

## Appendix 2.1: Counter-Marketing Planning Worksheet

*This worksheet should be used as a guide. Don't worry about filling in each item in this exact order. Developing a counter-marketing plan is an iterative process; you'll revise and improve on each step as your campaign progresses. The most important thing is that you think through each step and that every activity moves you closer to your goal. Before you complete this worksheet, it would be helpful to review Chapter 2: Planning Your Counter-Marketing Program and other relevant information in this manual. The Counter-Marketing Planning Worksheet Guidelines on the following pages provide a quick reference to use in completing the worksheet.*

Tobacco Control Goal:

Problem Statement and Background:

Target Audience(s):

Counter-Marketing Program Objective(s):

Strategy Statement:

Activities and Channels:

Opportunities for Collaboration:

Evaluation Plan:

Tasks and Timeline:

Budget and Resources:

## Counter-Marketing Planning Worksheet Guidelines

### Tobacco Control Goal

- Base your goal(s) on research, the state's assessment, or both.
- Complete a separate Counter-Marketing Planning Worksheet for each goal, because you need a separate plan for each goal you're addressing. Make sure overlapping areas are consistent and complementary.

### Problem Statement and Background

- Describe the problem you're addressing. Specify the group(s) affected, how it is affected, and the severity of the problem. Give supporting epidemiologic data from current research and scientific literature.
- Identify who might be able to positively influence this situation or the affected group(s).
- Explain why your agency is addressing the problem.
- Assess and list your program's strengths, weaknesses, opportunities, and threats (SWOTs); its assets and resources; links to or influence with the target audience(s); current activities; and gaps and barriers to achieving the needed change.
- Review relevant theories and models.

### Target Audience(s)

- Define the group(s) you want to reach, the desired results, and how you'll measure those results.
- Select target audience(s). Decide which audience segments represent the highest priority for reaching your goal. Consider which audience segments are affected disproportionately by tobacco-related health problem(s), which segments can be most easily reached and influenced, and which are large enough to justify intervention.
- Describe each group you plan to reach with your campaign. Detail any knowledge you have about how each group is affected, as well as gaps in knowledge to be addressed through market research or other research. Include demographics, cultural and lifestyle characteristics, media preferences (channels, message appeals, activities, and types of involvement in the issue), and other traits that will help you understand how best to reach each group, as well as related feelings, attitudes, knowledge, and behaviors.
- Determine which secondary audience(s) can influence the behavior of your primary audience(s).

### Counter-Marketing Program Objective(s)

- Set objectives that reflect the desired results of counter-marketing efforts within the given time frame and resources, and within the context of a comprehensive tobacco control program.
- Write objectives that are SMART (specific, measurable, achievable, relevant, and time-bound).

### Strategy Statement

- To develop a strategy is usually an iterative process; as you learn more about one element, other elements may need to be adjusted.
- Write a strategy statement for each target audience that includes:
  - Description of the target audience
  - Description of the action you want the audience to take as a result of exposure to your program, as specified in the objectives
  - List of obstacles to taking the action
  - Description of audience's perceived benefit of taking the action
  - Explanation of why the benefit, and the audience's ability to attain it, will be credible and meaningful to the audience
  - List of potential channels and activities that will reach audience members
  - Description of image, tone, look, and feel of messages and materials most likely to reach the target audience

### Activities and Channels

- Assess the current media environment related to your goal, and decide which counter-marketing approach(es) to use, such as advertising, public relations, media advocacy, grassroots marketing, and media literacy training.
- Determine for each target audience which approaches (or combination of approaches) best address the problem and your program objectives.
- Ask what is the *best* way to reach each target audience. Select channels and activities that fit your target, budget, time constraints, and resources. Consider the attributes and limitations of each type of channel.

## Opportunities for Collaboration

- Determine whether you want to recruit partners for collaboration, and consider how many partners would be optimal.
- Identify organizations that have similar goals and are willing to work with you.
- Be strategic in selecting organizations as partners. Consider which community-based organizations and businesses may help you achieve your goal by providing:
  - Access to a target audience
  - Enhanced credibility for your message or program, if the target audience considers the organization to be a trusted source
  - Additional resources, either financial or in-kind
  - Added expertise
  - Cosponsorship of events
- Consider the requirements for collaboration with each partner, including time for additional approvals, minor or major changes in the program to match each partner's needs and priorities, and how these requirements fit with the direction and procedures of your organization.

## Evaluation Plan

- Develop plans for formative research and evaluation, process evaluation, and outcome evaluation.
- Base the design of your evaluation plan on the objectives of the counter-marketing program. Determine the most important questions for the evaluation, the information you'll need now and in the future, how you'll gather the information, and how you'll analyze it to determine whether you've met your objectives.
- Identify evaluation experts, either internal or external to your agency, who will work with you throughout the design and implementation of your program to develop plans for the various types of evaluation.
- Perform *formative research* (research on the target audience before you develop the counter-marketing campaign) to help you gain valuable insights that will guide the development of your message and materials, as well as the channels of delivery.
- Conduct *formative evaluation* (research conducted during the development of your program to pretest and pilot test your interventions, messages, and programs) to determine (1) whether the

materials you are developing effectively communicate what you intended, and (2) how the target audience will be influenced by your materials.

- Perform *process evaluation* to determine whether your program was implemented as planned. It can answer questions such as:
  - Did partners contribute as expected? Why or why not?
  - Did you have the right amount of resources?
  - Did you schedule enough time for campaign development and implementation?
  - Was your issue covered by the news media your target audience sees or reads?
  - Was your issue covered by the media in the way you had hoped? Was your approach to framing the messages reflected in the media coverage?
  - Have you become a source for journalists covering this issue?
- Conduct *outcome evaluation* to help you answer the following important questions:
  - Did your counter-marketing program achieve the outcomes you expected?
  - Did you build awareness of the ads you ran? Of the program elements?
  - Did the audience recall the campaign's main messages?
  - Did the audience increase its knowledge as desired/intended?
  - Did the audience change beliefs and attitudes as desired?
  - Did the audience change its behaviors?
  - What did the target audience think of your campaign? Did members become involved in the program?
  - Did a policy (e.g., clean indoor air ordinance or tax increase) change as desired?

### Tasks and Timeline

- List all activities that need to occur before, during, and after implementation of your counter-marketing program.
- Identify major milestones, such as launch and start dates for specific activities.

- Include smaller tasks to be accomplished from the time you write the plan until the time you intend to complete the program evaluation. By building these tasks into the timeline, you'll be more likely to remember to assign the work and stay on schedule.
- Review and update your task list and timeline regularly. It is a flexible management tool that can help you track your progress.

## **Budget and Resources**

- List all anticipated expenses, including staff time and other resources.
- Include all budget and resources available (staff, in-kind, internal, and external).
- Assess the financial and human resources available to help you anticipate funding needs, thoroughly plan your campaign to fit your budget, and make optimal use of all available resources.
- Recall that if your plan calls for efforts to lobby for a particular bill, you'll need to use funding not provided by the Centers for Disease Control and Prevention.

## Appendix 3.1: Sample Recruitment Screener for Intercept Interviews on Smoking Cessation

*(Interviewer instructions are in italics.)*

Good morning/afternoon, my name is \_\_\_\_\_, from \_\_\_\_\_ Market Research Firm, an independent market research agency. Today, we're conducting a survey in this area among people between 25 and 49 years old. Do you fit into that age group?

- Yes  *(Continue.)*  
 No  *(Thank and terminate interview.)*

1. First, can I ask, do you or does anyone in your family work in any of the following areas? *(Show card A with the following items written on it.)*

- Market research  1  
 Advertising or Marketing  2  
 Media  3  
 Public relations  4  
 Auto industry  5  
 Manufacture/distribution  6  
 of tobacco products

*(If answer is "yes" for any of these areas, except auto industry, thank and terminate interview. If answer is "no" for any of these areas, continue.)*

2. Do you currently smoke cigarettes?

- Yes  1 *(Continue.)*  
 No  2 *(Thank and terminate interview.)*

3. Since you started smoking, would you say you have smoked more than 100 cigarettes?

- Yes  1 *(Continue.)*  
 No  2 *(Thank and terminate interview.)*

4. Please tell me how much you agree with the following statement:

“I want to stop smoking within the next 6 months.”

*(Show card B with the statements below written on it.)*

- |                            |                            |   |
|----------------------------|----------------------------|---|
| Strongly agree             | <input type="checkbox"/> 1 | <i>(Continue.)</i>                      |
| Slightly agree             | <input type="checkbox"/> 2 | <i>(Continue.)</i>                      |
| Neither agree nor disagree | <input type="checkbox"/> 3 | <i>(Thank and terminate interview.)</i> |
| Slightly disagree          | <input type="checkbox"/> 4 | <i>(Thank and terminate interview.)</i> |
| Strongly disagree          | <input type="checkbox"/> 5 | <i>(Thank and terminate interview.)</i> |

5. Could you spare some time to come into the hall to answer some further questions?

*(If respondents need reading glasses, check whether they have their glasses with them.)*

- |     |                            |   |
|-----|----------------------------|---|
| Yes | <input type="checkbox"/> 1 | <i>(Continue.)</i>                      |
| No  | <input type="checkbox"/> 2 | <i>(Thank and terminate interview.)</i> |

*(Check quotas to see whether the client has requested that there be minimum numbers of participants with certain demographics.)*

6. Do you have a telephone at home or work or a cell phone where you can be reached?

- |     |                            |                                       |
|-----|----------------------------|---------------------------------------|
| Yes | <input type="checkbox"/> 1 | <i>(Continue.)</i>                    |
| No  | <input type="checkbox"/> 2 | <i>(Conduct 20-minute interview.)</i> |

7. Would you be available to take part in a further short telephone interview within the next 3 or 4 days?

- |     |                            |                                       |
|-----|----------------------------|---------------------------------------|
| Yes | <input type="checkbox"/> 1 | <i>(Conduct 10-minute interview.)</i> |
| No  | <input type="checkbox"/> 2 | <i>(Conduct 20-minute interview.)</i> |

## Appendix 3.2: Sample Recruitment Screener for Individual Interviews To Test Advertisements and Ad Concepts

*(Instructions for interviewer are in italics.)*

Client: \_\_\_\_\_

Hello. My name is \_\_\_\_\_, and I'm calling on behalf of \_\_\_\_\_ (market research company) in \_\_\_\_\_ (city). We're conducting a very brief public opinion survey. If you complete the study and meet the appropriate criteria, you'll be invited to participate in a discussion about advertising in \_\_\_\_\_ (location) on \_\_\_\_\_ (date). May we ask you a few questions?

*(Don't ask but do record gender. Attempt to recruit 50% males and 50% females.)*

\_\_\_ Male                      \_\_\_ Female

1. Do you or anyone in your household work for any of the following types of companies: marketing, marketing research, public relations, advertising, or a tobacco company or any of its affiliates?

\_\_\_ Yes *(Thank and terminate interview.)*

\_\_\_ No *(Continue interview.)*

2. In which of the following age groups are you? *(Attempt to achieve a good mix of ages.)*

\_\_\_ Younger than 25 years old *(Thank and terminate interview.)*

\_\_\_ 25–30 years old

\_\_\_ 31–39 years old

\_\_\_ 40–50 years old

\_\_\_ Older than 50 years old *(Thank and terminate interview.)*

3. Have you participated in a market research discussion group of any kind in the last 3 months?

\_\_\_ Yes *(Thank and terminate the interview.)*

\_\_\_ No *(Continue.)*

4. So that we can be sure that all backgrounds are represented in our study, please tell me your race or ethnic background. Are you .... ?

- Caucasian/white
- African American/black
- Hispanic/Latino
- Asian
- Other

*(Recruit two or three individuals per minority group.)*

5. Have you smoked more than 100 cigarettes in your life?

- Yes *(Continue.)*
- No *(Thank and terminate the interview.)*

6. Do you currently smoke?

- Yes *(Continue.)*
- No *(Thank and terminate the interview.)*

7. Do you plan to quit smoking in the next 3 months?

- Yes *(Continue.)*
- No *(Thank and terminate the interview.)*

We are holding a discussion on \_\_\_\_\_ (date) at \_\_\_\_\_ (location). Light refreshments will be served, and you'll receive \$40 (regular interviews) or \$60 (floaters). *(Floaters are individuals who will be recruited for a longer period of time and will be interviewed if someone scheduled for a regular slot does not show up.)*

The topics for the focus group will be advertising and smoking.

Will you be able to join us?

- Yes *(Continue.)*
- No *(Thank and terminate the interview.)*

Great. Now I just need to record some information, so we can mail you a confirmation letter and directions. We'll call you the day before to confirm your attendance.

*(Fill out all information on the next page.)*

## Recruitment Interview Summary

45-minute interview

\$40 for regular times; \$60 for floaters (*Floaters are individuals who will be recruited for a longer period of time and might be interviewed if someone scheduled for a regular slot does not show up. Recruiter will ask people their availability and assign them to a specific time slot. Individuals who are available for longer periods of time are typically assigned as floaters.*)

*(Circle time for which participant is available and scheduled.)*

Regular times: 1:00 p.m., 1:45 p.m., 2:30 p.m., 3:15 p.m., 4:00 p.m., 4:45 p.m., 5:30 p.m., 6:15 p.m., 7:00 p.m., 7:45 p.m., 8:30 p.m.

Floater times: 1:45–3:15 p.m., 4:00–5:30 p.m., 7:00–8:30 p.m.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone numbers:

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Fax number \_\_\_\_\_

*(Ask and record responses to the following questions after the screening interview is completed:)*

When you come to the discussion, please bring a driver's license or other picture identification with your birth date for registration.

If you have any questions or need to reschedule your interview time, you may call \_\_\_\_\_ (market research company) at (xxx-xxx-xxxx).

Someone from \_\_\_\_\_ (market research company) will call you the day before the discussion in order to confirm and remind you of the time.

First name and initial of last name of phone interviewer \_\_\_\_\_

## Appendix 3.3: Moderator's Guide for Focus Groups With Smokers

*(Instructions for interviewer are in italics.)*

### Objectives for Focus Groups

This discussion guide was developed to achieve several objectives:

1. To identify potential benefits and barriers for calling a “quitline” or visiting a quitting Web site.
2. To determine which logo design most clearly conveys the purpose of the quitline and which logo elements will be most effective in getting smokers to call the quitline, to visit the Web site, or both.
3. To determine which TV and radio spots are most likely to move the target audience to take action by calling the quitline, visiting the Web site, or both.

### Focus Group Discussion Moderator's Guide

#### 1. Warm-up, Explanations, and Introductions

Introduction and purpose

Welcome. My name is \_\_\_\_\_, and I'll be facilitating our discussion tonight.

Thanks for joining us. We do appreciate the fact that you're taking time from your day to provide us with your opinions.

What we are doing tonight is called a focus group. It's a way for us to get your opinions, much like a survey, but it's done as a group discussion rather than a lot of yes/no questions.

There are no right or wrong answers, and it's important that I hear what everyone thinks. All of your comments—both positive and negative—are important, so please speak up, even if you disagree with someone else.

## Procedure

Our discussion tonight will be videotaped and audiotaped so I don't lose any of your comments. We'll use the tapes to write a report summarizing what was said. The report won't identify any of you by name.

Behind me is a one-way mirror. Some people who are interested in what you have to say will be sitting behind the glass on and off during our discussion. They aren't in the same room with us, because they can be distracting.

This is a group discussion, so please don't wait for me to call on you, but please speak one at a time, so the recorder can pick up everything. It's also helpful if we give everyone in the group a chance to voice an opinion.

We do have many topics to discuss in a very limited amount of time, so at times I may change the subject or move on, to keep us on schedule. I'll try to come back to earlier points at the end of our session if there's time.

## Self-introductions

Let's do a quick round of introductions. Just tell us your first name and your occupation.

## 2. General Information Discussion

### Overview of discussion

Tonight, we're going to talk a bit about smoking. Everyone here smokes, at least some of the time. All of you have said you want to quit. I'd like to start by asking about that.

Can you tell me what good things might happen if you quit?

*(Probe for potential benefits.)*

I know most people here think it would be a good idea to stop smoking, but even things we want to do sometimes have a downside. Can you tell me what bad things might happen if you quit?

*(Probe for unwanted consequences of quitting [e.g., more difficulty fitting in socially].)*

What makes it hard to quit?

*(Probe for barriers.)*

Who do you think would approve if you stopped smoking?

Who might disapprove?

When you think about quitting, whose opinion do you respect?

*(Probe for trusted sources.)*

Has anyone ever heard about a hotline or resource number to help you stop smoking? What have you heard? Has anyone ever called this type of number?

For those of you who haven't called, why not?

For those of you who have called, how did it work for you?

If there were a hotline like this available where you live, would you use it? Why or why not?

What would make it easier to use the number?

What makes it hard to use a hotline like that?

Has anyone ever visited a Web site to help you quit smoking or to find out more about it?

*(Use follow-up questions similar to the previous five questions.)*

Where would you expect to see or hear information about a hotline or Web site designed to help people quit smoking?

What would be the best way to hear about such a hotline or Web site? Why?

### **3. Test of Television and Radio Ads**

#### Overview of TV testing

We'd like to show you several TV commercials on this subject. I'm going to begin by showing you a set of three commercials. I'm most interested in whether any of these ads might move you to call—or at least think about calling—a smoking cessation line, or visit a quitting Web site.

To record your individual opinions, we've provided you with a reaction sheet. Please mark your opinions individually either during the spots or immediately after

you see them. We'll collect the sheets after we've completed this exercise.

*(Distribute sheets, cue VCR, and run first set of spots.)*

I'm now going to give you a moment to fill out your handouts. Then we're going to watch another set of three commercials.

*(Allow time [a few minutes maximum] for individual responses to be completed.)*

Now we're going to watch another set of three commercials. Once again, I'm most interested in whether any of these ads might move you to call—or at least think about calling—a smoking cessation line.

*(Distribute sheets, cue VCR, and run second set of spots.)*

#### Discussion of TV ads

Please take a moment to record your thoughts and pass your sheets to the front. Now I'd like to hear your feedback.

Which spots would be the most likely to catch your attention? Why?

Which spots did you like the best? Why?

Was there anything in any of the spots that upset you?

*(Probe for reasons and implications.)*

#### Overview of radio testing

I'd like to have you listen to several radio spots about smoking health, smoking cessation, or both. Each of the radio spots is 60 seconds long, and we'll be playing a total of six spots for you to review. As with the TV ads, we're most interested in hearing your feedback as to which spot or spots do the best job of motivating you to call the quitline or visit the quitting Web site.

Again, we'd like you to record your individual opinions on the sheet we're distributing and then we'll have a group discussion once the tape is finished playing.

*(Distribute sheets, cue tape, and run compilation tape.)*

## Discussion of radio ads

Please take a minute to record your individual thoughts on the radio spots, and pass the sheets to the front. Now I'd like to hear your feedback as to which spot or spots would make you call the quitline or visit the Web site.

*(Probe as to why and why not.)*

## 4. Testing of Logos

### Overview of logo testing

We'd also like to get your opinions on several logo designs that are being considered. The final logo will appear on materials related to the quitline, for instance, at the end of a TV spot, on an outdoor billboard, or on a poster or handout in a physician's office.

Please keep in mind that we want your feedback on which logo or logos most clearly convey what the quitline is about. As we did with the TV and radio ads, we'll be handing out a sheet to each of you. Please record your opinions, and pass your sheets to the front. Then we'll discuss your thoughts as a group.

### Logo presentation and discussion

*(Distribute sheets, present four logos, and pass around logos, display, or both for participants to review. Collect sheets.)*

Which logo or logos did you like the most?

Why?

Which logo or logos did you like the least?

Why?

## 5. Wrap-up

Thank you very much for participating tonight. I'm going to see if my colleagues have anything else they'd like to ask.

*(Check with staff behind the mirror if time allows.)*

Thanks for sharing your opinions and your time with us tonight. This session has been extremely helpful. As you walk out, a staff member will hand you reimbursement for your time tonight. She'll also ask you to sign a form acknowledging your receipt of the compensation for this evening

Thanks again and have a good night.

## Appendix 3.4: Sample Moderator's Guide for Focus Groups To Test Advertisements With Youth

*(Instructions for moderator are in italics.)*

### 1. Welcome and Ground Rules (5 minutes)

- There are no right or wrong answers. Give honest opinions. You're not here to decide what's good or bad.
- Everything said in the room will be confidential—only the people working on this project will know what you said, not other people in your life, such as your parents or teachers.
- We are videotaping and audiotaping all of the discussions that we are doing simply so that I don't have to take a lot of notes during this session. In addition, there may be some people interested in observing the discussion and they are seated behind that window so that they don't disturb our discussion.

### 2. Introductions and Warm-up (5 minutes)

- Give name, age, and grade in school.
- What are your favorite commercials, and why?

*(Write on a flip chart. This is just an icebreaker to get respondents to think about advertising.)*

### 3. Tobacco Knowledge (10 minutes)

*(Explain that the purpose of this research is to better understand teens and their attitudes toward and use of tobacco. Assure respondents that they won't be judged in any way.)*

- What are some of the reasons people begin to smoke cigarettes? *(Write on a flip chart.)*
- What are some of the reasons people continue to smoke cigarettes? *(Write on a flip chart.)*
- What are some of the reasons, if any, people shouldn't use tobacco? What else? What else? *(Write on a flip chart.)*
- Where did you learn about this? *(Probe for any awareness of specific advertising, media vehicles [e.g., TV, radio, magazines, billboards, Internet], or local antitobacco programs.)*

- For community and school programs: What sort of programs have you heard of or participated in at school or in your town?
- For advertising: Which of the specific ads do you remember? *(Ask to describe in detail.)*
  - What do you think they're trying to get across in these commercials?
  - What do you think are the purposes of these commercials?

#### **4. Exposure to Ads (45 minutes)**

*(Show the ads one at a time. Rotate the order of the ads for each new group to avoid first-position bias. After showing each ad, ask respondents to write the main message on notepads that they have been given, and how much the ad makes them “stop and think about not using tobacco.” Use a scale of 1 to 10. Explain that 1 means the ad doesn't make them stop and think much about not using tobacco and 10 means it really does make them stop and think about not using tobacco. Carefully explain that we're not as much interested in which ads are their favorites, but which ones are most likely to make them stop and think. Then for each ad ask the following questions before showing the next ad.)*

- What do you think was the most important thing they're trying to tell you in this commercial? *(Poll the respondents and lead a brief discussion.)*
- What rating did you give this ad on the “stop and think” scale, and why? *(Ask respondents to explain their ratings.)*
- Who do you think made this commercial?

