New Year's Resolutions for Health Behavior Change:

A Scoping Review

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Abstract

Modifiable health behaviors—including tobacco use, poor diet, physical inactivity, and excessive alcohol consumption—are major contributors to death and disability. Each January, millions of people attempt to change these behaviors through New Year's resolutions, providing an exceptional opportunity to both study and promote health behavior change. To identify and map the literature, we conducted a scoping review of peer-reviewed research on New Year's resolutions for health behavior change. Searches of PsycINFO, PubMed, and Web of Science identified 25 eligible articles representing 27 independent studies. These studies fell into three categories: time effect of the new year (k =14), success with New Year's resolutions (k = 8), and health-behavior specific New Year's resolutions (k = 5). Across studies, consistent evidence indicated heightened motivation for health behavior change around the new year. Estimates of long-term success varied, but sizable proportions of participants were reported to have maintained behavior change for months or years, challenging the belief that resolutions are inherently futile. Evidence also suggested that health interventions delivered around the new year may achieve improved outcomes compared to other times of the year. Despite these promising findings, the literature remains sparse and methodologically heterogeneous, thus further research is needed.

Keywords: New Year's resolutions, health behavior change, fresh start effect, temporal landmark, scoping review

Introduction

The four leading "actual causes of death" in the United States (U.S.) are tobacco use, poor diet, physical inactivity, and excessive alcohol consumption (Mokdad, 2004). These modifiable behaviors contribute to acute outcomes (e.g., unintentional injuries) and chronic conditions (e.g., cardiovascular disease and cancer), the latter of which constitutes the predominant threat to public health in the U.S. in the 21st century (Hacker, 2024). In 2023, 8 out of the 10 leading causes of death were chronic diseases, with cardiovascular disease and cancer alone accounting for about 40% of all deaths (Murphy et al., 2024). These findings underscore the centrality of behavior change for population health. The adoption of multiple health-promoting behaviors (e.g., tobacco cessation, healthy diet, regular physical activity, and moderate or no alcohol use) is associated with progressively greater reductions in risk of death and disability (Loef & Walach, 2012).

Each January, millions of people experience heightened motivation to pursue health behavior changes, making the new year a critical period for initiating health behavior change through resolutions. According to the Pew Research Center, approximately three in ten American adults made at least one New Year's resolution in 2024 (Garcia, 2024). The likelihood of setting New Year's resolutions is higher in younger adults with nearly 50% of young adults aged 18-29 having made a resolution, compared to 31%, 24%, and 18% of adults aged 30-49, 50-64, and 65 years or older, respectively (Garcia, 2024). Across age groups, the vast majority of resolutions focused on health, exercise, and diet (79%). Although young adults were more likely than older adults to make resolutions for non-health-related behaviors, no age differences emerged in the likelihood of setting health-, exercise-, or diet-related resolutions (Garcia, 2024).

Heightened motivation to change health and other behaviors surrounding the new year and other temporal landmarks (e.g., birthdays) is proposed to be due to a *fresh start* effect (Dai et al., 2014). There may be several psychological mechanisms that underly the *fresh start* effect. For example, laboratory experiments have demonstrated that temporal landmarks, especially those that signal new beginnings such as the new year, evoke a psychological disconnect between one's past and current self, where negative traits and failures are attributed to the past self to maintain a positive image of the current self (Dai et al., 2015). Other posited psychological processes underlying the *fresh start* effect include an increased focus on the "big picture," renewed energy and motivation following a break that some temporal landmarks, including the new year, afford, and changes to environmental stimuli that are characteristic of some temporal landmarks (e.g., moving to a new city) (Dai & Li, 2019).

Despite the popularity of New Year's resolutions, especially those concerning health behavior change, we—based on initial literature searches—and others (Oscarsson et al., 2020) have found limited research that addresses this topic. Yet, conventional wisdom is that New Year's resolutions are doomed to fail quickly. January 19th is colloquially referred to as "Quitter's Day," the supposed date by which most people have abandoned their New Year's resolution(s) (e.g., Cervantes Jr., 2025). Existing research on New Year's resolutions, however, challenges this belief. First, New Year's resolutions seem to be successful for many people. In a longitudinal study of 1,066 Swedish adults, most of which set health-related resolutions, 55% reported sustaining their resolution one year later (Oscarsson et al., 2020). Similarly, in a year-long study of 2,000 U.S. adults, who again primarily set health-related resolutions, only 12.3% reported abandoning their resolution by November of the following year (Woolley et al., 2025).

Second, behavioral interventions are more effective when delivered around, or framed in relation to, a temporal landmark, including the new year (e.g., nudges to increase retirement savings; Beshears et al., 2021). Consistent with this perspective, health psychologists decades ago argued that "resolutions deserve a little more respect" (Dingfelder, 2004, p. 34). Taken together, these findings reveal a clear disconnect between conventional wisdom and empirical evidence. If many individuals are successful in maintaining health behavior change following a New Year's resolution and/or are more receptive to health behavior change interventions at the start of the year, New Year's resolutions may play a more important role in promoting and sustaining health behavior change than commonly assumed.

Current Review

Given the popularity of New Year's resolutions for health behavior change, it is puzzling that there is scant research on the topic. The research that does exist suggests some promise that people can maintain New Year's resolutions for health behavior change in the long term (e.g., up to one year), and that behavioral interventions are more effective around the new year (Beshears et al., 2021; Oscarsson et al., 2020; Woolley et al., 2025). These findings have important implications for understanding health behavior change and improving health, including capitalizing on resolutions as an opportunity to better understand the process of successful health behavior change, promoting or supporting resolutions for health behavior change as a public health strategy, and developing and disseminating interventions for health behavior change around the new year to bolster effectiveness and uptake, respectively, by aligning interventions with naturally high motivation.

