



## OVERVIEW

# The 2020 Smokefree Oregon campaign

aimed to build Oregonians' support for tobacco prevention policies and generate interest in taking action against the commercial tobacco industry.

The campaign used three methods to engage the target audience:

- Distributing campaign advertisements on digital platforms, billboards, and television.
- Redesigning the website to be action-oriented.
- Providing grants and resources to tobacco prevention staff across Oregon so they can distribute campaign messages and mobilize communities.

The 2020 Smokefree Oregon campaign launched amid several historically unprecedented events, including COVID-19, which emerged concurrent with the campaign. Readers should be mindful of the context of the campaign when considering the evaluation findings.



The 2020 Smokefree Oregon campaign messages were widely distributed and pre- and postcampaign survey results demonstrated that campaign messages had a significant impact on survey respondents' knowledge and attitudes toward tobacco prevention and the tobacco industry, support for tobacco prevention policies, and likelihood of taking action against the commercial tobacco industry. **The campaign was successful in initiating a movement to encourage citizens to take action against commercial tobacco and future campaigns will likely build upon this movement.** RMC Research conducted the campaign evaluation. This summary describes findings related to six of the seven evaluation questions related to the campaign.

## EVALUATION QUESTION

To what extent did the campaign reach Oregonians?

DATA SOURCE:  
Campaign metric data

→ The Smokefree Oregon Campaign were distributed widely across Oregon and messaging in both English and Spanish were seen more than 54 million times in person and online. In addition,



**7 television segments** aired on 7 stations in 3 markets



digital channels generated **92,590 clicks**

Most postcampaign-exposed survey respondents saw Smokefree Oregon campaign messages less than once a week.



**65%**

less than once per week



**19%**

once per week



**16%**

multiple times per week

■ Post exposed N = 146

## EVALUATION QUESTION

To what extent did the campaign increase awareness of and interaction with Smokefree Oregon website?

DATA SOURCE:  
Website metric data

→ Despite the COVID-19 pandemic, the 2020 campaign increased awareness of the Smokefree Oregon website.

**2020 precampaign**  
3.5 months prior **3,610 users**

**2020 campaign**  
April 21–July 19 **45,417**

↑ **1,158%** increase



**386 website users** clicked beyond the landing page, most often to the Take Action or Home page

However only 1% of users driven to the website by the campaign clicked beyond the landing page.

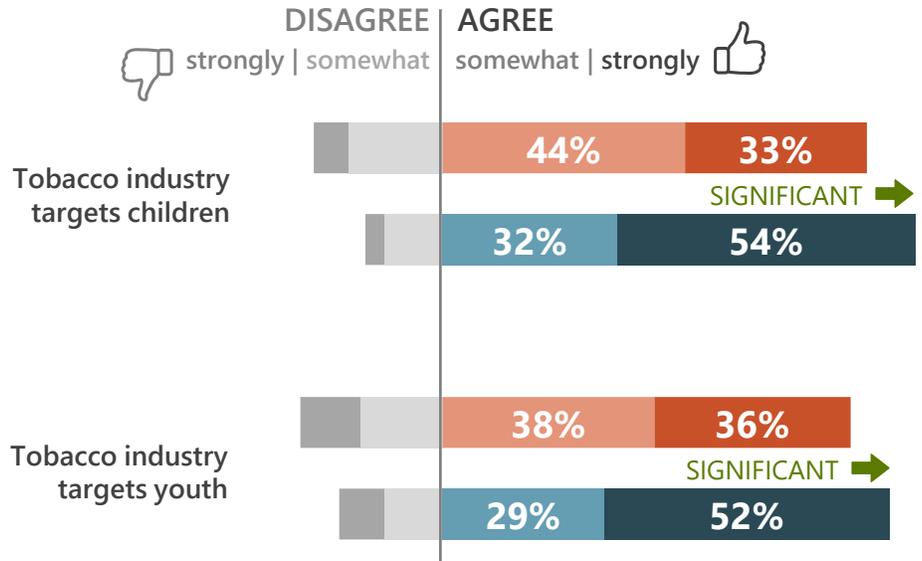
EVALUATION QUESTION

Did the campaign affect knowledge of and attitudes towards tobacco prevention and the tobacco industry?

DATA SOURCE:

Pre- and post-campaign surveys

Exposure to the campaign message predicted significantly more agreement that the tobacco industry targets children and youth.



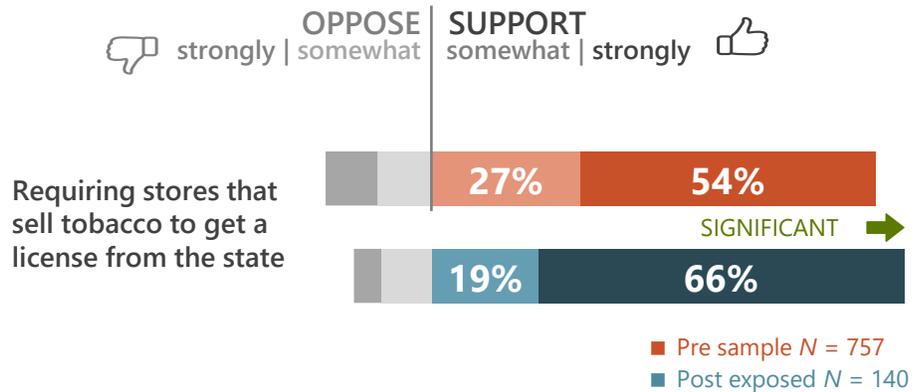
EVALUATION QUESTION

Did the campaign affect support for tobacco prevention policies?

DATA SOURCE:

Pre- and postcampaign surveys

Exposure to campaign messaging predicted significantly more support for policies requiring stores that sell tobacco to get a license from the state.



Pre- and postcampaign survey data reveal that after exposure to campaign messaging, respondents reported a greater likelihood of taking action against the tobacco industry.

