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Glasgow, R.E., Boles, S. M., Lichtenstein, E., & Strycker, L.A. (1996). Tobacco policy rating form: A tool for evaluating worksite and tribal smoking control policies. *Tobacco Control*, 5(4), 286-291.

Abstract: *Objective:* To report on the development and validation of a rating scale to code the various components of written tobacco policies. *Design:* The authors developed a one-page Tobacco Policy Rating Form (TPRF) to apply to written policies in both worksites and American Indian tribes. The authors rated 15 worksite and 24 tribal tobacco policies, from a diverse set of companies and tribes of varying size and economic status, on the TPRF with two separate sets of experienced and inexperienced raters. They computed Kendall's coefficient of concordance (W) to measure inter-rater agreement. *Results:* The scale produced a high level of agreement when used by both experienced and inexperienced raters on both tribal and worksite policies. For experienced raters, $W = 0.92, p < 0.0001$ for tribal policies and $W = 0.97, p < 0.0001$ for worksite policies; for inexperienced, $W = 0.89, p < 0.0001$ for tribal policies and $W = 0.96, p < 0.0001$ for worksite policies. *Conclusions:* The TPRF seems worthy of future use as a tool to rate the strength and comprehensiveness of written tobacco policies. It may extend to other settings (e.g., schools and municipalities) or investigators may use it to study behavioural or economic consequences of smoking policies. Those interested in policy change may find the TPRF useful as a way of describing existing policies and as a quantitative measure of change.

Glasgow, R.E., Boles, S.M., Lichtenstein, E., Lee, M.E., & Foster, L. (2003). Adoption, reach, and implementation of a novel smoking control program: Analysis of a public utility-research organization partnership. *Nicotine & Tobacco Research*, 6(2), 269-274.

Abstract: Interventions to reach and assist smokers and families of smokers have generally reached a plateau in terms of participation and success rates. This study reports on recruitment and implementation issues involved in a novel partnership with public utilities. The goal of the project is to use information on the synergistic risks of smoking and home radon exposure to motivate and assist smoking families to create smoke-free homes or to stop smoking. We report on recruitment, participation rates, and representativeness at both the utility and the individual or family level. This project recruited 55% of utilities approached and an estimated 11% of smoking families served by these utilities. The authors discuss lessons learned for recruitment and implementation activities and make recommendations for the conduct and evaluation of future programs using innovative partnerships with public and population-based organizations to reach smokers and reduce exposure to environmental tobacco smoke.

Glasgow, R.E., Boles, S.M., McKay, H.G., Feil, E.G., & Barrera, M. Jr. (2003). The D-Net Diabetes Self-management Program: Long-term implementation, outcomes, and generalization results. *Preventive Medicine*, 36(4), 410-419.

Abstract: A prerequisite to translating research findings into practice is information on consistency of implementation, maintenance of results, and generalization of effects. We

present follow-up data 10 months following randomization on the "Diabetes Network (D-Net)" Internet-based self-management project, a randomized trial evaluating the incremental effects of adding (1) tailored self-management training or (2) peer support components to a basic Internet-based, information-focused comparison intervention. Participants were 320 adult type 2 diabetes patients from participating primary care offices, mean age 59, who were relatively novice Internet users. Staff consistently implemented all intervention components, but participant website usage decreased over time. All conditions improved significantly from baseline on behavioral, psychosocial, and some biological outcomes; and there were few differences between conditions. The basic D-Net intervention went well and improvements made across a variety of patients, interventionists, and clinics. There were, however, difficulties in maintaining usage over time and additions of tailored self-management and peer support components generally did not significantly improve results.

Glasgow, R.E., Hollis, J.F., Ary, D.V., & Boles, S.M. (1993). Results of a year-long incentives-based worksite smoking cessation program. *Addictive Behaviors, 18*, 455-464.

Abstract: Evaluated the impact of a yearlong incentives-based worksite smoking-cessation program. Researchers randomized 19 moderate-sized worksites to Incentive or No Incentive conditions. Intervention staff considered all 1,097 identified smokers in the worksite as Ss, whether or not they participated in the intervention. The incentive program did not significantly improve cessation rates at either the 1- or 2-year follow-up assessments. This study points to a need for more broadly focused interventions that also address worksite smoking policies, skills training, and cessation resources.

