

10 Tips to Select a Quit-tobacco Program that Members Will *Actually* Use



To contain costs while improving care, an effective, easy-access, and best-in-class quit-tobacco program is essential.

Today, 49 million Americans¹ use some form of tobacco, which includes 34 million smokers. (That's 19.7% of all adults.)

While the overall prevalence of smoking among U.S. adults (age 18+) has declined, large disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status.

Now more than ever, addressing tobacco use with an accessible digital solution must be a top priority for your health plan. **Here's why.**



Tobacco use and race

In a letter to members², American's Health Insurance Plans president and CEO urged health plans that they must—and will—do more to address systemic racism and health inequity. To do this, reducing tobacco use is critical.

There are disproportionate health impacts of tobacco among racial and ethnic minority groups. Although African Americans start smoking at a later age than whites and smoke fewer cigarettes per day, they are more likely to die from a tobacco-related disease than whites.³ Tobacco use is a major contributor to the leading causes of death among African Americans: heart disease, cancer, stroke, and diabetes.

Experts believe racial differences in smoking topography (i.e., how a cigarette is smoked), socioeconomic factors, and metabolism of tobacco carcinogens may all play a role.

Tobacco use and social determinants of health

The associations between tobacco use, low income, and lack of education are strong.

Income: Ironically, and unfortunately, individuals under the greatest financial pressure bear the heaviest costs as they continue to support the tobacco industry. According to the Centers for Disease Control and Prevention, 21% of adults with annual household income less than \$35,000 smoke.⁴ Smoking drains low-income families of their resources that can perpetuate a cycle of disadvantage through multiple generations.⁵



Education: Tobacco use rates for adults with less than a college education are 3 to 16 percentage points higher than the national average of 19.7%.⁶ The reasons that education is so strongly related to tobacco use are multiple and complex, but it's clear that individuals with less than a college degree need effective, appealing, and easily accessible tobacco cessation treatment.

Tobacco use and COVID-19 complications

As more studies have emerged, it's become clear that smoking is associated with a negative progression and adverse outcomes of COVID-19, a respiratory illness.⁷

E-cigarettes are also a potential risk factor for the coronavirus that causes COVID-19.⁸ Vaping negatively affects lung health. E-cigarette aerosol harms lung cells, causes inflammation, and diminishes the ability of the lungs to respond to infection, including an infectious disease such as COVID-19. Not inhaling chemicals into the lungs is the best way to protect lung health.



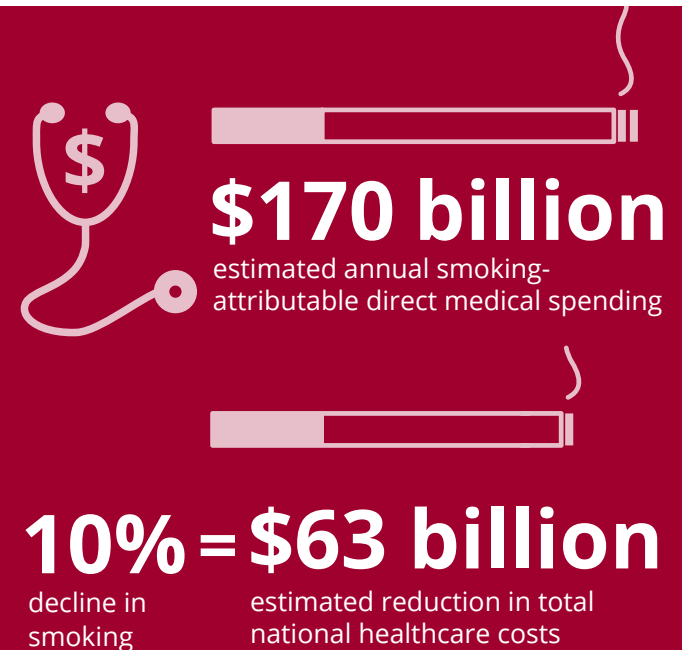
Costly impact of tobacco use on health plans

The estimated annual smoking-attributable direct medical spending is nearly \$170 billion.⁹ (That's the equivalent of buying 850,000 houses at \$200,000/each.)

