

**Memorandum  
City of Lawrence  
Administrative Services Department**

**TO:** David L. Corliss, City Manager

**FROM:** Lori Carnahan, Human Resources Manager  
Michelle Spreer, Benefits Specialist  
Ryann Pem, Recruitment Specialist

**CC:** Cynthia Boecker, Assistant City Manager  
Diane Stoddard, Assistant City Manager  
Jonathan Douglass, Assistant to the City Manager

**DATE:** September 30, 2009

**RE:** Eligibility Requirements to Receive Employee Contribution Discounts for Health Care Plan

- I. **Employee Contribution Discounts for Health Care Plan.** During the September 8, 2009 City Commission Meeting, the City Commission voted to approve the Healthcare Committee's recommendations for the employee healthcare plan for 2010. They asked to see a detailed outline for the recommendation by the City Manager for employees to:

- i. Complete a Health Risk Assessment (HRA)
- ii. Sign a document in which they will attest that they are non-tobacco users.

in exchange for an opportunity to receive an employee contribution discount for the Health Care Plan. The City Commission asked that more information be provided to them about the HRAs and the non-tobacco use document, and that a plan to provide employees with resources to quit smoking be established. In addition to the program proposed for employees with dependent coverage any employee participating in the health care plan (including those that have individual coverage only) who completes both the HRA and signs the non-tobacco use document will be entered into a drawing.

- II. **Health Risk Assessment (HRA).** HRAs have been available to city employees around Open Enrollment for over 10 years. CIGNA's wellness program includes administration of HRAs. The HRAs will be administered to City of Lawrence employees electronically, and the results will be stored electronically by Cigna under HIPAA compliant procedures. As part of the HRA, employees are asked to list several biometric items including their height, weight, waist circumference, blood pressure, cholesterol levels and their HDL cholesterol level. CIGNA will also make arrangements to ensure that our employees receive their biometric screenings. The estimated cost for these services to the City of Lawrence would be \$42 per person, and the funds would come out of the City of Lawrence Healthcare Plan. Employees would also be allowed to bring their biometric information that they received from a

health care provider anytime in 2009. Please see Attachment A for a copy of the HRA that City of Lawrence employees will be asked to complete.

- III. **Non-Tobacco Use Declaration.** In addition to completing the HRA, City of Lawrence employees will also be asked to complete a Non-Tobacco Use Declaration by December 4, 2009 or enroll in the Cigna Quit Today® Tobacco Cessation Program, by January 6, 2010, (see attachment B) if they want to receive the employee contribution discount for the healthcare plan.

By signing this, employees declare that they will be tobacco free for all of 2010 or have enrolled in the Cigna Quit Today® Tobacco Cessation Program. However, employees will have two other opportunities to declare that they are tobacco free should they cease using tobacco products or enroll in the tobacco cessation program after January 2010:

<i>Deadline for completion of HRA (including biometric screening)</i>	<i>Deadline for signing Non-Tobacco Declaration</i>	<i>OR</i>	<i>Deadline for enrollment in Cigna Quit Today ®</i>	<i>Effective Paycheck Date</i>
December 4, 2009	December 4, 2009		January 6, 2010	January 22, 2010
March 5, 2010	March 5, 2010		March 5, 2010	March 19, 2010
May 28, 2010	May 28, 2010		May 28, 2010	June 11, 2010

- IV. **Resources to cease using tobacco products.** There are several resources that will be provided to City of Lawrence employees to assist them if they attempt to cease tobacco use. This information may be presented to employees during open enrollment, and will also be included on the City of Lawrence Intranet. Resources include but are not limited to:

- i. **CIGNA Quit Today Program-** CIGNA offers this tobacco cessation program at no cost to those participating in the health care plan that may be interested in receiving assistance as they try to cease tobacco usage. This program has both an online program and a telephone program. Those that enroll in this program will receive tobacco cessation gum or the patch for free for up to 6 weeks. They will also be given a helpful workbook that will provide them with useful information on how to make a plan to stop using tobacco products, special concerns, and various other information on the consequences of tobacco use. See Attachment C for an example of a welcome letter that participants would receive if they signed up for the Cigna Quit Today® Tobacco Cessation Program. Smoking Cessation Program and workbook.
- ii. **Lawrence Memorial Hospital Connect Care Classes-**Lawrence Memorial Hospital offers free classes that are designed to provide information and support to those that are seriously considering stopping smoking. Classes are held at LMH, or may also be held on

site here at the City of Lawrence. LMH does require that there are at least 5 employees signed up to attend in order to have an on-site smoking cessation class. Please see Attachment D that was provided to the City of Lawrence regarding the LMH Connect Care Quitting Smoking Class.

- iii. **Medtrak Pharmacy Services**-Covered tobacco cessation drugs include: All smoking deterrents (unless they are over the counter) and also Welbutrin, which can be used for depression or to assist with someone that may be trying to cease tobacco use. Usually, those seeking to fill a Welbutrin prescription will need to present a letter of medical necessity from their doctor to determine which purpose it is for. Co-pay for tobacco deterrents is 20% of the cost of the drug for all generic brands. Brand names will be \$25 plus 20% for 30 days, and \$50 plus 20% of the cost for 90 days.
- iv. **ASI Flexible Spending Accounts**-Those employees that sign up to participate in ASI's Health Care Flexible Spending Account are eligible for reimbursement for the cost to participate in a Tobacco Cessation Program if there should be a cost to the employee to enroll in such a program.
- v. **Nicotine Anonymous**- Offer Internet and Telephone meetings to those trying to quit tobacco usage. To learn more or to sign up for an internet and/or telephone meeting employees may visit <https://www.nicotine-anonymous.org/index.php>
- vi. **Additional Resources to Cease Tobacco Use** -There are several programs in the greater Kansas City area that offer Tobacco Cessation. Please see Attachment E for a list of those programs.

