

Motivating Factors for Healthy Lifestyles:
An OptumHealth Research Study



Study Background and Objectives

Unhealthy lifestyles — particularly tobacco use and the set of behaviors that contribute to being overweight or obese — are a critical issue throughout the United States. Not only do they directly imperil the physical and economic well-being of consumers, they undermine the welfare and stability of employers and insurers who share the direct medical costs and indirect productivity losses of high-risk behaviors.

Obesity and Smoking Are Pervasive Health and Cost Risks

Fully two-thirds of the U.S. population is currently overweight¹, and nearly every U.S. adult could be overweight within 40 years² if current trends continue.

Excess weight increases an individual's risk of developing a wide range of diseases, including heart disease, Type 2 diabetes, hypertension, high blood pressure and sleep apnea³. It also drives significant increases in medical costs. Overweight and obese workers have medical claims that are seven times higher than their fit co-workers⁴. Health care costs related to excess pounds are estimated to double each decade, and are projected to reach \$957 billion by 2030⁵.

Cigarette smoking and secondhand smoke cost \$96.8 billion in productivity losses annually, according to the CDC. Combined with direct health care expenditures, the total economic burden of smoking is approximately \$193 billion per year⁶. Smokers miss an average of 6.16 days of work each year due to sickness, compared with 3.86 days for non-smokers⁶.

Employees who smoke have a significantly higher rate of hospital admissions (124 per 1000 versus 76 for non-smokers), a longer average length of stay (6.47 versus 5.03 days), and make six more visits to health care facilities per year than non-smoking employees⁷. Approximately 21 percent of the U.S. adult population currently uses tobacco products, but 70 percent of those want to quit⁸.

Wellness coaching programs sponsored by health plans and employers seek to help individuals make beneficial changes in their lifestyle choices and health behaviors. Some individuals succeed, but too many do not. If program designers can understand the characteristics, attitudes and motivations that determine individual success, it may be possible to significantly improve program outcomes generally.

Research Objectives

OptumHealth commissioned GfK Roper Public Affairs and Corporate Communications to conduct research that would help us understand:

- The priority Americans place on a healthy lifestyle
- Triggers that lead to successful behavior change for weight loss and smoking
- Consumer secrets for successful behavior change
- The perceived benefits of behavior change and the advantages of specific consumer strategies
- The implications of successful consumer attitudes and strategies for employer-sponsored wellness programs

Study Methodology

The survey was conducted online from March 24 to April 7, 2010. Completed surveys were obtained from 1,444 adults living in the U.S. The survey population included a base sample of 1,003 respondents from the general population of online Americans, as well as oversamples of:

- 302 people who weighed 200 pounds or more before losing weight, lost at least 20 pounds, and kept the weight off for at least one year.
- And 330 people who smoked 10 cigarettes or more daily before quitting, and who have been smoke-free for at least one year.

The sampling frame was an online panel provided by GfK Roper Public Affairs and Corporate Communications. A survey of 20 minutes in length was conducted.

Key Findings

Living a Healthy Lifestyle Is a High Priority for Most Americans

Seven out of ten respondents say that living a healthy lifestyle is important to them. They give Americans in general only a C or D grade for the healthfulness of their current lifestyles, but most grade themselves a bit higher. The same fraction of respondents (70 percent) believes that their health is mainly determined by their lifestyle choices, not just heredity.

Most people rate their own health quite favorably, and are motivated to change their behavior from fear of future health problems. Clearly, the understanding that health is related to behavior, that different behaviors lead to different health outcomes and that behavior is subject to choice has penetrated the public consciousness.

Members of the smoking and weight loss groups seem to share an awareness that the behavior change they desire requires a conscious decision. Making a commitment to change was an important success factor cited by both groups. For smokers, the secrets to successful quitting included:

- Persistence. Most tried several times before succeeding.
- Key motivations include improving their health (69 percent), feeling better (65 percent), and living longer (62 percent). Close to half say they just wanted to prove they could do it.
- Finally making the commitment to quit (57 percent).

In the weight loss group, 50 percent agree that the key factor in their success was their resolve to reduce weight. Interestingly, the second ranking factor was the experience of seeing themselves in a photograph or mirror (38 percent). The third ranking motivator cited was the inconvenience of being overweight (33 percent).

Participants used a variety of methods to reduce weight, with strategies falling into three primary categories:

- Food-related adjustments (87 percent), ranging from eating less in general to reducing or eliminating certain food types
- Weight loss plans (71 percent), including employer-provided and self-selected plans, were powerful aids for many people
- Exercise played a key role in most successful weight loss attempts (69 percent), whether that meant independent exercise or joining a gym

Most Americans Rate Their Own Lifestyles More Healthy than Others'

When asked to grade the healthfulness of other Americans' lifestyles, most respondents award only a C or worse. Yet a majority gives themselves a grade of B or better. It seems we know there are issues with the typical American lifestyle, even if we're not prepared to frankly evaluate our own.

Interestingly, the smoking oversample group is less favorably impressed with other Americans' lifestyles than either the general population or the weight loss group; 42 percent of responding smokers give Americans a D for lifestyle healthfulness, compared with 38 percent for the weight loss sample and 33 percent for the general population. The smoking group is also harder when grading the healthfulness of their own lifestyles. 11 percent give themselves a D versus 6 percent of the weight loss sample and 8 percent of the general population.

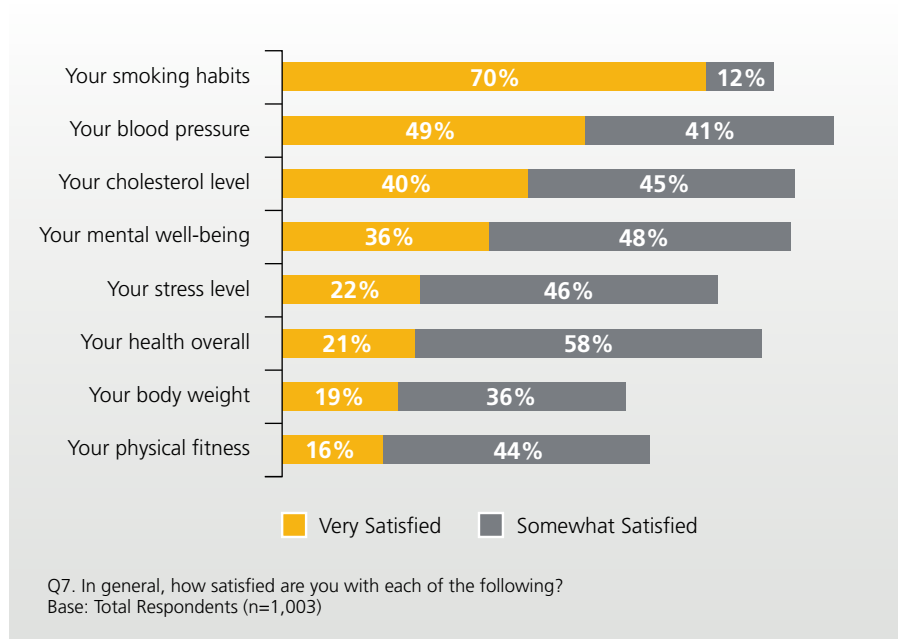
A majority of respondents say that living a healthy lifestyle is a high priority at this point in their lives. On a scale of 1 to 5, where 5 is the highest priority and 1 the lowest, almost one quarter of respondents (22 percent) give health a priority of 5, and nearly half (48 percent) a priority of 4. On average, respondents rate health a priority of 3.9 on a 5-point scale. Those who have quit smoking or lost weight are the most likely to say that health is a high priority — 28 percent for each group compared to 22 percent for the general population.

