



**SMOKE and TOBACCO-FREE WORKSITE COMMITTEE  
Report to the Health and Human Services Committee  
March 2, 2015**

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## **Smoke and Tobacco-Free Worksite Committee Recommendations for a DeKalb County and Tobacco Free Worksite Policy**

### **Introduction**

Tobacco smoke is a hazard to public health. Secondhand smoke causes heart disease, stroke, cancer, sudden infant death syndrome, low birth weight in infants, asthma, bronchitis, and pneumonia in children and adults. Smoking is the leading cause and second hand smoke is the third leading cause of preventable death in the United States. Illinois workers exposed to secondhand tobacco smoke are at risk of premature death. The Surgeon General's 2006 report has determined that there is no risk-free level of exposure to second hand smoke. (Additional information on the health impacts of smoking can be found in the "Cancer in Illinois 2014" report located in the Attachments).

Evidence exists that smoke free policies reduce tobacco use. These policies can reduce health risks and healthcare costs to employees and employer, can reduce other costs (risk of fires/insurance, cleaning expenses) and can improve productivity.

### **Background**

Resolution R2014-79 was adopted by the County Board on November 19, 2014 to implement a County Smoke and Tobacco-Free Worksite Policy (to include electronic devices), where by the worksite is to include any property owned by the County, including campuses and County owned vehicles, with an implementation date of July 1, 2015. Included in the resolution was the creation of a voluntary employee committee which would meet to provide input into policy implementation and report to the Health and Human Services Committee by March 31, 2015 for approval of the implementation plan and for consideration of any policy amendments which may have surfaced from the committee meetings.

### **Process**

On December 12, 2014, the DeKalb County Health Insurance Meeting was held to review the 2015 Employee Insurance Plan and Rates. Following this discussion, DeKalb County Health Department staff reviewed Resolution R2014-79 and invited those in attendance to participate in the Smoke and Tobacco-Free Worksite Committee. The attendees discussed meeting times, a tentative schedule and topics for consideration. In addition, the Health Department Administrator contacted each county department head requesting that they announce this opportunity for participation to their staff. Four meetings were scheduled on the following dates: January 16, 30, February 13 and 27. The committee was made up of 23 members, and although everyone could not attend all four meetings, there was good representation across departments. A roster of the committee, meeting agendas and meeting notes are included in the Attachments.

### **Discussion**

At the first meeting there was discussion of potential benefits, barriers and general concerns regarding implementing the policy as well as potential solutions. The purpose was to be open, honest and to hear employee input. As a result of these initial discussions, it was decided that a survey should be distributed to all employees to get further input.

A confidential survey was distributed via the County email to over 400 employees. Supervisors were asked to provide hard copies to staff that did not have regular email access. A total of 82 surveys were returned. These results were shared with the committee and included verbatim comments. The January 30<sup>th</sup> meeting notes include a summary of the survey results. These meeting notes were also shared with all employees via the county email system. Survey and committee input were utilized to develop the recommendations for the implementation of the Smoke and Tobacco-Free Worksite Policy.

In future meetings, the committee received clarification on what was considered to be “County Property” with regard to the resolution, that smoking was permitted in personal vehicles on county property, as well as the resources available through the employee health plan and the Health Department for tobacco cessation. A timeline for policy implementation was presented and discussed.

The recommendations that follow were reviewed at the last official meeting of the committee. However, the committee agreed to reconvene as needed for additional input and assistance with implementation. The committee should be commended for their willingness to work through diverse opinions, develop recommendations based on evidence and input of employees, and for the integrity of their conduct throughout this process.

#### Recommendations for the Implementation of the Smoke and Tobacco-Free Worksite Policy

- The committee recommends no changes to Resolution R2014-79 that established the County Smoke and Tobacco-Free Worksite Policy.
- Implementation should focus on communication and education for employees and the public utilizing multiple approaches. These efforts should begin as soon as possible.
- Early enforcement would focus on education and be consistent across the county.
- Employees and the public should be treated respectfully. A “soft” rollout with self-monitoring and self-enforcement should be utilized for policy implementation. After a minimum trial period of up to one year, this approach will be re-evaluated with input from the Smoke and Tobacco-Free Worksite Committee.
- Signage, including types and locations, should be identified and should have consistent messaging for all campus locations.
- Employees should have access to smoking cessation programs and resources.
- Consider recruitment of “Ambassadors” within departments to assist with the education process.
- Plan implementation should be evaluated at intervals determined by the Public Health Administrator and Finance Director, based on employee input and experiential factors.
- Implementation is considered a long-term, multi-year process, and compliance is expected to increase over time.

Reviewed for updates March 1, 2017

## **ATTACHMENTS**

## Attachment A

### Committee Members (Includes Substitutes)

Tasha Stogsdill	Administration/County Clerk
Sarah Lief	Assessments/Mapping
Jane Lux, <b>Convener</b>	Health Department
Melissa McAvoy	Health Department
Deb Michalowski	Health Department
Cindy Capek, <b>Facilitator</b>	Health Department
Cathy Anderson	Rehab and Nursing Center
Deborah Swedberg	Rehab and Nursing Center
Marla Craddock	Rehab and Nursing Center
Steve O'Bryan	Rehab and Nursing Center
Peter Stefan, <b>Convener</b>	Finance
Deb Beazley	Finance
Jim Scheffers	Facilities Management Office
Lori Bradshaw	Facilities Management Office
Wayne Davey	Highway Department
Jim English	Highway Department
Bruce Hamilton	Information Management Office
Chris Arms	Information Management Office
Andy Vanatta	Information Management Office
Chip Criswell	Public Defender
Amanda Christensen	Regional Office of Education
John Holliday	Sheriff
Tammy Anderson	Veterans Assistance Commission

