

Tobacco Excise Tax Constitutional Amendment Referendum Campaign in Colorado

Overview

Healthy People 2010 Objectives	1. Increase the average federal and state tax on tobacco products. 2. Increase the number of tribes, territories, and states and the District of Columbia with comprehensive, evidence-based tobacco control programs.
OSH Indicator	Increased price of tobacco products. Amount of tobacco product excise tax.
City/County/Other State	Colorado
Goals	Prevent Initiation Among Young People Promote Quitting Among Adults and Young People
Components	Program Policy
Areas of Policy and/or Program Intervention	Excise Taxes: Ballot Initiatives Policy Change Low-Socioeconomic-Status Groups Older Persons
Audience/Population	Young Adults (18–24) Youth Other: Adult and Youth Smokers

Policy/Program Objectives of the Intervention

To amend the Colorado constitution to increase the cigarette excise tax by \$0.64, from \$0.20 to \$0.84, and double the excise tax on other tobacco products from 20% to 40% of the manufacturer's list price in order to:

1. Prevent the uptake of tobacco use among adolescents and young adults.
2. Reduce adult and youth tobacco use prevalence.
3. Decrease tobacco consumption among continuing tobacco users.
4. Dedicate 16% of revenues generated by the tax increases to fund tobacco education and treatment programs administered by the State Tobacco Education and Prevention Partnership (STEPP) in the Colorado Department of Public Health.
5. Dedicate the remaining 84% of revenues generated by the tax increases to expand health care access and for other health improvement initiatives.

Description of the Intervention

During fall 2002, the Colorado Tobacco Education and Prevention Alliance (CTEPA) began serious discussion and planning to put a constitutional amendment before the voters in November 2004 to raise tobacco excise taxes and dedicate revenues generated by the tax increases to tobacco prevention and treatment and to other health-related programs.

Personnel/Key Players/Resources Required for Conducting the Intervention

Leadership/Key Players:

Colorado Tobacco Education and Prevention Alliance (CTEPA): Longstanding statewide tobacco prevention and control coalition with 501(c) 3 tax-exempt status.

Citizens for a Healthier Colorado (CHC) and its Executive Committee: A 60-member coalition formed in 2003 by American Cancer Society, American Heart Association, American Lung Association, Colorado Hospital Association, primary health care advocacy groups, other health-related organizations and CTPEA for the specific purpose of crafting and enacting the excise tax increases and earmarking revenues generated by the tax increase for tobacco prevention and treatment and other health-related programs.

Campaign co-chairs: persons from a diverse perspective to the issue and high stature throughout the state.

Chris Sherwin: executive director, Colorado Tobacco Prevention and Education Alliance (CTPEA).

Campaign Manager, Citizens for a Healthier Colorado.

Karen DeLeeuw Program manager, State Tobacco Education and Prevention Partnership (STEPP) (Although Ms. DeLeeuw played no role in the campaign itself, her office provided information on science-based interventions to reduce tobacco use, tobacco research and how to implement comprehensive tobacco prevention and treatment programs.)

Personnel:

Campaign staff—campaign manager, media director, and three field outreach staff, increasing to a total of six to seven at the height of the campaign.

Facilitator for the Steering Committee (through summer 2004).

Campaign consultant from California (through summer 2004).

Public relations firm—three to four staff, including one who served as a fundraiser in later stages of the campaign, as well as a lobbyist and an attorney.

In-kind staff assigned to the campaign from participating organizations, totaling from 7 to 12 full time employees.

Resources:

A total of \$2.1 million was raised for the campaign, not including in-kind contributions of staff and resources. The Campaign plan set a January 2004 benchmark to raise \$1 million in cash and commitments in order for the campaign to proceed. A total of \$1.1 million was contributed by January 2004; another \$500,000 was collected through the summer of 2004, primarily from member organizations of Citizens for a Healthier Colorado. The final \$500,000 was secured during the final 3 months of the campaign, again primarily from member organizations of the Citizens for a Healthier Colorado.

Place Where the Intervention was Conducted

Colorado

Approximate Time Frame for Conducting the Intervention

2 years

Summary of Implementation of the Intervention

A comprehensive initiative, consisting of multifaceted public education and media campaigns as well as extensive grass roots outreach and advocacy strategies, was successfully executed by the Citizens for a Healthier Colorado to pass a constitutional amendment that raised the cigarette excise tax \$0.64, increased the tax on other tobacco products to 40% of the wholesale price, and earmarked the revenues generated by the tax increases to fund the State Tobacco Education and Prevention Partnership in the Colorado Department of Public Health at a CDC-recommended level and various other health-related programs.