More than eight in ten Americans rate their current health as good (67 percent) or excellent (16 percent). Age is a factor, with those under 34 more likely than older respondents to believe themselves in excellent health. Education and income are also factors. College graduates are twice as likely to think themselves in excellent health as high school graduates (20 percent and 10 percent respectively). Those with household incomes over \$50,000 are much more likely to claim excellent health than those with incomes under that figure (23 percent versus 9 percent).

Significantly, 7 in 10 respondents believe that health is mostly an outcome of lifestyle choices, not genetic destiny. These consumers understand that health is within their control, and they are actively reaching out to different programs, techniques and exercise regimes to successfully meet their behavior change goals. This attitude seems to occur at about the same frequency across the general population, weight loss and smoking cessation groups, and appears to be an indication that employees are accepting greater responsibility for their own health — a very positive indicator for wellness program success.

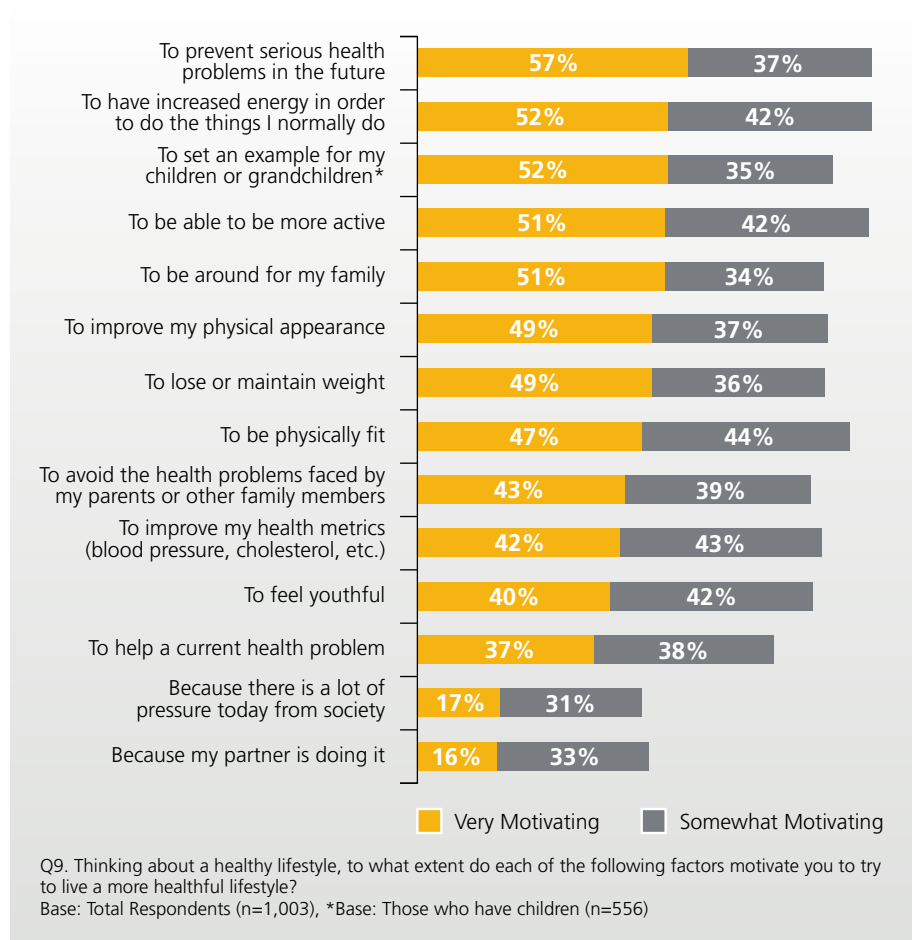
When asked about their levels of satisfaction with a series of health-related metrics, respondents expressed much greater satisfaction with their mental well-being than with their physical fitness (see figure 1). More than eight in ten (84 percent) are very or somewhat satisfied with their mental well-being, compared with only 60 percent who are equally satisfied with their physical fitness. Even fewer (55 percent) are happy with their body weight. Despite a relatively high level of satisfaction with perceived overall health, an undercurrent of concern is evident.

Figure 1: Low Satisfaction with Weight and Fitness



When we looked at what motivates people to make healthy lifestyle changes, 57 percent cited the desire to prevent serious health problems in the future as most important (see figure 2), with another 37 percent calling it somewhat motivating. A majority also cited the benefits of increased energy, setting a good example for children or grandchildren, being able to be more active, and the ability to be around family members as being very motivating. Overall, the general survey population seemed much more focused on these sorts of health and lifestyle issues than more cosmetic issues, although we'll see a somewhat different response distribution for the weight loss oversample.

Figure 2: Future Health Fears Drive Behavior Change



Overall, the top motivating factors for healthy lifestyle change were fairly similar across the weight loss and smoking cessation groups (see figure 3). Both the general population and the weight loss group were about equally motivated by the desire to improve their physical appearance (86 and 85 percent respectively). There are, however, some significant differences between the groups:

- 95 percent of the weight loss oversample is motivated by wanting to lose or maintain weight.
- 82 percent of the smoking cessation group is motivated by the desire to improve a current health problem.
- The smoking cessation group is less motivated to improve physical appearance (78 percent) or to feel youthful (73 percent) than the general population or the weight loss group.

So while there are obviously some concerns that cut across these groups, there are also some population-specific concerns that may play a more important role in behavior change.

Figure 3: Motivating Cessation

Factor	General Population	Weight Loss	Former Smokers
Improve appearance	86%	85%	78%
Prevent serious health problems	94%	95%	94%
Lose/maintain weight	85%	95%	94%
Be physically fit	91%	92%	89%
Have increased energy	94%	93%	93%
Be able to be more active	93%	93%	92%
Be around for my family	85%	83%	84%
To feel youthful	82%	80%	73%
Help current health problem	75%	78%	82%
Set example for children	86%	83%	75%
Avoid health problems faced by parents or family	82%	81%	78%
Improve health metrics	86%	89%	87%

Q9. Thinking about a healthy lifestyle, to what extent do each of the following factors motivate you to try to live a more healthful lifestyle? Base: Total respondents (n=1,003). Base: Those who have children (n=556). Base: All those who quit smoking (n = 330). All those who lost weight (N = 302).