*(After they have discussed each ad, ask respondents as a group to decide where each ad should be placed on a wall scale. The wall scale is simply numbers from 1 to 10 written on individual pieces of paper attached to the wall in order. It gives participants a visual way to consider each ad and compare among the ads. Explain that 1 means the ad doesn't make them stop and think much about not using tobacco and 10 means it really does make them stop and think about not using tobacco. Write the name of each ad on an index card and attach each card to the wall scale in a place the respondents think is appropriate.)*

#### **5. Wall Scale Reassessment (10 minutes)**

*(After all of the index cards have been placed on the wall scale, ask respondents to reevaluate their placement of the ads on the wall scale, now that they've seen all the ads in comparison to each other. Make any necessary changes to the order of the ads on the wall scale. Probe for reasons behind changes.)*

## **6. Final Selection Among Ads (10 minutes)**

Of all these ads, which do you think would most get people your age to seriously consider not using tobacco?  
*(Ask respondents to write the answer on their notepads, and then lead the group in a discussion.)*

## **7. Advice and Suggestions (5 minutes)**

Thinking about all the things we've discussed today, what are the three pieces of advice you would give to the people who create ads to encourage people your age not to use tobacco? *(Ask respondents to write their answers on their notepads. Then lead a group discussion.)*

*(Thank respondents, collect notepads from respondents, and conclude the session. Respondents will go the front desk to receive their incentives.)*

## Appendix 3.5: Sample Self-Administered Form To Test Fact Sheets

### Pretest Questions

As you probably are aware, [name of sponsoring organization] has recently launched its tobacco control program. One component of [sponsoring organization]'s campaign is the distribution of fact sheets that convey important information about issues related to tobacco use. It's crucial that we test these fact sheets in order to ensure that we are communicating our key messages effectively.

We appreciate your willingness to share your reactions to the attached fact sheet by reading it and answering a few questions. We don't ask your name, and all information you provide will remain confidential.

Because only a few individuals are being asked to help judge this material, your response is particularly valuable.

Before you begin, please check the appropriate answers to these four questions.

1. How much would you say you know about the [sponsoring organization]'s tobacco control program?

Nothing \_\_\_\_ A little \_\_\_\_ Some \_\_\_\_ A lot \_\_\_\_

2. Is there anything you want to know about the program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify.

**[Note: More questions about knowledge can be added here.]**

3a. Are you currently and actively involved in tobacco control and prevention?

Yes \_\_\_\_\_ No \_\_\_\_\_

3b. Are any of your family members currently and actively involved in tobacco control and prevention?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are you a member of any group concerned about tobacco control and prevention?

Yes \_\_\_\_\_ No \_\_\_\_\_

**[Note: Insert page with fact sheet.]**

Please turn the page and read the fact sheet.

## Post-test Questions

Now that you've finished reading the fact sheet, please answer the following questions. You may refer to the fact sheet as you consider your response.

1. In your own words, what would you say is the purpose of the [sponsoring organization]'s tobacco control program?

**[Note: Additional questions about knowledge can be added here.]**

2. How much of the information in the fact sheet was new to you?

Most \_\_\_\_\_ Some \_\_\_\_\_ None \_\_\_\_\_

3. Do you have questions about the [sponsoring organization]'s tobacco control program that weren't answered in the fact sheet?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

4. Was there anything you particularly liked about the fact sheet?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what? \_\_\_\_\_

5. Was there anything you particularly disliked or found confusing about the fact sheet?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what? \_\_\_\_\_

6. This fact sheet is most appropriate for (check all that apply):

General Public \_\_\_\_\_

College Graduates \_\_\_\_\_

Health Professionals \_\_\_\_\_

Policy Makers \_\_\_\_\_

Educators \_\_\_\_\_

Youth \_\_\_\_\_

Specific Populations (please list) \_\_\_\_\_

Other (please list) \_\_\_\_\_

7. Would you recommend the fact sheet to a friend or family member?

Yes \_\_\_\_\_ No \_\_\_\_\_

Why or why not?

8. The following phrases describe the fact sheet. Please circle the one choice on each line that most closely reflects your opinion.

- |                     |                                    |                        |
|---------------------|------------------------------------|------------------------|
| a. Very interesting | Somewhat interesting               | Not at all interesting |
| b. Very informative | Somewhat informative               | Not informative        |
| c. Very accurate    | Partially accurate                 | Inaccurate             |
| d. Very clear       | Somewhat clear                     | Confusing              |
| e. Very useful      | Somewhat useful                    | Not useful             |
| f. Unbiased         | Biased toward the tobacco industry | Biased toward smoker   |
| g. Easy to read     | Understandable                     | Hard to understand     |
| h. Complete         | Somewhat complete                  | Incomplete             |

9. Would you like to say anything else about the fact sheet? Please comment:

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Thank you very much for your help in reviewing this fact sheet.

Please return this sheet by \_\_\_\_\_ (date) to:

[name]

[fax #]

[e-mail]

If you have any questions, please contact:

[name]

[phone #]

[e-mail]

## Appendix 3.6: Sample Intercept Interview Questionnaire

Respondent number: \_\_\_\_\_

*(Instructions for interviewer are in italics.)*

Good morning/afternoon. My name is \_\_\_\_\_. Thank you for agreeing to take part in this research. I am now going to show you a short video recording. When it has finished, I will ask you some questions about what you have just seen.

*(Play video of all five ads.)*

1. Thinking of the video you've just seen overall, which advertisement did you like the most?

- |      |                            |
|------|----------------------------|
| Ad A | <input type="checkbox"/> 1 |
| Ad B | <input type="checkbox"/> 2 |
| Ad C | <input type="checkbox"/> 3 |
| Ad D | <input type="checkbox"/> 4 |
| Ad E | <input type="checkbox"/> 5 |
| None | <input type="checkbox"/> 6 |

1a. And why do you say that?

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2. And thinking of the video you've just seen overall, which ad did you like the least?

- Ad A  1
- Ad B  2
- Ad C  3
- Ad D  4
- Ad E  5
- None  6

2a. And why do you say that?

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*(Show only test ad again.)*

3. Now thinking specifically about this ad, could you tell me what you think the main message of this ad is?

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4. Again for this ad, could you tell me what you think its other messages are? Anything else?

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5. What is there that you like about this advertisement? And what else? Is there anything else at all you like about this advertisement?

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6. What is there that you dislike about this advertisement? And what else? Is there anything else at all you dislike about this advertisement?

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7. I'm going to read out a number of statements about the advertisement that you just viewed. For each statement I'd like to know to what extent you agree or disagree with it, using the scale on this card.

*(Show card A on with scale responses.)*

	Strongly Agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't Know
a) This advertisement has a convincing message	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b) This is an attention-grabbing advertisement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c) The message of this advertisement is unclear	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

	Strongly Agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree	Don't Know
d) This advertisement is similar to other stop smoking advertisements	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e) This advertisement has a persuasive message	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f) This advertisement is boring	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

8. Can you tell me your overall opinion of this advertisement? *(Read options.)*

- Excellent  1
- Very Good  2
- Good  3
- Fair  4
- Poor  5

9. If the ad provided a toll-free phone number, do you think you would call that number?

- Yes  1
- No  2

10. Overall, would this advertisement persuade you to try to quit smoking?

- Yes  1 *(Ask question 11, then go to question 13.)*
- No  2 *(Ask question 11, then go to question 12.)*

11. Why do you say that?

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12. *(Only ask this question if respondent answered "no" to question 10.)* What would you change about the advertisement to make it more persuasive for you to quit smoking?

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13. Have you ever tried to stop smoking before?

- Yes  1 *(Go to question 14.)*
- No  2 *(Go to demographics questions.)*

14. How long ago did you last try to stop smoking?

- Within last 3 months  1
- Over 3 months to less than 6 months  2
- Over 6 months to less than 1 year  3
- Over 1 year to less than 2 years  4
- Over 2 years to less than 3 years  5
- Over 3 years ago  6
- Don't know / Can't remember  7

15. What was your main reason for trying to quit smoking on this previous occasion?

- New Year's resolution  1
- Health reasons  2
- Pregnancy  3
- On medical advice  4
- Wanted to improve fitness  5
- To save money/couldn't afford it  6
- Request from friend/member of family  7
- Thought I could kick the habit  8
- Other (please specify)  9

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Finally, these are questions for statistical purposes only.

A. In which age group do you fit?

*(Show card B with age categories listed.)*

- 25–29  1
- 30–34  2
- 35–39  3
- 40–44  4
- 45–49  5

B. How many people are there in your household, including yourself and children?

- One  1
- Two  2
- Three  3
- Four  4
- Five  5
- Six  6
- Seven and above  7

C. How many children under age 16 live in your household?

- None  1 *(Go to question 'E')*
- One  2
- Two  3
- Three  4
- Four  5
- Five  6
- Six  7
- Seven and above  8

D. And what are their ages?

- Under 3 years  1
- 3 to 5 years  2
- 6 to 8 years  3
- 9 to 11 years  4
- 12 to 15 years  5

## E. What is your employment status?

- Employed full-time  1
- Employed part-time  2
- Self-employed  3
- Student  4
- Homemaker  5
- Not employed  6

## F. What is the highest level of education of the primary wage earner?

- Primary school/none  1
- Secondary school  2
- High school  3
- College graduate  4
- Postgraduate degree  5

Thank you very much for taking part in the survey.

*(Give respondent incentive.)*

## Appendix 5.1: Examples of Inputs, Activities, Outputs, and Outcomes for Counter-Marketing Programs

Inputs	Activities	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<b>Advertising</b>					
<ul style="list-style-type: none"> <li>• Funds for paid media</li> <li>• Advertising contractor</li> <li>• Advertising specialist on staff</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct situational analysis to select audiences</li> <li>• Develop a media plan</li> <li>• Conduct formative research to understand audiences</li> <li>• Design new ads or select existing ads and pretest</li> </ul>	<p>Target audience is exposed to counter-marketing message via:</p> <ul style="list-style-type: none"> <li>• Spots aired on TV and radio</li> <li>• Posters placed in stores and on buses</li> </ul>	<p>Target audience is aware of ads, recalls specific messages, and has a positive reaction to the ads</p>	<p>Target audience has changed attitudes, beliefs, behavioral intentions or intermediate behaviors. For example:</p> <ul style="list-style-type: none"> <li>• More parents believe second-hand smoke is harmful</li> <li>• More adults join smoking cessation programs</li> </ul>	<p>Target audience has changed behavior. For example:</p> <ul style="list-style-type: none"> <li>• Fewer youth start smoking</li> <li>• Cessation rates are higher</li> <li>• Prevalence of tobacco use is reduced</li> </ul>
<b>Public Relations (PR)</b>					
<ul style="list-style-type: none"> <li>• PR specialist on staff</li> <li>• PR contractor</li> <li>• Health department spokesperson</li> </ul>	<ul style="list-style-type: none"> <li>• Identify stakeholders</li> <li>• Develop overall plan</li> <li>• Generate story ideas and articles</li> <li>• Plan and conduct press conferences</li> <li>• Contact media outlets</li> <li>• Develop and distribute newsletter</li> <li>• Provide spokesperson training to health department staff</li> </ul>	<p>Target audiences are exposed to message via:</p> <ul style="list-style-type: none"> <li>• Scheduled press conferences</li> <li>• Articles in newspapers</li> <li>• Coverage on TV news</li> <li>• Distribution of newsletter</li> </ul>	<p>Target population is aware of and understands message of stories</p>	<p>Target population has changed attitudes, beliefs, behavioral intentions, and intermediate behaviors. For example:</p> <ul style="list-style-type: none"> <li>• More adults join cessation programs</li> <li>• More smokers believe the tobacco companies engineer cigarettes to make them more addictive</li> </ul>	<p>Target population has changed behavior. For example:</p> <ul style="list-style-type: none"> <li>• Cessation rates are higher</li> <li>• Prevalence of tobacco use is reduced</li> </ul>

## Appendix 5.1: Examples of Inputs, Activities, Outputs, and Outcomes for Counter-Marketing Programs (cont.)

Inputs	Activities	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<b>Media Advocacy</b>					
<ul style="list-style-type: none"> <li>• Marketing staff time</li> <li>• Grants to community-based organizations</li> <li>• Funds for community coalitions</li> </ul>	<ul style="list-style-type: none"> <li>• Establish local and regional coalitions to work on adapting policies for smokefree environments</li> <li>• Develop plan for advocacy work</li> <li>• Develop news releases, stories, and strategy for pitching from policy perspective</li> <li>• Conduct meetings with policy makers to educate them about hazardous effects of secondhand smoke exposure and benefits of smoke-free policies</li> <li>• Provide spokesperson training to community members</li> </ul>	<p>Policy makers and restaurant and business owners are exposed to messages (e.g., hazards of secondhand smoke and the role of smokefree policies in reducing exposure) via:</p> <ul style="list-style-type: none"> <li>• News releases</li> <li>• Stories</li> <li>• Meetings</li> </ul>	<p>Policy makers and restaurant and business owners become more aware of the hazardous effects of secondhand smoke exposure</p>	<p>Policy makers and restaurant and business owners change their attitudes, beliefs, and intermediate behaviors about smokefree policies:</p> <ul style="list-style-type: none"> <li>• More policy makers and restaurant and business owners believe that secondhand smoke kills</li> <li>• More restaurant owners believe business would not be hurt as a result of clean indoor air policy.</li> <li>• Restaurant owners voluntarily adopt smokefree policies</li> <li>• Policy makers enact smokefree policies</li> </ul>	<p>Exposure to secondhand smoke is reduced</p> <p style="text-align: right;"><i>Continues</i></p>

## Appendix 5.1: Examples of Inputs, Activities, Outputs, and Outcomes for Counter-Marketing Programs (cont.)

Inputs	Activities	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<b>Grassroots Marketing</b>					
<ul style="list-style-type: none"> <li>• Marketing staff time</li> <li>• Funds for contests, events, and activities</li> <li>• Existing and available materials</li> </ul>	<ul style="list-style-type: none"> <li>• Identify whom to involve at low, medium, and high levels of engagement</li> <li>• Prepare brief to keep participants on strategy</li> <li>• Create means of communication (e.g., Web site or e-mail distribution list) for advocates</li> <li>• Build partnerships with key organizations</li> <li>• Organize college youth to collect data on advertising in stores</li> </ul>	<p>Targeted partners are exposed through credible interpersonal channels:</p> <ul style="list-style-type: none"> <li>• On-campus distribution of leaflets giving study results</li> <li>• Youth who attend concerts sponsored by tobacco industry are exposed to “truth” campaign’s “Truth Truck”</li> <li>• Local physicians receive related messages via professional group’s newsletter</li> </ul>	<p>Exposed youth and physicians have increased awareness of tobacco-related issues</p>	<ul style="list-style-type: none"> <li>• Youth have improved attitudes, beliefs, and intermediate behaviors (e.g., engaged youth convey message about industry’s deceptive practices to others)</li> <li>• Physicians talk to smokers about quitting and refer them to cessation programs</li> <li>• More smokers join cessation programs</li> </ul>	<p>Target population has changed behavior. For example:</p> <ul style="list-style-type: none"> <li>• Fewer youth start smoking</li> <li>• Rates of successful smoking cessation are higher</li> <li>• Prevalence of smoking is reduced</li> </ul>

## Appendix 5.1: Examples of Inputs, Activities, Outputs, and Outcomes for Counter-Marketing Programs (cont.)

Inputs	Activities	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<b>Media Literacy</b>					
<ul style="list-style-type: none"> <li>• Marketing staff time</li> <li>• Grant funding for workshops</li> <li>• Existing and available materials</li> </ul>	<ul style="list-style-type: none"> <li>• Agree to hold workshops and deliver curricula</li> <li>• Hold workshops and presentations at sites other than schools</li> <li>• Offer curricula in schools</li> </ul>	<ul style="list-style-type: none"> <li>• Middle school and high school youth participate in media literacy curriculum</li> <li>• Youth groups participate in workshops and presentations</li> <li>• Adults are exposed to video presentation on secrets of tobacco advertising</li> <li>• Curriculum is implemented according to design</li> </ul>	Program participants become aware of the role of media and the importance of managing and interpreting that role	Program participants develop critical viewing skills and ability to produce tobacco control messages through different forms of media. For example: <ul style="list-style-type: none"> <li>• Persons who received messages of media literacy program produce tobacco control messages using different forms of media</li> <li>• Persons who received messages of media literacy program become involved in tobacco control campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer youth start smoking</li> <li>• Prevalence of smoking is reduced</li> </ul>

## Appendix 5.2: Key Data Collection Tools and Methods

Method	Description	Evaluation Uses and Other Consideration
Media tracking and content analysis	Systematic monitoring of the various media channels (e.g., print, radio, TV, outdoor) to identify ads, editorials, and articles relevant to the campaign and to assess messages in these ads, editorials, and articles (often with use of a professional tracking service)	<ul style="list-style-type: none"> <li>• Can be used to monitor media efforts, both earned and paid, to assess quantity and quality of messages</li> <li>• Can be combined with data on the reach of various channels to estimate potential exposure of audience, overall and by demographics</li> <li>• Content analysis can be used to determine what messages are disseminated to the target audience, if those messages are on strategy, and if the messages have changed since the campaign began</li> <li>• Can be used to track changes in messages to determine whether they are on target and consistent with the marketing plan</li> <li>• Can be used to modify the media plan</li> </ul>
Tracking requests for information	Systematic recording of the number and type of people who request information (e.g., call the quitline, visit the Web site)	<ul style="list-style-type: none"> <li>• Can be used to assess the effectiveness of counter-marketing efforts that list the Web site or quitline as a source of additional information</li> <li>• Can be used to track simple counts of number of requests over time, to show correlation with counter-marketing efforts</li> <li>• Requires more effort to determine the characteristics of the population reached</li> </ul>
Logs of events and activities	Completion of a form by the organizer of an event or activity, to describe the type of activity, where the activity happened, the number of participants, the type of participants, and comments about the event	<ul style="list-style-type: none"> <li>• Can be used for rapid tracking of program activities and outputs (e.g., workshops, press conferences, summits, and community forums) for process evaluation</li> <li>• Can be easily entered into database, to produce summaries of activities over time and by type</li> <li>• Can only provide estimates of the number of participants reached and general categorization of those participants (e.g., log sheets for press events may show TV reporters vs. print reporters)</li> <li>• Counting of participants facilitated by sign-up sheet</li> <li>• Can used to determine whether program implementation is following plan</li> </ul>

## Appendix 5.2: Key Data Collection Tools and Methods (cont.)

Method	Description	Evaluation Uses and Other Consideration
Review of existing data and records	Structured analysis of information being collected for other purposes, usually on a regular basis	<ul style="list-style-type: none"> <li>• Is an inexpensive source of data</li> <li>• Data produced may not be relevant</li> <li>• Requires thought and knowledge of local systems to locate relevant data</li> </ul>
Focus group discussions	Qualitative method in which a skilled moderator uses an interview guide with open-ended questions to facilitate a 1- to 2-hour discussion among 5 to 10 participants	<ul style="list-style-type: none"> <li>• Is more useful for formative evaluation than for process or outcome evaluation</li> <li>• Can be used diagnostically in conjunction with quantitative data to understand results</li> <li>• Can facilitate interaction among group members that elicits in-depth responses</li> <li>• Provides richer data about meanings and reactions than closed-ended questions</li> <li>• Can be observed, recorded, or both, to facilitate analysis</li> <li>• Requires a skilled moderator who understands how to manage the group process, so necessary information is collected</li> <li>• Can result in domination of discussion by vocal individuals</li> <li>• Results in findings that can't be generalized and may be biased by the unique characteristics of participants</li> </ul>
Document analysis	Systematic assessment of the content of documents	<ul style="list-style-type: none"> <li>• Can be useful if the program is expected to result in changes in documents such as local ordinances</li> <li>• Can be used to determine whether ordinances and policies have shifted in the desired direction</li> </ul>
In-depth individual interviews	Qualitative data collection with a semistructured interview guide in which a limited number of respondents are asked questions (often open-ended) by a skilled interviewer	<ul style="list-style-type: none"> <li>• Can be used to assess reactions to specific counter-marketing efforts</li> <li>• Is particularly useful to assess reactions of specific individuals (e.g., stakeholders, members of the press, station managers, and heads of key organizations)</li> <li>• Can be used to modify the program</li> <li>• Can use observation or recording of information to facilitate analysis</li> <li>• Requires a skilled interviewer who is knowledgeable about the reason for the interview and how the responses might be used to improve the program</li> </ul>

*Continues*

## Appendix 5.2: Key Data Collection Tools and Methods (cont.)

Method	Description	Evaluation Uses and Other Consideration
Participant feedback survey	Survey administered to participants in a counter-marketing event, to obtain feedback about the event	<ul style="list-style-type: none"> <li>• Can be used as a simple method to describe the size and characteristics of the population reached by an event</li> <li>• Can be used to assess the reaction of the target population to the event</li> <li>• Provides insight into approaches to improve the content of and recruitment for the event</li> <li>• Is more useful for process evaluation than for outcome evaluation</li> </ul>
Population-based survey	Survey of a population that follows strict sampling rules, so findings are representative of that population; administered by interviewer or self-administered	<ul style="list-style-type: none"> <li>• Is likely to be used in some form to evaluate advertising efforts</li> <li>• Can indicate the percentage of the state population reached by counter-marketing efforts</li> <li>• Can be used to determine whether persons aware of the advertising or other counter-marketing efforts have improved beliefs, attitudes, and behaviors</li> <li>• Can be repeated at regular intervals to track changes</li> </ul>
Random digit dialing (RDD)	Population-based survey using special telephone-dialing procedures to reach a probability sample of the state population; computer-assisted telephone interviewing is a common type of RDD	<ul style="list-style-type: none"> <li>• Provides efficient, cost-effective means of generating a probability sample that can be generalized to the target population</li> <li>• Must use special sampling procedures to obtain sufficient samples of some populations (e.g., youth, ethnic/racial minority groups, and smokers)</li> <li>• See population-based survey in this table</li> </ul>
Observation	Observation of persons in public settings or observation of physical settings, with minimal observer interaction	<ul style="list-style-type: none"> <li>• In some cases, can be used to directly assess program implementation and behavior and reactions of target audience</li> <li>• Can also be used to determine the quantity and content of tobacco advertising, counter-advertising and promotion in physical settings</li> <li>• Is labor intensive and requires visits to the sites of the program and skilled observers trained to use tested protocols</li> <li>• May result in bias, if behaviors are influenced by the presence of the observer</li> <li>• May result in questioning of the ethics of observing people without their consent</li> </ul>

## Appendix 5.3: Key Variables and Sample Items To Consider Including in Survey of Target Population

Category	Variable	Sample Item
Awareness	Unaided	Describe anything you recall from recent advertising against smoking that you have seen.
	Aided	Have you recently seen an antismoking ad that shows two young men in a van who drive up to an office building and talk to a uniformed guard?
	Confirmed awareness	Can you provide more detailed information about what occurred in the ad?
	Unaided awareness of campaign or slogan	Are you aware of any antismoking campaigns now taking place in this state?  What is the theme or slogan of this campaign?
Recall	Recall of ad	What happens in the ad? (List of closed-ended ad descriptions is not read, but is included for the interviewer to code responses)
	Recall of message	What do you think the main message of the ad is? (List of closed-ended ad messages is not read, but is included for the interviewer to code responses)
Reactions	Diagnostic measures	For each of the following statements, please tell me how much you agree or disagree with the statement. Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree? The ad was memorable. I liked the ad. The ad was believable. The ad was relevant to me. I talked with my friends about the ad.
	Open-ended measures	What specifically did you like about the ad? What did you dislike about the ad? What, if anything, was confusing about the ad? Who, if anyone, would be offended by the ad?
	Reaction to workshops and events	What specifically did you like about the workshop? What did you dislike about the workshop? Would you recommend the workshop to a friend?