Given their potential for public health impact, we conducted a scoping review of research on New Year's resolutions for health behavior change to identify and map the available evidence.

We did not conduct a meta-analysis—which is intended to provide rigorous evidence to inform practice (Munn et al., 2018)—because our aim was to chart directions for future research and because preliminary literature searches indicated a sparse and heterogeneous literature. At the onset, we had the following research questions regarding New Year's resolutions for health behavior change: 1) How many studies have been conducted? 2) What methods have been used? 3) What are the other characteristics of these studies (e.g., health behavior(s) of focus)? 4) What does the research suggest in regard to whether: (a) people successfully initiate and maintain health behavior change following a New Year's resolution(s), and (b) whether health interventions delivered around the new year are effective? 5) What are the gaps in the literature?

Method

Information Sources and Search Strategy

We conducted searches of the PsycINFO, PubMed, and Web of Science electronic databases on February 13, 2025 and the search was repeated on February 10, 2026. We used search terms for health behaviors from a recent systematic review and meta-analysis of self-determination theory interventions for health behavior change conducted by Sheeran et al. (2020) AND ("new year's resolution" OR "new year's resolutions"). Sheeran et al. (2020) provided a comprehensive set of search terms to capture health behaviors that we deemed suitable for this scoping review. Though several terms from this set were likely less relevant to New Year's resolutions (e.g., STD testing, vaccinations, blood donation), they were retained to identify any health context in which New Year's resolutions have been studied. We identified additional articles by manually searching the reference lists of eligible articles and through our knowledge of the literature.

Eligibility Criteria

We limited our review to include peer-reviewed articles published in English that reported primary research; thus, we excluded theses, dissertations, and book chapters. No restriction was placed on publication years. Given the results of our cursory literature searches that suggested a small literature, our eligibility criteria were intentionally broad. We sought to include articles reporting any study that considered health behavior change in the context of the new year or New Year's resolutions. Other than primary research, there were no restrictions on the employed methodology—we considered observational (cross-sectional or longitudinal) and experimental research.

Study Selection Process

We imported the results of the searches into Covidence, an online systematic review tool. Covidence automatically identifies duplicate articles upon import; we identified one additional duplicate manually (see Figure 1). The lead author and an undergraduate research assistant independently screened the title and abstract of each article for inclusion. Agreement was high (Cohen's Kappa = .83), and disagreements were resolved by discussion. The same author and research assistant also screened the full text of each article for inclusion and had perfect agreement. The lead and fourth authors collaborated to create a standardized data extraction form that aligned with our research questions. Most articles that were excluded after full text review did not include health behavior or adherence to New Year's resolution(s) as an outcome (see Figure 1). For example, one study assessed social media posts about quitting smoking as an outcome (Westmaas et al., 2022), which we considered inherently different from other group-level outcomes that provide some indication that an individual is actively preparing for or engaging in health behavior change (i.e., calls to a quitline or searching the internet for diet recipes). An additional study was excluded because several public health initiatives purposefully

coincided with the new year, and the authors could not or did not isolate an effect of the new year on calls to a tobacco quitline (Sheffer et al., 2010). The lead and fourth authors independently extracted the data from the included articles. Any disagreements regarding the extracted data were resolved through discussion.

Results

Twenty-five articles met our eligibility criteria and were included in the scoping review (see Figure 1). There were three articles that reported two independent data sets that met our eligibility criteria (six in total) (Dai et al., 2014; Marlatt & Kaplan, 1972; Woolley et al., 2025). Another two articles reported data from the same longitudinal study with the first article using data from earlier follow-up assessments (up to one month; Norcross et al., 1989) and the second article using data from all follow-up assessments (up to two years; Norcross & Vangarelli, 1988). Thus, 27 independent data sets were included in the review. Summaries of the studies are provided in Table 1. The included studies fell into three general categories described below, and the presentation of the results are organized by these categories.

Time Effect of the New Year (k = 14)

Over half of the studies included in this review examined a time effect of the new year on health behavior(s), rather than recruiting participants who made a New Year's resolution. These studies typically relied on existing, group-level health data (e.g., Google searches for the term "diet" and gym visits; Dai et al., 2014), although some examined a time effect on health behavior data collected from individual participants (e.g., nicotine containing product choices; Pesko et al., 2016). A few of the identified studies examined a combination of health behaviors at the group- and individual-level (e.g., visits to a web-based smoking cessation program and smoking cessation from visitors who enrolled in an intervention trial; Graham et al., 2013).

Of the 14 studies that tested a time effect of the new year on health behaviors, seven focused on outcomes relevant to smoking cessation. Each of these studies found some support for the effect of the new year on increased motivation for smoking cessation or short-term abstinence from smoking. Cigarette sales were found to be the lowest and nicotine replacement product sales were found to be the highest around the new year relative to other times of the year; there were large differences of 30% and 40% in sales compared to the highest and lowest months, respectively (Chandra et al., 2011; Chandra & Chaloupka, 2003). Two studies found that registration for web-based smoking cessation interventions peaked in early January (El-Toukhy, 2021; Graham et al., 2013). One of these studies subsequently recruited registrants for a smoking cessation intervention trial, and those who registered around the new year were not more successful in maintaining cessation at 3-month follow-up than those who registered at other times of the year (Graham et al., 2013). Callers to a quitline around the new year were more likely to be in the action stage of change, or having initiated smoking cessation, compared to callers at other times of the year (Delnevo et al., 2006). Further, in a discrete choice experiment for nicotine-containing products that purposefully overlapped with the new year, cigarette choice declined and electronic nicotine delivery systems choice increased from December to January, though only for young adults (18-24 years of age) and those with above-median interest in quitting smoking (Pesko et al., 2016). Finally, one study found that the new year was associated with increases in both quit attempts and abstinence rates among current and former smokers (Reed et al., 2008).