Behavior Change: Smoking Cessation Strategies

The smoking cessation oversample consists of individuals who once smoked 10 or more cigarettes daily and have now been smoke-free for at least one year (see figure 4). Compared to the general survey population, the former smokers are a little older, more male, more frequently unemployed and more likely to have children. In most other status categories, they are similar to the general population, including their self-assessed health status.

Figure 4: Who Comprises Smoking Cessation Oversample?

	Smoking Cessation Oversample	General Population		Smoking Cessation Oversample	General Population
Once Smoked 10 or More Cigarettes, Now Smoke-Free for at Least a Year					
Age			Household Income		
18-34	20%	35%	Less than \$50K	39%	51%
35-54	26%	41%	\$50-\$100K	40%	33%
55+	54%	23%	\$100K+	15%	10%
Mean	52.8	42.3	Median	\$55K	\$45K
Gender			Education		
Male	66%	48%	Less than college grad	59%	66%
Female	34%	52%	College grad	32%	27%
Employment Status			Have Children		
Full time	38%	57%	Yes	73%	55%
Part time	12%	13%	No	27%	45%
Not employed	50%	29%	Occupation		
Marital Status			Health Status		
Married/living as married/co-habiting	68%	57%	Executive/professional	40%	36%
Separated/divorced	14%	13%	White collar	30%	30%
Widowed	7%	4%	Blue collar	22%	23%
Never married	11%	27%	Health Status		
Race			Health Care Decision Makers		
White	91%	83%	Excellent	12%	16%
Black	6%	10%	Good	63%	67%
Asian	2%	3%	Only fair	20%	15%
Other	2%	3%	Poor	5%	2%
			Primary/share		
			96%		
			91%		

Serious Smokers, Repeat Quitters

Prior to quitting, the smoking sample participants were consistent, heavy tobacco consumers (see figures 5-7). Two-thirds had smoked one pack or more per day, and most had tried to quit multiple times previously. The group average is 5.4 unsuccessful attempts. Almost three-quarters have now been smoke-free for more than three years. A potential implication of this is that employers may need to consider a longer-term view of behavior change, and prepare to support employees through an extended process to ultimate success.

Figure 5: Smoking Amount

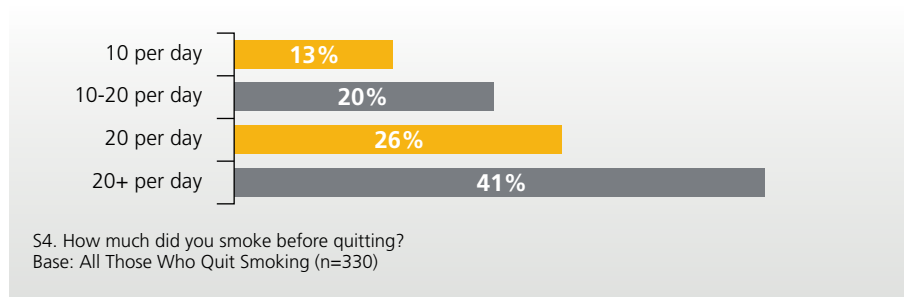


Figure 6: Successful Quitters Tried Stopping Multiple Times Before

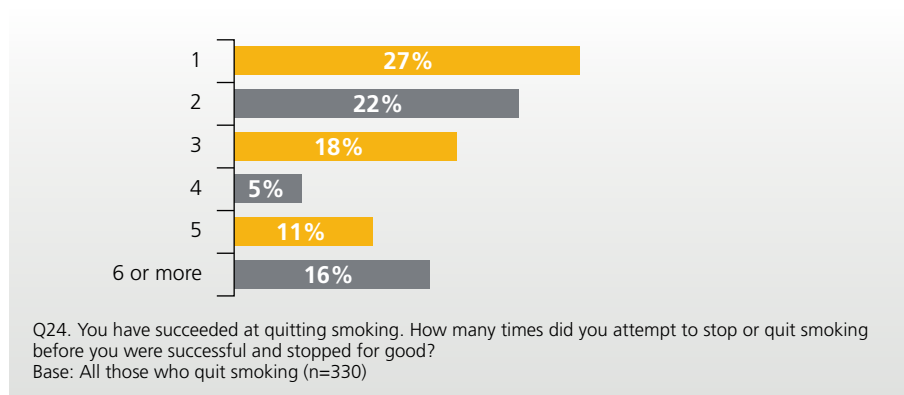
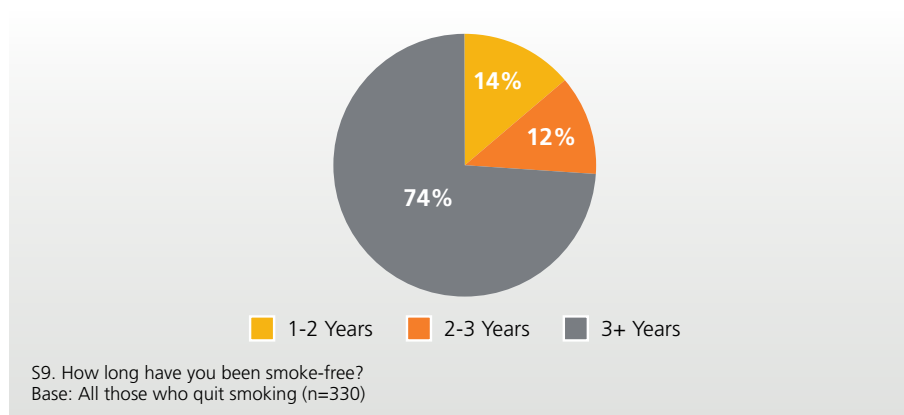
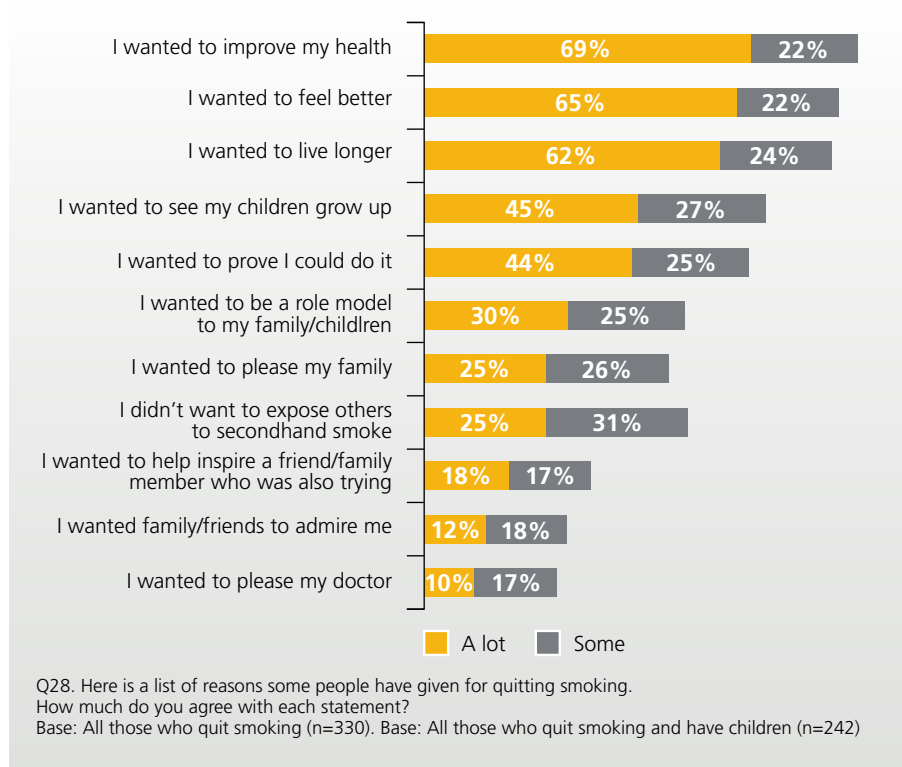