V. **Action Request.**

- 1). Approval to implement a 2010 contribution increase waiver for dependent coverage provided that employees:
  - i. Complete the HRA
  - ii. Sign a document attesting to non-tobacco use or enrollment in the Cigna Quit Today® Tobacco Cessation Program.
- 2). Approval to implement tobacco cessation and HRA programs listed.

# Attachment A



12

How would you describe your cigarette smoking habits?

- ☐ Still smoke  
*Go to question 13*
- ☐ Used to smoke  
*Go to question 14*
- ☐ Never smoked  
*Go to question 15*

13

*Still Smoke*

cigarettes  
per day

(Go to  
question  
15)

14

*Used to Smoke*

How many years has it been since you smoked cigarettes on a fairly regular basis?

Years

What was the average number of cigarettes per day that you smoked in the 2 years before you quit?

- ☐ Less than 9
- ☐ 10 - 15
- ☐ 16 - 19
- ☐ 20+

15

Do you smoke or use

pipes?

- ☐ Yes
- ☐ No

cigars?

- ☐ Yes
- ☐ No

smokeless tobacco?

- ☐ Yes
- ☐ No

16

How often do you use drugs or medication (including prescription drugs) which affect your mood or help you to relax?

- ☐ Almost every day
- ☐ Sometimes
- ☐ Rarely or never

17

How many drinks of alcoholic beverages do you have in a typical week?

(One drink = one beer, glass of wine, shot of liquor or mixed drink.)

Drinks

18

How many times in the last month did you drive or ride when the driver had perhaps too much to drink?

Times last  
month

19

In the next 12 months how many thousands of miles will you probably drive or ride in each of the following?

**A. Car, truck, van or SUV**

- ☐ 1 - 1,999
- ☐ 2,000 - 4,999
- ☐ 5,000 - 9,999
- ☐ 10,000 - 14,999
- ☐ 15,000 - 19,999
- ☐ 20,000 - 29,999
- ☐ 30,000 miles or more
- ☐ Do not drive or ride

**B. Motorcycle**

- ☐ 1 - 999
- ☐ 1,000 - 1,999
- ☐ 2,000 - 2,999
- ☐ 3,000 - 3,999
- ☐ 4,000 - 4,999
- ☐ 5,000 miles or more
- ☐ Do not drive or ride

20

What percent of the time do you usually buckle your safety belt when driving or riding?

- ☐ 100%
- ☐ 90 - 99%
- ☐ 80 - 89%
- ☐ less than 80%

21

On the average, how close to the speed limit do you usually drive?

- ☐ Within 5 mph of the speed limit
- ☐ 6 - 10 mph over the limit
- ☐ More than 10 mph over the limit

22

On a typical day how do you usually travel? (mark only one)

- ☐ Sub-compact or compact car
- ☐ Mid-size or full-size car, or minivan
- ☐ Truck, van, full-size van or SUV
- ☐ Motorcycle
- ☐ Other

23

How many servings of food do you eat that are high in fiber, such as whole grain bread, high fiber cereal, fresh fruits or vegetables? (serving size: 1 slice bread, 1/2 c vegetables, 1 medium fruit, 3/4 c cereal)

- ☐ 5 - 6 servings a day
- ☐ 3 - 4 servings a day
- ☐ 1 - 2 servings a day
- ☐ Rarely/never

24

How many servings of food do you eat that are high in cholesterol or fat such as fatty meat, cheese, fried foods or eggs?

(serving size: 3 1/2 oz meat, 1 egg, 1 oz/slice cheese)

- ☐ 5 - 6 servings a day
- ☐ 3 - 4 servings a day
- ☐ 1 - 2 servings a day
- ☐ Rarely/never

25

**How often do you floss your teeth?**

- ☐ Every day    ☐ Almost every day    ☐ Sometimes    ☐ Rarely or never    ☐ Does not apply

26

**When in the sun, do you protect your skin by using a sunscreen at SPF 15 or above and by wearing adequate clothing?**

- ☐ All of the time    ☐ Most of the time    ☐ Some of the time    ☐ Rarely or never

27

**In the average week, how many times do you engage in physical activity (exercise or work which is hard enough to make you breathe heavily and make your heart beat faster) and is done for at least 20 minutes? Examples include running, brisk walking or heavy labor, e.g., chopping, lifting, digging, etc.**

- ☐ Less than 1 time per week    ☐ 1 or 2 times per week    ☐ 3 times per week    ☐ 4 or more times per week

28

**How many days per week do you get 30 minutes or more (for at least 10 minutes at a time) of light to moderate physical activity? Examples include walking, mowing (push mower), slow cycling.**

- ☐ None    ☐ 1 day    ☐ 2 days    ☐ 3 or 4 days    ☐ 5 or 6 days    ☐ 7 days

29

**In general, how satisfied are you with your life? (include personal and professional aspects)**

- ☐ Completely satisfied    ☐ Mostly satisfied    ☐ Partly satisfied    ☐ Not satisfied

30

**Would you agree you are satisfied with your job?**

- ☐ Agree strongly    ☐ Agree    ☐ Disagree    ☐ Disagree strongly    ☐ Does not apply

31

**In general, how strong are your social ties with your family and/or friends?**

- ☐ Very strong    ☐ About average    ☐ Weaker than average    ☐ Not sure

32

**Considering your age, how would you describe your overall physical health?**

- ☐ Excellent    ☐ Very Good    ☐ Good    ☐ Fair    ☐ Poor

33

**How many hours of sleep do you usually get at night?**

- ☐ 5 hours or less    ☐ 6 hours    ☐ 7 hours    ☐ 8 hours    ☐ 9 hours or more

34

**In general, how do you feel about the quality of sleep that you get?**

- ☐ I sleep well.  
☐ I usually sleep well, but occasionally I have difficulties.  
☐ I sometimes have sleep difficulties.  
☐ I regularly have sleep difficulties and usually sleep very poorly.

