

5. Media Interventions to Promote Tobacco Control Policies

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Contents

The Power of the Media	121
Preparing for Media Interventions	122
System Prerequisites	123
Media Relations	125
Training Spokespersons	126
Media Strategies and Tactics	127
Media Advocacy	127
Planning for Media Advocacy	129
Training for Media Advocacy	130
Acting Locally: The ASSIST Media Network	132
National Backup for Media Advocacy	133
News Coverage of Tobacco Issues	135
Special Events	140
Tobacco News	142
Research Results	142
Mass Media and Countermarketing Campaigns	142
“Let’s Make Smoking History”	147
Campaigns in ASSIST States	149
Monitoring Newspaper Coverage	149
Newspaper Clippings Database	149
Reports to the States on Their Newspaper Coverage	151
From Media to Policy Change	152
References	164

Case Studies

Case Study 5.1. Tobacco State Turns Opinion Around	134
Case Study 5.2. Strengthening Youth Access to Tobacco Laws: North Carolina	136
Case Study 5.3. The Media Network of the Tobacco-Free Michigan Action Coalition	137
Case Study 5.4. Winston Additive-Free Media Advocacy Campaign	138
Case Study 5.5. Charleston, West Virginia, Bids So Long to the Marlboro Man	143
Case Study 5.6. The Tobacco Master Settlement Agreement—A National Event Covered Locally	144
Case Study 5.7. The Indiana Countercampaign—A Local Event Covered Nationally	144
Case Study 5.8. ASSIST—Wisconsin State Medical Society Partnership for Publishing Tobacco Research	145
Case Study 5.9. Todo a Pulmón (“With Full Breath”): A Rhode Island Radio Campaign for Hispanic Youths	150

Tables and Figures

Table 5.1. Number of Newspaper Editorials in North Carolina, 1993–98	135
Figure 5.1. Number of Policy-Related Tobacco Articles: Michigan October 1, 1993, to March 31, 1994	153
Figure 5.2. Percentage of Articles by Policy Type Michigan, January 1 to March 31, 1994	153
Table 5.2. Media Analysis Quarterly Report for Michigan: October 1, 1993, to March 31, 1994	154

Appendix

Appendix 5.A. ASSIST Bibliography	155
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5. Media Interventions to Promote Tobacco Control Policies

The overall strategy of the American Stop Smoking Intervention Study (ASSIST) was to reduce the prevalence and effects of tobacco use by promoting a tobacco-free social norm and environment. State health departments, voluntary health agencies, and other partners came together in coalitions to advocate for state and local tobacco prevention and control policies, such as cigarette excise tax increases, restrictions on tobacco advertising and promotion, youth access laws, and clean indoor air ordinances. Getting these policies accepted and enacted required a broad base of support from the public and from policymakers. This chapter describes a strategic approach to using a variety of media interventions to promote public health policies and illustrates how media advocacy was used in ASSIST to promote policies for a tobacco-free environment. In particular, a principal strategy was to leverage earned media coverage to advance policy issues. The strategies described in this chapter are especially relevant to states and communities with small mass media budgets. Several case studies are presented to illustrate the processes and effectiveness of the interventions. While ASSIST's comprehensive approach used several types of media interventions, it was the strategic application of the interventions to effect policy change that made them powerful and that distinguished ASSIST in the tobacco control movement.

The Power of the Media

The power of the media is widely acknowledged. Broadcast media—television and radio—reach nearly every person in this country at home and at work. Print media—newspapers and magazines—also have a wide reach, especially among adults, decision makers, and highly educated individuals. The Internet is an electronic medium of mass communication rapidly increasing in reach worldwide. The tobacco industry gives testimony to the influence and reach of the media by the billions of dollars that this industry has invested in advertising campaigns to promote tobacco use, specific brands, and pro-tobacco social norms. At the end of the 1980s, U.S. cigarette manufacturers were spending almost \$4 billion annually on advertising and promotion; in 2002, the six largest cigarette manufacturers spent \$12.5 billion, an 11% increase from 2001, while the total number of cigarettes sold or given away *decreased* by nearly 4% from the previous year.¹ In 1998, the tobacco industry spent \$40 million on a television advertising campaign to defeat the proposed McCain bill to control tobacco products.^{2(p223)} This bill would have given the Food and Drug Administration authority to regulate the sale, manufacturing, labeling, and marketing of tobacco products and to use a tobacco tax to fund antismoking campaigns, research, and health-related activities.



Billboard featuring R. J. Reynolds, a private citizen, of Washington State

Decades of advertisements positioned cigarette images, such as the Marlboro Man, as central figures in American life and promoted the perception of smoking as an acceptable, even desirable, social behavior, associated with healthy, vibrant lifestyles. A study of formerly confidential tobacco industry documents has revealed that the industry, despite voluntary restrictions on such practices, continues to use the power of film to promote social acceptability of tobacco use, particularly among young people.³ In addition, the tobacco industry was able to influence the kind and amount of coverage of tobacco and health issues in other types of media because they depended on the substantial revenue from tobacco advertising.^{4,5}

At the time that ASSIST started, research had begun to establish the effectiveness of mass media interventions in influencing health behaviors, including tobacco use.⁶⁻⁸ (Also see chapter 1.) Tobacco control activities had used media interventions to accomplish two objectives:

1. To increase the public's exposure to prohealth, antitobacco messages
2. To limit the public's exposure to protobacco messages

Media coverage of the tobacco and health issue was credited with improving public awareness of the health hazards of smoking, with changing attitudes about smoking, and with contributing to declines in

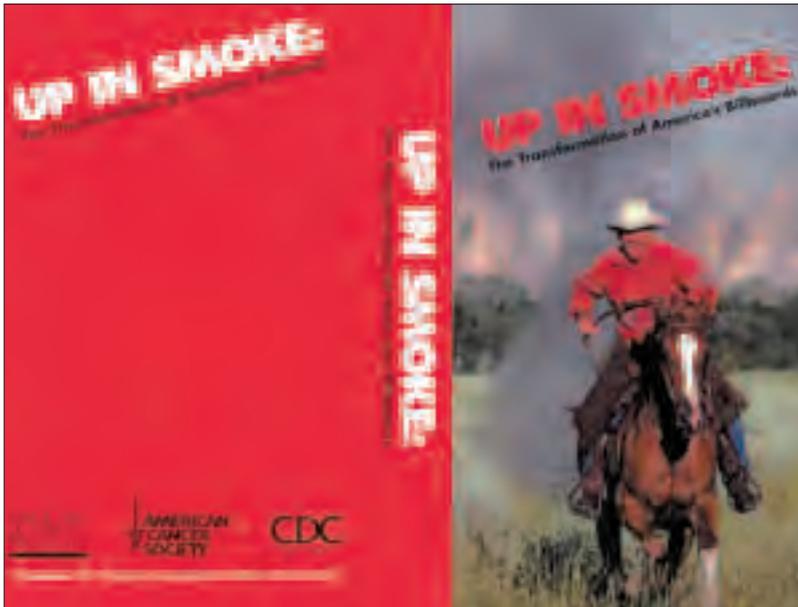
the prevalence of smoking in the general population.⁷ For tobacco control programs, five specific functions of mass media interventions had been identified. Mass media interventions

1. provided information to the public about health facts and issues related to tobacco use,
2. alerted citizens and policymakers to injurious public policies that promoted tobacco use,
3. motivated people to stop or to refrain from initiating tobacco use,
4. recruited smokers into treatment programs, and
5. offered smoking cessation advice and programs.⁹

ASSIST contributed to the state of the art an important sixth function: the strategic use of the media on a large scale to advocate for tobacco prevention and control policies.

Preparing for Media Interventions

Effective use of media interventions is critical to advocacy efforts. The media can reach large numbers of people



ASSIST-produced video, Up in Smoke: The Transformation of America's Billboards

with persuasive messages and can play a powerful role in establishing the legitimacy of tobacco prevention and control interventions. Conversely, if criticisms in the media of tobacco prevention and control efforts are not skillfully countered, these criticisms can drastically undermine support among the public and key decision makers. The tobacco industry has been very effective in using the media to sell its products and to undermine the major messages of the tobacco prevention and control movement.^{10,11} Early in ASSIST, it became apparent that there was a need to quickly build the capabilities of ASSIST partners at the national, state, and local levels not only to implement media interventions, but also to react effectively to media coverage and advocacy opportunities.

System Prerequisites

For ASSIST to conduct media interventions successfully, three elements had to be in place:

1. An infrastructure of organizational units clearly responsible for the interventions
2. A system of communication throughout the infrastructure that would enable timely implementation of media interventions
3. Technical assistance to equip ASSIST personnel and coalition volunteers with needed skills and to provide them continued support in planning and implementing media interventions

These three elements were developed and established during ASSIST's 2-year planning phase. Each ASSIST state was

Tips on Media Relations from Virginia ASSIST

The media can bring many resources to a small campaign and can cause it to become prominent in the community. The media can offer public service time or space to a project or can give value-added service to a paid campaign. If a media channel or personality becomes interested in the topic, additional coverage may be provided in the form of news features or commentary. In planning for media relations, consider the following strategies:

- Make the best connection. When looking for a contact at a media channel, first review the staff structure. The easiest person to approach is a public service director, but he or she may not be the best contact for your purposes. Think strategically. Determine who would be the most valuable connection, and approach that person directly, whether it be the editor of a publication, a public service director, a journalist, an account executive (for paid campaigns) who can assist with added value, a radio personality, a television anchor or reporter, or a community relations director.
- Explore existing connections. Look at existing relationships with organizations, and identify their media connections. Get these organizations involved in an activity, and let them reach the media.
- Show the media channel how the media will benefit. Find a way to link your message to something that the channel values. For example, look at the channel's past community relations efforts, staff make-up, or editorial policy statement to find common ground.
- Get a commitment from the media channel. Getting a commitment from the newspaper or the radio or television station, not just from an individual, is critical. For example, after the second year of Virginia's Sack the Pack campaign, the sportscaster left the station's employment. Although many of the station's staff members were involved in the campaign, the station had not committed itself to the project. The station's lack of commitment meant that the coalition had to approach the new sports anchor and the station director to regain involvement.
- Get media buy-in. Media channels that "buy in" to a project will focus on it to ensure its success. They can offer valuable public service time and space, known personalities who will commit themselves to the cause, and matching funds for project materials.

Source: Adapted from M. White. 1998. Institutionalizing tobacco use control into the media's agenda. In *No more lies: Truth and the consequences for tobacco* (Case Studies of the Fourth Annual National Conference on Tobacco and Health, October 26–28, 1998). Rockville, MD: ASSIST Coordinating Center.

required to include a staff position dedicated to media interventions by the end of the planning phase. This requirement emphasized the critical importance of media activities to the success of ASSIST interventions. By mid-1993, the 17 states were ready to implement media intervention strategies described in their annual action plans. (These are described in chapters 3 and 4.)

Nevertheless, while the advantages of using mass media interventions were clear, the states faced a major challenge—

the high cost of paid mass media—at the outset and throughout the project. Recognizing that purchasing only a few media spots could exhaust a state's budget, ASSIST contracts limited the use of funds to purchase mass media to no more than 15% of the states' total budgets. In practice, the states spent even less than the amount allowed. The ASSIST guidelines directed the states to use media advocacy techniques to generate "earned" media coverage of tobacco and health issues, that is, coverage that is not purchased but is achieved through

Success Factors behind ASSIST's Effective Communications

Over the course of the project, several key success factors emerged concerning effectively engaging the media.

- *Develop hard-hitting, clear messages to explain ASSIST.* ASSIST was a complex project, difficult to describe for the media, which require simple, short, and straightforward messages, readily grasped by the public.
- *Identify and prepare all spokespersons to deliver the same messages.* The 17 ASSIST states had numerous coalitions with many partners at the national, state, and local levels, and all spokespersons had to describe the project in a consistent way.
- *Be ready to respond to the media quickly when asked.* The media require a response on a very short deadline with virtually no time to prepare. If there is no response within a single news cycle, the opportunity is very likely lost. Being ready and effective requires having a strategic communication plan in place.
- *Be ready to counter tobacco industry arguments.* ASSIST staff members, aware that the tobacco industry would oppose their efforts, were trained to stand their ground.
- *Stay focused.* ASSIST staff members and partners were confronted with many media-related distractions during the project. When crises arose, they responded quickly to the issues raised, but they also knew how to determine which issues would advance their goals and which would deter them.

the strategic efforts of advocates.¹² Thus, media advocacy became the principal media intervention.

Media Relations

Before implementing any media interventions, ASSIST staff had to under-

Answer Quickly, and Get Back to Your Point

Question: Won't increasing the price of tobacco products drive people out of state and hurt our convenience stores and gas stations?

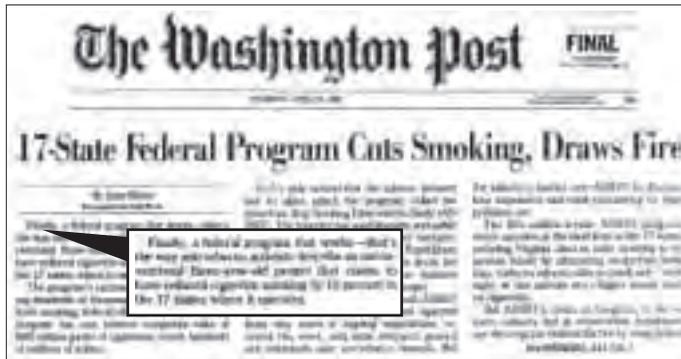
Answer: There's a good reason tobacco companies make this argument: They know that raising prices prevents children 7, 8, and 9 years old from smoking. The industry fights price increases across the board because they know that higher prices will encourage smokers to quit and will discourage kids from starting.

Question: Restaurants are private businesses. Shouldn't the government stay out and let these private business people accommodate customers as they see fit?

