

**Title of Intervention:** The Minnesota Heart Health Program – Tobacco-related Activities

**Intervention Strategies:** Campaigns and Promotions, Provider Education, Group Education, Supportive Relationships, Environments and Policies, Individual Education

**Purpose of the Intervention:** To decrease population risk of coronary heart disease

**Population:** Adult smokers and sixth graders enrolled in public schools

**Setting:** Six communities in Minnesota, North Dakota and South Dakota; school-based, home-based, worksite-based, health care facility-based, community-based, faith-based

**Partners:** National Heart Lung and Blood Institute Nutrition Coding Center, Minnesota Lipid Research Clinics Core Laboratory, community members, Local and State Health Departments, school districts, worksites, community locations

**Intervention Description:**

- **Campaigns and Promotions:** Mass media campaign materials for the Minnesota Heart Health Program included posters, pamphlets, booklets, press guides and press releases. A “Quit and Win” contest encouraged smoking cessation for a chance at winning prizes. Smokers who were able to remain abstinent for 30 days were eligible for prizes. The contests were heavily promoted in local media, through school children and within community organizations and worksites. Prizes were donated and included family vacations, bicycles, health club memberships and gift certificates. The contest was promoted with numerous locally-produced television and radio promotions, half-page feature stories in the local newspaper and a highly visible recruitment booth that was maintained in the city shopping center for six weekends. Local health professionals promoted the contest. Additionally, adults were interviewed by schoolchildren about smoking and encouraged to enter the contest. Worksite-based classes were promoted throughout the worksite using worksite-wide distribution channels, such as posters, bulletin board announcements, brochures, paycheck stuffers, word of mouth and announcements in newsletters.
- **Provider Education:** Health professionals attended continuing education classes to enhance adoption of practical and systematic prevention programs. The classes encouraged health care providers to act as role models and taught concepts and skills for risk factor assessment and counseling. Lay telephone counselors received five hours of training in smoking cessation techniques and were also given reading assignments addressing health issues related to smoking, benefits of smoking cessation, cessation techniques, FAQs, community resources and methods of supporting quit attempts.
- **Group Education:** Education classes were available to adults and youth at community locations, schools and worksites. In the community, risk factor reduction videos were shown at Heart Health Centers. The school-based smoking intervention was implemented in the fall of seventh grade. The program addressed the prevention of tobacco use by influencing the social and psychological factors that encourage the onset of smoking. Topics included age-appropriate short-term consequences of smoking, why smoking is not a normative behavior, why adolescents smoke tobacco and how these associations are established in culture through both advertising and role models. The students learned and practiced skills to resist these social influences to smoke. They created anti-tobacco advertisements and skits around possible social encounters. At the end of the program, the students made a public commitment to abstain. In worksites, smoking cessation classes were offered on-site and consisted of three 1-hour sessions. It was taught by trained health educators and provided behavioral skills for cessation and maintenance.
- **Supportive Relationships:** All education programs encouraged role modeling. Students completed "take home" assignments with their parents. Participants received outreach telephone calls. A major goal of the telephone call was to lead smokers to establish a specific target date for quitting. The counseling included a discussion of possible barriers to cessation and methods by which these barriers could be minimized. Ex-smokers were congratulated and were asked if they had any questions about maintenance. Participants were offered self-help guides (cessation or maintenance) and the telephone number of a smoker quit line. A one-hour class, entitled "Advice to the Friend of a Smoker," offered at worksites was designed to promote co-worker support of smoking cessation. Participants were taught

ways to help quitters avoid tempting situations and to choose healthy alternatives to smoking. Skills for positively supporting quit attempts rather than punishing failure were emphasized.

- **Environments and Policies:** Smoke-Free Week was a community-wide effort to affect policy change in the workplace. Smokers were given certificates that allowed them to enroll at no cost in a clinic program that was being offered to the general public. Employers were offered a free 90-minute consultation on ways to implement policies promoting non-smoking work environments. Information presented included the benefits of policies supporting non-smoking, types of policies that might be implemented and ways of effectively implementing non-smoking policies.
- **Individual Education:** Participants received self-help manuals.

**Theory:** Social Learning Theory, Persuasive Communications Theory

**Resources Required:**

- **Staff/Volunteers:** Health educators, policy experts, lay volunteer counselors, peer health educators,
- **Training:** Not mentioned
- **Technology:** Media production, audiovisual equipment
- **Space:** Rooms for classes and training
- **Budget:** Not mentioned
- **Intervention:** Prizes, flyers, tv/radio ads, newspaper stories, booths, cessation materials, school and worksite lesson plans, video, free class certificates, smoker quit line number, self-help materials
- **Evaluation:**

**Evaluation:**

- **Design:** Non-randomized community trial
- **Methods and Measures:**
  - Telephone surveys assessed self-reported demographics, smoking history data, participation in cessation activities, information on quit attempts and current smoking status.
  - Smoking status was verified by biochemical assessment.
  - Student survey measured self-reported smoking history and demographic information.
  - Worksite participants completed one-page self-administered survey assessing smoking status, attitudes toward cessation and recent attempts to quit smoking.

**Outcomes:**

- **Short Term Impact:** Participants who received the brief phone counseling were more likely to make a quit attempt or have progress towards quitting at six months. The prevalence of quit attempts was significantly higher in the intervention worksites.
- **Long Term Impact:** Participants in the Quit and Win activity had significantly higher quit rates. A significant proportion remained abstinent at the three to five month follow-up. At the end of the overall program, significantly fewer students were smoking in the intervention than in the control. Smoking cessation rates were higher in the intervention worksites. Participants that had co-workers asking them not to smoke had higher cessation rates.

**Maintenance:** A citizen leadership committee continued the programs at the conclusion of scientific project.

**Lessons Learned:** Not mentioned

**Citation(s):** Lando, H. A., T. F. Pechacek, et al. (1995). "Changes in adult cigarette smoking in the Minnesota Heart Health Program." *Am J Public Health* 85(2): 201-8.

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