Summary of Evaluation/Outcome of Intervention

Amendment 35 passed on November 2, 2004, by a margin of 61%–39%. On January 1, 2005, Colorado's cigarette excise tax increased by \$0.64 from \$0.20 to \$0.84, and the tax on other tobacco products increased from 20% to 40% of the wholesale price. The constitutional amendment was passed increasing the taxes and allocating percentages of the increased revenues to broad categories (16% to tobacco prevention and treatment, 46% for expanded health coverage for low-income children and adults, 19% to boost primary care, 16% for preventing and treating cancer and heart and lung diseases, and 3% to bolster the Old Age Pension Fund and compensate counties for lower sales tax

revenues from tobacco). The legislature approved legislation confirming the dollar amounts to each program and the Governor signed.

In addition to the amendment's passage as a measure of the intervention's success, a graduate student pursuing a master's degree in public health is writing her master's thesis on the campaign. When completed, the thesis will provide a more formal evaluation of the overall campaign and its components.

Intervention's Applicability/Replicability/Recommendations for Other Sites

Intervention is applicable and replicable for other states where voter initiatives/referenda are permitted. The Colorado constitution's unique provisions, including a Taxpayers Bill of Rights limiting the legislature's authority to raise and appropriate funds, led CTEPA to propose a constitutional amendment to raise the tobacco excise taxes and allocate the revenues generated by the increased taxes to tobacco prevention and treatment and to other health-related programs. Colorado also has a uniquely detailed process for certifying ballot language and for preparing state-disseminated information about ballot questions. Although the campaign described in this case study can provide information and guidance on how to run a successful voter initiative/referendum campaign to increase tobacco excise taxes and dedicate the new revenues, some strategies will need to be customized to the unique constitutional and statutory requirements of individual states.

Overview Notes

The Colorado Department of Public Health STEPP consistently based the plans, goals, objectives, and strategies used in its comprehensive tobacco prevention and treatment program on evidence-based best practices. Furthermore, STEPP required its grantees, contractors, and county-based local health agencies and coalitions to follow these best practices in program delivery. As a result, broad-based public health and health care communities had a high level of awareness and understanding about effective tobacco prevention and treatment interventions. Once an initiative to increase tobacco excise taxes was initially filed in 2003, STEPP contractors' and grantees' only role was to provide scientific information, as requested, to local coalitions and other groups. During 2003-2004, a program to educate teens about tobacco as cheap and deadly, mounted by Colorado's youth movement against tobacco and funded by a grant from the American Legacy Foundation (ALF) was halted by the executive director of the Colorado Department of Public Health before its planned conclusion, because of the director's concern that the department might be perceived as supporting efforts to increase tobacco excise taxes.

This case study was written by Judy Stephany, a consultant for the CDC Office on Smoking and Health, October 2005.

Planning

Was a needs assessment completed?

No

Approach Used

Science-based best practices, including The Guide to Community Preventive Services, identify increasing the price of tobacco products as a highly effective strategy to reduce both youth and adult tobacco use prevalence and consumption. Since 1986, Colorado's cigarette excise tax was \$0.20. An unsuccessful effort to increase the tax by \$0.50 had been made during 1994. Following several years of budget reductions, during fiscal year (FY) 2003 the legislature cut the MSA-funded appropriation to STEPP by 40%, and under funded or left unfunded other essential health-related programs. In response to these program cuts and to the 16 years of level tobacco excise taxes, CTEPA, during 2002, conducted an in-depth appraisal of tobacco use prevalence and what the "funding landscape" for tobacco prevention and treatment looked like in future years. Given the current climate and expected future trends, CTEPA was determined to broaden and strengthen its membership to advocate more effectively for public policies to reduce tobacco use in Colorado and to ensure adequate funding for a comprehensive tobacco prevention and treatment program. CTEPA applied to the Robert Wood Johnson Foundation (RWJF), SmokeLess States Program for a Special Opportunity grant to assist its efforts. The application served as a de facto needs assessment.

Planning Models Used

No one specific model was used. Rather, the campaign plan was developed by people who were aware of and had received specific training in several planning models.

Planning Notes

The Colorado constitution has unique requirements for raising and appropriating revenues, including a Taxpayers Bill of Rights that strictly controls spending on state programs. Before the current initiative, the last attempt to increase tobacco excise taxes occurred 8 years earlier during the 1994 general election. Due to insufficient planning, few partners from outside the traditional tobacco control advocacy community, and millions of dollars spent by the tobacco industry on a campaign opposing the tax increase, the effort to raise the cigarette excise tax by \$0.50 not only failed by a 39%-61% margin but also left tobacco control advocates dispirited, disheartened, and distrustful of each other for several years.