## **Attachment B**

Tobacco Free Worksite Committee  
January 16, 2015  
2-3:30PM  
Gathertorium in Legislative Center  
200 N. Main Street, Sycamore

### **AGENDA**

1. Welcome and Introductions
2. Committee Goals
  - Provide Input into Policy Implementation to include timeframes, communications plans, enforcement process, cessation support
  - Employee committee to provide a written report to Health and Human Services Committee by March 31, 2015 for approval of the implementation plan and for policy considerations. (Note: Report will require completion early in March to allow for distribution deadlines)
3. Meeting Dates: Jan. 16, 30, Feb. 13 and 27; additional meetings if required.
4. RESOLUTION R2014-59: DeKalb County Board hereby adopts a County Smoke and Tobacco Free Worksite Policy (to Include electronic devices) whereby the worksite is to include any property controlled by the County, including campuses, and County owned vehicles, and personal vehicles on County Campuses, with and implementation date of July 1, 2015.
5. Discuss the Resolution (areas to consider)
  - Smoke Free Campus Policy: Employees and Guests
  - Education and Engagement
  - Public Relations
  - Policy Implementation and Enforcement
  - Evaluation
6. Next Steps

County Smoke and Tobacco Free Worksite  
Committee Meeting Notes  
January 16, 2015

Facilitator Cindy Capek (Health Department) introduced the purpose of the voluntary employee committee, as stated in the County Smoke and Tobacco Free Worksite Resolution. We have two meetings scheduled in January and two in February, and will report to the Health & Human Services (HHS) Committee by March 31, 2015 for approval of the implementation plan, and for consideration of any policy amendments. HHS meets March 2, 2015. The policy will be implemented July 1, 2015.

After introductions, there was discussion of being clear about the purpose of the policy. The purpose includes reducing exposure to secondhand smoke and improving overall health of County employees and the public. A secondary benefit of improved health is reduction in health care costs, which hopefully also slows the increase in health insurance costs to employees and the County.

There was clarification that the Resolution excluded personal vehicles as part of County property; in other words, tobacco use is allowed in personal vehicles. There was additional discussion of the need to define County property. Many worksites and campuses provide maps for this purpose.

Meeting ground rules include: (1) Be respectful, (2) Be succinct in comments (aware of time constraints), (3) Be open to all perspectives shared and (4) Record notes of meetings.

The committee discussed three questions:

**1. What are the benefits of a smoke and tobacco free worksite?**

- Not having to walk through tobacco smoke and be reminded (ex-smoker)
- Those that react negatively to smoke will feel better
- Employees are not going to smell like smoke when working with clients
- Cleanliness (referring to absence of butts)
- Fire prevention and general increased safety
- Saves money (for smokers)
- Many health benefits (tobacco is the leading cause of preventable death and exacerbates many illnesses)
- Positive image and role model for youth
- May reduce the cost of health insurance
- Potential for increased productivity
- Potential for positive public response (example given of a local hotel that experienced an increase in business when they instituted a tobacco and smoke free policy)
- It could motivate some to quit (studies confirm this)

**2. What are the barriers to implementing the policy?**

- Elected officials do not have to follow the policy, which could create inequities
- Some people may not comply with self-enforcement
- 24/7 operation departments
- Attendance by the public at court services and jail can be stressful
- Employees of the Sheriff's office must be able to report back to the office immediately if needed for response
- Some employees do not have a private vehicle and would not have a place to smoke

- Some employees are assigned a County vehicle 24/7, and some may be on a lengthy shift (more than eight hours) to plow snow
- Inequity for those that chew compared to those that smoke (chewing does not impact others in the way smoking does)
- Smokers may feel like they will be picked on, or like they are being encouraged to leave the County (Cindy clarified this is not the intent of the policy)
- It is a personal right (therefore people should be able to use tobacco)
- Concerns about where health policies will stop; are we going to restrict other unhealthful behaviors having to do with eating and drinking, etc.?

### **3. What are solutions to addressing the barriers?**

- Designate smoking and tobacco use areas
- Education for employees and the public; realize that behavior change doesn't happen overnight; utilize website and social media; use signage (Health Department has some grant funding for signs)
- Explain the policy does not remove anyone's right; rather, it addresses a behavior while on the worksite (there is no restriction of personal time not at the worksite)
- Offer cessation support to employees (classes, NRT products, help and support)
- Consider longer lunch hour for smoking
- Have a positive message in educational and public information; be encouraging; provide positive reinforcement; have resources available to help; convey 'we value you as an employee'
- Avoid confrontation and being negative and punitive
- Provide education and resources about healthy ways to reduce stress (i.e., yoga, meditation)
- Other workplaces have been successful by implementing policies and setting expectations (example given of schools—nobody smokes anymore)
- Assure employees we want them as long as possible, and we do not want people leaving
- Adopt an incremental timeline to allow for gradual change

We concluded by discussing how to get feedback from other employees, with some options being meetings held onsite at departments, committee members having discussion and soliciting feedback, and conducting an online survey. The goal is for employees to have the opportunity to have dialogue and to help think about the issues brought forward, as well as to have input into the implementation plan.