Six studies focused on dieting ($k = 3$), physical activity ($k = 2$), or weight loss ($k = 1$). These studies also observed a positive effect of the new year on health behavior change. The diet-focused studies examined a time effect of the new year on Google searches for the term

"diet" or "dieting" (Dai et al., 2014), and/or the names or recipes of popular weight loss programs, such as Weight Watchers (Markey & Markey, 2013; Towers et al., 2020); all three studies found large increases in searches in January and gradual declines in searches throughout the remainder of the year. One of these studies also found that the size of the increase in searches in January across U.S. states was positively correlated with the state's obesity rate and related negative health outcomes (Markey & Markey, 2013). Regarding the two studies that focused on physical activity, one found an 11.6% increase in gym attendance at a large university at the start of the new year (Dai et al., 2014), and the other found that those who registered for a 6-week step count challenge through a mobile phone application around the new year were more successful than those who registered during other times of the year (77.7% versus 72.6%) (de Buisonjé et al., 2023). Finally, the study that focused on weight loss found that participants in a national diabetes prevention program in England lost 12%-30% more weight from the beginning to the end of the program if they enrolled in January compared to other months, which was partially explained by higher session adherence (Koutoukidis et al., 2023).

One study included in the dieting/exercise/weight loss category did not test a time effect of the new year, *per se*. However, the authors randomized participants to receive a mailed reminder to take prescribed medications for high cholesterol, diabetes, or blood pressure around the new year, or another temporal landmark (birthday), and assessed whether the reminder highlighted the date as an opportunity for a fresh start (Dai et al., 2017). These active conditions were compared to a control condition in which a reminder was sent on a randomly selected day that was at least one month and one week away from New Year's Day and the participant's birthday, respectively. Thus, the intent was to strengthen the time effect of the new year (or birthday). Relative to control, there was no increase in medication adherence in these temporal

landmark conditions. Overall, these findings underscore the robustness of naturally occurring time effects around the new year, while pointing to the need for further research on when and how such effects can be effectively induced through intervention.

Success with New Year's Resolutions (*k* = 8)

More than one-quarter of the studies included in our review recruited participants who made one or more New Year's resolutions concerning any behavior and assessed success, adherence, or progress in relation to the resolution at the individual participant level, but not the relevant health behavior(s) directly (e.g., Oscarsson et al., 2020). For the study to meet our eligibility criteria, the authors must have reported that at least some of the participants made a New Year's resolution to change health behaviors. Consistent with the findings of a national survey (Garcia, 2024), most participants in these studies made health-related resolutions (see Table 1). However, these studies report success across types of resolutions (health- and non-health-related), unless noted otherwise. One study focused on the Chinese New Year, and health-related resolutions were less common (18.4% of resolutions; Woolley et al., 2025: Study 2).

Non-experimental studies (*k* = 5). Five of the eight studies did not include an experimental manipulation or intervention. Norcross and colleagues (1988, 1989) found that 77% of participants maintained their resolution for 1 week, 55% for 1 month, 40% for 6 months, and 19% for 2 years; of those who maintained success for 2 years, more than half had at least one "slip," and mean number of slips over 2 years was 14. Similarly, in another study, Norcross and colleagues (2002) found that 46% of participants maintained their resolution for 6 months, compared to a 4% success rate of behavior change for 6 months among a control group of people who were seriously considering changing a problem behavior but did not make a New Year's resolution to do so. Further, over the 6 months, participants who made a resolution to quit

smoking decreased usage from an average of 23.1 to 15.8 cigarettes per day, and those who made a resolution to lose weight lost over 8 lbs on average. Across these studies, Norcross and colleagues identified several predictors of success, including readiness to change and self-efficacy (see Table 1). Woolley and Fishbach (2017) found that average success in New Year's resolutions in March was 4.79 (SD = 1.56) on a 7-point scale ranging from 1 (*not very successful*) to 7 (*very successful*). Immediate rewards from pursuing the resolution (i.e., positive experience, enjoyable, engaging) predicted successful adherence, whereas delayed rewards (i.e., useful, life changing, important) did not. At 4, 8, and 12 months following a baseline assessment around the new year, Woolley et al. (2025) found that 92.1%, 90.7%, and 87.7%, respectively, of U.S. participants' New Year's resolutions were either ongoing or completed. Intrinsic motivation to pursue the resolution, but not extrinsic motivation, positively predicted goal adherence at each of the three follow-up assessments. Similarly, in a separate study, Chinese participants' intrinsic motivation to pursue a Chinese New Year's resolution positively predicted goal adherence one month later (Woolley et al., 2025).

Experimental studies (*k* = 3). Among the three studies that included an experimental manipulation or intervention, one randomly assigned participants to a monitored or nonmonitored group (see Table 1), which had no effect on New Year's resolution success (Marlatt & Kaplan, 1972). Multiple New Year's resolutions were considered, not just the primary resolution, and only 21 out of 166 resolutions were about health-related behaviors, which may be partially explained by the fact that those who made a resolution to lose weight were treated as an independent sample and completed a slightly different study protocol that is discussed in the final category of studies. Seventy-five percent of New Year's resolutions were maintained over the 15 weeks, but health-related resolutions were the most likely type of resolution to be broken

by the end of the 15 weeks (60% of smoking- and 64% of other health-related resolutions) (Marlatt & Kaplan, 1972). The average duration that a broken resolution was kept was 44 days for women and 41 days for men. Whether the resolution concerned stopping a behavior or starting a new behavior was not associated with success.

Koestner and colleagues (2002) randomly assigned participants to one of three conditions: implementation intentions, self-reflection, or control; there were no main effects of condition on New Year's resolution success. The average success in New Year's resolutions at 1-month follow-up was 3.86 (SD = 0.73) on a 7-point scale; values and anchors for this scale were not provided, but the authors interpret this as "moderate progress," suggesting that scores ranged from 1 to 7 with higher scores indicating greater progress or success. Self-concordance, commitment, and self-efficacy were positively associated with success, and there was an interaction effect such that those in the implementation intentions condition whose resolutions were higher in self-concordance reported the greatest progress.

