



Messaging Framing to Encourage Policymaker Support for North Carolina Tobacco Prevention and Cessation Programs

**TRU Sustainability Policymaker Interviews
June 2012**

Prepared for:
North Carolina Department of
Health and Human Services



Prepared by:
UNC School of Medicine
Tobacco Prevention and Evaluation Program



For more information about the TRU Sustainability Interviews, please contact:

Tobacco Prevention and Evaluation Program

**Department of Family Medicine
UNC School of Medicine
CB #7595, 590 Manning Drive
Chapel Hill, NC 27599
T: 919-843-8354
F: 919-966-9435**

**Web: <http://www.tpep.unc.edu>
Email: tpep@med.unc.edu**

Date of Report

June 2012

Research Ethics

University of North Carolina Biomedical Institutional Review Board reviewed the research plan and found it to be exempt from further review (105291).

Table of Contents

I. Executive Summary	3
II. Background	5
III. Methods	7
IV. Results	9
V. Discussion	16
VI. References	18
Appendix A: Interview Guides	19
Appendix B: Policy Briefs	27
Appendix C: Recruitment Script	29

This page is intentionally left blank.

I. Executive Summary

Despite fiscal uncertainties at the state level, North Carolina's tobacco prevention and cessation programs were prioritized by the Department of Public Health and continued in fiscal year 2011-2012, maintaining their strong track record of successes. While these programs have continued to reduce the health and financial costs of tobacco use to the state, future funding is uncertain. To promote sustainability of these critical public health programs, communication must be strengthened between program evaluators and key stakeholders, including policymakers in North Carolina with the ability to support continued funding for tobacco prevention and cessation programs throughout the state.

To understand the motivations, priorities, and concerns of policymakers in North Carolina, interviews were conducted with Democratic and Republican former state legislators (including both former Senators and Representatives), and current lobbyists working for health-related organizations. Participants were asked open-ended questions about their prior knowledge of and attitudes towards tobacco prevention and cessation programs, as well as their views about state responsibility to fund such programs. Participants were also asked for their reactions to two policy briefs, one focused on how tobacco prevention and cessation programs save lives and the other focused on how these programs save dollars.

Five themes emerged from the interviews:

1. Awareness of health concerns resulting from tobacco was high, but awareness of program impact and link of source of funds to Master Settlement Agreement was limited.
2. Economic concerns of budget issues could easily trump support for tobacco prevention, and policy briefs with economic data were more likely to be effective than those with health data.
3. Ideology that believes in a more limited role for government may affect support for state tobacco control funding.
4. While lobbyist and constituent advocacy remain important determinants of policymakers' support for tobacco prevention and cessation programs, in-person appeals, particularly by tobacco use survivors, may be the most effective form of message delivery to policymakers.
5. Message content that is succinct and contextualized may be most effective at securing policymakers' attention and support.

In light of the themes that emerged, we make the following three recommendations for communication with policymakers to encourage more sustainable future funding of tobacco prevention and cessation programs.

1. **Communication about the effectiveness of current programs, as well as the source of the Master Settlement Agreement funds needs to occur on a regular basis, not just when the need for continued funding arises.**

Participants all expressed general support for tobacco prevention and cessation efforts, but mentioned the critical need to prioritize programs for funding. With limited resources, participants' primary concerns were for the responsible spending of state dollars on the greatest needs of their constituents.

To make such decisions, having information about the effectiveness of current programs at reducing youth and adult tobacco use was emphasized as being very important. Participants on the whole also seemed to have limited knowledge of the details of the Master Settlement Agreement, including the intentions of and rationale behind the agreement; communicating these details and the sources of funding for tobacco prevention and cessation programs (which are not from tax dollars), may impact policymaker support for such programs.

2. Policy briefs for policymaker communication should be succinct and focus on the return on investment of current programs, including cost savings to Medicaid.

When shown policy briefs, of particular interest to participants were the savings in Medicaid dollars brought about by operating tobacco prevention and cessation programs. In a legislative climate in which finding funding for programs and saving money is of paramount importance, information about the return on investment of current programs to the state was said to be particularly useful to policymakers.

3. A stronger tobacco victim and survivor advocacy group, with representation from every legislative district and coordinated with in-person delivery of policy briefs may facilitate more sustainable funds.

Legislators emphasized the value of hearing in-person appeals from constituents on issues of tobacco prevention, and particularly from those whose lives have been affected by tobacco use. Several participants noted that stories of those who have suffered from tobacco use, or those whose suffering has been reduced through tobacco cessation programs, should be highlighted to achieve maximum message impact about the need for tobacco prevention and cessation programs.

II. Background

Tobacco use remains the single most preventable cause of disease, disability, and death in the United States (CDC, 2011). At the heart of the Surgeon General's newest tobacco report, "Preventing Tobacco Use Among Youth and Young Adults," was the overwhelming evidence that the tobacco epidemic continues, because 90% of users begin smoking before the age of 18 and 99% before the age of 26 with significant health and quality of life consequences that continue across the lifespan. Evidence is clear that prevention is critical, and research shows that "successful multi-component programs prevent young people from initiating tobacco use and more than pay for themselves in the lives and health care dollars saved" (U.S. Department of Health and Human Services, 2012a, pg. 2). The report concludes, "Providing and sustaining sufficient funding for comprehensive community programs, statewide tobacco control programs, school-based policies and programs, and mass media campaigns must be a priority" (U.S. Department of Health and Human Services, 2012b, pg. 7).

North Carolina has historically administered several statewide tobacco prevention and cessation programs including the Teen Initiative, Tobacco.Reality.Unfiltered (TRU) media campaign, Tobacco-Free Colleges Initiative, and Quitline NC. Since their inception, these programs have shown to be highly successful at lowering tobacco use among residents in North Carolina, reducing costs to the state in terms of both dollars and lives. However, continued funding for these programs is uncertain.

Despite a clear call for continued and strengthened support of prevention programs, and evidence that these programs are both effective and offer cost-savings, their continuation is in great jeopardy as policymakers have moved to eliminate funding of such programs. Funding for these programs are available to states through the Master Settlement Agreement (MSA) paid to them by the tobacco industry. In 1999, state Attorney Generals across the country collectively pursued the largest class action lawsuit in US history suing the tobacco industry for costs associated with caring for citizens with tobacco related diseases (Jones & Silvestri, 2010). The tobacco industry agreed to a legal settlement known as the MSA, a 25-year payout of hundreds of billions of dollars to the states to offset Medicaid costs and provide educational programs to reduce underage smoking. However, individual states were given authority for determining how funding would be allocated. "Inevitably, the temptation to treat MSA revenues as a 'cookie jar' to be tapped for budget shortfalls was irresistible" (Jones & Silvestri, 2010, p. 695). North Carolina has used MSA monies to close budget deficits, with funds diverted to support education, social services, infrastructure, and other general purposes (Jones & Silvestri, 2010).

