

SLCo Employee Wellness Tobacco Cessation Program



Dear Participant,

We understand that quitting can be a challenging journey, whether it's your first, third, or tenth attempt. We hope that our program will make this your final effort to quit. This program is crafted to be practical and applicable in everyday life, acknowledging that obstacles will appear. These challenges are meant to be navigated while quitting, rather than forcing you to restart from the beginning. With a comprehensive three-step featuring support built into each phase, we are confident that you can achieve success.

We know that once you choose to quit tobacco and stop using – in 20 minutes, your heart rate and blood pressure will drop, and in 12 hours the carbon monoxide levels in the bloodstream drop to normal. Quitting can help add years to your life, you will protect your loved ones from secondhand dangers and ultimately be setting a good example – showing those that you love and who love you that life without tobacco is possible.

We know you can do this!

The SLCo Employee Wellness Team

Frequently Asked Questions

Tobacco Cessation Program



How long does the program take to complete?

The Tobacco Cessation Program is divided into three phases, each allowing for time increments to accommodate potential setbacks. However, if completed consecutively, the entire program can be finished within a year.

How many coaching sessions do I have to complete throughout the course of this program?

In this program, Phase 1 and 2 requires five sessions with a cessation coach from the Way to Quit program. Phase 3 contains six sessions with an Employee Wellness Coach. If all three phases are completed consecutively, 11 coaching sessions will be finished in one year.

What is the total incentive amount of this program?

Once the program is fully completed, you will receive a total of \$300 distributed to the employee's paycheck. This amount is disbursed in three installments upon the completion of each phase:

- Phase 1: \$50
- Phase 2: \$100
- Phase 3: \$150

What if I do not complete all the phases or have to restart a phase?

If participants experience a setback, they can pick up where they left off within the Phases. However, It is recommended to start from Phase 1, refine your action plan, and start anew. Please note participants can only be paid for each phase once

Can my spouse or adult designee participate in this program?

Absolutely! All participants in the Employee Wellness Program who wish to quit tobacco products are eligible to take part in the Tobacco Cessation Program.

What if I don't have a primary care physician?

No need to worry! As a county employee and adult designee, you have access to a health clinic exclusively for you. You can visit the HealthyMe Clinic located at the Government Center S2-500. Refer to Page 7 on instructions to schedule an appointment.

Any additional questions?

Please email emplouewellness@saltlakecounty.gov - where we can work through any questions you may have.



02

CONTENTS

PHASES & INSTRUCTIONS

Learn the three phases of the Tobacco Cessation Program and how to earn incentives for each completed phase.

03

ACTION PLAN

05

PHASE 2 & PHASE 3 TRACKER

07

SUPPORTIVE RESOURCES

TOBACCO CESSATION PHASES

Action Plan, Meet with Your Doctor & Set-up Coaching

Phase

1

\$50

1. Sign up for the Tobacco Cessation Program by emailing employee_wellness@saltlakecounty.gov or calling 385-468-4062.
2. Complete the provided Action Plan on page 3.
 - Schedule and meet with your primary care physician to discuss quitting, share your completed action plan, and get your physician's signature on the Tobacco Referral Form.
 - Once you have met with your primary care physician, *email* your **completed action plan** and **signed Tobacco Cessation Referral form** to employee_wellness@saltlakecounty.gov
3. Complete your **first** health coaching session with a Way to Quit coach and set up your next appointment.

Incentive: Earn \$50 when steps 1-3 of **Phase 1** have been **completed**.

Estimated Time Frame: 30-60 days

Documents you have to email to employee_wellness@saltlakecounty.gov: Completed Action Plan & Signed Tobacco Cessation Referral Form

Continue Coaching, Complete Phase 2 Tracker

Phase

2

\$100

1. Meet with a Way to Quit coach four times in phase two.
 - Since you have completed 5 coaching sessions with Way to Quit, (1) in Phase 1 and (4) in Phase 2, **ask your cessation coach for a completion certification to be emailed to you.**
 - Once you receive this certification, **email it to employee_wellness@saltlakecounty.gov**
2. Explore additional Tobacco Cessation resources via Utah's Way to Quit.
3. Remain tobacco-free for 70 out of the 90 days using your action plan. Fill out the Phase 2 Tracker (located on page 6).
 - Tobacco-free is defined as refraining from the usage of all tobacco products including cigarettes, chewing, and vaping.
4. Submit your completed Phase 2 Tracker via email to myhealthylifestyles@saltlakecounty.gov

Incentive: Earn \$100 when Steps 1 - 4 of **Phase 2** have been **completed**.