Finally, Oscarsson et al. (2020) randomly assigned participants to one of three conditions providing no support, some support, or extended support with their New Year's resolution (see Table 1). About 55% of participants across conditions successfully maintained their resolution one year later, with those receiving some support having a slightly higher success rate than those receiving no or extended support. There were no other group differences, however those who made an approach- versus avoidance-oriented goal were more successful (59.9% versus 47.1%), and success was positively associated with self-efficacy and quality of life.

Health-Behavior Specific New Year's Resolutions (*k* = 5)

Five studies recruited participants who made a New Year's resolution to change a specific health behavior and assessed either self-reported success with maintaining the resolution or

assessed the relevant health behavior(s) at the individual level (e.g., Marlatt & Kaplan, 1972). Of these five studies, three focused on smoking cessation and two focused on weight loss. Regarding smoking cessation, Gritz and colleagues (1988) randomly assigned daily smokers who intended to quit via a New Year's resolution or the Great American Smokeout without external aid to a frequent or infrequent assessment condition. There were no differences in smoking cessation outcomes across the New Year's resolution and Great American Smokeout groups. One-quarter of participants were abstinent one year later, with 11% having maintained continuous abstinence for the full year. Most participants (79%) reported quitting for at least 48 hours, but half of those who quit returned to smoking (i.e., relapsed) within a month, and 68% relapsed within a year. Similarly, Marlatt and colleagues (1988) recruited people who intended to quit smoking as a New Year's resolution. Abstinence rates across the study were 25% at 1 month, 16% at 4 months, 13% at 1 year, and 19% at 2 years. Greater motivation and lower perceived difficulty at baseline predicted abstinence. Lastly, Walsh and Paul (2002) recruited former smokers and found that 1 in 20 retrospectively reported that their successful cessation was due, in part, to a New Year's resolution.

Regarding weight loss, (Marlatt & Kaplan, 1972) recruited college students who made a New Year's resolution to lose weight and a control group who did not make any resolutions. Participants were weighed at baseline and randomly assigned to four weigh-ins over 12 weeks or only once at the end of the 12 weeks. There were no differences in the final weight between the New Year's resolution and control groups, nor was there an effect of frequency of weigh-ins. Among European women who participated in a survey sponsored by a company that makes a weight loss drug, 50% made a New Year's resolution to lose weight, and 20% with a BMI < 25 and 9% with a BMI > 30 indicated that they were successful in losing weight. The timeline for

success was unclear as the survey was conducted in March, but participants were asked whether they had made a New Year's resolution during the past two years (Rössner et al., 2011). Further, the most common month for starting weight loss programs was January (39% of participants).

Discussion

The beginning of each new year produces a surge in motivation to change health behaviors among a large proportion of the population, presenting an exceptional opportunity to study health behavior change and improve population health. We conducted a scoping review to identify and map the available evidence on New Year's resolutions for health behavior change, answering questions related to the scope and characteristics of existing research, the success of initiating behavior change following a resolution, as well as whether health interventions delivered around the new year are effective, and key gaps that remain for future research, which we address below.

Extent and Organization of Existing Research

The results of this review confirm a limited literature—only 25 articles met our eligibility criteria for inclusion, a surprisingly low number given the ubiquity of New Year's resolutions. One practical explanation for the limited research may be the narrow annual recruitment window during which people make resolutions, which poses logistical challenges for researchers. For example, one study included in this review that examined day-level visits to a web-based smoking cessation program found that visits peaked between December 26th and January 9th (Graham et al., 2013). Consistent with this constraint, about half of the studies in the review relied on ongoing studies or existing databases of health behaviors to examine the timing of behavior change around the new year relative to other points in the calendar (e.g., Google searches, calls to tobacco quitlines, and visits to tobacco cessation websites). By synthesizing

this fragmented literature, the current scoping review aimed to stimulate greater scholarly attention to the new year and New Year's resolutions as a meaningful context for promoting health behavior change and to motivate additional empirical work in this domain.

Based on our review, we organize the limited literature on New Year's resolutions for health behavior change into three categories: studies examining time-related effects of the new year (51.9%), studies assessing resolution success more generally (29.6%), and studies focused on specific health behaviors (18.5%). This distribution highlights the heterogeneity of the existing research.

The most common research on the new year includes general time effects. A strength of this approach is that focusing on the new year may capture a broader *fresh start* effect. That is, some individuals may experience heightened motivation to change behaviors at the start of the year even in the absence of setting a formal resolution. However, a limitation is that factors other than the *fresh start* effect may also contribute to health behavior change around the new year. For example, several smoking cessation studies included in the review note that cold weather and policy changes (e.g., taxes) often coincide with the new year and may act as confounders. Another potential confounder is the role of the holiday season, which is associated with poorer health behaviors (e.g., weight gain; Yanovski et al., 2000). From this perspective, health behavior change in the new year may reflect a return to baseline routines (e.g., resuming exercise) or motivation to recover from holiday excess, as opposed to aspirational behavior characteristic of the *fresh start* effect. That said, Yanovski et al. found that holiday-related weight gain is both smaller than commonly asserted and not reversed in the spring or summer, providing some evidence against a simple "return to normalcy" explanation. Overall, more research is needed to disentangle the *fresh start* effect and other time-varying confounds surrounding the new year, as

well as to clarify the role of the *fresh start* effect in motivating people to set New Year's resolutions specifically.

