Tobacco Prevention and Cessation Task Force Recommendations

Prepared for the University of Florida by the Healthy Gators 2010 Coalition

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Table of Contents

Members of the Task Force 3

Executive Summary 4

Background and Purpose 5

Literature Review 6

Sustainability and Tobacco Use 9

Efforts of Other Campuses and Hospitals 10

Current University of Florida Smoking Policy 10

Recommendations 11

Action Plan 14

References 15

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Executive Summary

In spring 2007, the Healthy Gators 2010 coalition made tobacco prevention and cessation one of its key priorities for the upcoming year as part of its on-going mission to promote a campus environment supportive of the development and maintenance of a healthy body, mind and spirit for all members of the University of Florida community. Subsequently, the coalition created a Tobacco Prevention and Cessation Task Force in the summer of 2007 (herein after the Task Force) with the purpose of investigating tobacco use among students, faculty and staff and creating recommendations to reduce tobacco use by the year 2010. The Task Force was asked to consider primary prevention strategies, cessation efforts and policy recommendations.

Tobacco use, particularly cigarette smoking, remains the leading cause of preventable illness and death in the U.S. (Centers for Disease Control and Prevention [CDC], 2000), and secondhand smoke exposure is the third leading cause of preventable death (Chan & Lam, 2003). Research indicates that smokers have greater absenteeism, injuries, and accidents than non-smokers in the workplace (Tsai Wen, Hu, Cheng, & Huang, 2008). Fortunately, studies also indicate that the majority of Florida smokers would like to quit smoking (CDC, 2007a), and effective evidence-based cessation interventions are available including pharmacological and behavioral approaches (Fiore et al., 2008). Policies may also help to reduce tobacco use by smokers and may affect public attitudes about smoking to be less socially acceptable (Albers, Siegal, Cheng, Biener, & Rigotti, 2007). Many organizations in the U.S. including hospitals and universities are implementing tobacco-free policies to protect their employees, visitors, faculty, and students from the harmful effects of cigarette smoking and secondhand smoke.

In addition to the health hazards of breathing cigarette smoke, discarded cigarette butts also pose a serious threat to a community. Cigarette butts are the most abundant form of litter in the world (Chapman, 2006) and are dangerous because of toxins that collect in the non-biodegradable filters during smoking. These toxins subsequently leach out of the littered butt and enter our surrounding environment (Novotny & Zhao, 1999). A recent field study on the University of Florida campus indicates that more than 10,000 cigarette butts are discarded every day (Pokorny, manuscript in preparation), therefore compromising health and sustainability efforts at the University of Florida.

Given the extensive negative health and environmental outcomes of tobacco use, the Task Force strongly recommends that the University of Florida diligently work to prevent tobacco initiation, increase cessation opportunities, and reduce exposure to secondhand smoke among its faculty, staff and students. The Task Force believes that the University of Florida and Shands at UF can most effectively accomplish these goals and the *Healthy Campus 2010* tobacco-related objectives by implementing the following ten recommendations:

1. Become a tobacco-free campus by July 1, 2010. This includes prohibiting the use of all forms of tobacco:
    - on all university-controlled and leased property, including parking lots
    - in university-controlled vehicles, boats, and planes
    - among tenants, vendors, visitors, invited guests including entertainers and athletes
    - in all buildings owned and leased by UF/Shands
    - in all campus housing units

2. Develop a clear and concise tobacco policy that reflects the best practices in tobacco prevention, cessation, and control.
    - Inform all existing and prospective members of the campus community of the existing policy by including it in all relevant print and electronic publications and widely distributing the campus tobacco policy on an annual basis.
    - Assign the Healthy Gators 2010 Policy Work Group to monitor and evaluate the policy on a bi-annual basis.

3. Support and provide a process for frequent and consistent enforcement of all tobacco-related policies, rules, and regulations. Increase enforcement of the existing smoking policy by January 1, 2009 and create an effective enforcement plan for the 2010 policy.