Turn the page. ➡

**35** How refreshed do you feel half an hour after getting up in the morning?

- ☐ Completely refreshed
- ☐ A little tired but generally refreshed
- ☐ Rather unrefreshed but able to function
- ☐ Completely exhausted and unrefreshed

**36** Have you suffered a personal loss or misfortune in the past year?  
(For example: a job loss, disability, divorce, separation, jail term, or the death of someone close to you)

- ☐ Yes, two or more serious losses
- ☐ Yes, one serious loss
- ☐ No

**37** How often do you feel tense, anxious, or depressed?

- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

**38** During the past year, how much effect has stress had on your health?

- ☐ A lot
- ☐ Some
- ☐ Hardly any
- ☐ None

**39** In the past year, how many days of work have you missed due to personal illness?

- ☐ 0
- ☐ 1 - 2 days
- ☐ 3 - 5 days
- ☐ 6 - 10 days
- ☐ 11 - 15 days
- ☐ 16 days or more
- ☐ Does not apply

**40** During the past 4 weeks how much did your health problems affect your productivity while you were working?

- ☐ No health problems
- ☐ None of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time
- ☐ Does not apply

**If you are not employed, please skip to question 49.**

**41** About how many hours altogether did you work in the past 7 days?

(If more than 97, enter 97.)

Hours

**42** How many hours does your employer expect you to work in a typical 7-day week?

(If it varies, estimate the average. If more than 97, enter 97.)

Hours

**43** Now please think of your work experiences over the past 4 weeks (28 days). In the spaces provided below, write the number of days you spent in each of the following work situations.

In the past 4 weeks (28 days), how many days did you...

(i) ...miss an entire work day because of problems with your physical or mental health?

(Please include only days missed for your own health, not someone else's health.)

Days

(ii) ...miss an entire work day for any other reason (including vacation)?

Days



Continued

**43** (iii) ...miss part of a work day because of problems with your physical or mental health?

(Please include only days missed for your own health, not someone else's health.)

Days

(iv) ...miss part of a work day for any other reason (including vacation)?

Days

(v) ...come in early, go home late, or work on your day off?

Days

**44** About how many hours altogether did you work in the past 4 weeks (28 days)?

(See examples below)

Hours

Examples for Calculating Hours Worked in the Past 4 Weeks:

- 40 hours per week for 4 weeks = 160 hours
- 35 hours per week for 4 weeks = 140 hours
- 40 hours per week for 4 weeks with 2 8-hour days missed = 144 hours
- 40 hours per week for 4 weeks with 3 4-hour partials days missed = 148 hours
- 35 hours per week for 4 weeks with 2 8-hour days missed and 3 4-hour partials days missed = 112 hours

**45** On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate the usual performance of most workers in a job similar to yours?

	0	1	2	3	4	5	6	7	8	9	10	
Worst Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Top Performance

**46** Using the same 0-to-10 scale, how would you rate your usual job performance over the past year or two?

	0	1	2	3	4	5	6	7	8	9	10	
Worst Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Top Performance

**47** Using the same 0-to-10 scale, how would you rate your overall job performance on the days you worked during the past 4 weeks (28 days)?

	0	1	2	3	4	5	6	7	8	9	10	
Worst Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Top Performance

**48** How many hours did you take off from work over the past 2 weeks to take care of sick children, parents or other relatives?

(This might include taking children to doctor's appointments, staying home with a sick child or parent or calling doctors or health insurance companies.)

Hours

Turn the page. 

49

Please mark all natural family members who have had any of the following medical conditions:

	Mother	Father	Grandparents	Brother/Sister	None	Don't know
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50

Do you have:

If have currently

	Never	In the past	Have currently	Taking medication	Under medical care
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic bronchitis/emphysema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn or acid reflux	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menopause (women only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Migraine headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thyroid disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51

When was the last time you had these preventive services or health screenings?

	less than 1 year	1 - 2 years ago	2 - 3 years ago	3 - 4 years ago	5 - 6 years ago	7 or more years ago	Never	Don't know
Colon cancer screen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rectal exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flu shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tetanus shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>For Women Only</b>								
Pap test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast exam by doctor or nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>For Men Only</b>								
Prostate exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52

**In the past 12 months, how many times have you:**

(For women who are pregnant, complete the questionnaire based on your health condition and lifestyle behavior before pregnancy.)

0

1 - 2

3 - 5

6 or more

Visited a physician's office or clinic

☐☐☐☐

Gone to the emergency room

☐☐☐☐

Stayed overnight in a hospital

☐☐☐☐

## Women (Men go to question 58)

53

**How many women in your natural family (mother and sisters only) have had breast cancer?**

☐ None☐ 1☐ 2 or more☐ Don't know

54

**Have you had a hysterectomy operation?**

☐ Yes☐ No☐ I'm not sure

55

**At what age did you have your first menstrual period?**

☐ Younger than 12☐ 12☐ 13☐ 14 or older

56

**How old were you when your first child was born?**

☐ Younger than 20☐ 20 to 24☐ 25 to 29☐ 30 or older☐ Does not apply

57

**How often do you examine your breasts for lumps?**

☐ Monthly☐ Once every few months☐ Rarely or never

## Men (Women go to question 59)

58

**How often do you examine your testicles for lumps?**

☐ Monthly☐ Once every few months☐ Rarely or never

59

**Current Marital Status**

☐ Single (never married)☐ Separated☐ Divorced☐ Married☐ Widowed☐ Other

60

**Race/Origin**

☐ White (non-Hispanic origin)☐ American Indian /  
Alaskan Native☐ Other☐ Asian or Pacific Islander☐ Prefer not to disclose☐ Black (non-Hispanic origin)☐ Hispanic

61

**Highest level of education you have achieved**

☐ Some high school or less☐ Some college☐ Post graduate or professional degree☐ High school graduate☐ College graduate

Turn the page. 