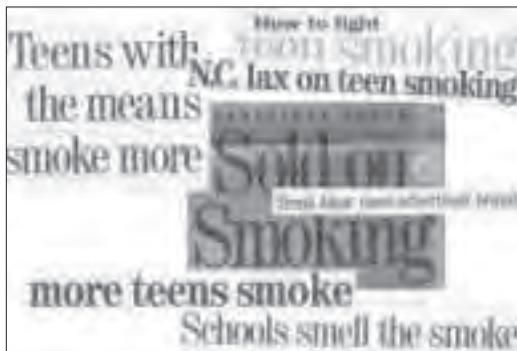
Answer: We wouldn't dream of letting these private businesses determine how many rats run through their kitchens, whether or not they should have sneeze guards over the salad bar, or whether they can serve meat that has been sitting on the counter for 2 days. These businesses thrive only because the public has confidence that the government has regulated them well enough to dramatically reduce the potential health and safety risks.

Source: ASSIST Coordinating Center. 1998. Advanced media advocacy module trainer's manual. Training manual, ASSIST Coordinating Center, Rockville, MD.

stand the importance of cultivating positive relationships with members of the media. To succeed in dealing with the media, individuals had to establish their credibility and the credibility of the project with media gatekeepers. Advocates had to be trusted as sources of truthful and useful information, and they had to be known as reliable and responsive contacts for the media. To begin



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Collage of headlines from The Charlotte Observer, January 22, 1997. Reprinted with permission.

establishing media relations, ASSIST personnel were taught the following approaches:

- Watch how the media work in the community—who reports on the tobacco issue, and how frequently? How do the media cover it—the whole story or certain parts of the story?
- Develop a list of media professionals interested in the issue for later contact.
- Build relationships with those professionals by providing useful information about tobacco issues or by commenting on stories that they have already done.

- Be proactive about making media contacts. The media need timely, relevant, newsworthy ideas as much as advocates need the coverage.

Training Spokespersons

Tobacco control can be adversarial, most notably

when the tobacco industry challenges some aspect of the program or opposes a policy intervention. When the momentum builds around tobacco news and events, the right individual, or spokesperson, must be available to keep decision makers and the public clear about the real issue at hand. Speaking effectively to members of the media or to the public requires preparation, coaching, and practice. While celebrities or content experts, such as the former tobacco industry researcher Victor DeNoble or the president of a local oncology medical society, are often desired spokespersons, ASSIST staff also had to be prepared to speak to their media contacts.

People in the tobacco control movement generally have backgrounds in the health professions and may not have been trained to function in highly charged or adversarial circumstances. Therefore, spokesperson training workshops were provided to ASSIST staff members. Participants in the training workshops were taught skills around four techniques to use for an interview with a representative of the media:

1. Establish rapport and a conversational approach in the interview; this

- technique will enable the spokesperson to bring up important information that might not be asked for in a question-and-answer format.
2. Find out as much as possible about the story beforehand, and provide the interviewer with materials on the topic for use as background information.
 3. Develop three or four key messages relevant to the topic. Stay on track by returning quickly and authoritatively to the key messages when tobacco industry spokespersons or reporters frame the debate away from the policy issues.
 4. Suggest visuals for television appearances. Provide photo opportunities.

Media Strategies and Tactics

Media Advocacy

“Media advocacy is the strategic use of mass media as a resource for advancing a social or public policy initiative.”^{13(p8)} Media advocacy stimulates community involvement in defining policy initiatives that influence the social environment in which individuals make choices—for example, choices about tobacco use. Media advocates react to unexpected events and breaking news and create events to draw media attention and coverage to an issue.¹⁴ When traditional media relations and interventions—for example, publicizing special events, marking health observances, and publicizing research results—are used strategically, not just informatively, they are tactics in the approach of media advocacy. In all the ASSIST states, ASSIST

staff and volunteers were trained to use all media interventions in ways that were strategic and community based. In this way, ASSIST advanced the state of the art in media advocacy for tobacco control.

Media advocates must know the relevant policy issues, know how to frame an issue for public debate, and know how the media function—what types of stories are deemed newsworthy, how editors decide what stories get covered, and what deadlines and logistic issues might influence coverage. Therefore, ASSIST conducted media advocacy training to impart knowledge and skills to advocates and to encourage and empower their involvement in tobacco control. A communication network among advocates for sharing information on local and national activities helped ASSIST advocates implement media advocacy efforts. Newsletters, listservs, and

A Definition of Media Advocacy

“Strategic media approaches can help deliver the visibility necessary to enhance power in this media-driven age. Media advocacy is one such strategy: It is the strategic use of news media and, when appropriate, paid advertising, to support community organizing to advance a public policy initiative. It gives visibility to and ‘certifies’ the existence of those demanding change. It adds an exclamation point to the demand.”

Source: Wallack, L., K. Woodruff, L. Dorfman, and I. Diaz. 1999. *News for a change: An advocate’s guide to working with the media*. Thousand Oaks, CA: Sage Publications (p. ix).

Strategy Development: Nine Key Questions to Consider in the Development of an Advocacy Strategy

Looking Outward

Objectives: What do you want?

Any advocacy effort must begin with a sense of its goals. Among these goals some distinctions are important. What are the long-term goals and what are the short-term goals? What are the content goals (e.g., policy change) and what are the process goals (e.g., building community among participants)? These goals need to be defined at the start, in a way that can launch an effort, draw people to it, and sustain it over time.

Audiences: Who can give it to you?

Who are the people and institutions you need to move? This includes those who have the actual formal authority to deliver the goods (i.e., legislators). This also includes those who have the capacity to influence those with formal authority (i.e., the media and key constituencies, both allied and opposed). In both cases, an effective advocacy effort requires a clear sense of who these audiences are and what access or pressure points are available to move them.

Message: What do they need to hear?

Reaching these different audiences requires crafting and framing a set of messages that will be persuasive. Although these messages must always be rooted in the same basic truth, they also need to be tailored differently to different audiences depending on what they are ready to hear. In most cases, advocacy messages will have two basic components: an appeal to what is right and an appeal to the audience's self-interest.

Messengers: Whom do they need to hear it from?

The same message has a very different impact depending on who communicates it. Who are the most credible messengers for different audiences? In some cases, these messengers are "experts" whose credibility is largely technical. In other cases, we need to engage the "authentic voices" who can speak from personal experience. What do we need to do to equip these messengers, both in terms of information and to increase their comfort level as advocates?

Delivery: How can we get them to hear it?

There is a wide continuum of ways to deliver an advocacy message. These range from the genteel (e.g., lobbying) to the in-your-face (e.g., direct action). Which means is most effective varies from situation to situation. The key is to evaluate them and apply them appropriately, weaving them together in a winning mix.

Looking Inward

Resources: What have we got?

An effective advocacy effort takes careful stock of the advocacy resources that are already there to be built on. This includes past advocacy work that is related, alliances already in place, staff and other people's capacity, information and political intelligence. In short, you don't start from scratch, you start from building on what you've got.

Gaps: What do we need to develop?

After taking stock of the advocacy resources you have, the next step is to identify the advocacy resources you need that aren't there yet. This means looking at alliances that need to be built and capacities such as outreach, media, and research, which are crucial to any effort.

First efforts: How do we begin?

What would be an effective way to begin to move the strategy forward? What are some potential short-term goals or projects that would bring the right people together, symbolize the larger work ahead and create something achievable that lays the groundwork for the next step?

Evaluation: How do we tell if it's working?

As with any long journey, the course needs to be checked along the way. Strategy needs to be evaluated revisiting each of the questions above (i.e., are we aiming at the right audiences, are we reaching them, etc.). It is important to be able to make midcourse corrections and to discard those elements of a strategy that don't work once they are actually put into practice.

Source: Shultz, J. 1995. *Strategy development: Key questions for developing an advocacy strategy.* Washington, DC: Advocacy Institute. <http://www.democracyctr.org/resources/strategy.html>.

computer newsgroups supported timely communication and creativity among the national, state, and local advocates.

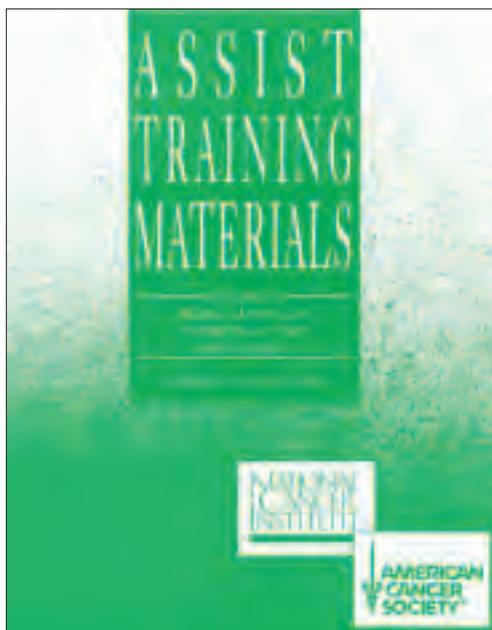
When ASSIST became an object of scrutiny in hearings of the House Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, funding for ASSIST was threatened. Tobacco control advocates mounted an intensive media advocacy effort about ASSIST with a reporter from the *Washington Post*. This effort paid off in a front-page *Post* story on April 19, 1997, by J. Mintz, with the lead sentence, "Finally, a federal program that works."

Planning for Media Advocacy

Planning for media advocacy typically occurs in two stages: the broad, strategic stage of preparing for readiness and the focused, tactical stage of responding

to or creating a specific opportunity. A good strategic plan identifies the policy issue to be promoted through the media and the methods for obtaining favorable media coverage—in other words, the plan assesses where the advocate wants to go and how to get there. A good strategic plan also puts in place the tools and skills that the advocate will need when the moment comes for specific media advocacy activities. The plan must include "damage control" strategies; that is, advocates need to anticipate and prepare for challenges to their messages and credibility. (Chapter 3 describes the fundamentals of strategic communication that should be considered.)

In brief, planning for media advocacy should include deciding which policy objectives will be advanced; gathering accurate information on the relevant issues; making contacts with journalists to win or support their interest in the



ASSIST training materials for media advocacy

issues; defining the audience to reach with the media intervention and tailoring a clear message for that audience; choosing appropriate media channels for the message (e.g., newspaper, television, radio); and anticipating how to deal with negative responses. After the plan has been implemented, it is important to determine which elements of the plan succeeded and which elements did not. Feedback from the field to improve the plan should indicate whether the message should change, whether the priority audience has shifted, and whether the media contacts list is still appropriate.¹⁵ For example, instead of a message originally designed for women, the strategy might require a more specific focus on teenage women, and this focus would require media contacts who relate to that audience.



ASSIST media advocacy kit

Training for Media Advocacy

As ASSIST was moving from the planning phase to the implementation phase, two of the early national meetings were dedicated to media advocacy training. On March 17–19, 1993, a workshop entitled “Media Advocacy: A Strategic Tool for Change” was held in Washington, DC. This training event, attended by staff from all the ASSIST sites, laid the groundwork for doing media advocacy at the state and local levels. The training event launched a new media document created jointly by the American Cancer Society (ACS) and the National Cancer Institute (NCI): *ASSIST: A Guide to Working with the Media*.¹⁵

A second media advocacy training event—“From Phase One to Page One: Refining Our Media Skills”—was held on July 22–23, 1993. This training event included nationally recognized media advocacy speakers, a panel of media professionals, and on-camera spokesperson training.

Together, these two training events helped prepare ASSIST staffs and coalitions to use media advocacy as an effective

A Strategy Checklist

“The critical element of an effective media advocacy effort is that it is strategic. This means that you always need to assess your use of media in relation to and in support of, rather than instead of or isolated from, other approaches.”

Questions for Strategy Development

1. What is the problem?
2. What is the solution?
3. Who has the power to make the necessary change?
4. Who must be mobilized to apply pressure for change?
5. What message would convince those with the power to act for change?

Source: Wallack, L., K. Woodruff, L. Dorfman, and I. Diaz. 1999. *News for a change: An advocate's guide to working with the media*. Thousand Oaks, CA: Sage Publications (pp. 9, 13).

tive approach in the ASSIST model. The strategic focus on framing policy initiatives to obtain earned media coverage became a hallmark of the overall strategies in ASSIST states. Media advocates also met in ancillary meetings at each ASSIST information exchange conference and at national conferences. The ASSIST Coordinating Center typically arranged for a guest speaker at those meetings—a member of the media or a representative of the advertising industry—who provided insights on an aspect of media advocacy. Toward the end of the project, in 1998, the ASSIST Coordinating Center developed and presented the train-the-trainer module Advanced Media Advocacy. The focus was on how to meet the new challenges brought about by success—in some cases, inten-

Benefits of the Newspaper Channel in North Carolina

1. Newspapers have the space to give in-depth explanations of complicated issues.
2. Because they have editorial pages, newspapers can offer policy issue support by printing positive editorials and editorial cartoons and can provide a forum for citizens to write letters supporting an issue.
3. Newspaper articles can be “recycled”—they can be copied and circulated to inform decision makers and to show editorial board and community support for a policy change.
4. It is important to allow a reporter to maintain objectivity. Though the reporter may already be concerned about the problem, the media advocate should treat the reporter as an objective observer of a real community problem—not as a tobacco control advocate.
5. Awards and appreciation should be expressed for thorough and fair coverage—not for advocacy work in tobacco control.
6. It is the man biting a dog that makes the news, not the dog biting a man; shocking, extreme stories draw reporters’ and readers’ interest.
7. The timing of articles or a series of articles is important. Coverage that gives the rationale behind a bill under consideration, for example, is critical during the debate about a proposed bill.

sified opposition by the tobacco industry; in other cases, a waning interest by the media. Spokesperson training was an important component of the workshop.

Following these national workshops, most of the ASSIST states held media advocacy training events with presentations and on-site technical assistance from NCI and ASSIST Coordinating Center staff and from other national media advocacy experts.

Evolving Limitations on the Right to Lobby

Although the use of federal money to lobby the U.S. Congress has long been restricted, when the ASSIST interventions began in the early 1990s, federal money could be used to advocate for policies to state governments and local policymaking bodies. However, the laws and regulations changed during the course of the 8-year ASSIST project.

The Federal Acquisition Streamlining Act (FASA) also was enacted during the course of ASSIST. The final rules implementing FASA were published on August 16, 1995, and the law became effective on October 1, 1995. Under FASA, “Costs incurred to influence (directly or indirectly) legislative action on any matter pending before Congress, a State legislature, or a legislative body of a political subdivision of a State” were deemed unallowable under federal contracts P.L.103-355, section 306[e][B].