4. Offer and promote prevention and education initiatives that actively support non-use and address the risks of all forms of tobacco use, including cigarettes, cigars, smokeless/spit tobacco, and hookah.

5. Consider populations disproportionately affected by tobacco addiction and tobacco-related morbidity and mortality when designing and implementing prevention and treatment programs. Particular attention should be paid to ensuring that health communications and other materials are culturally-appropriate and that special outreach efforts target all high-risk populations.

6. Provide and promote comprehensive, evidence-based tobacco cessation treatment programs for faculty, staff and students and to their partners who smoke (even if the UF faculty/staff member or student does not smoke).
    - Effective counseling and affordable (ideally, no cost) medications should be accessible to students, faculty, staff and partners.
    - Supervisors are encouraged to support employees' quit smoking efforts by providing flexible work schedules so employees can attend smoking cessation classes and related appointments.
    - Effective on-line and telephone counseling programs and services should be promoted (e.g. the Florida Quitline).

7. Encourage the goal of providing insurance coverage for evidence-based treatment for nicotine dependency. All health insurance plans offered for faculty, staff and students should include coverage for effective tobacco dependence counseling and treatment, including medications.

8. Prohibit university-controlled advertising, sale, or free sampling of tobacco products on campus or in university-controlled situations, properties, and environments, including fraternities and sororities.

9. Prohibit the sponsorship of campus events by tobacco industry.

10. Encourage the university to develop policies that prohibit the university from holding stock in or accepting donations and research funds from the tobacco industry.

Background and Purpose

In spring 2007, the Healthy Gators 2010 coalition made tobacco prevention and cessation one of its key priorities for the upcoming year as part of its on-going mission to promote a campus environment supportive of the development and maintenance of a healthy body, mind and spirit for all members of the University of Florida community. Subsequently, the coalition created a Tobacco Prevention and

Cessation Task Force in the summer of 2007 (herein after the Task Force) with the purpose of investigating tobacco use among students, faculty and staff and creating recommendations to reduce tobacco use by the year 2010. The Task Force was asked to consider primary prevention strategies, cessation efforts and policy recommendations.

Twenty-nine community and campus members with tobacco expertise met throughout the 2007-2008 academic year to discuss this important health issue and to develop recommendations. The process included a survey of Task Force members, a presentation that assessed the effectiveness of the existing UF smoking policy, participation in a conference call sponsored by the Florida Hospital Association, and an extensive literature review.

Literature Review

An extensive literature review on the following topics was conducted by Task Force members in the spring of 2008 to inform the recommendations.

- Prevalence of Tobacco Use (Cigarettes, Cigars, Smokeless Tobacco and Hookah), **Jane Emmerée**
- Employee cost/productivity/health risks to second-hand smoke exposure-**M. Tam Spitzer**
- Cessation, **Jane Emmerée**
- Use of Technology for Cessation, **Jesse Dallery**
- Use of Incentives for Cessation, **Jesse Dallery**
- Clinical Guidelines, Best Practices and Recommendations-**Jane Emmerée**
- Policy, **Steven Pokorny and Ryan O'Mara**
- Sustainability, **Steven Pokorny and Ryan O'Mara**

Highlights from each topic area are provided. Complete summaries are available by contacting Jane Emmerée, Task Force Chairwoman, at emmeree@ufl.edu or 352-392-1161 ext. 4281.

Prevalence of Tobacco Use:

- Cigarettes:

  UF Students: Since the early 2000s, cigarette use among UF students has declined and is currently lower than the national average of 18.6% for college students (American College Health Association [ACHA], 2008). In 2001, 19% of UF students used cigarettes in the 30 days preceding the survey (American College Health Association-National College Health Assessment [ACHA-NCHA], 2001); in 2004, 12.4% (ACHA-NCHA, 2004), and in 2008, 8.6% (Healthy Gators 2010, 2008). Only 1.6% of UF students reported smoking on a daily basis (Healthy Gators 2010, 2008).