*Continues*

## Appendix 5.3: Key Variables and Sample Items To Consider Including in Survey of Target Population (cont.)

Category	Variable	Sample Item
Attitudes	Attitude toward trying cigarettes	Trying just a few cigarettes won't hurt anyone.  (For all items the following response scale can be used: strongly agree, agree, disagree, strongly disagree, or no opinion.)
	Attitude toward smoking	Young people who smoke are usually "cooler" than those who don't.
	Attitude toward quitting	I can quit smoking any time I choose.
	Support for bans	Smoking in the workplace should be banned.
Beliefs	Beliefs about consequences of smoking	For each of the following statements, please tell me how much you agree or disagree with the statement. Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?  My smoking in the next 3 months will help me fit in. My smoking in the next 3 months is harmful to my health. My smoking in the next 3 months will make my breath smell bad. Smoking has nothing to do with whether a person is cool.  Smoking causes heart disease . . . lung cancer . . . blocked arteries.
	Beliefs about the tobacco industry	For each of the following statements, please tell me how much you agree or disagree with the statement. Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?  Tobacco companies try to get young people to smoke because older people quit smoking or die.  Tobacco companies use advertising to fool young people.  If people my age knew we were being used by tobacco companies just to make money, we would never start smoking.  Most people my age don't believe all the bad things we hear about tobacco companies.
	Beliefs about secondhand smoke	For each of the following statements, please tell me how much you agree or disagree with the statement. Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?  Secondhand smoke causes lung cancer.  Secondhand smoke is an extremely important public health issue.

### Appendix 5.3: Key Variables and Sample Items To Consider Including in Survey of Target Population (cont.)

Category	Variable	Sample Item
Normative beliefs	Perceptions of friends' use	How many of your close friends do you think smoke? Does your best friend smoke?
	Perception of others' use of cigarettes	How many sixth graders at this school do you think smoke cigarettes?
	Normative belief from friends	Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statement? My close friends think it's OK for me to smoke.
	Normative belief from parents	Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statement? My parents think it's OK for me to smoke.
	General normative belief	Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statement? Most people who are important to me think it's OK for me to smoke.
Self-efficacy	Confidence to refuse an offer	How easy or hard would it be for you to say "no" to the offer of a cigarette when you are at a party with friends? ...when you are at a close friend's house and their parents are not at home? Would you say it would be very easy, easy, neither easy nor hard, hard, or very hard?
	Confidence to quit smoking	How easy or hard would it be for you to quit smoking in the next 30 days? Would you say it would be very easy, easy, neither easy nor hard, hard, or very hard?
Intention	Intention to try	Do you think that you'll try a cigarette in the next 30 days?
	Intention to refuse an offer	How likely is it that you'll refuse a cigarette the next time you're offered one? Would you say it's very likely, likely, neither likely nor unlikely, unlikely, or very unlikely?
	Intention to quit smoking	Are you planning to quit smoking in the next 30 days? How many times in the past 30 days have you thought about quitting smoking?
	Intention to avoid secondhand smoke	Would you eat at restaurants more often, as often, or less often if smoking were banned? <i>Continues</i>

## Appendix 5.3: Key Variables and Sample Items To Consider Including in Survey of Target Population (cont.)

Category	Variable	Sample Item	
Susceptibility	Susceptibility	<p>How many of your four best friends smoke cigarettes?</p> <p>(If the responses is 1 or more, respondent can be categorized as “susceptible”; if the response is “none,” respondent can be categorized as “nonsusceptible”)</p>	
Behavior	Initiation of smoking cigarettes	<p>Have you ever tried cigarette smoking, even one or two puffs?</p> <p>(If response is “no,” respondent can be categorized as “non-smoker”)</p>	
	Initiation of using smokeless tobacco	<p>Have you ever used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?</p> <p>(If response is “no,” respondent can be categorized as “non-user of smokeless tobacco”)</p>	
	Initiation of cigar smoking	<p>Have you ever tried smoking cigars, cigarillos, or little cigars, even one or two puffs?</p> <p>(If response is “no,” respondent can be categorized as “non-smoker”)</p>	
	Never smoked, current smoker, or former smoker	Never smoked, current smoker, or former smoker	<p>Have you ever tried cigarette smoking, even one or two puffs?</p> <p>(If response is “no,” respondent can be categorized as “non-smoker”)</p>
		Never smoked, current smoker, or former smoker	<p>Do you smoke cigarettes every day, some days, or not at all? (If response is “every day” or “some days,” respondent can be categorized as “current smoker”)</p> <p>During the past 30 days, on how many days did you smoke cigarettes? (If response is 1 or more days, respondent can be categorized as “current smoker”)</p>
Never smoked, current smoker, or former smoker		<p>Have you smoked at least 100 cigarettes in your lifetime? (If response is “yes,” ask next question)</p> <p>Do you smoke cigarettes every day, some days, or not at all? (If response is “not at all,” respondent can be categorized as “former smoker”)</p>	

### Appendix 5.3: Key Variables and Sample Items To Consider Including in Survey of Target Population (cont.)

Category	Variable	Sample Item
Behavior (cont.)	No use, situational use, or established use	During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?  (If response is “none,” respondent can be categorized as “no use”)
		During the past 30 days, on how many days did you smoke cigarettes?  During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?  (If response to first question is 6 days or fewer, and response to second question is 4 cigarettes per day or fewer, respondent can be categorized as “situational smoker”)
		During the past 30 days, on how many days did you smoke cigarettes?  During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?  (If response to first question is 6 or more days, and response to second question is 5 or more cigarettes per day, respondent can be categorized as “established smoker”)
	Smoking cessation	During the past 12 months, did you ever seriously try to quit smoking cigarettes?
		How many times, if any, have you tried to quit smoking?
		When you last tried to quit, how long did you stay off cigarettes?
	Actions to avoid secondhand smoke	Have you asked an acquaintance not to smoke around you or others in the past 30 days?
		Have you asked a stranger not to smoke around you or others in the past 30 days?
		Have you avoided a smoky place in the past 30 days?
		Have you gone to a smokefree club in the past 30 days?
If you went to a smokefree club, was part of your decision based on knowing that it was smokefree?		

## Appendix 6.1: Key Elements of a Request for Proposals (RFP) for a Media Campaign

Requests for Proposals (RFPs) vary significantly among states and organizations. They range in length from less than 10 pages to over a hundred pages. They also vary in terms of the elements included. The following is a list of potential elements to include in an RFP. It is not meant to be a recommendation for the structure or content of your RFP; rather, it is meant to help you in writing your RFP by providing information about elements other states have included and issues that have arisen. Your state or organization may not want to include in your RFP some of the elements listed below. Likewise, your state or organization may have additional requirements that are not addressed in this document.

### General Information/Introduction

#### *Background and Overview*

What is important to know about the current situation that explains why you are issuing an RFP at this time? Did you just acquire settlement dollars? Was a tobacco tax passed whose proceeds will be going to a tobacco control program? Will a broad tobacco control program be developed at this time, or just a media/PR campaign?

#### *Statement of Purpose/Goals/Objectives*

What are you trying to achieve through the media/PR campaign? This may include a statement of work for the media campaign. If you have selected target audiences for the campaign, include those as well. Be as clear and selective as possible. The more specific you are, the more focused proposals the bidding agencies can develop. If funds are limited, you may need to focus on one goal and one or two target audiences rather than diluting your efforts by trying to influence many audiences to change behaviors.

#### *Description of the Health Department or Program*

Share relevant information about current and past tobacco control programs and describe which organizations have been involved. Describe past or existing tobacco control efforts and media campaigns. Succinctly describe what media and public relations efforts have been implemented in the past and their results, if available.

#### *Description of Problem the Campaign Needs to Address*

Share research and data specific to the state, including any important regional, demographic, or other differences.

*Budget or Funding Level*

Be specific about the time period for the budget, whether funds will be renewed after the first year, conditions for funding renewal, etc. If funding is uncertain, it is acceptable to include the existing conditions that have made the funding level uncertain. Also include the date when you expect to know the outcome. You may have the bidders prepare proposals at different funding levels.

*Contract Period*

You may want to check with your state health department's contract office to determine the types of contracts available to your program. For example, you may be able to have a contract renewable for a certain number of years, contingent upon your approval rating of the agency. Note the beginning and end dates for the contract.

**Proposal Requirements***Eligibility Criteria*

State who may apply for the contract. Optional requirements include the following:

- Agency based in the state. Some state government policies require hiring only in-state contractors.
- Submissions only by agencies with certain experience. For example, you may want to hire an agency with experience in one or more of the following areas: marketing, public relations, marketing research, specific ethnic group marketing, youth marketing and public education, direct marketing, new media (e.g., Internet), sports and entertainment marketing and merchandising, media buying and planning, creative development and production, grassroots organizing, crisis management, or special events.
- Annual billings within a specific range. The rationale for including this is that you might not want to hire an agency that is so small that you're concerned about its capability to handle your account or so large that you're concerned that your account won't be so important to them.
- Lead agency may partner with other agencies that have needed experience. For example, lead agencies without ethnic marketing experience may still be considered as long as their proposals specify which ethnic marketers they would partner with.

**Proposal Content and Format Requirements**

- Formatting, such as white 8 1/2" x 11" paper, page numbering, limitations on number of pages, required appendices. Providing such requirements may not only make the proposals easier to read but may also help avoid the tendency of advertising and PR agencies to "out-glitzy" each other by using the most creative, original formats for their proposals.

- Inclusion of specific elements and organization into specific content sections. For example, required elements might include a standard cover sheet with signature, table of contents, proposal narrative, narrative responses to questionnaire, proposed budget in standard format, work plan or action plan, nondiscrimination compliance statement, drug-free workplace certificate, etc.
- Examples of desired formats for proposal pages or appendices.

### *Potential or Perceived Conflict of Interest*

All applicants should be required to provide a statement of disclosure regarding potential or perceived conflict of interest due to connection with the tobacco industry, and you should provide the standard format for this statement. Potential or perceived conflict of interest could include affiliation or contractual relationships, direct or indirect, with tobacco companies, owners, affiliates, subsidiaries, holding companies, or companies involved in any way in the production, processing, distribution, promotion, sale, or use of tobacco. You may choose to state in the RFP any of the following:

- Only agencies with no such affiliation within some time frame (e.g., the past five years) are allowed to apply.
- Any tobacco company affiliation disqualifies an agency from competing for the contract.
- An agency must divest itself of such affiliation prior to bidding and must submit with its bid written documentation of such divestment.
- Such affiliation doesn't necessarily disqualify agencies, but disclosure of real or apparent conflict of interest is required in the proposal.

In addition, you may require a written statement that the selected agency will not accept such relationships during the term of contract with the health department.

### *Applicant Questionnaire*

You may ask each applicant to answer questions regarding the agency, including areas such as the following:

- Agency mission and philosophy
- List of key agency staff and agency offices
- Description of departments and staff positions within the agency
- Organizational chart
- Names of other agencies, subcontractors, and consultants to be included in submission
- Number years in business

- Annual billings
- Experience with government, nonprofit, or health-related accounts
- Antidiscrimination policy
- Past pro bono work and contacts for references
- List of top accounts (typically based on billings) and contacts for references
- Examples of accounts that demonstrate the agency's experience in changing behavior on social or public health issue (including key results)
- Information about how the agency uses research in developing, executing, and evaluating campaigns

You may ask for a narrative about how the agency plans to provide the required services. This may include more specific information about the particular agency staff who will be working on this account (e.g., titles, functions, education, experience, accounts handled at current agency, accounts handled at previous employer, level of responsibility). You may also ask about discounts, bonuses, or pro bono work the agency will offer.

### *Compensation*

You may ask bidding agencies to recommend how they should be compensated for their work on the campaign. This will help you understand how they typically charge clients and may highlight to you some innovative approaches to compensation. In addition, you may ask for a proposal for a performance-based contract or the agency position on performance-based contracts. A performance-based contract makes the agency more accountable for bottom line outcomes of campaign; one caveat is to make sure that your expectations are realistic regarding what the potential outcomes will be. Remember that the compensation proposal is only a starting point for contract negotiations. You may choose another compensation arrangement when you negotiate the final contract with the selected agency.

### *Examples of Work*

You may ask for examples of creative executions, especially those most relevant to the current proposal, such as materials targeted toward teens if the proposal is for a youth antitobacco campaign, materials targeted toward Hispanics/Latinos if the proposal includes a Hispanic/Latinos component, etc. Examples of materials would normally be submitted in one or more of the following forms: videotape with TV and radio ads, photos of outdoor ads, copies of print ads, examples of brochures or other educational materials, and hard copies of Web pages. You may also ask for other materials or information related to the individual campaigns (e.g., campaign results, summaries of research, target audience development, campaign strategy from one completed campaign, PR plan, samples of press materials, media plan, event plan).

### *Ideas for Addressing Your Campaign's Goals*

Requesting the bidding agencies' ideas about approaches to your campaign will help you gauge the level of strategic and creative thinking that they can bring to your program. The description of the agency's proposed approach to addressing your campaign's goals might include information on their understanding of the problem; strategic thinking about how to address the problem; identification of target populations(s); campaign strategies and action plans; description of media buying plans and strategy; PR strategy, including media coverage, promotional events, and integration with local programs and target population(s); links to existing tobacco control efforts; how research and evaluation would be conducted; general estimate of how funds would be allocated; use of existing resources and materials (e.g., CDC's Media Campaign Resource Center, state clearinghouses); and input from external experts.

It is not recommended that you ask the bidding agencies to develop and present new creative ideas or specific advertising executions. Creative development is very time-consuming and can only be done well when agencies have full knowledge about the issue and are fully immersed in the campaign development. If you do request or allow for new creative ideas to be presented, you will want to include a statement that the health department has ownership of ideas or adaptations of ideas contained in any proposal submitted, as well as the right to copyright them.

## **Proposal Preparation and Submission**

### *Schedule/Timeline*

Provide information about bidder's conference and any other pertinent dates.

### *Application Deadlines*

Include date/time of deadlines for letter of intent (confirming intent to submit full proposal) and complete proposal package.

### *Key Contact Information at Health Department*

Provide contact information for key health department staff that may be contacted regarding the RFP process. Include instructions for how to submit questions.

### *Instructions for How To Submit Application*

Include date and time that application is due, address where applications should be sent, and whether faxed applications will be accepted. List the number of copies of the application required. Typically, agencies are asked to submit multiple copies so that the health department does not have to make copies of the proposals for the reviewers.

*Instructions for How To Withdraw Application*

Provide information about how an agency can withdraw an application after it has been submitted.

*Reasons for Disqualification*

Possible reasons for disqualifying an application include the following:

- Incomplete or late submission
- Failure to meet requirements regarding lack of tobacco industry affiliation
- Attempts to influence a member of review panel during the review process
- Submitting application with false, inaccurate, or misleading statements
- Unwillingness or inability to fully comply with proposed contract provisions

**Proposal Review/Evaluation/Selection***Criteria for Evaluation of Proposal*

Proposals may be evaluated based on factors relating to the agency and staff (agency background, agency capabilities and experience, agency personnel, capabilities and experience of subcontractors), materials submitted (samples of work, strategic plan for campaign, proposed media strategies and plans, proposed budget and timeline), or quality of the proposal (clarity, creativity, innovation, quality, balance). You may choose to include in the RFP a point structure identifying the maximum number of points each section of the proposal can be awarded. You may choose to require oral presentations by some or all applicants.

*Information Regarding Review of Proposals*

List the stages of review process, whether the review sessions will be open sessions or closed to the public.

*Award Notification and Contract Negotiation*

Provide information about how (e.g., e-mail, fax) and approximately when applicants will be notified about results. You may choose to not send the final notification stating that an applicant has not been selected until after a contract is signed with the agency that is selected during the review process. If you are not able to agree on contract terms with the selected agency, then you may begin negotiating with the second choice.

## Other Rules/Information/Disclaimers

Your state may choose to include some, none, or all of these stipulations:

- The health department reserves the right to negotiate and clarify before entering into contract.
- The health department reserves the right to amend the RFP prior to the proposal submission date. Applicants who have submitted a letter of intent by the required date shall be notified of amendments and will be afforded an opportunity to revise their proposal to accommodate the RFP amendment.
- In the event that the health department is unable to execute a contract with the agency selected, the health department reserves the right to continue evaluations of other agencies and select another agency.
- The RFP does not constitute commitment by the health department to award a contract.
- Deliverables and other materials provided by contractor to the health department become the property of the health department.
- A schedule of regular meetings between the agency and the health department will be required.
- Reasons for termination of contract may be listed in the RFP.
- The health department reserves the right to remove or replace subcontractors.
- The health department assumes no responsibility or liability for costs incurred by bidders prior to contract award.
- Confidentiality policies vary by state law. Some state health departments will not release information to bidders or anyone else regarding the content of any of the applications during the RFP process (or at any time). Other states require an open review process, proposals becoming public information at the end of review process, or both.
- Some states have subcontracting policies or requirements.
- Some states have affirmative action requirements.

## Optional/Possible Appendices

Your state may choose to include some, none, or all of these appendices.

- Applicant Information Sheet. This might include information such as agency name and address, tax identification number, name of main contact at agency, and signed affirmation that statements contained in application package are true and complete.
- Checklist for Responding to RFP. This would clarify what key elements must be included in proposal.
- Proposal Evaluation Instrument or Evaluation Summary Sheet. This is the evaluation form used by reviewers to assess proposals.
- Standard contracts agreements/forms. Some states have specific language required in all contract agreements or forms used in all contracts.
- State contract terms and conditions (e.g., taxes, warranties, payments, indemnity, liability, insurance, termination, records maintenance, severability).
- Signature Verification Form. This would serve as notarized proof that the individual signing is authorized to execute contracts on behalf of bidder or contractor.
- Consultant/contractor submissions form/contractor data and certification form (might include information such as contractor name and address, tax identification number or social security number, contact information, and resume or statement of qualifications of key personnel).
- Reference Review Form
- Sample health department tobacco control program budget
- Conflict of Interest Statement/Statement of Disclosure of Tobacco Industry Affiliation/Statement of Assurance
- Certificate of Independent Price Determination. With this form, the bidder certifies that the prices in the proposal have been arrived at independently without consultation, communication, or agreement with any other bidder, and that the prices in the proposal have not been and will not be disclosed by the bidder, directly or indirectly, to any other bidder before bid opening or contract award unless otherwise required by law.
- Outline of proposal format
- Outline of line item project budget form
- Errata, amendments, addenda
- Instructions for oral presentations
- Q&As

## Appendix 6.2: Questions and Answers on RFPs

### Issues Related to RFP Process

#### 1. How much time should the RFP process take? How much time should be allowed for each step in the process?

Each state has different rules and schedules for the RFP (Request for Proposals) process, based on variables such as state restrictions and the state funding cycle. Thus, there is no golden rule, but there are some general considerations. The key is to allow sufficient time in each step to accomplish the work required, while not delaying unnecessarily the hiring of an agency. The entire process generally takes from six weeks to three months, but much more time can be required if contract negotiations are difficult or if a bidding agency contests the award decision.

Here's a general outline of the steps involved and the approximate time needed for each step:

- **Release of RFP.** The RFP should be released as soon as possible, so an agency can be hired in a timely manner.
- **Deadline for Submission of Proposals.** In general, four to six weeks is sufficient time for the agencies to put together proposals.
- **Bidders' Conference.** The bidders' conference is a meeting held so possible applicants can obtain information they need to respond to the RFP. Enough time should be allowed to publicize the RFP and disseminate the information about this meeting to the potential bidders. The bidders' conference should be held about midway in the four- to six-week period between the release of the RFP and the proposal deadline. This schedule gives agencies sufficient time after the bidders' conference to determine whether they are still interested in submitting a proposal and, if so, to develop the proposal.
- **Technical Review of Proposals.** The technical review is conducted to ensure that the agencies making proposals meet the criteria specified in the RFP and don't need to be disqualified for any reason. This review should take place immediately after the proposals are due. Completion of the technical review by the appropriate state staff generally requires one to three days, depending on the number of proposals and the complexity of the technical requirements.
- **Review of Written Proposals.** The process for review of written proposals determines the amount of time needed to complete this review. To ensure that all reviewers are able to attend, the dates for the review of written proposals should be set well in advance.

If the review committee reads proposals in a room together, the review of written proposals can begin immediately after the technical review and usually lasts one to four days. The amount of time

necessary to read, discuss, and score the proposals depends on the number of proposals and the length of the proposals.

If the proposals are sent to the review committee to read before the committee convenes, the time required is approximately one to two weeks, including one to two days to discuss and score the proposals at the meeting.

- **Oral Presentations.** Agencies that remain in the process after the technical review and the review of written proposals are given an opportunity to make oral presentations. At least two weeks should be allowed for preparation of these presentations. These presentations might include a review of creative products from previous campaigns.
- **Final Selection of an Agency.** The final selection of the winning agency may be made after the oral presentations, on the basis of the scores calculated by the review committee. Some states require final approval by a state health department or a state contract officer. This requirement can add several days to the RFP process.
- **Signing of the Contract.** The time elapsing before the contract is signed can vary from one week to more than one month, depending on factors that include the following:
  - How much specific information about requirements (e.g., compensation and scope of work) is laid out in the RFP
  - How much negotiation with the winning agency is necessary
  - Whether the decision is contested by one of the agencies that isn't selected
  - How many levels of approval are necessary before a contract is made final.

It's advisable to wait to notify agencies that they haven't been selected for further consideration until a final contract is signed and not contested. This approach allows you to consider the second or third choices in case a problem occurs with the top choice among the agencies.

## 2. Should a bidders' conference be held?

Benefits of a bidders' conference include the following:

- Answers to questions can be provided at one time to all the potential applicants present.
- A transcript of the conference or a summary of the answers can be put online.
- The program manager sees the people and agencies that may be bidding and can estimate how many agencies will bid on the contract.

The greatest potential negative is the time and energy involved in setting up such a conference. You'll want the key health department staff involved in the RFP and the contracting process to be present, so scheduling a time when all are available may be difficult. In addition, you might not have all the answers to questions posed to you at the bidders' conference and you'll then have to follow up later. This problem can be avoided by asking that all questions be submitted in writing in advance. Then you can provide answers in person at the bidders, conference since you will have had time to prepare answers to questions submitted.

An alternative to a bidders' conference is to have all questions submitted in writing and provide answers online. You can announce the Web address in the RFP and make it clear that bidders can access the Web site to find updates and corrections to the RFP and answers to submitted questions.