Figure 7: Length of Time Smoke-Free



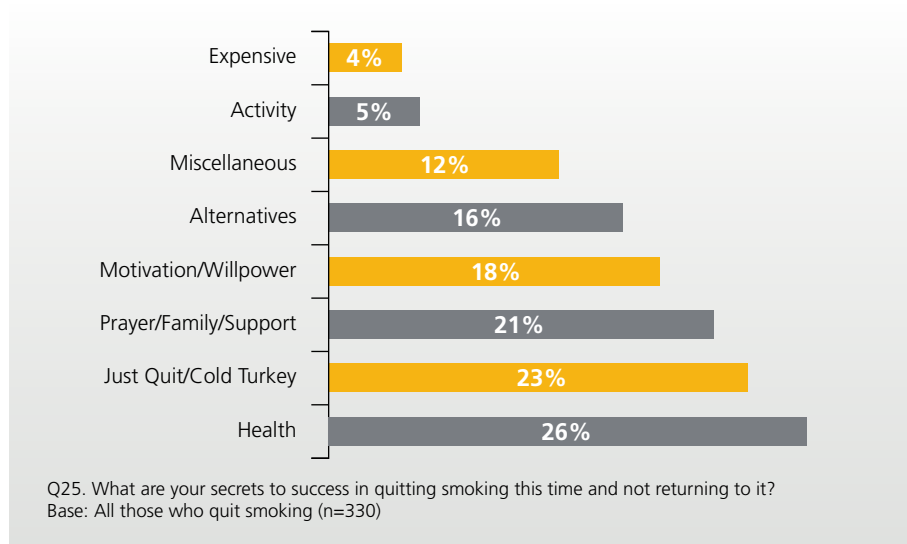
About nine in ten respondents who successfully quit smoking agree that the main reasons they did so center on health (see figure 8): to improve their health (91 percent), to feel better (87 percent), and to live longer (86 percent). About seven in ten count among their primary motivations the desire to see their children grow up and the determination to prove they could quit smoking. The obvious power of these motivating factors may prove a useful insight to employers seeking to increase the persuasiveness of their program communications.

Figure 8: Main Motivations: Improve Health, Feel Better, Live Longer



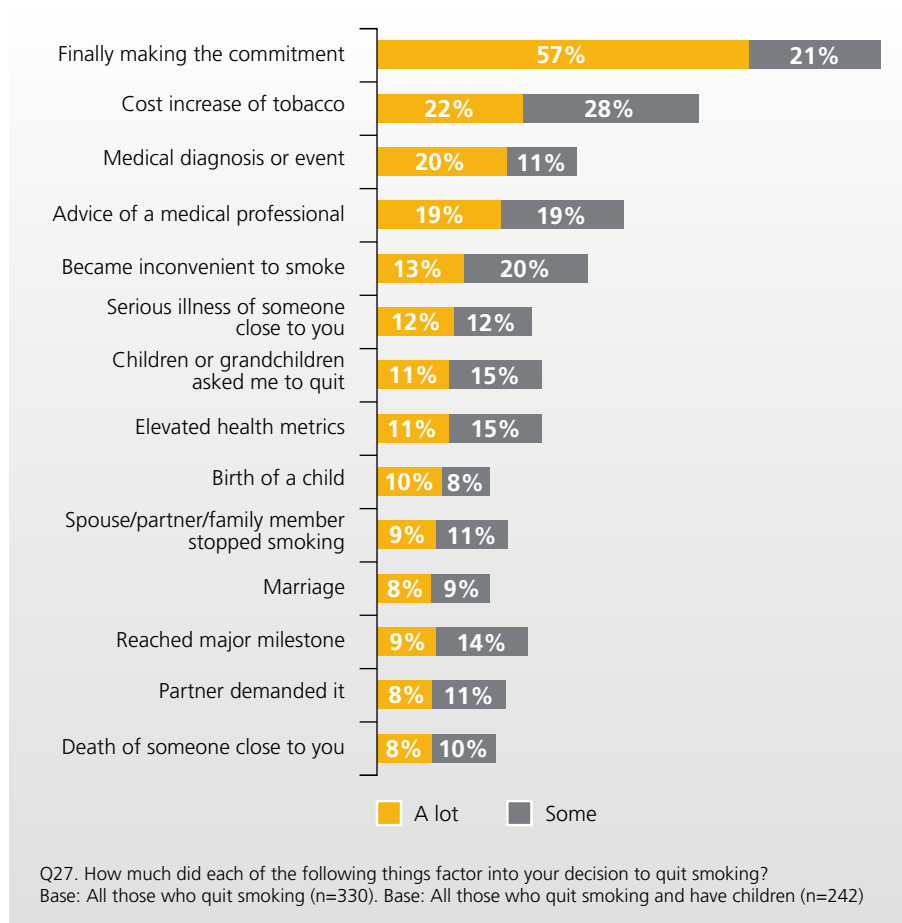
When asked to describe in their own words the secret to successfully quitting smoking this time, “just quit” or “quit cold turkey” were the most common responses, cited by nearly one-quarter (23 percent) of respondents (see figure 9). Another 18 percent cited similar descriptions of willpower and strong motivation. 26 percent cited health reasons such as a serious illness or fear of death or illness, and about 16 percent cited temporary substitutes such as the patch, gum and prescriptions.