During 1998, 4 years after the defeat, and coinciding with the signing of the MSA, CTEPA began a focused rebuilding effort. During 1999–2002, the Colorado legislature provided limited MSA revenues to the Colorado Department of Public Health STEPP to

fund a tobacco use prevention and control program. Unresolved negative feelings among legislators toward the tobacco control community, however, remained from the 1994 campaign. The more active that tobacco control advocates were in raising grassroots support for increased STEPP funding, the less financial support the program received from the legislature. No champions for tobacco control were in the state legislature; in fact, Philip Morris considered Colorado a “friendly” venue. Although the chief medical officer of the Colorado Department of Public Health supported tobacco prevention and treatment efforts, other leadership had little expertise in tobacco issues. Funding for tobacco prevention and control in STEPP was cut 40% (from \$12.7 million in FY 2002 to \$7.6 million in FY 2003), and then cut in half to \$3.8 million during FY 2004. The tobacco control community’s positive experience of working together advocating for MSA funding for STEPP for a comprehensive tobacco prevention and control program at the CDC-recommended minimum level, coupled with the adverse conditions in which advocates found themselves, strengthened the tobacco control community’s resolve to rebuild the tobacco control movement in Colorado.

During 1994–2002 period, some attempts were made to test the waters for public support for increasing tobacco excise taxes, but those efforts came to a dead end. By fall 2002, CTEPA was ready to assess the feasibility of a campaign to pass a constitutional amendment to increase tobacco excise taxes. CTEPA leadership, however, recognized that the residual dislike for tobacco control issues in general, and tobacco control advocates in particular, needed to be addressed before embarking on a statewide campaign. CTEPA applied for and was awarded in December 2002 a \$100,000 Special Opportunity grant from the RWJF SmokeLess States Program to continue efforts to expand and strengthen the coalition. Broadening the tobacco control base and enlarging the tobacco control constituency to include groups interested in health care issues was essential for rebuilding the momentum for tobacco prevention and treatment issues as well as for the coalition’s survival as a respected leader in the state’s tobacco control community.

With the RWJF SmokeLess States Program Special Opportunity grant in hand, CTEPA used unrestricted dollars to initiate the “title setting” process required to put a constitutional amendment on Colorado’s ballot. CTEPA submitted language to the Title Board to increase tobacco excise taxes and to dedicate the revenues to health-related programs. Concurrently, CTEPA began working with health care advocates to develop a proposal to earmark revenues raised by the tax increases for health care programs and for tobacco prevention and treatment. The decision to begin the title process during 2003 was strategic—in effect, a rehearsal for 2004. CTEPA sought to determine whether and how the tobacco industry and its allies would challenge the amendment’s language. Philip Morris, RJ Reynolds, and Brown & Williamson challenged whether the language of the title was clear and accurate and whether the initiative addressed a single subject as constitutionally mandated. The Title Board approved the amendment language, the tobacco companies appealed, and in the spring of 2003, the Colorado Supreme Court ruled in favor of CTEPA. With the knowledge that the amendment language met constitutional standards, CTEPA withdrew the amendment for voter consideration during 2003.

During late spring 2003, CTEPA hired a public relations firm with close and trusted ties to both tobacco control organizations and health care organizations in order to improve their strained relations and identify potential new partners. While this work was ongoing, CTEPA contracted with a facilitator in July 2003 specifically to bring to the table the state's top health care and tobacco control leaders to discuss joining forces to increase tobacco excise taxes and dedicate revenues to health-related programs. This group emerged as the Steering Committee for CHC, the new coalition of tobacco control and health care advocates. The group agreed to support a campaign to increase tobacco excise taxes that focused on the science-based *Guide to Community Preventive Services*, which recommends that increasing the price of tobacco products is a highly effective strategy to prevent youth from smoking and to promote quitting among current smokers. The Steering Committee continued its discussion on how much to propose raising the tobacco excise taxes and on how to allocate the revenues from excise tax increases. A poll was conducted that summer showing strong public support for increasing tobacco excise taxes.

Throughout the summer and fall of 2003, the Steering Committee worked to determine (1) how much to increase the taxes; (2) how to earmark the revenues raised by the increased taxes; and (3) whether to collect signatures to place the amendment directly on the ballot or seek a legislative vote to place it on the ballot. Ongoing discussions were held among CHC and the Steering Committee on whether to establish a new foundation to administer the tobacco education and cessation program that would be funded with the revenues generated by the tobacco excise tax increases or to designate STEPP as the administrator. Although there was strong support for STEPP's efforts and effectiveness during the past decade, some key leaders expressed concern about the Colorado Department of Public Health's commitment to tobacco prevention and control, and argued that a foundation could more effectively administer an enhanced tobacco education and cessation program. During October 2003 several CTEPA members participated in CDC-sponsored training on sustaining state tobacco prevention and control programs. At that time, the participating CTEPA members expressed their commitment to (1) oppose further cuts in MSA funding for STEPP; (2) oppose legislative efforts to securitize future MSA payments; (3) work with CHC to further refine the elements for inclusion in a constitutional amendment to increase tobacco excise taxes, including earmarking revenue generated by the increased taxes to STEPP for a comprehensive tobacco prevention and control program funded at the CDC-recommended minimum (\$24 million) or higher with the remaining funds allocated to health-related programs; and (4) prevent the legislature from placing any other tobacco excise tax initiative on the November 2004 ballot. Following the CDC-sponsored training, the group met with the CHC Steering Committee, which endorsed designating STEPP as the program administrator for Colorado's tobacco prevention and control efforts.