  UF Employees: No cigarette smoking rates exist specifically for UF employees however, based on the Behavioral Risk Factor Surveillance Survey (BRFSS) conducted in 2002, about 20% of Alachua County residents who are employed, smoked cigarettes. This is similar to the 2006 national rate of 20.8% for U.S. adults (Centers for Disease Control & Prevention, *MMWR,* Cigarette Smoking among Adults---United States, 2007b). Since 2002 however, the rates of smoking among Alachua County residents who are employed has decreased to 17.8% in 2007.

- Cigars:

  UF Students: Cigar use among UF students has fluctuated since the early 2000s, and is currently higher than the national average of 5.5% (ACHA, 2008). In 2001, 9.1% of UF students used cigars during the 30 days preceding the survey (ACHA-NCHA, 2001); in 2004, 4.7% (ACHA-NCHA, 2004), and in 2008, 9.9% (Healthy Gators 2010,

2008). This recent increase, however, may be due to altering the question's wording on the 2008 survey. The text "including Swisher Sweets and Black and Milds" was added to this question.

UF Employees: No cigar smoking rates exist for UF employees at this time, nor were they included in the 2002 Alachua County Behavioral Risk Factor Surveillance Survey. According to the CDC, an estimated 5.6% of Americans were current cigar users in 2005 (CDC, 2007).

- Smokeless Tobacco:

  UF Students: Since 2001, smokeless tobacco use has dropped and is lower than the national average of 3.5% (ACHA, 2008). In 2001, 3.4% of UF students used smokeless tobacco (8% of men and 0% of women). In 2004, use of smokeless tobacco dropped to 2.6% among all UF students (5% men and again 0% women). The 2008 Healthy Gators Student Survey indicates a current prevalence of smokeless tobacco use of approximately 1.5% (Healthy Gators 2010, 2008).

  UF Employees: No smokeless tobacco rates exist for UF employees at this time, nor were they included in the 2002 Alachua County Behavioral Risk Factor Surveillance Survey. According to the CDC, an estimated 3% of U.S. adults were current smokeless tobacco users in 2007 (CDC, 2007).

- Hookah:

  UF Students: Previously, no accurate data had existed on the prevalence of hookah use by UF students. However, results from the spring 2008 Healthy Gators Student Survey indicate that about 12.7% of UF students have used a hookah in the past 30 days.

  UF Employees: No hookah use rates exist for UF employees at this time, nor were they included in the 2002 Alachua County Behavioral Risk Factor Surveillance Survey.

Employee cost/productivity/health risks to secondhand smoke exposure: The United States Environmental Protection Agency (EPA) concluded that secondhand smoke kills approximately 3,000 adult nonsmokers from lung cancer each year and that exposure in the workplace is a significant source of secondhand smoke (CDC, 2008). Implementing smoke-free work environments has the potential to reduce costs for maintaining facilities and equipment and improving employee morale (CDC, 2008). Smokers have greater absenteeism, injuries, and accidents than non-smokers (Tsai et al., 2008). Smokers may be less productive due to increased smoking breaks (Tsai et al., 2008), which average to three smoke breaks per day that last from 13-39 minutes each (Osinubi, 2004). Workplace policies that reduce exposure to ETS can also decrease cigarette consumption and increase smoking cessation (Chan et al., 2003).

Cessation: Between 1965 and 2005, the percentage of adults who once smoked cigarettes and who have quit more than doubled from 24.3 to 50.8% (Institute of Medicine [IOM], 2007). Currently, 70% of smokers in the U.S. indicate that they would like to quit smoking, and approximately 44% indicated they have tried to quit in the last year. Unfortunately, only 4-7% of smokers who tried to quit in 2005 were successful (Fiore et al., 2008). Among Alachua County residents who were employed in 2007, 64.6% indicated they attempted to quit in the past year. Among UF student smokers, 55.3% report seriously considering quitting in the next 6 months (Healthy Gators 2010, 2008). Rates of students who successfully quit smoking are not available.