By its own terms, FASA applied only to government contracts based on solicitations issued after October 1, 1995. Since the original ASSIST contracts preceded that date, they were not affected by it. Later, FASA’s total prohibition against using federal money to lobby at any level of government did apply to the 1-year extension contracts issued to ASSIST states beginning on October 1, 1998, because these contracts were considered new contracts. The law that appropriated fiscal year 1997 money for the Department of Health and Human Services—the Omnibus Consolidated Appropriations Act—broadened the ban on using that money for lobbying and prohibited lobbying to state legislatures.

—Anne Marie O’Keefe, former Policy
and Media Advocacy Manager,
ASSIST Coordinating Center

Acting Locally: The ASSIST Media Network

Because the policy changes at the core of ASSIST were designed to occur at the local level for the greatest effect, most media advocacy activities also were conducted at the local level. Local media are likely to cover an issue or policy when it has a local angle and is represented by a community spokesperson. To support effective local media advocacy interventions, ASSIST staff established the ASSIST Media Network, a network of trained media advocates who would receive information and manage media advocacy activities in their ASSIST sites.

The ASSIST Media Network, which became the basic infrastructure for communications on media advocacy, was

composed of one or more individuals from each state whose primary responsibility was to work with the media. The network was a critical element of the media advocacy strategy. ASSIST’s media and policy achievements would not have been possible without empowering the field staffs with time, resources, and skills sufficient to conduct effective media advocacy. For example, in North Carolina, the Philip Morris “Think. Don’t Smoke” campaign was covered by two different newspapers, each of which framed the story very differently. A contact person of the North Carolina ASSIST Media Network worked with the reporter of the *Charlotte Observer* story, which presented the Philip Morris campaign as a disingenuous attempt by the tobacco company to gain credibility

by funding what was in fact a weak and ineffective youth antismoking message. She quoted local spokespersons. The Associated Press, on the other hand, wrote a story that was carried in the *Winston-Salem Journal*. The Associated Press reporter, who had not been contacted by a tobacco control staff member, presented the Philip Morris campaign as the company's effort to turn over a new leaf and prevent underage smoking.

As the ASSIST project matured, so did the network. Early in the implementation phase, the ASSIST Media Network served as a resource for staff members who were developing media capabilities and media relations—they shared information on and experience in gaining the media's attention through special events, research results, and other means. In the later years of the project, as local tobacco policy initiatives gained prominence, the ASSIST Media Network responded through increasingly sophisticated applications of media advocacy. Many ASSIST Media Network representatives established their own intrastate networks of community media advocates who could adapt information and frame messages for community newspapers and local television stations in ways that would succeed locally. These networks fostered creativity as a result of the information sharing and group brainstorming. For example, in tobacco-producing states, the media and the public were not always open to stories criticizing the tobacco industry. Understanding this predisposition, local advocates found alternative spokespersons or framed messages as prohealth. In this way, they made messages more acceptable to the media. (See case study 5.1.)

In some situations, it was not possible for state or local health department staffs to disseminate a particular tobacco control story. Some events and stories were considered too controversial within the state's political environment. In these cases, the advantage of the partnership model became evident: the nongovernmental partners, such as ACS and other voluntary health groups, took the lead as media spokespersons.

National Backup for Media Advocacy

ASSIST staff members monitored trends and activities at the national level and disseminated information to the ASSIST Media Network with suggestions on how to frame the information for the local media. The information was provided in a rapid manner that facilitated quick action by the local sites. Many suggestions focused on how to piggyback local coverage on national stories and events. The media materials distributed by ASSIST staff made the practice of media advocacy easier for state-level personnel and provided consistent messages across ASSIST states.

Project staff members at NCI and the ASSIST Coordinating Center provided ongoing technical assistance to the ASSIST Media Network

- at monthly teleconferences;
- by telephone and e-mail on an as-needed basis; and
- in the form of mailings of materials (including sample press releases, sample letters to the editor, detailed information on topics for op-eds, and updates on tobacco issues and research) and recommendations for media activities.

Case Study 5.1 Tobacco State Turns Opinion Around

Situation: When ASSIST first started in North Carolina, key informant interviews with journalists and analyses of newspaper coverage revealed that the North Carolina press usually covered tobacco as a business issue, not as a health issue.

Strategy: ASSIST leaders planned to change the type of coverage by training advocates in communities around the state to create news stories, coordinate news coverage, and orchestrate opinion writing on tobacco as a health issue. The project tracked progress through the news analyses of print coverage of tobacco provided by the ASSIST Coordinating Center, which tracked and analyzed tobacco coverage in every daily newspaper in the United States. ASSIST staff looked particularly at newspaper editorials, which not only reflect the opinions of a community, but also often change policy opinions and lie at the cutting edge of social norm changes.

Media Intervention: North Carolina ASSIST worked to change the editorial slant about tobacco and to make it a health issue. It focused on building the capabilities of local communities in the following four areas:

1. Strategic communication, which means being prepared to respond to opportunities and threats in the media
2. Spokesperson preparation, which involves ensuring that staff, key leaders, youths, adult volunteers, and community activists know how to frame tobacco issues for the news media and how to prepare for news interviews
3. Media advocacy, which entails planning for changes in policy and social norms by embedding media communication as part of the overall plan
4. Editorial board advocacy, which involves monitoring local editorial boards and using the data collected to plan a successful editorial board visit, op-ed piece, or letter to the editor

Results: While no attempt has been made to assess a specific outcome relationship between ASSIST's media advocacy efforts from 1994 to 1997, North Carolina newspaper editorials on tobacco policy issues did become more supportive of the health issue. Prohealth editorials increased and even exceeded the number of protobacco editorials. (See table 5.1.)

—Sally Herndon Malek, former ASSIST Project Manager,
North Carolina Department of Health and
Human Services and current Head, North Carolina
Tobacco Prevention and Control Branch

Table 5.1. Number of Newspaper Editorials in North Carolina, 1993–98

Year	Prohealth	Protobacco	Neutral
1993	16	38	28
1994	51	73	31
1995	49	35	13
1996	53	42	16
1997	97	42	8
1998	52	63	9

Source: ASSIST newspaper clippings database.

The monthly teleconferences and the bi-annual meetings provided opportunities for ASSIST Media Network members to learn from one another. Peer-to-peer sharing of strategies, materials, and messages was one of the most valuable resources of the ASSIST Media Network.

ASSIST relied on national experts for advice to provide the ASSIST Media Network with the most up-to-date and accurate information with which to frame stories in the local media. For example, when a U.S. District Court judge in North Carolina ruled on July 17, 1998, that the assessment of relevant scientific studies for the Environmental Protection Agency’s 1992 report, *Respiratory Health Effects of Passive Smoking*,¹⁶ was selective, misrepresentative, and procedurally faulty,¹⁷ the national project staff convened an emergency ASSIST Media Network conference call with legal experts, media advocacy experts, and an author of the report to explain the situation from all perspectives. The tobacco industry’s allegations about the report were effectively countered by the experts, who explained them to the

ASSIST Media Network representatives, who, in turn, framed stories in their local media with a favorable tobacco control perspective.

Among the types of materials that the ASSIST Coordinating Center sent to network members to support their efforts were “swiss cheese” press releases. These press releases were referred to as swiss cheese because they had “holes” for inserting local information. These releases became a staple that local media advocates relied on to do their jobs. From 1997 to 1999, a release was included in a packet of materials sent monthly to network members.

ASSIST states used several types of media tactics in their media advocacy strategies, such as news coverage of activities, events, and antitobacco educational campaigns. Ensuring that the news was covered strategically set the context for additional media tactics that would promote specific public policies. The combination of media interventions raised the public’s consciousness of the problem and supported a tobacco-free social norm. Case studies 5.2–5.4 illustrate how media networks identified an advocacy opportunity, planned a strategy and tactics, and mobilized the necessary individuals to conduct activities and to influence the media in framing and covering the stories.

News Coverage of Tobacco Issues

Straightforward news coverage of tobacco-related events adds importance to those events, helps keep tobacco issues in the public’s mind, and reinforces a tobacco-free social norm. In particular,

Case Study 5.2 Strengthening Youth Access to Tobacco Laws: North Carolina

Situation: The North Carolina ASSIST media contact person received a call from a general assignment reporter regarding an expected bill that would strengthen the state law on youth access to tobacco by increasing penalties to violators. The bill would require a photo identification check, signage, and removal of the word *knowingly* from the law's text (which had made the law difficult to enforce). The reporter planned to do a brief background story.

Strategy: The media contact person saw this situation as an opportunity to do more and pitched to the reporter the idea of an investigative series on tobacco use by minors in North Carolina.

Media Intervention: The ASSIST media contact person orchestrated an exclusive weeklong series of articles in the *Charlotte Observer* regarding underage tobacco use across the state. A state-level media contact person worked behind the scenes with the reporter and helped to shape a comprehensive story.

In a telephone background interview, the media contact person made a list of documents to copy for the reporter and provided statistics, stories, and names of local and state contacts. After more than an hour on the phone, the reporter decided that a visit to the tobacco control office was in order. At the meeting, the media contact person provided documents, fact sheets, names of more contacts, and stories.

Months later, the reporter was asked what about this story compelled her to pursue it as an investigative series and not just as a single news story. She noted that the media contact person had told her how health educators in mountain counties learned that smokeless tobacco use was being encouraged for very young boys—as young as 3 or 4—by parents who believed that chewing tobacco is harmless. Health educators also knew of parents and grandparents rubbing snuff onto the gums of infants to ease teething pain. The thought of educating the public about such shocking practices compelled the reporter to talk to more sources; the result was a comprehensive series on teen tobacco use.

Results: A four-part series, “Carolina’s Youth: Sold on Smoking,” was published. The series covered the history of the youth access to tobacco law, smoking in schools, smokeless tobacco use, health effects of smoking, and reasons that teens smoke. The series, which ran January 12–15, 1997, included sidebars, photographs, graphics, an editorial supporting the proposed law change, and an editorial cartoon drawing attention to the problems of underage smoking.

While the series was running, the media contact person asked the reporter whether the series could be offered as a reprint, with all the related articles, editorial, cartoon, and letters to the editor printed together for distribution to interested citizens. The

newspaper publisher not only agreed to do so, but also offered to send a copy of the reprint, along with a cover letter, to each member of the North Carolina General Assembly.

When debate began on the bill in the spring, multiple copies of the *Charlotte Observer* series were circulated at the legislative building. Although the efforts of many groups and individuals contributed to the eventual passing of Senate Bill 143, which strengthened the state law and made it enforceable, the *Charlotte Observer* series and reprint had a significant effect. The new law went into effect on December 1, 1997.

—C. Ann Houston, Director of Public Education and Communication, Tobacco Prevention and Control Branch, North Carolina Department of Health and Human Services

Case Study 5.3

The Media Network of the Tobacco-Free Michigan Action Coalition

Situation: On Christmas Eve 1993, during final negotiations on a tobacco tax bill, the legislative leadership in Michigan added a local preemption clause and pushed it through without public notification or debate. This preemption issue raised awareness of the need to increase tobacco control media efforts.

Strategy: The Tobacco-Free Michigan Action Coalition established a network of media advocates at the community level who could conduct effective media advocacy with local media on tobacco control issues. Local tobacco control coalition coordinators were responsible for media advocacy in their areas. They established relationships with local reporters, forwarded background information, pitched stories, and either acted as the tobacco expert or as a referral source to another local expert. Michigan Department of Health staff members summarized events and information and communicated summaries to the network by telephone, mail, and fax.

State health department staff members organized formal training sessions to enhance the skills of media network members. In an initial full-day training event, national media experts, a panel of local reporters, and a media consultant addressed media relations and media advocacy. The network meetings included training on how to convey messages effectively at meetings with editorial boards. Communication was an essential part of the program and included a summary of events relevant to the policy issue; suggestions for framing the issues; media bites; and sample materials, such as swiss cheese press releases, op-ed pieces, and sample letters to the editor.

Media Intervention: In 1994, during a legislative battle seeking to repeal local preemption, media network members spoke on radio and appeared on television in their

Case Study 5.3 (continued)

local areas. In each interview, outlining the issues and keeping the repeal before their audience, they turned the discussion to preemption. When a legislator emerged as the primary roadblock to repeal, the media network coordinator in the legislator's district mobilized coalition members and launched a local media strategy primarily using the print media, but also including television and radio. Although the legislator did not change his position, he clearly felt the pressure.

The chief medical officer for the county wrote several letters to the editor and op-ed pieces. The network coordinator organized individuals to write letters to the editor, resulting in even more letters from the general public. The network coordinator provided information to a local newspaper, which then, in an editorial in the Sunday edition, criticized the legislator for his role in blocking repeal. The coordinator then provided questions about preemption to reporters covering a debate between gubernatorial candidates.

Results: Although the repeal effort failed (the lame-duck legislature did not act on the bill), Michigan's media network members gained experience and confidence. They successfully gained access to the media and engaged the community and editorial staff in their efforts. Time and again, they reported that it was easy for them to do media advocacy when tools were provided. Had staff members been required to do the research and draft their own press materials, they would have been less likely to do it, but they almost always followed through when they received everything that they needed to do the job.

The training for and the experience with the repeal laid the groundwork for future successful media advocacy efforts in Michigan.

Source: Adapted from D. May. 1995. Care and feeding of the media network. In *Tobacco prevention: The next generation* (New approaches to youth policies, secondhand smoke, and institutionalization, June 4–6, 1995). Rockville, MD: ASSIST Coordinating Center.

Case Study 5.4 **Winston Additive-Free Media Advocacy Campaign**

Situation: In 1997, R.J. Reynolds Tobacco Company (RJR) repositioned its Winston brand as an additive-free cigarette with the theme “No additives. 100% tobacco. No bull.” The ASSIST Coordinating Center recognized the campaign as an effort to convince smokers that an additive-free cigarette is less hazardous than other cigarettes. This effort might discourage smokers from quitting or might convince non-smokers to initiate smoking.