According to the Campaign for Tobacco-Free Kids (2011), in 2008 North Carolina ranked 21st among states for their tobacco prevention initiatives, for spending \$17.3 million, a fraction of these MSA funds. These funds were allocated to the North Carolina Health and Wellness Trust Fund for running tobacco prevention and cessation initiatives. On June 30, 2011 the Health and Wellness Trust Fund was abolished and funding was shifted to the North Carolina Department of Health and Human Services as a one year appropriation. These funds are now in danger of not being re-appropriated as proponents deem them necessary for meeting state budget shortfalls.

With these funds in jeopardy, it is more important than ever that public health program evaluators understand how to most effectively communicate with policymakers. The Tobacco Prevention and Evaluation Program (TPEP), located within the Department of Family Medicine at the University of North Carolina at Chapel Hill, is responsible for evaluating North Carolina's tobacco prevention and cessation programs, and has substantial amounts of data to disseminate to key stakeholders, including state policymakers.

With limited information available on how to best communicate to policymakers the need for public health programs, and for tobacco prevention and cessation programs in particular, the current study was conducted to better understand the views, motivations, and priorities of policymakers in North Carolina. To do this, former state legislators and current lobbyists from health-related organizations were interviewed. Our partners at the North Carolina Department of Public Health and North Carolina Alliance for Health contributed their knowledge and expertise in the development of study methods and provided feedback on our interview guides and policy briefs that were presented to interview participants.

To promote sustainable funding for state tobacco prevention and cessation programs, findings from this study are intended to strengthen grantee's and grantor's abilities to share relevant information with policymakers in a manner that most effectively communicates scientific and project outcomes.

III. Methods

Participants

Two groups of policymakers were recruited for this study: former state legislators, including both former Senators and Representatives, and current lobbyists with experience lobbying for public health issues. We decided to interview six former legislators and three lobbyists for this exploratory qualitative study. Former legislator participants were recruited from a list of legislators who served in the 2009-2010 session but who were not currently members of the legislature. These legislators were separated by party affiliation into two lists, Democrats and Republicans. Lobbyists for health-related organizations were recruited from a list of 13 individuals recommended by the North Carolina Alliance for Health. Individuals on both the legislators and lobbyists lists were ranked in order of effectiveness, determined by the North Carolina Center for Public Policy Research (2010a; 2010b), to ensure that the opinions expressed in interviews were representative of policymakers deemed to be most effective. Participants were recruited by phone, starting with those ranked as more effective. As a token of appreciation for their time, participants were offered a small incentive gift from United Way, a non-profit organization that promotes education, financial stability, and healthy lifestyles (United Way Worldwide, 2012). (See Appendix C for recruitment script.)

Nine individuals participated in interviews, including three Democrats (all former Senators), three Republicans (two former Senators, one former Representative), and three current lobbyists in health-related organizations. For former legislators, out of eight that were that were contacted and reached, two declined to be interviewed, including one Democrat and one Republican. All lobbyists contacted and reached agreed to participate.

Interview Guide Development

The interview guide questions were based on the Integrated Behavioral Model (IBM), a theoretical model describing influences on behavior - in this case, voting behavior to secure a North Carolina state budget appropriation for the continuation of tobacco prevention and cessation programs. This theory posits that behavior is influenced by knowledge and skills to perform a behavior, environmental factors and constraints, the salience of the behavior, habit, and behavioral intention, which itself is determined by attitudes, perceived social norms, and feelings of personal agency or self-efficacy (Montano & Kasprzyk, 2008). Our interview guide was created to address legislators' attitudes about supporting tobacco prevention and cessation programs, perceived norms about support among fellow members of their political party, and environmental factors that may affect their willingness or ability to support tobacco prevention and cessation initiatives.

We also incorporated elements from prior research with policymakers, which found that their behavior may be influenced by political ideology, the effects of lobbyists and constituents, and personal exposure to or experience with the negative effects of tobacco use (Cohen et al., 1997; Flynn et al., 1998; Cohen et al., 2000). Interview questions were formulated to address these constructs as well.

The interview guides consisted of largely open-ended questions (33 for lobbyists, 35 for former legislators). Questions were modified slightly to make them relevant for each of the two participant groups. Probing questions were also developed to further explore participant responses. The interview guides were reviewed by the North Carolina Department of Public Health and North Carolina Alliance for Health, and revised based on their feedback. The guides were pilot tested by the first former legislator and first lobbyist interview participants, whose data were also included in analyses. Minor wording

modifications were made to clarify questions as a result of pilot testing. (See Appendix A for interview guides.)

Policy Brief Development

The policy briefs were created based on Message Framing Theory and Transportation Theory. Message Framing Theory posits that the way in which a message is characterized or presented (e.g., saving lives versus saving dollars) can have a significant effect on how it is perceived by a reader (Viswanath & Finnegan, 2008). Transportation Theory describes how narratives may be more compelling and memorable than basic facts by transporting a reader into the world of the subject or characters within the narrative (Green & Brock, 2000; Green, 2006). Two policy briefs were developed, one focused on how tobacco prevention and cessation programs save lives and the other focused on how these programs save dollars. The brief using the “Saving Lives” message frame incorporated real narratives of young people whose lives had been touched by tobacco use or participation in tobacco prevention initiatives and a few basic facts (e.g., number of people impacted by programs, changes in smoking prevalence). The brief using the “Saving Dollars” message frame presented data on costs saved by the program and potential financial costs of discontinuing funding with no narrative elements. (See Appendix B for policy briefs.)

Process

In-person interviews were conducted with two legislators and two lobbyists in office settings and coffee shops. The remaining five interviews were conducted over the phone, with the policy briefs emailed to participants prior to the interview.

Before asking the interview questions, participants were read a short script introducing the project and asking if they had any questions (see Appendix A). All interviews were audio-recorded and transcribed with the permission of the interview participants. The order in which participants viewed the two briefs was counterbalanced to limit the potential for order effects. Interviews lasted for approximately 30 to 45 minutes and were conducted by one member of the research team.

Analysis

Interviews were transcribed with all identifying information removed and coded by two researchers. A codebook was jointly developed to include deductive codes, based on constructs addressed in the interview guide questions themselves, and inductive codes, generated based on the content of participants’ responses. Written rules about when to apply each code were created. Using this codebook, two researchers compared their coding of randomly selected sections of the interviews; overall, their coding was very consistent. Differences in coding were resolved by revising coding rules to clarify the situations in which a particular code should and/or should not be used. Coded sections of each interview were compiled and major themes were identified across all of the interviews. Member checks were conducted and participants reported agreement with interview summaries that described their responses in each of the themes.

IV. Results

Interviews with former State Legislators and Lobbyists

Five themes emerged from the interviews: high awareness of health concerns but limited awareness of program funding sources and impact, the primacy of economic concerns in the state legislature and utility of economic data in policy briefs, ideological differences in views of the state's role in tobacco prevention, the impact of lobbyist and constituent advocacy and in particular in-person appeals, and the impact of concise, contextualized messages. These themes were identified from participants' responses as areas that shape the extent of policymakers' support for funding of tobacco prevention and cessation programs in North Carolina, and that reflect common views about effective communication.

1. Awareness of health concerns resulting from tobacco was high, but awareness of program impact and link of source of funds to Master Settlement Agreement was limited.

Legislators seemed well aware of the extent of the problem presented by tobacco use, including the associated health effects. They articulated extensive understanding of how the health implications of tobacco use and resulting medical costs placed a heavy burden on both individual citizens and the state.