Use of Technology for Cessation: An estimated 3.6 to 10 million active internet searches per year are conducted for smoking cessation information in the U.S. (Cobb & Graham, 2006). Internet-based interventions can reduce or eliminate significant barriers to treatment (McDaniel & Stratton, 2006). A study conducted by Escoffery, McCormick, & Bateman (2004) found that smokers were satisfied with web-based interventions, and that it "helped to raise their consciousness about quitting, encouraged them to set behavioral goals, provided stages of change feedback, and offered interactivity in presenting information and strategies about quitting" (p. 217). In one study of college students, Obermayer, Riley, Asif, & Jean-Mary (2004) integrated Web and cell phone technologies to deliver a smoking-cessation intervention. Findings support using wireless text messages to deliver potentially effective smoking-cessation behavioral interventions to college students.

Use of Incentives for Cessation: Contingency Management (CM) is a behavioral intervention that uses incentives for smoking cessation. One consistent finding in CM research is that larger-magnitude incentives are more effective than smaller magnitudes (Stitzer & Bigelow, 1983; Lamb, Morral, Galbicka, Kirby, & Iguchi, 2005; Stitzer & Bigelow, 1984). Another important characteristic of CM programs is the reinforcement schedule used for delivering incentives. Escalating payment schedules, with a "reset" for a lapse, are more effective than other schedules (Roll, Higgins, & Badger, 1996; Roll & Higgins, 2000). In a randomized clinical trial conducted by Volpp et al. in 2006, attendance rates were higher in groups with an incentive compared to a control group, however, a 6-month follow-up revealed no significant differences between the groups as measured by self-report of no smoking in the past seven days.

Clinical Guidelines, Best Practices and Recommendations:

- Clinical Guidelines: Ten key recommendations are outlined in *Treating Tobacco Use and Dependence: Clinical Practice Guideline 2008 Update* (Fiore et al., 2008). The guideline recommends that healthcare systems, insurers, and purchasers assist clinicians in making effective treatments available. It also encourages clinicians to screen all patients for tobacco use at every visit and to advise tobacco users to quit. The report identifies seven first-line medications (Bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, and varenicline) to increase long-term smoking abstinence rates. The report confirms that individual and group counseling as well as telephone quitlines are essential and effective treatment strategies. Finally, counseling and medication are effective when used by themselves, but combining them is more effective than when used alone.
- Best Practices and Recommendations: According to *Best Practices for Comprehensive Tobacco Control Programs* issued by the CDC in 2007, evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, tobacco related deaths, and diseases caused by smoking. The American College Health Association (ACHA, 2005), the American Cancer Society (ACS, 2001), the Institute of Medicine (IOM, 2007), the World Health Organization (WHO, 2008), and the U.S. Department of Health and Human Services (Fiore et al., 2008) have also provided extensive guidelines to help reduce tobacco use. Some examples of collective recommendations include:
    - Develop a strongly worded tobacco policy that reflects the best practices in tobacco prevention, cessation, and control (ACHA, 2005; CDC, 2007)
    - Inform all members of the campus community by widely distributing the campus tobacco policy on an annual basis (ACHA, 2005)
    - Offer and promote prevention and education initiatives that actively support non-use and address the risks of all forms of tobacco use (ACHA, 2005; CDC, 2007; WHO, 2008)
    - Offer and promote free, accessible programs and services that include practical, evidence-based approaches to end tobacco use (ACS, 2001; CDC, 2007; WHO, 2008)
    - Insurers and purchasers should ensure that all insurance plans include coverage for effective counseling and medications for tobacco dependence (Fiore et al., 2008).