### **3. How should information be disseminated to potential bidders?**

Most states put the full RFP, along with information such as edits and updates to the RFP and answers to the bidders' questions, on the contracts section of the state health department Web site. When there is a high level of publicity around spending of funds for the state tobacco control program, many agencies interested in this work will be aware that an RFP is being released. Some states send a copy of the RFP to all top agencies in the state, along with a cover letter inviting them to apply. In addition, there may be publications in the state that advertise government contracts. If your contract will be large enough and you want to attract agencies from outside the state, you might consider placing an ad in advertising industry publications such as *Advertising Age*, *Ad Week*, or *Brand Week*.

### **4. Should health department staff perform site visits to the agencies that are bidding?**

Site visits allow you to see the work space and sense the tone of the environment in which the agency staff work, and these visits may help you to better understand the technical capabilities of the agency staff. Some states and organizations have found site visits to be very beneficial, but the vast majority of states don't perform site visits, and they're probably not necessary unless extenuating circumstances exist.

### **5. How should the written proposals be scored?**

Methods for scoring the written proposals are different in each state. Some score sheets include a number of categories that correspond to the sections of the RFP. Other score sheets include sections addressing elements such as agency experience and knowledge, technical capability, previous creative, expertise in market research, experience with media campaigns targeting a particular population, and budget management. Most states set the criteria for scoring of the proposals. In some states, however, the reviewers are given the opportunity to provide input, and the final decisions on criteria for scoring rest with the health department.

### **6. How should the process for review of written proposals be managed?**

There are several options for managing the process for review of written proposals, and states manage this process in different ways. Some states have reviewers read the proposals in advance; others have reviewers read the proposals together. Some states allow reviewers to share scores; others explicitly prohibit sharing of

scores. Some states allow reviewers to change their scores after seeing all of the presentations; others do not allow such changes. You may have some flexibility in making these decisions, but some of the decisions will be mandated by state policy. Here are some methods states use to manage the review of written proposals, along with related benefits and drawbacks for each method:

- Reviewers read proposals before meeting to discuss the proposals.
  - **Benefits.** If reviewers read the proposals before meeting, the discussion moves more quickly. Reviewers can read the proposals on their own schedule. They may be able to pay more attention to the details when they read alone than when they read in a group.
  - **Drawbacks.** Reviewers may forget the specifics of the proposals between the time they read them and the time of the meeting where the group scoring is done. Also, a large volume of proposals must be shipped or hand delivered to each reviewer. Reviewers must then bring the materials with them to the review session. In addition, some reviewers may not take the time to review the proposals before the review session. If there are a lot of proposals, review committee members may not have the time to thoroughly read each proposal. In that case, you can assign, in advance, one review committee member to report on each proposal to the group and have someone else be a second reporter, to add anything the first reporter missed. These two individuals would be responsible for reading the proposal most thoroughly, although others will read it, too.
- Reviewers read the proposals when they come together in one room.
  - **Benefits.** If the proposals are read at a meeting, they don't have to be shipped to reviewers in advance and brought back by the reviewers. Control and confidentiality of proposals are assured. Also, the information is fresh in the minds of the reviewers when they do the scoring.
  - **Drawbacks.** Reading in a group can be very distracting and tiring. Different reviewers read at different speeds, and the time devoted to each proposal may not be sufficient for adequate review. In addition, reading in a group takes longer than if reviewers come together after reading the proposals. It may be difficult for some review committee members to set aside such a large block of time from their busy schedules to participate in the reviews.
- Reviewers are allowed to share scores with the committee.
  - **Benefits.** One benefit of sharing scores is that it allows a reviewer to gauge his or her scoring against the scoring by other members of the review committee. The committee can assess whether the scoring method is consistent among all the reviewers and can make appropriate adjustments for equitable scoring, if necessary.
  - **Drawbacks.** One potential drawback of sharing scores is that one reviewer with strong opinions may influence others on the review committee.

- Reviewers are not allowed to share scores with the committee.
  - **Benefits.** A prohibition against sharing scores may ensure that reviewers are not influenced by scores of other reviewers. This approach may be more objective than the sharing of scores, and may be mandated by state contract policy.
  - **Drawbacks.** The main drawback of a prohibition against sharing scores is that different reviewers may use different methods to score proposals, and the review committee is not able to assess if scoring is inconsistent.
- Reviewers are allowed to change scores after reading, discussing, and scoring all the proposals.
  - **Benefits.** Regardless of whether scores are shared with the rest of the review committee, it's helpful for reviewers to be able change their scores after reviewing all the proposals. This is especially true for a reviewer who has never participated in an RFP review. After reading all the proposals, a reviewer has a better sense of the range of responses and can go back and view the first few proposals with a better perspective of what is good and bad in each of the proposals.
  - **Drawbacks.** Some reviewers may be unduly influenced by other committee members. Changing scores may add time to the process. In addition, changing scores may be prohibited by state contract policy.
- Review committee meets in person.
  - **Benefits.** The importance of selecting a contractor probably justifies the requirement for a meeting of the review committee. For most states, the media campaign contract involves a large amount of money and a significant portion of the budget for the tobacco control program. The discussion and interpersonal interaction are critical to the decision-making process.
  - **Drawbacks.** A meeting of the review committee requires that reviewers travel to a central location, which may involve time and travel expenses.

When there is no other alternative, one or more reviewers may participate in the review of written proposals by telephone. This option is rarely used and is not recommended, because of the value of having all the reviewers interact in person.

## 7. Should the bidding agencies be required to make oral presentations?

Oral presentations are very useful and should be required. They help to identify differences among the agencies that score well in the review of written proposals. Also, they often allow a better understanding of aspects of the agencies that don't always come across in a written proposal. These aspects include factors such as work flow and procedures, creativity and style, and technical capabilities.

## 8. Who should make the oral presentations for an agency?

If possible, you should require that the individuals who will be your day-to-day contacts make part or all of the oral presentation. You can ask that specific people be part of the presentation team (e.g., the financial person, the primary client contact, and the creative lead). The oral presentation is an opportunity for you to meet the individuals who will work on the account and to determine whether you have “chemistry” with them. You want to avoid being “wowed” by the agency head(s) or other trained presenters, only to find that you’ll be working with lower-level staff once the agency is selected and contracted.

You can also specify a minimum and/or maximum number of people to participate in the oral presentation. Usually agencies will want to include more people, so providing a minimum is not usually an issue. Some states limit the number of agency staff making the presentation within a range of five to 10. Other states don’t limit the number. You may choose to require that only the staff making the presentation be allowed to attend this RFP session, or you may allow additional agency staff to be present to answer questions.

In general, you want enough agency staff present to give you a clear picture of what the agency has to offer, but not too many whose presence is unnecessary. Depending on the site for the oral presentations, space may be a limiting factor.

## 9. How many agencies should be invited to make oral presentations?

Ideally, you’ll want to invite a minimum of three qualified agencies to make oral presentations, to ensure that the review committee has an adequate number of agencies to review. In some cases, states have invited only two agencies to give oral presentations, because only two were qualified to move past the review of written proposals.

Also, you should set a maximum number of agencies to make presentations. It’s not advisable to allow all the bidding agencies to give oral presentations, for several reasons:

- Depending on how the scoring is configured (i.e., how many points are assigned in each phase of the review and whether the scores from each phase are cumulative), it’s usually not possible for an agency with a relatively low score after the review of written proposals to be a top scorer after the oral presentations.
- Reviewers will find it difficult to listen to too many presentations, especially if they know that some of the agencies have no chance of winning the contract.
- Preparation of an oral presentation requires an investment of time, money, and energy, so it’s not fair to ask agencies that have no chance of winning the contract to put this level of effort into the oral presentation.
- Because you want to select an agency that does well in both written and oral communications, it’s beneficial to eliminate agencies that don’t submit a strong written proposal, even if they might be able to perform well in an oral presentation.

- If the written proposal is of low quality, you may not want to give the impression to the agency that you think their work was good enough to merit the invitation for an oral presentation.

## **10. How should the oral presentations be scored?**

As with the scoring of the written proposals, the methods for scoring oral presentations are different in each state. In many states, reviewers are allowed to provide a combination of number scores and written comments. In other states, reviewers can provide only a number score, but the score sheets leave space for reviewers to make notes that help them to determine their scores. Depending on the laws and policies of the state, the score sheets may become public record. Reviewers should be notified of this policy in advance, so they are aware that anything they write will be accessible to the agencies and anyone else interested in examining the score sheets.

You'll need to determine how many points to allocate for each phase of the review. Another important decision you must make is whether the final selection should be based on a total score from all phases of review or whether the score in each phase is used only to determine which proposals move forward to the next phase. Some states assign points during the technical review; others don't score that phase but do eliminate proposals that don't qualify. In other states, the scores for the written proposals determine which agencies are invited to give an oral presentation, and the scores for the oral presentation determine which agency is offered the contract. In still other states, the total score from all phases of the review process (technical review, review of written proposals, review of oral presentations, and review of creative) is the only factor used to award the contract. This strategy allows one phase of the review to be given more weight by assignment of more points to that phase. However, this option should be exercised with caution. If you choose to give more weight to the review of written proposals by assigning more points to it than are assigned to the oral presentations, be aware that if the written proposals have a wide range of scores, the reviewers of the oral presentations may not be able to influence the final outcome, because they have fewer points to assign. This outcome eliminates the benefit of having additional input for decision making, based on the review of the oral presentations.

Some states don't allow the review committee to make the final decision; instead, the committee is asked to make a recommendation. Then the health department makes the final decision. The reviewers' qualitative comments can be helpful to the health department staff in their final determination, particularly when the scores are close.

## **11. How should the review process for the oral presentations be managed?**

As with the process for review of the written proposals, there are several options for managing the process for review of oral presentations, and states manage this process differently. The comments in response to question 6 about sharing scores and changing scores are also relevant here.

You should schedule enough time for each agency to set up (at least 15 minutes) and to make the presentation (one to two hours). Additional time is required for reviewers to ask questions of the agency (30 to 60 minutes) and then to discuss and score each presentation (30 to 45 minutes). Time is also needed for activities such as breaks and meals. You'll need to provide a private and quiet room where the reviewers can talk while the next agency has access to the presentation room to set up for the oral presentation.

## **12. What kinds of questions should agencies be given in advance of oral presentations, and which questions should be surprises?**

Providing each agency the same set of questions, either in advance or during the oral presentation, gives the reviewers some common ground for assessment and comparison of the agencies. Questions given to agencies in advance should call for responses that require planning, data gathering, alignment with agency management, or other time-consuming preparation. Surprise questions should require strategic thinking (specific choices or recommendations) related to the proposal. You should be able to ask the agency “why...?” in relation to any part of its proposal, because presumably everything in the proposal was developed with use of good strategic thinking. Some questions are appropriate either in advance or during the presentation; for example, “What potential media crises do you foresee on this account, and how would you respond?”

To demonstrate levels of creative and strategic thinking, some states ask agencies to perform tasks such as putting together initial creative ideas or developing a proposed media placement schedule. You shouldn't ask agencies to develop near-final ad executions as part of their written proposals or oral presentations. In addition to the time, cost, and energy required, such a task sets an agency in a particular direction without providing the necessary baseline data and input from the state staff.

## **13. What is the ideal composition of a review committee?**

Many states have specific restrictions or policies that help to determine the makeup of the review committee. Such restrictions include requiring that all or a majority of the review panel live in the state or prohibiting state tobacco control staff from being on the panel. You need enough reviewers that the committee represents a range of backgrounds and expertise but not so many that the process becomes cumbersome. One member should have experience working with minority and diverse populations.

Many states invite people who manage tobacco counter-marketing contracts in other states to serve on the review committee, because they've been through the RFP process and often can offer helpful insights from experience. You can ask people in other agencies within your state government that have large advertising or marketing contracts (e.g., the lottery, tourism, or agriculture). Also, you may want to include one or two people from national organizations who have worked with other states on their counter-marketing efforts and can offer a national perspective. For example, representatives from the Health Communications Branch of the CDC's Office on Smoking and Health, the American Cancer Society, the Campaign for Tobacco-Free Kids, and other national organizations have served on review panels in a number of states. In addition, it's helpful to

have people on the committee who have experience working in advertising or marketing, either for an agency or as a client. Most people with such backgrounds have an in-depth understanding of how to develop a marketing plan and advertising campaign and how to select an agency. They are also likely to be able to see through the glitz of the written and oral presentations.

#### **14. Should the same committee review the written proposals and the oral presentations?**

Sometimes state regulations and policies determine whether the same panel must review the written proposals and the oral presentations. Some states require use of the same panel for both reviews; others have no such requirement. One benefit of having the same group for both reviews is that the reviewers can follow up during the oral presentations with specific questions about the written proposals. One benefit of having different groups for both phases is that a new person added to the panel for the oral presentations comes into the process with a fresh perspective and can assess the presentations without being influenced by the written proposals.

### **Criteria To Aid in Selecting an Agency**

#### **1. What are some of the issues with hiring an agency based in another state or city?**

Some states must select suppliers and contractors that are within the state, because government rules and policies require doing so or because if they don't, they'll be seen as giving business to other states and not supporting the local economy. In addition, if an agency from a state or city other than the location of the health department offices is selected, communications will be more difficult, because face-to-face interactions will be less frequent. Problems could result, because the state and the agency should be partners in most aspects of the campaign planning, execution, and evaluation; thus, the better the communication and interaction are, the more productive the work relationship can be. Nevertheless, it's important that every state considers the best candidates available. Effective marketing and advertising are not easy to achieve, and a local firm should not be selected at the cost of compromising the quality of the work. States should "cast the net" as broadly as possible and then choose the best candidate on the basis of specified criteria. The criteria used to select the agency should always be clear and supportable in case they are later challenged by individuals or organizations outside of the selection process.

#### **2. What skills, experiences, and capabilities should be required of the ad agency? Of the public relations agency?**

The ad agency chosen should have experience in planning, implementing, and evaluating comprehensive ad campaigns. Agency staff should be familiar with the marketing mix (product, placement, packaging, price, promotion, and politics), so they understand the importance of each element and the interrelatedness of all the elements. They should have strengths in the areas of creativity and strategic thinking (i.e., making important choices about the direction of the communications plan). The work they produce should clearly show a balance between keeping a strong strategic focus and developing products that are insightful, interesting, and deliver an impact. The ad agency should have the following functions in house: (1) account services,

(2) creative, (3) media planning and buying, and (4) research. In-house planning is optional, but more and more agencies offer this service, which is a cross between research and strategic planning. If the agency doesn't do media buying or research in-house, agency staff may have sufficient experience with the function and a strong relationship with a subcontractor to provide these services through a subcontract.

If a PR agency is to be selected, the staff of the PR agency should have experience in planning, implementing, and evaluating comprehensive PR campaigns. They must have in-depth experience interfacing with the media and should be able to show a track record of successful placements, for example, media coverage and stories that achieve high reach of target audiences, adequate frequency, exposure through major media outlets, and appropriate positioning of the issue and content covered. The staff should understand and show knowledge of the key tools for earned media (e.g., media kits, news conferences, editorial board meetings, press releases, and event planning). (See Chapter 8: Public Relations and Chapter 9: Media Advocacy for more information on these tools.) Ideally, they should understand and have experience working with ad agencies and other diverse partners. Also, if you'd like your agency to conduct media advocacy training sessions for your local coalitions, make sure that the agency staff have the necessary experience and that they understand the relationship between local coalitions and the state program.

### **3. When should subcontractors be used?**

Subcontractors can be hired by the lead ad or PR agency when the agency doesn't have the in-house expertise or resources to manage and execute a certain part of the contract. The lead agency shouldn't subcontract major pieces of the campaign, but it may be difficult to find one agency that can meet all the needs detailed in the state's RFP. By subcontracting, a strong lead agency can do what it does well and can manage the work of the subcontractors without executing the work themselves. Common examples are subcontractors who have expertise in communication with special populations, media-buying firms, PR agencies, and research firms, as long as they're not conducting research to evaluate the effectiveness of the lead agency's outputs.

Subcontractors often report directly to the lead agency rather than the state health department, so their work is funneled through the lead agency. However, in some cases, it's important to have the subcontractors interface directly with the state, so the state can more easily assess the expertise they bring, ask questions, and develop a positive working relationship with them. In addition, it may be beneficial to structure the contract so that, in the event you aren't satisfied with the work, you're able to replace the subcontractor without having to issue a new RFP.

### **4. What size should the agency be?**

There's no ideal size for an agency. The state must decide whether a large agency or a small agency better meets its needs. One advantage of small agencies is that you may be a large client to them, and if so, you'll get plenty of their attention, including significant involvement from personnel in upper management, who are typically the most seasoned members of the agency. If you select a very large agency, the agency's best people may not be assigned to your account, and personnel in upper management may not have time to spend on

your campaign. One advantage of large agencies is that they often have more internal resources. More of the important functions (e.g., account planning, media planning and buying, and research) are in-house, so they're more directly available to you as the client. A large agency may also have a longer history and thus may have more experience in advertising and marketing. In addition, large agencies tend to be more stable, because they're less vulnerable to economic upturns and downturns. Many states select an agency that has sufficient billings and internal infrastructure to do quality work but is small enough to consider the state's account an important one.

### **5. Is an agency's connection with the tobacco industry acceptable? Should disclosure statements be required during the RFP process?**

The acceptability of hiring an agency that has connections with the tobacco industry is controversial. One view is that no links to the tobacco industry should be allowed, so even agencies owned by a company that does business with a tobacco company subsidiary should be prohibited from competing for a contract. The contention is that any links to the tobacco industry may compromise the quality of the agency's work, because the agency will have a more important "master" to serve (i.e., management of the tobacco company). Another concern is that confidential tobacco control information that is shared with the agency could find its way into the hands of the tobacco industry.

A different viewpoint is that if the links to the tobacco industry are weak (e.g., a subsidiary connection), the agency should be allowed to compete for a contract. The argument is that if the criteria are too restrictive, the health department or another lead state agency could rule out some of the best-qualified communication firms. Many of the top firms have some loose connection with the tobacco industry, because of the industry's breadth of products and businesses. This view proposes that if the state sets high expectations for the agency (e.g., in a performance-based contract) and the agency performs well, the contract should continue. If the agency doesn't perform well or if the state suspects that agency staff are not giving the campaign their best efforts, the contract should be terminated.

Another consideration is how audiences will perceive your campaign if it's known that the agency you chose has ties to the tobacco industry, however loose they may be. You may want to determine in advance whether your campaign messages will be credible to your audience and how your legislators may respond.

Disclosure statements should be required of all agencies bidding for work on the state's counter-marketing campaign, so RFP reviewers have knowledge of any affiliation with the tobacco industry and can assess it appropriately. In addition, it's common practice to include in the contract with the ad agency a prohibition against accepting tobacco industry business while the agency is under the state contract. You must define what is meant by "accepting tobacco industry business."

## **6. How heavily should experience with government programs be weighed? How important is experience with pro bono or public service programs or with campaigns related to health issues?**

The experience of an agency with government or public service programs should be considered in the RFP selection process. However, the most important strength that an ad or PR agency can bring to a contract is the ability to develop and execute effective communications.

Experience working with the government is important because agencies must understand that the government doesn't behave like most for-profit clients. State health departments are subject to many rules and administrative policies that must be followed. If an agency doesn't understand the constraints the state has, it may have a slower start, may not take into account these constraints in terms of planning timelines, may not involve the necessary people in decisions, and may become very frustrated by a system that is unfamiliar to its staff.

Pro bono experience may be considered important for at least two reasons, although neither of these reasons should make it a priority criterion for awarding a contract to an ad or PR agency. The first reason is philosophical. Pro bono experience may show the agency's level of commitment to serving the community, not just profiting from it. The second reason is based on expertise. Pro bono work may give an agency experience working on issues relevant to tobacco control (e.g., youth drug use, gambling addiction, or referendum campaigns). Agency staff may gain perspective to help them better understand how to approach prevention of youth tobacco use, smoking cessation in adults, or reduction of exposure to secondhand smoke.

Experience with a public service campaign may be important for the same reasons. In addition, if an agency has been able to secure free media placements for public service announcements, the staff may have expertise in getting the most media placements possible with limited or no funds. They may also have good relationships with media outlets and experience in acquiring bonus weight for media placement.

Experience in a campaign related to health issues may give the agency insights into ways to approach the health issue of tobacco use. The task of influencing people to change behaviors related to tobacco use can be extremely challenging, and experiences addressing other types of behavior change to improve health may be applicable. In addition, such experience may make an agency more familiar with the workings of health organizations and government agencies that focus on health issues.

Agencies bidding on a contract must do more than include in their proposals the names of campaigns they have worked on pro bono or with health organizations or government agencies. They should also be required to elaborate on how they developed and implemented the campaign(s), including the approaches they used; the insights they gleaned that helped them to create persuasive communications that had impact; the media vehicles used and why; and the results of the campaign(s).

## Other RFP Issues

### **1. If an ad is produced by an agency, but the creative (the ad agency person whose job is to develop ideas for advertisements) who designed the ad leaves the agency and is hired by another agency, can the ad be used as an example of the former agency's work, the work of the person who designed it, or both?**

There's no clear answer to these questions. Agencies and agency personnel who produce creative materials will make individual decisions about which ads they'll show as examples of their work. A good ad or ad campaign comes from both the individuals who create it and the whole agency. The individual Creatives will come up with the ideas, but the management always reviews the work and provides input to it. If an agency or an individual includes ads as examples in a proposal, you can ask questions about the ads to determine how involved they were in the development process and how much of their own thinking went into the ads.

### **2. What are the advantages, disadvantages, and logistic considerations of using a performance-based contract for the agency? How should such a contract be structured?**

Performance-based contracts with agencies have been used by several states and by the American Legacy Foundation as a way to increase the accountability of the ad agencies, keep them focused on the bottom line of desired outcomes, and challenge them to achieve aggressive objectives. A performance-based contract can be developed in several ways. In the RFP, you can ask the prospective agencies how they would propose constructing the compensation package, including any performance-based elements. This request will heighten their awareness that you're considering a performance-based contract, and it will give them an opportunity to share with you methods that have worked well with other clients. You should also ask some of the states and organizations that have used performance-based contracts for information, such as the wording they used and what changes they would make if they awarded a performance-based contract again. Typically, a compensation level is established for the work provided and the performance-based aspect allows the agency to earn additional compensation if the previously established objectives of the campaign are achieved. For example, the agency might be able to earn 5% more if the campaign achieves the objectives or perhaps 5% less if none of the objectives are achieved.

The downside to performance-based contracts is that they don't have the flexibility to take into account special circumstances. For example, the objectives may have been set too high in the face of a difficult political environment and lack of support from the legislature or the governor. On the other hand, the objectives may have been appropriate when the campaign started, but they didn't take into account other tobacco control efforts that would help the campaign to accomplish its objectives, so their achievement became too easy. The use of absolute measures to gauge success, and thus compensation, doesn't always take into account the volatility of the environment in which a campaign operates.