Beyond time-effect studies, the other two common types of research included studies assessing resolution success more generally and studies focused on specific health behaviors. For example, some studies recruited participants who made *any* type of resolution rather than a specific health-related resolution (e.g., Oscarsson et al., 2020; Woolley et al., 2025; Woolley & Fishbach, 2017). As a result, instead of measuring engagement in a specific behavior, this work relied on self-reported success over time. One such study found that health-related resolutions were less successful compared to other types of resolutions (Marlatt & Kaplan, 1972). While self-reported success provides useful information, the gold standard remains direct assessment of the relevant behavior. Indeed, reliance on self-reports can result in an overestimation of success (e.g., Norcross et al., 2002).

At the outset of our review, we expected that most studies on New Year's resolutions would assess engagement in specific health behaviors over time. Instead, this was the least common design. Most of the reviewed studies examined a general time effect of the new year and did not include longitudinal follow-ups (c.f., Koutoukidis et al., 2023).

Initiation and Maintenance of Health Behavior Change in the New Year

The most consistent finding across studies is heightened motivation for health behavior change around the new year. This pattern is evidenced by peaks in calls to smoking quitlines, visits to web-based smoking cessation programs, gym attendance, and Google searches for diets, among other behaviors, during this period (e.g., Dai et al., 2014; Delnevo et al., 2006; El-Toukhy, 2021). Beyond these time effects, some evidence indicates that people who enroll in health interventions around the new year experience greater behavior change than those who

enroll at other times of the year. The strongest evidence comes from a study of tens of thousands of adults enrolled in the English National Health Service (NHS) Diabetes Prevention program. Those who started the program in January lost 12%-30% more weight than those who started it at other times of the year (Koutoukidis et al., 2023). Similarly, another study found that step-count challenges started around the new year were more successful than those started during any other time of the year (77.7% vs. 72.6%) (de Buisonjé et al., 2023).

Not all evidence points to positive effects. One study found that those who registered for a web-based smoking cessation program around the new year did not have higher abstinence rates at follow-up than those who registered at other times of the year (Graham et al., 2013). However, this study had a smaller sample size, requiring differences in time of registration to be collapsed across study conditions, rather than testing as an interaction effect. Notably, the same study found that people who visited the website around the new year were more likely to enroll in the program and had higher page views than people who visited during the summer and fall, consistent with heightened motivation during the new year period. Importantly, there was no evidence across the 27 included studies that New Year's resolutions had iatrogenic effects on health behaviors. It may be of value for future work to address this possibility, particularly in the context of how unsuccessful attempts to change behavior may impact motivation or self-efficacy.

Given the heterogeneity of designs and measurement approaches, estimates of "success" in New Year's resolutions for health behavior change are inconclusive based on the current review. However, across these studies, sizable proportions of participants reported at least some success at both shorter- and longer-term follow-up assessments. Some studies found high rates of continued engagement or success with New Year's resolutions in the long term (i.e., one year later) (54.7%: Oscarsson et al., 2020; 87.7%: Woolley et al., 2025). Estimates from other studies

indicated a much lower likelihood of long-term success with New Year's resolutions, especially for smoking cessation (e.g., 19% of participants quit smoking two years later; Marlatt et al., 1988). However, authors of these studies observed that abstinence rates are comparable to those for aided quit attempts (Marlatt et al., 1988). Quitting smoking is particularly difficult to achieve because of physical dependence on nicotine, and defining success as abstinence does not allow for partial success that is possible for other health behaviors. Overall, these findings suggest that while many people do fail in pursing their resolution, many people also succeed, which is inconsistent with conventional wisdom that New Year's resolutions are an exercise in futility.

Avenues for Future Research

This scoping review provides initial insight into the existing literature while highlighting several important avenues for future research. First, given the limited research on the new year, there remains a meaningful contribution to be made by leveraging ongoing studies and existing databases to test time effects of the new year on health behaviors, particularly when these designs account for potential confounders and limitations to causal inference. At the same time, such research is well positioned to prioritize designs that allow for longitudinal follow-up, enabling stronger tests of whether heightened motivation at the new year translates into sustained behavior change over time.

Indeed, evidence from this review reinforces the potential of temporal landmarks, like the new year, for public health interventions. Not only might uptake of health interventions be greater around the new year, but receiving an intervention around the new year might increase effectiveness compared to other times of the year. Smoking cessation programs often capitalize on the new year with messaging for calling quitlines and other cessation resources. "Dry January" campaigns, which incorporate abstinence or reductions in drinking alcohol during

January, are another example of maximizing the new year to support abstinence from alcohol or reductions in alcohol use, with recent evidence suggesting that these campaigns are effective (Strowger et al., 2025). Additional work is needed to evaluate the long-term success of such campaigns.

Future research can also leverage variability in success to investigate the personality characteristics and psychological processes involved in successful behavior change in response to New Year's resolutions. Indeed, several studies included in this review examined predictors of success, which may provide a starting point for future research. For example, higher self-efficacy received the most consistent support as a predictor of success, which may be unsurprising given that it is one of the most well-supported determinants of successful health behavior change (Sheeran et al., 2016). If future research confirms that many people do succeed, promoting New Year's resolutions for health behavior change may be an effective intervention itself, and research on predictors of success can inform intervention targets for supporting people's resolutions.

More generally, longitudinal research is needed with people who intend to change health behaviors in the new year. Such designs will allow researchers to study the psychological processes underlying changes in health behaviors that may provide targets for intervention that aim to promote or support New Year's resolutions in addition to informing the psychology of behavior change. Some suggest that separation from the former, less healthy self to a new, healthier self; rest and renewal over the holidays; and an increased focus on one's health might explain health behavior change in the new year (Dai et al., 2014), though these postulates have been subjected to limited evaluation. There are a number of other explanations as well. It could be that declaration of a New Year's resolution, for instance, creates a cognitive barrier (e.g.,

cognitive dissonance) for reneging. If one says they are changing an internal standard (e.g., "I'm going to be healthy"), then behavior that does not conform to this standard (e.g., smoking, junk food, or drinking) will create psychological discomfort and a motivation to reduce the discrepancy. How these processes fit into broader and supported theories of health behavior change should be investigated by future research. In addition, health behaviors (e.g., sleep hygiene, stress reduction, and alcohol use reduction) beyond the more common smoking and weight-related behaviors currently found in the literature could be examined in future research.