*"Well, because we know tobacco use is awful for people and it drives up medical costs and people suffer... I mean, it's terrible, so I think everybody knows the harmful effects of tobacco."
(Democrat)*

*"We know that it's not good for you. And we know that there's a lot of young people [who] start smoking in middle school and smoke all the rest of their lives as long as they live. We know it costs money. We know that it's a problem in society."
(Democrat)*

*"I would be likely to support [state funding for tobacco prevention], again for the reasons I've said. We can't fund every health need we have, but tobacco consumption is so—again, we know the ills and the costs are so pervasive. It's kind of different than anything else I can think of that's manageable, that's preventable."
(Republican)*

Despite knowledge of health issues caused by tobacco use, legislators indicated they knew relatively little about the effectiveness of the current tobacco prevention and cessation initiatives, and had a desire for such information. They felt that having a grasp on the health impact of tobacco prevention and cessation programs and their return on investment of prior spending were necessary in order to prioritize such programs for funding.

*"I don't know the numbers on teenage smoking and to what extent it's come down."
(Republican)*

*"I would like to know [how] the money is spent, how it's used, and how you're measuring your results of the money being spent. And I know that's tough to do, but at least data concerning teenage smoking and young adult smoking. Again I don't know that there's that cause or relationship with the state funded preventative programs. But you would have to know that data if you were trying to analyze how to spend the state's money."
(Republican)*

"...if we've spent a hundred million dollars on tobacco prevention over the last 20 years how many people have stopped smoking? How has it affected individuals? That sort of thing would be very important to me as a legislator. I want to see some results of what we have done so that I can

evaluate whether we need to do more of it or less of it or change things around. If the data is showing that we've got 80% fewer people smoking than we did before that's a good thing. But if it shows that we're having very little impact it suggests maybe something isn't working and maybe we need to do something else. That's the kind of thing that I think legislators are going to be looking for with anything that comes out." (Democrat)

Several participants also seemed to have limited knowledge regarding the details of the Master Settlement Agreement. Most indicated a basic awareness of the agreement and had a belief that the funds were to be spent in part on tobacco prevention initiatives. Many supported honoring the original terms of the agreement, although there was a general lack of specific knowledge as to what those terms entailed. Very few participants knew the extent of funds available through the agreement, or where the majority of funds were currently going.

"I understood that [the Health and Wellness Trust fund was] where the tobacco settlement money was supposed to go, or part of it. And I also have a recollection of I believe hearing that some of that money that was supposed to have gone there has gone to other places, which is always concerning. It's not atypical of politics to see that happen... I don't know what size it is. I don't know how much funds were diverted to other places from that. But that's about as much as I know." (Republican)

"Well, the Health and Wellness Trust Fund, as I understood again, was born out of a court settlement. And so that again was created by an agreement so it doesn't sound like that is a discretionary fund that the state decided to use. That was created in a different way." (Democrat)

A statement by one interviewee perhaps captures both the need for greater understanding of the details of the Master Settlement agreement, along with the need to demonstrate the effectiveness of existing programs.

"If this money was set up to do that cessation for smoking than it ought to go there but by the same token, if it's shown that this money is not accomplishing anything then I'd say we needed to relook about how the funds are used." (Republican)

2. Economic concerns of budget issues could easily trump support for tobacco prevention, and policy briefs with economic data were more likely to be effective than those with health data.

Based on their knowledge of the health and financial costs of tobacco use, generally speaking, all participants supported the idea of tobacco prevention and cessation programs that achieved improved health for North Carolina citizens. However, their primary concern was to spend the state's limited dollars responsibly, especially in a time of heightened accountability and scarce resources, given the current economy. Complicating the scenario of economic scarcity was the multitude of competing needs facing the state. Legislators spoke at length about their responsibility to constituents to somehow prioritize and balance these competing needs in a manner that yielded the most good for the state.

"I will tell you firsthand, with this general assembly right now, and probably with the next couple, no matter who's running it, it's going to be about the money. People love babies and they love kids and they love teachers and they love everything else, but the bottom line facts are right now, it's about the money." (Republican)

"[T]o get a budget appropriation in this time to sustain the state programs would be difficult. I mean, I wouldn't vote against it, but I'd have to prioritize where my priorities are, and I'd have to say, 'Okay, am I gonna vote for a tuition increase at Chapel Hill or am I gonna vote to put some money into the program to try to keep people from smoking?' And I would say that holding back tuition increases at Chapel Hill is more important." (Democrat)

"Now there's thousands of programs that are all good programs but you're unable to fund all of them and just because they're good programs you've got to set priorities." (Republican)

The importance of economic concerns was also apparent when participants chose which policy brief they preferred. Six out of seven participants who preferred one brief over the other preferred the Saving Dollars brief. When asked why they chose the Saving Dollars brief over the Saving Lives brief, responses included:

"I guess it's because it's dealing with the money and everybody is focused these days on the economy and I guess that's kind of on my brain right now." (Democrat)

"I would say probably the first one [Saving Dollars], the impact on the Medicaid costs and healthcare costs because we're all concerned about that" (Democrat)

"I probably like this one [Saving Dollars] better because it's directly on point. This one [Saving Lives] says that fewer kids are smoking and we know that smoking is bad. But it doesn't tell me what caused it or what return on our investment we get for our tax dollars. This one [Saving Dollars] very specifically does." (Republican)

As stated earlier, interviewees overwhelmingly preferred the Saving Dollars brief over the Saving Lives brief due to the current fiscal climate. Of particular interest to the legislators were facts presented about how tobacco prevention and cessation programs save Medicaid dollars. There is a high level of interest among the legislature regarding how to pay for and control costs associated with Medicaid, so this was considered valuable information. There was even some indication that the mere mentioning of saving Medicaid dollars would immediately get the attention of legislators so that they might take more time to digest the brief.

"I would just focus on the Medicaid costs and healthcare costs and that kind of stuff. I think that makes a bigger statement than anything." (Democrat)

"When you talk about Medicaid, Medicaid is a major issue right now for North Carolina and will continue to be for some time. The cost is killing us." (Republican)

"It's like, 'Oh, wait a minute. They're talking about Medicaid money. What's this about?'" (Republican)

3. Ideology that believes in a more limited role for government may affect support for state tobacco control funding.

While interviewees generally agreed that the state needed to play a role in addressing tobacco related issues, they felt that the debate was really over what role and how much of a role the state should play. Ideological perspectives regarding individual responsibility for one's own health were often at the

center of these debates. While an emphasis on individual responsibility is often associated with a Republican perspective, the Democrats among our interviewees seemed to share this perception. A few of the interviewees felt nonprofit organizations were in a better position to address issues of tobacco prevention and cessation and supported incentives for individual donations to nonprofit organizations over directly funding state run programs. These same individuals also acknowledged that some level of state support would probably be necessary, however, to complement these efforts.