### **3. What questions should be asked to determine levels of expertise in media planning and media buying?**

Most state planners of media campaigns have limited expertise in the technical area of media planning and media buying. However, questions can be asked, either in the RFP or in an oral presentation, to determine an agency's philosophy and level of expertise in media planning and media buying. Here are some of the issues to address in the questions:

- Level of experience in securing bonus time for media placement and examples of success in securing media placement at low costs
- Expertise in media buying in diverse media outlets (e.g., television, radio, outdoor, print, and the Internet)
- Strategic thinking related to which media outlets, times of the day, and programs would be most appropriate for each of the campaign's target audiences
- The reach, frequency, and duration of media presence required to achieve the campaign's awareness levels, and belief, knowledge, and attitude changes
- Examples of clients for whom the agency has purchased media
- Experience in selecting and buying media placements in all the state's counties, not just in the big media markets

The agencies submitting proposals should also clearly state whether they have the ability in-house to plan and buy media or whether they subcontract that work to outside experts.

### **4. What are the advantages and disadvantages of creating a “brand”? Should bidding agencies be asked to provide their thinking on a brand for this campaign?**

Some states and organizations choose to develop a brand for their campaign; others choose not to develop a brand. This decision should be based on the campaign's goals. If you think that having a recognizable label, identity, or badge to tie your campaign together and help your target audience develop an allegiance to your movement will help to achieve your goals, you should consider developing a brand. However, if you think your campaign's ads should independently communicate strong messages and convey a sense of pervasiveness without being attached to an institution or organization, then a brand probably won't serve you well. For example, if the goal is to reduce exposure to secondhand smoke, there may not be a strong reason to develop a brand, as long as the advertising messages are clear and compelling. However, if the goal is to reduce youth cigarette smoking by replacing that “badge” with another one, you may choose to develop a brand to associate with a nonsmoking lifestyle. As a result, youth may choose to wear attire with your brand, assuming that it's cool, rather than choosing to pick up a cigarette when they're with their peers.

Developing a brand isn't easy. A brand needs to be clear, recognizable, and meaningful and must have positive and desirable connotations among the target audience. It must represent something with which the target audience wants to associate or identify themselves. Those criteria are challenging to achieve. The downside is that if you don't achieve one or more of these criteria, your effort may have no impact, or worse, your effort may backfire by causing the target audience to reject or make fun of your brand. It's easy to see the attraction to brands like Nike, Coke, or Britney Spears, but it's important to realize that for every brand that becomes cool or desirable, there are many, many more that are not considered cool or desirable at all.

Depending upon your campaign goals, target audience(s), and budget, you may want to ask the bidding agencies to develop and present ideas for branding, including whether or not they think branding would help or hinder achievement of the campaign's goals.

## Appendix 6.3: Elements of a Creative Brief

### Purposes of a Creative Brief

The creative brief includes key information gleaned from formative research and translates these research learnings into direction for the advertising agency creative staff (creatives) to develop communication materials. It serves as a link between the research and the creative process. The creative brief also helps bring everyone involved into alignment before development of materials begins. Once the individual(s) with responsibility for making the ultimate decision about creative materials has approved the creative brief, materials development can begin.

### Elements of a Creative Brief

Below is a description of the most common elements included in a creative brief. There are many ways to design a creative brief, and different organizations and agencies will use formats that include some (or all) of these elements.

#### *Project Description and Background*

The specific assignment for the agency's creatives. This section provides key background information and short-term tactical thinking to help bring the long-term strategy to life in the target audience's current environment. The assignment might be a broad assignment such as the following:

- Develop comprehensive introductory advertising for a new program designed to reduce exposure to secondhand smoke.
- Develop a public education campaign designed to spur individual and community action to reduce young people's access to tobacco products, especially by building support for local enforcement efforts.

The assignment might also be as specific as the following:

- Develop a new television advertising execution (sometimes called a "pool-out") for a campaign in progress.
- Create ads for billboards to supplement existing TV and print ads.

#### *Description of the Target Audience*

Identification of the target audience you want to reach. Examples of target audiences include the following:

- Restaurant owners who smoke
- 11- to 15-year-old nonsmokers
- African-American adult male smokers

- Family members of smokers
- Policy makers

### *Target Audience Insights*

Descriptive details about the target audience. This should include specific information about demographics, lifestyles, psychographics, and other characteristics of the target audience that help the creatives develop materials appropriate for this audience. Creative materials are most persuasive when based on one or more insights into target audience beliefs or practices related to the concept, product, attitude, or behavior being addressed. These target audience insights can be positive or negative. They are the foundation for building the content of communications materials.

One example of a target audience belief that might influence the creation of advertising executions encouraging youth not to smoke is that youth are more afraid of living a life of pain and physical problems as a result of smoking than they are afraid of dying from smoking, because their perception of death is vague and abstract.

### *Goal(s)*

What you want the target audience to do as a result of hearing, watching, reading, or experiencing the communication. Examples include the following:

- Increase knowledge about tobacco industry marketing practices
- Change attitudes about exposing other people to secondhand smoke
- Support policies restricting smoking in public buildings
- Enter a smoking cessation program

### *Obstacles*

Beliefs, attitudes, values, behaviors, or environmental factors that prevent the target audience from adopting the desired attitude or behavior. The obstacles are what stand between the audience and the desired attitude or behavior. Examples include the following:

- Lack of knowledge of the harmful effects of secondhand smoke
- The belief that smoking is not harmful if one smokes only occasionally in social settings
- Tobacco industry financial support of community organizations
- Smokers' belief that they must quit on their own without getting help

*Key Promise/Key Benefit(s)*

Statement of the key benefit(s) or reward(s) (including emotional benefits, if appropriate) that the audience will experience for adopting the desired attitudes or behavior. The key benefit is something that will make changing to the desired attitude or behavior worth it for the audience. Examples include the following:

- Ability to live long enough to see one's children grow up
- Saving oneself from great pain and suffering caused by smoking-related disease/illness
- Being a good parent by protecting one's children from secondhand smoke

*Statements of Support or Reasons To Believe*

A statement of support, a reason to believe, or evidence that adopting the desired attitudes or behavior will result in gaining the key benefits. These statements should be compelling enough to overcome the obstacles. Examples include the following:

- Sharing the fact that smokers who quit live an average of 15 years longer than smokers who continue smoking throughout their lives, and showing middle-aged and older nonsmokers enjoying life with their children and grandchildren
- Showing a credible portrayal of someone who became ill from smoking and revealing how difficult that smoker's life became
- Persuasively communicating the fact that children in households where smoking occurs inhale the same poisons as the smoker

*Brand Character*

Description of the brand's image or qualities designed to appeal to the target audience (e.g., nurturing and helpful, strong and powerful, credible and trustworthy, or rebellious and independent). Because many tobacco counter-marketing campaigns are not based on a brand, this section is often not included in a creative brief.

*Copy Strategy*

A short paragraph developed to succinctly summarize what the advertising needs to achieve, including who the advertising is directed to, what action is desired, the key benefit(s) of taking that action, the reason(s) to believe that benefit will be realized if the action is taken, and the brand character (if relevant). The format of a copy strategy might be something like, "The television ad will convince A (target audience) to do B (desired action) because they will believe that doing so will provide them with C (key benefit). The reason to believe will be D."

### *Tone*

The feeling that the materials will convey (e.g., authoritative; positive and encouraging; heart-wrenching; supportive).

### *Media Channels/Vehicles*

Media vehicle(s) for which creative materials will be produced (e.g., TV spot, radio spot, newspaper ad, billboard, transit ad, Web site, brochure, educational video).

### *Executional Considerations/Creative Considerations/Mandatories*

Specifics that the materials should or must contain. Examples include the following:

- Materials may need to be easily adaptable for local or national use; therefore, references to names of specific towns or states should not be included.
- Materials must not alienate adults even though teens are the primary audience, because adults will be exposed to the materials as well.
- The TV advertising must include a five-second tag at the end with the quitline number.

## Appendix 6.4: Creative Brief, Florida

### Creative Brief

This briefing document is intended to give direction and inspiration to creative. It is the beginning of the process, meant to initiate the dialogue that is an ongoing part of the development of the work. It is a guideline.

<b>Client</b>	<b>Product</b>	<b>Date</b>
Florida Dept. of Health	“truth” TV campaign	6/9/00
<b>Why are we advertising at all?</b> (A brief outline of our client’s business situation and the problem/opportunity this ad needs to address.)	In an effort to keep the Florida Anti-Tobacco “truth” campaign fresh, we would like to produce 2-3 low-budget, teen TV spots before the end of the fiscal year (July 2000). Ultimately, the teens want to play an important part in delivering the “truth” message to their peers through our TV spots.	
<b>What’s this advertising trying to do?</b> (What can we realistically hope to accomplish by running this ad? Be clear, be realistic, and if there’s more than one objective—prioritize.)	By telling teens how the tobacco industry is manipulating them, we hope to continue to reduce tobacco use throughout the state of Florida. We want to give teens the knowledge of how the tobacco industry is manipulating them by portraying smoking as glamorous and smokers as attractive and appealing. Teens need to make their own decisions about whether or not they want to smoke. They need to control their own lives. We want to de-legitimize the tobacco industry and de-glamorize smoking.	
<b>Whom are we talking to?</b> (Imagine you’re at a party and you run into someone from our target audience. Describe him or her.) (Whom are we not talking to?)	Teen target audience (12-17 year old males and females). Teenagers aspire to be older, so if we want to reach these teens, we must target the 25 year olds.	
<b>What do we know about our target audience that will help us?</b> (What is the relationship between these people and our product? How does it fit into their lives, how would their lives be different without it? What kind of language do they use to describe our product?)	Teens have the need to rebel, take risks, fit in/be liked, be independent, express themselves as individuals and feel respected. The major force behind these needs is for teens to feel in control of their lives, behaviors, their look, whom they choose to be friends with, and where they choose to hang out. Tapping into teens’ need to rebel, the campaign should continue to depict tobacco use as an addictive habit marketed by an adult institution.	

*Continues*

## Appendix 6.4: Creative Brief, Florida (cont.)

<b>Client</b>	<b>Product</b>	<b>Date</b>
Florida Dept. of Health	“truth” TV campaign	6/9/00
<p><b>What’s the main thought we need to communicate here?</b></p> <p>(Thought, not thoughts. The one thing we want them to take away that will change their behavior. This is the phrase that matters. It should be concise yet meaningful. Think of it as a billboard for the creatives.)</p>	<p>The tobacco industry uses deceitful, manipulative and dishonest practices to hook new users, sell more cigarettes, and make more money. We need to expose these lies and give teens the choice to make up their own minds about smoking.</p>	
<p><b>Why should they believe this?</b></p> <p>(What support do we have to show that the “main thought” matters? Relevant facts and information based on both the rational and the emotional are welcome here. Attach detail of this support if it will assist in creative development.)</p>	<p>Tobacco companies have, for years, worked to target and manipulate teens into smoking. They see teens as potential life-long customers. To date, “truth” has worked to replace the role tobacco plays in the lives of these teens and fulfill their needs.</p>	
<p><b>What’s the best way of doing this?</b></p> <p>(Is it: a slice of life, soft sell, case histories, animated? Tonality? Give a few executional suggestions. With the emphasis on suggestions.)</p>	<p>To compete with the tobacco industry advertising, we need ambitious, hard-hitting, in-your-face executions. We need to continue to portray teens as rebellious activists with a sense of humor who are willing to expose the hypocrisy of adult institutions. We can show that not using tobacco can be a more rebellious and cool act than using tobacco.</p>	
<p><b>Mandatories</b></p> <p>(Things that have to be seen or heard in the advertising. Not opinions, ideas, speculations or suggestions.)</p>	<p>Develop scripts that include Florida teens in the spots (i.e., phone calls).</p> <p>The State has decided not to use the spots that were produced for the national Truth campaign (i.e., body bags, lie detector, etc.) because they do not want to run the risk of airing these spots and then having them pulled off the air. Additionally, the spots that feature teens going to the tobacco company offices also have legal implications (i.e., trespassing).</p>	

**Planning**

**Approval  
Creative**

**Client**

## Appendix 6.5: Creative Brief, Centers for Disease Control and Prevention and World Health Organization

### STRATEGY PLATFORM

CLIENT: World Health Organization and Centers for Disease Control and Prevention Project  
 PROJECT: “How To Quit” TV—Revised  
 DATE: 12/13/00

### BACKGROUND—*what is the situation?*

The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) with other health organizations are committed to tobacco use reduction; making it a priority over the next three years. The goal is to reduce the use of tobacco products, thereby reducing preventable disease and death. Globally, four million deaths a year are attributed to tobacco use. If tobacco use continues, unchecked, this death rate is projected to rise to 10 million deaths annually by 2030. By 2020, 70% of tobacco-related deaths would be in developing countries. Most of the future tobacco-related deaths over the next 50 years will be those of adult smokers smoking today; thus governments concerned about making health gains for their citizens can make a significant advance by encouraging and helping adult smokers to quit.

As part of the commitment to tobacco use reduction, quit tools need to be provided to countries to assist in the fight against tobacco. As mentioned, WHO and CDC are working with other partners to develop a TV spot that educates smokers on “how to quit.” There are many tools to aid quit attempts and it often takes more than one attempt to succeed.

Historically, public service announcements (or paid media TV spots) on tobacco have focused on the health risks of smoking—both for active and, more recently, passive smokers. While this remains important, in many countries the vast majority of smokers are now aware of these risks; stating that they want to quit and have tried to quit several times in the past. Unfortunately, however, the vast majority of smokers try to quit unaided, without any support (behavioral or pharmacological), despite the fact that such treatments are available and have been clinically proven to significantly increase success rates. Therefore, there is also a need to educate smokers that effective treatments do exist, that going it alone is the least successful way of quitting and to encourage them to seek out and use such treatments.

### COMPETITIVE FRAMEWORK—*whom are we competing against?*

#### General Overview

The tobacco companies continue to sell tobacco and their advertising hasn’t changed to include the health risks or addictiveness associated with cigarette smoking. Other than the mandated warning labels specific to

each country (each country has their own tobacco regulations) and any other enforced mandates, the industry does not disclose information about the health consequences in any of their marketing. The industry continues to expand around the world, in developed and developing countries.

### Specific to Quit Attempts

In the context of helping smokers to quit, the competitor is “Cold Turkey”—the least effective, but most commonly used means of quitting.

**OBJECTIVES**—*what are we trying to accomplish?*

- Overcome the perception that the best way to quit is to go it alone.
- Get smokers to think about quitting with help; reinforce that quitting isn't easy and it's okay if success isn't achieved the first time.

**TARGET**—*whom we want to connect with (include demographics and psychographics):*

Adult smokers 18–49

Smokers' thoughts/behavior on quitting are varied:

- Some are in denial that they are addicted and that they can't quit—they feel they can quit whenever they are ready to.
- Some are ready to quit now but still may not realize they need help to succeed.
- Others feel the only way to quit is cold turkey. They are not receptive to help because they feel they should do it alone. Even if they have tried to quit before and have failed, they still feel that it's their own responsibility to quit. They want to be in control. Accepting help shows weakness and lack of control.

**CURRENT RESPONSE**—*what the consumer would say about the brand and/or offer before advertising:*

I know I need to quit; when I am ready I'll do it on my own.

**DESIRED RESPONSE**—*what we want the consumer to say after the advertising:*

I know quitting is hard and I do need help; getting help doesn't diminish my accomplishment of quitting.

### **KEY SELLING MESSAGE**

Don't quit alone; seek out help to improve your chances of success.

**MOTIVATING SUPPORT POINTS**—*why should the consumer believe us?*

- Cigarette smoking is addictive and it's hard to quit. Success doesn't happen overnight. With help, it could be achieved sooner. Quit tools to consider: quitlines, pharmaceutical products, cessation programs, and web sites.

- Being in the right mindset is crucial (wanting to quit) and having the willpower is critical but getting help will significantly increase chances of success.
- Smokers have a tendency to get discouraged if success isn't immediate; they need to feel this isn't a reflection on them as a person. They need to know it's okay to attempt more than once before success is achieved.

Additional support points should be specific to the tags for pharmaceutical products or quitline support. For countries that don't have either of the above, their tags could contain a more emotional message, such as a point about how much your family cares about you and wants you to succeed in quitting—needs to be discussed further.

### **TONE**

Understanding and Encouraging

### **EXECUTIONAL CONSIDERATIONS**—*media/timing, unit sizes, budgets, other client directives*

- One :30 TV spot - :25/:05 split – 25 seconds dedicated to message and 5 seconds dedicated to call-to-action. Once in the creative process, the second split will more accurately be determined—the tag may need 10 seconds especially when the support points are clarified and confirmed.
- Individual tags (the 5 or 10 seconds) highlighting quitlines, web sites, cessation programs, pharmaceutical products so people know what “quit tools” are available and where to find them.
- Translations to be considered being executed by individual countries to ensure appropriate dialect/language.
- The organization's name to be included and will change by country. Each country will be responsible for inclusion when translations are done (need to discuss this portion further).
- Due to countries not being identified at this point and the fact this spot needs to be globally applicable, the creative concept may need to be more visual and less talent heavy. This will be determined once creative development begins.
- Budget: (not confirmed)
- Timing: Available the week of May 7, 2001

## Appendix 6.6: Creative Brief, Centers for Disease Control and Prevention

### CDC/OSH Parenting Project Creative Brief 3/24/00

**Target Audience:**

Less-involved parents with children ages 7 – 11 yrs.

**Secondary Audience:**

Less-involved parents with children ages 0 – 6 yrs.

Less-involved parents with children ages 12 – 18 yrs.

**Key messages:**

You have time to spend with your kids.

Here's how (tactics).

**Promise:**

Increased parent/child interaction will help establish protective barriers against future drug and tobacco use.

Better communication with your child.

**Call to Action:**

Talk/spend time with your child.

**Content:**

Activities and/or tactics that parents can do, with minimal effort or time, with their children.

Model desired behavior: parent/child interaction and communication.

**Tone:**

Fun, Simple, Casual and Friendly

**Creative Considerations:**

Television Commercial

Print • Newspaper: TV Guide Section

• TV Guide Magazine, regional

• Fast Food Tray liners

• Work Posters

Radio – drive time

**Testing:**

Concept tested in focus groups (2).

Materials tested in 1-on-1's and with states.

**Distribution:**

Via CDC - through state anti-tobacco programs.

## Appendix 7.1: Sample Advertising Comment Organizer

### Understand

- Do you understand the layouts? What's happening in the storyboards? In the print ad? In the outdoor ad?
- Do you understand the ad agency's recommendation, if one was made?

### Evaluate

Think about these questions for each creative execution.

- What is your overall reaction? Consider each entire ad.
  - Does it have stopping power?
  - Is it a fast read?
  - How would you react as a member of the target audience?
  - Is it relevant?
- Is it on strategy? If the strategy is clear and decisive, this question can be answered promptly.
- What is your reaction to the key executional elements of the ad?
  - Does it clearly communicate the key benefit?
  - Are the visuals and language provocative?
  - Is brand identification sufficient if that is a goal?
  - Is the setup or layout simple and clear?
- Are there any more details that should be considered at this time? Distracting visuals? Controversial elements? Be especially selective with any comments in this area so that you focus only on important details.

### Communicate

Now it's time to organize your thoughts and communicate them to the agency clearly and positively. Test each comment in your mind to make certain it's necessary and constructive.

Give the agency your overall evaluation of the advertising and state whether you agree or disagree with its recommendation of which creative execution(s) to further develop.

Then deliver your specific comments, making sure the agency knows how strongly you feel about each comment. State specifically what you like and why, as well as what you don't like and why. Focus on important issues rather than feeling that you must address every detail.

- Strategy issues, if any
- Overall issues
  - Engagingness/stopping power (the ability to attract and keep audience attention)
  - Simplicity and clarity
  - Relevance
  - Convincingness
- Issues with key executional elements
- Comments about details (if they are important to the ad's potential effectiveness)

## Overall Considerations

- **Remember, you're not the target.** The target audience doesn't have your knowledge base or experience, so what may be obvious to you may not be obvious to them.
- **Don't try to say too much.** You may be tempted to put a lot of copy points in an ad. Don't! Try to stick with communicating one main message. The more focused you are, the more likely that target audience members will take away the key point. Remember that you're competing with all other advertisers for the audience's attention.
- **Keep your production budget in mind, but remember that the quality of the final ad (production value) does matter.** Don't select an advertising execution you can't afford to produce, or it will look "homemade" and may be viewed as inferior or unprofessional to the audience, compared with other broadcast, print, or outdoor ads.
- **Take a chance.** Sometimes you need to take a leap of faith to create break-through advertising. Use your instincts. Everything you do won't be perfect, but if you always err on the side of "being safe," your work will likely reflect that attitude and ultimately won't be as effective as it can be.

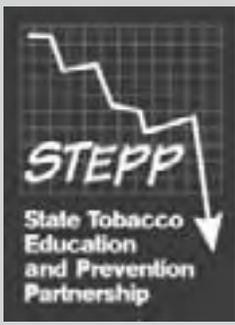
## Appendix 7.2: Sample Storyboard—“Carnival”

	<p>A locked off shot of a carnival target shooting game. Instead of the usual duck that goes back and forth, the target is a cigarette.</p>		<p>Into the frame, rubber-suction-tipped darts are being shot at the cigarette.</p>		<p>At first, the cigarette just moves back and forth like a duck target would. As some of the shots get closer the cigarette dodges out of the way. All the shots miss.</p>		<p>Suddenly a huge rubber-tipped dart (the size of a plunger) flies into frame and not only hits the cigarette... <b>VO: Unless, of course...</b></p>		<p>but rips it from its stand and pins it to the wall behind the game. <b>VO: you have help.</b></p>		<p><b>ARTCARD: For help quitting, call XXX-XXXX.</b></p>
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## Appendix 7.3: Sample Storyboard—“Drive”

			
<b>VISUAL:</b> A man and woman are driving down the road. Not giving it any thought, the male passenger lights a cigarette in the car.	<b>VISUAL:</b> Female driver looks over at lit cigarette, scowls slightly, and purposely veers car off road...□	<b>VISUAL:</b> ... flies through a ditch...	<b>VISUAL:</b> ... and heads straight towards a tree.□
			
<b>VISUAL:</b> Male passenger is petrified. <b>MAN:</b> What are you doing? <b>WOMAN:</b> (Calmly) You're endangering my life...just returning the favor.	<b>VISUAL:</b> Car safely veers back onto road.	<b>ART CARD:</b> Last year, 53,000 people died from secondhand smoke.	<b>ART CARD:</b> We all have a good reason to quit. What's yours?