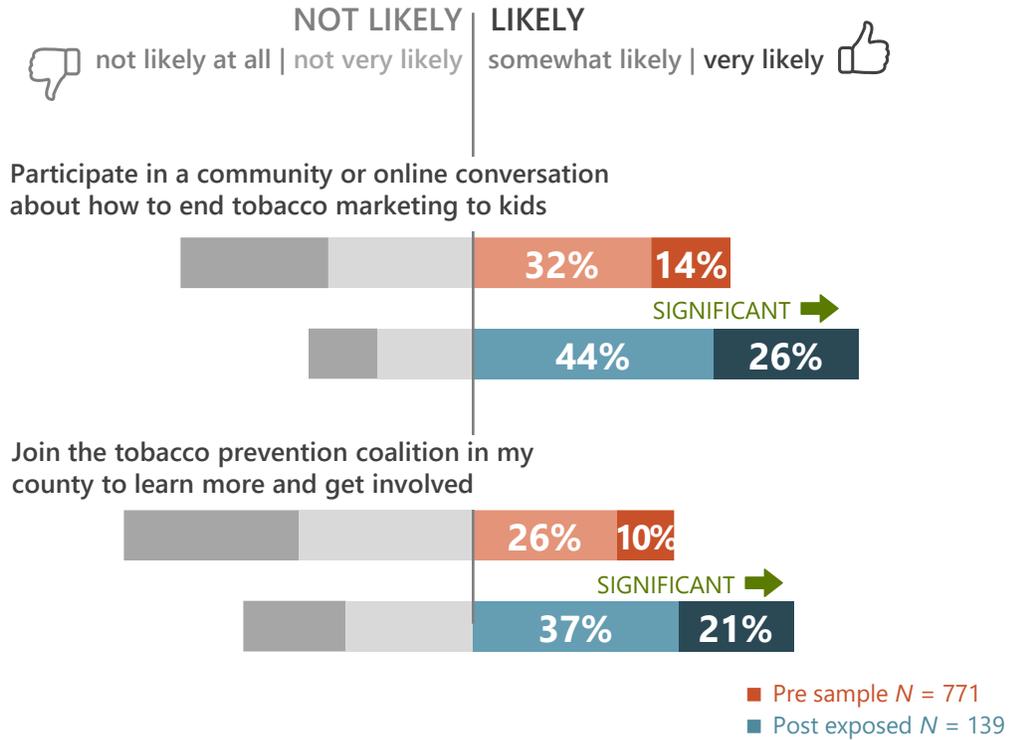
## EVALUATION QUESTION

Did the campaign affect citizen involvement in taking action against the commercial tobacco industry?

### DATA SOURCES:

- Pre- and postcampaign surveys
- Website and social media engagement metrics
- Interviews with TPEP coordinators and community-based organizations

Exposure to campaign messages predicted significantly greater likelihood that respondents would participate in a community conversation about ending tobacco marketing to kids and join a county tobacco prevention coalition.



Although survey respondents exposed to the campaign message reported a greater likelihood of taking action against the commercial tobacco industry, few subscribed to Smokefree Oregon emails or clicked to initiate the process of sending a letter to a decision maker.

 **78 website users** actively subscribed for Smokefree Oregon emails

 **44 website users** clicked to initiate the process of sending a letter to decision makers

 In interviews, TPEP coordinators reported strengthened relationships with their communities and an increased interest in public health work.



OHA provided TPEP coordinators with financial and technical resources to leverage the campaign and build local media capacity. **Metropolitan Group provided coordinators with a campaign toolkit** that included

- posters,
- content for social media posts,
- content for an email blast,
- talking points, and
- a press release for distribution to local media.

Every six months TPEP coordinators report their activities to OHA via a reporting tool.

### EVALUATION QUESTION

To what extent did TPEP coordinators use the campaign toolkit and Metropolitan Group technical assistance?



**Most of the TPEP coordinators who submitted a reporting tool also used the toolkit.**



**19 coordinators** of the 23 who submitted a reporting tool and completed activities related to the communications plan reported using the toolkit.

### DATA SOURCES:

- TPEP reporting tool
- Interviews with TPEP coordinators and community-based organizations



**In interviews, TPEP coordinators reported that the toolkit allowed for easy and quick distribution of the campaign message on social media.**



# SMOKEFREE oregon

## 2020 Campaign Final Evaluation Report

September 2021



Prepared for

**Oregon Health Authority  
Health Promotion and  
Chronic Disease Prevention**

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## **Acknowledgements**

Oregon Health Authority and RMC Research thank the Smokefree Oregon Evaluation Advisory Group, which provided direction to the evaluation; reviewed and offered feedback on survey data, interview questions, and report drafts; and provided the insightful perspective of individuals conducting tobacco prevention work in Oregon communities. The following Tobacco Prevention and Education Program (TPEP) Coordinators, community-based organization partners, and Oregon Health Authority staff contributed to the advisory group:

**Karen Ard, TPEP Coordinator**

**Gwyn Ashcom, TPEP Coordinator**

**Jennie Brixey, Native American Youth and Family Center**

**Natalyn Begay, Native American Youth and Family Center**

**Sharon Coryell, Oregon Health Authority**

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**Nadia LeMay, TPEP Coordinator**

**Derek Smith, Oregon Health Authority**

**Michele Veenker, NAMI, Clackamas**

**Sarah Wylie, Oregon Health Authority**

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An **evaluation advisory group** composed of Tobacco Prevention and Education Program (TPEP) coordinators, community-based organization staff, and Oregon Health Authority (OHA) staff provided direction to the evaluation, offered feedback on reports and other documents, and contributed the insightful perspective of individuals conducting tobacco work in Oregon communities. Due to COVID-19, participation of the advisory group was delayed until September 2020.