- Public and private health care systems should organize and provide access to comprehensive smoking cessation programs (IOM, 2007)
- Prohibit the campus-controlled advertising, sale, or free sampling of tobacco products on campus or in campus-controlled situations, properties, and environments, including fraternities and sororities (ACHA, 2005; ACS, 2001; IOM, 2007; WHO, 2008)
- Prohibit the sponsorship of campus events by tobacco-promoting organizations (ACHA, 2005; ACS, 2001; IOM 2007)
- Prohibit the university from holding stock in or accepting donations from the tobacco industry (ACS, 2001)
- Prohibit tobacco use in all public areas of the campus (ACHA, 2005; WHO, 2008)
- Prohibit the use of smokeless/spit tobacco in all facilities (ACHA, 2005)
- Support and provide a process for frequent and consistent enforcement of all tobacco-related policies, rules, and regulations (ACHA, 2005)
- Tobacco policies should be monitored and evaluated by oversight committees (IOM, 2007; WHO, 2008)
- Populations disproportionately affected by tobacco addiction and tobacco-related morbidity and mortality should be considered when designing and implementing prevention and treatment programs. Particular attention should be paid to ensuring that health communications and other materials are culturally-appropriate and that special outreach efforts target all high-risk populations (CDC, 2007; IOM, 2007)

Policy: Several health benefits associated with implementing smoke-free policies have been documented. Policies reduce tobacco use by smokers and affect public attitudes about smoking to be less socially acceptable (Albers et al., 2007). Furthermore, comprehensive smoke-free policies are the most effective and economic approach for reducing tobacco use and its effects on others when compared to other methods such as tobacco taxation, mass media messages, smoking cessation services, enforcement of youth access laws, and other tobacco control interventions (USDHHS, 2006). Health care policies also impact tobacco use. When tobacco dependence treatment is covered by an insurance plan, a tobacco user is more likely to receive treatment and quit successfully (Fiore et al., 2008).

Sustainability: Cigarette butts are the single most common form of litter in the world (Chapman, 2006). Littered cigarette butts release chemicals from their filters into the environment and water supply (Novotny & Zhao, 1999). Filters are made of a non-biodegradable plastic called cellulose acetate (Ach, 1993) and are specifically designed to accumulate toxic chemicals such as arsenic, cyanide, benzene, and formaldehyde during smoking (USDHHS, 2006). Based on a field study conducted in 2007, an estimated 10,000 cigarette butts are improperly discarded every day on the UF campus, which can be extrapolated to 3.65 million cigarette butts annually, translating to roughly 1,400 pounds of non-biodegradable cellulose acetate that leaches toxic chemicals into the surrounding environment (Pokorny et al., manuscript in preparation). Reducing the prevalence of smoking is the most effective strategy to reduce cigarette waste and related pollution (Chapman, 2006).

Sustainability at the University of Florida and Tobacco Use

Sustainability is the practice of preserving the ecological environment and meeting the contemporary needs of people without sacrificing or compromising the needs for future generations (UF-Office of Sustainability website). On February 1, 2006, President Machen created the Office of Sustainability at the University of Florida. Its mission is to make the University of Florida a model of sustainability, integrating the goals of ecological restoration, economic development, and social equity. Its goals include initiating practices that contribute to a sustainable, high quality of life on campus and ensure a healthy working environment for faculty, students, and staff.

Efforts at Other Campuses and Hospitals

According to the American Nonsmokers' Rights Foundation (2008a, 2008b), a growing number of organizations, including universities and healthcare settings, are adopting tobacco-free policies to protect their workers. Two national hospitals (Mayo Clinic and SSM Health Care) and 1,210 local and state hospitals, healthcare systems, and clinics have adopted 100% smoke-free campus grounds policies that protect employees, visitors, and patients from secondhand smoke. Additionally, 81 state hospitals and clinics and 25 nursing homes have adopted 100% smoke-free building and indoor areas policies.