62

**What is your expected household income this year?**

☐ less than \$35,000   ☐ \$35,000-\$49,999   ☐ \$50,000-\$74,999   ☐ \$75,000-\$99,999   ☐ \$100,000 or more

63

**In the next six months, are you planning to make any changes to keep yourself healthy or improve your health?**

	Yes	No	Don't Know	Not Needed
Increase physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lose weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quit or cut down smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce fat / cholesterol intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower cholesterol level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cope better with stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve my sleep habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

64

**In the next 6 months, would you participate in a program that would help you to enhance your overall health?**

☐ Yes   ☐ No   ☐ I'm not sure

65

**If available, would you like follow-up information and other services to enhance your health?** (If you answer yes, your information may be used only by approved vendors to enhance your health through personal contact or written information.)

☐ Yes   ☐ No

If you are a current CIGNA Healthcare member, the information you provide on this health assessment will be used to verify that you are eligible to participate in the health assessment and also to identify you for CIGNA-sponsored health improvement programs. If you participate in a benefit incentive program, CIGNA may notify the plan administrator (who may be your employer) that you took the health assessment, and may also provide the plan administrator with your responses to specific questions so that you can receive the incentive. CIGNA may also share your individual information with your plan administrator, or a company acting on their behalf, so they can administer other health improvement programs, like health coaching services. In addition, the collective information gathered from all health assessments may be used by the University of Michigan Health Management Research Center, your plan administrator, or a company acting on behalf of your plan administrator, for reporting and research in compliance with state and federal law.

If you are not a current CIGNA Healthcare member, the information you provide on this health assessment will be stored by CIGNA Healthcare in a secure database for at least six (6) months after completion of the health assessment. Your stored information will be used for matching your enrollment information with your health assessment results should you choose to enroll in a CIGNA Healthcare plan and also to identify you for CIGNA-sponsored health improvement programs. If you participate in a benefit incentive program, CIGNA may notify the plan administrator (who may be your employer) that you took the health assessment, and may also provide the plan administrator with your responses to specific questions so that you can receive the incentive. CIGNA may also share your individual information with your plan administrator, or a company acting on their behalf, so they can administer other health improvement programs, like health coaching services. After the six (6) month period has expired, if you have not by that time become a CIGNA Healthcare member, your personal identifying information will be removed from the data and the remaining data may be used in a de-identified manner for research purposes. In addition, the collective information gathered from all health assessments may be used by the University of Michigan Health Management Research Center, your plan administrator, or a company acting on behalf of your plan administrator, for reporting and research in compliance with state and federal law.

"CIGNA" and "CIGNA HealthCare" refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these operating subsidiaries and not by CIGNA Corporation. These operating subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.

# THANK YOU FOR YOUR PARTICIPATION

106530H

SCANTRON®  
FORM NO. M-106530-UOM-CH-L

Page 8

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# Attachment B



# City of Lawrence

## Non-Tobacco Use Incentive Declaration

Thank you for being committed to achieving a healthier lifestyle. By signing this declaration **and** completing the Health Risk Assessment (HRA), which includes reporting biometrics, we offer you a reduction in your employee contribution to the health care plan for 2010.

The reduction in contribution to the healthcare plan only applies to those that carry dependent coverage (Emp + Spouse, Emp + Child(ren) or Emp + Family) through employment at the City of Lawrence. However, any employee participating in the healthcare plan (including those that have individual coverage only) that completes both the HRA and signs the non-tobacco use declaration by the deadline will be entered into a drawing.

---

I completed my HRA on \_\_\_\_\_.  
Date

I completed my biometric screening\* on \_\_\_\_\_.  
Date

\*(Must be sometime in 2009)

I, \_\_\_\_\_, will remain tobacco free through the end of the calendar year 2010 or I have enrolled in the Cigna Quit Today® Tobacco Cessation Program. Should I use tobacco products or discontinue the Cigna Quit Today Program before its completion anytime after signing this declaration, I will voluntarily report to Human Resources in order to withdraw this declaration for the remainder of the year. My payroll deduction for family coverage will increase accordingly.

---

Signature

---

Date

<i>Deadline for completion of HRA (including biometric screening)</i>	<i>Deadline for signing Non-Tobacco Declaration</i>	<i>OR</i>	<i>Deadline for enrollment in Cigna Quit Today ®</i>	<i>Effective Paycheck Date</i>
December 4, 2009	December 4, 2009		January 6, 2010	January 22, 2010
March 5, 2010	March 5, 2010		March 5, 2010	March 19, 2010
May 28, 2010	May 28, 2010		May 28, 2010	June 11, 2010

# Attachment C



[DATE]

[MEMBER NAME]  
[MEMBER ADDRESS]  
[CITY, STATE ZIP]

Dear MEMBER,

Congratulations on your decision to participate in the CIGNA Quit Today<sup>®</sup> tobacco cessation program! Your decision to stop using tobacco is truly a gift to yourself and your loved ones.

As we discussed, your participation in the CIGNA Quit Today<sup>®</sup> tobacco cessation program will include individual phone calls with me, your wellness coach. These phone calls are designed to support you as you make this important change.

The enclosed kit is designed to help you learn more about tobacco and how you can change your behaviors related to using tobacco. Some people use all the information outlined in the kit. Others use only the techniques they feel will help them the most. Your kit contains the following items:

- The CIGNA Quit Today<sup>®</sup> educational workbook
- Relaxation/Mindfulness Meditation CD-ROM
- [ANY ADDITIONAL EDUCATIONAL RESOURCES]

As one of your wellness coaches, I am here to support you as you quit using tobacco products, so feel free to call me at 1.866.417.7848. I look forward to our next scheduled coaching call and to helping you achieve your goals!