Figure 9: Secrets to Success (Smoking Cessation)



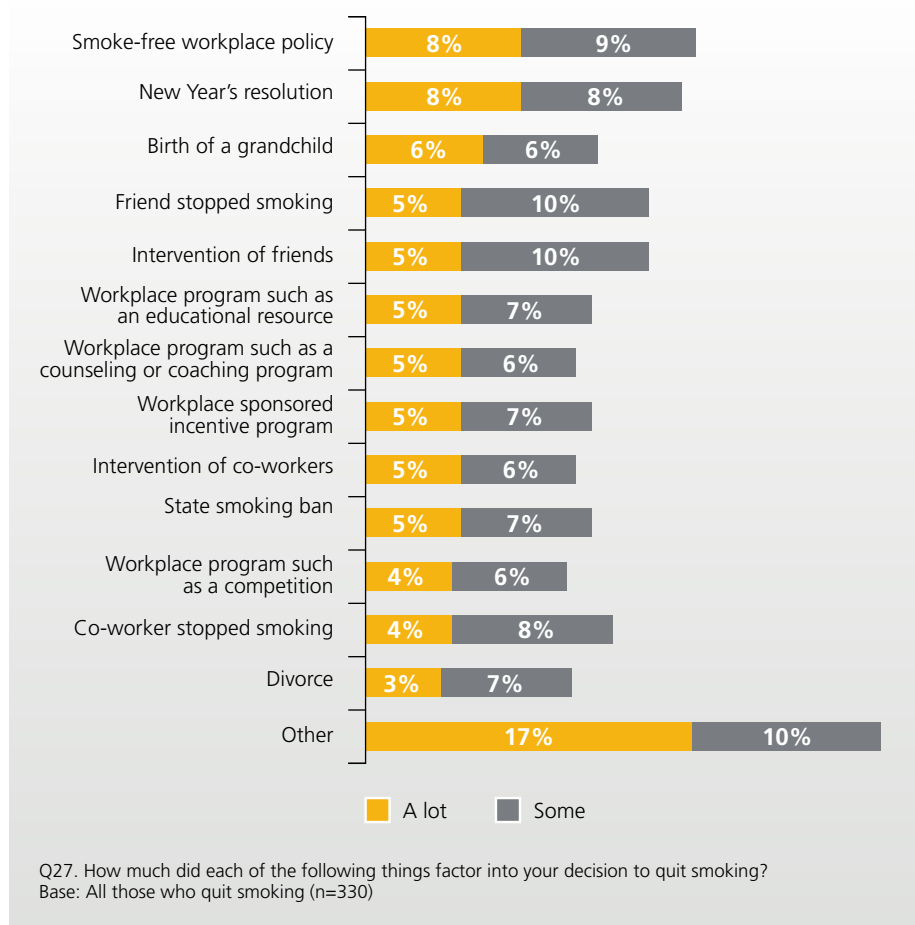
The influence cited most frequently by former smokers (78 percent) as a factor in their decision to quit was developing the resolve to finally make the commitment to quit (see figure 10). The second-most important factor was the cost of tobacco (50 percent), followed by a medical diagnosis, event or the advice of a doctor (31 percent). Because these triggers can occur at any time, employers should communicate the availability of support programs and services proactively and continuously, to capture employee awareness when they become open to change.

Figure 10: Factors in Decision: Finally Making the Commitment



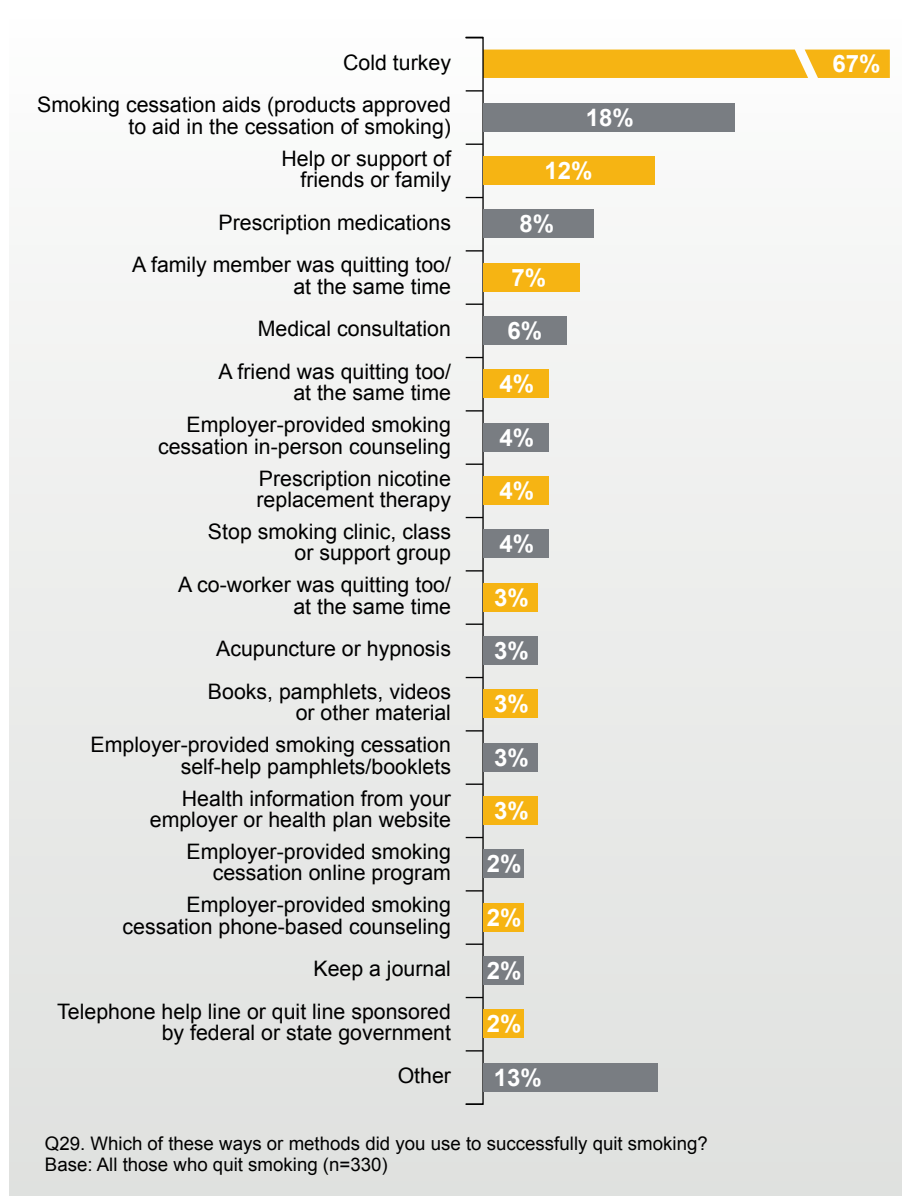
17 percent of responding smokers cite a smoke-free workplace policy as being an important factor in their decision to quit (see figure 11). About one in ten cite a work-related factor in their decision to quit. Employers should carefully consider the impact of smoke-free policies in creating a culture of healthy change.

Figure 11: The Role of Work-Related and Other Factors in Decision



While two-thirds claim to have stopped cold turkey, it appears that other methods contributed as well (see figure 12). Nearly one in five used some sort of smoking cessation aid or product (18 percent), prescription medications (8 percent), or prescription nicotine replacement therapy (4 percent). These results highlight the need for these types of supports in any program intended to enhance cessation success.