## Appendix 8.1: Sample Printed Campaign Newsletter



**March 2001  
Issue 3**

**Inside This Issue**

**1** Governor Announces Grant Awards

**2** STEPP Funds Youth Programs  
Youth Movement Gains Momentum

**3** STEPP Advisory Board Convenes  
Youth Tobacco Survey Findings to be Released  
Doing Business with the State

**4** STEPP Issues RFPs

State Tobacco Education and Prevention Partnership (STEPP)  
Health Promotion and Disease Prevention Division  
Colorado Department of Public Health and Environment  
HPDP-STEPP-A5  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530  
303-692-2510



Colorado Department of Public Health and Environment

A Publication from the Colorado Department of Public Health and Environment

# Colorado Tobacco Settlement Times

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*The Master Settlement Agreement: Working to Save Lives in Colorado*

## Building a Comprehensive Tobacco Use Prevention & Reduction Program in Colorado

### *Governor Announces Grants to County Nursing Services*

Governor Bill Owens recently announced that 28 new grants – totaling nearly \$1.4 million and covering 32 counties – have been approved by the Colorado Board of Health and awarded to nursing services throughout the state to plan and implement local tobacco education and prevention programs.

The recipients of grants ranging from \$30,000 to \$60,000 are nursing services agencies representing the following counties or multi-county regions:

- Alamosa County
- Baca County
- Bent County
- Clear Creek County
- Conejos County
- Costilla County
- Crowley County
- Custer County
- Eagle County
- Fremont County
- Garfield and Pitkin Counties
- Grand County
- Gunnison County
- Hinsdale County
- Jackson County
- Kiowa County
- Kit Carson, Lincoln and Cheyenne Counties
- Mineral County
- Montezuma County
- Montrose County
- Park County
- Prowers County
- Rio Grande County
- Routt and Moffat Counties
- Saguache County
- San Juan County
- Summit County
- Teller County

The grants will be used to implement the "Communities of Excellence in Tobacco Control"(CX) program developed by the American Cancer Society. The CX model provides systematic guidance to local communities for achieving critical planning outcomes specific to tobacco use prevention and reduction. Grantees will attend CX training and, working with members of their communities, implement the model in their respective areas.

"The tobacco settlement legislation passed by the Colorado Legislature emphasizes the importance of getting local programs up and running," said Karen DeLeeuw, State Tobacco Education and Prevention Partnership (STEPP) program manager.

"With the award of these 28 new grants, in addition to the 14 grants to local health departments already awarded, Colorado is well on its way to achieving our goal of having tobacco education and prevention programs in every county in the state," she added.

**GRANT AWARDS, continued on page 2**

1

*Continues*

# Appendix 8.1: Sample Printed Campaign Newsletter (cont.)

Colorado Tobacco Settlement Times

March 2001

**GRANT AWARDS, continued**

To date, STEPP has funded programs in 55 of Colorado's 63 counties, including: expansion grants to eight existing local health department programs, planning grants to an additional six local health departments and planning and implementation grants to 28 local nursing services covering 32 counties that will undertake the Communities of Excellence strategic-planning process. It has also contracted with the Alcohol and Drug Division to help enforce laws prohibiting tobacco sales to minors by conducting compliance checks and reporting violations to the Colorado Department of Revenue. In addition, a contract for the provision of cessation counseling and referral services via a statewide Quit Line is currently being negotiated. The Quit Line is expected to be operational in late June 2001.

**STEPP Funds Programs to Reduce Tobacco Use Among Colorado's Youth**

On Feb. 21, \$37,200 was awarded to the following eight agencies for the provision of tobacco use cessation services at high school school-based health centers:

- Commerce City Community Health Services, which serves Adams City High School
- Conifer Mountain Family Medicine, which serves Platte Canyon High School

This is the third issue of the *Colorado Tobacco Settlement Times*, a publication of the Colorado Department of Public Health and Environment's State Tobacco Education and Prevention Partnership (STEPP).

The *Times* is available electronically on the STEPP website, [www.cdph.state.co.us/pp/tobacco](http://www.cdph.state.co.us/pp/tobacco), or in pdf format via e-mail. To add your name to the STEPP e-mail distribution list, please call Stefanie Quintana at 303-692-2516.

- Parkview Medical Center, which serves Central High School, Keating Continuing Education School, Centennial High School, South High School, and East High School in Pueblo
- Penrose-St. Francis Health Care System, which serves Fountain-Fort Carson High School and Lorraine Alternative High School
- Rocky Mountain Youth, which serves Centennial High School in Fort Collins
- Summit County Public Health Nursing Service, which serves Summit High School
- The Children's Hospital, which serves Sheridan High School

To support these programs and to provide training and technical assistance to these and subsequently funded school-based health center projects, the American Lung Association of Colorado will receive up to \$20,000 in grant funding. The American Lung Association's youth cessation curriculum N-O-T (Not on Tobacco) will be used to develop and deliver cessation services at the school-based health centers.

**State's Youth Movement Against Tobacco Gains Momentum**

Colorado's statewide youth movement against tobacco is growing up rapidly with the establishment of 19 new coalitions.

Sixteen community groups have been awarded American Legacy Foundation (ALF) grants of \$2,000 each to launch local youth coalitions against tobacco. ALF is the non-profit organization responsible for the truth<sup>SM</sup> national advertising campaign - a movement launched by American youth that have united to combat tobacco. The following agencies received ALF grants:

- American Cancer Society in Colorado Springs

- Assets for Rural Youth in Norwood
- Community of Caring in Cripple Creek
- Custer County High School Student Council in Westcliffe
- Metro Gang Coalition in Denver
- Montezuma County Public Health Nursing Service
- Partners in Grand Junction
- Pueblo Central High School
- Safe and Drug-Free Schools Student Advisory Council in Grand Junction
- San Juan Basin Health Department in Durango
- San Luis Valley Community Connections
- Teller County Public Health
- The Boys and Girls Club of Larimer County
- The Family Center (Fort Collins)
- The Greater Auraria Neighborhood Affiliated for Services (GANAS)
- Youth Central-Montrose Memorial Hospital

Another three youth coalitions have been funded with tobacco settlement dollars. The agencies receiving these grants are:

- InterCept, a program of the Women's Resource Agency in Colorado Springs
- The University of Northern Colorado Lab School, Peer Education Class in Greeley
- Hinsdale County School District RE-1 in Lake City

To encourage the growth of Colorado's youth movement, settlement monies are available for the establishment of new youth coalitions. The application process for these grants Colorado is open and competitive through May 1, 2001.

"What is truly unique about this movement is that it is designed by youth, for youth," said Katy Kupez, director of youth services for the partnership. "Even the grant application process required young people to

*YOUTH MOVEMENT, continued page 3*

## Appendix 8.1: Sample Printed Campaign Newsletter (cont.)

Colorado Tobacco Settlement Times

March 2001

*YOUTH MOVEMENT, continued*

write the proposals, which were submitted in formats ranging from videos to story boards to posters. Each submission was evaluated by a team of young people. Winning proposals were required to exhibit youth leadership and community readiness; reflect the community's social, ethnic and geographic diversity; and demonstrate diverse collaboration."

Youth coalition participants now will lead the way in assessing community needs, recruiting members and planning and marketing innovative strategies aimed at challenging youth to examine the truth about tobacco, she said.

"For years the tobacco industry has been targeting young people with slick advertising campaigns designed to make them believe that smoking and chewing are cool," says Kupez. "This is an opportunity for kids to rally together, dispel the myths propagated by big tobacco and fight back."

During the first year of the Statewide Youth Movement Against Tobacco planning program, local youth coalitions will use grant funds for stipends and meeting expenses in addition to training and technical assistance. Participants also will have an opportunity to attend a Colorado Youth Tobacco Summit in April, where youth leaders from across the state will brainstorm strategies for reducing youth tobacco use in the state.

Once planning activities are completed, Colorado will be eligible to receive up to \$1 million per year for three additional years from the Legacy Foundation to support a comprehensive statewide youth movement against tobacco use.

### STEPP Advisory Board Meets to Discuss Long-Term Program Priorities

The STEPP Advisory Board met Feb. 9 to review progress on program funding recommendations that were outlined at its previous meeting in October and to pro-

vide advice on funding priorities and sequencing for the next four years.

Appointed by Health Department Executive Director Jane Norton, advisory board members include tobacco prevention experts and community leaders from across Colorado. The board's role is to guide STEPP in formulating program priorities and to assess the progress and effectiveness of the grant program created under SB 71.

Proceedings from the February meeting will be posted on the STEPP website in early April.

### STEPP to Release Results of First-Ever Colorado Youth Tobacco Survey

On Monday, April 2, STEPP will release the results of the first-ever Youth Tobacco Survey (YTS) to be conducted in Colorado. Developed by the Centers for Disease Control and Prevention (CDC) and administered by the Colorado Department of Public Health and Environment, the results of the YTS will provide weighted data on tobacco use among middle and high school students statewide. The data will play an integral role in guiding tobacco use prevention and cessation programs aimed at youth throughout Colorado.

An executive summary of the survey will be released at a press conference at the

Colorado State Capitol at 10 a.m. April 2nd. The summary, as well as all of the survey findings will be posted on the STEPP website simultaneously.

### Now Online – Investing in Tobacco Control: A Guide for State Decisionmakers

On February 15, the Centers for Disease Control and Prevention's Office on Smoking and Health (CDC-OSH) and the Public Health Training Network (PHTN) hosted a nationwide satellite conference entitled "Investing in Tobacco Control: A Guide for State Decisionmakers." The broadcast is now available for viewing online.

Designed to help state decision makers learn how to invest in tobacco control programs to achieve the best results, the program features presentations by the U.S. Surgeon General and state legislators from around the country who are experienced in providing leadership in tobacco control. In addition, national and state experts describe how to establish comprehensive, sustainable, and accountable state tobacco control programs that get results and outline the short- and long-term benefits a number of state comprehensive tobacco control programs have already achieved.

To view the broadcast, visit <http://www.cdc.gov/phtn/> and click on the "Calendar" option. The program can be found under the "past videoconferences" link.

### Doing Business with the State

Vendors who would like to sell goods and services to the state should register on the Bid Information and Distribution System (BIDS). The annual fee for registration is \$30. The following are the steps for registering with the state.

1. Log on to the Colorado Department of General Support Services and Personnel web site at <http://www.gssa.state.co.us>
2. Click on the "State Purchasing Office" link
3. Click on the "Doing Business with the State" link
4. Scroll to the bottom of the page, and click on the "For more information and to access BIDS, Click Here" link
5. Click on the "How to Register" link
6. Follow the onscreen instructions to register

The State Purchasing Office can also be reached at 303-866-6100.

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*Continues*

## Appendix 8.1: Sample Printed Campaign Newsletter (cont.)

Colorado Tobacco Settlement Times

March 2001

### STEPP Issues RFPs for Comprehensive Tobacco Use Prevention and Reduction Programs

In February, STEPP issued a series of Requests for Proposals (RFPs) aimed at implementing Colorado's Comprehensive Tobacco Use Prevention and Reduction Plan.

"We are seeking new partners throughout the state to implement evidence-based programs that will reduce the human and economic toll of tobacco use in Colorado," said Karen DeLeeuw, STEPP program manager.

Based on input from a 23-member citizen advisory board and guidance from the Centers for Disease Control and Prevention's *"Best Practices for Comprehensive Tobacco Control Programs,"* RFPs addressing the following areas were developed and issued:

- Expansion of Youth Empowerment Coalitions (application process open on continuous basis)
- Statewide Initiatives to Prevent Initiation Among Youth
- Statewide Initiatives to Reduce Exposure to Environmental Tobacco Smoke
- Needs Assessment and Development of Recommendations for Effective Tobacco Control in K-12 Public Schools
- Needs Assessment and Development of Recommendations for Effective Tobacco Control Programs Serving Eight Special Populations
- Implementation of a Statewide Training Program for Prenatal and Post Partum Care Providers
- Media Campaign to Promote Launch and Use of Quit Line
- Independent Evaluation of the State's Tobacco Education and Prevention Program

The RFPs were announced in a statewide press release and are posted on the state's website at <http://www.gssa.state.co.us/BdSols.nsf/Open+Solicitations+By+Agency?OpenView> and at [www.CTEPA.org](http://www.CTEPA.org).

### For more information, contact the tobacco prevention specialist in the local health department in your area:

Kim Hills, Program Coordinator  
**Boulder County Health Department**  
529 Coffman #225, Longmont, CO 80501;  
Phone: 303-678-6169; E-mail:  
[khills@co.boulder.co.us](mailto:khills@co.boulder.co.us)

Bonnie Mapes  
**Denver Public Health**  
605 Bannock Street, MC 2600, Denver, CO 80204; Phone: 303-436-3046; E-mail:  
[bmapes@dhha.org](mailto:bmapes@dhha.org)

Jason Vahling, Program Specialist  
**El Paso County Department of Health and Environment**  
301 South Union Blvd, Colorado Springs, CO 80910; Phone: 719-578-3119; E-mail:  
[jasonvahling@elpasoco.us](mailto:jasonvahling@elpasoco.us)

Nancy Grove  
**Larimer County Department of Health and Environment**  
1525 Blue Spruce Drive, Fort Collins, CO 80524; Phone: 970-498-6753; Email:  
[grovenl@co.larimer.co.us](mailto:grovenl@co.larimer.co.us)

Betty Mason  
**Mesa County Health Department North**  
2754 Compass Drive, Suite 240, Grand Junction, CO 81506; Phone: 970-254-4108; E-mail:  
[bmason@co.mesa.co.us](mailto:bmason@co.mesa.co.us)

Enid Sepulveda-Rodriguez  
**Pueblo City-County Health Department**  
151 Central Main Street, Pueblo, CO 81003; Phone: 719-583-4313; E-mail:  
[enid.sepulveda@co.pueblo.co.us](mailto:enid.sepulveda@co.pueblo.co.us)

Char Day  
**San Juan Basin Health Department**  
281 Sawyer Drive, PO Box 140, Durango, CO 81301; Phone: 970-247-5702, ext 227  
E-mail: [char@sjbhd.org](mailto:char@sjbhd.org)

Marlo Rhea  
**Weld County Health Department**  
1555 North 17th Avenue, Greeley, CO 80631; Phone: 970-304-6420, ext. 2381; E-mail: [mthomas@co.weld.co.us](mailto:mthomas@co.weld.co.us)

Mia Greenhill  
**Delta County Health Department**  
255 W 6th Street, Delta, CO 81416; Phone: 970-874-2165; E-mail: [mgreen@deltacounty.com](mailto:mgreen@deltacounty.com)

Kaysie Harrington  
**Otero County Department of Health**  
Room 11, County Courthouse, 13 West 3rd St., La Junta, CO 81050; Phone: 719-383-3040; E-mail: [caysieh@holly.colostate.edu](mailto:caysieh@holly.colostate.edu)

Nancy Geha  
**Tri-County District Health Department**  
7000 E. Belleview Avenue, Suite 301, Greenwood Village, CO 80111; Phone: 303-846-6234; E-mail: [geha@tchd.org](mailto:geha@tchd.org)

Elise Lubell  
**Jefferson County Department of Health**  
1801 19th Street, Golden, CO 80401; Phone: 303 271-5719; E-mail: [elubell@co.jefferson.co.us](mailto:elubell@co.jefferson.co.us)

Ramona Gallegos  
**Las Animas-Huerfano Counties**  
412 Benedicta Avenue, Trinidad, CO 81082; Phone: 719-846-2213 X24

### Statewide Tobacco Resources

The Colorado Prevention Information Center provides free access for Colorado residents to videos and print materials on a broad array of tobacco-related topics. In May 2000, STEPP contracted with the center to provide greater public access to tobacco materials.

More than 17,000 tobacco-specific items were shipped to the center for central housing and distribution, and are now available for use by interested individuals and organizations throughout Colorado.

For more information about these materials, please call Shannon Miskat at (303) 239-8633, or visit the Center at 7525 W. 10th Ave., Lakewood, CO.

## Appendix 8.2: Sample Online Newsletter

### Online Tobacco-Free News

#### Current information for the Wisconsin Tobacco Control Program

Issue #28

March 7, 2002

This update has been brought to you by the Tobacco Control Resource Center for Wisconsin (TCRCW). Funding is provided by the Wisconsin Tobacco Control Board. Submissions to Online Tobacco-Free News are welcome. E-mail Emi Narita at [enarita@facstaff.wisc.edu](mailto:enarita@facstaff.wisc.edu).

### Table of Contents

Save the Date: April 18 & 19, 2002. The Statewide Tobacco Control Conference in Madison, WI  
Theme: Taking Tobacco Control into the Future - Protecting the Investment

- 1) Maternal Smoking and Low Birthweight Data by County
- 2) FACT Introduces FACT Field Guru, Adult Advisory Panel
- 3) Smoke in Workplace Divides White and Blue-Collar Employees
- 4) The Burden of Tobacco in Wisconsin
- 5) Show Us the Money: An Update on the States' Allocation of the Tobacco Settlement Dollars
- 6) New Items from the Tobacco Control Resource Center
- 7) Thomas T. Melvin Youth Program Will Launch a Campaign to Promote Media Literacy
- 8) Evaluation Resource for Coalitions
- 9) 2002 National Conference on Tobacco or Health
- 10) State Budget Update

More information about these topics can be found at the TCRCW web site: <http://www.tobwis.org>

1) Maternal Smoking and Low Birthweight Data by County

The Wisconsin Department of Health and Family Services publishes local data on infants and pregnant women. The Infants and Pregnant Women Report - 2000 has information on the number of low birthweight babies to mothers who smoked during pregnancy. Data is available for individual counties, selected cities, the five public health regions, and the state as a whole. On the same web page, you'll find the 1999 Public Health Profiles with local data on natality (such as smoking status of mother), drug-related problems, injuries, and much more. <http://www.dhfs.state.wi.us/localdata/infantspgwomn/START.HTM>

2) FACT Introduces FACT Field Guru, Adult Advisory Panel

Luke Witkowski is the new Field Guru for FACT, the youth movement to fight corporate tobacco. He will attend coalition meetings to discuss FACT and work directly with the FACT members on their activism efforts. He has already traveled to many areas of the state to talk about FACT and provide support - now he wants to come to your coalition. To reach Luke, call him at 715-344-8206. The Nixon group has put together a guide for coalitions: Providing Effective FACT Support, The Coalition's Role. It can be downloaded from the tobwis web site: [http://www.tobwis.org/media/coalitionrole\\_FACT.pdf](http://www.tobwis.org/media/coalitionrole_FACT.pdf) (PDF file) In addition, a FACT Adult Advisory Panel has been created to support coalitions in their work with FACT. The panel will be made up of two to three coalition members from each region and will serve as a liaison between local and statewide efforts. Find out more at: <http://www.tobwis.org/people/index.php> (Go to "youth projects.")

3) Smoke in Workplace Divides White and Blue-Collar Employees

Wisconsin employees are divided into two fairly distinct groups: blue-collar employees, subjected to secondhand smoke, and white-collar employees, who have clean air in their workplace, according to a study released this week by the University of Wisconsin's Monitoring and Evaluation Program. The study found that 40 percent of the workplaces that are traditionally considered blue-collar, allow employees to be exposed to secondhand smoke. This is compared to 13 percent of white-collar workplaces. The full report will be released in two weeks. More information on the press release: [http://www.tobwis.org/media/WorkplacePress3\\_4.pdf](http://www.tobwis.org/media/WorkplacePress3_4.pdf)

4) The Burden of Tobacco in Wisconsin

Over 2,600 people in Wisconsin died of lung cancer in 2000 with 81 percent of those deaths attributed to cigarette smoking. Nearly 16 percent of all deaths in Wisconsin were attributable to cigarette smoking. The Burden of Tobacco Report describes the health and economic impact of cigarette smoking in Wisconsin. The summary of the report and press release is available at: <http://www.tobwis.org/> Summary report: [http://www.tobwis.org/media/BurdenFacts2\\_02.pdf](http://www.tobwis.org/media/BurdenFacts2_02.pdf) (PDF file, 686 KB).

5) Show Us the Money: An Update on the States' Allocation of the Tobacco Settlement Dollars

The full Jan. 2002 report on the State Tobacco Settlement is online at:

<http://tobaccofreekids.org/reports/settlements/> -- and interestingly, shows that Wisconsin has dropped in "Rankings of States by Level of Funding for Tobacco Prevention" from 13 down to 20 in one year. It may drop even lower with the state taking away the settlement money, but we won't know how or when it will be reported. The report, entitled "Show Us the Money: An Update on the States' Allocation of the Tobacco Settlement Dollars," was released by the Campaign for Tobacco-Free Kids, American Heart Association, American Cancer Society and American Lung Association.

6) New Items from the Tobacco Control Resource Center

The Spring/Summer 2000 Tobacco Free List will be available in late March and will be available on our web site at: <http://www.tobwis.org/resources/> Our staff mentioned to coalition members that we will give away novelty items such as key chains, rulers, and bookmarks, free of cost. This announcement was premature, since our supply of these specialty items is very limited. We will bring you samples of these items when we do outreach and give you a listing of places where these items can be ordered. We are sorry for any inconvenience. Emi Narita will help you find materials that the Resource Center does not have. Call her at: 608-262-7469. Look for these new items on the Free List:

TOBP015 "Butts Are Gross"

TOBP016 "Licking an Ashtray"

TOBP017 "Butts Are Gross" (Spanish)

TOB049 Mind Over Matter: The Brain's Response to Nicotine (brochure)

7) Thomas T. Melvin Youth Program Will Launch a Campaign to Promote Media Literacy

In mid-March, the Thomas T. Melvin Youth Tobacco Prevention and Education Program will launch a youth-led TV program and radio campaign to teach people about media literacy. The program will be packaged into a video and a B-Free curriculum that will be sent to all Wisconsin middle schools, as well as to the coalitions, the Wisconsin Tobacco Control Board members, and the regional public health offices. The curriculum will help youth explore issues introduced by the video, such as peer pressure and media tricks. It also raises issues implied by the theme of freedom from tobacco, such as addiction. Check out the new B-Free web site: <http://www.be-free.org>

8) Evaluation Resource for Coalitions

The Monitoring and Evaluation Program (MEP) has published a resource titled "Collecting Evaluation Data: An Overview of Sources and Methods". MEP has more specific evaluation resources, but this is a good starting point for doing evaluation. It will help you answer questions like: who will use the information and how? What will they or we want to know? The publication can be found at:

[http://cf.uwex.edu/ces/pubs/pdf/G3658\\_4.PDF](http://cf.uwex.edu/ces/pubs/pdf/G3658_4.PDF) This document can be downloaded, and there are bound, hard copies at UW-Extension. Other evaluation materials:

<http://www.uwex.edu/ces/tobaccoeval/manual.htm>

9) 2002 National Conference on Tobacco or Health

November 19-21, 2002 • Hilton San Francisco • Call for abstracts deadline: March 25, 2002

Submit your abstract online at <http://www.tobaccocontrolconference.org>

The 2002 National Conference is looking for abstracts of presentations and workshops that will provide current scientific and practical information on effective tobacco control strategies and developments. All abstracts must be submitted online.