Estimated Time Frame: 90 days

Documents you have to email to employee_wellness@saltlakecounty.gov: Way to Quit coaching completion certification & Completed Phase 2 Tracker

Tobacco Free for 6 Months, Meet with Employee Wellness Health Coach & Complete Phase 3 Tracker

Phase

3

\$150

1. Meet with an Employee Wellness Coach at least once every other month during phase three.
 - Schedule an appointment by emailing employee_wellness@saltlakecounty.gov
2. Remain Tobacco free for six months and complete the Phase 3 Tracker (located on page 7).
3. Submit the completed Phase 3 Tracker via employee_wellness@saltlakecounty.gov

Incentive: Earn \$150 when Steps 1 - 3 of **Phase 3** are **completed**.

Estimated Time Frame: 6 months

Documents you have to email to employee_wellness@saltlakecounty.gov: Completed Phase 3 Tracker

TOBACCO CESSATION ACTION PLAN

Be **Specific**, make it **Memorable**, pair it with **Action Steps**, be **Resilient** when facing triggers and challenges, and **Think** before you act upon habit/impulse/want.

GOAL:

WHY/MOTIVATION:
What is your reason(s) for quitting?

WHAT ARE YOUR TRIGGERS?

MY QUIT START DAY:

PHASE 3
COMPLETION DATE:

INCENTIVES:
PHASE 1: \$50
PHASE 2: \$100
PHASE 3: \$150



TRIGGERS ACTION PLAN:
Example: I tend to smoke when I get into the car. To counter this, I will chew gum while driving to avoid smoking.

SUPPORTIVE FRIENDS & FAMILY
(List who they are)

Don't quit quitting.
Success requires a little persistence. Never stop quitting - it's a journey and we're here to help you along the way.

My Reasons for quitting

It is affecting my health.

For my family or friends.

My doctor recommended quitting.

To save money.

To set a good example.

To have a better future.

To take back control.

Baby on the way.

For my pets.

It is hard to find places to smoke.

Know Your Triggers

- Being offered a cigarette
- Going to a party or social event
- Being around others who use tobacco
- Seeing someone else smoke
- Routine situations, emotions, withdrawal

SLCo Employee Wellness Tobacco Cessation Referral Form

STEP 1 | This section to be completed by SLCo Employee Wellness participant

Full Name _____

EIN (6 or 7 digit if adult designee) _____

Email address _____

Birth Date ____ / ____ / ____

TOBACCO This section to be completed by Healthy Lifestyles participant

In the last six months, which products have you smoked? (Check all that apply)

- ☐ Vape or e-cigarettes (disposable or refillable)
- ☐ Cigarettes
- ☐ Hookah
- ☐ Pipes
- ☐ Cigars

Have you ever tried to quit before?

- ☐ Yes
- ☐ No

If yes, what steps did you take? (check all that apply)

- ☐ Medications
- ☐ Nicotine Gum or Patches
- ☐ Counseling/Coaching
- ☐ Cold Turkey
- ☐ Reducing Number of Smokes per day

By signing below, I understand that the information listed on this form will only be shared with Employee Wellness.