Tobacco use is the leading contributor to preventable death in Oregon, killing nearly 8,000 adults annually.<sup>1</sup>

**Organizing Oregonians to take action against the commercial tobacco industry is an important aspect of promoting population health.**

Oregon Health Authority's Health Promotion and Chronic Disease Prevention (HPCDP) section initiated the Smokefree Oregon campaign in 2013 to prevent youth initiation of tobacco use. In 2019 OHA conducted formative research to inform a new iteration of the Smokefree Oregon prevention campaign, which aimed to build Oregonians' support for tobacco prevention policies and generate interest in taking action against the commercial tobacco industry.

RMC Research conducted a mixed-methods evaluation of the 2020 Smokefree Oregon campaign, utilizing data collected through pre- and postcampaign surveys, individual interviews of key stakeholders, the campaign website, and TPEP coordinators. This report presents findings from the evaluation and recommendations for improving future campaigns.

These findings must be considered within the context of several events that occurred during the same year, including the COVID-19 pandemic, widespread protests for social justice in response to police officers killing George Floyd in Minneapolis, treacherous Oregon wildfires, and a contentious presidential election. According to TPEP coordinators these historical events overshadowed the campaign and tobacco prevention work in general.

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<sup>1</sup>Oregon Health Authority, "Oregon Vital Statistics Annual Reports." 2019.



## SMOKEFREE OREGON AT A GLANCE

### TARGET AUDIENCE:

- Primary: Active and engaged Oregonians
- Secondary: Persuadable Oregonians

### PRIMARY GOALS:

- Build support for tobacco prevention policies.
- Generate interest in taking action against the commercial tobacco industry.

### AUDIENCE ENGAGEMENT

#### METHODS:

- Campaign ad distribution on digital platforms, billboards, and television
- Website redesign
- Grants and resources to tobacco prevention staff

## ABOUT THE CAMPAIGN

The 2020 Smokefree Oregon prevention campaign, which was in market from April to July 2020, was comprised of several elements. First, OHA contracted with Metropolitan Group to design a **new campaign**. Metropolitan Group conducted formative research in five Oregon communities to inform the campaign's goals; this research included

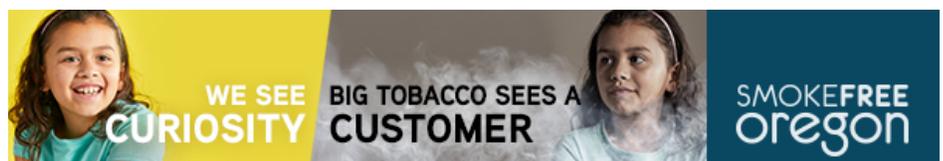
- an information meeting with a TPEP coordinator,
- in-depth interviews with four community influencers,
- informal observations of tobacco marketing, and
- focus groups with members of the public.

Focus group participants were recruited through a research firm or community-based organizations (Equi Institute, Euvalcree, Klamath Tribes, National Alliance on Mental Illness, Native American Youth and Family Center, and Portland African American Leadership Forum).

Metropolitan Group also used a technique called *cluster analysis* to identify various population segments via a quantitative survey conducted prior to the focus groups. These segments included "active and engaged" individuals who are the most likely to take action against the tobacco industry, "persuadables" who might engage at a later date, and individuals uninterested in taking action. Active and engaged and persuadable individuals were found to have beliefs in close alignment with the campaign's goals and were chosen as the campaign's target audience. Message testing revealed that these clusters were most motivated by the "We See, They See" messaging, which called attention to tobacco companies' technique of targeting marketing to children.

#### Exhibit 1

**The 2020 Smokefree Oregon campaign message aimed to generate interest in taking action against the commercial tobacco industry.**





The Oregon Health Authority's Tobacco Prevention and Education Program (TPEP) funds county health departments, tribes, and community-based organizations to prevent and reduce tobacco use using a **tiered funding model**. Grantees commit to achieving more intensive (Tier 3), medium intensive (Tier 2), or less intensive (Tier 1) policy and systems changes and receive funding commensurate with their commitment and other factors.

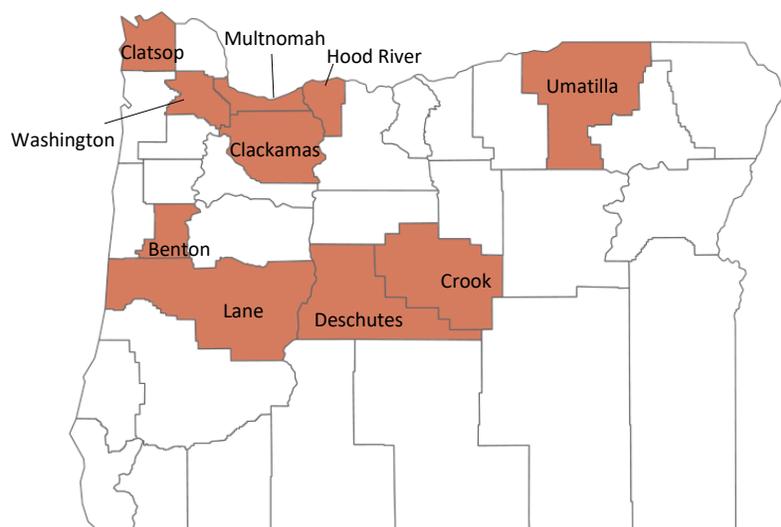
The Smokefree Oregon campaign message was disseminated in English and Spanish through a variety of channels (see Exhibit 2). Although the message was delivered throughout Oregon, additional digital media funding targeted Tier 3 counties, which have more resources to engage people in tobacco prevention work. Ads drove traffic to the Smokefree Oregon website or, in the case of paid social media ads, invited people to join an email list related to tobacco prevention advocacy.

