

Communities Putting Prevention to Work

Boston Tobacco Prevention Initiative

Briefing: Tobacco-Free Hospital Policies



Smoking-related illness continues to be the leading cause of death in Massachusetts, killing more residents each year than homicides, AIDS, motor vehicle accidents, suicides and poisonings combined.¹ Though smoking rates have dropped steadily over the past decade, we still have about 800,000 active adult smokers in the Commonwealth.

Approximately 15 percent of Boston's adult population (or 72,305 residents) are smokers, similar to the statewide smoking rate of about 16 percent.² Low-income residents and those with lower educational attainment are more likely to report current smoking than those who make more than \$50,000 a year or have a college degree.³ With approximately 113,000 college students living in the city for much of the year, the smoking rate among Boston residents ages 18-22 is 18 percent.⁴ In 2009, one in ten Boston Public High School students reported smoking cigarettes in the past month, while 9 percent of Boston Public High School students used other tobacco products during the past month.⁵

In addition to the human costs of smoking-related disease, we know that smoking increases health care costs and costs millions of dollars each year in lost productivity. Tobacco use around hospitals poses health risks to workers, visitors and patients, reduces productivity and increases employee health care costs. Tobacco-free hospital policies represent an opportunity to improve the health of patients, workers and visitors, decrease tobacco-related employee health costs, and promote a hospital's image as a healthcare leader.

What is a tobacco-free hospital policy?

Tobacco-Free Hospitals have policies which eliminate employee, patient and visitor exposure to tobacco smoke and assist employees and patients to quit smoking. A comprehensive tobacco-free hospital policy has several key components:

Tobacco-Free Campuses: Tobacco use by employees, patients and visitors is prohibited at all times on the hospital's property including in cars, parking lots and at all satellite locations. Communicating the policy to employees, contractors, patients and visitors through the hospital's written policies and with signage posted in appropriate locations and engaging in active enforcement helps to increase compliance with the policy. Tobacco products include cigars, smokeless tobacco, chew and pipes in addition to cigarettes.

¹ Health of Massachusetts, MA Department of Public Health, 2010.

² Boston Behavioral Risk Factor Surveillance System, 2008; Boston Public Health Commission, Research and Evaluation Office, Boston, MA. Massachusetts Behavioral Risk Factor Surveillance System, 2008, Massachusetts Department of Public Health, Health Survey Program, Boston MA

³ Ibid.

⁴ Ibid.

⁵ Youth Risk Behavior Surveillance System, 2009, Centers for Disease Control and Prevention (CDC). Analysis by Boston Public Health Commission Research and Evaluation Office, Boston MA.

Tobacco Treatment Intervention for Patients: All patients of the hospital are routinely screened for tobacco use and are offered cessation services, including counseling, education and access to cessation medications. Patients are prohibited or discouraged from using tobacco while staying inpatient at the hospital. Clinical assistance is provided for patients who experience nicotine withdrawal. Tobacco screening is incorporated into the hospital's electronic medical record system so that providers are prompted during a regular visit to ask about tobacco use and to document progress toward cessation. Cessation services with medications are incorporated into discharge planning.

Tobacco Cessation Benefits for Employees: The employee benefit plan includes comprehensive, barrier-free (no or low co-pay, no prior authorization required) smoking cessation benefits, including prescription and non-prescription cessation aids and counseling. The hospital supports education and training on tobacco cessation for employees.

Employee Policies: The hospital employment policies may state that employees may not smell of tobacco products or carry tobacco products where visible to patients and guests. Disciplinary procedures for tobacco use, on campus, may be in the employee handbook and employees made aware of the policy upon hire.

Tobacco-Free Business Decisions: The hospital ensures that its business practices reflect its commitment to being tobacco-free. This may include divesting the hospital of all tobacco company stock and refusing donations from tobacco companies, including research grants. The hospital is free of all tobacco company advertising, including those in hospital publications and magazines purchased for waiting rooms.

What are the benefits of implementing a tobacco-free hospital policy?

Patients and employees experience reduced exposure to second-hand smoke. One of the primary direct health benefits of a smoke-free hospital campus is decreasing second-hand exposure, especially to those with vulnerable immune systems. Incomplete smoking bans that include only indoor hospital areas cause smokers to cluster around hospital entrances and can actually increase second-hand smoke exposure for those entering the hospital.^{6,7} A study of children in a hospital without a campus-wide smoking ban found that there were high levels of passive nicotine exposure, despite the hospital ban on indoor smoking.⁸ Employee exposure is also high in hospitals where smoking is allowed outside of the hospital building. In an Arkansas study, exposure to smoking among employees while walking through the campus decreased from 43.1% before the ban to 18% after the ban.⁹

⁶ Goldstein, A.O.; Westbrook, W.R.; Howell, R.E.; Fischer, P.M. Hospital efforts in smoking control: Remaining barriers and challenges. *J. Fam. Pract.* 1992, 34, 729-734.

⁷ Sheffer, C., Stitzer, M., & Wheeler, J. G. (January 01, 2009). Smoke-free medical facility campus legislation: support, resistance, difficulties and cost. *International Journal of Environmental Research and Public Health*, 6, 1, 246-58.

⁸ Tahmooressi, J. (January 01, 2008). Promote health with a smoke-free hospital campus. *Journal for Specialists in Pediatric Nursing : JSPN*, 13, 4, 292-4, citing Siquiera and Tahmooressi, 2007.

⁹ Wheeler, J. G., Pulley, L. V., Felix, H. C., Bursac, Z., Siddiqui, N. J., Stewart, M. K., Mays, G. P., ... Gauss, C. H. (January 01, 2007). RESEARCH - Impact of a Smoke-Free Hospital Campus Policy on Employee and Consumer Behavior. *Public Health Reports*, 122, 6, 744.

