



The Buyer's Guide for

Effective Workplace Smoking Cessation Programs

When you're ready to add or change your smoking cessation program, the number of options can be overwhelming.

A good starting point is knowing the landscape of what's available, what works, and what questions to ask when evaluating different providers. This buyer's guide will help you gain the understanding you need to make the best choice for your company's needs.

Types of tobacco cessation services available

There are a breadth of 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
App-only programs	Scalable Ease of access to tools on smartphones	Smartphone-only apps are not available on tablets or desktops, which limits accessibility Evidence is inadequate to infer that smartphone apps for smoking cessation are independently effective in increasing smoking cessation

Program type	Strengths	Challenges
CO monitors	 Innovative new tools to engage smokers 	Cost for devices may limit scalability There is a lack of evidence to support that using CO monitors alongside digital tools improves quit rates
Digital-only programs	 Scalable Innovative new tools to engage smokers Ease of access to tools Cost-effective 	 No human interaction or support can leave participants feeling disengaged Less tech-savvy employees may feel intimidated or less interested
Human-powered digital support	 Scalable Ease of access to tools Ability to receive personalized support from real humans Innovative new tools to engage smokers Cost-effective 	Populations that are less tech savvy may need additional human support to use the program

What works: evidence-based programs

When looking at program choices, one important consideration is whether your selection is evidence-based.

Evidence-based programs follow the USPHS Clinical Practice Guideline for Treating Tobacco Use and Dependence, which defines effective tobacco dependence treatment as providing counseling and social support in combination with quit medication. The guideline also recommends providing support for multiple quit attempts.

Using an evidence-based program that combines these methods and offers support in the way that tobacco users appreciate can have a significant impact on quit rates. For instance, more of today's tobacco users prefer the convenience of chat, text, email, and online resources, making an evidence-based digital intervention a powerful way to reach smokers.

Despite the efficacy of these programs, however, fewer than one-third of smokers use evidence-based methods when trying to quit. And just because a program claims to meet users where they are—as with app-only programs, for example—it doesn't mean they have the solid foundation in data and research that's needed to be truly effective.

Questions to ask

As you evaluate different programs, it's helpful to 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.



Personalization



Incentive/surcharge management



Accessibility



Credentials



Community social support



Quit medication



Reporting



Client support



Security



Bilingual



Scientific evidence



Personalization

Questions:

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



Incentive/surcharge management

Questions:

- · Is the provider able to suggest best practices around charging higher insurance rates for tobacco users based on their book of business?
- Does the provider have tips on how to gain employee buy-in for implementing a premium differential? If yes, what are they?
- · What policies/approaches does the provider recommend so people are honest when they attest to tobacco use?

Learn more in What is a Tobacco
Surcharge and How Does My
Company Offer One?



Why incentive/surcharge management matters:

Incentives can be effective at increasing engagement with evidence-based treatment. Data from EX Program shows incentives can engage tobacco users more fully in the quitting process. In fact, we see clients that offer an incentive enroll 3.5 times more of their eligible employees than clients that do not. Plus, clients with an incentive have employees who complete more than twice the number of program steps on average than clients that do not offer an incentive.

Yet, offering the right premium differential for tobacco use takes careful preparation.

Quit-smoking incentives—also called tobacco surcharges or nonsmoker discounts—are typically based on affidavits that employers collect during open enrollment. If an affidavit indicates someone uses tobacco, they pay a premium rate for their healthcare.

A tobacco surcharge for health plans is legal; however, by law, employers must also offer a reasonable alternative that allows tobacco users to receive the lower premium, even if they are unable to quit.

If you have, or are considering using, an incentive or tobacco surcharge, ask the provider to share their depth of experience in effectively administering such programs.



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 relapses 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.

Learn more about considerations with surcharges in our blog "Tobacco Use Surcharge Issues When Remote Employees Secretly Work in Different States"





Credentials

Questions:

- · What is the expertise of those who will be supporting participants?
- Do these 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 coaches who are addiction specialists. That's because tobacco cessation isn't a lifestyle tweak—like working out more often or eating healthier—it's a multi-layered, personalized experience that requires extensive knowledge of how addiction works and how it can be overcome.

See the expertise behind the EX Program by visiting About Us





Community/social support

Questions:

- 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 a 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.



Quit medication

Questions:

- Does the program provide free quit medication?
- · How is this 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 employees, 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.



Reporting

Questions:

- How does the provider inform you of program effectiveness?
- · Can you receive access to a real-time dashboard to track engagement?
- Will the provider support incentive reporting? If yes, how often?