The Steering Committee evolved into the Executive Committee of the campaign. By early winter, CHC reached a consensus (1) to increase the cigarette excise tax by \$0.64, from \$0.20 to \$0.84; (2) to double the excise tax on other tobacco products from 20% to 40% of the wholesale price; and (3) to earmark the revenues raised by the tax increases

for tobacco prevention and treatment and other health-related programs, i.e., 46% for expanded health coverage for low-income children and adults, 19% to boost primary care, 16% for tobacco education and cessation, 16% for preventing and treating cancer and heart and lung diseases, and 3% to bolster the Old Age Pension Fund and compensate counties for lower sales tax revenues from tobacco.

Implementation

Implementation Level

State

What is the policy and/or program intervention designed to do?

1. Increase tobacco excise taxes to reduce tobacco use among youth and adults.
2. Dedicate the revenues raised by the tax increases to tobacco prevention and treatment and other health-related programs.

Explain the implementation of the policy and/or program intervention.

Beginning with the title setting process conducted during January 2004 through the final 3 months preceding the election in November 2004, Citizens for a Healthier Colorado launched a comprehensive implementation strategy to secure voter support for the amendment referendum. Grassroots outreach was expanded; funds were raised; public education and paid and unpaid media campaigns were rolled out; campaign endorsements were secured; and key leaders and other supporters participated in debates, dialogues, and presentations organized by state and community groups and organizations.

Background

With the newly formed Citizens for a Healthier Colorado (CHC) up and running, along with the start-up of major fundraising efforts and the favorable 2003 state Supreme Court ruling in hand, the title setting process was initiated during January 2004. CHC submitted to the Title Board its proposed amendment to (1) increase the cigarette excise tax \$0.64; (2) to increase the excise tax on other tobacco products to 40% of the wholesale price; and (3) earmark the revenues raised by the tax increases for tobacco prevention and treatment and other health-related programs as follows, 46% for expanded health coverage for low-income children and adults, 19% to boost primary care, 16% for tobacco education and cessation, 16% for preventing and treating cancer and heart and lung diseases, and 3% to bolster the Old Age Pension Fund and compensate counties for lower sales tax revenues from tobacco. The Title Board ruled in April 2004 that the amendment was valid.

In order to place the amendment on the ballot, a total of 67,824 valid signatures were needed. CHC formally launched the campaign during mid-May after the legislative session adjourned and announced its goal of obtaining 110,000 signatures to place the amendment on the November ballot. A firm was hired to secure 90,000 of these signatures, and grassroots volunteers were asked to secure 20,000. Close to 112,000 signatures were collected and submitted to the Colorado secretary of state by early August. More than 85,600 of the signatures were certified, and Amendment 35 was placed on the November 2004 ballot.

Up to this point there was little overt opposition to the initiative. Covert opposition, however, had appeared. A competing proposal to increase the cigarette excise tax by \$0.50 was introduced in the legislature with support from the AARP. Although CHC had invited AARP to participate in its initiative effort, AARP was unwilling to commit its support and endorsed another tobacco excise tax increase that earmarked revenues to expanding senior and children's health programs. And in early May, in an attempt to undermine the amendment's requirement (were it to pass) to use revenues generated by the increased taxes to supplement not supplant funding for existing programs, the legislature enacted a law zeroing out all health expenditures for a single day on January 1, 2005. CHC filed a legal challenge to the legislation.

During the summer of 2004, polling was again conducted, it showing that a large majority of Colorado voters remained in support of increasing the tobacco excise taxes. During early July, the American Lung Association of Colorado released "Tobacco Industry Involvement in Colorado," a report on how the tobacco industry campaigned throughout the 1990s to defeat tobacco taxes and to fight smoking bans at the state and local levels. The report alerted voters to past tobacco industry manipulation and attempts to interfere in Colorado elections and in state and local legislative actions.

Fundraising plateaued at about \$1.6 million by late summer. Because 2004 was both a presidential and senatorial election year, the demand for television and radio air, as well as its cost, could be expected to increase as the election drew nearer and the availability of preferred airtimes would decrease. CHC made a strategic decision to lock in advertising contracts with television and radio stations in late summer, purchasing \$920,000 in television airtime and \$50,000 in radio airtime in non-metropolitan markets for ads that would run during September and October. An additional \$500,000 was raised from CHC partners during the final 2 months of the campaign.