Figure 12: Methods Used: Cold Turkey and Smoking Cessation



Health-related items are the most frequently mentioned benefits of smoking cessation. Almost 80 percent of respondents cited a health benefit, ranging from breathing more easily to fewer heart problems. Saving money was cited by 16 percent. In aggregate, lifestyle benefits such as smelling better, looking better and an improved ability to taste food were mentioned by just under half of all respondents.

Successful Cessation: Insights and Implications

Insight:	Implication:
<p>The top factor in quitting smoking, cited by a majority of respondents, was “finally making the commitment.”</p>	<p>Employers should proactively communicate their smoking cessation programs to capture employees when they finally reach readiness for behavior change. Make sure they are fully aware of your workplace programs. Make enrollment simple and convenient.</p>
<p>Improving health and feeling better are important motivations for the smoking cessation group.</p>	<p>Communications should leverage the benefit of improved health, feeling better and living longer. While incentives are important to drive participation, it appears they may not be as important in driving outcomes as intrinsic motivation and personal benefits.</p>
<p>In addition to health, many smokers cited the importance of family in their decisions to quit.</p>	<p>For populations with a large number of parents, messaging that leverages the importance of protecting the health of one’s family may be meaningful and motivating.</p>
<p>Cost is a key reason to quit smoking, despite the higher income of this sample group relative to the general population.</p>	<p>Providing tools that can help smokers better understand the financial benefits of quitting could be useful.</p>
<p>Many former smokers attempted to quit many times before succeeding.</p>	<p>Employers may need to take a longer-term view of behavior change, to ensure that they support employees throughout the continuum of behavior change. Incorporate long-term performance metrics in program assessments.</p>
<p>Workplace programs and smoke-free policies do play a role in respondents’ decisions to quit.</p>	<p>Consider supplementing workplace programs with a smoke-free policy to help create a culture of health.</p>

Behavior Change: Weight Loss Strategies

The weight loss oversample consists of individuals who once weighed 200 or more pounds, lost at least 20 pounds, and have maintained that loss for at least a year. As with the smokers oversample, there are some differences between this group and the general population (see figure 13). It is a little older and contains a higher proportion of males. They have a higher household income, but a similar level of perceived health status. 61 percent of the weight loss group see themselves in good health compared with 67 percent of the general population.

Figure 13: Who Comprises Weight Loss Oversample?

	Weight Loss Oversample	General Population		Weight Loss Oversample	General Population
Once Weighed 200 or More Pounds, Now at Least 20 Pounds Lighter for Over a Year					
Age			Household Income		
18-34	31%	35%	Less than \$50K	40%	51%
35-54	35%	41%	\$50-\$100K	40%	33%
55+	35%	23%	\$100K+	15%	10%
Mean	46	42.3	Median	\$55K	\$45K
Gender			Education		
Male	68%	48%	Less than college grad	48%	66%
Female	32%	52%	College grad	36%	27%
Employment Status			Have Children		
Full time	52%	57%	Yes	57%	55%
Part time	14%	13%	No	43%	45%
Not employed	34%	29%	Occupation		
Marital Status			Health Status		
Married/living as married/co-habiting	53%	57%	Excellent	20%	16%
Separated/divorced	16%	13%	Good	61%	67%
Widowed	5%	4%	Only fair	17%	15%
Never married	26%	27%	Poor	2%	2%
Race			Health Care Decision Makers		
White	89%	83%	Primary/share	95%	91%
Black	7%	10%			
Asian	1%	3%			
Other	2%	3%			

In fact, 40 percent of the weight loss respondents once weighed more than 250 pounds, and more than a third have lost more than 50 pounds. As we consider the factors that enabled these individuals to achieve these reductions, keep in mind that many have lost more than 50 pounds and maintained that reduction for a year or more.

Like our smokers, virtually all weight loss respondents have many multiple previous attempts to lose weight — an average of 6.4 times before succeeding. Compared to the smoking cessation group, the weight loss sample has maintained its gains for a somewhat shorter time; 45 percent have kept the weight off for 1-2 years, and about one-third for more than three years.

As in our smoking group, about nine in ten weight loss respondents agree that they acted mainly for health-related reasons (see figure 14): to improve their health (91 percent), to feel better (91 percent), to look better (89 percent), and to live longer (82 percent). Rounding out the top five motivations, eight in ten said they wanted to feel happier (81 percent). Also, like the smokers, a significant segment of the successful weight reducers were motivated by a desire to finally prove they could do it. The prevalence of health and appearance-related motivations offers employers an obvious target for program communications and promotion.

Figure 14: Motivations: Be Healthier, Feel & Look Better, Live Longer

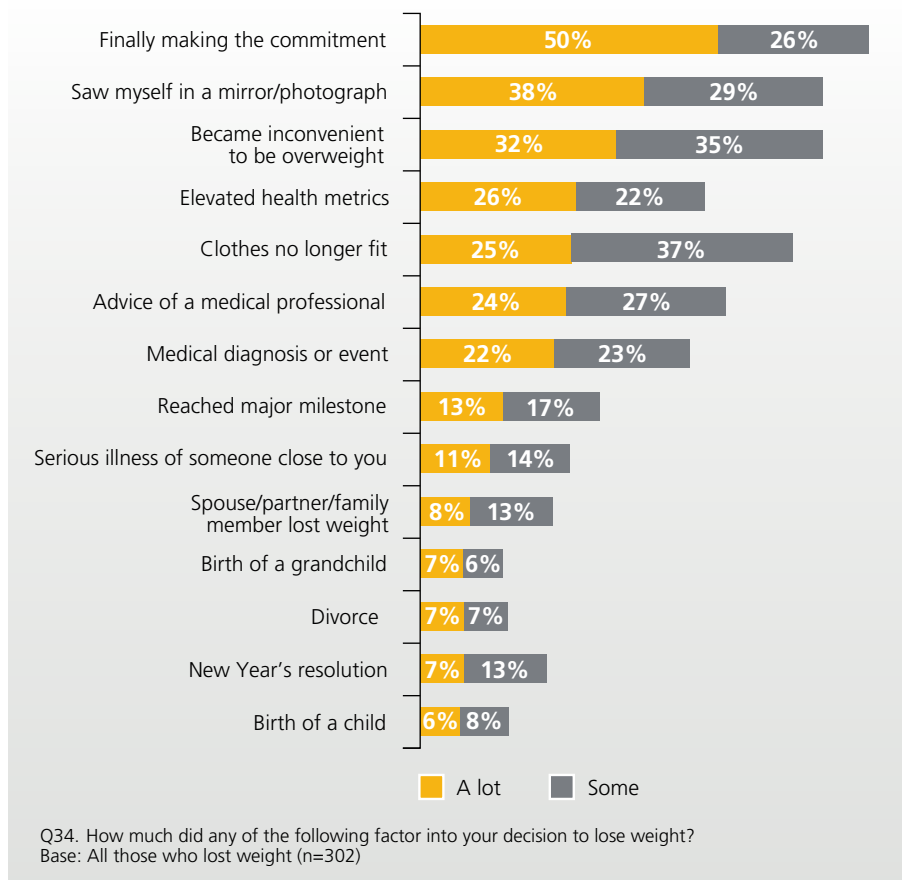


When asked to describe in their own words the secret to making this weight loss attempt successful, a majority of respondents cited diet-related strategies (57 percent), followed by activity-related mentions (43 percent). Within the activity category, daily exercise tops the list at 29 percent. Smaller portions/portion control was the second-most mentioned tactic, cited by 27 percent. Obviously, effective employer programs and services must include an educational focus on healthy diet and exercise. Discounts that support affordable access to weight-loss plans, gyms and health clubs may also be beneficial.