## Attachment C

Tobacco Free Worksite Committee  
January 30, 2015  
2-3:30PM  
Gathertorium in Legislative Center  
200 N. Main Street, Sycamore

### AGENDA

1. Welcome and Introductions
2. Committee Goals
  - Provide Input into Policy Implementation to include timeframes, communications plans, enforcement process and cessation support.
  - Employee committee to provide recommendations to Health and Human Services Committee by March 31, 2015 for approval of the implementation plan and for policy considerations. (Note: Recommendations should be finalized by Feb. 27<sup>th</sup> meeting to allow time to meet distribution deadlines)
3. Future Meeting Dates: Feb. 13 and 27; additional meetings if required.
4. RESOLUTION R2014-79: DeKalb County Board hereby adopts a County Smoke and Tobacco Free Worksite Policy (to Include electronic devices) whereby the worksite is to include any property controlled by the County, including campuses, and County owned vehicles, with and implementation date of July 1, 2015.
5. Review of Meeting Notes Jan. 16, 2015
6. Follow up
  - Clarification Campus Property
  - Health/Financial Benefits of Not Smoking
7. Review survey results
8. Next Steps: Develop Recommendations and Timeline for Policy Implementation/Tasks

Next Meeting: Feb. 13: 2-3:30pm, Gathertorium

**County Smoke and Tobacco Free Worksite  
Committee Meeting Notes  
January 30<sup>th</sup> 2015**

Committee members present: Cathy Anderson, Tammy Anderson, Deb Beazley, Lori Bradshaw, Cindy Capek, Marla Craddock, Wayne Davey, Bruce Hamilton, Sarah Lief, Jane Lux, Melissa McAvoy, Deb Michalowski, Steve O'Bryan, Jim Scheffers, Peter Stefan, and Deb Swedberg

**Committee Goals**

- Provide input into policy implementation to include timeframes, communication plans, enforcement process and cessation support.
- Employee committee to provide recommendations to Health and Human Services Committee by March 31<sup>st</sup>, 2015 for approval of the implementation plan and for policy considerations. (Note: Recommendations should be finalized by February 27<sup>th</sup> meeting to allow time to meet distribution deadlines)

**Meeting notes from January 16<sup>th</sup> were reviewed.**

**Follow-up items from January 16<sup>th</sup>:**

**1. Clarification of Campus property:**

- Resolution passed does not allow smoking on work-site property including Sycamore Campus, DeKalb Highway Campus/ and ancillary buildings such as Waterman, Health Campus in DeKalb and vehicles owned by the County. Resolution does not include the Forest Preserve because it is a separate legal entity or the County Home shopping area since is leased out to a third party as well as other vacant properties.

**2. Health/Financial Benefits of Smoking**

- Committee members received the IDPH and Blue Cross/Blue Shield publications highlighting the economic and health costs of smoking as well as programs and medications available from Blue Cross and Blue Shield.

**Review Survey Results**

**1. Survey Process**

- On Monday, January 26<sup>th</sup>, an email was sent to the 400+ employees requesting participation in the survey. Cindy requested supervisors/ staff makes hard copies for employees who might not have email. Hard copy surveys were accepted at the health department or the interoffice mailbox in the finance department. All survey results were confidential.

**2. Survey Results**

- Cindy explained that surveys were accepted through 5PM Jan. 29<sup>th</sup>, prior to the meeting of the committee; she was able to tabulate all the results and enter comments verbatim.
- The response rate was as follows: 82 surveys were received by the deadline and included electronic and hard copy survey responses. The response rate is approximately 16% of the workforce. (Using 520 employees)
- Committee members reviewed survey results at length to allow time to read all comments and feedback provided by the 82 County employees.

- Four key questions were summarized by Cindy and openly discussed as a committee.

### 3. Key points of the survey:

#### Question 1

- The respondents felt that a variety of communication tools should be utilized to implement the policy. The breakdown of responses was: County Website-45, Signs-50, Staff Meetings-35, Employee Emails-55, Press Release-32 and Social Media-25.
- There were 15 handwritten comments to this questions and the general theme was multiple communication tools should be utilized to inform the staff and public of the policy.
- Committee members agreed multiple forms of communication need to be used moving forward.

#### Question 2

- The response to programs and services that should be offered in conjunction with the implementation of the policy was as follows: Smoking Cessation Program-45, Nicotine Replacement Therapy-33, and Tobacco Quitline-21.
- There were 32 handwritten comments to this question with mixed statements on whether or not the employee or county should bear the expense of the programs as well as providing additional support to employees either through an EAP, support groups, or wellness incentives.

Quitline was discussed to provide committee members with a free resource to share with peers and staff. The Quitline is available Monday-Friday 7am-11pm as a quit smoking resource. It offers guidance and counseling; nicotine replacement therapy (NRT) patches are available to those who qualify.

#### Question 3

- This question addressed recommendations for implementation of the policy. There were 45 handwritten comments which represented a little more than fifty percent of those who completed the survey. Some common themes of the responses were positive messaging, communication to all employees in multiple forms, communication to the public, utilizing the same standards for everyone, showing respect throughout policy implementation and deciding who would be responsible for enforcement. There were very diverse opinions on whether or not separate exterior areas should be designated as employee/public smoking locations.

#### Question 4

- In answering the question, how the policy should be enforced the results were: Educational Campaign-23, Self-Monitoring and Education-20, Verbal Enforcement and Education-31 and Employee is held Accountable for Policy-38.
- There were 31 hand written comments to this question generating several common themes: be respectful, be fair and enforce the policy with the public. Two schools of thought also surfaced: (1) the first to immediately enforce the policy, (2) phase in the enforcement.

#### **Next Steps**

- Melissa will develop a timeline for policy implementation, based on previously adopted timelines from various campuses. Timeline recommendation will be reviewed and discussed at February 13<sup>th</sup> meeting.