“As far as I’m concerned, you can’t take away individual responsibilities. People make choices all the time and the state cannot make every choice for every person all the time... but we have the responsibility as a state government, and as a federal government, to make the information available. And if there is something out there that can influence whether somebody will make the right choices, I think having that knowledge available is the biggest thing that we can do.”
(Democrat)

“[T]o put more money into prevention and other things, I would, again, it would not be a very high priority for me because we’ve got so many other needs, and people are, you know, they’re gonna make their own bad choices anyway.” (Democrat)

“First of all, we want from a policy standpoint, to see interest groups that may take on projects that people believe in like helping people stop smoking. We want to see those groups thrive and be active and receive funding from donors and would give tax incentives to the donors to fund them. So there’s some incentive in government and the tax structure to allow those non-profits to be created and then again receive money and people get tax benefits from helping them. So, number one, I prefer that type of approach. Secondly though, our societal costs from the use of tobacco are so horrendous that probably something more has to be done.” (Republican)

4. While lobbyist and constituent advocacy remain important determinants of policymakers’ support for tobacco prevention and cessation programs, in-person appeals, particularly by tobacco use survivors, may be the most effective form of message delivery to policymakers.

Several participants mentioned the value of information shared by lobbyists. Participants believed that it was impossible to be knowledgeable in every subject area and, thus, they were reliant on the data provided by lobbyists. However, they also noted that they did not immediately take facts presented by lobbyist at face value, but instead verified the source of the data presented and/or actively sought information on their own when necessary.

“Lobbyists are great resources in Raleigh and they’re very underappreciated by the public. The public somehow looks at them negatively. They really should look at them positively. Otherwise they’re just legislators up there making big decisions with absolutely no time or resources to research the sides of the issue. Any lobbyists are effective and it would be appreciated if I were still a legislator. I would like to hear from anybody that could show me data.” (Republican)

“I mean we’ve got so many subjects that come up and you can’t know everything about everything so if a lobbyist would come in and I would ask him for certain information, a lot of times they’d supply it even before you asked. That information was very valuable to me in helping to make decisions. I would check out some of it to make sure that it was factual so a lot of times when they visited me, I’d ask them where the numbers come from and all and I’d go back and when it turned

*out to be a factual presentation of the information then that affected the way I voted.”
(Republican)*

While lobbyists played important roles, former legislators stated that they valued input from their constituency even more. This was especially true when constituents directly impacted by an issue communicated with them. Some interviewees mentioned a desire for more constituent input related to tobacco prevention issues and implied that a lack of constituent involvement in prior years may have negatively impacted the fate of tobacco prevention and cessation programs. One interviewee specifically noted the power of communication from constituents that were individualized in nature.

“You always want to hear from your constituents [...] People probably don't realize how much their communications work, especially when they're not coordinated and not all just replications of the same wording and that type thing. Just one telephone call or an email about the ills of smoking. I read all those. They get your attention. So I think they're very effective.” (Republican)

“It would've been good if we could've had more support from the citizens [inaudible], from the people in the state, because again, that means a great deal to legislators when they hear from all the people.” (Democrat)

The power of delivering messages in person and making personal connections were most impactful when delivered by individuals directly impacted by tobacco, especially survivors of tobacco use from a legislator's home district. Lobbyists echoed the need for personal contact from constituents in combination with other advocacy activities. Many reflected on the power of recently released CDC anti-tobacco commercials and how they would be impacted if similar individuals made personal visits to their offices to lobby for continued funding.

“... if the group can find some individuals, in their districts or in the state, who had a family member who, for example, had emphysema or lung cancer, cancer of the esophagus or whatever, and just let that legislator know, 'This is what tobacco use did to my loved one,' something like that can really be effective and, 'Please help us support this program so people do not have to suffer from this preventable disease.’” (Democrat)

“I think things that stand out include presentations, people who come to Raleigh, and are able to get before us and tell us so we see people with their own stories, whether it be someone who had part of their esophagus removed or trachea from smoking or whatever. I think those things are very effective. You remember those people that come to Raleigh that are there. And a lot of them come.” (Republican)

“If I were to receive a policy brief, if I were a legislator... I think it would be helpful if it was delivered to me by one of my constituents, with a follow up by paid lobbyists or citizen lobbyists or whatever. Also, continuing to do multiple touch points with it. I think legislators are responsive to constituents, so if you had a school group or if you had a healthy Carolinians task force, or you had whoever at the local level that maybe was the first point of contact and delivery would be helpful.” (Lobbyist)

5. Message content that is succinct and contextualized may be most effective at securing policymakers' attention and support.

When policy briefs were presented, the interviewees emphasized the importance of keeping them succinct. Legislators described a volume of material coming through their offices that made it impossible to devote large amounts of time to any one piece. The policy briefs presented received high marks from the interviewees in this regard.

"Well, as a legislator, you want the message to be brief and to the point because you get so much material and you don't have time to read a lot because you get so many different things coming in front of you, if you will." (Democrat)

"And then you've got 40 million things on your plate. You've got the road issues, and you've got education issues, you've got justice and public safety issues, and parole issues, and then some constituent that needs help with her department and in the meantime, you're supposed to read this stuff, retain it and go to the next thing." (Republican)

"If you give them multiple pages, they just don't have time to read it. They want you to synthesize your argument. So I put stuff in bullets, I try and put the most important information at the top and I try and give them a half a page to one page, no more than one page, the shorter the better, and emphasize the three or four or five most important arguments." (Lobbyist)

While having a nice appearance was important, one legislator and one lobbyist described a fine line between the policy brief being attractive and appearing overly expensive to produce. Materials that appeared expensive to produce may raise questions to why funding was diverted from programs to produce policy briefs. While this was not discussed broadly among interviewees, it may be worth noting, given the current focus on accountability.

"Not real fancy, I like the simple. [Inaudible] doesn't look costly, but some groups spend money on messaging instead of services... so I like the fact it doesn't look expensive." (Republican)

"And you don't want to look too slick, though... that fine line between making it look really good and making it too much, too expensive." (Lobbyist)

The interviewees indicated that merely presenting facts and statistics was insufficient. Several participants mentioned wanting the numbers to be put into context. They felt this would help them to digest the statistics and appreciate and understand their relevance. Participants suggested different types of information that would help to do this, including showing what else the money saved could be spent on, providing a greater sense of the scope of the problem, such as how many smokers there are in the state, or showing the change in tobacco use over time.

"And then you've got down on the bottom on the left [of the "Saving Lives" policy brief], you've got Quitline North Carolina Cessation Support and then you've got 5,850 smokers quit smoking. That's out of how many smokers?" (Republican)

"...if you just throw out figures it gets mixed up in other figures to the point that it just doesn't mean anything. You need another way of saying that this is saving \$928 million dollars in medical costs. Make it so that I know what \$928 million dollars means... I find that people need to have

some way of contrasting things. Contrasting it to something that you can relate to; \$928 million dollars in itself just doesn't mean a whole lot... But if you, and I'm just making up something, but if you turn that around and you say for \$928 million dollars we could send so many kids to college; or if you say \$55 million dollars in medical costs we could provide lunch for 10,000 students throughout the state, or just something that I can relate to it'll mean something to me. But if you just give me broad figures like that it just doesn't register.” (Democrat)

“And the other thing that you don’t have on [the “Saving Lives” policy brief] that might be interesting is to see where we stand today versus where we were before we started putting monies into these things, where we are compared to five years ago and ten years ago and something. You run the risk of getting it too busy, but at the same time you want to show, so what? What difference does all this make?” (Lobbyist)

V. Discussion

Overall, five main themes emerged from the interviews, including high awareness of health concerns but limited awareness of program funding sources and impact, the primacy of economic concerns in the state legislature and utility of economic data in policy briefs, ideological differences in views of the state's role in tobacco prevention, the impact of lobbyist and constituent advocacy and in particular in-person appeals, and the impact of concise, contextualized messages to encourage policymakers' support for funding of tobacco prevention and cessation programs.