Glasgow, R.E., Terborg, J.R., Hollis, J.F., Severson, H.H., Fisher, K.J., Boles, S.M. (1994). Modifying dietary and tobacco use patterns in the worksite: The Take Heart Project. *Health Education Quarterly, 21*(1), 69-82.

Abstract: Describes the conceptual basis, design, and intervention approach for the Take Heart Project, a worksite-based heart disease risk reduction project. The authors present descriptive data on baseline characteristics for 26 worksites participating in either the early intervention or the delayed intervention after 1 and 2 years of intervention. Investigators designed the trial to produce changes at both the organizational and employee level on tobacco use, dietary fat intake, and serum cholesterol. Worksite recruitment criteria, motivational and incentive intervention activities, the use of employee steering committees, and organizational and employee characteristics are examined.

Glasgow, R.E., Vogt, T.M., & Boles, S.M. (1999). Evaluating the public health impact of health promotion interventions: The RE-AIM framework. *American Journal of Public Health, 89*, 1322-27.

Abstract: The lack of a comprehensive evaluation framework appropriate to public health and community-based interventions has hampered progress by such programs. Researchers should evaluate multilevel interventions that incorporate policy, environmental, and individual components with measurements suited to their settings, goals, and purpose. In this commentary, the authors propose a model (termed the RE-AIM model) for evaluating public health interventions that assesses 5 dimensions: reach, efficacy, adoption, implementation, and maintenance. These dimensions occur at multiple levels (e.g., individual, clinic or organization, community) and interact to determine the public health or population-based impact of a program or policy. The authors discuss issues in evaluating each of these dimensions and combining them to determine overall public health impact. Failure to

adequately evaluate programs on all 5 dimensions can lead to a waste of resources, discontinuities between stages of research, and failure to improve public health to the limits of our capacity. The authors summarize strengths and limitations of the REAIM model and recommend areas for future research and application.

Li, F., Harmer, P., Duncan, T.E., Duncan, S. C., Acock, A., & Boles, S. M. (1998). Approaches to testing interaction effects using structural equation modeling methodology. *Multivariate Behavioral Research, 33*, 1-39.

Abstract: Examines the use of structural equation modeling (SEM) methodology to study interactive relationships among latent variables. The use of SEM began with the work of D. Kenny and C. Judd (1984), who developed a method of testing interactions involving continuous latent variables by forming products of multiple indicator variables. Until recently, there has been considerable difficulty implementing the method in SEM programs. This article reviews a single indicator approach (K. Joereskog & F. Yang, 1996) and multiple indicator approaches (J. Jaccard et al, 1996) that simplify Kenny and Judd's method. An illustrative application using an empirical example examining the interactive effect of perceptions of competence and perceptions of autonomy on exercise intrinsic motivation is presented. The sample consisted of 592 university students, aged 17-30 yrs, selected from various physical activity classes. Practical issues surrounding the use of these different approaches are discussed.

Lichtenstein, E., Glasgow, R.E., Lando, H. A., Ossip-Klein, D. J., & Boles, S. M. (1996). Telephone counseling for smoking cessation: rationales and meta-analytic review of evidence. *Health Education Research, 11*, 243-257.

Abstract: We review the various ways in which telephone counseling has been used in smoking cessation programs. Reactive approaches - help lines or crisis lines - attract only a small percentage of eligible smokers but are sensitive to promotional campaigns. While difficult to evaluate, they appear to be efficacious and useful as a public intervention for large populations. Proactive phone counseling has been used in a variety of ways. In 13 randomized trials, most showed significant short-term (3-6 months) effects, and four found substantial long-term differences between intervention and control conditions. A meta-analysis of proactive studies using a best-evidence synthesis confirmed a significant increase in cessation rates compared with control conditions [pooled odds ratios of 1.34 (1.19-1.51) and 1.20 (1.06-1.37) at short- and long-term follow-up, respectively]. Proactive phone counseling appeared most effective when used as the sole intervention modality or when augmenting programs initiated in hospital settings. The authors make suggestions for further research and utilization.