Employees reduce their tobacco use and increase uptake of cessation aids. Health care institutions that have eliminated designated smoking areas have had approximately twice the rates of reduction in both tobacco use and cessation as compared to facilities that maintained designated smoking areas.¹⁰ Employee smoking rates and exposure to smoking declined significantly in studied cases. Hospitals which offer smoking cessation services while implementing a smoke-free policy have experienced increases in the demand for nicotine replacement therapy and quitting medications and consequently increase the success of quitting attempts.¹¹

Employee costs drop as employees quit smoking. In addition to helping employees, cessation benefits save on costs in the long run.¹² Research shows that a comprehensive and effective smoking cessation program typically costs less than \$0.50 per member per month.¹³ The Centers for Disease Control and Prevention and Bureau of Labor Statistics estimate that every employee that quits smoking saves municipal employers \$3,487 in annual direct healthcare costs and indirect expenses related to lost productivity. So, providing comprehensive cessation benefits may increase insurance costs slightly, but will decrease the overall costs of disability, life and health insurance benefits.

Patients increase their cessation rates. The provision of inpatient smoking cessation has been shown to be an effective intervention when combined with outpatient follow-up.¹⁴

Employee attitudes towards tobacco use change. One study, comparing the employee attitudes, beliefs, and knowledge before and after the implementation of a smoke-free hospital campus policy in two hospitals in Arkansas found that support for the policy by employees significantly *increased* after the ban. Similarly, employees' beliefs that the smoke-free campus would set a good example for patients significantly increased after the ban.¹⁵

There is no negative human resource impact. One major concern for hospital administrators about adopting a smoke-free campus policy are the fear of damaged public relations, loss of employees, and loss of patient volume.¹⁶ In addition, they believe that such a policy will cause their hospital to be viewed by the public as uncaring and judgmental toward patients and families.¹⁷ However, these fears have been investigated on a nationwide level and results for such studies were opposite to the hospital administrator's expectations.¹⁸ In fact, as noted above, implementing a tobacco-free policy can actually help a hospital's bottom line.

¹⁰ Williams, S. C., Hafner, J. M., Morton, D. J., Holm, A. L., Milberger, S. M., Koss, R. G., & Loeb, J. M. (January 01, 2009). The adoption of smoke-free hospital campuses in the United States. *Tobacco Control*, 18, 6, 451-8.

¹¹ Gadomski, A. M., Stayton, M., Krupa, N., & Jenkins, P. (January 01, 2010). Implementing a smoke-free medical campus: impact on inpatient and employee outcomes. *Journal of Hospital Medicine: an Official Publication of the Society of Hospital Medicine*, 5, 1, 51-4.

¹² Campbell KP, Lanza A, Dixon R, Chattopadhyay S, Molinari N, Finch RA, editors. *A purchaser's guide to clinical preventive services: moving science into coverage*. Washington, DC: National Business Group on Health; 2006.

¹³ Curry S, Grothaus M, McAfee T, et al. Use and cost effectiveness of smoking-cessation services under four insurance plans in a health maintenance organization. *NEJM*. 1998; 339(10):673-679.

¹⁴ Gadomski, supra note 7.

¹⁵ Wheeler, supra note 5.

¹⁶ Williams, supra note 6.

¹⁷ Ibid.

¹⁸ Ibid.

Community attitudes towards tobacco use change. Hospitals are leaders in their communities, and can serve as a model to their surrounding community. Smoke-free campus policies have been shown to influence community attitudes toward tobacco use and to affirm a hospital's reputation as an institution that supports health.¹⁹

Are There Precedents for Tobacco-Free Hospital Policies?

Over the past two decades, smoke-free indoor hospital policies have been adopted by the vast majority of hospitals in the United States. Smoke-free campuses, which include outdoor areas, are also increasing in popularity. In 2008, approximately 45% of hospitals reported a smoke-free hospital campus policy, up from approximately 3% in 1992, and an additional 15% reported that they were pursuing the adoption of a smoke-free policy.²⁰ Only a few states, such as Arkansas, have formally legislated smoke-free campuses for all hospitals.²¹

While smoke-free indoor policies and smoke-free campuses have increased in popularity, fewer hospitals have adopted a comprehensive tobacco-free policy. However, in Boston, we have a number of hospitals that have taken leadership on one or more components of a tobacco-free policy. Below, we highlight examples of tobacco-free policies that have been implemented in a sampling of Boston-area hospitals.

- Multiple Boston hospitals have taken steps to include tobacco cessation into their clinical practice, including several that have incorporated assessment of tobacco use and exposure and referral for services into their electronic health records. One initiates tobacco treatment while inpatient, providing free medication at discharge and including tobacco cessation counseling in discharge planning. Pediatric hospitals have incorporated tobacco screening and referrals for parents and guardians into their electronic medical records and patient visits.
- Another Boston hospital has marked the boundaries of the hospital property, so that patients, guests, contractors and employees are very aware of the smoke-free hospital campus. Hiring, admission and contractor policies all emphasize the smoke-free campus policy.
- Finally, in the area of employee cessation benefits, one hospital has negotiated the elimination of a pre-authorization requirement for a cessation medication. Another provides employees with coupons for free Nicotine Replacement Therapy.

¹⁹ Sheffer, supra note 3.

²⁰ Williams, supra note 6. From a survey sample of 4,494 Joint Commission-accredited hospitals.

²¹ Because of the documented success at two area hospitals, UAMS and ACH, the State of Arkansas passed Act 134 in 2005, which required all Arkansas hospitals except psychiatric facilities to have smoke-free campuses.