

SMOKING CESSATION
AND PREVENTION AT THE WORKSITE
A SLIDE PRESENTATION FOR
INSURANCE COMPANY MANAGEMENT

TITLE SLIDE: SMOKING CESSATION AND PREVENTION: WHY GET INVOLVED?

THERE ARE FIVE MAJOR REASONS FOR
THE INSURANCE INDUSTRY TO PLAY A
LEADERSHIP ROLE IN ENCOURAGING AMERICANS
TO STOP SMOKING OR NOT TO START.

(Slide 1)

FIRST, THE EVIDENCE OF A DIRECT
LINK BETWEEN SMOKING AND THE LEADING
CAUSES OF DEATH AND DISABILITY IS
OVERWHELMING. INDEED, ON THE BASIS OF
LESS EVIDENCE OF RESULTS THIS NATION
CONDUCTED A SUCCESSFUL MISSION TO
THE MOON.

(Slide 2)

SECOND, THE ECONOMIC TOLL OF
SMOKING ON OUR SOCIETY IS ENORMOUS.

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(Slide 3)

THIRD, SMOKING IS THE SINGLE MOST IMPORTANT PREVENTABLE CAUSE OF PREMATURE DEATH. THERE IS NO OTHER RISK FACTOR WHOSE REDUCTION WOULD DO MORE TO IMPROVE MORTALITY.

(Slide 4)

FOURTH, EVERY TIME EFFORTS ARE INTENSIFIED TO SPOTLIGHT THE RISKS OF SMOKING, MORE SMOKERS GIVE UP THE HABIT. AND SURVEYS SHOW THAT 90 PERCENT OF SMOKERS HAVE EITHER TRIED TO QUIT OR WOULD QUIT IF THEY COULD FIND AN EFFECTIVE WAY TO DO SO. THESE PEOPLE NEED HELP.

(Slide 5)

FINALLY, DOLLAR FOR DOLLAR, THE INSURANCE INDUSTRY WOULD ACHIEVE "MORE BANG FOR THE BUCK" SPONSORING SMOKING-AND-HEALTH PROGRAMS THAN ANY OTHER INITIATIVE TO IMPROVE HEALTH AND CUT HEALTH CARE COSTS.

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SMOKING CAUSES 340,000 DEATHS
A YEAR. OVERALL, THE DEATH RATE
FOR SMOKERS IN THEIR PRIME YEARS
IS ABOUT DOUBLE THAT OF NON-SMOKERS.
IT IS A PRIMARY FACTOR IN 25 PERCENT
OF ALL DEATHS CAUSED BY HEART
DISEASE, AND 33 PERCENT OF CANCER
DEATHS.

IT IS RESPONSIBLE FOR 40 PERCENT
OF ALL RESPIRATORY DISEASES. IT
HAS MANY OTHER DELETERIOUS EFFECTS
ON MEN, WOMEN AND CHILDREN AND
EVEN UNBORN CHILDREN.

(Slide 7)

I KNOW YOU'VE HEARD THESE OR
SIMILAR STATISTICS. THEY'RE FAMILIAR
TO ALL OF US. BUT I ASK YOU TO LOOK
BEYOND THE FIGURES AND THINK IN TERMS
OF THE HUMAN TRAGEDY AND ECONOMIC
TOLL THESE NUMBERS REPRESENT.

EACH OF US I KNOW HAS BEEN TOUCHED
BY THE TRAGEDY OF LIVES CUT SHORT
WHERE WE COULD CLEARLY POINT THE
FINGER AT SMOKING AS A PRIME
CONTRIBUTOR TO THE FATAL DISEASE.

(Slide 8)

"I KNOW SMOKING IS BAD FOR ME."
THIS IS A STATEMENT WE HEAR ALL THE
TIME. EVERYBODY SEEMS TO KNOW
SMOKING IS A THREAT TO GOOD HEALTH
- - - - THE CIGARETTE LABELS TELL
YOU THAT. STILL MILLIONS OF PEOPLE
CONTINUE TO SMOKE . . . AND SO YOU
MAY SAY TO YOURSELF, "IS IT WORTH
THE EFFORT TO REDUCE SMOKING?"

THE ANSWER IS: "YOU BET IT'S WORTH
THE EFFORT."

(Slide 9)

A PERSON WHO STOPS SMOKING
REDUCES THE RISK OF HEART DISEASE
50 PERCENT IN THE FIRST YEAR AND
AFTER 10 YEARS IT'S AS THOUGH THE
PERSON NEVER SMOKED.

PEOPLE WHO STOP SMOKING FEEL
BETTER AND HAVE MORE PHYSICAL STAMINA.
AS WORKERS THEY HAVE LESS ABSENTEEISM
AND ARE MORE PRODUCTIVE ON THE JOB.