Strategy: By piggybacking on national events, three voluntary organizations mobilized a local grassroots countercampaign to terminate the misleading and deceptive nature of the ad campaign for RJR's new additive-free Winston cigarette.

At the national level, the American Cancer Society, the American Lung Association, and the American Heart Association filed a joint petition with the Federal Trade Commission (FTC), the federal agency charged with enforcing fair and truthful advertising. The petition urged an investigation of the campaign, especially the implied health claim contained in the no-additive assertion. The petition asked the FTC to enjoin the campaign based on the deception inherent in this implied health claim and on the lack of scientific evidence to substantiate it.

For local media advocacy activities, the ASSIST Coordinating Center produced and disseminated a packet containing media advocacy materials and provided networking opportunities and technical assistance on how to use the materials most effectively.

Media Intervention: At the national level, the three voluntary health associations decided to provide exclusive breaking stories to CNN and the *Wall Street Journal*, which ran the story of the FTC petition on the front page of the business section. Further national broadcast and print coverage followed, including feature stories, editorials, and letters to the editor.

At the local level, numerous activities kept the story alive. For example, in Rhode Island, at a news conference in front of a Winston billboard near a school, a group of high school students held a sign that read "100% bull." The story was carried on the front page of the *Pawtucket Times* and was the lead news story on two local television network affiliates. One of the television reporters contacted the billboard company from the site and informed the company that the billboard was in violation of an ordinance restricting tobacco advertisements near schools. Within 30 minutes of that phone call, the Winston additive-free billboard was removed.

Results: There was broad and well-placed national and local coverage of the opposition to the Winston campaign and of the resulting action taken by the FTC. In 1999, the FTC ruled that RJR's campaign deceptively implied a health claim and that RJR had to run corrective advertising to the effect that not putting additives in the cigarettes did not mean that the cigarettes were safe or less harmful. It was the first time that the FTC required such a disclosure in an ongoing ad campaign. The *Washington Post* reported that the petition filed by the health groups spurred the action by the agency.^a

Source: Adapted from C. Hall-Walker and M. Thomas. 1998. Taking advantage of an opportunity: The Winston Billboard Youth Demonstration. In *No more lies: Truth and the consequences for tobacco* (Case studies of the Fourth Annual National Conference on Tobacco and Health, October 26–28, 1998), 83–6. Rockville, MD: ASSIST Coordinating Center.

^aSchwartz, J. "FTC has a beef with 'no bull' ads." *Washington Post*, March 4, 1999.

three types of news coverage brought attention to the need for tobacco control: special events, breaking tobacco news, and publication of research results.

Special Events

Events that are of interest to large segments of the population are opportunities for earned media coverage of tobacco control issues. The ASSIST Coordinating Center alerted ASSIST Media Network members about non-ASSIST events on which they could piggyback media messages. For example, the best-known national smoking cessation event is ACS's Great American Smokeout (GASO), which has been held annually since 1977. The Smokeout is a multimedia event occurring each November throughout the United States. In some communities it includes an 8-day media blitz leading up to Smokeout day, when smokers are urged to stop smoking for at least 24 hours. Public awareness of and participation in the Smokeout have been high for years.⁹ In 1998, an estimated 9 million persons (nearly 20% of all U.S. smokers) participated in the GASO community activities either by smoking less or by not smoking at all for 24 hours. Of those participants, 10% reported smoking less or not smoking at all for 1–5 days after the event.^{6,18}

In 1987, the American Lung Association began sponsoring Non-Dependence Day on the 5th of July to focus attention on the problem of nicotine addiction and to offer assistance to smokers wanting to quit smoking. National events, such as the Smokeout and Non-Dependence Day, can be used to trigger media events, such as television and radio cessation clin-

ics,⁶ newspaper stories profiling former smokers,¹⁹ and community-wide stop-smoking contests.^{20–22}

News coverage also is generated when government agencies designate specific times of the year to highlight specific prevention initiatives (e.g., High Blood Pressure Control Week). The state of New York designated the first week of January 1990 as Tobacco Awareness

Piggybacking on Special Events

Missouri local coalitions conducted media-worthy events to publicize ACS's Great American Smokeout, including radio station interviews, Dixieland funerals, cessation programs, "screamouts," and Teens Against Tobacco Use training events. These activities generated 11 newspaper, radio, and television stories.

New Jersey held a statewide rally of 750 students for the Great American Smokeout. The students—from all parts of the state—marched from a park to the New Jersey State House, where they delivered pledges from friends and family members promising not to smoke. The students listened to motivational speeches by the commissioner of health, physicians, and peers. The event received public television and local newspaper coverage.

North Carolina worked with partners, including ACS, to promote a U.S. Women's Soccer game in Davidson, North Carolina, on March 16, 1996. Two commercials with tobacco use prevention messages for youths aired in the Charlotte area during the days surrounding the game. About 3,000 people attended the game and received a poster of the team with a no-smoking message.

Source: Adapted from ASSIST site quarterly reports, 1996–99. Internal documents, ASSIST Coordinating Center, Rockville, MD.

Week and provided \$5,000 to each county health department across the state to create local tobacco control events. The events varied from poster contests to smoking policy workshops for businesses to training programs for healthcare providers. Because the local events were conducted as part of a statewide initia-

tive, local media coverage of the events was heightened.

In addition to the training and technical assistance provided to the states for local media advocacy activities, ASSIST staff arranged media events for the project at the national level. The national tobacco control conferences usually

More Piggybacking

To reach African Americans in Milwaukee, Wisconsin's ACS conducted an educational outreach campaign to kick off a cessation program and the Great American Smokeout in late 1997. A T-shirt exchange was also a component of the program. A news story and an ad promoting the event appeared in the local newspaper.

Rhode Island made a special effort to involve Hispanic/Latino youths in planning and coordinating a variety of tobacco control activities; these activities included Kick Butts Day in 1998, presentations on smoking policies at schools, participation in the World No Tobacco Day collaborative event with other youths, a spring health fair, attendance at a state forum to learn about a pending smoke-free restaurant policy, and participation in a peer-counseling retreat.

Seven of South Carolina's local coalitions conducted educational and awareness activities to piggyback on Kick Butts Day and World No Tobacco Day. A few of these activities drew media attention. Activities included an event for youths featuring a jazz band, student presentations, and door prizes; sending out a press release recognizing smoke-free restaurants in the area; letters to the editor to publicize the day; events at a baseball stadium; and airing 25 tobacco facts during the course of the day.

Source: Adapted from ASSIST site quarterly reports, 1996–99. Internal documents, ASSIST Coordinating Center, Rockville, MD.

And More Piggybacking

In April 1999, four local Colorado coalitions planned and conducted prevention activities and media activities for Kick Butts Day. Approximately 300 youths participated in events in Denver, 100 in Boulder, 1,500 in Larimer, and 150 in La Plata; the total was 2,050 youths. Youths from local schools delivered speeches, and other youths created a large collage of tobacco advertisements and arranged a media event featuring youths kicking soccer balls through the collage to demonstrate eliminating tobacco advertising. Media coverage was strong and enhanced the reach of these activities.

In a sixth county in Colorado, working with key community groups, including the State University's Men's Soccer Team, coalition volunteers and student interns delivered presentations on tobacco-related topics at local middle schools reaching 1,500 students. A local newspaper featured the Kick Butts Day events with a lead story, and a local affiliate of a national network covered the event in its evening news.

Also in 1999, in recognition of Kick Butts Day, students from a New York school went on a scavenger hunt for smoking messages in their community. They subsequently wrote letters to newspapers and community leaders about their findings. Participating youths and local organizations were quoted on local television and in newspapers.

Source: Adapted from ASSIST site quarterly reports, 1996–99. Internal documents, ASSIST Coordinating Center, Rockville, MD.

generated considerable local coverage in the city where the conference was being held and several stories in the national media. To prepare for these annual conferences, ASSIST project staff at NCI convened a media task force composed of members of each partner organization. The task force determined the main media messages and managed the media advocacy activities at all five National Conferences on Tobacco or Health held during ASSIST.

Case study 5.5 about West Virginia illustrates how strategic thinking can create a tobacco news event at an already scheduled event likely to receive coverage.

Tobacco News

Tailoring information for the local news media can effectively extend the life of a national news story or create a new media hook. For example, after a news release on the medical costs associated with treating smoking-related diseases in the United States, several state health departments released cost information specific to their individual states. A new wave of media coverage on the local burdens of smoking ensued.^{13,23} Case studies 5.6 and 5.7 show how to bring local attention to a national event and national attention to a local issue.

Research Results

The release of research results also can be newsworthy. The public's interest in health stories is so strong that even familiar health information can be presented in new ways to capture attention. A good example is the release of the U.S. surgeon general's reports on smoking

and health. Even though the reports summarize previously released scientific information, presentation by the surgeon general in a high-profile news conference generates extensive media coverage. For state and local programs to prepare for this media opportunity and localize health news, it is important for the sponsoring national agency to work with them, for example, to send embargoed publications and press releases far enough in advance to enable the states to plan for the official release of a document or other event. Having a highly visible and credible spokesperson or group deliver the information will often generate media coverage, even when the message is familiar—such as health consequences of smoking during pregnancy.^{13,24,25} (For a bibliography of articles written about ASSIST, see appendix 5.A; for a discussion of dissemination of research results in Wisconsin, see case study 5.8.)

Mass Media and Countermarketing Campaigns

Mass media educational and anti-tobacco campaigns work by creating awareness and support in the community, but the process can be complex—advocates must work to address competing interests (including official constraints) and must learn to apportion competing resources. Considerable effort typically is spent achieving consensus about the messages of a campaign, and considerably more effort is required to implement a campaign that will achieve the desired outcome.

A review of 56 evaluated antitobacco campaigns concluded that a key element

Case Study 5.5 Charleston, West Virginia, Bids So Long to the Marlboro Man

Situation: In the fall of 1996, the Charleston City Council adopted a resolution prohibiting tobacco product advertising on city property. One council member thought the 20-foot sign advertising cigarettes in the outfield of a minor league ballpark sent the wrong message to children. Members of the local tobacco control coalition agreed.

Strategy: Complementing the city council members, the coalition reached out to establish a partnership between the local coalition's smoking workgroup and the Charleston Alley Cats baseball team to promote a tobacco-free message at the baseball park.

Media Intervention: A coalition representative approached the baseball team's community relations director to discuss partnering on tobacco prevention activities. To draw media attention, a news conference was planned around the removal of the tobacco advertising sign and the announcement that members of Teens Against Tobacco would raise funds to replace the Marlboro Man sign.

Next, the coalition sponsored a contest for high school students to design a tobacco-free sign. The design contest drew more than 30 entries. A pregame ceremony for Teens Against Tobacco Day was planned to unveil the winning sign; the ceremony featured the mayor, a council member, teens, and a representative from the coalition. A photo session was held at the end of the pregame ceremony with the teen who designed the winning sign, elected officials, and a representative of the minor league baseball team.

Results: The events received excellent media coverage, including a positive slant in a column of the morning newspaper. The Charleston City Government became interested in working with the coalition on other tobacco prevention initiatives.

Tips from West Virginia

- **Acknowledge community leaders.** Elected officials appreciate the public recognition and positive media coverage.
- **Seek to develop partnerships with nontraditional allies** within the community, such as a minor league baseball team.
- **Look for win-win situations.** All partners should benefit from the events.
- **Maintain the momentum.** After a positive experience, continue to build a working relationship with the new partners.

—Brenda Grant, Charleston Area Medical Center, and Helen Matheny, formerly with the Kanawha Coalition for Community Health Improvement and current Director of Communications and Health Programs, West Virginia State Medical Association

Case Study 5.6

The Tobacco Master Settlement Agreement—A National Event Covered Locally

The removal of tobacco billboards nationwide is an example of a national event used by ASSIST to generate earned media coverage at the local level.

Situation: As part of the November 1998 Tobacco Master Settlement Agreement, the tobacco companies agreed to remove all billboard advertising by April 23, 1999, and to turn over remaining leases for this space to the state attorneys general.

Intervention: The National Cancer Institute, the Centers for Disease Control and Prevention, the Food and Drug Administration, and Arnold Communications (an advertising agency) collaborated to provide information to the ASSIST Media Network on how to work with outdoor advertising companies to replace the tobacco billboards with prohealth messages. In addition, the ASSIST Coordinating Center directed an effective earned media campaign. In teleconferences and mailings, the ASSIST Media Network received suggestions for holding and promoting media events at the billboard sites, obtaining video coverage of the Marlboro Man coming down, and developing talking points that framed the issue not as a gift from the tobacco industry but as a chance to rid the landscape of deceptive, antihealth messages.

Results: The effort paid off in an abundance of local television and print coverage featuring several state attorneys general and other high-profile spokespersons. The ASSIST Coordinating Center created a videotape documenting this historic event.

—Lynn C. Cook, former Media Relations Specialist, ASSIST Coordinating Center, and current Prevention Project Director, Danya International, Inc.

Case Study 5.7

The Indiana Countercampaign—A Local Event Covered Nationally

A media countercampaign in Indiana is an example of a local story that resulted in national coverage.

Situation: A local convenience store chain began advertising discount cigarette prices in direct violation of the Master Settlement Agreement.

Intervention: The Indiana ASSIST Media Network representative mounted a local countercampaign on television and radio.

Results: These broadcast countermarketing spots caught the attention of an ABC evening news producer and became the subject of an *Eye on America* segment. Some local stations pulled the cigarette advertisements. The chain revised the ads, but they soon disappeared completely.

—Johnny Kincaid, Smokefree Indiana

Case Study 5.8

ASSIST–Wisconsin State Medical Society Partnership for Publishing Tobacco Research

Situation: In the early 1990s, the Wisconsin Division of Public Health published limited health information through its vital and health statistics reports and its periodic special reports. However, these reports rarely contained policy-oriented health information. The production of a tobacco-specific report was costly and required substantial resources for staff and distribution. The State Medical Society of Wisconsin published a monthly medical journal for its nearly 7,000 physician members and health policymakers throughout the state; hence, an opportunity existed to partner with that organization.