Exhibit 2  
**The Smokefree Oregon message was disseminated through a variety of channels.**

Channel	Location	Total Investment
Online video	statewide, focus on Tier 3 counties	\$125,374
Billboards and posters	Portland, Salem	\$83,765
Digital ads	statewide, focus on Tier 3 counties	\$82,364
Paid ads on social media	statewide, focus on Tier 3 counties	\$23,466
Local TV	Bend, Eugene, Portland, Salem, other metros in northern and northeastern Oregon	\$7,340
<b>ALL CHANNELS</b>		<b>\$322,309</b>

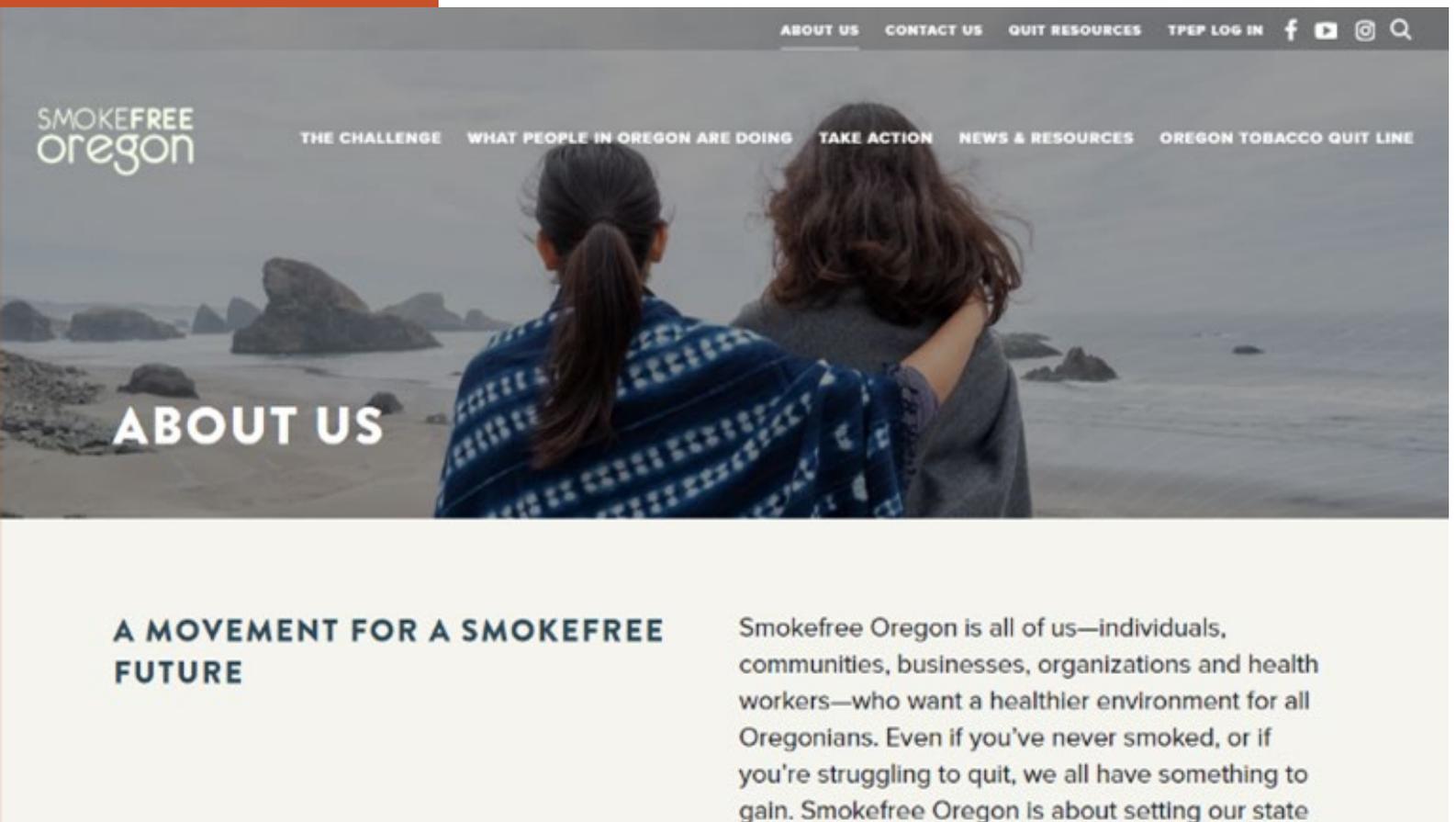
Note. Portland is in Multnomah County, Salem is in Marion County, Bend is in Deschutes County, and Eugene is in Lane County.

**Tier 3 Counties**



Second, OHA **redesigned the Smokefree Oregon campaign website** (smokefreeoregon.com) to emphasize action. In addition to providing information on the prevalence and risks of tobacco use, the website offers visitors the opportunity to receive email alerts for advocacy efforts, to write to local decision makers, and to contact TPEP coordinators in communities throughout Oregon.

Third, OHA provided **grants, resources, and technical assistance to County TPEPs, Tribal TPEPs, and Regional Health Equity Coalitions**. TPEP coordinators were tasked with distributing campaign messages, generating earned media, and engaging Oregonians in tobacco prevention efforts. Metropolitan Group provided TPEP coordinators with a toolkit and other technical assistance on strategic communication.