A national analysis¹⁰ of healthcare expenditures associated with smoking estimates that a 10% decline in smoking in the U.S. would be followed a year later by an estimated \$63 billion reduction in total national healthcare costs.

Smoking has been found to cause a wide range of illnesses, including cancer, cardiovascular and pulmonary disease, and complications of pregnancy.

Other than cancer, the costly risks for these diseases begin to change quickly after changes in smoking behavior. For example, the risk of heart attack and stroke drop by approximately half in the first year after the smoker quits, and the risk of having a low-birth-weight infant due to smoking almost entirely disappears if a pregnant woman quits smoking during the first trimester.



Find a quit-tobacco program that members will use

Whether your health plan focuses on employer groups, Medicaid populations, or both, offering a tobacco cessation program that members will use is a must.




Large employer groups want best-in-class solutions, not a check-the-box program, for their employees, while Medicaid members require a solution that understands their needs and makes access easy wherever they are.

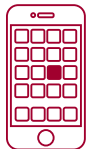



This buyer's guide will help you gain the understanding you need to make the best choice for your health plan's population. And a good starting point is knowing the landscape of what's available.

Types of tobacco cessation services available

There are many products and services on the market that address tobacco cessation. Here's a look at the most common program types, along with their main strengths and challenges:



	Program type	Strengths	Challenges
	Face-to-face coaching	Ability to receive personalized support from real humans	Impractical to scale in many cases Very little support may be provided outside of those sessions
	Telephonic programs	Scalable Ability to receive personalized support from real humans	Employees may feel forced to take calls, causing resentment and low participation Potential restrictions on number of allowed calls limits long-term support to quit
	Quit medications only	Scalable Addresses the physical part of addiction	Doesn't address psychological or behavioral components of tobacco addiction

Program type	Strengths	Challenges
 <p>App-only programs</p>	<p>Scalable</p> <p>Ease of access to tools on smartphones</p>	<p>Smartphone-only apps are not available on tablets or desktops, which limits accessibility</p> <p>Evidence is inadequate to infer that smartphone apps for smoking cessation are independently effective in increasing smoking cessation</p>
 <p>CO monitors</p>	<p>Innovative new tools to engage smokers</p>	<p>Cost for devices may limit scalability</p> <p>There is a lack of evidence to support that using CO monitors alongside digital tools improve quit rates</p>
 <p>Digital-only programs</p>	<p>Scalable</p> <p>Innovative new tools to engage smokers</p> <p>Ease of access to tools</p> <p>Cost-effective</p>	<p>No human interaction or support can leave participants feeling disengaged</p> <p>Less tech-savvy employees may feel intimidated or less interested</p>
 <p>People-powered digital programs</p>	<p>Scalable</p> <p>Ease of access to tools</p> <p>Ability to receive personalized support from real humans</p> <p>Innovative new tools to engage smokers</p> <p>Cost-effective</p>	<p>Populations that are less tech savvy may need additional human support to use the program</p>

Questions to ask

As you evaluate different programs, ask providers about the following topics to determine effectiveness and fit for your needs.

See examples of questions to ask in each of these categories, with an explanation of why these questions are important. Starting with innovation.



Innovation



Personalization



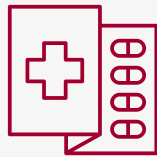
Accessibility



Credentials



Social support



Quit medication



Chronic conditions



Reporting



Client support



Reasonable alternative standard

1 Innovation



Questions:

- How does the program continuously invest in improving the solution?
- What does the product roadmap look like for improvements in the coming year?

