Title of Intervention: Pawtucket Heart Health Study – Tobacco-related Activities

Intervention Strategies: Supportive Relationships, Individual Education, Provider Education, Campaigns and Promotions

Purpose of the Intervention: To modify cardiovascular disease risk factors to reduce cardiovascular morbidity and mortality

Population: Adult smokers

Setting: Blue-collar community of Pawtucket, Rhode Island; school-based, worksite-based, community-based

Partners: Local hospital, health agencies, schools, worksites, community organizations and businesses, churches, newspapers, television stations, radio stations, local physicians, parade organizers

Intervention Description:
- Campaigns and Promotions: Public service announcements for the Up In Smoke intervention were made on the radio and advertisements and regular press coverage appeared in regional newspapers.
- Provider Education: Risk factor-related materials were sent to 300 local physicians to help them counsel at-risk patients. Risk factors included nutrition, physical activity, tobacco, cholesterol and blood pressure.
- Individual Education: Participants were given self-help materials.
- Supportive Relationships: Participants could join local smoking cessation support groups.

Theory: Social Learning Theory, Diffusion of Innovations

Resources Required:
- Staff/Volunteers: Volunteer activity leaders
- Training: Not mentioned
- Technology: Not mentioned
- Space: Room for support groups
- Budget: Not mentioned
- Intervention: Prizes, promotional materials, self-help materials, provider education materials, flyers, public service announcements
- Evaluation: Interview protocol, carbon monoxide measurement device

Evaluation:
- Design: Quasi-experimental
- Methods and Measures:
  - Telephone interviews assessed self-reported risk factor status, risk factor behaviors, changes in reported status and behaviors and socio-demographic characteristics.
  - Smoking status was verified by expired air carbon monoxide.

Outcomes:
- Short Term Impact: Not measured
- Long Term Impact: A significant percentage of participants continued to make quit attempts following the Up in Smoke intervention.

Maintenance: Many of the intervention components were designed to be useable even after the 11-year study was over. Community lay health educators were responsible for a majority of the program activities.

Lessons Learned: The use of larger incentives, separate incentives for enrollment and cessation, pharmacological approaches or contingency contracting may all prove to enhance the effectiveness of these types of interventions.

Citation(s):