Media Intervention: Staff members from the Wisconsin Division of Public Health approached the medical society to discuss their interest in finding a better way to disseminate tobacco and health information. The medical society was interested in gaining positive recognition and in increasing its stature among its members and in the community. The public health staff proposed publishing reports periodically on tobacco, an arrangement that seemed beneficial to all. Subsequently, ASSIST staff coauthored 25 articles in the *Wisconsin Medical Journal* on a variety of tobacco control issues, including the health and economic burdens of smoking, the prevalence of tobacco use, youth access to tobacco products, environmental tobacco smoke, and smoking cessation. In addition, several journal covers were dedicated to the tobacco topic.

Results: This public health series of articles provided a low-cost and credible method for the health department to disseminate information about tobacco use and enhanced the medical society’s ability to improve health and to increase its visibility in the community and among policymakers. (Appendix 5.A includes tobacco-related articles published in the *Wisconsin Medical Journal*, 1992–97.) These articles led to numerous newspaper and media stories and were frequently cited by policymakers throughout the duration of ASSIST. These articles were used in conjunction with state-driven data that enhanced and expanded media coverage on numerous tobacco control issues. These efforts also furthered the new approach of community and social environment change.

—Patrick L. Remington, former Wisconsin ASSIST Department of Health Project Director and current Professor of Population Health Sciences, University of Wisconsin Medical School

in the success or failure of a campaign is its intensity.⁶ The more intensive the campaign—that is, the greater its reach, frequency, and duration—the greater is its effect on behavior. The success of in-

terventions depends on the intended audience receiving an adequate “dose” of the message.^{6,26} The disappointing results of many health promotion campaigns delivered through the mass media can be

traced directly to inadequate exposure to campaign messages, especially in campaigns relying solely on public service announcements that are infrequent and aired during times of low viewership.⁶ In an evaluation of a 6-month antismoking television campaign conducted in media markets in New York and Pennsylvania from August 1988 to January 1999, only two of the television stations kept records of when the messages were aired, and those two reported that half of the donated airtime was between 12 midnight and 7 a.m. Purchasing time to air the same messages in better time slots significantly improved response, as measured in calls to a hotline.²⁷ Nevertheless, because of budget constraints, ASSIST used very little paid airtime and instead focused on earned media coverage.

Perhaps the most visible mass media intervention for tobacco control prior to ASSIST was the tobacco counteradvertising campaign that aired between 1967 and 1970 and that was sponsored primarily by the major voluntary health organizations and government agencies.⁶⁻⁸ For the most part, the campaign relied on donated airtime and advertising space for public service announcements. When the Federal Communications Commission ruled that, under the Fairness Doctrine, television and radio broadcasters were required to donate airtime for countertobacco messages as a balance to cigarette commercials, a significant amount of antismoking advertising aired. The free time provided for the counteradvertising spots was valued at approximately \$75 million (in 1970 dollars) per year from 1968 through 1970.²⁸ Several studies support the conclusion that the anti-

South Carolina Takes on the Tobacco Industry

In 1998, South Carolina ASSIST created and implemented a hard-hitting antitobacco media campaign. The 6-month, sequential, multimedia counteradvertising campaign targeted four messages disseminated by the tobacco industry:

1. Nicotine is not addictive.
2. Secondhand smoke is not dangerous.
3. The industry does not market to youths.
4. Preemption is in the best interest of communities.

Aptly launched on April Fool's Day and designed to reach South Carolina's registered voters in three media markets, the series of informative billboards and radio and print ads was designed to create outrage and to raise the public's awareness about youths and tobacco, nicotine addiction, secondhand smoke, and the repeal of preemption of local clean indoor air ordinances. Each advertising medium featured a toll-free number for public questions, comments, and information about participation in the Partners Working for a Smoke-free South Carolina group.

Source: Adapted from ASSIST Coordinating Center. 1998. South Carolina ASSIST quarterly reports. Internal documents, ASSIST Coordinating Center, Rockville, MD.

(Also see case study 5.4.)

smoking messages aired during the Fairness Doctrine era were very effective.^{8,29} Cigarette consumption declined each year during the campaign and rose again when cigarette advertising and anti-smoking messages were removed from the air in 1970.

By 1990, Minnesota, Michigan, and California had funded countertobacco media campaigns with revenue earmarked from cigarette excise tax increases. Minnesota and Michigan had limited funds

Selected Results from the 1999 Massachusetts Adult Tobacco Survey

- 96% of nonsmokers and 92% of smokers believe that secondhand smoke can harm children.
- 89% of nonsmokers and 79% of smokers believe that secondhand smoke can cause lung cancer.
- 98% of the adults surveyed expressed support for restricting smoking in public buildings and for some form of restriction on smoking in restaurants. (More than half prefer a complete ban.)

Source: Robbins, H., M. Krakow, and D. Warner. 2002. Adult smoking intervention programmes in Massachusetts: A comprehensive approach with promising results. *Tobacco Control* 11 Suppl. no. 2: ii4–ii7.

for this purpose, but in California, excise taxes funded a \$28.6-million, 18-month antismoking advertisement campaign launched in April 1990 as part of a larger comprehensive tobacco control program that spent \$1.3 billion over 10 years. The campaign included paid advertisements in newspapers and magazines, on billboards, and during prime time on television and radio. A 14% decrease in lung and bronchus cancers between 1988 and 1997 is attributed in part to the comprehensive program.³⁰

“Let’s Make Smoking History”

Massachusetts was an ASSIST state but also had other sources of funding for major tobacco control efforts. Independent of ASSIST funding, but simultaneous with the project, Massachusetts began a \$14-million media campaign in October 1993 designed to reduce the acceptability of smoking, to personalize

health risk, and to expose the behavior of the tobacco industry. The Massachusetts Tobacco Media Education Campaign produced television, radio, newspaper, and billboard advertising and conducted public relations events throughout the state.³¹ Partnering with its advertising agency, Arnold Communications, a full-service marketing communications agency, the Massachusetts Tobacco Control Program (MTCP) media campaign has garnered significant national and international attention and numerous awards. The MTCP was a leader in developing campaigns that were unique, creative, and powerful and served as a model for other states. Therefore, NCI made arrangements with Massachusetts and Arnold Communications to air some of their advertisements in other states at no cost to Massachusetts or the other states.

The Massachusetts media campaign used a three-segment approach of youth prevention, adult cessation, and public education and public opinion. Each segment was directed to a particular audience and was aimed at achieving a designated outcome, with the general goal being to raise awareness and influence behavior. For example, *youth prevention* messages were designed to decrease the demand for cigarettes among minors. *Adult cessation* messages focused on populations over 18 years of age and were designed to motivate and support a quit attempt. *Public education and public opinion* campaigns were aimed at the entire population and raised awareness about the hazards of secondhand smoke and the tobacco industry’s practice of targeting advertising to children.

Massachusetts is well known for its tag line “Let’s make smoking history,” which accompanied numerous strong media messages. Massachusetts launched the first of three tobacco control campaigns called Truth; the other notable Truth campaigns were developed by Florida and the American Legacy Foundation. These were among the first ads aimed at changing public opinion toward the tobacco industry, without a specific behavioral change goal (e.g., cessation or prevention).

The Massachusetts Truth Campaign utilized spokespersons such as Janet Sackman, who began smoking when she was modeling for cigarette ads in the 1950s and was later diagnosed with throat cancer. In her advertisement, she talks about how sorry she is that she helped persuade young people to smoke. In another advertisement, Victor De Noble, who was a tobacco industry scientist, talks about what he refers to as the tobacco industry’s deception. The Truth Campaign presents people on camera who talk about the unglamorous health consequences of smoking from their experiences. Pam Laffin—a young mother, a lung transplant recipient, and a victim of smoking—tells about the physical and emotional pain that she and her children have experienced. Rick Stoddard shares the experience of watching his beloved wife die at age 46 of lung cancer. Ronaldo Martinez, who has had a laryngectomy due to throat cancer, talks about how “cigarettes take everything.” Another notable Massachusetts media campaign is the Get Outraged campaign (www.getoutraged.com); this campaign educates the public with compelling

Massachusetts Campaign Visibility

Recognition of the tag line “Let’s make smoking history” remained high and consistent throughout the campaign. Annual estimates of the proportion of adults who recognized the tag line varied between 76% and 80% from 1995 to 1998.

Source: Biener, L. 2000. Adult and youth response to the Massachusetts Anti-Tobacco Television Campaign. *Journal of Public Health Management and Practice* 6 (3): 40–4.

facts that should outrage them about the hazards of cigarettes, the tobacco industry’s lack of accountability, and deaths related to smoking.

The MTCP was very successful in reaching Massachusetts youths with more than 40 separate youth-oriented television spots between 1993 and 1999, designed for many different segments of the youth audience in Massachusetts. Many youths also saw the approximately 70 MTCP ads that were part of the general audience campaign. The ads used various approaches to deliver the messages, including graphic depiction of health consequences, dramatic presentation of personal histories, explanations of tobacco industry strategies, frequent use of humor and sarcasm, and the power of celebrity. One recent television spot features former Boston Red Sox star pitcher Pedro Martinez teaching hopeful teenagers how to throw a curveball. Noticing that one boy has cigarettes, Martinez looks at him with surprise and says, “You can’t pitch with these. You gotta throw them away!” The advertisement ends with the pack of cig-

arettes, pitched as a fastball, bursting into flame in the catcher's mitt. Related images of Martinez have appeared in print and outdoor advertising, much of it in Spanish.³² A scientific study found that adolescents aged 12 to 13 who were exposed to the media campaign were significantly less likely to become established smokers than those who had not been exposed to the media campaign.³³

Campaigns in ASSIST States

Case study 5.9 illustrates the effectiveness of an integrated, multimedia approach during an intense campaign period in one ASSIST state. In Rhode Island, community-based organizations worked with the Spanish-language radio station to reach teenagers through a multiple-format radio campaign conducted by youths.

Monitoring Newspaper Coverage

The ASSIST states worked strategically and with great determination to increase media coverage of the health issues related to tobacco use and of the policies that would promote a tobacco-free environment. Some measurement of their progress toward this objective was important to ASSIST staff members and coalitions. Knowing that their efforts were making a difference motivated the staff and coalitions.

Newspaper Clippings Database

The ASSIST Coordinating Center conducted ongoing tracking and periodic assessments of newspaper coverage of tobacco issues. Beginning October 1, 1993, and continuing through March

Media Coverage of Published Research Results

West Virginia conducted a county-by-county analysis of the cost and morbidity associated with tobacco use and released the results to the media early in 1999.

In Virginia on November 7, 1996, the Shenandoah Coalition Against Tobacco conducted a merchant education assessment of 70 merchants in 2 counties, Winchester and Frederick. The results were released at a press conference on November 21, the Great American Smokeout day. The story received favorable media coverage and amplified the educational effort through a wider audience.

Maine released data collected from conducting Operation Storefront in 1997, in which community groups assessed the amount of storefront advertising for tobacco products. Displays and data from the program were released in a media event featuring the governor declaring May to be Tobacco Awareness Month. Local press conferences for media outlets were conducted throughout the state.

Sources: Adapted from ASSIST Coordinating Center, various dates. West Virginia, Virginia, and Maine ASSIST quarterly reports. Internal documents, ASSIST Coordinating Center. Rockville, MD.

2001, a database was maintained of newspaper clippings on tobacco topics from more than 1,800 domestic daily newspapers from all 50 states and the District of Columbia. The clippings included news and feature articles, letters to the editor, and editorials about tobacco control policies. Trained staff at the ASSIST Coordinating Center coded the clippings and added them to the newspaper clippings database. The four ASSIST policy areas were tracked and then coded according to whether they

Case Study 5.9

Todo a Pulmón (“With Full Breath”): A Rhode Island Radio Campaign for Hispanic Youths

Situation: Tobacco companies have successfully used advertising and promotional techniques to sell their products to minority members of their market, particularly youths. Reaching culturally diverse youths with a culturally sensitive message is a challenge.

Strategy: Two Rhode Island community-based organizations, Progreso Latino and Channel One, worked collaboratively with Latino youths and the personnel of the Spanish-language radio station WRIB to reach 12- to 17-year-old Hispanics/Latinos through a radio campaign. Youths from the two organizations were trained in countertobacco advocacy at workshops. Through ASSIST, they conducted a survey of racial/ethnic neighborhood billboard advertising.

Media Intervention: WRIB broadcasts *Generación X*, a program for teens airing from 4 p.m. to 6 p.m. each Saturday. Between mid-December 1997 and mid-January 1998, youth tobacco control advocates and staff from Progreso Latino and Channel One met with *Generación X* personnel to work intensively on designing a statewide campaign. The campaign ran January–February 1998. The youths developed ideas, wrote and prerecorded their public service announcements to be played between music cuts, and created antismoking messages to be broadcast live from the studio. The youths determined that both English and Spanish would be used on the program in an effort to reach a wider audience and to allow bilingual youths to use the language with which they were most comfortable.

Youth participants rotated responsibilities for recording messages and going to the radio studio for broadcasts. Their prerecorded messages were broadcast 40 times during the week. The youths wrote and developed new messages, which aired every week of the campaign.

With the support of the radio station staff, Latino youths assumed ownership of the first half-hour of *Generación X*. By the third Saturday broadcast, Latino youths had renamed their segment of the program *Todo a Pulmón*. Youth-created don’t-smoke messages were delivered live from the studio. These antismoking messages were interspersed with tobacco facts contests; notices of local school and community events; calls from the youth audience; and talk about current music, movies, and videos. During the 2 months of broadcasting *Todo a Pulmón*, the participating youths became more proficient, and the program improved in quality and popularity. This experience provided young Hispanic tobacco control advocates in Rhode Island with a bilingual radio forum to reach other youths in the state and gave them ownership of their campaign.

Results: In addition to the airtime devoted to the program, an unanticipated payoff of the campaign occurred: Other tobacco control coalition partners began using Spanish-language ads in their radio campaigns.

Source: Adapted from G. S. Dennaker. 1998. *Todo a Pulmón: A radio campaign targeting Hispanic youth.* In *No More Lies: Truth and the Consequences for Tobacco* (Case Studies of the Fourth Annual National Conference on Tobacco and Health, October 26–28, 1998). Rockville, MD: ASSIST Coordinating Center.

were in favor of, against, or neutral with respect to tobacco control.³⁴ (To simplify discussion, the terms used in this section to describe the type of slant are pro-health, protobacco, and neutral.)