Why innovation matters:

Decades of research have led to powerful cessation interventions, yet many smokers still try to quit on their own and only 4-7% are successful each year. On top of how addictive cigarettes are, the tobacco industry is constantly developing new products and deploying new marketing tactics to entice new customers and keep their existing ones.

What this means is that innovation in tobacco cessation is critical to help

See insights into the latest innovation with tobacco cessation programs in our blog, "*Novel Approaches: What Science Says Helps People Quit Tobacco.*"



today's smokers break free from addiction. This innovation needs to focus both on making sure available treatments are used by more smokers and continuing to optimize treatment effectiveness.

2 Personalization



Questions:

- How does the program offer tailored support for different types of tobacco users—such as cigarette smokers, e-cigarette users, smokeless tobacco users, and pregnant smokers?
- How does the program allow participants to personalize the way they receive support, such as the use of text, email, or coaching services?

Why personalization matters:

Programs that treat every tobacco user in the same way can lead to a de-personalized experience, and that can significantly lower engagement rates. Tobacco users want to feel supported as individuals and appreciate a sense of connection and control. For that, you need a program that can be highly modified based on each person's needs.

3 Accessibility



Questions:

- Does the program place limits on program length and access to resources to help someone quit and stay quit?
- How does the program support relapse or multiple quit attempts?
- Is the program available through desktop, tablet, and smartphone, or only through an app?
- Are there certain hours and days when help is available?

Why accessibility matters:

Cravings and triggers can't be scheduled or predicted. Also, a quit attempt may not be a linear progression—multiple relapses might occur before a tobacco user finally feels done. That's why program access, at all times and in multiple formats, is crucial. Users must feel like help is available 24/7 whenever they need it, wherever they are, as many times as they require.



4

Credentials



Questions:

- What is the expertise of those who will be supporting participants?
- Do the coaches specialize in tobacco addiction, or are they only trained in lifestyle changes and behaviors?
- Do the coaches offer different types of support for people who use cigarettes, e-cigarettes, or chewing tobacco, since these require specific approaches?

Why credentials matter:

Being able to advise people on general wellness changes is helpful, but when it comes to addressing tobacco use, you need an organization with coaches who specialize in addiction. That's because tobacco cessation isn't a lifestyle tweak—like working out more often or eating healthier—it's a multi-layered experience that requires extensive knowledge of how addiction works, and how it can be overcome.

5

Community/social support



Questions:

- How does the program provide ongoing social support for quitting?
- If the program offers an online community, how active is that feature? How frequently do people post, and what is the average response time? How many people typically respond to a post?
- Who is in the community? Is it a group of peers with current and former smokers? Or is it friends and family, who may not fully understand the ups and downs of quitting?

Why community/social support matters:

To effectively provide social support, users need a vibrant community with members who empower one another with compassion and accountability. The community must also have experts who can provide evidence-based answers to member questions, and an easily navigable platform that's available 24/7 for anytime support.

Learn about **Truth Initiative and Mayo Clinic**—the expertise behind the EX Program—by visiting [About Us](#).



6

Quit medication



Questions:

- Does the program provide free quit medication?
- How easy is it to get the medication?
- How is medication part of a larger, evidence-based program?

Why quit medication matters:

Particularly in the early stages of quitting, the high level of discomfort from nicotine withdrawal can lead many tobacco users back to addiction. Being able to address these short-term physical and mental effects in a way that helps participants get over withdrawal issues quickly can go a long way toward success. And making these medications free of charge to members and shipping them directly to their home address (rather than making them go to a pharmacy), can remove additional barriers that might stand in their way.

7

Chronic conditions



Questions:

- Does the program offer specific support for tobacco users with chronic conditions?
- If yes, what conditions does the program support?

Why chronic conditions matter:

Ongoing issues like heart disease and diabetes can drive up healthcare utilization and costs. Plus, those with chronic conditions¹¹ are at much higher risk for complications with COVID-19. With the complexity of chronic condition management comes the need for tailored solutions. Helping people successfully quit means addressing more than their smoking or tobacco use behavior. It also means understanding their specific needs as someone who struggles with a chronic condition.