# THE CAMPAIGN EVALUATION

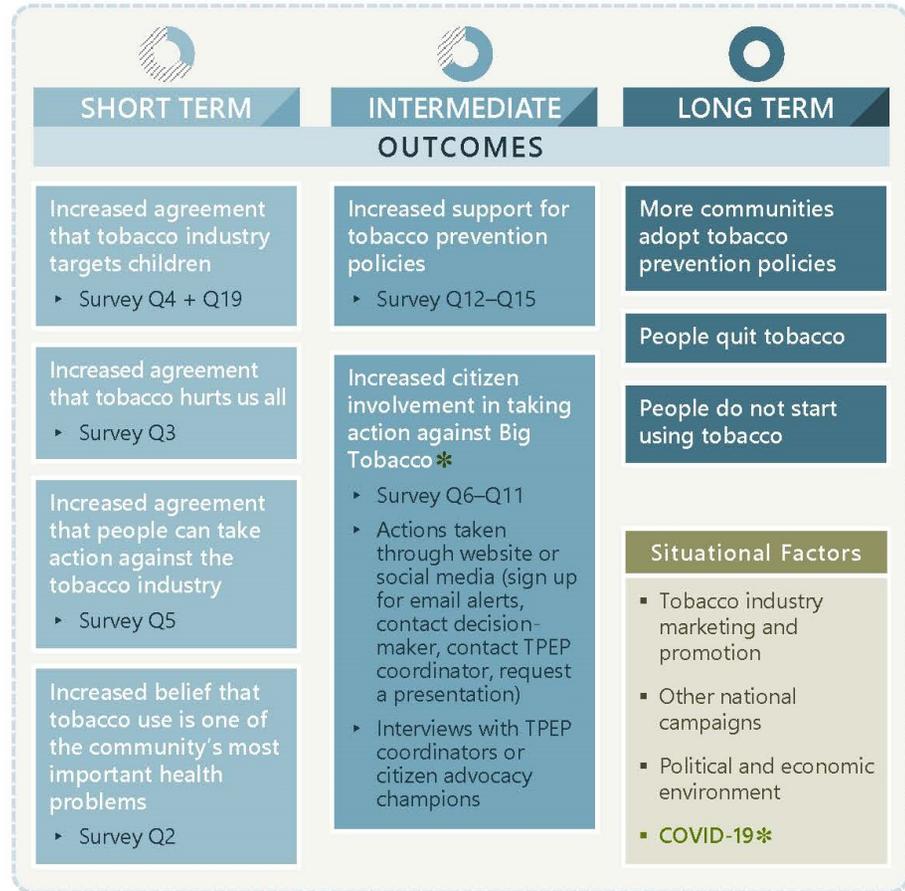
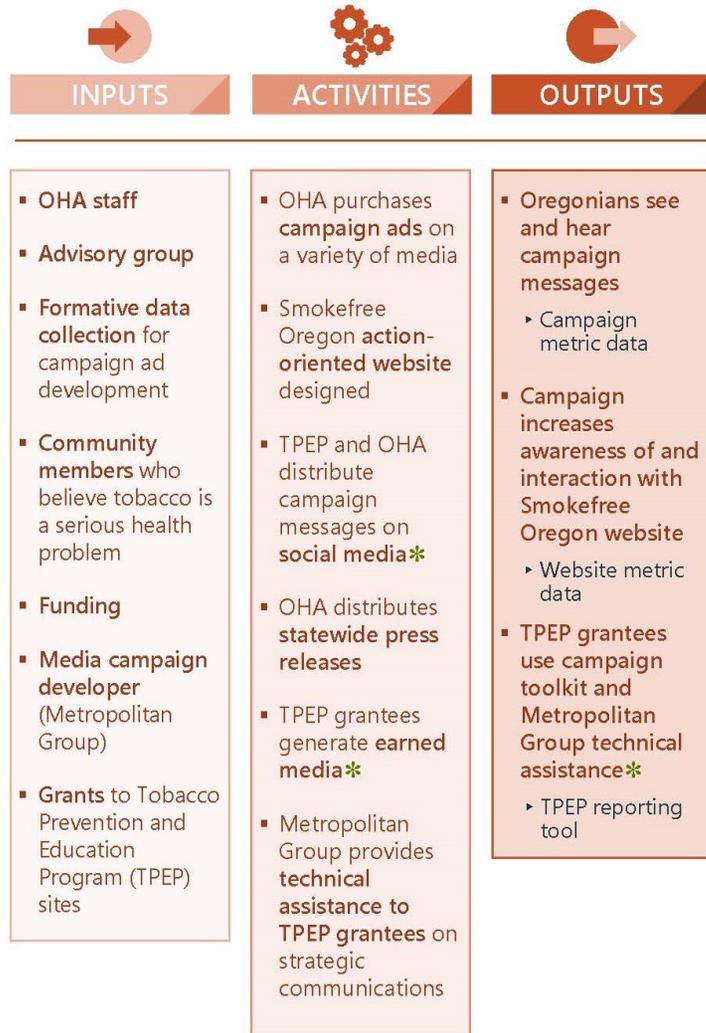
The Smokefree Oregon campaign evaluation aimed to investigate **seven evaluation questions** and measure the outputs and outcomes described in a logic model (see Exhibit 4). Each question is associated with an aspect of the logic model and various data sources were used to address evaluation questions.

## Exhibit 3

**Seven evaluation questions are associated with logic model constructs. Various data sources were used to address evaluation questions.**

Evaluation Question	Logic Model Construct	Data Source
1. What types of tobacco-related media were Oregonians exposed to during the campaign?	Situational factors	<ul style="list-style-type: none"> <li>Environmental media sweep</li> </ul>
2. To what extent did the campaign reach Oregonians?	Output	<ul style="list-style-type: none"> <li>Campaign metric data</li> <li>Postcampaign survey</li> </ul>
3. To what extent did the campaign increase awareness of and interaction with the Smokefree Oregon website?	Output	<ul style="list-style-type: none"> <li>Website metric data</li> </ul>
4. To what extent did TPEP coordinators use the campaign toolkit and Metropolitan Group technical assistance?	Output	<ul style="list-style-type: none"> <li>TPEP reporting tool</li> </ul>
5. Did the campaign affect knowledge of and attitudes towards the tobacco industry?	Short-term outcomes	<ul style="list-style-type: none"> <li>Pre- and postcampaign surveys</li> </ul>
6. Did the campaign affect support for tobacco prevention policies?	Intermediate outcome	<ul style="list-style-type: none"> <li>Pre- and postcampaign surveys</li> </ul>
7. Did the campaign affect citizen involvement in taking action against the commercial tobacco industry?	Intermediate outcome	<ul style="list-style-type: none"> <li>Pre- and postcampaign surveys</li> <li>Website and social media engagement metrics</li> <li>Key informant interviews</li> </ul>

