

## BUSINESS CASE STUDY

### UNION PACIFIC RAILROAD CASE STUDY—SMOKING CESSATION

#### Situation Overview

Union Pacific Railroad (UPRR) employs nearly 52,000 people over more than 38,000 miles of track traversing the United States.<sup>1</sup> The company's smoking policy dates back to 1987, when smoking became prohibited in offices and relegated to smoking rooms. In 1991, UPRR attempted to close the smoking rooms but met with so much resistance that it was not until 1996 that the rooms were finally closed. Based on a conversation with Mark Davis, Director, Regional Affairs and Marcy Zauha, Director, Health and Safety at UPRR, in 1999, smoking became prohibited in all 6 facilities and on all equipment, and, in 2005, smoking became prohibited on all company property.

In addition, Davis and Zauha reported that, in 1990, a staggering 40% of UPRR employees smoked. Based on such a striking percentage, top management was concerned about the impact of smoking on their employees' health and productivity. Things needed to change, but there were many challenges, specifically in reaching and educating employees in such a large company.<sup>1</sup>

The UPRR culture is disjointed on many levels, from its traveling, rural base to its geographic dispersion and diverse landscape.<sup>1</sup> In addition, benefit design issues from the unionized population complicated the approach to tobacco cessation. UPRR had to design a smoking cessation initiative that would not only reach its diverse group, but affect their behavior in a positive way.

#### Description of Smoking Cessation Program Benefit

UPRR understood that it was going to take an integrated approach to benefit design, including pharmacotherapy and behavior modification, for smokers to quit. Beginning as early as 1990, UPRR implemented telephone counseling, which was a pioneering method of smoking cessation support in its day. Over the next 15 years, UPRR created a well-rounded benefit design that approached smoking behavior from many different angles, such as<sup>1-4</sup>:

Education	Behavior Modification	Access
<ul style="list-style-type: none"><li>• Know your numbers<ul style="list-style-type: none"><li>▪ A program that publishes 4 important health numbers and associated facts each year (ie, 10 Strategies for Healthy Living)</li></ul></li><li>• Health risk appraisals (HRAs)<ul style="list-style-type: none"><li>▪ Written health questionnaires that assess health risks due to smoking, stress, etc</li></ul></li><li>• Mentor training<ul style="list-style-type: none"><li>▪ Peer-support program to encourage healthy lifestyle changes such as smoking cessation</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Toll-free smoking cessation telephone support</li><li>• Self-directed workbooks</li><li>• Face-to-face and Internet counseling</li></ul>	<ul style="list-style-type: none"><li>• Access to pharmacotherapy for all employees</li><li>• Use of pharmacologic interventions in combination with counseling</li></ul>

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Furthermore, UPRR's benefit design grew to support pharmacologic interventions for smoking cessation that were available at that time<sup>1</sup>:

- **Access to the pharmacologic agent Zyban® (bupropion SR) through health plans for both union and nonunion employees**
- **Access to nicotine replacement therapies**
- **Use of pharmacologic interventions in combination with counseling**

Zyban is a registered trademark of Glaxo Group Limited.

## Program Outcomes

With the support of executive management and unions, UPRR has demonstrated dramatic and ground-breaking success in smoking cessation management, particularly for a company of its size and diversity. From 1990 to 2001, UPRR reduced the percentage of smokers in the company from 40% to 25%.<sup>1,2</sup>

Today, UPRR continues to support smoking cessation through a system-wide tobacco cessation program.<sup>1</sup> It applies integrated elements to ensure a successful smoking cessation experience. Each smoker at UPRR has support on multiple levels<sup>1</sup>:

- **Review and assessment of the employee's level of intent to quit**
- **Behavior-modification support options in various forms (electronic, print, telephone, face-to-face)**
- **Pharmacologic support and health care benefit coverage**
- **Personal assessment and progress reviews**

## References

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4. Allen J. Wellness mentoring: mobilizing peer support networks for healthy lifestyle change. Available at: <http://www.wellnessmentor.net/WM%20Background/PaperonMentoring.pdf>. Accessed October 26, 2006.