Specific to the state of Florida, there are 21 hospital/healthcare systems that are 100% smoke-free, including Florida Hospital Waterman in Eustis, Halifax Health in Daytona Beach, and Charlotte Regional Medical Center in Punta Gorda. In December 2007, some Task Force members attended a teleconference sponsored by the Florida Hospital Association (FHA) describing how these three healthcare organizations implemented tobacco-free campuses. Recommendations derived from this presentation included having a clearly written tobacco-free policy, communicating that the policy will be changing to all constituents six-months to 18 months prior to the policy change; offering and preferably subsidizing tobacco cessation services to employees and their partners and dependents at least six months prior to the policy change; creating an effective enforcement process, and training employees on how to effectively communicate the policy to visitors.

Currently, there are an estimated 110 smoke-free campuses of higher education in the United States. Examples of other Research 1 universities include the University of Iowa which will go smoke-free July 1, 2008 and Brigham Young University. Additionally, there are 33 campuses with minor exemptions for remote outdoor smoking policies. Last, there are 337 universities and colleges that have enacted smoke-free residential housing policies. The University of Florida is included in the last list. A summarized list of tobacco-free campuses and hospitals can be found on the American Nonsmokers' Rights Foundation website.

Current University of Florida Smoking Policy

The Florida Clean Indoor Air Act of 1992, implemented by Section 386.201 of the Florida Statutes, became effective October 1, 1992. The act prohibits smoking in enclosed indoor areas and forbids designation of any smoking areas in educational facilities, including the University of Florida.

In the fall 2002, a UF policy under the Department of Education Rules was adopted that expanded the coverage of the statute to designate no-smoking areas within 50 feet of *selected* campus buildings. In the fall of 2006, Healthy Gators 2010 recommended expansion of this outdoor smoking policy to *all* campus buildings. The Environmental Health and Safety Committee reviewed and approved this recommendation. As stated in the original policy, enforcement currently is the responsibility of the person in charge of the facility in use. All members of the University of Florida community are encouraged to help promote compliance by spreading the word, especially to those who are not in compliance with the policy.

Healthy Gators 2010 implemented an extensive awareness campaign in the spring of 2007 to inform the UF community of the expansion of the outdoor smoking policy to all UF buildings. Healthy Gators 2010 coalition members and Tobacco Task Force members believe that smoking outside of some buildings' entranceways has improved, but noncompliance still occurs campus-wide. A field study conducted on the UF campus in fall 2007 confirmed that many smokers do not comply with the existing outdoor smoking policy, suggesting that current enforcement by building administrators is not effective (Pokorny et al., manuscript in preparation). As mentioned previously, the study's findings

indicate that an estimated 10,000 cigarette butts are improperly discarded every day on the UF campus within the 50 foot restricted area alone. This can be extrapolated to 3.65 million cigarette butts annually, translating to roughly 1,400 pounds of non-biodegradable cellulose acetate that leaches toxic chemicals into the surrounding environment.

Task Force Recommendations

This section is comprised of two sets of recommendations: The *Healthy Campus 2010* tobacco-related objectives (ACHA, 2004) with recommended targets for the University of Florida, and ten subsequent recommendations to achieve those targets. All recommendations are based on the collective findings of the Task Force's efforts during the 2007-2008 academic year. Recommendations are derived from 1) the results of a formal survey of Task Force members, 2) several Task Force meetings, 3) findings from a field study assessing the effectiveness of the current smoking policy, 4) participation in a conference call sponsored by the Florida Hospital Association, and 5) an extensive literature review on tobacco-related issues.

The Task Force offers recommended targets for the following six *Healthy Campus 2010* tobacco-related objectives (when appropriate). National statistics within the tables are from *Healthy Campus 2010* unless otherwise noted.

