8. Centers for Disease Control and Prevention. Tobacco-Free Workplace – Evaluating Success. January 6, 2010. http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/evaluating.htm
9. Glasgow RE, Cummings KM, Hyland A. Relationship of worksite smoking policy changes in employee tobacco use: Findings from COMMIT. Tobacco Control 1997;6(Suppl 2):S44–S48.
10. Centers for Disease Control and Prevention. Making Your Workplace Smokefree: A Decision Maker's Guide. http://www.fourcorners.ne.gov/documents/MakingYourWorkplaceSmokefree.pdf
11. National Business Group on Health. Tobacco: The Business of Quitting – Overview. November 10, 2011. http://www.wbgh.org/tobacco/return/index.cfm#overview
12. Professional Assisted Cessation Therapy. Employers Smoking Cessation Guide. http://www.endsmoking.org/resources/employersguide/pdf/employersguide-2nd-edition.pdf
13. American Legacy Foundation. Covering Smoking Cessation as a Health Benefit: A Case for Employers. Milliman Inc. December 2006. http://www.ctri.wisc.edu/Employers/Legacy_coverage_tob_treat.pdf
14. Ibid.
15. National Business Group on Health. Tobacco: The Business of Quitting – Integrated Treatment Program. August 5, 2011. http://www.wbgh.org/tobacco/treatment/index.cfm#integrated
16. National Business Group on Health. Tobacco: The Business of Quitting – Recommended Comprehensive Tobacco Cessation Benefits. November 10, 2011. http://www.wbgh.org/tobacco/benefits/indexcfm#recommended
17. Ibid.
18. National Business Group on Health. Tobacco: The Business of Quitting – Integrated Treatment Program. August 5, 2011. http://www.wbgh.org/tobacco/treatment/index.cfm#integrated
19. National Business Group on Health. Tobacco: The Business of Quitting – Incentives. November 10, 2011. http://www.businessgrouphealth.org/tobacco/benefits/index.cfm#incentives
20. National Business Group on Health. Tobacco: The Business of Quitting – Recommended Comprehensive Tobacco Cessation Benefits. November 10, 2011. http://www.wbgh.org/tobacco/benefits/indexcfm#recommended
21. Ibid.
22. Andrews, Michelle. "Smokers, forced to pay more for health insurance, can get help with quitting." Washington Post. January 2, 2012. http://www.washingtonpost.com/national/health-science/smokers-forced-to-pay-more-for-health-insurance-can-get-help-with-quitting/2011./12/21/gIQAaBxlWP_story.html

Help Employees Who Want to Quit

1. Mayo Clinic. Nicotine Dependence – Definition. November 23, 2010. http://www.mayoclinic.com/health/nicotine-dependence/DS00307
2. Mayo Clinic. Nicotine Dependence – Causes. November 23, 2010. http://www.mayoclinic.com/health/nicotine-dependence/DS00307/DSECTION=causes
3. NSW Department of Health, Sidney Australia. "Let's Take a Moment," Quit Smoking Brief Intervention. November 2005. http://www.health.nsw.gov.au/pubs/2005/lets_take_a_moment.pdf
4. Mayo Clinic. Nicotine Dependence – Treatments and drugs. November 23, 2010. http://www.mayoclinic.com/health/nicotinedependence/DS00307/DSECTION=treatments%2Dand%2Ddrugs
5. Ibid.
6. Ibid.
7. NSW Department of Health, Sidney Austrailia. "Let's Take a Moment," Quit Smoking Brief Intervention. November 2005. http://www.health.nsw.gov.au/pubs/2005/lets_take_a_moment.pdf
8. National Business Group on Health. Tobacco: The Business of Quitting – Counseling Programs. November 10, 2011. http://www.wbgh.org/tobacco/benefits/index.cfm#counseling
9. Global Advisors on Smokefree Policy. Thirdhand Smoke Is a Public Health Concern. June 2011. https://njlmn.rutgers.edu/cdr/docs/2011-06_NJGASP%20Info.pdf
10. Riordan, Meg. Quitlines Help Smokers Quit, Campaign for Tobacco-Free Kids, 1 Jul. 2010. http://www.tobaccofreekids.org/research/factsheets/pdf/0326.pdf
11. Ibid.
12. National Business Group on Health. Tobacco: The Business of Quitting – Increasing Tobacco Cessation Benefit Utilization. November 10, 2011. http://www.wbgh.org/tobacco/benefits/index.cfm#recommended
13. Professional Assisted Cessation Therapy. Employers Smoking Cessation Guide. http://www.endsmoking.org/resources/employersguide/pdf/employersguide-2nd-edition.pdf
14. Centers for Disease Control and Prevention. Workplace Health Promotion – Tobacco-Use Cessation. April 25, 2011. http://www.cdc.gov/workplacehealthpromotion/implementation/topics/tobacco-use.html
15. National Business Group on Health. Tobacco: The Business of Quitting – Pharmacological Treatment. November 10, 2011. http://www.wbgh.org/tobacco/benefits/index.cfm#pharmacological

Communicate Effectively

1. Centers for Disease Control and Prevention. Healthier Worksite Initiative – Key Communication Messages. January 6, 2010. http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/promoting.htm#Key
2. Ibid.
3. Ibid.
4. Ibid.
5. Ibid.
6. Ibid.