Participants were generally supportive of tobacco prevention and cessation programs, yet nearly all mentioned the primacy of budget concerns in the current state legislature and the desire to spend the state's limited resources in the most responsible and effective ways possible. When deciding how to allocate funds, policymakers discussed the need to prioritize important issues; participants expressed a need for more information regarding the effectiveness and return on investment of existing programs in order to allocate additional funding to continue them. Economic concerns were further demonstrated by participants' overwhelming preference for the Saving Dollars policy brief over the Saving Lives policy brief. Participants seemed to have limited prior knowledge about the Master Settlement Agreement as well, including its funding sources and specific terms. In addition to emphasizing program achievement and cost savings to the state from tobacco prevention and cessation programs, communicating details of the Master Settlement Agreement, as well as how tobacco prevention programs are funded (i.e., not through tax dollars) may further impact policymakers' support. Overall, to make decisions about allocating funding, obtaining information was very important to policymakers, for which they frequently valued lobbyists for sharing relevant data.

However, even with knowledge of these areas of program impact, return on investment, and the intentions of Master Settlement Agreement funds, ideological differences in perceptions of the state's role in tobacco prevention persisted. While participants agreed that the state had some role to play in supporting tobacco prevention and cessation programs, they differed on ideological grounds on what the extent of this role should be. Across political party lines, some participants considered tobacco use to be an issue of greater individual responsibility, as opposed to state responsibility, than did others, which has implications for the degree to which they would vote for state support of tobacco prevention and cessation programs.

With respect to communicating information to policymakers, participants offered several common suggestions for both message delivery and message content. Participants emphasized that messages should highlight economic data, particularly Medicaid costs, should be brief and concise, and should put statistics into understandable contexts, for maximum message impact. Participants also said in-person appeals, especially from constituents who have been affected by the harms of tobacco use, would be particularly effective at garnering their support for tobacco prevention and cessation programs.

In light of participants' stated motivations and concerns, we provide the following three recommendations for communications to policymakers to promote sustainable state funding of tobacco prevention and cessation programs:

- 1. Communication about the effectiveness of current programs, as well as the source of the Master Settlement Agreement funds needs to occur on a regular basis, not just when the need for continued funding arises.**

- 2. Policy briefs for policymaker communication should be succinct and focus on the return on investment of current programs, including cost savings to Medicaid.**
- 3. A stronger tobacco victim and survivor advocacy group, with representation from every legislative district and coordinated with in-person delivery of policy briefs would facilitate more sustainable funds.**

Limitations

There were several limitations to this study. While the sample size of nine participants was small, it was selected beforehand as adequate for a qualitative exploratory study. We also interviewed both Democrats and Republicans and House and Senate members. Still, conclusions cannot be generalized as being applicable to all legislators and lobbyists in the state. Also, the people who responded to recruitment messages may have had more interest in or support for tobacco prevention and cessation programs in the first place. The legislative representatives were all former legislators, so their views may not be reflective of those who are currently in the state legislature. There is potential for interviewer bias to have affected participant responses, as the interviewer was introduced as an employee of the Tobacco Prevention and Evaluation Program at UNC. It is possible that participants may have responded in ways that were somewhat more supportive of tobacco prevention and cessation programs than how they actually felt, although it did seem that participants were candid in their responses. The research team sought to mitigate this potential bias by ensuring anonymity of participant responses in transcription, analysis, and reporting of the data.

VI. References

- Campaign for Tobacco-Free Kids. (2011). A broken promise to our children: The 1998 state tobacco settlement 13 years later. Retrieved from: http://www.tobaccofreekids.org/content/what_we_do/state_local_issues/settlement/FY2012/2011Broken_Promise_Report.pdf
- Center for Disease Control. (2011). *Tobacco use: Targeting the nation's leading killer*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- Cohen, J. E., Goldstein, A. O., Flynn, B. S., Munger, M. C., Gottlieb, N. H., Solomon, L. J., and Dana, G. S. (1997). State legislators' perceptions of lobbyists and lobbying on tobacco control issues. *Tobacco Control, 6*: 332-336.
- Cohen, J. E., Milio, N., Rozier, R. G., Ferrence, R., Ashley, M. J., and Goldstein, A. O. (2000). Political ideology and tobacco control. *Tobacco Control, 9*: 263-267.
- Flynn, B. S., Goldstein, A. O., Solomon, L. J., Bauman, K. E., Gottlieb, N. H., Cohen, J. E., Munger, M. C., and Dana, G. S. (1998). Predictors of state legislators' intentions to vote for cigarette tax increases. *Preventive Medicine, 27*: 157-165.
- Green, M. C. (2006). Narratives and cancer communication. *Journal of Communication, 56*(1): 163-183.
- Green M. C., & Brock T. C. (2000). The role of transportation in the persuasiveness of public narratives. *Journal of Personality and Social Psychology, 79*(5):701-21.
- Jones, W. J., & Silvestri, G. A. (2010). The Master Settlement Agreement and its impact on tobacco use 10 years later. *CHEST, 137*(3), 692-700. doi: 10.1378/chest.09-0982
- Montano, D. E. and Kasprzyk, D. (2008). Theory of Reasoned Action, Planned Behavior, and The Integrated Behavior Model. In Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.), *Health Behavior and Health Education Theory, Research, and Practice* (pp. 67-96). San Francisco: Jossey-Bass.
- North Carolina Center for Public Policy Research. (2010a). Rankings of Effectiveness, Attendance, and Roll Call Voting Participation for the 2009 North Carolina Assembly. Retrieved from http://www.nccppr.org/drupal/content/legislative_rankings/1026/rankings-of-effectiveness-attendance-and-roll-call-voting-participa
- North Carolina Center for Public Policy Research. (2010b). Rankings of the Most Influential Lobbyists in the North Carolina General Assembly. Retrieved from: http://www.nccppr.org/drupal/content/lobbyist_rankings/1057/rankings-of-the-most-influential-lobbyists-in-the-north-carolina-gener
- United Way Worldwide. (2012). About United Way Worldwide. Retrieved from <http://www.unitedway.org/pages/about-united-way-worldwide/>
- U.S. Department of Health and Human Services. (2012a). *Preventing tobacco use among youth and young adults: Fact Sheet*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- U.S. Department of Health and Human Services. (2012b). *Preventing tobacco use among youth and young adults: A report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- Viswanath, K. and Finnegan, J. R. (2008). Communication Theory and Health Behavior Change: The Media Studies Framework. In Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.), *Health Behavior and Health Education Theory, Research, and Practice* (pp. 67-96). San Francisco: Jossey-Bass.

