

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

Cessation Benefits

focus

This Issue

- Health and economic costs of tobacco use **1**
- A letter of welcome **2**
- Blue-collar smoking **2**
- Minnesota Laborers address tobacco use **3**
- Cessation works **3**
- Measuring cost **4**
- Opportunities for action **4**
- Resources **4**

Overview

In this issue, we provide information about tobacco use as both a health and economic issue, with a focus on its impact among blue-collar workers. Smoking is the common thread affecting the leading causes of death in the United States. You will learn how cessation works and find out how the Minnesota Laborers are working to reduce smoking rates among their plan participants.

With skyrocketing health care costs, now is the time to invest in prevention—tobacco cessation is one of the most cost-effective preventive services available. Providing and promoting tobacco cessation coverage is one investment that can make a lasting difference.

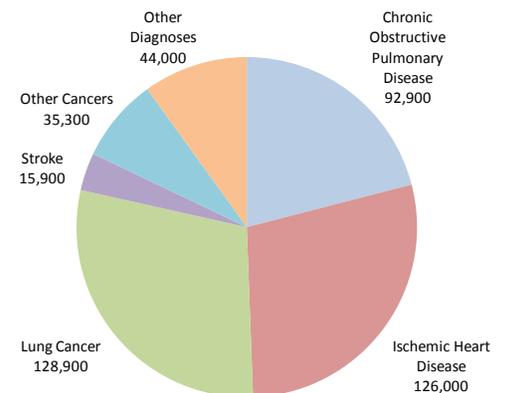
Health and economic costs of tobacco use

When it comes to health, tobacco use matters. Despite declining rates over time, smoking continues to be the leading cause of preventable death, disability, and disease in the United States, resulting in about 443,000 deaths every year.¹ Smoking kills more people every year than poor diet and physical inactivity, alcohol consumption, car crashes, gun-related violence, and illicit drug use.² People who smoke have a higher risk of developing cancer, heart disease, and chronic lung disease, and tobacco use reduces the overall quality of health.³ Smoking also shortens the lifespan—males lose an average of 13.2 years of life and females lose 14.5 years due to smoking.⁴

The economic impacts from tobacco use are equally severe. Smoking accounts for approximately \$193 billion in annual health care expenditures and productivity losses in the United States.⁵ People who smoke have higher medical costs than those who don't. Over a lifetime, males who smoke incur \$15,800 and females who smoke incur \$17,500 in additional medical expenses when compared with nonsmokers

(in 2002 dollars).⁶ Smoking is also costly when it comes to work performance. Those who smoke get sick more frequently, miss more days of work, and are less productive on the job.⁷ Each year, smoking results in approximately \$1,760 in lost productivity and \$1,623 in increased medical expenses (in 1999 dollars).⁸ Reducing smoking rates benefits both employers and employees through improved health, higher productivity, and lower health care costs.

About 443,000 U.S. Deaths Attributable Each Year to Cigarette Smoking*



*Average annual number of deaths, 2000–2004
Source: *MMWR* 2008;57(45):1226-1228

A letter of welcome



Rod Skoog and Susan Weisman,
Project Leaders

Welcome to *Cessation Benefits Focus*, a complimentary series of five quarterly newsletters from WorkSHIFTS, a collaborative labor outreach program of the Tobacco Law Center at William Mitchell College of Law. Since 2002, WorkSHIFTS has partnered with Minnesota labor leaders on research and policy initiatives to reduce tobacco use among blue-collar workers and families.

In 2008, WorkSHIFTS completed a study about the process by which Minnesota Taft-Hartley Health and Welfare Funds consider modifications to existing plan benefits, in particular, modifications regarding the provision and promotion of tobacco cessation services. This research broadened our understanding of how trustees resolve the difficult task of choosing among competing options when structuring health care benefits. The current project builds on those findings.