The most frequently cited factor in respondents’ decision to lose weight (50 percent say a lot) is finally making the commitment to do it (see figure 15). Interestingly, the second ranking decision driver is the experience of seeing oneself in a photograph or mirror (38 percent), which seems to be a common trigger for commitment these respondents describe. Looking back at their initial attitudes, the weight loss participants tended to perceive themselves as healthier overall than the general population. Visually experiencing the difference between mental self-image and actual appearance seems to be powerfully motivating.

The inconvenience of being overweight is the next most frequently mentioned factor in weight loss decisions, cited by one third. Health issues comprise the second tier of factors, along with the fact that clothes no longer fit.

Figure 15: Factors in Decision: Control, Realization, Inconvenience



The Role of the Workplace: Programs and Co-Workers

While people seem most influenced by their own health and well-being, the role of the workplace, family members and friends in triggering weight loss behavior change is also apparent. Co-workers who intervened or lost weight themselves are mentioned more than a quarter of the time (27 percent). More than one in ten respondents mention a workplace program as factoring into their decision to lose weight. Obviously, our service populations see these workplace programs as useful resources to support their efforts to change.

Successful reducers utilized a wide variety of methods to lose weight, with strong majorities citing strategies in three main categories:

- **Diet** – The greatest number of respondents (87 percent) report some kind of food-related adjustment, from eating less in general to reducing or eliminating certain types of foods.
- **Plans** – More than seven in ten (71 percent) say they followed some sort of weight loss plan, whether it was one of their own or one provided by their employer.
- **Exercise** – 69 percent of respondents say that exercise plays a key role in their success, ranging from their own programs to joining a gym. Support methods were cited by almost 37 percent, and medical methods by 21 percent.

When asked to rate the most important benefits of weight loss, almost half (48 percent) cited health-related items, from increased energy, stamina, and endurance to better overall health and specific improvements in a variety of biometric markers — blood pressure, blood sugar and cholesterol levels, etc. 40 percent reported significant lifestyle improvements, including looking and feeling better, and increased self-confidence.

Winning at Weight Loss: Insights and Implications

Insight:	Implication:
<p>A motivating factor cited by 89 percent of weight loss respondents is the desire to look better.</p>	<p>Unlike smoking cessation, weight loss motivation is often related to appearance, with the experience of seeing oneself in a photograph or mirror being a common trigger for behavioral change. This fact can and should be leveraged in communications to encourage that change.</p>
<p>Food and exercise strategies were identified by most successful reducers: 57 percent and 43 percent respectively.</p>	<p>Programs should provide consumers with educational opportunities on healthy diet and exercise.</p>
<p>Elevated health metrics were a motivating factor for those in the weight loss group — more than for those in the smoking cessation sample.</p>	<p>Health fairs, kiosks and other screening programs that help employees monitor their health in a convenient manner may be especially useful to those seeking to lose weight.</p>
<p>People are less satisfied with their physical fitness level than with their mental well-being.</p>	<p>Physical fitness seems to be an area of significant dissatisfaction (even more so than weight). This may indicate a potentially important role for walking challenges and other programs that promote fitness and exercise. Having a variety of programs available to consumers across a continuum of fitness levels is critical.</p>
<p>The majority of people mentioned diet and activity as secrets to their weight loss.</p>	<p>Programs that offer consumers access to discounts on exercise or food-related programs can be helpful — especially if integrated into other tools and wellness services. Financial barriers can be a critical impediment to healthy behavior change.</p>
<p>The majority of the general population believes that lifestyle influences health more than genetics.</p>	<p>While people struggle with behavior change, they do seem to have a sense of personal accountability.</p>

Examples from Wellness Coaching

So how do we incorporate the findings of this survey into our program design and execution, to improve the quality of our outcomes and enhance our impact on employee health and well-being?

One of the things our industry is recognizing is the importance of a culture of health in supporting behavior change, and in motivating individuals to achieve and sustain lifestyle improvement. We've developed a broader view of program and service composition, combining a wide range of resources, activities and communication channels to envelop consumers in a web of positive influence that helps us identify the individuals who are ready to change and proactively engage them when they are most receptive to support. By engaging when consumers are receptive and ready for change, we're better able to help them commit to that change, to act on their commitment, to generate early success, and sustain momentum for the long term.

Successful programs optimize engagement by extending pervasive support through a variety of media and channels.

Wellness Coaching: An Overview

OptumHealth looks at wellness coaching as both a wellness and a prevention program. We accept members regardless of their current state on the health continuum. Whether they need to lose 10 pounds, 50 pounds or maintain their current weight, our coaches provide the support they need to achieve their goals. We take an integrated approach from identification to reporting, with targeted programs for a wide range of risk factors and conditions including:

- Diabetes lifestyle
- Exercise
- Weight management
- Heart health lifestyle
- Nutrition
- Stress
- Tobacco cessation

We believe that everyone should have an opportunity to improve their lifestyle in some way, shape or form, and that wellness coaching can be a great tool for helping individuals engage with experts who can help them get started and move them through the process of achieving their health or lifestyle goals.

Our survey results also confirm that diet and exercise are important components of any serious weight loss program. One of the things wellness coaching can do is provide science-based weight loss coaching grounded in the Stages of Change model of behavior change, and delivered through a combination of online and onsite services, including:

- Multichannel communications and incentives to optimize engagement
- Dedicated, cross-trained coaches to foster the coaching relationship
- Motivational interviewing
- Program intensity and delivery models tailored to individual requirements

The Importance of Commitment in Smoking Cessation Messaging

The respondents in our smoking group were emphatic on the importance of their commitment to change in their eventual success. 70 percent mentioned their determination to prove they could quit tobacco as a strong motivator. The imagery we use in our communications with smokers must address that competitive urge and leverage the emotional power of that challenge. It must be inspirational, playing on the consumer’s desire to be healthy and active and to live a long life.

QuitPower®. Willpower.