Appendix A: Interview Guides

Interview Guide for Legislators

Interviewer introduction:

Hello, my name is [name] and I am a graduate student at the University of North Carolina at Chapel Hill. Today I am going to ask you some questions about your views on statewide tobacco prevention and cessation programs.

To give you an overview of this project as a whole, the Tobacco Initiatives of the North Carolina Department of Public Health are independently evaluated by the Tobacco Prevention and Evaluation Program at the UNC School of Medicine, for which I am working. Through these interviews with you and other community leaders, we hope to strengthen our ability to better communicate evaluation outcomes to key stakeholder groups, including policymakers such as yourself, as well as our grantees and community partners. To avoid any concerns of this project being construed as advocacy work, we have chosen to interview former legislators about their experiences while in the state legislature.

This interview will take approximately 30 to 45 minutes of your time, and your responses will remain anonymous. I would like to please audiotape this conversation, so that it can be transcribed and I can refer to it later. All identifying information will be removed from the transcription. The audiotape and transcription will remain in a locked filing cabinet in a secure building. We greatly appreciate your voluntary participation in this project, and want you to know that you are free to stop the interview at any time and/or choose to skip any questions you would prefer not to answer.

At the end of this project, we would be happy to share the results of our work with you, if you so desire. Do you have any questions for me? *[Answer questions]*

If I have your permission to audio-record this interview, I will turn on the tape recorder and we can get started. *[If participant agrees and is ready, turn on tape recorder and start interview.]*

Introduction: *[To be read by interviewer prior to asking interview questions]*

I am going to ask you a series of questions about your views regarding comprehensive statewide tobacco prevention and cessation programs, such as Quitline NC, from your perspective as a former state legislator in North Carolina.

I am also interested to know about your support for current and future funding of such comprehensive tobacco programs by the state of North Carolina.

In this interview, I am going to start off by asking you some questions about your beliefs and experiences as a state legislator, and then have you look at two policy briefs and ask you about your reactions to those.

If you are ready, we can go ahead and start. *[If participant acknowledges that they are ready, begin interview questions.]*

Legislator Interview Questions:

1. First, in general, what do you happen to already know about North Carolina tobacco prevention and cessation programs?
 - a. Probes:
 - i. Have you heard of QuitlineNC?
 - ii. Have you heard of The Health and Wellness Trust Fund?
2. In your opinion, to what extent do you feel that it is the responsibility of the state legislature to support funding for tobacco prevention and cessation programs (or the HWTF in general)?
 - a. Follow-up: Whose (or who else's) job do you feel this is?
3. To what extent do you feel that it was your job as a state legislator to support funding for statewide tobacco prevention and cessation programs (or the HWTF in general)?
4. How did you feel that your fellow [Republicans or Democrats] thought differently or not differently than you regarding your support for funding of tobacco prevention and cessation programs (or the HWTF in general)?
 - a. Follow-up: How differently do you think about funding tobacco prevention and cessation programs now, as compared to 2 or 3 years ago?
 - b. Follow-up: How differently do you feel your political party thinks about funding tobacco prevention and cessation programs now, as compared to 2 or 3 years ago?
5. As you know, North Carolina is experiencing a budget deficit. Tobacco prevention and cessation programs have in the past been funded using the Master Settlement Agreement (or MSA) dollars from the tobacco industry. When you think about funding for statewide tobacco prevention and cessation programs, to what extent do you think of these MSA dollars as budget allocations (or funds directly competing with the budget deficit), versus funds devoted specifically to tobacco prevention or cessation programs?
 - a. Follow-up: Can you tell me more about why you feel this way?
6. If you were still in state legislature today, how likely would you be to vote for continued funding of statewide tobacco prevention and cessation programs?
 - a. Follow-up: Can you explain more about your reasoning for this?
 - b. Follow-up: What would encourage you to be more supportive of continued funding for tobacco prevention and cessation programs?
7. Is there anything about your personal or family background that you're comfortable sharing that may influence your support of tobacco prevention or cessation programs, such as a history of tobacco use, a family member with a history of tobacco use, a family member who has had cancer, an affiliation with tobacco farmers, tobacco retailers, or others in the industry, or any other factor that you would like to share?
8. Now I'm going to ask you to think back to a time when you were considering an issue of funding for tobacco prevention and cessation programs in the state legislature. Has there ever been such a time? *[If not, ask:]* Can you think back to a time when you considered an issue of funding for the Health and Wellness Trust fund? *[If asked for clarification: The NC Health and Wellness Trust Fund was created by the General Assembly to invest a portion of the Tobacco Master Settlement Agreement dollars. Specifically, the HWTF received 1/4 of NC's MSA dollars, but was dissolved in 2011.]* Thinking back to this time when you considered funding for (tobacco prevention programs or the HWTF), to what extent would lobbying efforts for or against funding influence how you think about this issue?

- a. Follow-up: Are there certain lobbyists or groups that you did not hear from that you would have liked to hear from on this issue when considering funding for tobacco prevention programs (or the HWTF)?
- 9. Also thinking back to a time when you were considering an issue of funding for tobacco prevention programs (or the HWTF), did you hear from your constituents about this issue?
 - a. Follow-up: If so, from whom and how did you hear from your constituents on this issue?
- 10. Can you think back to a time when you received a short policy brief or written information about tobacco prevention programs (or the HWTF)?
 - a. Follow-up: If so, what motivated you, if anything, to read and think about the message in this brief or these materials? (If not, in general what might motivate you to read and think about the message in such a brief)
 - i. Probe: What about the brief or materials got your attention?
 - b. Follow-up: Did anything impact your ability, in a positive or negative way, to remember and use the message? (What might impact your ability in a positive or negative way to remember and use the message?)
 - i. Probe: To what extent were there factors in your environment that may have impacted your ability to devote attention to the materials?
 - ii. Probe: To what extent were there characteristics of the materials themselves that made it difficult to digest?

Now I'm going to ask you to take a look at the two policy briefs in front of you and ask you some questions about your reactions to these.

Let's look at this one first, entitled "Invest in NC Tobacco Use Prevention Programs Because They Save [Dollars or Lives]." Imagine this was coming across your desk as a state legislator.

- 1. What are your reactions to it?
 - a. Follow-up: To what extent does it get your attention?
 - b. Follow-up: Visually, is the image compelling?
 - c. Follow-up: How clearly is the message presented?
- 2. What is the main message of this brief?
- 3. To what extent do you trust the message in this brief?
 - a. Follow-up: Can you tell me more about your reasons for this?
- 4. To what extent is this brief likely to influence how you think about tobacco prevention and cessation programs?
- 5. To what extent is this brief likely to influence your support for funding of tobacco prevention and cessation programs?
- 6. What do you like about this policy brief?
- 7. What do you not like about this policy brief?
- 8. Thinking of situations in which you are faced with policy briefs, are you likely to read this one?
 - a. Follow-up: Can you tell me more about your reasons for this?
- 9. What about this brief could be improved to increase the likelihood that you would read it?
 - a. Follow-up: What would make it more attention-getting?