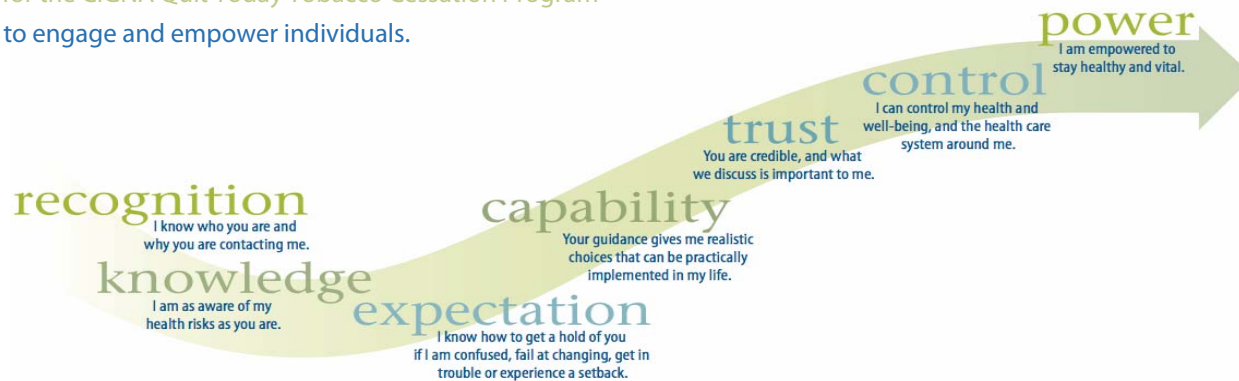
Sincerely,

CIGNA Quit Today<sup>®</sup>  
Wellness Coach



# What You Get Guide for the CIGNA Quit Today Tobacco Cessation Program

Our multimedia approach to engage and empower individuals.



## Promotional Communications



### Posters, table tents & inserts

Introduce and promote the program to employees.



### E-cards and newsletter articles

Promote the program's benefits throughout the year with awareness series communications.

## Online Program

### Website

Participants can register online, learn about the program and what results they can expect, and experience personalized content.



### Welcome page with profile information, exercises and personal lifestyle assessment tools



### Ongoing Emails

Series of tips, tools and articles

## Participant Communications

## Telephone Program



### Coaching conversations

Driven by participant's readiness to change, confidence and motivation.



### Introductory letter

Sent to participant from coach upon registration.



### Targeted Flyers



### Workbook

Facilitates coaching conversations with information and exercises to help stop using tobacco.



### Relaxation CD

Techniques for learning meditation.



### Graduation letter

Sent to participant upon program completion.



# CIGNA Quit Today<sup>®</sup>

*Tobacco Cessation Program*



## Workbook



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# Introduction

*Anyone who has tried to stop using tobacco products knows just how difficult it can be. Kicking your tobacco habit may not be an easy thing to do – but it **is** possible. By joining this program, you've already taken a major step in starting your journey to a healthier life.*

*Perhaps you aren't ready to quit using tobacco. Or...*

*...you've already quit and need some ongoing support to help keep you on track.*

*...you've quit before, but have begun using tobacco products again.*

*...you're planning to quit in the near future.*

No matter what your situation, the tobacco cessation program can help you to:

- Gain a better understanding of your tobacco habit.
- Understand the health consequences of using tobacco.
- Learn how to resist the urge to use tobacco.
- Deal with withdrawal symptoms.
- Learn about the techniques and products available to help you kick your tobacco habit.
- Prepare to stop using tobacco.
- Make the choice to live a healthier, tobacco-free life!

## CHAPTER 1

# Understanding Behavior Change: Why Is It So Hard?

This program is for **you**, whether you are just thinking about quitting your tobacco habit or have already made the decision to quit. It will take you step-by-step through the process of giving up tobacco, from making a plan to quit to managing your first few tobacco-free days. Many people who are thinking about quitting have concerns about what will happen to them once they quit. This program will help you learn to understand and deal with any concerns that you might have.

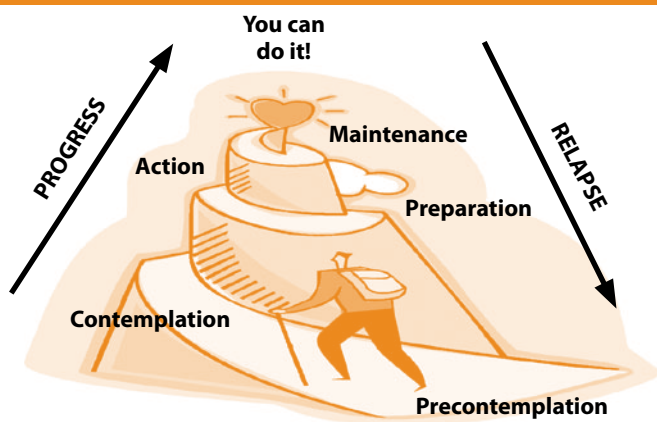
Making the decision to give up tobacco and then following through requires you to make a major lifestyle change. The first step in this process is learning about the process of change, which can help you understand how to set a goal to make this major change in your life.

### Understanding the Process of Change

Why is it so difficult for people to make changes in their lives – even when they have plenty of “proof” that a change is not only needed, but may also be necessary to maintain their health?

It’s important to remember that behavior change is rarely a single event. During the past 10 years, we’ve come to understand it as a process of stages through which people pass. The Stages of Change model, developed by James Prochaska and his colleagues,<sup>8</sup> shows that, for most people, a change in behavior occurs gradually. A person moves from being uninterested, unaware or unwilling to make a change to considering a change, and then to deciding and preparing to make a change. The person is then ready to take real, determined action and, over time, attempt to continue the new behavior. Setbacks almost always happen at some point, but they’re an important part of both the learning process and the achievement of life-long change.

### The Stages of Change Model



**Precontemplation Stage** – *You’re currently using tobacco and not considering quitting within the next six months.* During the precontemplation stage, people don’t even consider changing and may need more information about making the change. For example, smokers may feel that warnings about the dangers of smoking do not apply to them personally.

**Contemplation Stage** – *You’re currently using tobacco and considering quitting within the next six months.* During the contemplation stage, people have mixed feelings about changing. Giving up an enjoyed behavior causes a sense of loss despite the perceived gain. During this stage, people are thinking about the barriers, such as time or fear, as well as the benefits of change.

**Preparation Stage** – *You’re currently using tobacco and intend to quit within the next 30 days.* During the preparation stage, people are preparing to make a specific change. They may experiment with small adjustments as their motivation to change increases. For example, switching to a different brand of cigarettes or decreasing the number of cigarettes smoked each day signals that the person has decided a change is needed.