After all of the groundwork and time spent in planning, preparation, and early stages of implementation, during August, September, and October, the campaign moved into its most active phase—educating and mobilizing voters to support Amendment 35. The implementation strategies used were ones familiar to all political campaigns. From organizing and training grassroots activists to monitoring the opposition, from voter identification to voter turnout, from lawn signs to press conferences, from announcing endorsements to statewide and local media campaigns on television and radio and in the press, from direct mail to speaking at state and local clubs and organizations, from editorial board visits to letters to the editor, from debates to press releases, the campaign was in election mode. While county health agencies, as well as STEPP, provided information to local coalitions, groups, and individuals, as requested, on evidence-based strategies to reduce tobacco use among youth and adults, none were involved in the campaign.

During September, trouble erupted within the legislative committee responsible for authorizing text for the "blue book," Colorado's official state voter guide that explains all constitutional amendments. Committee staff sought information from supporters and opponents of amendments, analyzed the information, and presented three or four

arguments for and arguments against each amendment for legislative approval for inclusion in the blue book. During the committee discussion on the tobacco excise tax amendment, the committee vetoed the language used in the staff-prepared arguments against and inserted language endorsed by the tobacco industry. The new language, brought to the committee by a tobacco industry-friendly legislator, was identical to language used in an Altria/Philip Morris-funded study of "potential" revenue loss to local communities if the tobacco excise tax amendment passed. CHC immediately proposed new language to counter the misinformation put forth by opponents of the tax increase and submitted it for inclusion in arguments for the amendment. After committee debate, the CHC-proposed language was accepted.

During this time, Philip Morris announced its opposition to the referendum but put little effort or money into urging its defeat. Tobacco industry representatives would not participate in debates. The Independence Institute, a think tank in the Denver area, actively opposed the amendment, arguing that government should not be involved in preventing and reducing tobacco use. Throughout the fall of 2004, numerous polls were commissioned by a variety of groups, including newspapers and television stations. Support for the amendment was consistently strong. Every poll showed the amendment passing with a high majority. Most newspapers throughout the state wrote editorials supporting the amendment. The governor did not support Amendment 35.

Evaluation

Type(s) of Evaluation Planned or Conducted and Status

What is the status of your evaluation?

Planned

Do you address process evaluation?

Process evaluation will be included as part of the overall evaluation.

Do you address outcome evaluation?

Outcome evaluation will be included as part of the overall evaluation.

Briefly describe the evaluation design.

The evaluation design is to be determined.

Data Collection Methods

Other: Data collection methods are still being determined

Data Source

- Adult Tobacco Survey (ATS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Tax Revenue Data

Range of Intended Outcomes

- Behavior Change
- Policy Change
- Increased Knowledge
- Attitude Change
- Change in Norms
- Coalition Capacity Building
- Change in Media Coverage/Framing of Issue

List key evaluation findings and/or conclusions for each intended outcome.

N/A

Were evaluation findings and/or conclusions disseminated to policy and/or program intervention stakeholders?

N/A

Briefly describe how evaluation findings and/or conclusions were used to inform program planning or development?

N/A

Evaluation Notes

The voter initiative tax campaign was approved by the Colorado voters and the legislature and governor passed and signed legislation giving final approval for the proposed funding allocation and constitutional language. The process and outcome evaluation related to the tax increase and program funding for tobacco control and cancer, heart and lung disease will be evaluated.

The data sources are being determined; however, revenue generated by increased tobacco excise taxes as well as the number of tobacco products sold will be measured and compared using Colorado tax collection data. Adult tobacco use prevalence data will be compared with BRFSS data collected to determine changes in prevalence.

Resources Required

Describe the individuals and groups whose paid or unpaid participation was essential.

- Coalition Members
- Community Leaders
- Media
- Medical and Health Professionals
- Public Health Professionals
- Public Health Professionals—Local Health Dept.
- Public Health Professionals—State Health Dept.
- Voluntary Health Organizations—ACS, AHA, ALA
- Other—children's advocacy groups; health access advocacy groups; health care organizations, including the Colorado Hospital Association and the Colorado Public Interest Research Group

Title/ Position	Personnel Responsibilities/ Skills Required	Source	Hours/ Duration
Campaign Manager	<p>Responsibilities: direct overall campaign; implement campaign plan; oversee fundraising; manage campaign budget; coordinate and integrate the “moving parts” of the campaign into a unified whole; hire and supervise staff, consultants, and contractors; assign staff duties and responsibilities; ensure effective communication within the coalition, between the coalition and its partners and collaborators, and with external entities; advise Executive Committee of the campaign when requested.</p> <p>Skills strategic thinking; incisive decision-making;</p>	Project Staff	Full-time for 10 months