10) State Budget Update

Joint Finance voted on the budget yesterday. Like the Governor's proposal, the Republican plan uses the money the state will get from the tobacco settlement to pay for shared revenue. The Republican plan would shift \$214 million from the tobacco endowment to the state's general fund. McCallum's plan would have used all the endowment. News article:

<http://wisconsinstatejournal.com/local/21684.html> Budget Adjustment paper:

<http://www.legis.state.wi.us/lfb/2001-03BudgetAdjustment/Papers/1250.pdf>

Smoke Free Wisconsin and other partners will sponsor a training on how to "Develop Long-Term Relationships With Policymakers." Trainings will be held in each region beginning in March. More details:

<http://www.tobwis.org/events/>

End Issue #28

### **Send to Friends and Colleagues**

We encourage you to pass along this issue on Online Tobacco-Free News to your colleagues. If you received this issue from someone you know, and you wish to have your own subscription, please send a message to Emi Narita at [enarita@facstaff.wisc.edu](mailto:enarita@facstaff.wisc.edu).

Suggested citation:

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## Appendix 8.3: Sample Editorial

### USA Today Editorial

February 13, 2002

#### Triple Threat to Teen Smoking

States are suddenly lining up to hit the tobacco industry where it hurts, and teen smokers where it just might help — right in the wallet.

In recent months, five states have raised cigarette taxes significantly, four of them to \$1 or more per pack. Now, 18 more states, from Connecticut to New Mexico, are considering tax hikes, too, according to the American Lung Association, which releases its state tobacco report today.

Tax increases are one of the most promising ways to deter smoking, especially among price-sensitive teens. When Oregon raised its cigarette tax 60% to 78 cents per pack in 1997, consumption dropped 20% in the next two years. Among eighth-graders, smoking plummeted 30% in 1999, according to the Centers for Disease Control and Prevention.

Typically, smoking deterrence is not the lure when states hike cigarette taxes. This year, just as in 2001, most states are driven by budget deficits. Cigarette taxes are simply a politically convenient target.

If states were serious about public health, they'd use at least some of the proceeds to deter this deadly habit. Few do, even though teens are most likely to avoid cigarettes when states use a triple strategy: making cigarettes less affordable, less alluring and less available. That requires combining high-priced cigarettes with anti-smoking-ad campaigns and local programs to enforce laws against selling tobacco to minors.

The trifecta works. California and Massachusetts, which used it, have seen the most sustained reductions in tobacco use in the nation.

When states hike taxes without spending money to help their citizens quit smoking, they're simply taxing the addicts of today. Worse, they stop short of keeping teens from becoming the addicts of tomorrow.

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## Appendix 8.4: Sample Letter to the Editor

**Tuesday, April 2, 2002**

*Comments on today's editorial and letters can be sent to The Guardian at [letters@chg.southam.ca](mailto:letters@chg.southam.ca)*

### **We must do more to help smokers**

Editor:

Smoking has been well-established as harmful, not only to those who engage in it, but also to the health of those around the smokers. Smoking has great costs, not only in dollars to purchase the cigarettes, but also to health-decreased lung capacity, increased risks of cancer, smaller birth weight of babies, and a long list of other detrimental health effects. Smokers' homes and clothes require increased cleaning time and energy over those of non-smokers. Those who work, live or happen to be passing through environments where smoking is permitted are at risk from the smoke. Families and the health-care system bear any costs of this addiction. The P.E.I.\* Home Economics Association respectfully urges the government of P.E.I. to enact legislation to make all public spaces on P.E.I. smoke-free. Studies show this should lower the overall consumption of cigarettes. The government of P.E.I. has established a 'Quit-Smoking Line' (1-888-818-6300) to help smokers find cessation programs. P.E.I. and Islanders could only benefit from fewer people smoking. We also need to put increased resources into helping people quit smoking discouraging youth from beginning to smoke. Islanders would find it difficult to find someone who was happy to have started smoking or who was sad to have quit. What can we, as Islanders, do to lower the numbers of people smoking? Increased taxes, fewer places where smoking is allowed, subsidized or free smoking cessation programs, and counselling for lifestyle changes? We obviously have to do more than we are doing now.

**Shari MacDonald**

**President, P.E.I. Home Economics Association**

\* Prince Edward Island, Canada

## Appendix 8.5: Sample Op-Ed

### Pioneer Planet

Published: Thursday, September 27, 2001

VIEWPOINT State teens reaching peers with anti-smoking message

BY JAN K. MALCOLM

Guest Columnist

Last month, teens from Minnesota's teen-led Target Market campaign released survey results telling us that young people across the state are hearing Target Market's anti-tobacco industry message. As a result, teen behaviors and attitudes toward the industry and tobacco use are changing—for the first time in more than a decade. The news from Target Market is an exciting sign that, after just one year, the campaign is doing precisely what Minnesota's youth designed it to do—reduce the number of underage smokers.

The changes in attitude highlighted in the survey are important precursors to long-term reductions in youth tobacco use. If the trend continues, as we hope it will, it will be a real success story for the Target Market campaign and the state's broader Youth Tobacco Prevention Initiative.

When legislators and Gov. Jesse Ventura created the tobacco prevention endowment in 1999, they gave the Minnesota Health Department an important charge to use the resources wisely to produce long-term health gains for Minnesota's youth. The stakes are high—in lives we can save and in future health care costs we can avoid.

Our department took a very different approach from prior tobacco prevention campaigns. This time we empowered Minnesota youth themselves to lead a marketing effort that could speak credibly to young people about tobacco. That credibility requires that teens deliver the message peer-to-peer in their own voice, which is not always a voice adults understand.

The survey results tell us that in just one year, Target Market's edgy campaign has already successfully reached Minnesota kids. Ninety-three percent of Minnesota teens are aware of Target Market's central message about the tobacco industry's manipulation of youth. That's an awareness level most consumer brands would envy. About three-quarters of the youth surveyed did not want to be targets of the tobacco companies, and more than half say they now feel they have the power to fight back and resist tobacco company marketing.

Does the campaign really work? Will it lead to a long-term decline in Minnesota's rates of youth tobacco use? We think it will, as long as the effort can be sustained over time. The survey results are an important first indication that youth smoking rates in Minnesota are on the decline. Compared to a survey conducted before the Target Market campaign began, the number of committed non-smokers increased by 20 percent in the past year, and the number of teens who said they might try smoking someday decreased by 25 percent. After more than a decade of significantly increasing youth tobacco use rates (which have been about 4 percent higher than the national average), the survey suggests the trend is on its way downward.

Changing the social climate around tobacco use is the primary purpose of the Minnesota Youth Tobacco Prevention Initiative of which Target Market is a part.

The Target Market campaign is the most visible part of these efforts, but statewide grants and grants to community coalitions working to help young smokers quit, making sure kids cannot buy cigarettes and providing education in schools are vital parts of what the Centers for Disease Control and Prevention recommend for an effective and comprehensive tobacco control program. Each strategy plays an important role in reshaping and reinforcing the attitudes our kids have toward smoking.

The survey results indicate a phenomenal success for Target Market and the entire initiative. It tells those involved in Target Market and those working statewide and on the community level that their efforts are paying off. Our work, however, is far from done.

The tobacco industry continues to spend millions each year on marketing its products in Minnesota. To reach the goal the Legislature and governor set for us to decrease youth smoking rates by 30 percent by 2005, we will have to continue to be aggressive, innovative and responsive to the evidence of what works.

While the public health community is still David to the Goliath tobacco industry, the results from Target Market are exciting indications that these efforts can succeed. However, to turn these results into a sustained trend and long-term decreases in youth tobacco use, we must maintain our commitment to Target Market and all of the innovative, statewide strategies and community-based approaches we're taking to decrease the number of Minnesota kids who use tobacco.

We have an unprecedented opportunity to reduce the human and economic consequences that tobacco use has on our youth and our communities. When we succeed, it will be one of the best public health investments we've ever made.

*Malcolm is Minnesota commissioner of health. Contact her by e-mail at [commissioner@health.state.mn.us](mailto:commissioner@health.state.mn.us).*

## Appendix 8.6: Sample Spokesperson Profile Sheet

If you are interested in serving as a spokesperson for the [INSERT NAME OF PROGRAM], please complete the form below.

The information will be shared with members of the [NAME OF PROGRAM] media subcommittee and [NAME OF PR FIRM] public relations firm. A special spokesperson kit containing key talking points, background information, a full press kit about [YOUR STATE]'s tobacco settlement – as well as public speaking guidelines – will be sent to each spokesperson when asked to speak.

Name: \_\_\_\_\_

First Middle Last

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Business: \_\_\_\_\_ Home: \_\_\_\_\_

Pager: \_\_\_\_\_ Cellular: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender:  Male  Female Year of birth: \_\_\_\_\_

Ethnicity:  African American  
 Asian American  
 Caucasian  
 Hispanic/Latino  
 Native American  
 Other \_\_\_\_\_

*(please check one)*

- I can speak on behalf of my organization  
 I can speak as a private citizen

*(please check one)*

- I am available to speak to broadcast media or newspaper editorial boards.

I will need \_\_\_\_ days lead time.

- I have limited time to speak. Please call me to check my availability.  
 You can sign my name to a letter to the editor for a local newspaper.

## Spokesperson Profile (page 2)

**Topics that I can speak on:** *(check as many as apply)*

- Medical information about health risks associated with tobacco use  
    \_\_\_ general \_\_\_ pregnant women \_\_\_ smoking and children
- Statistical data about tobacco use in [STATE]
- Personal testimony about the impact of tobacco product use
- Youth perspective about the impact of tobacco use
- Minority communities and the impact of tobacco use
- General information about tobacco settlement monies and the importance of prevention, cessation, and education programs

**Briefly describe your public speaking experience:**

---

---

**Name(s) of your local community newspaper. Describe any relationship or experience that you have with the paper.**

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

**TV/radio/news talk show in your area:** Name of show: \_\_\_\_\_  
Host: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of your U.S. congressional delegate:** \_\_\_\_\_ District: \_\_\_\_\_

- know very well
- know marginally
- do not know

**Name of state senator:** \_\_\_\_\_ District: \_\_\_\_\_

- \_\_\_\_\_  know very well
- know marginally
- do not know

**Name of state representative:** \_\_\_\_\_ District: \_\_\_\_\_

- know very well
- know marginally
- do not know

If you have additional questions about this form, please call [NAME] at [PHONE NUMBER].  
Please fax this form to [CONTACT NAME] at [FAX NUMBER] by [DATE].

## Appendix 8.7: Sample Pitch Letter

*(Type pitch letters on your organization's letterhead. Adapt to reflect local data before sending to a reporter. Use to introduce an idea, to make an interview offer, or as a cover sheet for additional information that accompanies the letter.)*

[DATE]

Dear [NAME OF NEWS DIRECTOR or REPORTER],

Every day, more than 2,000 of our American youth become regular tobacco smokers. Roughly 28 percent of U.S. high school students and nearly 13 percent of middle school students currently smoke. Right here in [INSERT LOCAL DATA and/or ANECDOTE HERE TO LOCALIZE THE ISSUE.]

In an effort to prevent youth smoking in our community, [ORGANIZATION NAME] is launching a youth tobacco counter-marketing program. Our goal is to increase awareness about how the tobacco industry influences our youth, parents, and others who work with youth in [CITY OR COMMUNITY NAME], and how we can all work together to prevent that negative influence.

[NAME], [ORGANIZATION] director, will be available for interviews on this issue, and we would like to schedule a time when he/she could talk with someone from [THEIR NEWS ORGANIZATION]. I will contact you in the next few days to make arrangements for the interview.

If you have any questions, please call me at [PHONE]. I look forward to working with you.

Sincerely,

[YOUR NAME]

[TITLE]

For more help on crafting pitch letters, visit <http://www.altonmiller.com/pitch.htm>.

## Appendix 8.8: Sample News Release



FOR IMMEDIATE RELEASE

### **POLL SHOWS ILLINOIS VOTERS SUPPORT TOBACCO PREVENTION SPENDING**

(Springfield, IL - November 17, 1999) Ninety-one percent of Illinoisans favor spending a portion of the settlement funds on programs that help children and teenagers stop smoking and prevent others from starting to smoke, says a poll released today by the **Half for Tobacco Prevention** campaign. Additionally, 79 percent support spending on programs to help adults quit smoking.

“The people of Illinois want this money spent on tobacco prevention,” said Ronald Johnson, M.D., President-Elect of the Illinois Academy of Family Physicians. “An overwhelming majority of people see this tobacco settlement windfall for what it really is – a once-in-a-lifetime opportunity to undo the damage done by the tobacco industry over the last few decades.”

The poll also revealed that nearly half of registered voters would be less likely to vote for a candidate who opposes programs that advocate tobacco control, smoking prevention and that help people stop smoking.

Today’s announcement comes as part of “Operation Half the Pie,” a campaign designed to educate the public and key leaders on the importance of establishing a comprehensive tobacco control and prevention plan in Illinois. Another aspect of today’s event was the delivery of half of a pumpkin pie to every member of the General Assembly to illustrate what the campaign is asking for – half of the settlement “pie” put exclusively towards tobacco control and prevention.

Why half? According to recommendations from the U.S. Centers for Disease Control and Prevention, that’s what is necessary in order to provide an effective tobacco control and prevention program in Illinois, including:

- a media and public awareness campaign that will deglamorize tobacco use, especially among youth
- strengthening and continuing to develop effective community-based programs
- cessation services for those who want to stop smoking
- a strong surveillance, evaluation and research component to ensure that funds are being put to the best use possible
- a funds administration system so that the money is secure, accessible and free of the tobacco industry’s influence
- enforcement of public policies that restrict the sales and marketing of tobacco products to youth

“Another fact that this survey revealed is that more than half of the smokers in our state are either currently trying to quit smoking, or have tried in the past,” said Dr. Johnson. “But the state spends just 2.4 cents per person per year on tobacco control and prevention. Why should anyone be surprised to hear that nearly twenty thousand Illinoisans die each year because of smoking-related diseases? It’s time for the General Assembly to listen to the medical and public health community of this state, as well as the people, and use this money to make a real impact on tobacco use.”

The poll was conducted October 26-28 by McKeon & Associates, asking Illinoisans statewide about their views on the state’s tobacco settlement and possible spending options for the funds. The sampling error is +/- 3.8 percentage points.

Backed by more than 65 public health organizations and physicians associations across the state, **Half for Tobacco** Prevention includes the American Heart Association, American Lung Association, American Cancer Society, Illinois State Medical Society, Illinois Academy of Family Physicians, Illinois Association of Public Health Administrators and the American Academy of Pediatrics, Illinois Chapter among its members.

###

To schedule an interview with a campaign member, please call Citigate Communications at 312-895-4715.

## Appendix 8.9: Sample Fact Sheet

TOBACCO-FREE	
<b>TOOLKIT</b>	<b>FACT SHEET</b>
<b>KNOW THE FACTS ABOUT SECONDHAND SMOKE</b>	
<p>Secondhand smoke, also referred to as environmental tobacco smoke (ETS), is a complex mixture of chemicals emitted from a lit tobacco product (cigar, cigarette, pipe) and from smoke exhaled by a smoker.</p>	
<p>Exposure to secondhand smoke is often involuntary or considered passive smoking because nonsmokers can inhale the chemicals, poisons and known cancer-causing agents from the smoke in the same way smokers do. Some of these poisons are nicotine, ammonia, formaldehyde, hydrogen cyanide, carbon monoxide and benzene.</p>	
<p>Secondhand smoke knows no boundaries. Simply creating separate smoking and nonsmoking areas in a business, workplace or home won't prevent nonsmokers from being exposed to secondhand smoke.</p>	
<hr/>	
<b>FACT</b>	<b>It is estimated that only 15% of cigarette smoke gets inhaled by the smoker. The remaining 85% lingers in the air for everyone to breathe.</b>
<b>SOURCE</b>	Irish Cancer Society, Irish Heart Foundation. "Second-hand Smoke is Dangerous." Online. Internet. 13 February 1997. Available: <a href="http://smoke-free.eire.org/secondhand.htm">smoke-free.eire.org/secondhand.htm</a>
<hr/>	
<b>FACT</b>	<b>Nine out of 10 nonsmoking Americans are exposed to secondhand smoke at least once every two to three days.</b>
<b>SOURCE</b>	U.S. Centers for Disease Control (CDC), April 1996.
<hr/>	
<b>FACT</b>	<b>If a person spends two hours in a room where someone is smoking, the nonsmoker inhales the equivalent of four cigarettes.</b>
<b>SOURCE</b>	Katharine Hammond, Ph.D., University of California, Berkeley, School of Public Health.
<hr/>	
<b>FACT</b>	<b>Secondhand smoke contains 43 cancer-causing agents.</b>
<b>SOURCE</b>	American Cancer Society. "Clean Indoor Air." Online. Internet. 30 October 2000. Available: <a href="http://cancer.org/tobacco/air.html">cancer.org/tobacco/air.html</a>
<hr/>	
<b>FACT</b>	<b>Secondhand smoke contains 200 poisons.</b>
<b>SOURCE</b>	American Lung Association. "Fact Sheet: Secondhand Smoke." Online. Internet. September 2000. Available: <a href="http://lungusa.org/tobacco/secondhand_factsheet99.html">lungusa.org/tobacco/secondhand_factsheet99.html</a>
<hr/>	
<b>FACT</b>	<b>Cigarettes kill one in three smokers.</b>
<b>SOURCE</b>	CDC. "Projected Smoking-Related Deaths Among Youth-United States. Morbidity and Mortality Weekly Report, November 8, 1996.

## Appendix 8.9: Sample Fact Sheet (cont.)

TOBACCO-FREE <b>TOOLKIT</b>	FACT SHEET CONTINUED
<p><b>FACT</b> <b>For every eight smokers who die from smoking, one nonsmoker dies from secondhand smoke.</b></p> <p><b>SOURCE</b> National Cancer Institute. <u>Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph no. 10</u>. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 99-4645, 1999. Centers for Disease Control and Prevention. Smoking-attributable mortality and years of potential life lost – United States, 1990. <i>Morbidity and Mortality Weekly Report</i> 1993; 42 (33):645-8.</p>	
<p><b>FACT</b> <b>53,000 nonsmokers die every year from secondhand smoke.</b></p> <p><b>SOURCE</b> American Cancer Society. "Clean Indoor Air." Online. Internet. 30 October 2000. Available: <a href="http://cancer.org/tobacco/air.html">cancer.org/tobacco/air.html</a>. National Cancer Institute. <u>Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph no. 10</u>. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 99-4645, 1999.</p>	
<p><b>FACT</b> <b>43,510 people die annually from motor vehicle accidents.</b></p> <p><b>SOURCE</b> Murphy, Sherry L. "Deaths: Final Data for 1998." <u>National Vital Statistics Reports</u> vol. 48 no. 11. Maryland: National Center for Health Statistics, 2000.</p>	
<p><b>FACT</b> <b>In 1998, there were 683 deaths due to aviation accidents in the US.</b></p> <p><b>SOURCE</b> National Transportation Safety Board. "Transportation Fatalities Drop in 1998." Online. Internet. Available: <a href="http://NTSB.GOV/pressrel/1999/990909.htm">NTSB.GOV/pressrel/1999/990909.htm</a></p>	
<p><b>FACT</b> <b>30,575 people commit suicide annually.</b></p> <p><b>SOURCE</b> Murphy, Sherry L. "Deaths: Final Data for 1998." <u>National Vital Statistics Reports</u> vol. 48 no. 11. Maryland: National Center for Health Statistics, 2000.</p>	
<p><b>FACT</b> <b>18,272 people are murdered annually.</b></p> <p><b>SOURCE</b> Murphy, Sherry L. "Deaths: Final Data for 1998." <u>National Vital Statistics Reports</u> vol. 48 no. 11. Maryland: National Center for Health Statistics, 2000.</p>	
<p><b>FACT</b> <b>6,926 people suffer drug-induced deaths annually.</b></p> <p><b>SOURCE</b> Murphy, Sherry L. "Deaths: Final Data for 1998." <u>National Vital Statistics Reports</u> vol. 48 no. 11. Maryland: National Center for Health Statistics, 2000.</p>	
<i>Continues</i>	

## Appendix 8.9: Sample Fact Sheet (cont.)

TOBACCO - FREE	
TOOLKIT	FACT SHEET CONTINUED
<b>FACT</b> <b>15,935 people die in drunk driving accidents annually.</b>	
<b>SOURCE</b> U.S. Department of Transportation. "Traffic Safety Facts 1998: Alcohol." Online. Internet. Available: <a href="http://www.nhtsa.dot.gov/people/ncsa/FactPrev/pdf/Alcohol98.pdf">http://www.nhtsa.dot.gov/people/ncsa/FactPrev/pdf/Alcohol98.pdf</a>	
<b>FACT</b> <b>13,426 people die from AIDS annually.</b>	
<b>SOURCE</b> Murphy, Sherry L. "Deaths: Final Data for 1998." <i>National Vital Statistics Reports</i> vol. 48 no. 11. Maryland: National Center for Health Statistics, 2000.	
<b>FACT</b> <b>Secondhand smoke kills more people than murder, drugs and AIDS combined.</b>	
<b>SOURCE</b> Murphy, Sherry L. "Deaths: Final Data for 1998." <i>National Vital Statistics Reports</i> vol. 48 no. 11. Maryland: National Center for Health Statistics, 2000.	
<b>FACT</b> <b>Annually, 15 million American children are exposed to secondhand smoke.</b>	
<b>SOURCE</b> U.S. Centers for Disease Control (CDC), April 1996.	
<b>FACT</b> <b>Children of parents who smoke can inhale the equivalent of 102 packs of cigarettes by age 5.</b>	
<b>SOURCE</b> Hammond, S. K., G. Sorensen, R. Youngstrom, and J.K. Ockene. "Occupational Exposure to Environmental Tobacco Smoke." <i>JAMA</i> 274 (1995): 956 – 960.	
<b>FACT</b> <b>Children of smoking parents have 70 percent more respiratory problems.</b>	
<b>SOURCE</b> World Health Organization. <i>International Consultation on Environmental Tobacco Smoke (ETS) and Child Health</i> . Switzerland: 1999.	
<b>FACT</b> <b>Each year, secondhand smoke is responsible for up to 300,000 cases of bronchitis and pneumo in children and hundreds of thousands of ear infections and other respiratory ailments.</b>	
<b>SOURCE</b> National Cancer Institute. <i>Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph no. 10</i> . Bethesda, MD. U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 99-4645, 1999.	
<b>FACT</b> <b>Each year, up to 26,000 kids develop asthma from secondhand smoke.</b>	
<b>SOURCE</b> National Cancer Institute. <i>Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph no. 10</i> . Bethesda, MD. U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 99-4645, 1999.	