#### **Next Meeting**

- February 13<sup>th</sup> 2pm - 3:30pm, Gathertorium

## **Attachment D**

Tobacco Free Worksite Committee  
February 13, 2015  
2-3:30PM  
Gathertorium in Legislative Center  
200 N. Main Street, Sycamore

### **AGENDA**

1. Welcome
2. Committee Goals
  - Provide Input into Policy Implementation to include timeframes, communications plans, enforcement process and cessation support.
  - Employee committee to provide recommendations to Health and Human Services Committee by March 31, 2015 for approval of the implementation plan and for policy considerations. (Note: Recommendations should be finalized by Feb. 27<sup>th</sup> meeting to allow time to meet distribution deadlines)
  - RESOLUTION R2014-79: DeKalb County Board hereby adopts a County Smoke and Tobacco Free Worksite Policy (to Include electronic devices) whereby the worksite is to include any property controlled by the County, including campuses, and County owned vehicles, with and implementation date of July 1, 2015.
3. Review of Meeting Notes Jan. 31, 2015
4. Policy Implementation-Timeline and Tasks
5. Policy Considerations
6. Next Steps: Committee Reviews/Finalize Recommendations

Next Meeting: Feb. 27: 2-3:30pm, Gathertorium

**County Smoke and Tobacco Free Worksite  
Committee Meeting Notes  
February 13<sup>th</sup> 2015**

Committee members present: Cathy Anderson, Tammy Anderson, Deborah Beazley, Lori Bradshaw, Cindy Capek, Amanda Christensen, Wayne Davey, Sarah Lief, Jane Lux, Melissa McAvoy, Steve O'Bryan, Tasha Stogsdill, Peter Stefan and Andy Vanatta

**Committee Goals**

- Provide input into policy implementation to include timeframes, communication plans, enforcement process and cessation support.
- Employee committee to provide recommendations to Health and Human Services Committee by March 31<sup>st</sup>, 2015 for approval of the implementation plan and for policy considerations. (Note: Recommendations should be finalized by February 27<sup>th</sup> meeting to allow time to meet distribution deadlines)

**Meeting notes from January 30<sup>th</sup> were reviewed.**

**1. Policy implementation and timeline:**

- It was suggested ash trays be removed several months after the policy implementation to allow a transition period for clients and employees. Consideration should be given to ashtrays or dispensers in parking areas.
- The policy should be communicated at the April employee wellness event.
- The importance for multi-faceted communication plan was reiterated.
- Utilization of a countdown to implementation schedule to raise awareness.
- Include the policy in employee welcome packets. Messaging for all new employees should be consistent.
- Include policy on job listings.
- Implementing smoke free policy will be a lengthy process. The health department encourages committee members to continue their work by aiding in the policy rollout and the communication campaign.

**2. Signs**

- Committee members discussed signage and who to contact for quotes (Newman/MDS). Funds to purchase signs were briefly discussed. Funds from the We Choose Health Grant were introduced to the committee. Money has been allocated by this grant for future purchase of signs by the health department.
- Wayne Davey offered assistance and expertise for signage in the future.

**3. Committee Final Recommendations**

- Draft recommendations will be reviewed, discussed and approved at next meeting with presentation to the HHS committee in March.
- The recommendations will note the following: All county employees were invited to participate in the County Smoke and Tobacco Free Worksite meetings. A survey was sent to all employees with the results reviewed by the committee. A timeline for policy implementation was developed. Finally, the names of the committee members and their respective departments will be included.

**Next Steps**

- Summary of survey and notes will be emailed to county employees and posted on county website.
- Link to smoke free policy from county webpage to include information about the policy and cessation resources.
- Draft recommendations to be developed in advance of the Feb. 27<sup>th</sup> meeting.

**Next Meeting**

- February 27<sup>th</sup> 2pm-3:30pm, Gathertorium

## **Attachment E**

Tobacco Free Worksite Committee  
February 27, 2015  
2-3:30PM  
Gathertorium in Legislative Center  
200 N. Main Street, Sycamore

### **AGENDA**

1. Welcome
  2. Committee Goals
    - Provide Input into Policy Implementation to include timeframes, communications plans, enforcement process and cessation support.
    - Employee committee to provide recommendations to Health and Human Services Committee by March 31, 2015 for approval of the implementation plan and for policy considerations. (Note: Recommendations should be finalized by Feb. 27<sup>th</sup> meeting to allow time to meet distribution deadlines)
  3. Review of Meeting Notes Feb. 13, 2015
  4. Review Draft Recommendations
  5. Next Steps: Engage Tobacco Free Worksite Committee in Plan Implementation
- Next Meeting: TBD: Based on Projects/Timeline

**County Smoke and Tobacco Free Worksite  
Committee Meeting Notes  
February 27, 2015**

Committee members present: Tammy Anderson, Deborah Beazley, Lori Bradshaw, Cindy Capek, Amanda Christensen, Wayne Davey, Jane Lux, Steve O'Bryan, Tasha Stogsdill, Peter Stefan, Jim Scheffers, Marla Craddock and Bruce Hamilton

Cindy thanked committee members for their participation, cooperative spirit, honest, openness and respect for all employees. It has been a very good committee and a positive experience.

**Meeting notes from February 13 were reviewed.**

**Draft report and recommendations**

Cindy sent a draft report with recommendations for review to all committee members on Monday. The report will be presented to the Health and Human Services Committee on Monday, March 2, 2015. It will include attachments with meeting agendas and note and handouts that the committee reviewed.