Title/ Position	Personnel Responsibilities/ Skills Required	Source	Hours/ Duration
Executive Committee of the Campaign (Representatives of the American Cancer Society, American Heart Association, American Lung Association, Colorado Hospital Association, primary health care advocacy group, CTEPA and other health advocacy groups)	<p>leadership; communication; negotiation; multi-tasking; budget management; policy advocacy; personnel management; coalition/team building; mediation; collaboration; media advocacy; fundraising; group facilitation.</p> <p>Responsibilities: determine campaign goals and desired outcomes; develop campaign plan; approve and monitor campaign budget; guide campaign implementation; select campaign leadership; approve campaign media content and creatives; assure campaign funding; supervise campaign manager; arrange campaign evaluation.</p> <p>Skills: negotiation; mediation; collaboration; inter-personnel; fundraising; policy advocacy; communication; strategic thinking; listening.</p>	Other: Members' time contributed by their organizations	As needed over a 12-month period to guide the campaign to achieving its goals
Field Outreach Staff	<p>Responsibilities: implement campaign plan at the community/regional level; coordinate local/regional grassroots signature collection; educate voters; identify and turnout pro-amendment voters; recruit, organize, train and supervise grassroots activists; oversee grassroots activities; identify audiences and schedule speakers; develop and oversee unpaid media</p>	Project Staff	Three staff members full time for 10 months and an additional 3-4 staff members full time for 3 months

Title/ Position	Personnel Responsibilities/ Skills Required	Source	Hours/ Duration
Media Director	<p>advocacy activities; as directed by the campaign manager.</p> <p>Skills: community organizing; collaboration; political; policy advocacy; motivational; multi-tasking; recruiting; training; communication; time management; coalition/team-building; media advocacy.</p> <p>Responsibilities: develop and manage paid and unpaid media campaigns; coordinate with public relations, advertising and direct mail contractors; select creatives for television, radio and print media as well as signage and direct mail; purchase media airtime and space; organize press-related events and activities; prepare and distribute press releases; as directed by campaign manager.</p>	Project Staff	Full time for the final 4 months of the campaign
In-kind Staff	<p>Skills: broad background and experience in media development and placement.</p> <p>Responsibilities: implement campaign plan activities and strategies as assigned by campaign manager.</p> <p>Skills: determined by specific campaign assignment.</p>	<p>Other: Colorado Public Interest Research Group and other organizations assigned their own staff members to work on various aspects of the campaign.</p>	Equivalent of 7-12 full-time employees for the final 3 months of the campaign

Additional Staff and Information

Although the campaign co-chairs were neither paid or volunteer staff of the campaign, the leadership role they played significantly enhanced the campaign's effectiveness. They were the public faces and spokespersons for the campaign.

The campaign's public relations contractor assigned a three to four person team to work on the campaign, including one person assigned to raise campaign funds.

A facilitator was hired through the summer of 2004 to assist in building the Steering/Executive Committee and to guide the Committee in determining campaign goals and outcomes.

A consultant with experience in planning and implementing voter referendum campaigns in California to raise tobacco excise taxes worked for the campaign through the summer of 2004.

A contractor was hired in late spring/summer 2004 to collect 90,000 signatures to place the amendment on the November ballot.

A lobbyist was hired during the 2004 legislative session to ensure the legislature did not vote to place a competing tobacco excise tax proposal on the November 2004 ballot.

Legal services were secured to prepare the amendment for submission to the Title Board.

Materials/Resources Required

Office space with a full gamut of office supplies and equipment: computers, fax, copiers, phone

Media design and production

Television and radio airtime, print space

Direct mail

Printing

Postage

Web-site development and upkeep

Costs/Funding

Budget

Estimated labor costs	\$ 550,000.00
Estimated cost of materials, promotional efforts, printing, etc.	\$ 1,550,000.00
Estimated total cost of conducting policy and/or program intervention	\$ 2,100,000.00

Budget Notes

- \$920,000— television airtime (purchased in summer of 2004 to lock in cheaper rates prior to election frenzy)
- \$450,000—personnel and office (staff, consultants, rent, supplies)
- \$200,000—direct mail
- \$200,000—signage
- \$60,000—polls
- \$50,000—radio airtime (purchased in summer of 2004 to lock in cheaper rates prior to election frenzy)
- \$50,000—legal costs
- \$40,000—television, radio and print creatives and production
- \$20,000—lobbying costs
- \$110,000—miscellaneous
- The total cost was \$2,100,000 plus in-kind staff and resources contributions