## Appendix 8.9: Sample Fact Sheet (cont.)

TOBACCO-FREE	FACT SHEET
<b>TOOLKIT</b>	CONTINUED
<p><b>FACT</b>  <b>Children of parents who smoke suffer more from middle ear infections.</b></p> <p><b>SOURCE</b> National Cancer Institute. <a href="#">Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph no. 10</a>. Bethesda, MD. U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 99-4645, 1999.</p>	
<p><b>FACT</b>  <b>Infants exposed to secondhand smoke are four times more likely to die from Sudden Infant Death Syndrome (SIDS).</b></p> <p><b>SOURCE</b> World Health Organization. <a href="#">International Consultation on Environmental Tobacco Smoke (ETS) and Child Health</a>. Switzerland: 1999.</p>	
<p><b>FACT</b>  <b>Children of parents who smoke miss more school days.</b></p> <p><b>SOURCE</b> U.S. Environmental Protection Agency. "Air they breathe." Online. Internet. 19 January 2000. Available: <a href="http://epa.gov/children/air.htm#tobacco">epa.gov/children/air.htm#tobacco</a></p>	
<p><b>FACT</b>  <b>Children of parents who smoke are hospitalized more frequently.</b></p> <p><b>SOURCE</b> National Cancer Institute. <a href="#">Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph no. 10</a>. Bethesda, MD. U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 99-4645, 1999.</p>	
<p><b>FACT</b>  <b>Secondhand smoke has been linked to lung cancer and heart disease.</b></p> <p><b>SOURCE</b> National Cancer Institute. <a href="#">Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph no. 10</a>. Bethesda, MD. U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 99-4645, 1999.</p>	
<p><b>FACT</b>  <b>About 60,000 Americans develop heart disease from secondhand smoke annually.</b></p> <p><b>SOURCE</b> National Cancer Institute. <a href="#">Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph no. 10</a>. Bethesda, MD. U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 99-4645, 1999.</p>	
<p><b>FACT</b>  <b>Women married to smokers have twice the risk of dying from lung cancer.</b></p> <p><b>SOURCE</b> National Research Council. <a href="#">Indoor Pollutants</a>. Washington: National Academy Press, 1981.</p>	

*Continues*

## Appendix 8.9: Sample Fact Sheet (cont.)

TOBACCO-FREE <b>TOOLKIT</b>	FACT SHEET CONTINUED
<p><b>FACT</b> <b>Heart disease is the leading cause of death for women.</b></p>	
<p><b>SOURCE</b> Murphy, Sherry L. "Deaths: Final Data for 1998." <i>National Vital Statistics Reports</i> vol. 48 no. 11. Maryland: National Center for Health Statistics, 2000.</p>	
<p><b>FACT</b> <b>Women who live with a smoker have a 91 percent greater risk of heart disease.</b></p>	
<p><b>SOURCE</b> Kawachi et al. "A Prospective Study of Passive Smoking and Coronary Heart Disease." <i>Circulation</i> 1997, 95: 2374-2379.</p>	
<p><b>FACT</b> <b>Nonsmoking women who are only occasionally exposed to secondhand smoke have a 58 percent higher risk of heart attack and death.</b></p>	
<p><b>SOURCE</b> Kawachi et al. "A Prospective Study of Passive Smoking and Coronary Heart Disease." <i>Circulation</i> 1997, 95: 2374-2379.</p>	
<p><b>FACT</b> <b>Heart disease is the leading cause of death among African Americans, American Indians, Asian Americans and Hispanics.</b></p>	
<p><b>SOURCE</b> US Department of Health and Human Services. Tobacco Use Among US Racial/Ethnic Minority Groups, African Americans, American Indians and Alaskan Natives, Asian Americans and Pacific Islanders and Hispanics: A Report of the Surgeon General. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention, 1998. <a href="http://www.cdc.gov/tobacco/sgr/sgr_1998/sgr-min-fs-asi.htm">www.cdc.gov/tobacco/sgr/sgr_1998/sgr-min-fs-asi.htm</a></p>	
<p><b>FACT</b> <b>Lung cancer is the leading cause of cancer-related death among African Americans, American Indians, Asian Americans and Hispanics.</b></p>	
<p><b>SOURCE</b> US Department of Health and Human Services. Tobacco Use Among US Racial/Ethnic Minority Groups, African Americans, American Indians and Alaskan Natives, Asian Americans and Pacific Islanders and Hispanics: A Report of the Surgeon General. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention, 1998. <a href="http://www.cdc.gov/tobacco/sgr/sgr_1998/sgr-min-fs-asi.htm">www.cdc.gov/tobacco/sgr/sgr_1998/sgr-min-fs-asi.htm</a></p>	
<p><b>FACT</b> <b>Twenty minutes after you quit, your blood pressure drops. Twenty-four hours after, your chance of a heart attack decreases. And three months after, your lung function increases up to 30 percent.</b></p>	
<p><b>SOURCE</b> American Cancer Society. "Quitting Smoking." Online. Internet. 2 November 2000. Available: <a href="http://cancer.org/tobacco/quitting.html">cancer.org/tobacco/quitting.html</a></p>	

## Appendix 8.10: Media Contact Record

Date of contact: \_\_\_\_\_ Time: \_\_\_\_\_

Handled by: \_\_\_\_\_

Name of Contact/Editor/Reporter: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Publication/TV Station/Radio Station: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Fax Number(s): \_\_\_\_\_

Circulation/Audience/Reach: \_\_\_\_\_

Deadline/Schedule: \_\_\_\_\_

Purpose of call: \_\_\_\_\_

circle one:      incoming call      outgoing call

Response provided over phone: \_\_\_\_\_

Mailed/faxed/e-mailed the following information: \_\_\_\_\_

Arranged interview with: \_\_\_\_\_

Additional follow-up required: \_\_\_\_\_

Date story ran/will run: \_\_\_\_\_

Other Comments/Miscellaneous Information:

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## Appendix 10.1: Georgia Burden of Tobacco Brochure



## Appendix 10.1: Georgia Burden of Tobacco Brochure (cont.)

### Mission Statement

**T**obacco use is the number one preventable cause of death, killing more Americans each year than alcohol, cocaine, crack, heroin, homicide, suicide, car accidents, fires, and AIDS combined.

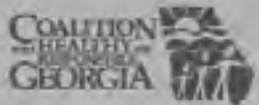
The mission of the Tobacco Use Prevention Program is to coordinate strategy in tobacco use prevention and control, provide assistance on policy development, and serve as a resource center for tobacco issues.

The Tobacco Use Prevention Program provides project support to the Coalition for a Healthy And Responsible Georgia (CHARGE), the state coalition for tobacco use prevention, and to local coalition programs in Georgia communities served by the public health districts.

### Contact Us



404.637.6800

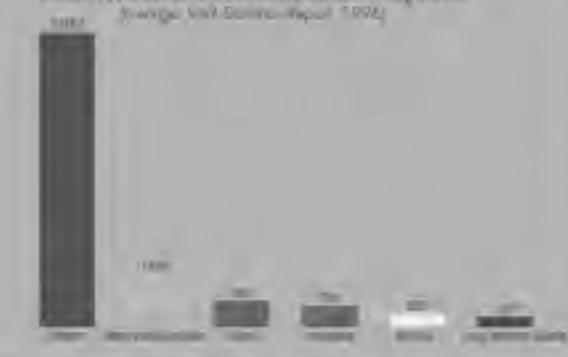


404.637.6800

Georgia Tobacco Use and Prevention Program  
and  
CHARGE

### Tobacco/Other Causes of Death Compared

(Average Age-Standardized Rates)



Cause of Death	Relative Burden (Estimated)
Tobacco	100%
Heart Disease	~15%
Cancer	~10%
AIDS	~5%
Other Causes	~5%

The Tobacco Use Prevention Program is located within the Division of Public Health, Georgia Department of Human Resources. The mission of the division is to promote and protect the health of people in Georgia wherever they live, work, and play. We unite with individuals, families, and communities to improve their health and enhance their quality of life.

This booklet was produced collaboratively by the Georgia Department of Human Resources and the Coalition for a Healthy And Responsible Georgia (CHARGE). The vision of CHARGE is to create a healthier tomorrow where fewer children become addicted to tobacco, fewer people are exposed to secondhand smoke, and tobacco users can find the help they need to quit and remain tobacco-free.

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## Appendix 10.1: Georgia Burden of Tobacco Brochure (cont.)

### The Economic Burden of Tobacco Use on Georgia's Citizens



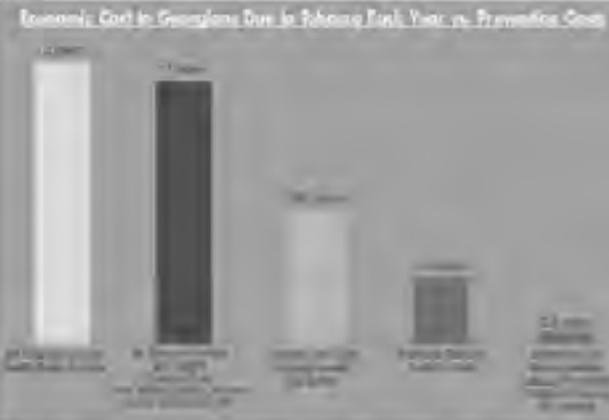
**T**obacco use causes an enormous health, financial, and emotional burden in Georgia. It costs billions in health care expenditures and reduces productivity in our businesses and industries. Most importantly, tobacco use robs families of their loved ones and resources at an incalculable cost.

Each year tobacco kills more than 10,000 Georgians and drains \$1.2 billion from our economy in health care expenditures. Of this figure, \$840 million comes directly from residents' tax dollars; Medicaid payments directly related to tobacco use total \$250 million. Babies' health problems caused by mothers smoking or being exposed to secondhand smoke during pregnancy cost an additional \$38 to \$108 million.

As high as these costs are for Georgia today, they will be even greater should the current generation of youth become addicted adults. An estimated 30,000 Georgia children begin smoking every year and another 10,000 start using spit tobacco products.

Projected increases in the population of older adults ensure continued medical costs associated with tobacco use, thus extending the financial burden to Georgia taxpayers.

### Economic Cost to Georgians Due to Tobacco Use, Year vs. Preventive Cost



**An Ounce of Prevention Is Worth a Pound of Cure**

Preventing the problem of tobacco use before it starts would save Georgia billions of taxpayer dollars and thousands of lives. Every dollar invested in prevention yields about \$15 in savings to Georgia.

Evidence from other states demonstrates that the most effective way to significantly reduce and prevent tobacco use is through a comprehensive, sustained, multi-year tobacco prevention program. The Centers for Disease Control and Prevention recommend a minimum of \$42.5 million per year to fund such a program in Georgia.

**2.**

## Appendix 10.1: Georgia Burden of Tobacco Brochure (cont.)

<p><b>Prevention Programs Work to Deter Tobacco Use</b></p> <p><b>S</b>tates that have implemented comprehensive tobacco prevention programs—such as Oregon, California, and Massachusetts—have seen a significant reduction in overall smoking levels.</p> <p>Florida achieved success in significantly reducing its youth smoking rates despite an increase in U.S. high school smoking rates from 27 percent in 1991 to 36 percent in 1997.</p> <p>Specifically, Florida reduced its youth smoking rates in the span of two years through its well-funded Youth Tobacco Pilot Project. From 1998 to 2000, tobacco use declined by 54 percent among middle school students and by 24 percent among high school students. This represents nearly 80,000 fewer Florida youth smokers.</p> <p>The Center for Disease Control and Prevention recommends these key elements for a successful prevention plan: <b>community and school-based programs, partnership grants, counter-marketing, cessation, and surveillance and evaluation.</b></p> <p>3.</p>	<h3>The Burden of Tobacco on Our Children</h3> <p>Youth tobacco use is on the rise... experimentation with it can eventually lead to addiction and death. In fact, an estimated 30,000 youth begin smoking every year in Georgia and an additional 10,000 youth begin using spit tobacco products. Though these statistics are alarming, what is even more disturbing is the fact that 131,000 Georgia children currently under the age of 18 will eventually die prematurely from tobacco use.</p> <p>Nicotine is frequently the first experimental drug used by youth, producing immediate health problems in smokers such as coughing and shortness of breath. Spit tobacco, also known as smokeless tobacco, snuff, dip, chew, and chewing tobacco, can contain up to five times as much nicotine in one chew as in one cigarette. Tobacco use among children and adolescents progresses in four stages: forming accepting attitudes and beliefs about tobacco, experimenting, regularly using tobacco, and lastly, becoming addicted.</p> 
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## Appendix 10.1: Georgia Burden of Tobacco Brochure (cont.)

<ul style="list-style-type: none"> <li>• In Georgia, the average age of initiation for tobacco use is between 10 and 13.</li> <li>• The 1999 Georgia Youth Tobacco Survey (GYTS), conducted by the Division of Public Health, revealed that 27 percent of eighth grade students are current tobacco users.</li> <li>• More than half of all middle school students have experimented with some form of tobacco, according to the 1999 GYTS.</li> <li>• In 1999, 39 percent of Georgia's eighth grade students reported having tried cigars.</li> <li>• During the 1999 tobacco compliance checks for sales to minors, more than 40 percent of underage youth were able to purchase their own cigarettes through vending machines in Georgia.</li> <li>• A 1997 national survey indicated that among students under 18 years old who were current smokers, almost 67 percent reported never being asked to show proof of age when buying cigarettes in a store.</li> <li>• An estimated \$146 million is spent on tobacco advertising in Georgia each year.</li> <li>• A 1998 national survey showed that, of adolescents who are current smokers, more than 92 percent report using the three most heavily advertised brands of cigarettes.</li> </ul>	<p><b>Maternal and Infant Health</b></p> <p>The impact of smoking on maternal and child health is enormous. A national study estimates that smoking during pregnancy accounts for 17 to 26 percent of low birth-weight babies and up to 14 percent of pre-mature deliveries. Sadly, smoking accounts for 10 percent of all infant deaths.</p> <p>According to a 1999 study, the total medical cost for each pregnant woman who smokes after her first trimester averages \$511 more than for a nonsmoker, adding up to \$263 million per year, nationally. In contrast, smoking cessation programs produce significant (lifetime) health benefits and cost savings. An annual drop of one percent in smoking prevalence among pregnant women before the end of the first trimester would prevent 1,000 low birth-weight babies and save \$21 million in direct medical costs in the first year of the program.</p> <div data-bbox="1052 1178 1386 1304" style="border: 1px solid black; padding: 5px;"> <p><i>"Young girls are the mothers of tomorrow. Tobacco addiction at the teenage years poses a heavy burden on a planet both the girls and their future children at risk." Noreen Kelly, MD, Dr. Peter Henneberry, DPH&amp;C</i></p> </div> <p style="text-align: right;">4.</p>
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## Appendix 10.1: Georgia Burden of Tobacco Brochure (cont.)

### The Dangers of Secondhand Smoke

**S**econdhand smoke is the third leading preventable cause of death in the United States, killing over 53,000 people every year and causing illness in over 300,000 children.



Secondhand smoke contains over 4,000 chemicals—43 of which are classified as Group A Carcinogen (cancer causing)—and is linked to lung and nasal cancer. Its impact on infants and children include:

- Sudden Infant Death Syndrome (SIDS)
- Asthma induction and exacerbation
- Bronchitis and pneumonia
- Middle ear infection
- Chronic respiratory symptoms
- Low birth weight

### The Toll on Older Adults

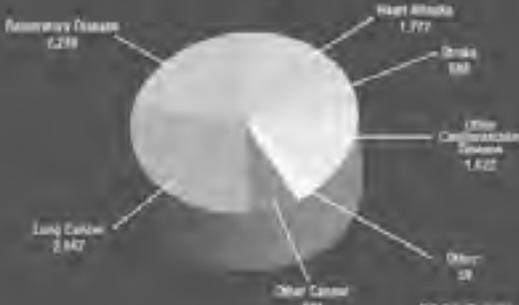
**T**obacco-related illnesses are not only extremely expensive to treat, they are also deadly. Tobacco use is responsible for nearly one in six deaths in Georgia. In 1998, 24 percent of Georgia adults were current smokers.

Tobacco use is a major cause of heart disease, bronchitis, emphysema, and stroke, and it contributes to the severity of colds and pneumonia. Cigarette smoking is a major cause of cancers of the lung, larynx, pharynx, and esophagus, and it is a contributing factor to cancers of the bladder, pancreas, cervix and kidney. Spit tobacco products, which are not a safe alternative to cigarettes, are a major cause of cancers of the mouth.

Georgia 1998 Cigarette Sales:  
 Approximately 100 billion  
 Approximately 100 billion cigarettes  
 (average of 15 years' consumption)

"Using an ounce of alcohol or drug or age 40 could mean living either 10 or 12 years less than your father's parents than your mother's mother."  
 —Lyle Lichten, Society of Toxicologists, Division of Toxicology

#### Georgia Deaths Attributed To Smoking (1998 Major Smoking-Related Mortality)



Category	Number of Deaths
Respiratory Disease	1,238
Lung Cancer	2,847
Heart Attacks	1,777
Stroke	581
Other Cardiovascular Diseases	1,422
Other Cancer	771
Other	28
Unknown	28

Continues

## Appendix 10.1: Georgia Burden of Tobacco Brochure (cont.)

<p><b>Tobacco Use Affects Us All</b></p>	<p><b>Partners in Prevention Testimony</b></p>
<p><b>T</b>obacco use is a complex, far-reaching issue for Georgia, affecting our citizens from newborns to the elderly. The devastation of losing a family member to his or her prime cannot be measured simply as a statistic.</p> <p>The bottom line is that we all pay for the burden of tobacco, in one form or another. Taxpayers — smokers and non-smokers alike — will pay out of their pockets and possibly with their lives. Public health programs designed to take a comprehensive approach to preventing youth initiation and promoting cessation are vital to addressing the economic, medical, and emotional impact of tobacco use in Georgia.</p>	<p><b>Dr. Louis Sullivan, President, Morehouse School of Medicine:</b> "Preventing the initiation of tobacco use by our young people is critical to reducing the many health problems associated with it."</p> <p><b>Linda Lee, Chair, Coalition for a Healthy And Responsible Georgia (CHARGe):</b> "Preventing our children from ever becoming addicted to tobacco is an investment in the future of Georgia as a whole. The health and well-being of our most precious resource — our youth — is being threatened by the leading preventable cause of death — tobacco use. The choice to save lives is one to which we all must commit."</p> <p><b>Stephanie Harris, Youth In CHARGE, Dublin:</b> "Parents are always shocked by the number of kids who use tobacco, but I see tobacco-addicted kids every day. It's hard to believe that many of my friends, classmates, and roommates will die early because they started smoking at a young age."</p> <p><b>Sarah Doolittle, Youth In CHARGE, Douglasville:</b> "Most kids smoke because either their parents or their friends smoke. Even though it's advertised as socially acceptable, sexy, and safe, the reality is that it can kill you."</p> <p><b>Honorable Nan Grogan Orrock, Georgia House Representative, District 56:</b> "The prevalence of smoking among today's youth tragically becomes the death toll for tomorrow's public. Tobacco-related disease is the number one killer in our nation."</p> <p><b>Jana Dal Vecchia, American Cancer Society Volunteer and cancer survivor:</b> "As a survivor of cancer of the lungs, I am living proof of the burden of tobacco. Our youth are all the proof we need to know that tobacco prevention is just the investment."</p> <p><b>Jack Shipowski, CEO, American Cancer Society, Southeast Division:</b> "Over half of all cancer deaths are related to tobacco use. The American Cancer Society is committed to reducing this burden. We support public health initiatives designed to educate communities about the consequences of tobacco use and enable them to make healthy choices in the future."</p>
<p><b>For Georgia data on tobacco-related deaths, see:</b> American Lung Association, "Tackling Tobacco: Progress and Agenda for 2004," <i>Georgia Sentinel of Public Health</i>, 1999; <i>Georgia State Tobacco Report 2004</i>, Georgia Department of Public Health, Department of Tobacco Control, 12/17/03 (June 1999). <b>For Georgia tobacco-associated costs, see:</b> Miller GJ, Wang Y, Wu SF, Wu W. "Multi-Dimensional Cost-Benefit Evaluation of Tobacco Taxation in Georgia." <i>Public Health Reports</i>, 117 (47): 8-14 (November 2002). Miller GJ, Wang Y, Wu SF, Wu W. "Cost-Benefit of Tobacco Taxation Associated with Georgia Taxing." <i>Public Health Reports</i>, 117 (44-45) (March 2002). U.S. Department of the Interior, "The Economic Costs of Smoking in the U.S. and the Benefits of Comprehensive Tobacco Legislation (1999)." <b>For Georgia trends in tobacco use, see:</b> Georgia Health Statistics Survey, 1997 Georgia Division of Public Health, Georgia Behavioral Risk Factor Surveillance Survey for the State of Georgia, 1993-1994. <b>For nationwide data on tobacco-related health consequences and trends, see:</b> Centers for Disease Control and Prevention (CDC), <i>Smoking: Know the Facts</i>, <a href="http://www.cdc.gov/tobacco/04/04_01.htm">http://www.cdc.gov/tobacco/04/04_01.htm</a>; <i>Smoking and Health: National Cancer Institute (NCI) Public Health Service, CDC, Office on Smoking and Health (OSH) 1989</i>; <i>Leading Causes of Death and Disability in the United States: 1990-1995</i>, <a href="http://www.cdc.gov/nchs/1000/data/lcd.htm">http://www.cdc.gov/nchs/1000/data/lcd.htm</a>; <i>World Effects of Tobacco in Commercial States: Smoke-Free States? Economic Effects of Comprehensive Youth Access Restrictions</i>, <i>Substance Use and Misuse</i>, 37(1): 109-120 (1998); <i>University of Michigan, Ann Arbor: The state-specific economic consequences of tobacco prevention</i>, see: CDC, <i>2004 Progress in Comprehensive Tobacco Control: Progress Report</i>, <a href="http://www.cdc.gov/tobacco/04/04_01.htm">http://www.cdc.gov/tobacco/04/04_01.htm</a>; <i>The economic savings associated with tobacco prevention</i>, see: CDC, "Proceedings of the 1992 International Conference on Public Health Operations," <i>Health and Public Health News</i>, 17 (February 1992); <i>1992 World's Largest Public Health Conference: Analysis of Smoking Cessation Law 9000 Series</i>, <i>Prevention</i>, 10(4): 1212-1222 (December 1992). <b>For health savings associated with tobacco prevention, see:</b> <i>State Youth Access Survey 2004</i>, Florida Department of Health, <a href="http://www.floridahealth.gov/prevention/2004/youth-access-survey/">http://www.floridahealth.gov/prevention/2004/youth-access-survey/</a>; <i>Statewide Prevention Needs Assessment</i>, <a href="http://www.floridahealth.gov/prevention/2004/youth-access-survey/">http://www.floridahealth.gov/prevention/2004/youth-access-survey/</a>; <i>1999</i>. <b>For data on tobacco industry advertising, see:</b> Federal Trade Commission (FTC), <i>Access to Corporate Information in Corporate Records: The Federal Cigarette Liability and Advertising Act (1982)</i>, FTC 1981 Tobacco Litigation Report (1982).</p>	<p>6.</p>

## Appendix 10.1: Georgia Burden of Tobacco Brochure (cont.)