27-1/2a Reduce cigarette smoking by adolescents, adults 18 years and older and college students

	Baselines	Targets
UF Students	19.0%	**10.0%***
Alachua Co. Employees	20.0%	10.0%**
National College Population	25.1%	10.5%
National Statistics	24.0%	12.0%

Data Sources:
UF Students: 2001 ACHA-NCHA
Alachua Co. Employees: Alachua Co. 2002 Behavioral Risk Factor Surveillance Survey (cigarettes only)
National College Population: Spring 2000 ACHA-National College Health Assessment (NCHA)
National Statistics: 1998 National Health Interview Survey (NHIS)
*Current data indicates a prevalence of 8.6%--Healthy Gators 2010 Student Survey, Spring 2008
**Current Alachua Co. 2007 BRFSS indicates a prevalence of 17.8%--Alachua County BRFSS 2007

27-1/2b Reduce use of spit tobacco

	Baselines	Targets
UF Students	3.4%	1.0%*
Alachua Co. Employees	NA	NA
National College Population	3.7%	1.0%
National Statistics	2.6%	0.4%

Data Sources:
UF students: 2001 ACHA-NCHA
National College Population: Spring 2000 ACHA-National College Health Assessment (NCHA)
National Statistics: 1998 NHIS
*Current data indicates a prevalence of 1.5%--Healthy Gators 2010 Student Survey, Spring 2008

27-1/2c Reduce use of cigars

	Baselines	Targets
UF Students	9.1%	6.0%*
Alachua Co. Employees	NA	NA
National College Population	5.7%	2.0%
National Statistics	2.5%	1.2%

Data Sources:
UF Students: 2001 ACHA-NCHA
National College Population: Spring 2000 ACHA-National College Health Assessment (NCHA)
National Statistics: 1998 NHIS
*Current data indicates a prevalence of 9.9%--Healthy Gators 2010 Student Survey, Spring 2008

27-5 Increase smoking cessation attempts by college student smokers (and employees)

	Baselines	Targets
UF Students	NA	60%*
Alachua Co. Employees	47.0%	75%**
National College Population	NA	NA
National Statistics	41.0%	75%

Data Sources:
UF Students: No data available for UF students
Alachua Co. Employees: Alachua Co. 2002 BRFSS-Attempted to quit in the past year
National College Population: No data available for the National college population
National Statistics: 1998 NHIS
*Current data indicates a prevalence of 53.3%--Healthy Gators 2010 Student Survey, Spring 2008
**Current Alachua Co. 2007 BRFSS indicates a prevalence of 64.6%--Alachua County BRFSS 2007

27-8 Increase insurance coverage of evidence-based treatment for nicotine dependency

Many strides have been made nationally with regard to healthcare plan coverage of tobacco dependence treatment. In 2003, 90% of health care plans covered tobacco dependence treatment compared to 25% in 1997 (Fiore et al., 2008). Additionally, numerous states added Medicaid coverage for tobacco dependence treatment, and in 2005, 72% offered coverage for at least one Guideline-recommended treatment. Medicare, the Veterans Health Administration, and the United States Military now provide coverage for tobacco dependence treatment (Fiore et al., 2008).

For the most part, existing health insurance plans for UF students and employees do not cover tobacco cessation treatment and services. The university-sponsored plan for UF students, offered through Aetna Student Health Insurance, and the Gator GradCare Health Plan do not cover smoking cessation medications. Likewise, most PPO and HMO contracts for UF employees exclude coverage for tobacco cessation treatment, however, a limited number of plans offer discounts on nicotine patches.

27-11 Increase smoke-free and tobacco-free environments in institutions of higher education, including all facilities, property, vehicles and events

	Baselines	Targets
University of Florida	NA	100%
National Statistics	37%	100%

Data Sources:
National Statistics: 1994 School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP

Becoming tobacco-free will prove beneficial to the University of Florida's campus. Not only will it decrease tobacco use, but will also protect non-smokers from secondhand smoke. Furthermore it has the potential to increase productivity, increase health benefits, improve sustainability, and improve the University of Florida's image.

