

## Key Presentation Points Strengthening BCBSM's Tobacco Use Policy April 25, 2002

**Bottom line:** We're recommending that Blue Cross transition to a smoke-free campus. We would announce new policy this spring, and have it become effective in September.

### **Why are we recommending this change? Two principal reasons.**

1. Biggest reason: Help **employees improve their health** by reducing their use of tobacco.
  - More restrictive smoking policies in the workplace do two things: 1) They prompt people to try to quit smoking, and 2) they increase the number who are able to quit successfully.
  - Many people *want* to quit. The CDC estimates that more than 70% of current smokers have tried to quit at least once. (Centers for Disease Control, 1997)
  - Smoking is very bad for the health of our employees – and their family members. (All the statistics that we included in the *Investment in Prevention* Plan and in the lawsuit apply to our own employee group as well.)
  - In 1999, an estimated 14.3% of BCBSM self-insured members were current smokers. (Source: BCBSM Prevalence Survey) So we estimate that about 1 out of 7 employees is a current smoker. That's a little lower than the statewide rate of 18%, but still very high. Across Minnesota, smoking rates are increasing in 18-24 age group. [*Roger*: substitute or add employee-specific data if you have stats]
2. A second important reason: Demonstrate to the community and our membership the Blue Cross commitment to reducing tobacco use by **taking a leadership position** on corporate policy to reduce tobacco use among employees.
  - We have already taken a leadership position on tobacco because of the lawsuit and our actions since the settlement.
  - If our tobacco proceeds Plan of Action is approved, Blue Cross will be visibly working to reduce tobacco use for the at least next decade as we implement the *Investment in Prevention* plan across the entire state.
  - It makes sense that we "walk the talk" by doing our best to change our own company's culture of tobacco use.
  - Many non-smoker and former smoker employees have protested having to walk through smoke to get in and out of certain doors in our buildings and several have asked for increased protection against secondhand smoke, and. (*no hard data, but an ongoing theme*)

### Long-term benefits of this policy change:

- We will begin to **change the culture of tobacco use at our company – make it not a “normal” part of Blue Cross daily life.** That helps people quit successfully – and helps keep people from starting to smoke.
- To the extent that we are successful in supporting employees in their efforts to quit smoking, we will **reduce employee health care costs.** (Latest estimates from CDC: \$1,623 per adult smoker per year in excess medical costs.)
- For employees who can stop smoking and who have families, **decreased exposure to secondhand smoke will improve their family’s health** and decrease health care costs. Children of smokers have more asthma, more respiratory illnesses, more office visits. Spouses have higher heart disease risk because of their exposure to secondhand smoke.

### Part II. How do we implement this policy effectively?

We’re planning **two basic strategies** (each with several steps):

1. Prepare people for change.
2. Make sure everyone is aware of the quit-smoking resources we have, and encourage people to take advantage of those resources.

#### 1. Prepare people for change.

- Announce revised policy asap, along with the effective date. Communicate why: Pro health and anti-smoking, not anti-employee.
- Hold five employee feedback groups in May, to get input on implementation of the new policy. (make sure we’re addressing all the issues we need to, get suggestions on communications, gather ideas for ways to support people who are trying to quit)
- Start informing prospective new hires about the coming policy change.
- Create employee advisory group to provide ongoing input into transition to new policy (communications, signage, celebrations, what people can say to help enforce, etc.)
- Plan and implement appropriate all-employee communications before, at, and after implementation date.

#### 2. Make sure everyone is aware of the quit-smoking resources we have, and encourage people to take advantage of those resources.

Employ creative, effective communications to tell employees what they all (employees *and* covered dependents) have now:

- BluePrint for Health stop-smoking program (phone or mail version)
- Pharmaceutical “quit aids” (people can pay out of pocket, or BCBSM employee plan pays with usual copay when prescribed by physician).
- Physician or physician staff counseling for tobacco addiction.

Look into some kind of incentive or prize drawing or other awareness-building approach. Consider appropriate outreach to covered spouses and partners – they have access to the same resources.