# SMOKEFREE OREGON 2020 LOGIC MODEL

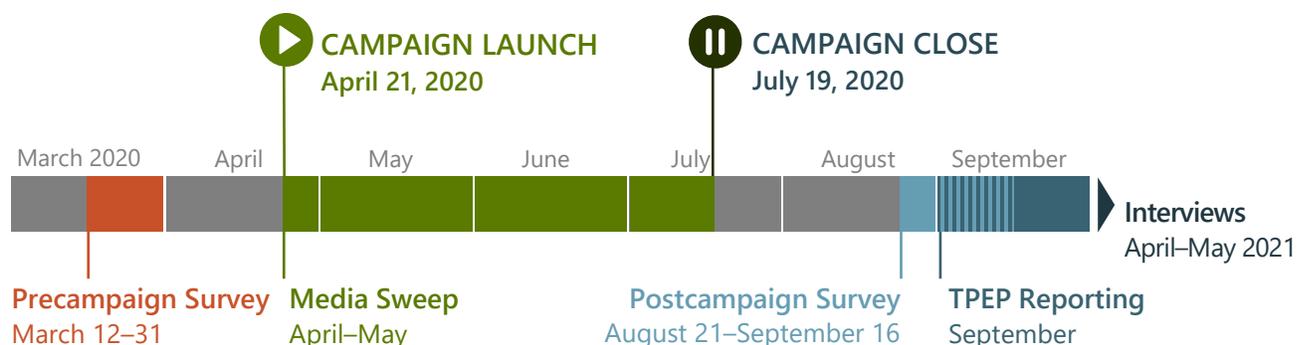


\*Indicates activities, outputs, and outcomes that were especially impacted by COVID-19. COVID-19 influence was measured through (a) interviews with TPEP Coordinators and (b) media sweep.

**Data were collected at various stages of the evaluation** and some data collection activities were delayed due to COVID-19. The interviews occurred nearly a year after the campaign was initiated—likely resulting in participants remembering some details incorrectly (i.e., *recall bias*).

Exhibit 5

Data were collected at various stages throughout the evaluation.



An **evaluation advisory group** composed of TPEP coordinators, community-based organization staff, and OHA staff **provided direction to the evaluation**, offered feedback on reports and other documents, and contributed the insightful perspective of individuals conducting tobacco prevention work in Oregon. Ideally, participation in the advisory group would have commenced at the beginning of the evaluation, but due to COVID-19 the advisory group did not meet until September 2020.

RMC Research contacted **6 U.S. states to learn how other tobacco prevention campaigns are evaluated**. Alaska, Massachusetts, and Wyoming conduct minimal evaluation of their campaigns by monitoring click through rates and page views of paid media or asking a few questions in annual adult tobacco surveys. California, New York, and Utah all contract with an independent evaluator to conduct more robust evaluations. See Appendix B for details on what evaluation techniques each of these states utilize.

# EVALUATION FINDINGS

## THE SMOKEFREE OREGON CAMPAIGN IN 2020

The 2020 Smokefree Oregon campaign launched amid several historically unprecedented events. OHA provided training and a toolkit to grantees so they could generate local press coverage related to the campaign and conduct outreach to their communities. However, **COVID-19 emerged concurrent with the campaign and many grantees were reassigned to pandemic-related work, which limited their ability to produce earned media and conduct local tobacco prevention work.** In addition, as Exhibit 6 shows, other major events also dominated social life and news coverage.

Exhibit 6

The Smokefree Oregon campaign emerged amid several historically unprecedented events.



### EVALUATION QUESTION 1

What types of tobacco-related media were Oregonians exposed to during the campaign?

DATA SOURCE:

- Media sweep

RMC Research conducted a **media sweep of tobacco-related news items in order to understand the information context for the campaign** and hypothesize how other tobacco-related information might affect the outcomes measured for the evaluation. Although it was beyond the scope of this evaluation to explore in depth the impact of the extenuating events and the information environment, readers should be mindful of the context of the campaign when considering the evaluation findings.

The most mentioned tobacco-related topics during the time of the media sweep (April and May 2020) included the following:

- Tobacco regulations including prohibitions related to COVID-19 (at casinos, baseball games, etc.), tobacco tax increases in Oregon and other states, increasing the legal age for purchasing tobacco, and bans on vaping in cars.
- Tobacco use as a risk factor for chronic diseases such as heart disease and asthma and for COVID-19.
- Tobacco products mentioned in news stories on the protests related to George Floyd’s murder, the wildfires, and litter.

See Appendix A for complete findings.

## Exhibit 7

### **SAMPLE TOBACCO-RELATED HEADLINES**

#### **Casinos reopen without smoking, drinking, or food**

*Corvallis Gazette Times*. June 30, 2020.

#### **Oregon voters to decide on drug decriminalization, campaign finance limits.**

OPB. July 2, 2020.

“Under what’s known as Initiative 402 [i.e., Measure 108], cigarette taxes would be increased by \$2 per pack, cigar taxes would increase, and a 65% tax would be increased on vaping products.”

#### **1 in 3 young adults vulnerable to severe COVID-19—and smoking plays a big part, research finds**

*Corvallis Gazette Times*. July 13, 2020

#### **Reduce your risk of another heart attack or stroke.**

*Hood River News*. May 26, 2020

“If you smoke, stop. Smoking increases the risk of stroke and heart attack.”

#### **Fire restrictions begin Friday for BLM, local national forests.**

*Central Oregon Daily*. June 23, 2020.

“Under public use restrictions, smoking is prohibited.”

## EVALUATION QUESTION 2

To what extent did the campaign reach Oregonians?

