West Virginia’s elevated tobacco use puts a significant strain on the state’s healthcare systems, contributes to rising healthcare costs and compromises the well-being and quality of life for tobacco users and non-users alike. Tobacco legislation in West Virginia has fallen behind most states. At $0.55 cents, West Virginia’s cigarette excise tax ranks as the 44th lowest in the nation, and the Legislature still has yet to pass comprehensive legislation on a statewide clean indoor air policy.

While tobacco cessation programs have produced positive results in West Virginia, the challenge of funding the Quitline program persists. To explore opportunities in support of the reduction and prevention of tobacco use, the West Virginia Department of Tobacco Prevention (WVDTP) asked its marketing communications agency, Fahlgren Mortine, in conjunction with R.L. Repass & Partners, to assess the feasibility of an initiative and/or mandate that would require all businesses to provide funding assistance to employees who want to quit tobacco use. The research team sought to identify perceptions and insights of key stakeholders within the state about tobacco use and cessation funding, including business owners and thought leaders from the healthcare, education and government sectors.

In January and February 2013, the research team conducted focus groups or in-depth telephone interviews with these stakeholders to determine their perceptions about tobacco use, how it affects their businesses and business in general and a tobacco cessation funding mandate on West Virginia businesses.

**KEY FINDINGS (NOT RANKED):**

1. Many mid-to-large businesses in West Virginia currently provide various types of employee health and wellness programs or coverage; however, tobacco cessation is rarely included and awareness of available resources is limited.

2. When viewed in the context of West Virginia’s pressing concerns, namely economic development, substance abuse and lack of healthcare access, tobacco is viewed as only being moderately important.
   
   a. The degree to which tobacco use is perceived as a problem in West Virginia varies greatly, and business leaders do not know actual occupational costs from tobacco use.

3. Historical, cultural, political and socioeconomic dynamics within the state create added challenges to reducing and preventing tobacco use in West Virginia.

4. Many employers and thought leaders referred to an “entitlement mindset” prevalent in employees and West Virginians overall.

5. While most West Virginia employers expressed a desire for what’s best for their employees, their businesses are run on a “bottom-line” mentality.

6. The overall sentiment from business owners and influencers is that it is an employee’s personal decision [to use tobacco] and not one in which they should get involved.

7. Increasing the excise tax on tobacco was recommended by most participants as the best approach to provide funding for tobacco prevention and cessation efforts and to reduce tobacco use within the state.

8. When presented with data regarding the economics of tobacco (Appendix 1), business support for playing a role in employee tobacco cessation efforts began to build.

9. After sharing facts about the State’s success with cessation programs (Appendix 2, 4) and youth prevention efforts (Appendix 1), businesses encouraged greater emphasis on prevention.

**PRIORITIZED RECOMMENDATIONS**

The research findings indicate a lack of support across all stakeholders for a mandate on employers to pay for their employees’ participation in tobacco cessation programs. Rather than employers shouldering the financial responsibility for tobacco cessation, the research provided insights that informed the following suggestions:

1. Petition support from both private and public partners, including:
   - Medical community
   - Health insurance sector
   - Tobacco Prevention and other public health organizations
   - Chambers of Commerce

2. Consider how a tobacco-free workplace initiative fits into a comprehensive cessation plan.
   - The research indicates support across all stakeholders for increasing the state excise tax on tobacco products to fund tobacco prevention and cessation efforts. Both the CDC and the World Health Organization support tobacco tax increases as an effective strategy proven to reduce and reverse tobacco-related disease and death.
3. Think about developing tools for employers to communicate prevention and cessation options to employees. The delicate balance of “policy” and “culture” can be maintained by communicating in the common areas such as lunchrooms and lobbies and by using an informational vs. editorial tone (i.e. “Talk to your employer about your options”). This will also help address concerns of some stakeholders about employers “telling employees what to do.”

4. Engage businesses by communicating relatable, pertinent data about the economic effects of tobacco use among employees, and, if possible, tailor communications to the nature and size of the business.

5. Develop and provide West Virginia businesses with employer-employee cost-sharing options, leveraging the knowledge and resources of key segments within the private-public partnerships.

6. Promote policies that support and reinforce tobacco-free workforces with West Virginia employers.

7. Provide guidelines for measurement and encourage businesses to share their results.

**CONCLUSION**

All stakeholders believe that increasing the state excise tax on tobacco products represents the best approach for funding tobacco cessation programs. This approach shifts the financial responsibility for funding tobacco cessation exclusively to tobacco users. Additionally, an increased excise tax on tobacco products ties into other research demonstrating that increases in the cost of tobacco products discourage current and potential tobacco use (Effects of Tobacco Taxation and Pricing on Smoking Behavior in High Risk Populations, 2011).

The “mandate” concept elicits negative responses from employers, thought leaders and influencers. While their reasons vary – including the financial burden, concerns about employee entitlement, intense focus on tobacco cessation in the light of other pressing healthcare issues (obesity, alcohol and drug use), intrusion into employees’ personal lives – businesses simply don’t believe the responsibility for tobacco cessation funding is theirs. Thus, the feasibility of a successful employer funded mandate is unrealistic. Employers are willing, however, to share in the cost for tobacco cessation programs, if they are aware of how tobacco is impacting their business and if tobacco cessation programs produce successful results.

The premise of cost-sharing centers on a concept of private-public partnership, where the responsibility for funding tobacco cessation is spread across all stakeholders in the successful outcome of tobacco cessation, rather than solely on the business owner. This partnership concept surfaced discussion and ideas about how the various stakeholders might participate in cost-sharing in ways appropriate to their specific responsibility:

- **Employees** who own the decision to use tobacco products and want to stop smoking or using smokeless tobacco products can either share a certain percentage of tobacco cessation programming costs or pay the full cost, with reimbursement of full or partial cost upon successful completion of the program and/or remaining tobacco-free for a defined period of time.
- **Employers** can elect to share directly in the cost of tobacco cessation programs for their employees or to provide/continue to provide healthcare insurance that covers tobacco cessation programming. They can also support tobacco cessation through the adoption and enforcement of policies that prohibit or limit tobacco use in the workplace.
- **Healthcare insurance companies** can provide coverage for tobacco cessation programming as part of the benefit plans they offer to business.
- **Governor, state leaders, and the West Virginia Legislature** can support an increase of the tax on tobacco products, allocating a portion of these excise tax revenues to offset the cost of tobacco prevention and cessation programming to recommended levels.

**FINAL SUMMARY**

While mandating West Virginia businesses to cover a portion of the costs for tobacco cessation is not seen as a viable solution, there is opportunity to significantly improve the health and well-being of West Virginia’s businesses and residents through potential private-public partnerships and educational outreach. Leveraging the knowledge of stakeholders across numerous audiences (i.e. members of the medical community, health insurance sector, health promotion organizations, chambers of commerce) addresses the need to motivate businesses to adopt and support tobacco-free work-place policies and practices.

Recognition and understanding of the extent that employee tobacco use impacts businesses is limited among West Virginia employers; however, the data is available and is well known by various stakeholders throughout the state. Communication of this knowledge is pivotal in moving the conversation around tobacco cessation coverage from a point of employee entitlement and financial responsibility to one of cost sharing and implementation strategies.

The ability to fund and provide tobacco cessation is essential to improving the health and well-being of West Virginia and its citizens. The research findings and insights can help inform discussions about the most effective and equitable tobacco prevention and cessation strategies.

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