Employee Signature: _____

Date _____

STEP 2 | This section to be completed by physician

PHYSICIAN:

I have reviewed the patients action plan. ☐ Yes ☐ No

We have discussed treatment options and reviewed possible medication available. ☐ Yes ☐ No

I refer him to his employers tobacco cessation program. ☐ Yes ☐ No

Physician's signature X _____

Date _____

Please print name _____

Phone # _____

STEP 3 | Form submission to be completed by Employee Wellness Participant

Submit completed form by emailing to employeeewellness@saltlakecounty.gov

PHASE 2 TRACKER

| | |
|---------------------|------------------------------------------------|
| TOBACCO FREE | At least <u>68 Days</u> out of 90 Tobacco Free |
|---------------------|------------------------------------------------|

| | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
| 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |
| 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 |
| 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 |
| 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
| 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 |

| | | | | | |
|----------------------------------------------------|---|---|---|---|---|
| WAY TO QUIT CESSATION COACHING SESSIONS | 1 | 2 | 3 | 4 | 5 |
|----------------------------------------------------|---|---|---|---|---|

Participant Signature: _____

Accountability Partner's Signature (other than a family member): _____

Date: _____



Once this tracker is complete, you will email it to employeeewellness@saltlakecounty.gov along with the proof of completion for coaching sessions given to you by your Way To Quit coach.

PHASE 3 TRACKER

| MONTH 1 | MONTH 2 | MONTH 3 | MONTH 4 | MONTH 5 | MONTH 6 |
|---------|---------|---------|---------|---------|---------|
| 1 17 | 1 17 | 1 17 | 1 17 | 1 17 | 1 17 |
| 2 18 | 2 18 | 2 18 | 2 18 | 2 18 | 2 18 |
| 3 19 | 3 19 | 3 19 | 3 19 | 3 19 | 3 19 |
| 4 20 | 4 20 | 4 20 | 4 20 | 4 20 | 4 20 |
| 5 21 | 5 21 | 5 21 | 5 21 | 5 21 | 5 21 |
| 6 22 | 6 22 | 6 22 | 6 22 | 6 22 | 6 22 |
| 7 23 | 7 23 | 7 23 | 7 23 | 7 23 | 7 23 |
| 8 24 | 8 24 | 8 24 | 8 24 | 8 24 | 8 24 |
| 9 25 | 9 25 | 9 25 | 9 25 | 9 25 | 9 25 |
| 10 26 | 10 26 | 10 26 | 10 26 | 10 26 | 10 26 |
| 11 27 | 11 27 | 11 27 | 11 27 | 11 27 | 11 27 |
| 12 28 | 12 28 | 12 28 | 12 28 | 12 28 | 12 28 |
| 13 29 | 13 29 | 13 29 | 13 29 | 13 29 | 13 29 |
| 14 30 | 14 30 | 14 30 | 14 30 | 14 30 | 14 30 |
| 15 31 | 15 31 | 15 31 | 15 31 | 15 31 | 15 31 |
| 16 | 16 | 16 | 16 | 16 | 16 |

| | | | | | | |
|---------------------------------------------------|---|---|---|---|---|---|
| SLCO EMPLOYEE WELLES COACHING SESSIONS | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |

Participant Signature: _____

SLCo Employee Wellness Coach Signature: _____

Start Date to Completion Date: _____



Once this tracker is complete, which means you are complete with Phase 3, you will email it to employeeewellness@saltlakecounty.gov

Tobacco Cessation

SUPPORTIVE RESOURCES

way to quit

Quit your way, with our help. Way to Quit's resources are proven to help you quit nicotine more successfully than trying to quit on your own. The more tools you use, the more likely you are to quit. Plus, they're always free, confidential, and easy to use. Enroll today and quit for the last time.

1-800-QUIT-NOW

<https://waytoquit.org/get-help-quitting/>

smokefree.gov

It's a great day to quit. The first day can be difficult, but we can help you get through it. Join the SmokefreeTXT program.

Preparation is the first step to being smokefree. Boost your chances of success by making a quit plan.

Feeling confident in your ability to stay smokefree may take time. Speak to an expert whenever you need a boost.

<https://smokefree.gov/tools-tips/text-programs/quit-for-good/smokefreetxt>

Need a Primary Care Physician?

Salt Lake County has a employee and adult designee dedicated clinic located at the SLCo Government Center, South Building, serviced by Dr. Sheehan and mental health therapist, Deanna Weeks.

Please call 385-468-0555 to schedule an appointment.

Get Support &
**DOUBLE YOUR ODDS OF
QUITTING TOBACCO**