**Action Stage** – *You’re not currently using tobacco and have stopped using it within the last six months.* The action stage is a key stage for a person to reach. Any action that someone takes in this stage is important because it demonstrates the desire for lifestyle change. At this stage, many people need structure, support and new skills to make a change.

**Maintenance Stage** – *You’re not currently using tobacco and haven’t used it for more than six months.* Maintenance involves successfully avoiding temptations to return to the unwanted habit. The purpose of the maintenance stage is to maintain your new goal. People in this stage tend to remind themselves of how much progress they’ve made. They constantly change the rules of their lives and acquire new skills to help them avoid relapse. They learn to predict situations that could lead to relapse and prepare a plan of attack in advance.

### Understanding Relapse

Along the way to stopping or reducing an unwanted habit or making a change, many people experience relapse. In fact, it is much more common to have at least one relapse than not to have any. While disappointment because of a few occasional “slips” may stop the change process and cause the person to give up, most people find themselves “recycling” through the stages of change several times before completely making the change. People often need renewed motivation and support to overcome relapse.

If you experience a relapse, remind yourself that it is normal and **okay** to have a setback. Instead of getting down on yourself, take the opportunity to learn from your experiences to help yourself achieve future success.

### Your Stage of Change

What is your stage of change? Circle the stage that best fits where you think you are with your decision to quit using tobacco.

**Precontemplation                  Contemplation                  Preparation                  Action                  Maintenance**

How does your current stage fit in with your long-term goals for becoming tobacco-free?

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## CHAPTER 2

# Not Quite Ready to Quit...

### Did you know...

- ✓ Smoking causes one out of every five deaths in the United States.<sup>1</sup>
- ✓ Participating in a cessation program directly increases your odds of quitting tobacco use.<sup>3</sup>

Even if you aren't ready to quit using tobacco at this time, it's a good idea to think about your reasons for using tobacco and your feelings about your tobacco use. While tobacco use ultimately becomes a physical addiction, there are many other reasons people continue their habit. Understanding why you use tobacco and your fears about what will happen to you if you stop can help make it easier for you to decide to quit.

### Why Do You Use Tobacco?

Once a person begins using tobacco regularly, it's very difficult to quit. That's because the drug in tobacco, nicotine, is highly addictive. Once you're addicted to nicotine, what originally began as a want becomes a physical need.

People begin using tobacco for many different reasons. Some like the "buzz" they experience when first

using tobacco. Others use it because it makes them feel more relaxed, or helps them to concentrate. Many people use tobacco without even thinking about it. For example, it may be a habit for you to smoke while you're driving, or to use chewing tobacco after a meal.

### Your Reasons for Using Tobacco

Write down why you like using tobacco. Think about the situations where you usually use it.

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### Barriers to Change

One of the reasons that change is so difficult for many people is that they fear what will happen to them while they're making the change, or how their lives will be different after they've made it. These fears are barriers that can get in the way

when people try to change certain behaviors. Take some time to think about the barriers that may be preventing you from kicking your tobacco habit. Some examples are:

- Fear of withdrawal symptoms.
- Fear of failure.
- Lack of support.
- Fear of weight gain.
- Fear of depression.
- Fear of dealing with emotions.
- Fear of missing the enjoyment of tobacco.

### What Are Some of Your Barriers?

List the barriers that are preventing you from quitting tobacco.

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- Sue, tobacco-free for 1½ years

People who use tobacco despite knowing the consequences often have numerous reasons for continuing their habit. Consider the following examples:

*Why not die doing something I enjoy?"*

this aren't considering the fact that tobacco users typically die much earlier than non-tobacco users.

This is a statement of denial. People who think this way don't view the consequences of smoking as applying to them.

This is a statement of blame. People who feel this way blame another person for their behavior instead of taking responsibility for their actions.

By recognizing your rationalizations for using tobacco, you can learn to overcome them and begin the process of quitting.

Write down your rationalizations for using tobacco. Think about situations where you've defended your habit to someone else or to yourself.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## The Consequences of Tobacco Use

Avoiding tobacco use is one of the most important things you can do to maintain your health. Besides the financial costs, tobacco use has many other consequences. Which of the following health and other consequences concern you the most?

### Possible Health Consequences

- ☐ Increased risk of many types of cancer
- ☐ More frequent colds
- ☐ Chronic bronchitis (infection of the tubes that carry oxygen to the lungs)
- ☐ Emphysema (lung disease that makes it difficult and painful to breathe)
- ☐ High blood pressure
- ☐ Stroke
- ☐ Heart disease
- ☐ Gum disease
- ☐ Complications with pregnancy – including higher risk of having a miscarriage or a stillborn or low birth-weight baby; increased risk of SIDS (Sudden Infant Death Syndrome); greater likelihood that your baby will have learning and behavioral problems and be sick more often<sup>11, 12</sup>
- ☐ Worsening of existing health conditions
- ☐ Possibility of changing the way your body reacts to certain medications
- ☐ Delayed healing after illness, surgery or injury

### Other Consequences

- ☐ Bad breath
- ☐ Discolored teeth and fingernails
- ☐ Decreased sense of taste and smell
- ☐ Premature wrinkling of the skin
- ☐ The smell of smoke in your clothes, house, hair, car and everything else around you
- ☐ Shortness of breath when taking part in daily activities, such as walking up stairs or doing light housework
- ☐ Financial burden
- ☐ Exposing those around you to second-hand smoke
- ☐ Giving children the message that it is okay to use tobacco
- ☐ Hassle of using tobacco in public
- ☐ Not always socially accepted

*“You have to really want to do it.”*

– Susan, tobacco-free for 10 years

### Cost-Savings Calculator

How much does your tobacco habit cost you? It may be more than you think. Use this calculator to see the financial impact that tobacco has on your life. (See Appendix 2 for an example of how to use the Cost-Savings Calculator)

Number of packs/ tins used per week	Cost per pack/tin		
_____	_____	x _____ =	_____ Cost/week
Enter your cost/week _____	x 4 =	_____	Cost/month
Enter your cost/month _____	x 12 =	_____	Cost/year
Enter your cost/year _____	x 5 =	_____	Cost/5 years
Enter your cost/year _____	x 15 =	_____	Cost/15 years
Enter your cost/year _____	x 30 =	_____	Cost/30 years

*"I finally realized that I'm the one in charge.  
I CHOOSE not to smoke."*

*– Manzar, tobacco-free for 20 years*

### Other Uses for Your Tobacco Money

What else could you do with the money that you spend each week, month or year on tobacco?