The committee reviewed each section of the report and discussed clarifications, including whether or not county roads and right-of-ways were included in the Smoke and Tobacco-Free policy. As confirmed with the County Administrator, "County property" in the policy refers to the three campuses, and also extends to county owned buildings, such as the highway/sheriff satellite site in Waterman. It does not include roads and right-of-ways.

The committee suggested an edit to the report to reflect that re-evaluation will include input from this committee.

The issue of elected officials not having to follow the policy was reviewed, and Jane confirmed that had been discussed with the HHS Committee when they were considering the Resolution, and they voted for it with understanding of this issue. This policy is like every other County policy in that regard.

**Next Steps**

There was a discussion of implementation plans. While this is the final official meeting of the committee, Health Department staff will convene additional meetings to work on implementation, as this will require a collective effort many staff and departments.

**Attachment F**

**DeKalb County Employee Survey: DeKalb County Smoke and Tobacco Free Worksite Policy**

Background: The DeKalb County Board approved Resolution R2014-79 on November 19, 2014, adopting a County Smoke and Tobacco Free Worksite Policy (to include electronic devices) with an implementation date of July 1, 2015.

Worksite is defined as follows: any property owned by the County, including campuses and County-owned vehicles. Smoking and the use of tobacco products will be permitted in personal vehicles.

The Resolution also called for a voluntary employee committee to provide input into policy implementation. The committee is interested in your feedback. Please take a minute to complete the brief survey and return it to [ccapek@dekalbcounty.org](mailto:ccapek@dekalbcounty.org), or return a paper survey to the DeKalb County Health Department inter-office mailbox at the Legislative Center by January 29, 5PM. Your input is important.

**Circle and/or write in your comments. All responses will be confidential.**

1. Communication to all employees and the public will be a key component of policy implementation. Please indicate what form(s) of communication should be utilized to implement the policy:

**County Website**      **Signs**      **Staff Meetings**      **Employee E-mails**  
**Press Release**      **Social Media**      **Other:** \_\_\_\_\_

2. What programs or services should be offered in conjunction with the implementation of a County Smoke and Tobacco Free Worksite Policy?

**Smoking Cessation Programs**      **Nicotine Replacement Therapy (example, gums, patches etc.)**  
**Tobacco Quitline (Hotline)**      **Other:** \_\_\_\_\_

3. What recommendations/comments do you have for implementation of the Smoke and Tobacco Free Worksite Policy?

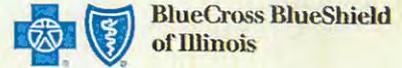
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4. How should the policy be enforced?

**Educational Campaign**      **Self-Monitoring and Education**  
**Verbal Enforcement with Education**      **Employee is held Accountable for Policy Infraction**  
**Other:** \_\_\_\_\_

\_\_\_\_\_

## The Affordable Care Act: **Preventive Services** Tobacco Cessation Coverage



### Tobacco Cessation as a Preventive Service

The Affordable Care (ACA) requires non-grandfathered health insurance plans to cover preventive services that have received an "A" or "B" grade recommendation<sup>1</sup> from the U.S. Preventive Services Task Force (USPSTF). ACA also requires these services be provided with no cost-sharing for the member, which means no copays, coinsurance or deductibles when using an in-network provider.

The USPSTF, an independent, volunteer panel of experts in prevention and evidence-based medicine, has given tobacco cessation interventions for adults an "A" grade.

### BCBSIL tobacco cessation interventions now include cessation medications

As of Sept. 1, 2014, in addition to the currently covered tobacco cessation counseling and screening for members who use tobacco products, BCBSIL covers two 90-day treatments for tobacco cessation medications per benefit period with no cost-share. This coverage includes a variety of FDA-approved tobacco cessation drugs (including both prescription and over-the-counter) when prescribed by a health care provider.

### Tobacco cessation medications covered

BCBSIL coverage without cost-sharing for non-grandfathered plans includes:

Prescription	Over-the-Counter
Buproban (bupropion SR 150 mg tablets)	Nicotine Transdermal Kits
Chantix	Nicoderm CQ and generics
Nicotrol Inhaler	Nicorette gum and generics
Nicotrol NS	Nicorette lozenges and generics
Zyban (bupropion SR 150 mg tablets)	

### Tobacco cessation counseling

Tobacco cessation counseling sessions (including telephone, group, and individual counseling) led by qualified providers are available at no cost-share for members of non-grandfathered plans who use tobacco products. Please refer to your specific plan for information on your level of coverage.

<sup>1</sup> Information on "A" and "B" USPSTF recommendations can be found at: <http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>

### For more information

Members who wish to learn more about tobacco cessation coverage under their BCBSIL plan should call the number located on the back of their BCBSIL member ID card or log in to Blue Access for Members<sup>SM</sup>

*New recommendations can be issued at any time. A new recommendation must be covered beginning on the first plan or policy year that is one year after the recommendation is issued.*

*This communication is intended for informational purposes only. It is not intended to provide, does not constitute, and cannot be relied upon as legal, tax or compliance advice. The information contained in this communication is subject to change based on future regulation and guidance.*

*This material is provided for informational purposes only and is not intended to be a substitute for the sound independent medical judgment of health care practitioners. Health care providers are instructed to exercise their independent medical judgment based on the patient's individual medical circumstances including, but not limited to symptoms, history, family history and other factors. The final decision about whether a particular service or treatment should be rendered is between the health care provider and the member.*



## Every day in Illinois.....

- **179** people are diagnosed with cancer
- **26** women are diagnosed with breast cancer
- **23** men are diagnosed with prostate cancer
- **17** people are diagnosed with colorectal cancer
- **25** people are diagnosed with lung cancer

Cancer is the second leading cause of death among Americans.