10. What about this brief could be improved to increase the likelihood that you would remember the message?

Let's look at this one first, entitled "Invest in NC Tobacco Use Prevention Programs Because They Save [Dollars or Lives]." Imagine this was coming across your desk as a state legislator.

1. What are your reactions to it?
 - a. Follow-up: To what extent does it get your attention?
 - b. Follow-up: Visually, is the image compelling?
 - c. Follow-up: How clearly is the message presented?
2. What is the main message of this brief?
3. To what extent do you trust the message in this brief?
 - a. Follow-up: Can you tell me more about your reasons for this?
4. To what extent is this brief likely to influence how you think about tobacco prevention and cessation programs?
5. To what extent is this brief likely to influence your support for funding of tobacco prevention and cessation programs?
6. What do you like about this policy brief?
7. What do you not like about this policy brief?
8. Thinking of situations in which you are faced with policy briefs, are you likely to read this one?
 - a. Follow-up: Can you tell me more about your reasons for this?
9. What about this brief could be improved to increase the likelihood that you would read it?
 - a. Follow-up: What would make it more attention-getting?
10. What about this brief could be improved to increase the likelihood that you would remember the message?

Now I'm going to ask you to consider both of these briefs together.

1. Out of these two briefs, which one do you like better?
 - a. Follow-up: Can you tell me more about your reasons for this?
2. Which one captures your attention better?
 - a. Follow-up: Can you tell me more about your reasons for this?
3. Which one do you find more credible?
 - a. Follow-up: Can you tell me more about your reasons for this?
4. Which one do you find more memorable?
 - a. Follow-up: Can you tell me more about your reasons for this?
5. Which one is likely to have the greater impact on how you think about state funding for tobacco prevention and cessation programs?
 - a. Follow-up: Can you tell me more about your reasons for this?

Last, is there anything I haven't asked that the Tobacco Prevention and Evaluation Program should know about improving communication of program outcomes to state legislators?

Interview Guide for Lobbyists

Interviewer introduction:

Hello, my name is [name] and I am a graduate student at the University of North Carolina at Chapel Hill. As we have previously arranged, I am going to ask you some questions about your experiences lobbying for statewide tobacco prevention and cessation programs.

To give you an overview of this project as a whole, the North Carolina Department of Public Health Tobacco Initiatives are independently evaluated by the Tobacco Prevention and Evaluation Program of the UNC School of Medicine, for which I am working. Through these interviews with you and other community leaders, we hope to strengthen our ability to better communicate evaluation outcomes to key stakeholder groups, including policymakers, grantees, and other community partners.

This interview will take approximately 30 to 45 minutes of your time, and your responses will remain anonymous. I would like to please audiotape this conversation, so that it can be transcribed and I can refer to it later. All identifying information will be removed from the transcription. The audiotape and transcription will remain in a locked filing cabinet in a secure building. We greatly appreciate your voluntary participation in this project, and want you to know that you are free to stop the interview at any time and/or choose to skip any questions you would prefer not to answer.

At the end of this project, we would be happy to share the results of our work with you, if you so desire. Do you have any questions for me? *[Answer questions]*

If I have your permission to audio-record this interview, I will turn on the tape recorder and we can get started. *[If participant agrees and is ready, turn on tape recorder and start interview.]*

Introduction: *[To be read by interviewer prior to asking interview questions]*

I am going to ask you a series of questions about your views on comprehensive statewide tobacco prevention and cessation programs in North Carolina, as well as how you represent these issues to policymakers. To clarify what these programs include, North Carolina currently funds over 50 statewide coalitions of youth, young adults, and adults that lead the Teen Tobacco Use Prevention and Cessation Initiative, the “Tobacco.Reality.Unfiltered” or TRU media campaign promoted by and for teens, a tobacco-free college campuses program, and a state Tobacco Quitline to help youth and adults from all counties access free tobacco cessation support.

I am interested to know about your thoughts and experiences when communicating to policymakers about current and future funding of such comprehensive tobacco cessation and prevention programs in North Carolina.

I am going to ask you some questions about your beliefs and experiences as a lobbyist, and then have you look at two policy briefs and ask you about your reactions to those.

If you are ready, we can go ahead and start. *[If participant acknowledges that they are ready, begin interview questions.]*

Lobbyist Interview Questions:

1. First, in general, what do you know about North Carolina tobacco prevention and cessation programs?

- a. Probes:
 - i. Have you heard of QuitlineNC?
 - ii. Have you heard of The Health and Wellness Trust Fund?
- b. Follow-up: What are your thoughts about the effectiveness of these programs?
2. To what extent do you feel that it is the responsibility of the state legislature to support funding for statewide tobacco prevention and cessation programs?
 - a. Follow-up: Whose job do you feel this is?
3. How supportive have you found state legislators to be of funding statewide tobacco prevention and cessation programs?
 - a. Follow-up: If applicable, how differently do you think state legislators feel about funding tobacco prevention and cessation programs now, as compared to 2 or 3 years ago?
4. As you know, North Carolina is experiencing a budget deficit. Tobacco prevention and cessation programs have been funded using the Master Settlement Agreement dollars from the tobacco industry. When you think about lobbying efforts for or against funding for statewide tobacco prevention and cessation programs, to what extent do you think of these as budget allocations (or funds directly competing with the budget deficit), versus funds devoted more to tobacco prevention or cessation programs?
 - a. Follow-up: *[If participant lobbies for using MSA dollars for tobacco prevention/cessation programs:]* Do you advocate that Master Settlement Agreement dollars should be spent on tobacco prevention or cessation programs because these are the terms of the agreement with the tobacco companies, or because there is more of a moral imperative for the state to use this money to fund tobacco prevention or cessation programs?
 - b. Follow-up: Can you explain more about your reasoning for this?
5. Is there anything about your personal or family background that may influence your support for tobacco prevention or cessation programs, such as a history of tobacco use, a close family member with a history of tobacco use, a family member who has had cancer, affiliation with tobacco farmers, tobacco retailers, or others in the industry, or any other factor that you are comfortable sharing?
6. In your experience, what types of groups have you noticed to be particularly active in lobbying around issues of state funding for tobacco prevention and cessation programs? [for example, non-profit organizations, medical associations, tobacco industry groups, retail associations on behalf of tobacco retailers, tobacco farmers and/or labor organizations, etc.]
7. Can you think back to a time when you received a short policy brief or written information about funding tobacco prevention or cessation programs?
 - a. Follow-up: If so, what motivated you, if anything, to read and think about the message in this brief or these materials?
 - i. Probe: What about the brief or materials got your attention?
 - b. Follow-up: Did anything impact your ability, in a positive or negative way, to remember and use the message?
 - i. Probe: To what extent were there factors in your environment that may have impacted your ability to devote attention to the materials?
 - ii. Probe: To what extent were there characteristics of the materials themselves that made it difficult to digest?

Now I'm going to ask you to take a look at the two policy briefs in front of you and ask you some questions about your reactions to these.

Let's look at this one first, entitled "Invest in NC Tobacco Use Prevention Programs Because They Save [Dollars or Lives]."