To get a broad picture of whether there were changes in the general newspaper environment, the ASSIST Coordinating Center conducted a study to determine whether newspaper coverage of tobacco issues increased during several years of ASSIST. The study analyzed 95,911 articles collected in the newspaper clippings database during calendar years 1994 through 1998 to determine the rate of print media coverage on local tobacco control issues and to compare the amount of coverage in newspapers in ASSIST states with non-ASSIST states. The analysis showed that the amount of tobacco coverage in newspapers was greater in ASSIST states than in non-ASSIST states in analyses that controlled for differences in states' initial tobacco control conditions. Because ASSIST states had lower baseline scores on these conditions, it was predicted that fewer articles would be found in ASSIST states. Just the opposite was observed; thus, focusing on media interventions and media advocacy may have influenced the amount of coverage.³⁴

Reports to the States on Their Newspaper Coverage

Media analysis quarterly reports derived from the database served to compare ASSIST state newspaper coverage with non-ASSIST state coverage of tobacco in the four ASSIST policy areas. On a quarterly basis, the ASSIST Coordinating Center sent to each state reports summarizing the data on newspaper articles specific to that state. Clipping tallies and percentages of coverage were calculated for each state and compared with national and ASSIST state percentages. States also received tables illustrating the number of articles clipped over the course of the quarter and a pie chart denoting the percentage of articles by policy type for that quarter. For example, a report to Michigan covering January 1 to March 31, 1994, highlighted the following two observations:

1. There was a 2.6-fold increase in the number of clips between February and March of 1994, in part as a result of the Day One report on tobacco and the tobacco workers' march on Washington. . . .
2. Press attention to Michigan's Prop A and the tobacco workers' march on Washington resulted in ASSIST sites having a higher percentage of articles focusing on economic

disincentives than the national average.³⁵

The data presented in figures 5.1 and 5.2 are from the ASSIST newspaper clippings database.

Time segment reports on newspaper coverage, such as those illustrated in table 5.2, can further be compared with significant events, legislation, and media interventions stimulated by either the tobacco companies or tobacco control advocates. The case study about North Carolina (case study 5.1) describes media intervention efforts by ASSIST from 1994 to 1997 to move tobacco coverage from the business page to the news and editorial pages. In this tobacco-growing state, it was important for public health professionals to bring attention to tobacco use as a health issue, not only as an economic issue. During those years, the number of editorials supporting tobacco control measures increased. During three of those years (1995–97), the number of editorials supporting tobacco control exceeded the number of editorials that were opposed to tobacco control measures. This kind of feedback to the tobacco control practitioners reinforced their motivation and confidence in the effectiveness of their media intervention efforts.

From Media to Policy Change

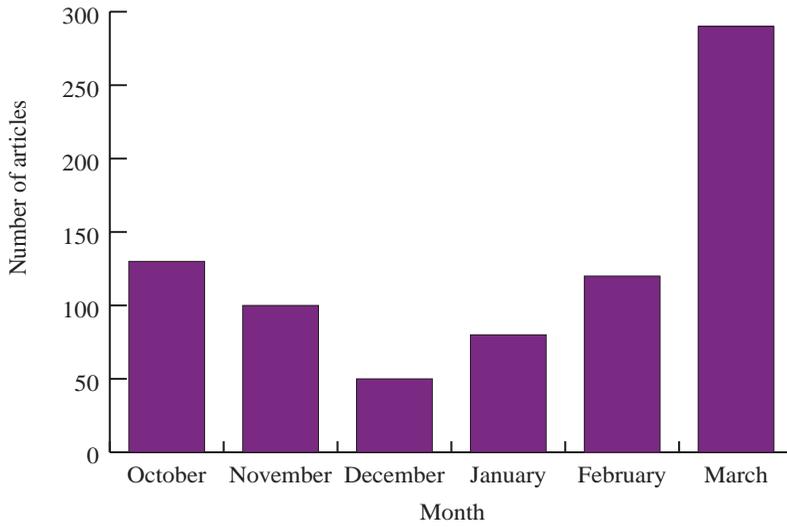
Through media advocacy and other media interventions, ASSIST brought public attention to tobacco policy issues.

Although no single strategy worked in every state, the following important elements were in place throughout the project and contributed to the success of the media interventions:

- Technical assistance and training in media communications
- Strategic communication plans
- Mechanisms for sharing information, ideas, and successes
- Communications with the ASSIST Coordinating Center, which provided a national perspective on tobacco issues
- A dedicated media staff person at the state level
- Access to national experts
- Access to materials that could be adapted locally for news stories, editorials, press releases, and other formats
- A clear understanding of the audiences to be reached
- Familiarity with the media markets
- Well-established media relations
- Skills in media advocacy

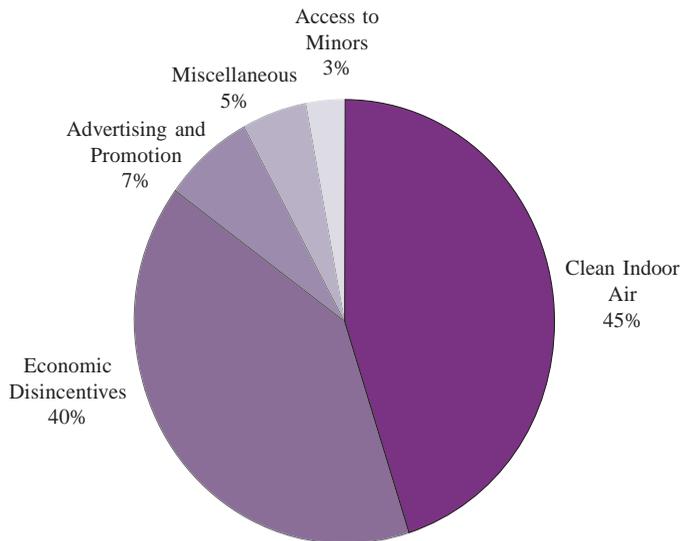
The interventions of the 17 ASSIST states made tobacco and health an issue of public priority. The media interventions described in this chapter were applied to, and brought media attention to, the four policy areas described in chapter 6: clean indoor air, youth access to tobacco, cigarette excise tax increases, and tobacco advertising and promotion.

**Figure 5.1. Number of Policy-Related Tobacco Articles:
Michigan, October 1, 1993, to March 31, 1994**



Source: ASSIST newspaper clippings database.

**Figure 5.2. Percentage of Articles by Policy Type:
Michigan, January 1 to March 31, 1994**



Source: ASSIST newspaper clippings database.

Table 5.2. Media Analysis Quarterly Report for Michigan: October 1, 1993, to March 31, 1994

	Michigan		National	ASSIST States
	N	%	%	%
By month				
October	130	17	14	18
November	101	13	12	13
December	54	7	9	8
January	78	10	13	12
February	116	15	17	16
March	290	38	36	33
Total	769	100	100	100
By policy type				
Clean indoor air	220	45	64	59
Youth access to tobacco	12	2	7	6
Economic disincentives	194	40	6	6
Advertising and promotion	35	7	6	6
Miscellaneous	23	5	18	23
Total	484	100	100	100
By type of article				
Cartoon	8	2	1	1
Editorial	94	19	17	17
Hard news	259	54	62	61
Letter to the editor	123	25	20	21
Total	484	100	100	100
By point of view				
Protobacco	77	16	16	16
Neutral	251	52	58	55
Prohealth	156	32	27	29
Total	484	100	100	100
By circulation				
< 10,000	47	10	14	12
10,000–49,999	198	41	43	41
50,000–99,999	115	24	16	21
> 100,000	124	26	26	26
Total	484	100	100	100
By number of front-page articles	59	12	11	12

Source: ASSIST Coordinating Center, Rockville, MD.

Appendix 5.A. ASSIST Bibliography

Bibliography Criteria

These criteria were determined by the ASSIST Research and Publications Subcommittee. To be included in the ASSIST bibliography,

- articles should relate to ASSIST and be authored after 10/91,
- author/coauthor should be ASSIST staff or persons funded by ASSIST, and
- articles should have appeared in peer-reviewed publications and/or should be official DOH publications that are available upon request.

Asterisks indicate titles that were added since July 2003.

- Aakko, E., P. Remington, J. Calamon, S. Brazin, and L. Ford. 1997. Smoke-free workplaces, Wisconsin municipal and county government buildings, 1996. *Wisconsin Medical Journal* 96 (11): 34–6.
- Aakko, E., T. M. Piasecki, P. Remington, and M. C. Fiore. 1999. Smoking cessation services offered by health insurance plans for Wisconsin state employees (editorial). *Wisconsin Medical Journal* 98 (1): 14–8.
- Abt Associates. 1995. *Independent evaluation of the Massachusetts Tobacco Control Program, executive summary, fiscal year 1994*. Cambridge, MA: Abt Associates.
- Abt Associates. 1995. *Independent evaluation of the Massachusetts Tobacco Control Program, first annual report, fiscal year 1994*. Cambridge, MA: Abt Associates.
- Abt Associates. 1995. *Independent evaluation of the Massachusetts Tobacco Control Program, interim summary, July 1993–December 1994*. Cambridge, MA: Abt Associates.
- Abt Associates. 1996. *Independent evaluation of the Massachusetts Tobacco Control Program, second annual report, January 1994–June 1995*. Cambridge, MA: Abt Associates.
- Abt Associates. 1996. *Independent evaluation of the Massachusetts Tobacco Control Program, second annual report, summary, January 1994–June 1995*. Cambridge, MA: Abt Associates.
- Anderson, R. H., and M. C. Kegler. 1998. *An assessment of local coalitions funded by West Virginia's project*. Charleston, WV: WVU Prevention Research Center.
- Aronson, R. A., S. Uttech, and M. Soref. 1993. The effects of maternal cigarette smoking on low birth weight and preterm birth in Wisconsin, 1991. *Wisconsin Medical Journal* 92 (11): 613–7.
- Bailey, W. J. 1996. Tobacco use by Indiana children and adolescents. *Indiana Medicine* 89 (2): 138–44.
- Bartosch, W. J., and G. C. Pope. 1999. The economic effect of smoke-free restaurant policies on restaurant business in Massachusetts. *Journal of Public Health Management and Practice* 5 (1): 53–62.
- Bartosch, W. J., and G. C. Pope. 1999. Local restaurant smoking policy enactment in Massachusetts. *Journal of Public Health Management and Practice* 5 (1): 63–71.

- *Bialous, S. A., B. J. Fox, and S. A. Glantz. 2001. Tobacco industry allegations of “illegal lobbying” and state tobacco control. *American Journal of Public Health* 91 (1): 62–7.
- *Biener, L. 2002. Anti-tobacco advertisements by Massachusetts and Philip Morris: What teenagers think. *Tobacco Control* 11 Suppl. no. 2: 43–6.
- Biener, L., and G. Fitzgerald. 1999. Smoky bars and restaurants: Who avoids them and why? *Journal of Public Health Management and Practice* 5 (1): 74–8.
- *Biener, L., J. E. Harris, and W. Hamilton. 2000. Impact of the Massachusetts tobacco control programme: Population based trend analysis. *British Medical Journal* 321 (5): 351–4.
- *Biener, L., G. McCallum-Keeler, and A. L. Nyman. 2000. Adults’ response to Massachusetts anti-tobacco television advertisements: Impact of viewer and advertisement characters. *Tobacco Control* 9:401–7.
- Biener, L., and M. Siegel. 1997. Behavior intentions of the public after bans on smoking in restaurants and bars. *American Journal of Public Health* 87 (12): 2042–4.
- Biener, L., D. Cullen, Z. X. Di, and S. K. Hammond. 1997. Household smoking restrictions and adolescents’ exposure to environmental tobacco smoke. *Preventive Medicine* 26:358–63.
- *Benefits from a West Virginia cigarette tax increase. 2001. *West Virginia Medical Journal* 97 (1): 55.
- *Big tobacco’s fight against smoking regulations in Harrison County. 2001. *West Virginia Medical Journal* 97 (1): 72–4.
- Bishop, K. L. 1996. ASSIST: Making a difference in Indiana. *Indiana Medicine* 89 (2): 126–8.
- Blom, E. D. 1996. Tobacco free at the Indianapolis 500. *Indiana Medicine* 89 (2): 207–9.
- Brazin, S., M. Gothard, B. Smith, and P. L. Remington. 1996. 1995 tobacco control ordinances survey: Wisconsin counties, cities and villages. *Wisconsin Medical Journal* 95 (11): 773–4.
- Bush, B., S. K. Latton, S. Uttech, R. Aronson, and P. L. Remington. 1994. Regional differences in smoking rates among women giving birth in Wisconsin, 1990–1992. *Wisconsin Medical Journal* 93 (5): 217–8.
- Cady, B. 1998. History of successful ballot initiatives-Massachusetts. *Cancer* 83 Suppl. no. 12: 2685–9.
- Caparo, J. A., and S. J. Jay. 1996. Indiana laws regarding tobacco control. *Indiana Med* 89 (2): 188–92.
- Celebucki, C., L. Biener, and H. K. Koh. 1998. Evaluation: Methods and strategy for evaluation—Massachusetts. *Cancer* 83 Suppl. no. 12: 2760–5.
- Center for Survey Research. 1994. *1993 Massachusetts Tobacco Survey (MTS) non-technical report*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1994. *1993 MTS adult survey instrument*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.

- Center for Survey Research. 1994. *1993 MTS against the law: Cigarette sales to Massachusetts children*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1994. *1993 MTS appendix: Tables*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1994. *1993 MTS before the tobacco control program: Cigarette smoking among Massachusetts adults*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1994. *1993 MTS helping smokers quit: A role for health care providers*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1994. *1993 MTS Identifying teens at risk: Cigarette smoking among Massachusetts adolescents*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1994. *1993 MTS public opinion on tobacco control: Attitudes of Massachusetts adults*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1994. *1993 MTS smoke free schools: The tobacco ban in Massachusetts public schools*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1994. *1993 MTS technical report*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1994. *1993 MTS the tobacco tax: Reactions from Massachusetts citizens*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1994. *1993 MTS tobacco advertising and promotions: The impact on Massachusetts teens*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1994. *1993 MTS where there's smoke: Second-hand smoke exposure in Massachusetts*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1994. *1993 MTS youth survey instrument*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1996. *1995 clearing the air in Massachusetts: Controlling environmental tobacco smoke*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1996. *1995 making progress toward quitting*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1996. *1995 Massachusetts adult survey (MATS) instrument*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Center for Survey Research. 1996. *1995 reducing the risk: Preventing teen smoking in Massachusetts*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.