(Slide 10)

SINCE THE FIRST SURGEON GENERAL'S
REPORT IN 1964, SOME 30 MILLION
AMERICANS HAVE STOPPED SMOKING.
STILL 55 MILLION CONTINUE TO SMOKE, SO
WE HAVE A LONG WAY TO GO. BUT,
AGAIN, LET ME REPEAT A FIGURE I USED
A MOMENT AGO - - - - 90 PERCENT OF THESE
PEOPLE MAY WANT TO QUIT AND INDEED
60 PERCENT HAVE MADE AN HONEST STAB
AT IT.

(Slide 11)

A VITAL AND COMPELLING
REASON TO MAKE THE EFFORT TO
REDUCE SMOKING - - FROM OUR
POINT OF VIEW - - - - IS THE
ECONOMIC TOLL THAT SMOKING TAKES
ON INDUSTRY AND ON SOCIETY.

MEDICAL COSTS DUE TO SMOKING
WERE ESTIMATED AT \$11 BILLION IN
1980. THE LOSS IN PRODUCTIVITY:
ANOTHER \$36 BILLION FOR A TOTAL OF
\$47 BILLION IN 1980 ALONE BECAUSE
SO MANY PEOPLE SMOKE.

(Slide 12)

THESE SMOKERS ARE ALSO POLICY-
HOLDERS. IT SEEMS TO ME THAT
WE HAVE TO ASK OURSELVES: HOW
MANY DOLLARS CAN BE SAVED BY
INCREASING LIFE EXPECTANCY? HOW
MANY CLAIM PAYMENTS THAT OUR COMPANY
MAKES FOR THE TREATMENT OF CORONARY
DISEASE, CANCER, FOR RESPIRATORY
DISEASES, MIGHT HAVE BEEN REDUCED
OR EVEN AVOIDED IF THE PATIENT
DIDN'T ABSORB NICOTINE AND CARBON
MONOXIDE EVERY TIME HE OR SHE LIT UP?

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THE FACT IS, NO EMPLOYER CAN CLOSE HIS EYES TO THE DEVASTATING IMPACT OF SMOKING ON THE WELL BEING OF HIS EMPLOYEES AND TO THE EFFECT ON THE BOTTOM LINE OF HIS COMPANY.

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"NOBODY CAN TELL ME NOT TO SMOKE."
THIS STATEMENT GETS TO THE QUESTION OF INVASION OF PRIVACY.

LET'S BE CLEAR ABOUT THIS: THE PURPOSE OF A SMOKING CESSATION PROGRAM IS TO HELP PEOPLE WHO WANT TO STOP SMOKING BUT FIND IT VERY DIFFICULT TO DO SO. IF THE INDIVIDUAL DOES NOT WISH TO GIVE UP THIS HABIT, A STOP-SMOKING PROGRAM CAN PROPERLY DO NO MORE. THERE IS NOTHING MANDATORY ABOUT THIS APPROACH. THERE IS NO INVASION OF PRIVACY EVER INTENDED.

(Slide 15)

"MY COMPANY ALREADY HAS A STOP SMOKING PROGRAM." ONE OFTEN HEARS THIS STATEMENT. . . AND THE WAY TO

ANSWER IT IS TO ASK THESE QUESTIONS:

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"DO YOU HAVE A CLEAR SMOKING POLICY
WITHIN YOUR COMPANY THAT MAKES NON-
SMOKING THE ACCEPTED NORM WITHIN
THE ORGANIZATION?"

(Slide 17)

"DO YOU CAREFULLY INVESTIGATE
THOSE VENDORS WHO OFFER PROGRAMS?
WHAT TECHNIQUES DO THEY USE? HOW
WELL DOCUMENTED IS THEIR RATE OF
SUCCESS?"

(Slide 18)

"FURTHER, DO YOU MAKE AN EFFORT TO
PROVIDE FOLLOW-UP SUPPORT TO THOSE WHO
STOP SMOKING?"

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"DO YOU ASSESS THE IMPACT OF
YOUR STOP SMOKING PROGRAM ON ITS
PARTICIPANTS, ON INSURANCE COSTS,
ABSENTEEISM, AND OTHER FACTORS?"

TOO OFTEN THE ANSWER TO ALL OF
THESE QUESTIONS IS NEGATIVE AND THE
RESPONSE TO EMPLOYERS IS: "YOU'RE
WASTING YOUR MONEY."