Why reporting matters:

Without regular reporting on your program, it's difficult to know if you're making progress in improving engagement in your program for tobacco addiction. Setting goals is crucial, but it's only through performance reporting that you know if you're getting closer or even reaching those goals. Reporting from your provider should include aspects like enrollment numbers, quit rate, incentive achievement, participation with coaches, and text message usage. Better yet, the provider gives administrators anytime access to a real-time dashboard where you can see for yourself how the program is performing. Better still, the provider helps you set goals and interpret the dashboard results.



Client support

Questions:

- How often do you receive updated, ongoing promotions to keep the program top of mind?
- How do you 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, presented on a quarterly basis, can be an important part of any program. Those materials shouldn't just present factual information, though. They should be written by experts who specialize in tobacco addiction, who know how to drive engagement in quit attempts.



Security

Question:

Does the provider's security program align with an industry-standard security framework, and is this alignment regularly audited and verified by a reputable third party?

Why asking questions about security matters:

When it comes to security, ask. Never assume. Industry-standard security frameworks, such as ISO 27002, NIST CSF, and HITRUST CSF, provide prescriptive guidance for organizations to better manage and reduce cybersecurity risk. Regular third-party audits against a recognized framework demonstrate that the provider's security program meets or exceeds industry standards.



Bilingual

Questions:

- Is the program also offered in Spanish?
- · Do you have tobacco treatment coaches who speak Spanish?
- Does the program provide Spanish promotional materials?
- What resources are available in Spanish for participants? Is it the whole program?

Why bilingual tobacco cessation programs are important:

¿Habla español? For nearly 42 million Americans, the answer is yes. Spanish is the second most widely spoken language in the U.S. There are 60.5 million Hispanics in America, representing 18% of the U.S. total population. Among Hispanic U.S. adults, nearly 9% (over 5 million people) smoke cigarettes. Smoking remains the leading preventable cause of morbidity and mortality among the U.S. Hispanic/Latino population.

Offering a digital health program for tobacco addiction in Spanish extends the reach of evidence-based support to help more people quit for good. That's why the EX Program, for example, is offered in Spanish—and includes Spanish-speaking coaches who interact with participants via live chat, as well as Spanish text messages, email and community support.



Scientific evidence

Questions:

- Does the program use randomized trials to measure effectiveness?
- · If yes, what is the "other" program they compare against in the randomized trials?
- · Does the program have a track record of peer-reviewed publications?

Why scientific evidence matters:

As a buyer, you're obviously looking for a program that works. The gold standard for demonstrating effectiveness is the randomized trial, where smokers are randomly assigned either to the program being studied or to a comparison program. The process of randomization allows program designers to say, "all things being equal, our program outperformed this other kind of program."

You'll also want to pay attention to what that "other" program is. The most rigorous comparison program is an active intervention that is considered standard-of-care rather than a no-treatment control. It's easy to outperform no treatment.

It's also important that a randomized trial have enough participants to show that the impact of a program is robust. Qualitative research, online surveys, and single group cohort studies do not meet these standards.

Finally, a strong track record of peer-reviewed publications is another level of rigor to look for and demonstrates a commitment to advancing the science, not just to selling a product.

Proven. Transparent. Impactful.

Developed with Mayo Clinic, EX Program by Truth Initiative is your best strategic partner to end smoking, vaping, and nicotine use, and our results prove it. EX Program has helped millions develop the skills and confidence for a successful quit.



Clinical outcomes: Among EX Program clients who follow our best practices, 52% of participants achieve an initial 7-day period of abstinence. This reflects the success of EX Program in helping members begin their quit journey. Longer term, EX Program yields a quit rate of 34%, defined as 30-day point prevalence abstinence at 9 months.

Business outcomes: A recent return on investment (ROI) analysis of EX Program showed cost savings within the first year of \$1,910 among those who enrolled in the program compared to those who did not.

These savings were roughly split between lower healthcare costs from the analysis of claims data, as well as estimates of productivity savings from improved absenteeism and presenteeism.

What makes us different:



Year-round promotions and expert execution:

Your organization gets proven promotions that inspire behavior change with expert execution that makes promoting EX Program easy.



Real-time data at the fingertips:

Real-time dashboards give transparent visibility into program performance and drive our year-round recommendations to reach your goals.



Customized expert guidance:

Our experts guide your organization on tobacco surcharge best practices, benefit integration, vendor change, seamless handling of eligibility files, and more.

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