Cancer surveillance activities have been used to develop effective strategies to reduce cancer deaths and strategies for preventing new cases of cancer that include behavioral and environmental changes for some cancer types.



Epidemiology is the study of the distribution and causes of diseases in human populations. It is concerned with the frequency and type of illness in groups of people, not individuals.

### Top 10 Cancer Cases in Men

Type of Cancer	Rate per 100,000	Number of Cases	Percent of Total
Prostate	130.0	8,427	25.8%
Lung and Bronchus	80.4	4,806	14.7%
Colon and Rectum	53.9	3,280	10.0%
Urinary Bladder	36.9	2,143	6.6%
Kidney and Renal Pelvis	22.9	1,457	4.5%
Non-Hodgkin Lymphoma	22.8	1,377	4.2%
Melanoma of the Skin	22.2	1,351	4.1%
Oral Cavity and Pharynx	18.2	1,199	3.7%
Leukemia	16.7	990	3.0%
Pancreas	14.6	882	2.7%

Illinois Department of Public Health, Illinois State Cancer Registry, public data file, data as of November 2013.

Central cancer registries collect data on all cancer cases within a defined population, such as a state or region.

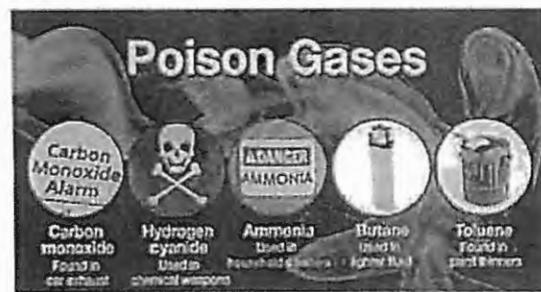
### Top 10 Cancer Cases in Women

Type of Cancer	Rate per 100,000	Number of Cases	Percent of Total
Breast	129.7	9,581	29.4%
Lung and Bronchus	56.9	4,337	13.3%
Colon and Rectum	39.7	3,076	9.4%
Corpus and Uterus	28.8	2,200	6.7%
Thyroid	20.6	1,407	4.3%
Non-Hodgkin Lymphoma	16.3	1,232	3.8%
Melanoma of the Skin	15.0	1,059	3.2%
Kidney and Renal Pelvis	12.3	913	2.8%
Pancreas	11.2	870	2.7%
Ovary	11.7	863	2.6%

Illinois Department of Public Health, Illinois State Cancer Registry, public data file, data as of November 2013.



# Smoking-Related Cancer



## Why are cigarettes so bad for me?

Tobacco smoke is a toxic mix of more than 7,000 chemicals. Hundreds of these chemicals are toxic. About 70 of these chemicals can cause cancer. When these chemicals get into your body, they cause damage. Your body must fight to heal the damage each time you smoke. Over time, the damage can lead to disease and to death.

## How does smoking cause cancer?

Once tobacco has damaged cells, they can grow uncontrollably as cancer. Because cells are tiny, years sometimes pass before you find a lump or your doctor sees a tumor on a scan.

DNA is the cell's "instruction manual." It controls a cell's normal growth and function. When DNA is damaged, a cell can begin growing out of control and create a cancer tumor. This happens because poisons in tobacco smoke can destroy or change the cell's instructions. Every cigarette increases the risk for cancer and the next cigarette you smoke might damage your DNA in a way that leads to cancer.

Normally, your immune system helps to protect you from cancer. It sends out tumor fighters to attack and kill cancer cells. However, new research shows the poisons in cigarette smoke weaken the tumor fighters. When this happens, cells keep growing without being stopped. For this reason, smoking can cause cancer and then block your body from fighting it.

Source: A Report of the Surgeon General How Tobacco Smoke Causes Disease... what it means to you

Cigarette smoking is the major risk factor for lung cancer. The risk of developing lung cancer for a current smoker of one pack per day for 40 years is approximately 20 times that of someone who has never smoked. Other factors that increase the risk of developing lung cancer in smokers include the extent of smoking and exposure to other cancer-causing factors like radon or asbestos.

### How does smoking affect your life?

Annual smoking-attributable economic costs in the United States estimated for the years 2009–2012 were more than \$289 billion, including:

- At least \$133 billion for direct medical care of adults and more than \$156 billion in lost productivity
- \$5.6 billion (2006 data) for lost productivity due to exposure to secondhand smoke

The annual cost of tobacco use in Illinois is estimated to be in excess of \$5.4 billion for direct health care costs (does not include lost productivity), with approximately \$2.2 billion covered by Medicaid.\*

Cigarette smokers die at younger ages than non-smokers. If you are a man and smoke, studies have shown your lifespan may be shortened by around 13 years; if you are a woman and smoke, your lifespan may be shorter by more than 14 years.

*Tobacco Free Kids Fact Sheets*

Smoking affects your health in a variety of ways. It causes many diseases, such as chronic bronchitis, emphysema, heart attacks, strokes and cancer. Smoking-related illness affects your ability to breathe, walk, work or play.

### Who smokes?

In the United States, about 42 million adults were cigarette smokers in 2012. In Illinois, about 1.8 million people were smoking in 2012. This also is about 18 percent of adults so Illinois is similar to the United States in smoking behavior. The table shows the percentage of U.S. adults who smoke broken down by race/ethnicity.