Case Studies

1. Centers for Disease Control and Prevention. Prevalence and Trends Data, Tobacco Use 2008. http://apps.nccd.cdc.gov/brfss/list.asp?cat=TU&yr=2008&qkey=4396&state=All

Appendix

1. Centers for Disease Control and Prevention. Workplace Health Promotion – Health benefits to support tobacco-use cessation. April 25, 2011. http://www.cdc.gov/workplacehealthpromotion/implementation/topics/tobacco-use.html
2. Barnes J, Dong CY, McRobbie H, Walker N, Mehta M, Stead LF. "Hypnotherapy for Smoking Cessation." Cochrane Database Syst Rev (2010). Abstract. Print. http://www.ncbi.nlm.nih.gov/pubmed/20927723
3. Nesbit, D. "Choosing a Qualified Hypnotherapist." 2011 http://www.nwmedicalhypnosis.com/documents/Choosing%20a%20Hypnotherapist.pdf
4. U.S. Food and Drug Administration. For Consumers – FDA Warns of Health Risks Posed by E-Cigarettes. July 2009. http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm173401.htm
5. Tierney, John. "A Tool to Quit Smoking Has Some Unlikely Critics." New York Times. 7 Nov. 2011. http://www.nytimes.com/2011/11/08/science/e-cigarettes-help-smokers-quit-but-they-have-some-unlikely-critics.html?r=1&adxnnl=1&adxnnlx=1322506740-8i9yafDJO9dPqes6de1HNg
6. Centers for Disease Control and Prevention. Tobacco Control State Highlights 2010, Smoking and Tobacco Use – Kansas. http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/states/kansas/index.htm
7. Centers for Disease Control and Prevention. Tobacco Control State Highlights 2010, Smoking and Tobacco Use – Missouri. http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/states/missouri/index.htm
8. Centers for Disease Control and Prevention. Tobacco Control State Highlights 2010, Smoking and Tobacco Use – Kansas. http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/states/kansas/index.htm
9. Centers for Disease Control and Prevention. Tobacco Control State Highlights 2010, Smoking and Tobacco Use – Missouri. http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/states/missouri/index.htm
10. Riordan, Meg. "The Path to Smoking Addiction Starts at Very Young Ages." Campaign for Tobacco-Free Kids. December 14, 2009. http://www.tobaccofreekids.org/research/factsheets/pdf/0127.pdf
11. Missouri Department of Health & Senior Services. Smoking and Tobacco. http://health.mo.gov/living/wellness/tobacco/smokingandtobacco/index.php
12. Adams EK, Alao Melvin, Rivera CC. Smoking among Medicaid insured mothers: what are the neonatal expenses? Health Care Financing Review 2005;26(2).
13. United States Environmental Protection Agency. Health Effects of Secondhand Smoke. November 2011. http://www.epa.gov/smokefree/healtheffects.html

Need Help to Quit Smoking?

Toll Free Smoking Cessation Services

American Legacy Foundation Great Start – Pregnant Smokers ~ 1-866-66-START (1-866-667-8278)

Cancer Information Service (CIS) ~ 1-877-44U-QUIT (1-877-448-7848)

Missouri and Kansas Quit Line ~ 1-800-QUIT-NOW (1-800-784-8669)

Additional Information

Agency for Healthcare Research and Quality (AHRQ) ~ 1-800-358-9295

American Cancer Society (ACS) ~ 1-800-ACS-2345 (1-800-227-2345)

American Heart Association (AHA) ~ 1-800-AHA-USA1 (1-800-242-8721)

American Lung Association (ALA) ~ 1-800-548-8252

Centers for Disease Control, Office on Smoking and Health (CDC) ~ 1-800-CDC-1311 (1-800-232-1311)

Website Smoking Cessation Services

American Legacy Foundation Great Start – Pregnant Smokers ~ www.americanlegacy.org/greatstart

American Lung Association of Missouri (Freedom from Smoking/EASE*) ~ www.lungusa.org