### DATA SOURCES:

- Campaign metric data
- Postcampaign survey

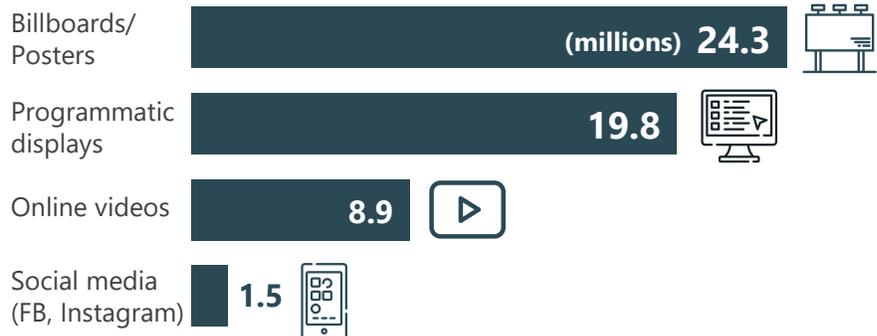
Additional funds were allocated for Tier 3 counties, whose work plans had more extensive policy goals and community engagement. Tier 3 counties had more impressions and clicks than other counties, which can be attributed to higher ad budgets and audience sizes.

## CAMPAIGN REACH

The Metropolitan Group collected campaign metric data to measure the reach of the Smokefree Oregon Campaign.

### Exhibit 8

The Smokefree Oregon Campaign messages were distributed widely across Oregon and Metropolitan Group estimated that messages in both English and Spanish were seen more than 54 million times in person and online.



**In addition, 7 television segments** aired on 7 stations in 3 markets (Portland/Salem, Eugene, Bend); numbers of viewers and clicks are not available)



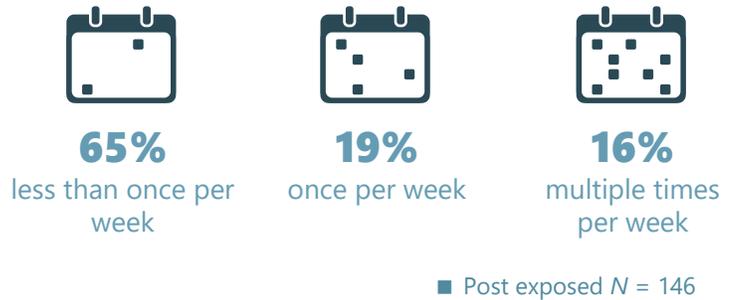
digital channels generated **92,590 clicks**

Programmatic displays, online videos, and social media aimed to drive viewers to the Smokefree Oregon website and to subscribe for email messages.

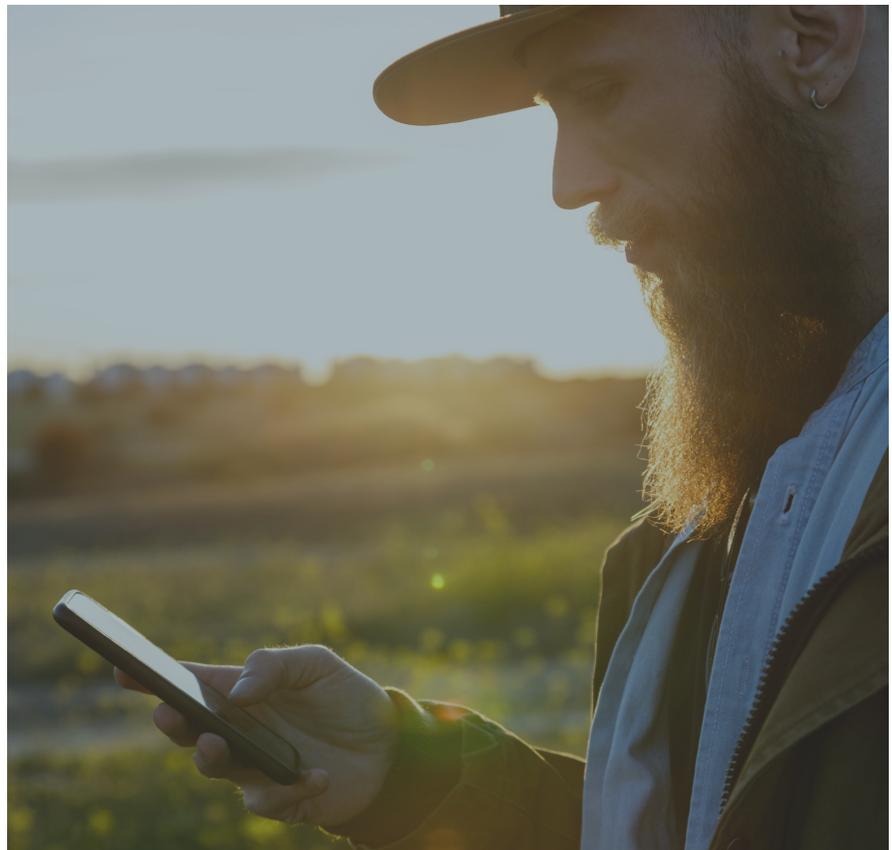
The postcampaign survey measured participants' recall of the campaign message and frequency and location of exposure to the message. **About 18% (146) of the postcampaign survey respondents reported seeing the campaign message at least once during the campaign and most exposed respondents saw the message less than once a week.**

Exhibit 9

Between April and July 2020, most postcampaign-exposed survey respondents saw Smokefree Oregon campaign messages less than once a week.



Respondents reported most often seeing the campaign message on billboards (56%) and social media (40%).



### EVALUATION QUESTION 3

To what extent did the campaign increase awareness of and interaction with Smokefree Oregon website?

DATA SOURCE:

- Website metric data



A website's **bounce rate** is the percentage of users who navigate away from the website after viewing the landing page. The campaign landing page's **99% bounce rate** is an indicator that additional changes might be necessary to engage website users in action against the commercial tobacco industry.