To achieve these recommended *Healthy Campus 2010* target objectives by the year 2010, the Task Force strongly recommends that the University of Florida works diligently to prevent tobacco initiation, increase cessation opportunities and reduce exposure to secondhand smoke among its faculty, staff and students. The Task Force believes that the University of Florida and Shands at UF can most effectively do this by implementing the following ten recommendations:

1. Become a tobacco-free campus by July 1, 2010. This includes prohibiting the use of all forms of tobacco:
   - on all university-controlled and leased property, including parking lots
   - in university-controlled vehicles, boats, and planes
   - among tenants, vendors, visitors, invited guests including entertainers and athletes
   - in all buildings owned and leased by UF/Shands
   - in all campus housing units

2. Develop a clear and concise tobacco policy that reflects the best practices in tobacco prevention, cessation, and control.
   - Inform all existing and prospective members of the campus community of the existing policy by including it in all relevant print and electronic publications and widely distributing the campus tobacco policy on an annual basis.
   - Assign the Healthy Gators 2010 Policy Work Group to monitor and evaluate the policy on a bi-annual basis.

3. Support and provide a process for frequent and consistent enforcement of all tobacco-related policies, rules, and regulations. Increase enforcement of the existing smoking policy by January 1, 2009 and create an effective enforcement plan for the 2010 policy.

4. Offer and promote prevention and education initiatives that actively support non-use and address the risks of all forms of tobacco use, including cigarettes, cigars, smokeless/spit tobacco, and hookah.

5. Consider populations disproportionately affected by tobacco addiction and tobacco-related morbidity and mortality when designing and implementing prevention and treatment programs. Particular attention should be paid to ensuring that health communications and other materials are culturally-appropriate and that special outreach efforts target all high-risk populations.

6. Provide and promote comprehensive, evidence-based tobacco cessation treatment programs for faculty, staff and students and to their partners who smoke (even if the UF faculty/staff member or student does not smoke).
    - Effective counseling and affordable (ideally, no cost) medications should be accessible to students, faculty, staff and partners.
    - Supervisors are encouraged to support employees' quit smoking efforts by providing flexible work schedules so employees can attend smoking cessation classes and related appointments.
    - Effective on-line and telephone counseling programs and services should be promoted (e.g. the Florida Quitline).

7. Encourage the goal of providing insurance coverage for evidence-based treatment for nicotine dependency. All health insurance plans offered for faculty, staff and students should include coverage for effective tobacco dependence counseling and treatment, including medications.

8. Prohibit university-controlled advertising, sale, or free sampling of tobacco products on campus or in university-controlled situations, properties, and environments, including fraternities and sororities.

9. Prohibit the sponsorship of campus events by tobacco industry.

10. Encourage the university to develop policies that prohibit the university from holding stock in or accepting donations and research funds from the tobacco industry.

The Action Plan

The following action plan provides suggestions on how to effectively implement the ten recommendations.

Year 1--Academic year 2007-2008:

- Convened a Task Force to review existing policies, data and tobacco-related literature and to create recommendations for reducing tobacco use among UF faculty, staff and students

Year 2—Academic year 2008-2009:

- Present recommendations to the Healthy Gators 2010 Steering Committee
- Get input from key stakeholders and groups
- Contact other campuses/hospitals that have tobacco/smoke-free policies and request copy of policy and areas of concern to be addressed
- Work with university administration to identify and prioritize feasible recommendations and enforcement options
- Identify funding support
- Create a comprehensive communications plan to inform current and prospective employees, students, visitors, tenants, invited guests including entertainers, athletes, etc. of the pending change in policy

Year 3—Academic year 2009-2010

- Begin extensive communication campaign on July 1, 2009
- Create and disperse an official announcement from the President on the policy change
- Offer tobacco cessation programs and services to employees, students and their partners and dependents
- Policy goes into effect on July 1, 2010

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