American Lung Association of Kansas (Freedom from Smoking) ~ www.lungusa.org

Quitnet ~ www.Quitnet.com

National Cancer Institute's Cancer Information Service ~ www.smokefree.gov

The EX Plan ~ www.becomeanex.org

Try To Stop ~ www.trytostop.org

Website State and County Resources

Kansas Tobacco Use Prevention Program (TUPP) ~ www.kdheks.gov/tobacco/index.html

   School Policy ~ www.kdheks.gov/tobacco/school_policy.html

   TUPP Overview ~ www.kdheks.gov/tobacco/download/TUPP_Overview.pdf

Kansas City, Missouri, TUPP ~ www.kcmo.org/CKCMO/Depts/Health/TobaccoUsePreventionProgram/index.htm

Lafayette County, Missouri, Employer Tobacco Cessation Program ~ www.hccnetwork.org/tobacco-cessation

Missouri Smoking and Tobacco Prevention Program ~ www.health.mo.gov/living/wellness/tobacco/smokingandtobacco

   Employer Initiative Review ~ www.health.mo.gov/data/pdf/WorksiteWellness.pdf

   Employer Toolkit ~ www.health.mo.gov/living/wellness/tobacco/smokingandtobacco/pdf/EmployersToolkit.pdf

   Tobacco Free Plan ~ dmh.mo.gov/docs/mentalillness/MissouriPlanforLivingTobaccoFree.pdf

Missouri and Kansas Quit Line ~ 1-800-QUIT-NOW (1-800-784-8669)

www.health.mo.gov/living/wellness/tobacco/smokingandtobacco/tobaccocontrol.php#quitline

www.kdheks.gov/tobacco/cessation.html

Programs – Missouri

Clay County Health Department
1940 W. 152 Highway, Liberty, MO 64068
Freedom from Smoking
(816) 595-4200, Elizabeth Jackson
Charge: $75

Independence Health Department
515 South Liberty, Independence, MO 64050
Freedom from Smoking *
(816) 325-7767, Joanie Shover
Charge: $25

North Kansas City Hospital
2800 Clay Edwards Drive, Kansas City, MO 64116
Freedom from Smoking *
(816) 691-1690, Sharon Ambrosi
Charge: $45

St. Joseph Health Center
Well*Life
1000 Carondelet, Kansas City, MO 64114
Tobacco Free and Healthy *
(816) 943-2564
Charge: Varies, Corporate Only

Saint Luke's Hospital
Center for Health Enhancement
4200 Wornall Road, Kansas City, MO 64111
NO SMOKE *
(816) 932-3260
Charge: $110

Swope Health Center/Outreach
3801 Blue Parkway, Kansas City, MO 64130
Kick It At Swope
(816) 627-2122
No Charge (This is a study for African Americans)

Truman Medical Center
2301 Holmes Road, Kansas City, MO 64108
Freedom from Smoking
(816) 404-5496, Rita Mangold
Charge: $30

VA Medical Center
4801 E. Linwood Boulevard, Kansas City, MO 64128
Smoking Cessation Group
(816) 861-4700, Ext. 52641, Dr. Darryl Richey
No Charge for Eligible Veterans

Programs – Kansas

American Cancer Society
6700 Antioch Road, Suite 100, Merriam, KS 66204
Fresh Start
Materials Available
(913) 747-6035
No Charge

Olathe Medical Center
I-35 & 151st Street, Olathe, KS 66061
Freedom from Smoking *
Education Department
(913) 791-4312
Charge: $75 Single, $100 per couple

Providence Medical Center
8929 Parallel Parkway, Kansas City, KS 66112
Freedom from Smoking
(913) 596-4950, Jodi McGillicuddy
No Charge

Shawnee Mission Medical Center
Life Dynamics Center
9100 W. 75th Street, Shawnee Mission, KS 66204
Smoking Cessation Now *
(913) 676-7777, Press 2
Charge: $110

Smoking Cessation Counselors

Big Kahuna Consulting
1505 N.E. Auburn Drive, Lee's Summit, MO 64086
Various Programs *
(816) 805-8472, Joe Gilman
Charge: Varies by Program

National Board of Certified Clinical Hypnotherapists
Find a Hypnotherapist by State
www.natboard.com

National Center for Health Promotion
5457 N.E. Wedgewood Lane, Lee's Summit, MO 64064
Smoke Stoppers * (6 Month Program)
(816) 520-7968, Patricia Flack
Charge: $150, Corporate Only

*Worksite classes available

Note that programs, prices, and locations are subject to change. For current information, call the program of interest.

Printing funded by:

Kansas City
www.BlueKC.com

In collaboration with:

KANSAS CITY
MISSOURI

Public Health

Tobacco Cessation in the Workplace

in the **Workplace**

A Policy Resource Guide ©

2012