Kick the habit. QuitPower can help.

QuitPower provides you with:

- A Wellness Coach who can help keep you motivated
- Help creating a customized quit plan
- Stop-smoking aids such as nicotine patches or gum*

All available to you at no additional cost — as part of your benefit plan.

* For those who qualify.

1 -877-QUIT-PWR (1-877-784-8797)
or visit www.CustomURL.com.

QuitPower®. Willpower.

Kicking the habit isn't easy. Maybe you've tried quitting in the past and lost the fight. You want to succeed and stay healthy for yourself and your family. But, you're not sure how to finally quit for good.

That's where QuitPower comes in.

When you sign up, you'll have access to a Wellness Coach — a trained professional who can motivate and encourage you, and help get you through the rough patches. If you qualify, you also can receive stop-smoking aids such as nicotine patches or gum at no cost. The best part? The program works with your schedule, and you can choose to complete it online, over the phone or by mail.

QuitPower's available at no additional cost to you, as part of your benefit plan. Call today — you deserve it.

1-877-QUIT-PWR (1-877-784-8797)
or visit www.CustomURL.com.

OptumHealthSM
Optimizing Health and Well-BeingSM

OptumHealthSM provides information and support as part of your health plan. It is not a substitute for your doctor's care. Your personal health information is kept private in accordance with your plan's privacy policy. For more information, please refer to the telephone number on your health plan ID card.
© 2008 OptumHealth, Inc. CH419-50027-0002-0

Kick the habit. QuitPower can help.

1-877-QUIT-PWR (1-877-784-8797)
or visit www.CustomURL.com.

The Importance of Health and Family in Smoking Cessation Programs

Another potentially powerful finding in our survey results is the importance of family concerns as a motivating factor in successful smoking cessation. While the main motivators cited were health-related, family concerns were a close second, with:

- 72 percent saying they want to see their children grow up
- 55 percent saying they want to be a role model for their families
- 51 percent saying they want to please their families
- 56 percent saying they don't want to expose family members to secondhand smoke

Women were more likely than men to cite the responsibility for secondhand smoke exposure as a motivation for quitting, but the concern for family welfare knows no gender boundaries. When target population demographics indicate significant family involvement, effective program communications may be created based on these consumer insights.



We also heard from smokers that the cost of tobacco is a significant motivator toward smoking cessation. OptumHealth has found that where appropriate, it is extremely effective to help consumers understand the overall costs of smoking. In our programs, a coach welcomes each consumer into the program, discusses the individual's smoking triggers, brainstorms effective coping strategies, then directs the individual to online resources that include a cost of smoking calculator that graphically presents the costs of that individual's tobacco consumption and the savings he or she can realize by quitting. This is just one example of the many ways we leverage consumer insights to improve employee engagement and program impact.

Cost of Smoking Calculator

Enter the numbers and click submit or click on a tobacco type for each one you have per day.

CIGARETTES	CIGARS & PIPES	CHEWING TOBACCO
Number Smoked per Day: <input type="text" value="25"/>	Number Smoked per Day: <input type="text" value="0"/>	Number of Chews per Day: <input type="text" value="0"/>
Price per Pack: \$ <input type="text" value="4"/>	Price per Cigar or Pipeful: \$ <input type="text" value="4"/>	Price per Tin: \$ <input type="text" value="2.5"/>
<input type="button" value="SUBMIT"/> <input type="button" value="RESET"/>		Yearly Total: \$ <input type="text" value="1825"/>
Total per Week: \$ <input type="text" value="35"/>		

Final Thoughts

There are many different motivating factors that drive people to make behavior change for both weight loss and smoking. Programs that can provide a personalized, holistic approach and that can connect that individual to the tools and resources they specifically need to overcome barriers can be beneficial in supporting behavior change.

Readiness to change and the decision to finally make a commitment seem to be the top motivating factors across both weight loss and smoking cessation. Employers should ensure they consistently communicate the availability of these programs to ensure they are top-of-mind when employees are finally ready for behavior change.

Employers should view behavior change as a longer-term process. Most who are successful at weight loss or smoking cessation have made numerous prior attempts. Organizations should look at both short- and long-term metrics in their program assessments.

While there are commonalities between successful smoking cessation and weight loss, there are clear differences as well. Communications should focus on the unique motivators and benefits to ensure the most relevant and compelling messaging possible.

Authors

Laura Karkula

As vice president of product management for OptumHealth, Laura Karkula is responsible for managing the Wellness product portfolio including Wellness Coaching, Onsite Wellness, and Self-Care Publications. Prior to Wellness, Karkula developed, operated and directed several products for OptumHealth including NurseLine, Treatment Decision Support and Health Advocacy. Before joining OptumHealth in January 2002, Karkula held positions in product management and product development for Cargill, and worked as a process and technology consultant with Accenture. Throughout her career, Karkula has held management positions in product, market development, business architecture and information technology.

Michael W. Rosen, M.D.

Dr. Rosen is clinical lead for OptumHealth and leads a team of medical directors who develop and revise clinical content across a wide spectrum of products. Dr. Rosen graduated from the New York University School of Medicine and completed his postgraduate training in Internal Medicine and Hematology at Yale New Haven Hospital and Yale University School of Medicine. Dr. Rosen is boarded in internal medicine and hematology.

Learn more about how Optum can help your organization improve the impact of employee wellness programs. Contact us at **866-386-3408** and **institute@optumhealth.com**

¹ National Center for Health Statistics. Chartbook on Trends in the Health of Americans. 2006.

² Study by the Agency for Health care Research and Quality. <http://www.reuters.com/article/wtMostRead/IdUSCOL66909620080806>

³ Journal of Epidemiological Reviews 2007 (Reuters)

⁴ USA Today, Study: Overweight workers cost employers more, April 26, 2007

⁵ Obesity, July 24, 2008

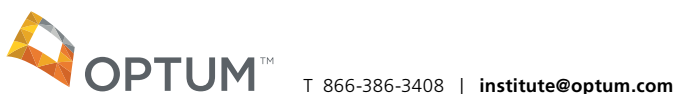
⁶ Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses – United States, 2000-2004, November 2008

⁷ Americans for Non-Smokers' Rights, Business Costs in Smoke Filled Environments, August 2006.

⁸ Department of Health and Human Services Centers for Disease Control, 2003, Coverage for Tobacco Use Cessation Treatments. http://www.cdc.gov/tobacco/quit_smoking/cessation/covergae/index.htm

About OptumHealth

As one of the nation's largest health and wellness companies, OptumHealth makes health care more accessible, affordable and effective for employers, health plans, public sector entities and the 60 million individuals we serve. OptumHealth optimizes the health, well-being and financial security of individuals and organizations through personalized health management solutions. We help people live their lives to the fullest.



13625 Technology Drive, Eden Prairie, MN 55344

All Optum trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

CSWEL0119SCM © 2011 Optum, Inc. All Rights Reserved.