8

Reporting



Questions:

- Does reporting include metrics for registration, participation, quit rates, and incentive achievement?
- How often is that data available?



- Does the program provide benchmarks against similar populations to understand areas for improvement?
- Does the program include data related to incentive achievement or surcharge?

Why reporting matters:

Accurate reporting for tobacco cessation is a must for several reasons. For starters, employers using incentives or surcharges with tobacco users require reporting to administer these appropriately. Plus, measuring provides a benchmark for improvement. With Medicaid members, measuring performance helps identify areas to improve program delivery and promotion to get tobacco cessation treatment to those who need it.

9

Client support



Questions:

- How often do clients receive updated, ongoing promotions to keep the program top of mind?
- How do clients receive support to ensure the program runs seamlessly, including help to educate populations that may need additional support?

Why client support matters:

Prospective participants often need to hear about a cessation program several times through different touch points before they act. That's why new promotional materials, shared regularly, are an important part of any program. Those materials shouldn't just present the facts, though. They should be written by experts who specialize in tobacco addiction, who know how to drive engagement in quit attempts.

10

Reasonable alternative standard



Questions:

- Does your program meet the criteria for a reasonable alternative standard?
- How do you help employers make tobacco users aware of your program?

Why a reasonable alternative standard matters:

The Health Insurance Portability and Accountability Act (HIPAA) prohibits health plans and health insurance policies from charging higher premiums or providing less coverage on account of an adverse health factor (for example, nicotine addiction).



Learn about standard requirements for a reasonable alternative in our blog, *[“Quit-smoking Incentives and Reasonable Alternative Standards: What You Need to Know”](#)*



As a result, financial quit-smoking incentives that are tied to a group health plan must comply with the law's nondiscrimination provisions as smokers who do not receive the incentive are being charged a higher premium or other cost associated with the health plan.

HIPAA requires that individuals who are smokers must receive an alternative means to receive the "reward" provided to non-smokers. For quit-smoking programs, reasonable alternatives that employers typically use include coaching for tobacco cessation, health education classes, and completion of required steps in a company-sponsored quit-tobacco program.

Inspire more tobacco-free lives with a new approach

The EX Program is the only quit-tobacco program that combines the scientific leadership in digital tobacco solutions from Truth Initiative® with a proven treatment model from Mayo Clinic.

Truth Initiative, a public health nonprofit, has been transforming the culture around tobacco use and inspiring people to live tobacco-free for more than 20 years. The breadth and depth of our field-leading research in digital tobacco solutions is internationally recognized.

Our longstanding partnership with the Mayo Clinic Nicotine Dependence Center ensures consistency with clinical guidelines and guides the EX Program's content, structure, and coaching.



With the EX Program, participants receive:

- EX Plan—a quit plan with interactive exercises and educational videos
- EX Community—peer support in a thriving social network
- EX Coaches—tobacco treatment experts who provide unlimited 1:1 chat sessions
- Text messaging—tailored texts based on how users engage with the program
- Nicotine patches, gum, or lozenges delivered to participants' homes
- Customized support for all tobacco use, including e-cigarettes
- Optional content related to pregnancy, new motherhood, heart disease, diabetes, and parenting/helping a child quit vaping
- Access through any browser on their smartphone, tablet, or PC

Health plan clients receive:

- Regular program performance reports, including data on enrollment, engagement, quit medication utilization, quit rates, and incentive achievement