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A GREAT MANY EMPLOYERS, OF COURSE, MAKE NO PRETENSE OF HAVING A PROGRAM. IN A RECENT SURVEY OF OVER 400 CALIFORNIA EMPLOYERS, FEWER THAN 10 PERCENT HAD STOP-SMOKING PROGRAMS.

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THE POINT OF ALL THIS IS THAT OUR INDUSTRY SHOULD HAVE EVERY INCENTIVE TO PLAY A LEADERSHIP ROLE IN PROMOTING SMOKING CESSATION PROGRAMS AMONG THE WORK FORCE OF THIS NATION.

WHY THE WORKSITE?

(Slide 22)

FOR SEVERAL GOOD REASONS. AMERICANS SPEND SO MANY HOURS AT THE WORKSITE.

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ALSO, THE WORKSITE HAS AN IMPORTANT INFLUENCE ON SOCIAL ATTITUDES AND HABITS.

(Slide 24)

STUDIES SHOW THAT HEALTH PROMOTION PROGRAMS IN THE WORKSITE HAVE A HIGH DEGREE OF VOLUNTARY PARTICIPATION.

(Slide 25)

FINALLY, THERE IS GOOD POTENTIAL FOR COMMUNICATION, CLAIMS, DATA COLLECTION, AND THE CREATION OF A NETWORK TO SUPPORT WORKERS IN THEIR DETERMINED EFFORT TO STOP SMOKING.

(Slide 26)

TO BE EFFECTIVE A SMOKING CESSATION AND PREVENTION PROGRAM SHOULD HAVE CLEARLY DEFINED GOALS.

(Slide 27)

FIRST, EVERY COMPANY SHOULD HAVE A POLICY REGARDING SMOKING AT WORKSITE. IT CAN BE AS SIMPLE AS SETTING ASIDE "NO SMOKING" AREAS IN YOUR COMPANY CAFETERIAS. THE DECISION ON POLICY IS PURELY VOLUNTARY, IT SHOULD BE LEFT UP TO EVERY COMPANY AS TO HOW FAR THAT POLICY SHOULD GO.

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THE SECOND GOAL IS TO INSTITUTE STOP SMOKING AND PREVENTION PROGRAMS FOR THOSE WHO WANT HELP.

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AND THE THIRD GOAL, IF FEASIBLE, IS TO USE THIS EXPERIENCE TO HELP GROUP CLIENTS UNDERTAKE A SIMILAR EFFORT FOR THEIR EMPLOYEES. THIS APPROACH HAS ALREADY PROVEN A GOOD MARKETING AND COST CONTAINMENT TOOL FOR SOME COMPANIES.

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ANY SMOKING CESSATION PROGRAM WORTH ITS SALT SHOULD MEET AT LEAST MINIMUM CRITERIA:

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ONE, IT SHOULD BE CONTINUED OVER A REASONABLE PERIOD OF TIME. I BELIEVE A COMPANY SHOULD MAKE AT LEAST A THREE-YEAR COMMITMENT, BECAUSE IT TAKES TIME TO ACHIEVE RESULTS.

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TWO, THE ACTIVITIES SHOULD BE CONDUCTED EITHER ON-SITE OR A NEARBY LOCATION AT LEAST QUARTERLY.

(Slide 33)

THREE, THE VENDORS OF THE PROGRAM SHOULD BE CHECKED AS THOROUGHLY AS POSSIBLE.

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FOUR, INCENTIVES SHOULD BE PROVIDED FOR EMPLOYEES TO TAKE PART - - - - FOR EXAMPLE, SHARE THE COST, OR A BONUS IF THEY QUIT FOR ONE YEAR.

(Slide 35)

FIVE, A SMOKING POLICY WHICH SUGGESTS THAT NON-SMOKING IS THE NORM SHOULD BE PUT IN PLACE.

(Slide 36)

SIX, MATERIALS SHOULD BE MADE AVAILABLE THAT PROVIDE SELF-HELP TO INDIVIDUALS.

(Slide 37)

SEVEN, THE EFFORT SHOULD BE PROMOTED THROUGH PAMPHLETS, NEWSLETTERS, VIDEOTAPE, AND OTHER MEANS OF COMMUNICATION.

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EIGHT, FOLLOW-UP ACTIVITIES SHOULD BE ORGANIZED TO SUPPORT EMPLOYEES WHO HAVE QUIT.

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AND, NINE, THE PROGRAM SHOULD BE PERIODICALLY ASSESSED TO MEASURE

THE SUCCESS RATE AND THE IMPACT
OF THE PROGRAM ON EMPLOYEES
AND THE COMPANY.

I HAVE TAKEN THE TIME TO GO THROUGH
THESE CRITERIA BECAUSE THEY MAKE
THE DIFFERENCE BETWEEN A SUCCESSFUL
PROGRAM AND ONE WITH LITTLE OR NO
PERMANENT IMPACT.

