

Title of Intervention: Stanford Five-City Project – Tobacco-related Activities

Intervention Strategies: Campaigns and Promotions, Provider Education, Group Education, Individual Education

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

Population: Adults aged 25-74 years old

Setting: Two northern California cities (Monterey and Salinas) ranging in size from 35,000 to 145,000 residents; community-based, school-based, health care facility-based, worksite-based

Partners: Stanford Center for Research in Disease Prevention, Monterey County Health Department, organizations in Monterey County, schools, laboratory at Stanford, School of Public Health University of Minnesota, California State Department of Health Services, media outlets, Monterey County Health Promotion Consortium, Monterey County Health Department's Chronic Disease Prevention Center, Stanford Health Promotion Resource Center

Intervention Description: The Stanford Five-City Project was a 6-year intervention program of community-wide health education and organization.

- **Campaigns and Promotions:** Mass media strategies included television and radio messages, print messages, contests and promotional events. A television show featured the quitting efforts of a popular local news broadcaster who had participated in smoking cessation classes. Two months later, the five segments were shown again in a single 30-minute feature. Four television public service announcements motivated smokers to quit. Using local residents who had quit smoking in a testimonial format, these public service announcements addressed avoiding weight gain when quitting, successful quitting despite past failures, quitting methods and immediate benefits of quitting. A radio smoking cessation series was developed and aimed at younger, blue-collar smokers. The scripted smoking cessation messages were broadcast for 3-5 minutes at 7:45 a.m., during the morning commuter period when radio listening peaked and again at 1:45 p.m.. A radio series developed for Spanish-speaking smokers was broadcast on a popular Spanish language radio station several times, achieving a large audience. Finally, television and radio were used to promote community events, such as the "Smokers' Challenge" contest. Smoking information was presented in a weekly newspaper column four to seven times each year. Print media (newspapers, books, pamphlets) was delivered through direct mail, worksites, medical care providers and other local organizations. A weekly newspaper column in both English and Spanish presented smoking information. To provide an external incentive for smoking cessation, a contest ("Smokers' Challenge") was held in each of the last three years of the intervention. Smokers who quit were eligible for a drawing with the first prize being a trip to a popular vacation resort. The project also augmented the Great American Smoke-Out, sponsored annually by the American Cancer Society. For instance, the project organized a community event on the day of the Smoke-out, which featured local celebrities and a giant cigarette crushed into a giant ashtray. Promotional materials for the Smoke-Out were distributed widely in stores, newspapers and billboards.
- **Provider Education:** Training was provided for school and health care facility staff. Multi-factor risk reduction training classes were offered to teachers and school administrators. Seminars were held with various community hospital staffs to discuss how health care professionals can help their patients quit smoking. Health professionals were provided all of the smoking cessation materials developed for use in their practices. Health care providers were also given detailed instructions on how to prescribe nicotine gum.
- **Group Education:** School-based, community-based and worksite-based group education programs were offered. A group cessation program focused on behavioral problem-solving techniques and was conducted twice weekly for eight sessions with 8-12 participants per groups. Project CLASP (Counseling Leadership About Smoking Pressures) was introduced in the 6th and 7th grades to prevent smoking onset. Older non-smoking peers were used to teach younger students how to resist pressures to smoke. Smoking cessation was also included in a heart health curriculum that was developed for tenth-grade students.

- Individual Education: The program distributed a variety of self-help behavioral change kits for smoking. A four-page "Quit Kit" was developed and distributed. A longer (17-page) self-help guide, "Cool Turkey," was designed to complement a two-week smoking cessation series that was broadcast on a major local radio station. A Spanish-language quit kit was also created.

Theory: Social Learning Theory, Community organization principles, Social Marketing

Resources Required:

- Staff/Volunteers: Educators, actors, peer leaders
- Training: Training for peer leaders
- Technology: Media production
- Space: Rooms for group activities
- Budget: Not mentioned
- Intervention: Media (television and radio), print media (newspapers, books, pamphlets, manuals, newsletters), "kits" used for smoking cessation, prizes for contests, program materials to use in the schools, training materials
- Evaluation: Surveys, biochemical measurement supplies

Evaluation:

- Design: Quasi-experimental
- Methods and Measures:
 - Surveys assessed demographics, health knowledge and smoking behavior.
 - Biochemical validation was used on smokers who claimed they quit.

Outcomes:

- Short Term Impact: There was a significant improvement in knowledge of smoking-related topics in the intervention group.
- Long Term Impact: The smoking rates declined more in the intervention group.

Maintenance: The Stanford Five-City Project implemented two different strategies to maintain the program. The planning committee proposed to maintain the intervention by organizing a network of groups and agencies that would assume responsibility for tasks during the post-intervention period. Participants assumed responsibility for one or more of the maintenance tasks (community board, new community health promotion center, multiple community organizations and research and development). Community agencies would need to develop new programs which would require program planning, program evaluation skills, practical knowledge of a range of communication and behavior change strategies. It was decided that the best way to maintain heart disease prevention activity was to develop the health promotion capacity of community health educators. Monterey County Health Department was the lead agency in the capacity-building partnership. The assumption of the capacity-building approach was that the basic skills used to plan, implement and evaluate disease prevention programs were inherently more sustainable. A second strategy was designed to overcome the barriers to implementation that were encountered by the first project.

Lessons Learned: Future tobacco control efforts should incorporate policy initiatives with educational approaches designed to increase cessation and reduce adoption. Despite the practical limitations of extent and cost, most community-wide health education efforts must be sustained for long periods of time to have significant effects. Barriers to implementation and dissemination included inter-agency competition for limited local resources, insufficient time to achieve dissemination and coordination of objectives, conflict of interest, individual and community priorities and inadequate staff and resources.

Citation(s):

Fortmann, S. P., C. B. Taylor, et al. (1993). "Changes in adult cigarette smoking prevalence after 5 years of community health education: the Stanford Five-City Project." *Am J Epidemiol* 137(1): 82-96.

Farquhar, J. W., S. P. Fortmann, et al. (1985). "The Stanford Five-City Project: design and methods." *Am J Epidemiol* 122(2): 323-34.

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