Funding Sources

- Campaign for Tobacco Free Kids
- RWJF SmokeLess States Grant
- Voluntary Agency
- Voluntary Agency/ American Cancer Society
- Voluntary Agency/ American Heart Association
- Voluntary Agency/ American Lung Association
- Other: Colorado Hospital Association; Colorado Community Health Network; Colorado Public Research Interest Group; Other organizations and individuals with interests in reducing tobacco use, expanding access to health care, and improving the health of people living in Colorado

Funding Notes

Approximately 90% of the funding came from Steering Committee member organizations. These organizations were approached a second and third time for increased contributions. By January 2004 \$1,100,000 had been raised or committed. An additional \$500,000 was raised between January and August 2004, and the final \$500,000 was raised between August and November 2004.

Timeline

Planning

Implementation

- Winter 2004—Fundraising goal of \$1 million is met and surpassed by \$100,000.
- Winter 2004—Title setting process begun with submission of proposed amendment to the Title Board.
- Spring 2004—Title Board authorizes the amendment.
- Spring 2004—Colorado legislature defeats competing cigarette excise tax increase; new law enacted undermining amendment language prohibiting revenues generated by increased tobacco excise taxes from supplanting current funds.
- May 17, 2004—CHC formally launches campaign to pass Amendment 35 and announces intent to gather 110,000 signatures to place the amendment on the November 2004 ballot.
- Summer 2004—Poll shows strong support for Amendment 35; American Lung Association of Colorado releases report entitled "Tobacco Industry Involvement in Colorado."
- Summer 2004—more than 112,000 signatures were submitted to the Colorado secretary of state, who ordered Amendment 35 placed on the November 2004 ballot.
- Late summer 2004—A total of \$970,000 of airtime was purchased to run television and radio ads during September and October.
- Early fall 2004—After intrusion by Altria/Philip Morris, legislative committee approved *arguments for* and *arguments against* Amendment 35 to be included in the "blue book" voter guide distributed to Colorado households.
- Fall 2004—Philip Morris announces opposition to Amendment 35.
- Fall 2004—CHC reports additional \$500,000 in fundraising.
- Fall 2004—Campaign prepares for election by educating, mobilizing and turning out voters to support Amendment 35; recruiting, organizing, training and sending forth grassroots activists; monitoring the opposition; planting lawn signs;

organizing press events and distributing press releases; gathering and announcing endorsements; airing television and radio ads and running print advertising campaigns; sending direct mail pieces to voters; scheduling speakers; visiting newspaper editorial boards; submitting letters to the editor; and participating in debates and discussions in a wide variety of venues.

- November 2, 2004—Amendment 35 passed by Colorado voters by a 61%–39% margin.

Evaluation

On November 2, 2004, Colorado voters passed Amendment 35, increasing tobacco excise taxes with the revenues from the tax increases dedicated to tobacco prevention and treatment and other health-related programs. The tax increases went into effect on January 1, 2005. Because the amendment language was written in general terms (e.g., "expand health care," "boost primary care," and "health improvement"), the actual appropriations must be made by the legislature. The governor, who did not support the amendment, has proposed a spending plan that differs significantly with a spending plan introduced by a state legislator and endorsed by Citizens for a Healthier Colorado. In addition, legislation passed by the legislature in late May 2004 to "zero out" all state accounts on January 1, 2005, to enable the new revenues to be used to supplant existing funds is being litigated. The courts and the legislature will make the determinations on how the revenues generated by the increased tobacco excise taxes will be appropriated.

The campaign and the ensuing legislative action on appropriating the revenues generated by the increased taxes are the subject of a thesis being written by a student active in the campaign who is pursuing a master's degree in public health.

Lessons Learned

What were the important elements to the intervention's success?

1. Taking time to do comprehensive planning at the beginning of the campaign.
2. Initiating the state constitutional amendment "title setting" process during 2003 in preparation for the 2004 campaign to determine whether or not raising taxes and dedicating their revenues met the test of "single subject" and to learn how the opposition would challenge the proposal.
3. Broadening the CTEPA coalition beyond tobacco control advocacy groups to form Citizens for a Healthier Colorado (CHC): tobacco coalition members taking a back seat and giving up "ownership" of the campaign; selection of campaign spokespersons who represent racial and ethnic diversity and have no previous involvement with tobacco issues.
4. Strength of CHC and CTEPA, due to a plan, organization, and funding, prevented the tobacco industry from opposing the campaign.
5. Well thought-out spending plan for revenues generated by the tax increases in order to attract new members and funding for the campaign.
6. Effective fundraising.
7. Level of CHC member agencies' commitment and staff support.
8. Purchasing airtime on television and radio during summer to secure cheaper rates and preferred airtimes during a year in which Coloradans would be voting in both a presidential and senatorial election.
9. Dissemination by STEPP of accurate data, research, best practices, and STEPP program effectiveness to STEPP's Advisory Board, CHC and CTEPA, and county health departments and coalitions.
10. STEPP goals, objectives, and strategies remaining evidence-based no matter its level of funding.