Percentage of U.S. Adults who Smoke by Race/Ethnicity	
Race/Ethnicity Category	Percentage
Whites	19.7
African Americans	18.1
Hispanics	12.5
American Indians/Alaska Natives	21.8
Asian Americans	10.7
Multi-racial People	26.1

<http://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html>

## What about kids and smoking?

Nationally, 14 percent of high school students smoked cigarettes in 2012. Another 13 percent smoked cigars. Little cigars are now packaged just like cigarettes, but cost less and can have chocolate, fruit and other candy flavors added. Young people find these attractive.

For middle school students, the most recent survey from 2013 shows that, in the U.S., about 4 percent smoked cigarettes and nearly 3 percent smoked cigars. White and Hispanic students were more likely to smoke cigarettes in both high schools and middle schools. Black students were more likely to smoke cigars.

In 2013,

- 12 percent of Illinois high school students smoked cigarettes
- 3 percent of Illinois middle school students smoked cigarettes
- 10 percent of Illinois high school students smoked cigars
- 2 percent of Illinois middle school students smoked cigars
- 9.4 percent of Illinois high school students used pipes
- 4.6 percent of U.S. high school students used pipes
- 17 percent of Illinois high school students tried their first cigarette before the age of 11
- 30 percent of Illinois middle school students tried their first cigarette before the age of 11
- 6 percent of Illinois high school students used e-cigarettes
- 1 percent of Illinois middle school students used e-cigarettes
- Between grades 6 and 12 there is more than a 19-fold increase in the use of e-cigarettes

Source: National Youth Tobacco Survey 2012 and Illinois Youth Tobacco Survey 2013



## What about e-cigarettes?

Electronic cigarettes (e-cigarettes) are battery operated products designed to turn nicotine and other chemicals into a vapor. You then inhale the vapor. These products are often made to look like cigarettes, cigars, pipes or pens. Because clinical studies about the safety of e-cigarettes have not been submitted to the U.S. Food and Drug Administration (FDA), and because the FDA currently does not regulate e-cigarettes, you have no way of knowing:

- If they are safe
- Which chemicals they contain
- How much nicotine you are inhaling

E-cigarettes are electronic nicotine delivery systems. No matter how it is delivered, nicotine is a highly addictive substance. E-cigarette manufacturers also add flavorings, such as strawberry, vanilla, cherry, chocolate, grape, pina colada and cola. These flavorings make e-cigarettes very attractive to teenagers. Current e-cigarette use among students more than doubled between 2011 and 2012. There are many unknowns with e-cigarettes, including the unknown health effects of long-term use. There are also no manufacturing standards for e-cigarettes.

Source: Morbidity and Mortality Weekly Report 62(35): 729-730

## Smoking can cause cancer almost anywhere in your body



## More than lung cancer

Cigarette smoking is responsible for at least 30 percent of all cancer deaths. Everyone knows smoking causes lung cancer, but did you know smoking also is linked with an increased risk of cancers of the larynx (voice box), oral cavity (mouth, tongue and lips), nose and sinuses, pharynx (throat), esophagus (the tube that connects the throat to the stomach), stomach, pancreas, cervix, kidney, bladder, ovary, the colon and/or the rectum, and acute myeloid leukemia?

Smoking also causes many other deadly health problems, such as heart disease, aneurysms, bronchitis, emphysema and stroke.

For women, smoking is especially harmful to a woman's reproductive health and is linked with reduced fertility, a higher risk of miscarriage, early delivery (premature birth) and stillbirth, low birth-weight in infants, and a higher risk of birth defects and sudden infant death syndrome. Source: Cancer Facts & Figures 2014

In 2014, it is estimated that 29,120 Illinoisans will be newly diagnosed and 14,980 will die from cancers of the oral cavity and pharynx, esophagus, stomach, colon and rectum, liver, pancreas, larynx, lung and bronchus, cervix, bladder, kidney and renal pelvis, and acute myeloid leukemia. Between 2006 and 2010, these cancer sites accounted for about 44 percent of newly diagnosed cancers and 60 percent of cancer deaths.

Lung cancer is the most well-known cancer site related to smoking. Smoking is estimated to account for approximately 90 percent of lung cancers. The risk of developing lung cancer, if you currently smoke one pack a day for 40 years, is approximately 20 times that of someone who has never smoked.

Lung cancer in its early stages and sometimes even in later stages may not cause any symptoms. About 10 percent of patients don't have any symptoms prior to their cancer diagnosis. Early symptoms may include frequent bouts of pneumonia, chronic cough, weight loss and loss of appetite (difficulty swallowing), fever without a known reason, shortness of breath, chest pain, wheezing, hoarseness and swelling of neck or face.

## Chronic diseases causally linked to smoking

- Stroke
- Blindness, cataracts, age-related macular degeneration
- Congenital defects—maternal smoking: orofacial clefts
- Periodontitis
- Aortic aneurysm, early abdominal aortic atherosclerosis in young adults
- Coronary heart disease
- Pneumonia
- Atherosclerotic peripheral vascular disease
- Chronic obstructive pulmonary disease, tuberculosis, asthma and other respiratory effects
- Diabetes
- Reproductive effects in women (including reduced fertility)
- Hip fractures
- Ectopic pregnancy
- Male sexual function—erectile dysfunction
- Rheumatoid arthritis
- Immune function
- Overall diminished health

Note: The conditions in red are diseases causally linked recently to smoking in The Health Consequences of Smoking – 50 Years of Progress A Report of the Surgeon General 2014.

