

Title of Intervention: Community Intervention to Help Women Stop Smoking

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

Purpose of the Intervention: To reduce the prevalence of cigarette smoking among women

Population: Adult women smokers

Setting: Women, Infants, and Children (WIC) clinics, health care facilities, worksites, community colleges, adult education classes in two rural communities in Vermont and New Hampshire; community-based, home-based, worksite-based, health care facility-based,

Partners: Coalition of recruited community volunteers, WIC clinics, health care facilities, worksites, community colleges, education centers, local media (newspaper, radio, tv)

Intervention Description:

- **Campaigns and Promotions:** A 29-minute Breathe Easy videotape showing four young Vermont women going through the process of quitting smoking was produced and widely distributed through health providers' offices and video outlets at no cost. Promotional presentations were given to businesses and worksites regarding smoking policies, cessation classes and self-help materials. Media (newsprint, radio, television) initiatives included paid advertisements, feature stories about smoking, information about the help available in each community for quitting and profiles of local women seeking help and attempting to quit. In addition, health fairs and other public events were used to recruit volunteers and publicize the help available through Breathe Easy. A tip sheet with referral form and telephone number for Breathe Easy and pamphlets about the risks of smoking and benefits of quitting, at fifth- and sixth-grade reading levels, were produced and widely distributed to health professionals' offices, high schools, colleges, businesses and worksites.
- **Provider Education:** Providers (physicians and oral health care providers) were introduced to the Breathe Easy resources for quitting smoking available to their female patients and were encouraged to help them set quit dates and make referrals. Special Supplemental Nutrition Program for WIC public health nurses and family planning counselors were trained in a brief smoking cessation protocol and use of the Breathe Easy referral systems for their clients. Participating health professionals received regular feedback on how the support systems were working and were given referral forms and self-help materials as needed. Presentations were made, self-help materials were offered, and Breathe Easy resources were described to community college, technical and high school health educators and adult basic education professionals.
- **Supportive Relationships:** Support systems to help people quit included telephone peer support and support groups.
- **Group Education:** Free smoking cessation classes were organized on a monthly basis.

Theory: Social Cognitive Theory, Transtheoretical Model of Behavior, Diffusion of Innovation, Communications theory, PRECEDE framework

Resources Required:

- **Staff/Volunteers:** Ex-smokers, facilitators, trainers, providers, educators,
- **Training:** Telephone support staff and group facilitators received training
- **Technology:** Media production
- **Space:** Rooms for support groups, training sessions, educational presentations
- **Budget:** Not mentioned
- **Intervention:** Video, Breathe Easy resources, provider feedback forms, referral forms, self help materials, presentations, promotion pieces for newsprint, radio and TV, tip sheets, pamphlets, health fair materials
- **Evaluation:** Survey

Evaluation:

- Design: Quasi-experimental
- Methods and Measures: A survey assessed demographics, smoking history, smoking beliefs and recognition of the intervention.

Outcomes:

- Short Term Impact: Women smokers' perceptions of community norms about women smoking were significantly more negative in the intervention communities.
- Long Term Impact: Smoking prevalence five years after the start of the intervention was significantly lower in the intervention counties than in the comparison counties. Cigarette quit rate was significantly higher in intervention communities.

Maintenance: Community coalitions were formed to review and choose the activities that would take place.

Lessons Learned: In these rural counties, community participation in planning and implementing interventions was accompanied by favorable changes in women's smoking behavior.

Citation(s):

Secker-Walker, R. H., B. S. Flynn, et al. (2000). "Helping women quit smoking: results of a community intervention program." *Am J Public Health* 90(6): 940-6.