Limitations

We conducted a thorough scoping review of the current literature on New Year's resolutions and health behavior change surrounding the new year. As such, we focused on published studies in available English language journals. Even so, given the biases in publishing successful studies, there may be a large file drawer of null results regarding New Year's resolutions. Future work looking to estimate the true effect of New Year's resolutions should seek out unpublished data and include papers from non-English language journals.

The current review focused on New Year's resolutions and, therefore, did not include studies that have examined temporary periods of health behavior change (e.g., temporary abstinence periods like Dry January). There is some evidence that Dry January participants are more motivated to increase their physical activity and to improve their diet compared to those who do not participate in Dry January (de Visser & Piper, 2020). However, Dry January is inherently different from resolutions as it is a time-limited challenge that extends for only one month, rather than a resolution to change a behavior for a longer period of time. Given the increase in Dry January and similar month-long campaigns for health behavior change (i.e.,

January fitness challenges), it will be important to assess whether participation in these campaigns is separate from or tied to New Year's resolutions.

Conclusions

Modifiable lifestyle behaviors are the major drivers of chronic disease, and every January millions of Americans self-initiate change in these behaviors through New Year's resolutions. Despite a limited and heterogeneous literature, this scoping review suggests that New Year's resolutions are associated with heightened motivation for health behavior change, meaningful long-term maintenance for many individuals, and potentially greater responsiveness to health interventions tied to resolution setting at the start of the year. By more fully understanding and harnessing the turn of the year, future research and intervention efforts are well positioned to generate meaningful theoretical insight and improve population health at scale.

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Table 1

Summary of Studies Included in the Scoping Review

Article	Category	Sample/Design	Health Behavior	Key Findings
Chandra & Chaloupka (2003)	1	Monthly cigarette sales by wholesalers to retailers at the U.S. state level from January 1983 to July 2000.	Smoking cessation	Across the U.S., cigarette sales were lowest in January and February, and highest from June to August; the mean difference was 30%.
Chandra et al. (2011)	1	Monthly nicotine replacement therapy (NRT) products sales in 50 metro markets in the U.S. from January 1998 to December 2002.	Smoking cessation	NRT sales were highest from January to March and lowest from June to December; the mean difference was 40%. NRT and cigarette sales were negatively correlated, and higher NRT sales predicted lower next month cigarette sales.
Dai et al. (2014): Study 1	1	Daily number of Google searches in the U.S. for "diet" in 3-month intervals from January 2004 to June 2012.	Dieting	Searches for "diet" were most frequent at the start of each year, increasing by 82.1% from baseline; searches decreased over the year.
Dai et al. (2014): Study 2	1	Daily gym attendance for 11,912 undergraduate members of a fitness center at a large university in the northeastern U.S. from September 2010 to December 2011.	Physical activity	Gym attendance increased at the start of the year by 11.6% from baseline; attendance decreased over the year.
Dai et al. (2017)	1	10,000+ people prescribed cholesterol, diabetes, or blood pressure medications with health insurance through Humana who had 40-80% compliance in the year prior to randomization and had a birthday from January 21st to April 21st. Participants were randomly assigned to receive 1 of 5 mailed reminders: birthday framed vs. unframed, New Year framed vs. unframed, or control.	Medication adherence	Neither sending reminders around the new year or birthday nor faming reminders in relation to these dates increased medication adherence.

de Buisonjé et al. (2023)	1	72,974 people participated in a step count challenge between 2015 and 2020 through the StepBet smartphone app. Participants deposited $40 on average that they got back for reaching daily and weekly step goals over a 6-week period; those who met their goals made additional money.	Physical activity	Challenges started between January 1st and 14th were more successful (77.7%) than challenges started during other times of the year (72.6%).
Delnevo et al. (2006)	1	4,346 people who smoked that called a state sponsored quitline in New Jersey between 2002 and 2004.	Smoking cessation	A higher proportion of callers were in the action stage (quit for < 6 months) in December and January than the rest of the year (19.3% and 18.9%, respectively, compared to 14.6% during the rest of the year).
El-Toukhy (2021)	1	Daily visitors SmokeFree.gov platforms from January to April 2019 and January to April 2020.	Smoking cessation	Subscriptions to cessation interventions peaked in early January of both 2019 and 2020. In 2019, new subscriptions plateaued after an initial decline from January or remained steady throughout the study period. In 2020, after an initial decline from January, subscriptions decreased throughout the remainder of the study period.
Graham et al. (2013)	1	Visitors to a free Web-based smoking cessation program, BecomeAnEX.org. Those who registered for the program and endorsed current smoking were invited to participate in a 4-arm clinical trial. In addition to passively collected website usage data, data from baseline and 3-month follow-up self-report assessments were used.	Smoking cessation	Visitors from December 26, 2012 to January 9, 2013 were more likely to register than those who visited during summer or fall. Web page views were higher among new year visitors than summer and fall visitors. There were no differences in rates of study acceptance, consent, randomization, 3-month follow-up survey completion, or cessation between the 3 time periods of visitors.