- Center for Survey Research. 1996. *Massachusetts adult tobacco survey, tobacco use and attitudes after two years of the Massachusetts tobacco control program, technical report and tables, 1993-1995*. Dorchester, MA: Center for Survey Research, University of Massachusetts–Boston.
- Christen, A. G. 1996. Smokeless tobacco usage: A growing and menacing addiction among Hoosier children and young adults. *Indiana Med* 89 (2): 176–80.
- Chudy, N. E., R. Yoast, and P. L. Remington. 1993. Child and adolescent cigarette smoking and consumption. *Wisconsin Medical Journal* 92 (4): 198–9.
- Chudy, N. E., R. Yoast, and P. L. Remington. 1993. Recent trends in cigarette smoking and per capita sales in Wisconsin. *Wisconsin Medical Journal* 92 (11): 619–21.
- Chudy, N., P. L. Remington, and R. Yoast. 1992. The increasing health and economic burden from cigarette smoking in Wisconsin. *Wisconsin Medical Journal* 91 (11): 633–6.
- Cigarette Smoking Bans in County Jails—Wisconsin, 1991. 1992. *Morbidity and Mortality Weekly Report* 41 (6): 101–3.
- Cismoski, J. 1994. Blinded by the light: The folly of tobacco possession laws against minors. *Wisconsin Medical Journal* 93 (11): 591–8.
- Cismoski, J., and M. Sheridan. 1993. Availability of cigarettes to under-age youth in Fond du Lac, Wisconsin. *Wisconsin Medical Journal* 92 (11): 198–201.
- Cismoski, J., and M. Sheridan. 1994. Tobacco acquisition practices of adolescents in two Wisconsin communities. *Wisconsin Medical Journal* 93 (11): 585–91.
- Clean indoor air regs in effect in 15 counties. 1995. *West Virginia Medical Journal* 91 (4): 162.
- Cohen, J. E., A. O. Goldstein, J. D. Martin, and L. C. Stanley. 1995. Illegal sales of cigarettes to minors in North Carolina. *North Carolina Medical Journal* 56 (1): 59–63.
- Colorado Department of Public Health and Environment CDPS. 1998. *Tobacco-free schools: Policies and practices 1998; Getting to tobacco-free schools: A trouble shooting guide*. Denver: Colorado Department of Public Health and Environment.
- *Conlisk, E., and S. H. Malek. 2001. Results from the 1999 North Carolina Youth Tobacco Survey. *North Carolina Medical Journal* 62 (5): 256–9.
- Connolly, G., and H. Robbins. 1998. Designing an effective statewide tobacco control program—Massachusetts. *Cancer* 83 Suppl. no. 12: 2722–7.
- Cummings, K. M. 1994. Involving older Americans in the war on tobacco. The American Stop Smoking Intervention Study for Cancer Prevention. *Cancer* 74:2062–6.
- *Davis, W. W., B. I. Graubard, A. M. Hartman, and F. A. Stillman. 2003. Descriptive methods for evaluation of state-based intervention programs. *Evaluation Review* 27 (5): 506–34.
- DiFranza, J., J. A. Savageau, and B. Aisquith. 1996. Youth access to tobacco: The effects of age, gender, vending machine locks, and the “It’s the Law” programs. *American Journal of Public Health* 86:221–4.
- Emont, S. 1996. Racial differences in the impact of smoking-attributable disease on health care costs in Indiana. *Indiana Medicine* 89 (2): 161–4.

- Enright, T. C., and S. H. Malek. 1995. NC Project ASSIST: A call to action. *North Carolina Medical Journal* 56 (1): 56–8.
- *Farrelly, M. C., J. Niederdeppe, and J. Yarsevich. 2003. Youth tobacco prevention mass media campaigns: Past, present and future directions. *Tobacco Control* 12 Suppl. no. 1: i35–47.
- Feldman, M. K. 1995. Communities take aim to snuff out smoking. *Minnesota Medicine* 78:10–6.
- Fiore, M. C., D. E. Jorenby, D. W. Wetter, S. L. Kenford, S. S. Smith, and T. B. Baker. 1993. Prevalence of daily and experimental smoking among University of Wisconsin–Madison undergraduates, 1989–1993. *Wisconsin Medical Journal* 92 (11): 605–8.
- *Foster, D. 2001. Tobacco & taxes. *West Virginia Medical Journal* 97:53–9.
- Fox, J., M. Gothard, and P. L. Remington. 1996. Vending machine sales of cigarettes to children: Results of compliance checks in Wisconsin, 1992–1995. *Wisconsin Medical Journal* 95 (2): 111–3.
- Goldstein, A. 1997. Impact of environmental tobacco smoke regulations on restaurant sales in North Carolina. *North Carolina Medical Journal* (submitted for publication).
- Goldstein, A. O., R. A. Sobel, J. D. Martin, S. D. Crocker, and S. H. Malek. 1998. How does North Carolina law enforcement limit youth access to tobacco products: A study of officers' attitudes and behaviors. *North Carolina Medical Society Journal* 59 (2): 90–4.
- Gothard, M., J. Fox, T. Flores de Pierquet, C. Musial, and R. Yoast. 1996. Over-the-counter sales of cigarettes to children: Results of compliance checks in Wisconsin, 1992–1995. *Wisconsin Medical Journal* 95 (1): 27–9.
- Hammond, S. K., G. Sorensen, R. Youngstrom, and J. Ockene. 1995. Occupational exposure to environmental tobacco smoke. *Journal of the American Medical Association* 274 (12): 956–60.
- Harris, J., G. Connolly, and R. Davis. 1996. Cigarette smoking before and after an excise-tax increase and an anti-smoking campaign—Massachusetts 1990–1996. *Morbidity and Mortality Weekly Report* 45 (44): 966–70.
- Health and Addictions Research, Inc. and Bureau of Substance Abuse Services, Massachusetts Department of Public Health. 1994. *Tobacco, alcohol and other drug use trends among Massachusetts public school adolescents 1984–1993*. Boston: Health and Addictions Research, Inc. and Bureau of Substance Abuse Services, Massachusetts Department of Public Health.
- Huber, M. H. 1993. Youth access to tobacco products: Protocol for conducting compliance checks. *Wisconsin Medical Journal* 92 (4): 202–7.
- Hymowitz, N. 1993. Tobacco control in New Jersey: A public forum on smoking and youth. *New Jersey Medicine* 90 (11): 836–8.
- *Ibrahim, J. K., T. H. Tsoukalas, and S. A. Glantz. 2004. Public health foundations and the tobacco industry: Lessons from Minnesota. *Tobacco Control* 13 (3): 228–36.
- Illegal sales of cigarettes to minors—Ciudad Juarez, Mexico; El Paso, Texas; and Las Cruces, New Mexico, 1999. 1999. *Morbidity and Mortality Weekly Report* 48 (19): 394–8.

- Kegler, M. C., K. McLeroy, S. H. Malek, and A. Steckler. 1998. A multiple case study of implementation in ten local project ASSIST coalitions in North Carolina. *Health Education Research* 13:225–38.
- Kegler, M. C., A. Steckler, K. McLeroy, and S. H. Malek. 1998. Factors that contribute to effective community health promotion coalitions: A study of 10 project ASSIST coalitions in North Carolina. American Stop Smoking Intervention Study for Cancer Prevention. *Health Education and Behavior* 25:338–53.
- Koh, H. 1996. An analysis of the successful 1992 Massachusetts tobacco tax initiative. *Tobacco Control* 5:220–5.
- Kolpien, K. A., and M. A. Lippert. 1995. Compliance with Wisconsin statute 134.66 regulating cigarette vending machines, Wood County, Wisconsin, 1993–1995. *Wisconsin Medical Journal* 94 (11): 621–24.
- Kujak, J. L., and P. L. Remington. 1997. Trends in lung cancer mortality among men and women, Wisconsin and the United States, 1979–1994. *Wisconsin Medical Journal* 96 (11): 30–3.
- Lickteig, S., D. Knutson, R. Yoast, and P. L. Remington. 1993. Wisconsin’s experience with the national nicotine patch giveaway. *Wisconsin Medical Journal* 92 (11): 631–2.
- *Malek, S. H., D. P. Hopkins, M. Molloy, and T. McGloin. 2002. The public health challenge of youth smoking in North Carolina: Putting what we know into practice. *North Carolina Medical Journal* 63 (3): 153–61.
- *Malmstadt, J. R., D. L. Nordstrom, A. L. Christiansen, P. D. Rumm, N. E. Chudy, and P. L. Remington. 2001. Progress in reducing per capita cigarette sales in Wisconsin, 1985–1999. *Wisconsin Medical Journal* 100 (3): 49–53.
- Manley, M. W., W. Lynn, R. P. Epps, D. Grande, and D. Shopland. 1997. The American Stop Smoking Intervention Study for Cancer Prevention: An overview. *Tobacco Control* 6 Suppl. no. 2: S5–11.
- Manley, M. W., J. P. Pierce, E. A. Gilpin, B. Rosbrook, C. Berry, and L. Wun. 1997. Impact of the American Stop Smoking Intervention Study on cigarette consumption. *Tobacco Control* 6 Suppl. no. 2: S12–6.
- Marbella, A. M., P. M. Layde, and P. L. Remington. 1995. Desire and efforts to quit smoking among cigarette smokers in Wisconsin. *Wisconsin Medical Journal* 94 (11): 617–20.
- Massachusetts Tobacco Control Program MDoPH. 1996. *Per capita cigarette sales in Massachusetts (from DOR data: January 1990–present)*. Boston: Massachusetts Tobacco Control Program, Massachusetts Department of Public Health; Updated upon receipt of request.
- McGown, R., P. L. Remington, and N. E. Chudy. 1993. Deaths from nine major chronic diseases, Wisconsin, 1979–1988. *Wisconsin Medical Journal* 92 (9): 524, 526–9.
- Mead, R. 1993. Teen access to cigarettes in Green Bay, Wisconsin. *Wisconsin Medical Journal* 92 (1): 23–4.
- Michigan Department of Community Health. 1997. *First-hand facts on secondhand smoke*.
- Michigan Department of Community Health. 1997. *From idea to action: Progress on the 1989 Michigan Tobacco Reduction Task Force recommendations* (draft).
- Michigan Department of Community Health. 1997. *Secondhand smoke: First-hand information for your business*.

- Miller, A. 1998. Designing an effective counteradvertising campaign—Massachusetts. *Cancer* 83 Suppl. no. 12: 2742–5.
- Miller, J. R., J. P. Fulton, A. S. Glicksman, D. A. Chatel, M. E. Kane, and S. E. Slaughter. 1993. Tobacco use control in Rhode Island: The project ASSIST blueprint for the 1990s. *Rhode Island Medical Journal* 76:503–6.
- Miller, L., and J. Pritzl. 1997. *Second chance: A self-directed educational alternative to suspension for tobacco free schools policy violators*. Denver: Colorado Department of Public Health and Environment and the American Cancer Society.
- *Morley, C. P., K. M. Cummings, A. Hyland, G. A. Giovino, and J. K. Horan. 2002. Tobacco Institute lobbying at the state and local levels of government in the 1990s. *Tobacco Control* 11 Suppl. no. 1: i102–9.
- Office of Epidemiology and Health Promotion WVBPH. 1998. *A study of the effect of the Tobacco Excise Tax Act on the prevalence of cigarette smoking in the state of West Virginia*. Charleston: Office of Epidemiology and Health Promotion, West Virginia Bureau for Public Health.
- Perry, G. Jr. 1996. Workplace tobacco interventions. *Indiana Medicine* 89 (2): 157–9.
- Peterson, D. E., P. L. Remington, M. A. Kuykendall, M. S. Kanarak, J. M. Diedrich, and H. A. Anderson. 1994. Behavioral risk factors of Chippewa Indians living on Wisconsin reservations. *Public Health Reports* 109 (6): 820–3.
- Peterson, D. E., S. L. Zeger, P. L. Remington, and H. A. Anderson. 1992. Evaluating state cigarette tax increases as interventions to reduce cigarette smoking: United States, 1955–1988. *American Journal of Public Health* 82:94–6.
- Pezzino, G., P. L. Remington, H. Anderson, P. M. Lantz, and D. E. Peterson. 1993. Impact of a smoke-free policy on prisoners in Wisconsin, United States. *Tobacco Control* 1 (3): 180–4.
- Pierce-Lavin, C., and L. Fresina. 1998. Getting key players to work together and defending against diversion—Massachusetts. *Cancer* 83 Suppl. no. 12: 2702–7.
- Pope, G., and W. Bartosh. 1995. *Preliminary analysis of the economic impact of Brookline's smoking ban*. Waltham, MA: Health Economics Research, Inc.
- *Possible savings from new efforts to reduce smoking in West Virginia. 2001. *West Virginia Medical Journal* 97 (1): 52.
- Remington, P. L. 1994. Preventable causes of death in Wisconsin. *Wisconsin Medical Journal* 93 (3): 125–8.
- Remington, P. L., and E. Cautley. 1991. Childhood exposure to environmental tobacco smoke. *Wisconsin Medical Journal* 90 (12): 688–9.
- Remington, P. L., and Chudy, N. E. 1993. Trends in cancer mortality among Wisconsin women, 1970–1990. *Wisconsin Medical Journal* 92 (2): 91–3.
- Remington, P. L., and R. Greenlaw. 1991. ASSIST Wisconsin. *Wisconsin Medical Journal* 90 (11): 635–7.
- Robbins, H., M. Krakow, and D. Warner. 2002. Adult smoking intervention programmes in Massachusetts: A comprehensive approach with promising results. *Tobacco Control* 11 Suppl. no. 2: ii4–7.
- Robbins, H., and M. Krakow. 2000. Evolution of a comprehensive tobacco control programme: Building system capacity and strategic partnerships—lessons from Massachusetts. *Tobacco Control* 9 (4): 423–30.