Describe the policy and/or program interventions applicability/replicability to other sites, and include recommendations for other sites.

Although the Colorado constitution's amendment, initiative, and referendum requirements are unique to Colorado, the work of the Colorado Tobacco Education and Prevention Alliance and the Citizens for a Healthier Colorado in planning and implementing a voter referendum to amend the Colorado constitution to increase the tobacco excise taxes and dedicate the revenues generated by the tax increases to tobacco prevention and treatment and other health-related programs is applicable and replicable in those states whose constitutions authorize voter initiatives and referenda.

Describe the challenges faced, and below each challenge, describe any solutions used to correct or reduce the problem.

Challenge: Convincing people that the effort was “for real” due to past history of a failed excise tax increase campaign and subsequent discord among many in the public health community.

Solutions: Many meetings with active and potential coalition members were scheduled and momentum built to a convincing threshold of belief.

Challenge: Struggle to reach agreement on how to allocate new revenues generated by tax increases.

Solutions: A facilitator trusted by both tobacco control advocates and health care advocates was hired to bring key players to the table and to guide the coalition partners toward agreement on how to allocate the new revenues.

Challenge: Deciding whether to designate the Department of Public Health STEPP or a to-be-designated new Foundation to administer the tobacco prevention and treatment funding generated by the tax increases.

Solutions: Because of a perceived lack of support for a comprehensive tobacco prevention and treatment program from some people within the Colorado Department of Public Health, some partners were hesitant about the ability of the department to adequately administer an expanded tobacco prevention and control program. After discussion about establishing a foundation to administer a new program outside the Colorado Department of Public Health, the coalition agreed to designate the STEPP as the enhanced program’s administrative agency.

Challenge: A competing measure tax in the legislature to raise the cigarette excise being pushed by the AARP.

Solutions: AARP was recruited to participate in CHC. Although the organization wanted substantial revenues generated from the increased taxes dedicated to programs for seniors, it was unwilling to provide assistance to the campaign and did not join CHC. Instead, the AARP publicly criticized CHC and found a legislator to introduce a bill to put a competing cigarette excise tax increase/health care funding referendum on the ballot. The coalition hired a lobbyist and successfully defeated the bill.

Challenge: Commitment not to pursue the campaign unless a fundraising benchmark of \$1 million was reached by January 2004.

Solutions: By January 2004, \$1.1 million was raised and committed, and the campaign went into high gear.

Challenge:Legislative “end-run” around amendment language stating that “new revenues could not be used to supplant existing spending”. During May 2004 the legislature passed a law zeroing out all state health expenditures for 1 day on January 1, 2005 (the day the amendment was to be added to the constitution, if passed), which, in effect, might make the amendment’s language on supplanting existing spending null because there were technically no existing programs.

Solutions:A legal challenge to the supplanting amendment was filed.

Challenge:Inaccurate and inflammatory description of the impact of the proposed amendment on local tax collections that was presented to the legislative committee charged with preparing the state-distributed blue book voter guide.

Solutions:By law, the state distributes a voter guide that provides in plain language the reasons offered in support of and in opposition to a proposed constitutional amendment. Legislative staff analyze proposed amendments, prepare three or four items in support and in opposition from those submitted by supporters and opponents, and then submit their draft to the legislative committee responsible for authorizing the final text for the voter guide. When deliberating on the tobacco excise tax amendment, the committee rejected staff recommendations and substituted its own language opposing the amendment that was identical to language in a study commissioned by Philip Morris/Altria on the potential impact of the tobacco tax increase on police and fire services in local communities. CHC immediately rewrote and resubmitted new items for inclusion in the voter guide that met and dismissed the Philip Morris/Altria arguments. The committee voted to include CHC’s new language in the arguments in support of the amendment that appeared in the blue book voter guide.

Challenge:Lack of support from the governor and some leadership in the Colorado Department of Public Health.

Solutions:Campaign selected well respected co-chairs who became powerful, trusted spokespersons for the amendment addressing the public health, youth, healthcare access, and health program issues in the absence of governmental leaders.

What would you have done differently?

Be more alert to legislative and other challenges (a) from disgruntled organizations such as the AARP; (b) from legislative leaders seeking to derail the spending plans as they did in passing the supplanting law; (c) from legislators on the blue book voter guide legislative committee who seemed to be supported by tobacco-industry interests.

Lessons Learned Notes

N/A

References/Deliverables

Materials and advice can be obtained from Chris Sherwin at the Colorado Tobacco Education and Prevention Alliance.