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How could you use this money to reward yourself for quitting tobacco? For some ideas, see the section on rewarding yourself in Chapter 5.

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### Physical Benefits of Stopping Tobacco Use <sup>10</sup>

#### 20 minutes

- Nicotine begins to leave your body.
- Pulse rate returns to normal.
- Blood pressure begins to decrease.
- Oxygen in blood returns to a normal level.

#### 2-3 days

- Sense of taste and smell improve.
- Breathing becomes easier.
- You may begin to cough less often.
- Your body begins to repair itself as the nicotine leaves your body.
- Chance of heart attack decreases.
- Nerve endings in nose and mouth begin to re-grow.

#### 2-3 months

- Circulation improves.
- Lung function increases up to 30 percent.

#### 1 year

- Coughing decreases.
- Sinus congestion, fatigue and shortness of breath decrease.
- Added risk of heart disease drops by 50 percent.
- Increased ability to clean lungs and reduce infection.

#### 5-15 years

- Risk of stroke drops to that of people who have never smoked.

#### 10 years

- Risk of cancer of the lung, mouth, throat, esophagus, bladder, kidney and pancreas decreases as the body replaces pre-cancerous cells with normal cells.

#### 15 years

- Risk of coronary heart disease is now similar to that of people who have never smoked.
- Risk of death returns to nearly the level of people who have never smoked.

**If you're ready to seriously consider quitting, *read on.***

10. See Appendix 6 on page 34.

## CHAPTER 3

# Thinking About Quitting

### Did you know...

- ✓ About half of all Americans who continue to use tobacco will die because of their habit.<sup>1</sup>
- ✓ Children raised in a household where there is smoking are more likely to have health problems, such as ear infections and asthma.<sup>1</sup>

Make a list of the pros and cons of using tobacco. This will help you decide if the things that are really important to you – your personal

values – are in line with the behaviors you choose. For example, maybe you want to set a good example for your children to make healthy choices. But

what message are you sending if you still smoke in front of them? Use the chart below to help get you started:

Pros	Cons

### Special Concerns

People who are thinking about quitting their tobacco habit often have many concerns and questions about the effects that quitting will have on them. Two of the most common concerns are weight gain and managing stress.

#### Weight Gain

While not all people gain weight when they quit tobacco, some do.

If you quit, you may find that your appetite increases and that you eat more. It's important to remember that if you gain weight, the health benefits you'll have from quitting tobacco will far surpass the drawbacks of gaining a few pounds. By eating healthfully and exercising, you can minimize the amount of weight you gain. If you're concerned about the possibility of gaining weight, refer to Appendix 3 on page 31 and Appendix 4: Self

Care on page 32 for tips on how to minimize any weight gain.

#### Managing Stress

Stressful situations often lead people to use tobacco. In fact, stress is the leading cause of relapse. By learning techniques to help you deal with stress, you'll be less likely to turn to tobacco as a way to relax. Refer to the section on stress on pages 24-25 in Chapter 6 for ways to reduce the amount of stress in your life.

### Your Previous Experiences With Quitting

If you've tried to quit in the past, what did you find that worked for you?

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What didn't work?

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*"I have a child now who would be exposed to second-hand smoke, and I couldn't do that to her."*

*– Tanya, tobacco-free for 1 year*

### Why Do You Want to Stop Using Tobacco?

The reasons for quitting tobacco vary greatly from one person to another. What motivates one person to quit may not be something that matters to another person. When thinking about quitting tobacco, it's important to decide what matters to **you**.

#### Why I Want to Stop Using Tobacco

- ☐ I will be healthier. I will lower my risk of cancer, heart attack, stroke and many other health problems.
- ☐ Those who care about me will be proud of me.
- ☐ I will not expose those around me to second-hand smoke.
- ☐ I will smell better and have fresher breath.
- ☐ I will set a better example for my children, grandchildren and the other children in my life.
- ☐ I will look better. My teeth and fingernails will be whiter and I will prevent further premature wrinkling of my skin.
- ☐ I will have more money to spend or save. Use the cost-savings calculator in Chapter 2 to figure out how much you can save.
- ☐ I will breathe easier. I will not run out of breath while doing normal, daily activities.
- ☐ My children will have fewer coughs, colds and earaches.<sup>1</sup>
- ☐ My life will be more convenient. I won't have the hassle of always having to make sure that I have tobacco; I won't have to find the time to take a break to smoke or chew.
- ☐ My sense of taste will improve.
- ☐ If I become pregnant, I will give my baby a much better chance at being healthy.<sup>11, 12</sup>

Start by asking yourself why you want to stop using tobacco. Use the worksheet on this page to help you to make a list of the reasons you want to quit. Make copies of your completed list and put them in places where you would look when you want to use tobacco – for example, in your car or purse.

#### Write down some other reasons why quitting is important to you:


#### Track Your Tobacco Use

Tracking your tobacco use is a good way to increase your awareness of your tobacco habit and to identify situations where you're most likely to relapse. It will also help you measure your progress throughout your journey. Start tracking your tobacco use now by using the *Tobacco Journal* at the end of this workbook.



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# Attachment D

# The Steps to Successfully Quitting Smoking

Next class is Wednesday, Nov. 4th  
6:00 -8:00 pm

*Are you ready to quit smoking?*  
Then plan to attend this **FREE** class designed  
to provide information and support to those  
who are seriously considering stopping  
smoking.