- Russell, G. P. 1996. Project: Tobacco control via media advocacy and political campaign strategies: The Dave Goerlitz tour of Maine. *Health Education Quarterly* 23 (3): 277–8.
- Sibilski, C., and W. Wucherer. 1995. Behavioral risk factors of cardiovascular disease: A study of the citizens of Franklin, Wisconsin. *Wisconsin Medical Journal* 94 (12): 687–9.
- Siegel, M. M. 1998. *Smoking and bars: A guide for policy makers*. Boston, MA: Boston University School of Public Health.
- *Siegel, M., and L. Biener. 2000. The impact of an antismoking media campaign on progression to established smoking: Results of a longitudinal youth study. *American Journal of Public Health* 90 (3): 380–6.
- Soldz, S., P. Kreiner, T. W. Clark, and K. Krakow. 2000. Tobacco use among Massachusetts youth: Is tobacco control working? *Preventive Medicine* 31 (4): 287–95.
- Soref, M., P. L. Remington, and D. Anderson. 1991. Smoking and education in Wisconsin. *Wisconsin Medical Journal* 90 (4): 176–7.
- Steele, G. K., and J. E. Moorman. 1996. Effects of tobacco use on the health of Indiana citizens. *Indiana Medicine* 89 (2): 145–8.
- Stein, A. 1996. *Tobacco use in Massachusetts, 1986–1994: The behavioral risk factor surveillance system*. Boston: Massachusetts Department of Public Health.
- Stillman, F. A., L. R. Bone, C. Rand, D. M. Levine, and D. M. Becker. 1993. Heart, body, and soul: A church-based smoking-cessation program for urban African Americans. *Preventive Medicine* 22 (3): 335–49.
- Stillman, F. A., K. A. Cronin, W. D. Evans, and A. Ulasevich. 2001. Can media advocacy influence newspaper coverage of tobacco: Measuring the effectiveness of the American Stop Smoking Study’s media advocacy strategies. *Tobacco Control* 10 (2): 137–44.
- Stillman, F., A. Hartman, B. Graubard, E. Gilpin, D. Chavis, J. Garcia, L.-M. Wun, W. Lynn, and M. Manley. 1999. The American Stop Smoking Intervention Study. Conceptual framework and evaluation design. *Evaluation Review* 23:259–80.
- *Stillman, F., A. Hartman, B. Graubard, E. Gilpin, D. Murray, and J. Gibson. 2003. Evaluation of the American Stop Smoking Intervention Study (ASSIST): A report of outcomes. *Journal of the National Cancer Institute* 95 (22): 1681–91. See also Erratum, *Journal of the National Cancer Institute* 96 (18).
- The University of New Mexico Health Sciences Center and State of New Mexico Department of Health. 1996. *The Women, Infant, and Children (WIC) Clinics’ Tobacco Control Intervention Project report, October 1996*. Albuquerque: Epidemiology and Cancer Control, The University of New Mexico Health Sciences Center and Public Health Division, State of New Mexico Department of Health.
- Tobacco Control Program BPH WVDOH. 1998. *25 reasons to become a smoke-free restaurant*. Charleston: West Virginia Department of Health and Human Resources.
- Torabi, M. R. 1996. Trends of public opinion on tobacco use and public policy. *Indiana Medicine* 89 (2): 132–5.
- University of Massachusetts Medical School. 1994. *How to help your patients stop smoking—Three fold brochure*. Worcester: University of Massachusetts Medical School, Division of Preventive and Behavioral Medicine.

- University of Massachusetts Medical School. 1995. *Principles and strategies for a comprehensive tobacco cessation program*. Worcester: University of Massachusetts Medical School, Division of Preventive and Behavioral Medicine.
- University of Massachusetts Medical School. 1995. *Principles and strategies for a comprehensive tobacco cessation program (summary)*. Worcester: University of Massachusetts Medical School, Division of Preventive and Behavioral Medicine.
- University of Massachusetts Medical School. 1996. *Smoking cessation training and technical assistance 1994–1995 annual report*. Worcester: University of Massachusetts Medical School, Division of Preventive and Behavioral Medicine.
- Van Gilder, T. J., and P. L. Remington. 1994. The health care burden of cigarettes on Wisconsin's communities. *Wisconsin Medical Journal* 93 (11): 569–72.
- Van Gilder, T. J., P. L. Remington, and M. C. Fiore. 1997. The direct effects of nicotine use on human health. *Wisconsin Medical Journal* 96 (2): 43–8.
- Vanderslice, R. R., D. D. Bercovitch, E. S. Alves, and S. J. Hester. 1996. Workplace smoking policies of Rhode Island employers, 1995. *Medicine and Health/Rhode Island* 79 (5): 196–8.
- Waller, C. S., T. W. Zollinger, R. W. Saywell Jr., and K. D. Kubisty. 1996. The Indiana prenatal substance use prevention program: Its impact on smoking cessation among high-risk pregnant women. *Indiana Medicine* 89 (2): 184–7.
- Watson, L., R. Yoast, S. Wood, and P. L. Remington. 1995. The costs of cigarette smoking to Wisconsin's Medicaid program. *Wisconsin Medical Journal* 94 (5): 263–5.
- Wetter, D. W., P. L. Remington, and G. Pezzino. 1992. The smoking continuum in Wisconsin, 1990. *Wisconsin Medical Journal* 91 (4): 183–5.
- *White, J., and L. A. Bero. 2004. Public health under attack: The American Stop Smoking Intervention Study (ASSIST) and the tobacco industry. *American Journal of Public Health* 94 (2): 240–50.
- Whitt, M. 1993. *Fighting tobacco: A coalition approach to improving your community's health*. Lansing: Michigan Department of Public Health, Center for Health Promotion and Chronic Disease Prevention.
- Woller, S. C., S. S. Smith, T. M. Piasecki, D. E. Jorenby, C. P. Helberg, R. R. Love, and M. C. Fiore. 1995. Are clinicians intervening with their patients who smoke? A “real-world” assessment of 45 clinics in the Upper Midwest. *Wisconsin Medical Journal* 94 (5): 266–72.
- Yoast, R. 1993. A new public health strategy to control the hazards of tobacco use. *Wisconsin Medical Journal* 92 (11): 622–4.
- Yoast, R. 1994. The daily burden of smoking in an average Wisconsin community. *Wisconsin Medical Journal* 93 (11): 578–81.
- Yoast, R., and P. L. Remington. 1995. Wisconsin public opinion regarding clean indoor air policies. *Wisconsin Medical Journal* 94 (11): 624–6.
- Zapka, J., P. Merriam, and J. Ockene. 1997. Smoking cessation benefits in health maintenance organizations. *HMO Practice* 11 (1): 27–33.
- Zheng, D., F. C. Wheeler, P. J. Jones, D. M. Shepard, and T. F. Gillette. 1998. Health and economic impact of cigarette smoking in South Carolina, 1995. *Journal of the South Carolina Medical Association* 94 (3): 101–4.

References

1. Federal Trade Commission. 2004. *Cigarette report for 2002*. Washington, DC: Federal Trade Commission. www.ftc.gov/reports/cigarette/041022cigaretterpt.pdf.
2. Pertschuk, M. 2001. *Smoke in their eyes: Lessons in movement leadership from the tobacco wars*. Nashville, TN: Vanderbilt Univ. Press.
3. Mekemson, C., and S. A. Glantz. 2002. How the tobacco industry built its relationship with Hollywood. *Tobacco Control* 11 Suppl. no. 1: i81–i91.
4. Dagnoli, J. Spoof ad gets Da Ax. *Advertising Age*, March 26, 1990.
5. Warner, K. E. 1985. Cigarette advertising and media coverage of smoking and health. *New England Journal of Medicine* 312 (6): 384–8.
6. Flay, B. R. 1987. *Selling the smokeless society: 56 evaluated mass media programs and campaigns worldwide*. Washington, DC: American Public Health Association.
7. U.S. Department of Health and Human Services. 1989. *Reducing the health consequences of smoking: 25 years of progress. A report of the surgeon general* (CDC publication no. 89-8411). Atlanta: U.S. Department of Health and Human Services.
8. Warner, K. E. 1977. The effects of the anti-smoking campaign on cigarette consumption. *American Journal of Public Health* 67 (7): 645–50.
9. National Cancer Institute. 1991. *Strategies to control tobacco use in the United States: A blueprint for public health action in the 1990's* (Smoking and tobacco control monograph no. 1, NIH publication no. 92-3316). Bethesda, MD: National Cancer Institute, 207.
10. Cummings, K. M., C. P. Morley, and A. Hyland. 2002. Failed promises of the cigarette industry and its effect on consumer misperceptions about the health risks of smoking. *Tobacco Control* 11 Suppl. no. 1: i110–i117.
11. Wakefield, M., C. Morley, J. K. Horan, and K. M. Cummings. 2002. The cigarette pack as image: New evidence from tobacco industry documents. *Tobacco Control* 11 Suppl. no. 1: i73–i80.
12. ASSIST Coordinating Center. 1991. ASSIST program guidelines for tobacco-free communities. Internal document, ASSIST Coordinating Center, Rockville, MD.
13. National Cancer Institute. 1989. *Media strategies for smoking control: Guidelines* (NIH publication no. 89-3013). Bethesda, MD: National Institutes of Health.
14. Wallack, L., K. Woodruff, L. Dorfman, and I. Diaz. 1999. *News for a change: An advocate's guide to working with the media*. Thousand Oaks, CA: Sage.
15. American Cancer Society and National Cancer Institute. 1993. *ASSIST: A guide to working with the media*. Atlanta: American Cancer Society.
16. Environmental Protection Agency. 1992. *Respiratory health effects of passive smoking: Lung cancer and other disorders* (Publication no. EPA/600/6-90/006F). Washington, DC: U.S. Environmental Protection Agency.
17. U.S. District Court for the Middle District of North Carolina. 1998. *The Osteen decision* (6:93CV00370). www.tobacco.org/resources/documents/980717osteen.html.
18. Centers for Disease Control and Prevention. 1999. Great American Smokeout—November 18, 1999. *Morbidity and Mortality Weekly Report*

- 48 (43): 985. www.cdc.gov/tobacco/research_data/mmwr1199.pdf.
19. Cummings, K. M., R. Sciandra, and S. Markello. 1987. Impact of a newspaper mediated quit smoking program. *American Journal of Public Health* 77 (11): 1452–3.
 20. Cummings, K. M., J. Kelly, R. Sciandra, T. DeLoughry, and F. Francois. 1990. Impact of a community-wide stop smoking contest. *American Journal of Health Promotion* 4 (6): 429–34.
 21. King, A. C., J. A. Flora, S. P. Fortmann, and C. B. Taylor. 1987. Smokers' challenge: Immediate and long-term findings of a community smoking cessation contest. *American Journal of Public Health* 77 (10): 1340–1.
 22. Lando, H. A., B. Loken, B. Howard-Pitney, and T. Pechacek. 1990. Community impact of a localized smoking cessation contest. *American Journal of Public Health* 80 (5): 601–3.
 23. American Cancer Society. 1987. *Smoke signals: The smoking control media handbook*. New York: American Cancer Society.
 24. Davis, R. M. 1988. Health education on the six-o'clock news: Motivating television coverage of news in medicine. *Journal of the American Medical Association* 259 (7): 1036–8.
 25. Remington, P. L. 1998. Communicating epidemiologic information. In *Applied epidemiology: Theory to practice*, ed. R. C. Brownson and D. B. Petitti, 323–48. New York: Oxford Univ. Press.
 26. Warnecke, R. B., P. Langenberg, C. L. Gruder, B. R. Flay, and L. A. Jason. 1989. Factors in smoking cessation among participants in a televised intervention. *Preventive Medicine* 18 (6): 833–46.
 27. Cummings, K. M., R. Sciandra, S. Davis, and B. Rimer. 1989. Response to anti-smoking campaign aimed at mothers with young children. *Health Education Research* 4 (4): 429–37.
 28. Lydon, C. 1970. "Ban on TV cigarette ads could halt free spots against smoking." *New York Times*, August 16, 1970. Cited in U.S. Department of Health and Human Services. 1989. *Reducing the health consequences of smoking: 25 years of progress*, 496. A report of the Surgeon General (CDC publication no. 89-8411). Atlanta: U.S. Department of Health and Human Services.
 29. O'Keefe, M. T. 1971. The anti-smoking commercials: A study of television's impact on behavior. *Public Opinion Quarterly* 35:242–8.
 30. Cowling, D. W., S. L. Kwong, R. Schlag, J. C. Lloyd, and D. G. Bal. 2000. Declines in lung cancer rates—California, 1988–1997. *Morbidity and Mortality Weekly Report* 49 (47): 1066–9. www.cdc.gov/tobacco/research_data/health_consequences/ccmm4947.pdf.
 31. Robbins, H., M. Krakow, and D. Warner. 2002. Adult smoking intervention programmes in Massachusetts: A comprehensive approach with promising results. *Tobacco Control* 11 Suppl. no. 2: ii4–ii7.
 32. Abt Associates Inc., G. D. Norton, and W. L. Hamilton. 1999. *Independent evaluation of the Massachusetts Tobacco Control Program*. Sixth annual report, January 1994 to June 1999. Cambridge, MA: Abt Associates, Inc.
 33. Siegel, M., and L. Biener. 2000. The impact of an antismoking media campaign on progression to established smoking: Results of a longitudinal youth study. *American Journal of Public Health* 90 (3): 380–6.

34. Stillman, F. A., K. A. Cronin, W. D. Evans, and A. Ulasevich. 2001. Can media advocacy influence newspaper coverage of tobacco: Measuring the effectiveness of the American Stop Smoking Intervention Study's (ASSIST) media advocacy strategies. *Tobacco Control* 10:137–44.
35. ASSIST Newspaper Clippings Database. Internal document, ASSIST Coordinating Center, Rockville, MD.