1. What are your reactions to it?
 - a. Follow-up: To what extent does it get your attention?
 - b. Follow-up: Visually, is the image compelling?
 - c. Follow-up: How clearly is the message presented?
2. What is the main message of this brief?
3. To what extent do you trust the message in this brief?
 - a. Follow-up: Can you say more about your reasons for this?
4. To what extent is this brief likely to influence how you think about tobacco prevention and cessation programs?
5. To what extent is this brief likely to influence your lobbying efforts for or against funding of tobacco prevention and cessation programs?
6. What do you like about this policy brief?
7. What do you not like about this policy brief?
8. Thinking of situations in which you are faced with policy briefs, are likely to read this one?
 - a. Follow-up: Can you say more about your reasons for this?
9. What about this brief could be improved to increase the likelihood that you would read it?
 - a. Follow-up: What would make it more attention-generating?
10. What about this brief could be improved to increase the likelihood that you would remember and use the message?

Let's look at this one first, entitled "Invest in NC Tobacco Use Prevention Programs Because They Save [Dollars or Lives]."

1. What are your reactions to it?
 - a. Follow-up: To what extent does it get your attention?
 - b. Follow-up: Visually, is the image compelling?
 - c. Follow-up: How clearly is the message presented?
2. What is the main message of this brief?
3. To what extent do you trust the message in this brief?
 - a. Follow-up: Can you say more about your reasons for this?
4. To what extent is this brief likely to influence how you think about tobacco prevention and cessation programs?
5. To what extent is this brief likely to influence your lobbying efforts for or against funding of tobacco prevention and cessation programs?
6. What do you like about this policy brief?
7. What do you not like about this policy brief?
8. Thinking of situations in which you are faced with policy briefs, are likely to read this one?

- a. Follow-up: Can you say more about your reasons for this?
9. What about this brief could be improved to increase the likelihood that you would read it?
 - a. Follow-up: What would make it more attention-generating?
10. What about this brief could be improved to increase the likelihood that you would remember and use the message?

Now I'm going to ask you to consider both of these briefs together.

1. Which one do you like better?
 - a. Follow-up: Can you say more about your reasons for this?
2. Which one captures your attention better?
 - a. Follow-up: Can you say more about your reasons for this?
3. Which one do you find more credible?
 - a. Follow-up: Can you say more about your reasons for this?
4. Which one do you find more memorable?
 - a. Follow-up: Can you say more about your reasons for this?
5. Which one is likely to have the greater impact on how you think about state funding for tobacco prevention and cessation programs?
 - a. Follow-up: Can you say more about your reasons for this?
6. Which one is likely to have the greater impact on how you lobby for or against state funding for tobacco prevention and cessation programs?
 - a. Follow-up: Can you say more about your reasons for this?

Last, is there anything I haven't asked that the Tobacco Prevention and Evaluation Program should know about improving communication of program outcomes to state legislators?

Appendix B: Policy Briefs

Saving Lives Policy Brief

Invest in NC Tobacco Use Prevention Programs Because They Save Lives

Your support is needed for a budget appropriation to sustain the success of state programs:

Teen Tobacco Initiative and Tobacco.Reality.Unfiltered (TRU) media campaign:

- **53,000 fewer students** smoke cigarettes
- **53.8% decrease** in smoking prevalence among middle school youth
- **38.8% decrease** in smoking prevalence among high school youth

Tobacco-Free Colleges:

- **48 campuses** with smoke- or tobacco-free campus policies
- **236,000 college students** and 27,000 employees protected from secondhand smoke

QuitlineNC Cessation Support:

- **40,000 tobacco users** provided with free cessation support
- **5,850 smokers** quit smoking

TRU Stories



"It is so important we prevent others from experiencing the same pain my grandfather does every single day since he suffered a stroke from tobacco smoking."



"It isn't about counting the amount of failures or success stories, but helping make simple changes in our community that are so important and necessary to help save people's lives."

"I chose to be tobacco free so that I can hopefully be an example to those around me. I've lost too many loved ones to the effects of cigarettes, and I don't want to lose any more."



Youth in Action Against Tobacco Council Rowan County youth leaders host Tobacco 101, media literacy, smoking in the movies trainings & events at their middle and high schools

Invest in NC Tobacco Use Prevention Programs Because They Save Dollars

Your support is needed for a budget appropriation to sustain the success of state programs:

NC Tobacco Initiatives Save:

- **\$928 million** in medical costs saved due to youth who do not initiate tobacco use
- **\$55 million** in medical costs saved from those who quit smoking with cessation support from QuitlineNC

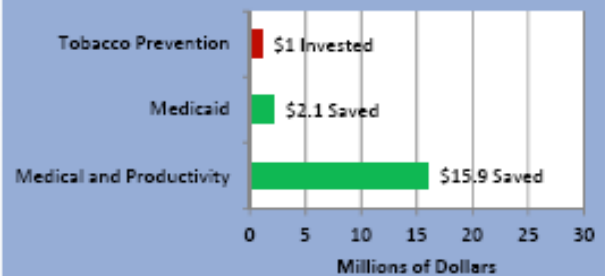
Annual Impact of No Funding:

- Medicaid costs will **increase by \$36 million**
- Other health care costs will **increase by \$121 million**
- Productivity losses will **increase by \$118 million**

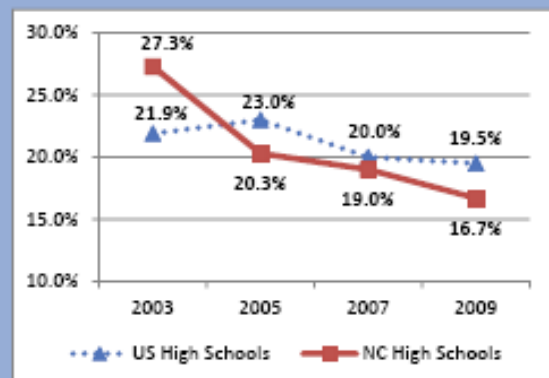
TRU Statistics



For Every Million Dollars Invested in Tobacco Prevention, NC Saves Money



Investments in prevention have led to sustained decreases in youth tobacco use below the national average.



Appendix C: Recruitment Script

Hello, my name is [name] and I am a graduate student at the University of North Carolina (UNC) at Chapel Hill. I am working with the Tobacco Prevention and Evaluation Program of the UNC Department of Family Medicine, an organization charged with the independent review of North Carolina's Tobacco Initiatives. These initiatives include a Teen Tobacco Use Prevention and Cessation Initiative, the “Tobacco.Reality.Unfiltered” or TRU media campaign promoted by and for teens, a tobacco-free college campuses program, and a state Tobacco Quitline to help youth and adults from all counties access free tobacco cessation support.

TPEP is conducting interviews with [former legislators or lobbyists] like yourself, and we would really appreciate your input. Specifically, we want to understand your thoughts and views on statewide tobacco prevention and cessation programs. Ultimately, TPEP hopes to improve communication of program outcomes to strengthen ties with key stakeholders, including policymakers.

The interviews would last no longer than 30 to 45 minutes. As a token of our appreciation, we would like to offer you an item not worth more than \$20 from a respected non-profit organization.

Please let me know if you would be willing to be interviewed. We would greatly appreciate hearing your thoughts and experiences!