Why focus on blue-collar workers and families? Today, blue-collar workers shoulder much of the burden of tobacco's harmful impact in the U.S. While smoking rates among the adult population-at-large have declined substantially in recent years, rates within blue-collar occupations have remained unacceptably high. Research shows that although blue-collar workers are every bit as motivated to quit tobacco as are other adults, they have a harder time quitting and often lack adequate support and access to comprehensive cessation services. Finally—and an impetus for this project—research shows that the majority of unionized workers and families who receive health care benefits through health care plans administered by Taft-Hartley Health and Welfare Funds do not have comprehensive tobacco cessation coverage. Knowing that there are many persuasive health and cost justifications for funds to provide and promote cessation services, we are motivated by a sense of urgency to act swiftly to stem the tide and reverse course.

How will this newsletter series benefit you? We know that you are busy people who work under pressure, with limited time and resources to devote to tracking and reporting to trustees on any one health care issue. We appreciate, too, that the demands upon you are numerous and complex. And yet, as fund advisors and administrators, you are uniquely positioned to enhance the capacity of trustees on multiple funds to evaluate and make informed decisions about structuring benefits for adoption and modification. Our goal is to support your individual efforts to provide trustees with timely, evidence-based data and resources upon which they can make informed decisions about providing and promoting tobacco cessation benefits. We will do this by streaming information to you via this newsletter series, linking you with web-based resources, conferring with you, and offering a few live presentations. Future newsletters will address: why tobacco cessation benefits are critically important to include in a health plan; tobacco-related costs and return on investment of benefit inclusion; components of a well-structured tobacco cessation benefit; and successful strategies for promoting benefits. Please let us know how we can assist you. We welcome your ideas.

Blue-collar smoking

Blue-collar workers have some of the highest smoking rates among all occupations. Smoking rates are also higher among those with less education.⁹

- Blue-collar workers are twice as likely to smoke as white-collar workers.¹⁰
- Nearly 39% of workers in the construction and food service industries smoke compared to only 10% of teachers and 15% of administrators.¹¹
- In Minnesota, approximately 17% of all adults smoke, but nearly 23% of adults who earn less than \$35,000 smoke, compared with only 11% of those earning more than \$75,000.¹²
- Among Minnesota adults, high school graduates are almost three times more likely to smoke than college graduates.¹³

These high smoking rates underline the urgent need for cessation assistance among blue-collar workers. Consultants and fund administrators can play a critical role in reducing these disparities by advising trustees about the need to support employee efforts to quit smoking and using all forms of tobacco.

Smoking rates by occupation 1997–2004¹⁴

Construction & extractive trades	38.8%
Food service	38.5%
Construction laborers	37.0%
Material moving equipment operators	35.2%
Motor vehicle operators	34.2%
Mechanics and repairers	31.9%
Management related occupations	18.4%
Officials and administrators, public administrators	15.1%
Teachers, librarians, counselors	10.3%
Health diagnosing occupations	5.0%

Minnesota Laborers address tobacco use

Tobacco use is a key health issue for the Minnesota Laborers. In general, laborers have much higher smoking rates than nearly all other professions, even among blue-collar occupations. Several years ago, the Board of Trustees of the Minnesota Laborers Health and Welfare Fund realized that the health and financial costs of tobacco use for members and their families were too great to overlook. The trustees also received several appeals from members encouraging the trustees to adopt a smoking cessation program. As a result, they began to discuss strategies to reduce smoking rates among plan participants.

The benefits committee members gathered information about tobacco cessation benefits and invited several consultants to present additional information during the regularly scheduled meetings, including Abby Countryman of the Segal Company and Susan Weisman, Director of WorkSHIFTS. The Board of Trustees recognized that the fund could play an important role in supporting the efforts of

participants to quit using tobacco, namely by adding a tobacco cessation benefit to their existing health benefits package.

According to Rod Skoog, Administrator of the Minnesota Laborers Fringe Benefits Funds, after researching the issue of smoking and discussing a variety of options for the fund, the trustees and advisors, "realized that the cost of adding the benefit was minimal compared to the health risks from smoking." After extensive discussions, Skoog reported, cessation benefits rose to the top as one of the most important benefits to include in the plan's existing benefit structure.

The Board of Trustees considered issues of affordability and health impact and they decided to approve the addition of a tobacco cessation benefit, effective January 1, 2008. Adding a cessation benefit is part of a larger focus on

supporting preventive health measures to improve the health of participants and reduce long-term costs to the fund.