Gritz et al. (1988)	3	554 daily smokers who intended to quit without formal external aid for the Great American Smokeout (n=240) or a New Year's resolution (n=315). Participants were assigned to a frequent- (n=355) or infrequent-contact group (n=199). The frequent-contact group completed assessments at baseline, daily for the first week, and 1,3, 6, and 12 months. The infrequent-contact group completed assessments at baseline and 1, 6, and 12 months.	Smoking cessation	There were no differences in abstinence between the New Year's resolution and Great American Smokeout groups. 25% of participants were abstinent at one year, 11% were continuously abstinent for the full year. 79% of participants quit for at least 48 hours; however, 50% of ever-quitters relapsed by one month, and 68% had relapsed by one year. 21% did not quit at any time point.
Koestner et al. (2002): Study 2	2	59 undergraduate students who made a New Year's resolution were randomized to one of three groups: 1) control, 2) self-reflection, and 3) implementation intentions. All participants completed assessments the 2nd week of January and 2 weeks and 1 month later.	N/A: 45 participants made a health-related resolution (e.g., exercise regularly)	Participants reported moderate progress on their resolutions at 1 month (*M*=3.89 on a 7-point scale). Goal progress was positively related to self-concordance, commitment, and self-efficacy. The highest levels of progress were by participants who had more self-concordant goals that had been assigned to the implementation intentions condition (i.e., interaction effect); there was no main effect of implementation intentions.
Koutoukidis et al. (2023)	1	85,514 adults with nondiabetic hyperglycemia who enrolled in the English National Health Service (NHS) Diabetes Prevention Program, a behavioral weight management program, between January 2017 and December 2018.	Weight loss	Those who started the program in January lost 12%-30% more weight from their first to their last program session compared to those starting at other times of the year; higher session attendance mediated these effects with those starting in January attending 0.2 to 0.7 more sessions.

Markey et al. (2013)	1	Monthly Google searches in the U.S. from January 2005 to March 2011 for "diet," "dieting," or the names of popular diet programs (e.g., "Weight Watchers").	Dieting	Searches peaked in January by 29% on average and linearly decreased until December. Larger surges in searches were associated with higher state obesity rates and negative health outcomes (e.g., diabetes-related deaths).
Marlatt & Kaplan (1972): Sample 1	3	Undergraduate students who made a New Year's resolution to lose weight (n=34) and a control group (n=34) completed an initial weighing and were randomly assigned to: 1) a monitored group (weighed 4 times during a 12-week period), or 2) a nonmonitored group (weighed only at the end of the 12-week period).	Weight loss	There were no differences in weight loss between the resolution and control groups nor between the monitored and nonmonitored groups. Participants who made a resolution to lose weight had higher initial weights than the control group.
Marlatt & Kaplan (1972): Sample 2	2	60 undergraduate students who made a New Year's resolution(s) other than to lose weight. Participants were randomly assigned to: 1) a monitored group (assessments at 3-week intervals for 15 weeks), or 2) a nonmonitored group (one assessment at 15 weeks).	N/A: 21 out of 166 resolutions were related to smoking behavior (e.g., quitting smoking) or health (e.g., exercise for at least an hour per night)	25% of resolutions were broken by the end of the 15-week period. 62% of women and 50% of men broke at least one resolution. Smoking- (60% broken) and health-related resolutions (64% broken) were the most likely types of resolutions to be broken. On average, a resolution was kept for 44 days for women and 41 days for men before being broken. Whether the resolution concerned stopping a behavior or starting a new behavior was not associated with likelihood of breaking the resolution.
Marlatt et al. (1988)	3	153 smokers who planned to quit smoking as a New Year's resolution (69 were initially assessed before and 84 were	Smoking cessation	At 1 month: 25% were abstinent and 16% were mostly abstinent. At 4 months:16% were abstinent and 12% were mostly abstinent. At 1 year:

		initially assessed after quitting). Smoking status was assessed at 1 month, 4 months, 1 year, and 2 years later.		13% were abstinent and 11% were mostly abstinent. At 2 years: 19% were abstinent and 1% were mostly abstinent. Rates of abstinence were observed to be similar to those for people who receive external aid. People who successfully quit reported higher desire to quit and lower perceived difficulty at baseline.
Norcross & Vangarelli (1989) & Norcross et al. (1989)	2	200 adults living in northeastern Pennsylvania who made at least one New Year's resolution. A baseline assessment was conducted prior to the new year and follow-up assessments were conducted at 1, 2, and 3 weeks and 1, 3, and 6 months.	N/A: 38% of resolutions were to lose weight and 30% were to quit smoking; 2% of resolutions were to reduce alcohol use	77% maintained resolution for 1 week, 55% for 1 month, 40% for 6 months, and 19% for 2 years. Greater readiness to change, higher self-efficacy, more behavioral strategies, and less self-blame and wishful thinking predicted success at one week and one month. Helping relationships, environmental re-evaluation, and interpersonal systems predicted long-term maintenance. Stimulus control predicted success at each time point. Successful resolvers reported more stimulus control, reinforcement, and willpower than unsuccessful two years later. 60% of those failing to maintain the original resolution were committed to altering the same behavior 2 years later. 53% of successful group experienced at least one slip, and mean number of slips over 2 years was 14. Lack of personal control, excessive stress, and negative emotion were related to slips.
Norcross et al. (2002)	2	282 adults in northeastern Pennsylvania who made a New	N/A: The most common goals	At 6 months, 46% of resolvers maintained success compared to just