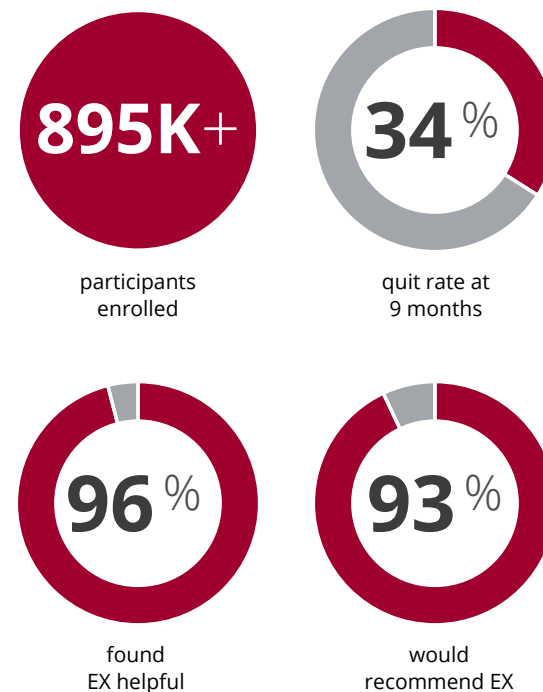
- Effective promotional materials and campaigns
- Dedicated client success manager to assist with implementation, incentive design, reporting and analytics, and promotion
- Co-branded website and promotions
- Custom discussion group in the EX Community only available to your members
- A HIPAA-compliant program that serves as a reasonable alternative standard
- Strategic support from renowned tobacco researchers and a program rich in the research from our 30+ Truth Initiative staff focused on tobacco use trends and best practices every day

To date, more than 895,000 tobacco users have registered for EX, developing the skills and confidence critical for a successful quit.

Visit www.theexprogram.com today to see a demo and learn how you can inspire more of your population to live tobacco-free.



Measurable Results



Sources:

- 1 Creamer MR, Wang TW, Babb S, et al. Tobacco Product Use and Cessation Indicators Among Adults — United States, 2018. *MMWR Morb Mortal Wkly Rep* 2019;68:1013–1019.
- 2 “We Must Do More to Address Systemic Racism and Health Inequity,” published on LinkedIn on July 30, 2020. <https://www.linkedin.com/pulse/we-must-do-more-address-systemic-racism-health-inequity-matt-eyles/?trckingId=2NSTRTDDiLrWldXgYatg%2FQ%3D%3D>
- 3 “African Americans and Tobacco Use,” Centers for Disease Control and Prevention. <https://www.cdc.gov/tobacco/disparities/african-americans/index.htm>
- 4 Centers for Disease Control and Prevention, “Current Cigarette Smoking Among Adults in the United States.” https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm
- 5 Widome R, Joseph AM, Hammett, P, et al. Associations between smoking behaviors and financial stress among low-income smokers. *Prev Med Rep.* 2015; 2: 911–915.
- 6 Creamer MR, Wang TW, Babb S, et al. Tobacco Product Use and Cessation Indicators Among Adults — United States, 2018. *MMWR Morb Mortal Wkly Rep* 2019;68:1013–1019.
- 7 “Smoking and COVID-19,” World Health Organization. <https://www.who.int/news-room/commentaries/detail/smoking-and-covid-19>
- 8 “Evidence used to update the list of underlying medical conditions that increase a person’s risk of severe illness from COVID-19,” Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/evidence-table.html>
- 9 “Economic Trends in Tobacco,” Centers for Disease Control and Prevention. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/index.htm#:~:text=Smoking%2Drelated%2Dillness%2Din%2Dthe,%24300%2Dbillion%20each%20year%2C%20including%3A&text=Nearly%20%24170%2Dbillion%20for%20direct,du%20to%20secondhand%20smoke%20exposure
- 10 Lightwood J, Glantz S. Smoking Behavior and Healthcare Expenditure in the United States, 1992–2009: Panel Data Estimates. *PLOS Medicine* 13(6): e1002070. <https://doi.org/10.1371/journal.pmed.1002070>
- 11 “Coronavirus Disease 2019 (COVID-19): People with Certain Medical Conditions,” Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>