To date, the reaction from members has been tremendously positive, and there have been a number of success stories. Skoog recently heard from a member who was able to quit smoking after using the nicotine patch, and the member was grateful to have a cessation benefit to support his efforts. The benefit has been critical in improving access to cessation treatment and services for many laborers and their family members.

"There are long-term effects of smoking or chewing tobacco, and we realized that we are going to pay for this one way or another. We thought we should be proactive and hopefully provide members an alternative way out."

Jeff Seipel, Business Manager, Laborers Local 563 and Labor Trustee of the Minnesota Laborers Health and Welfare Fund

Cessation works

Quitting tobacco use at any age, particularly smoking, can make dramatic long-term health improvements. People who successfully quit live longer, healthier, more productive lives than those who continue smoking.¹⁵ Most people who smoke, about 70%, want to quit yet few are successful; only 4.7% successfully quit for three months to a year.¹⁶ The majority try to quit on their own or "cold turkey" despite the fact that research shows this is the least effective quit method. Cessation treatment that includes medication and counseling is both safe and effective. In combination, counseling and medication are more effective than either method on its own. Providing cessation services as a covered benefit increases the proportion of people who attempt to quit, use treatment, and successfully quit smoking.¹⁷



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Publications

C-Change

www.c-changeprojects.org

[Making the Business Case: How Engaging Employees in Preventive Care Can Reduce Health Care Costs](#) PDF, 366 Kb

Clinical Practice Guideline

www.surgeongeneral.gov/tobacco

[Treating Tobacco Use and Dependence: 2008 Update](#) PDF, 2.04 Mb

U.S. Department of Health and Human Services. Most comprehensive resource on effective clinical treatments for tobacco dependence.

Partnership for Prevention

www.prevent.org

[Priorities for America's Health: Capitalizing on life-saving, cost effective preventive services](#) PDF, 456 Kb

Executive Summary. Describes the process of ranking the cost-effectiveness and health impacts of clinically preventive services.

Web Sites

Centers for Disease Control and Prevention

www.cdc.gov/tobacco/

Current comprehensive information about smoking and tobacco use in the U.S.

C-Change

www.c-changeprojects.org

Useful information for employers on preventing cancer and saving health care costs.

National Business Group on Health

www.businessgrouphealth.org/tobacco/

Employer website with extensive information on tobacco cessation and how to incorporate a cessation program in the workplace.

For additional resources and a complete list of our references, visit our website at www.workshifts.org.

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Measuring cost

Preventing disease is an important aim of all health plans, and it is necessary to support a variety of preventive services to promote health and wellness. It can, however, be difficult to measure the relative value of preventive services. Tobacco use screening and intervention has consistently received the highest ranking for improved health outcomes and is more cost-effective than commonly offered preventive services including colonoscopies, screening for hypertension, mammograms, pap smears, and cholesterol screening and treatment. It is also one of only three clinical preventive services that is a cost-saving measure.¹⁸ Tobacco cessation treatment for pregnant women is one of the most cost-effective preventive services available.¹⁹ Screening for tobacco use and offering cessation services, including medication and counseling, makes sense to achieve optimal health and save health care costs.

Rankings of preventive services²⁰

Clinical Preventive Service	Clinically Preventable Burden	Cost Effectiveness	Total Score
Tobacco use screening and intervention	5	5	10
Childhood immunizations	5	5	10
Hypertension screening and treatment	5	3	8
Colorectal cancer screening	4	4	8
Cervical cancer screening	4	3	7
Breast cancer screening	4	2	6
Cholesterol screening	1	1	2

Opportunities for action

All of WorkSHIFTS resources are available to you for your work with health plans and trustees, and the materials are designed for use by those with various backgrounds and training.

- Review current cessation benefits offered in the funds you advise and encourage trustees to examine the benefits, as well
- Assess trustees' level of interest in adopting a cessation benefit and resources they will need to take action
- Recommend cessation benefits as a meeting agenda item for a fund's benefits committee or board of trustees
- Visit some of the resources listed in this newsletter and on our website www.workshifts.org to learn more about the impacts of tobacco use for employers
- Contact the WorkSHIFTS staff to obtain additional resources about cessation coverage and explore how we can tailor our assistance to meet your needs



Endnotes

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