		Year's resolution (resolvers, n=159) or acknowledged a problem behavior, desired to change it, were seriously thinking about changing, but had not yet committed to changing it (nonresolvers, n=123). Participants completed a baseline assessment and follow-up assessments at 1 or 2 weeks, 3 or 4 weeks, 3 months, and 6 months.	among both resolvers and nonresolvers were weight loss (31%), an exercise program (15%), and smoking cessation (12%)	4% of nonresolvers. Resolvers who hoped to quit smoking decreased from an average of 23.1 to 15.8 cigarettes per day, and resolvers who hoped to lose weight lost an average of 8.1 pounds from January to July. Successful resolvers were higher on self-efficacy of change, self-efficacy of maintenance, and readiness to change. Successful resolvers used more self-liberation, reinforcement management, stimulus control, avoidance, and positive thinking during the first two weeks. Nonsuccessful resolvers were higher on self-reevaluation, self-blame, wishful thinking, and minimizing threat.
Oscarsson et al. (2020)	2	1,066 Swedish adults who made a New Year's resolution were randomly assigned to one of three groups: 1) No support (brief, general information on New Year's resolutions); 2) Some support (information about positive effects of social support for goal achievement, named a specific person to help them, more frequent follow ups than group 1, one email with information and exercises on how to cope with hurdles); 3) Extended support (same as group 2, but also information about value of goal setting that is specific, measurable, achievable, realistic/relevant, and time-framed;	N/A: Most participants' primary resolution concerned health behavior: 33% physical activity, 20% weight loss, 13% eating, 5% mental health and sleep, 3% tobacco, 2% drinking	54.7% success rate one year later; success rate was 88.8% in January and moderately declined over the year. Group 2 was more successful than Groups 1 and 3 (small effect size). Group 3 was not more successful than Group 1. Those who made an approach- versus avoidance-oriented goal were more successful (59.9% versus 47.1%). Successful participants had greater increases in quality of life. Successful participants had greater increases in self-efficacy (small effect).

		formulate goal in terms of approaching rather than avoiding and set interim goals throughout year, same number of follow ups as group 2 but three emails with information and exercises about motivation, thought patterns, and negative spirals). Group 1 completed three follow-up assessments on the last day of January, June, and December. Groups 2 and 3 completed twelve monthly follow-up assessments at the end of every month.		
Pesko et al. (2016)	1	1,200 adult smokers participated in a discrete choice experiment for nicotine-containing products in which participants were randomly assigned to 1 of 10 surveys that contained 12 of 24 possible price/flavor/warning-label choice scenarios. Choices were compared before and after January 2015.	Smoking cessation	Cigarette choices declined by 8.3% and electronic nicotine delivery systems (ENDS) choices increased by 24% from December 2014 to January 2015 for adult smokers with cigarette quitting interest above the median; there were no differences for those with quitting interest below the median. Cigarette choices declined by 7.6% and ENDS choices increased by 29.7% from December 2014 to January 2015 among young adult smokers (18-24 years); there were no differences for older adults.
Reed et al. (2008)	1	Current and former smokers who were 25 years of age or older in the 1996 and 1999 California Tobacco Surveys (*n*s=6,211 and 3,798, respectively). There were increases in both retail price and excise tax in January 1999.	Smoking cessation	45% and 140% increase in quit attempts between December 1995 and January 1996 and December 1998 and January 1999, respectively. Also, between November 1995 and January 1996, abstinence increased 94%, and from November 1998 to

				January 1999, abstinence increased by 120%.
Rössner et al. (2011)	3	12,410 women in 6 European countries (Belgium, Finland, Denmark, Holland, Norway, and Sweden) completed an internet survey that was sponsored by a company that developed a weight loss drug.	Weight loss	About 50% reported making a New Year's resolution to lose weight during the past 2 years. 20% of women with a BMI < 25 kg/m^2 indicated that they were successful, compared to 9% for those with a BMI > 30 kg/m^2. 39% planning a weight loss program started in January, 22% in February, and 26% in March, compared to 6%, 3% and 2% in October, November and December, respectively.
Towers et al. (2020)	1	Monthly Google searches in the U.S. for recipes related to popular diets (e.g., Weight Watchers) between January 2004 and July 2019.	Dieting	Sharp increase in searches in January for all diets, followed by a decline to the summer months and a further abrupt decline in November and December. There was a significantly larger jump (almost 130%) for Weight Watchers in January than the other diets.
Walsh et al. (2002)	3	Current (n=251) and former smokers (n=400) in New South Wales, Australia were asked whether they had quit smoking in the previous year and, if so, whether a New Year's or birthday resolution contributed.	Smoking cessation	1 in 20 former smokers reported that a New Year's Resolution was part of their successful cessation; birthdays were not associated with successful cessation attempts.
Woolley et al. (2017): Study 1	2	96 U.S. Mechanical Turk workers who made a New Year's resolution and completed a follow-up survey in March.	N/A: 55.2% of resolutions were health related (31.3% exercise, 10.4% eat healthy, 13.5% healthier habits)	Average success in March was 4.79 (SD=1.56) on a 7-point scale (1=not very successful, 7=very successful). Immediate rewards were positively associated with success, whereas delayed rewards were not associated with success.

Woolley et al. (2025): Study 1	2	2,000 U.S. Mechanical Turk workers who made a New Year's resolution. Participants completed a baseline assessment and three follow-up assessments in four-month intervals.	N/A: 39.6% of resolutions were related to physical health (e.g., lose weight, exercise), and 14.6% to healthy consumption (e.g., eat healthier, quit smoking).	92.1% reported their resolution as ongoing or completed at T2, 90.7% at T3, and 87.7% at T4. Goal adherence at each time point was positively predicted by intrinsic motivation; extrinsic motivation was not associated with goal adherence.
Woolley et al. (2025): Study 2	2	500 Chinese adults who made a resolution for the Chinese New Year that were recruited from Credamo, an online Chinese data collection platform. Participants completed a baseline assessment and a follow-up assessment one month later.	N/A: 15.8% of resolutions were related to physical health (e.g., lose weight, exercise), and 2.6% to healthy consumption (e.g., eat healthier, quit smoking).	100% reported their resolution as ongoing or completed at follow-up. Goal adherence at follow-up was positively predicted by intrinsic motivation at baseline; extrinsic motivation was not associated with goal adherence.

Note. Category 1 is Time effect of the new year ($k = 14$), Category 2 is Success with New Year's resolutions ($k = 6$), Category 3 is Health-behavior specific New Year's resolution ($k = 5$).

Figure 1

Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) Flow Diagram