Source: USDHHS 2004, 2006, 2012

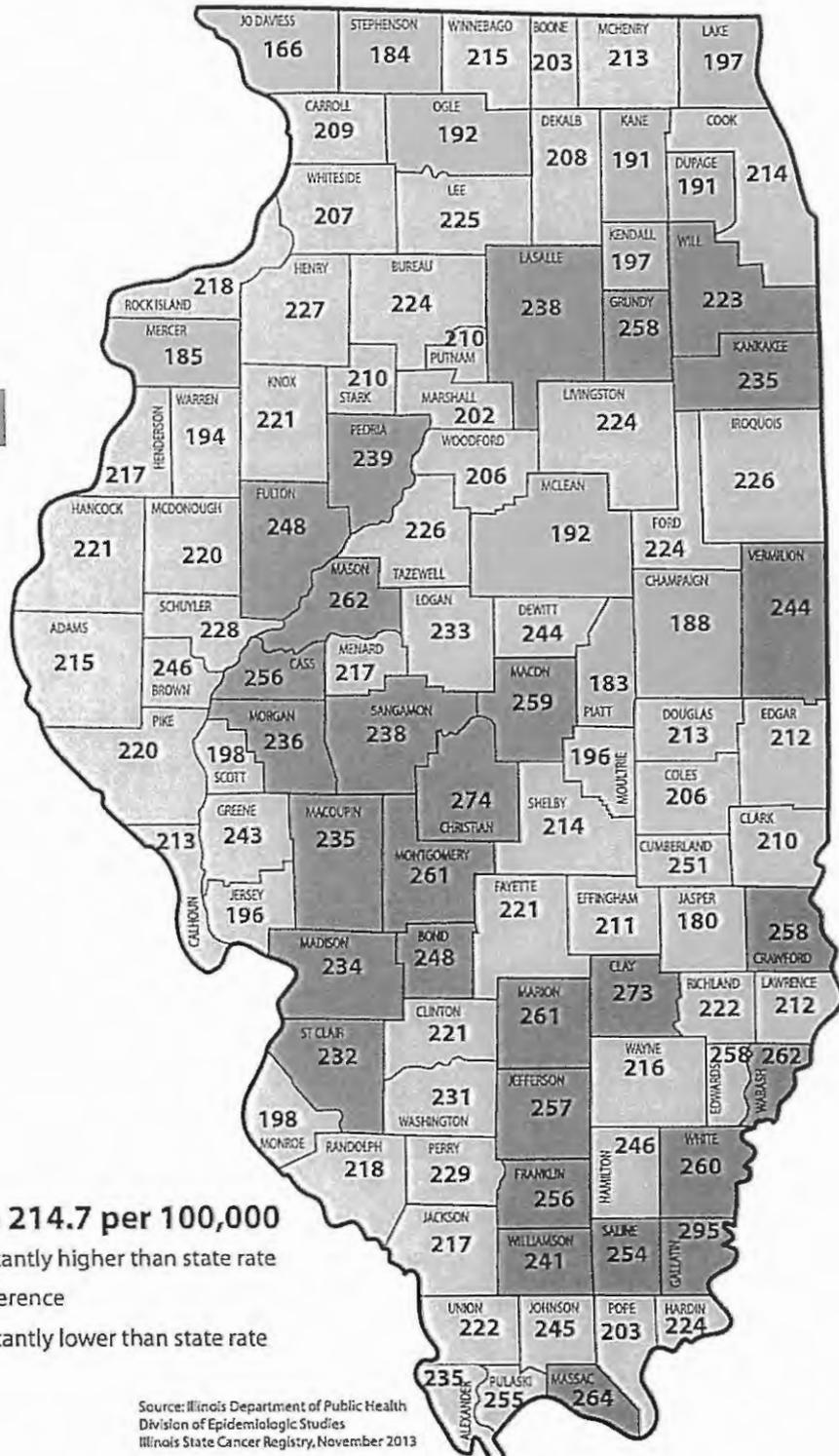
# Smoking-Related Cancer Cases in Illinois

## Illinois County Map – Incidence Rates

The Illinois age-adjusted smoking-related incidence rate for both genders and all races from 2007-2011 was 214.7 cases per 100,000.

**Illinois Rate 214.7 per 100,000**

- Significantly higher than state rate
- No difference
- Significantly lower than state rate



Source: Illinois Department of Public Health  
Division of Epidemiologic Studies  
Illinois State Cancer Registry, November 2013



**Attachment I**

**Timeline**

<b>March – July 2015</b>	<ul style="list-style-type: none"><li>• Develop and implement communication plan<ul style="list-style-type: none"><li>○ Announce resolution</li><li>○ Education<ul style="list-style-type: none"><li>▪ Resolution</li><li>▪ Cessation/Quitline</li><li>▪ Health provider benefits</li></ul></li></ul></li></ul>
<b>April- May 2015</b>	<ul style="list-style-type: none"><li>• Identify signage needs</li><li>• Develop signage</li></ul>
<b>May- July 2015</b>	<ul style="list-style-type: none"><li>• Signage throughout County campus property</li></ul>
<b>July 2015</b>	<ul style="list-style-type: none"><li>• Identify/remove smoke and ashtray receptacles</li><li>• Resolution in effect</li><li>• Recognize policy</li></ul>
<b>July- December 2015</b>	<ul style="list-style-type: none"><li>• Continue communication and education</li><li>• Policy enforcement (soft approach)</li></ul>
<b>January- July 2016</b>	<ul style="list-style-type: none"><li>• Evaluation<ul style="list-style-type: none"><li>○ Resolution implementation</li><li>○ Employee cessation programs</li><li>○ Communication plan</li></ul></li></ul>