(Slide 40)

NOW, JUST A WORD ABOUT COST.

THE COSTS OF CONDUCTING A STOP-
SMOKING PROGRAM ARE GOING TO VARY
DEPENDING ON THE METHODS USED,
AND WHETHER IT'S AN IN-HOUSE PROGRAM
OR NOT.

SOME STUDIES HAVE ESTIMATED THE
COST AT \$200 PER QUITTER. OUT-OF-POCKET
COSTS TO BRING IN AN OUTSIDE GROUP,
WITH ALL OF THE MATERIALS NEEDED,
TYPICALLY ARE IN THE RANGE OF \$5-\$30 PER
EMPLOYEE PER YEAR WHEN SPREAD OVER

A BASE OF ALL EMPLOYEES, DEPENDING
ON A NUMBER OF FACTORS.

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WHAT IS CLEAR IS THE POTENTIAL
RATE OF RETURN ON THIS INVESTMENT.
IT CAN BE VERY HIGH INDEED . . . IN TERMS
OF LIVES AND DOLLARS SAVED.

LET ME CONCLUDE WITH THIS OBSERVATION.

A LOT OF DOLLARS HAVE BEEN SPENT TO
MUDDY THE WATERS ON THIS ISSUE, TO
CREATE A MACHO IMAGE FOR SMOKERS. BUT
ALL OF THE MADISON AVENUE IMAGERY IN
THE WORLD CANNOT HIDE THE FACTS.

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SMOKING, AS THE SURGEON GENERAL'S
REPORT PUT IT, IS "SLOW-MOTION
SUICIDE."

CONCLUDING REMARKS

IN SEPARATE ACTIONS IN 1982 THE BOARDS OF DIRECTORS OF THE ACLI AND HIAA ADOPTED RESOLUTIONS CALLING FOR MEMBER COMPANIES TO INITIATE PROGRAMS WITH SPECIFIC GOALS AND CRITERIA DESIGNED TO "REDUCE THE TOLL OF SMOKING AMONG THEIR EMPLOYEES."

THE RESOLUTIONS ALSO CALL FOR THE COMPANIES TO ENCOURAGE GROUP CLIENTS TO BEGIN SMOKING CESSATION EFFORTS FOR THEIR EMPLOYEES...

THESE ACTIONS FOLLOWED A DETAILED REPORT ON THE DANGERS OF CIGARETTE SMOKING AND THE NEED FOR WORKSITE CESSATION PROGRAMS BY TWO EXPERTS IN THE HEALTH CARE FIELD WHO ARE MEMBERS OF THE ADVISORY COUNCIL ON EDUCATION FOR HEALTH.

THE EXPERTS ARE DR. CHARLES BERRY, FORMER CHIEF MEDICAL DIRECTOR OF THE U.S. SPACE PROGRAM, AND DR. JONATHAN FIELDING, DIRECTOR OF THE UCLA CENTER FOR HEALTH ENHANCEMENT. DRS. BERRY AND FIELDING WERE RESPONSIBLE FOR DEVELOPING THE CRITERIA FOR EFFECTIVE SMOKING CESSATION PROGRAMS THAT YOU HAVE JUST HEARD ABOUT IN THE SLIDE PRESENTATION.

THE ADVISORY COUNCIL ITSELF HAS ENDORSED IN PRINCIPLE OUR INDUSTRY'S SMOKING CESSATION INITIATIVE. IT HAS ALSO BEEN ENDORSED BY THE RESPECTIVE GROUP INSURANCE COMMITTEES OF THE ACLI AND HIAA, AND BY THE ASSOCIATION OF LIFE INSURANCE MEDICAL DIRECTORS.

THUS WE AS AN INDUSTRY HAVE TAKEN A MAJOR STEP FORWARD TOWARD A LEADERSHIP ROLE TO HELP AMERICANS STOP SMOKING OR NEVER START.

TO ASSIST COMPANIES IN THIS MAJOR INITIATIVE, THE CENTER FOR CORPORATE PUBLIC INVOLVEMENT -- REPRESENTING BOTH THE LIFE AND HEALTH INSURANCE INDUSTRY -- IS SPONSORING THE DEVELOPMENT

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OF A GUIDEBOOK ON HOW BEST TO CONDUCT A SMOKING CESSATION
AND PREVENTION PROGRAM.

THE GUIDEBOOK, BASED ON THE CRITERIA THE ADVISORY
COUNCIL EXPERTS HAVE DEVISED, WILL BE PROVIDED COMPANIES
IN THE NEAR FUTURE.

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