Presented by Lawrence Memorial Hospital  
Community Education and taught by  
certified smoking cessation educators.  
Classes are held at LMH but can also be  
arranged on request to be taught on-site at  
businesses.

For more information or to enroll, please call  
LMH Connect Care at (785) 749-  
5800 or log onto [www.lmh.org](http://www.lmh.org)





# Attachment E



City of Lawrence

## Additional Smoking Cessation Resources

Location	Program	Charge	Phone Number Contact Person
<b>Association and Health Department Programs</b>			
American Cancer Society 6700 Antioch Rd., Suite 100 Merriam, KS 66204	<i>Fresh Start Materials Available</i>	No Charge	(913) 747-6035 Teresa Grigsby
*American Lung Assoc. of MO 2400 Troost Ave., Suite 4300 Kansas City, MO 64108	<i>Freedom from Smoking EASE</i>	No Charge	www.lungusa.org
American Lung Assoc. of KS 4300 Drury Lane Topeka, KS 66604	<i>Freedom from Smoking</i>	No Charge	www.lungusa.org
Jackson County Health Dept. 313 S. Liberty Independence, MO 64050	<i>Freedom from Smoking (Call for schedule)</i>	\$20	(816) 404-6413 Alisa Smith
Clay County Health Department 1940 W. 152 Highway Liberty, MO 64068	<i>Freedom from Smoking (Call for schedule)</i>	\$75	(816) 595-4200 Caroline DeLamare
*Independence Health Dept. Truman Memorial Bldg. Independence, MO 64050	<i>Freedom from Smoking (Call to Register)</i>	No charge for Classes Voucher for FREE nrt with program	(816) 325-7767 Joanie Shover
<b>Hospital and Community Health Clinic Based Programs</b>			
*Balls Foods Pharmacy 6450 Sprint Parkway Overland Park, KS 66251	<i>Freedom from Smoking Sprint Campus</i>	\$75	(913) 315-8646 Miranda Wilhelm
KU Medical Center Family Medicine, Lrg. Conf.Rm. 3901 Rainbow Blvd. Kansas City, KS 66160	<i>Cognitive Therapy Every Tuesday 1:00 – 2:30 pm</i>	No Charge No appointment necessary	(913) 588-1908 Bruce Liese, PhD
*North Kansas City Hospital 2800 Clay Edwards Dr North Kansas City, MO 64116	<i>Freedom from Smoking</i>	\$45	(816) 691-1690 Sharon Ambrosi
*Olathe Medical Center I-35 & 151 <sup>st</sup> Street Olathe, KS 66061	<i>Freedom from Smoking</i>	\$75	(913) 791-4312
Providence Medical Center 8929 Parallel Parkway Kansas City, KS 66112	<i>Freedom from Smoking</i>	No Charge	(913) 596-4950 Jan Brockmeyer or Christy Fornal
*Shawnee Mission Med. Center Life Dynamics Center 9100 W. 75 <sup>th</sup> Street Shawnee Mission, KS 66204	<i>Smoking Cessation Now</i>	\$110	(913) 676-7777 Press 2
*St. Joseph Health Center 1000 Carondelet Kansas City, MO 64114	<i>Tobacco Free and Healthy</i>	\$95	(816) 943-2584

Note that programs, prices, and locations are subject to change. For current information, call the program of interest.



## Additional Smoking Cessation Resources

Location	Program	Charge	Phone Number Contact Person
*St. Luke's Hospital Center for Health Enhancement 4200 Wornall Kansas City, MO 64111	<i>NO SMOKE</i>	\$110	(816) 932-3260 Carol McKay
Truman Medical Center 2301 Holmes Kansas City, MO 64108	<i>Freedom from Smoking</i>	\$30	(816) 404-5495 Margaret White
VA Medical Center 4801 E. Linwood Blvd. Kansas City, MO 64128	<i>Smoking Cessation Group</i>	No Charge for Eligible Veterans	(816) 861-4700 Ext. 52641 Dr. Darryl Richey
<b>Smoking Cessation Counselors</b>			
*Big Kahuna Consulting 1505 NE Auburn Dr. Lees Summit, MO 64086	<i>Various Programs</i>	Call for Rates	(816) 805-8472 Joe Gilman
*National Center for Health Promotion 5457 N.E. Wedgewood Ln Lee's Summit, MO 64064	<i>Smoke Stoppers</i>	\$150 Corporate Worksite only 6 Month Program	(816) 520-7968 Patricia Flack
<b>Toll Free Smoking Cessation Services</b>			
Missouri Quit Line			1-800-QUIT-NOW
Cancer Information Service (CIS)			1-877-44U-QUIT
Kansas Quit Line			1-866-KAN-STOP
American Legacy Foundation Great Start – Pregnant Smokers			1-866-66-START
<b>Additional Information Can Be Obtained From:</b>			<b>Phone Number</b>
Agency for Healthcare Research and Quality (AHRQ)			1-800-358-9295
American Cancer Society (ACS)			1-800-ACS-2345
American Heart Association (AHA)			1-800-AHA-USA1
American Lung Association (ALA)			1-800-548-8252
Centers for Disease Control, Office on Smoking and Health (CDC)			1-800-CDC-1311
<b>Website Smoking Cessation Services</b>		<b>Web Address</b>	
Quitnet		<a href="http://www.Quitnet.com">www.Quitnet.com</a>	
National Cancer Institute's Cancer Information Service		<a href="http://www.smokefree.gov">www.smokefree.gov</a>	
American Lung Association's Freedom from Smoking		<a href="http://www.ffsonline.org">www.ffsonline.org</a>	
Try To Stop		<a href="http://www.trytostop.org">www.trytostop.org</a>	
American Legacy Foundation Great Start – Pregnant Smokers		<a href="http://www.americanlegacy.org/greatstart">www.americanlegacy.org/greatstart</a>	

### \*Worksite classes available

Note that programs, prices, and locations are subject to change. For current information, call the program of interest.