## INTERACTION WITH THE SMOKEFREE OREGON WEBSITE

The Metropolitan Group tracked engagement with the Smokefree Oregon website before and during the 2020 campaign.

Exhibit 10

Despite the COVID-19 pandemic, the 2020 campaign increased awareness of the Smokefree Oregon website.

**2018 campaign**  
Sept 17–Oct 18 **20,141** users

**2020 campaign**  
April 21–July 19 **45,417**

**↑ 125% increase**  
the number of website users more than doubled from 2018 to 2020

**2020 precampaign**  
3.5 months prior **3,610** users

**2020 campaign**  
April 21–July 19 **45,417**

**↑ 1,158% increase**  
the number of website users increased dramatically during the 2020 campaign



**386 website users** clicked beyond the landing page, most often to the Take Action or Home page

Metropolitan Group redesigned the Smokefree Oregon website and the campaign landing page prior to the 2020 campaign. Despite these efforts, only 1% of the users driven to the website by the campaign clicked beyond the landing page.

## EVALUATION QUESTION 4

To what extent did TPEP coordinators use the campaign toolkit and Metropolitan Group technical assistance?

### DATA SOURCES:

- TPEP reporting tool
- Interviews with TPEP coordinators and community-based organizations

Website metrics indicate the Toolkit was downloaded 7 times and the webinar about the campaign and toolkit was viewed 98 times.



Counties were affected heavily by COVID-19. Some TPEP coordinators were unable to engage in tobacco prevention work and were excluded from the data on toolkit use.

## USE OF CAMPAIGN TOOLKIT AND TECHNICAL ASSISTANCE

OHA provided TPEP coordinators with financial and technical resources to leverage the campaign and build local media capacity.

**Metropolitan Group provided coordinators with a campaign toolkit** that included

- posters,
- content for social media posts,
- content for an email blast,
- talking points, and
- a press release for distribution to local media.

Every 6 months TPEP coordinators report their activities to OHA via a reporting tool. Most who reported on the period the campaign was active indicated using the toolkit and doing so monthly or more often.

### Exhibit 11

**Most of the TPEP coordinators who submitted a reporting tool also used the toolkit.**



**19** coordinators of the 23 who submitted a reporting tool and completed activities related to the communications plan reported using the toolkit.

### Exhibit 12

**Most of the 15 Tier 2 and Tier 3 coordinators who used the toolkit used it monthly or more.**



**4** once or twice



**6** almost monthly



**4** a few times a month



**1** weekly or more



Metropolitan Group also provided all TPEP coordinators with a webinar about the campaign and toolkit and one-on-one technical assistance. Of the nine Tier 3 coordinators who completed the reporting tool, most received materials development and communications plan support from the Metropolitan Group.

Exhibit 13

**Materials development was the most common topic of technical assistance received by the nine Tier 3 TPEP coordinators.**



The majority of TPEP coordinators in the sample said that the technical assistance received from Metropolitan Group was either extremely helpful (2 coordinators) or very helpful (4 coordinators).

## EVALUATION QUESTION 5

Did the campaign affect knowledge of and attitudes towards tobacco prevention and the tobacco industry?

DATA SOURCE:

- Pre- and post-campaign surveys

## VIEWS OF TOBACCO PREVENTION AND THE TOBACCO INDUSTRY

Pre- and postcampaign surveys were conducted to assess respondents' knowledge and attitudes towards tobacco prevention and the tobacco industry (see Appendix B to learn more about how the survey was conducted and for complete findings). The surveys revealed that the campaign message affected respondents' perspectives on outcomes.

Exhibit 14

Exposure to the campaign message predicted significantly more agreement that the tobacco industry targets children and youth.

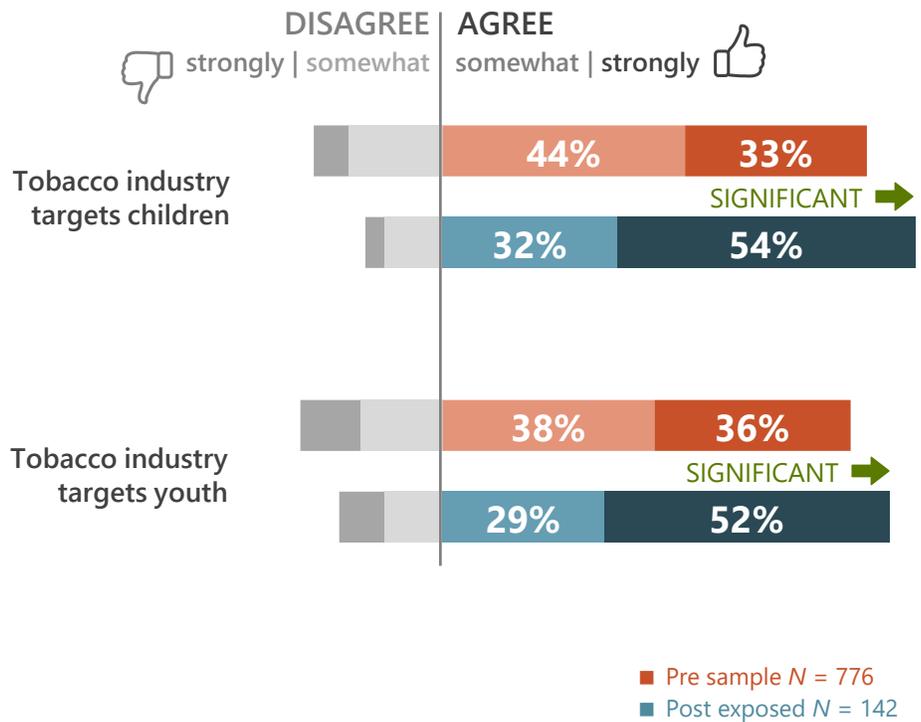
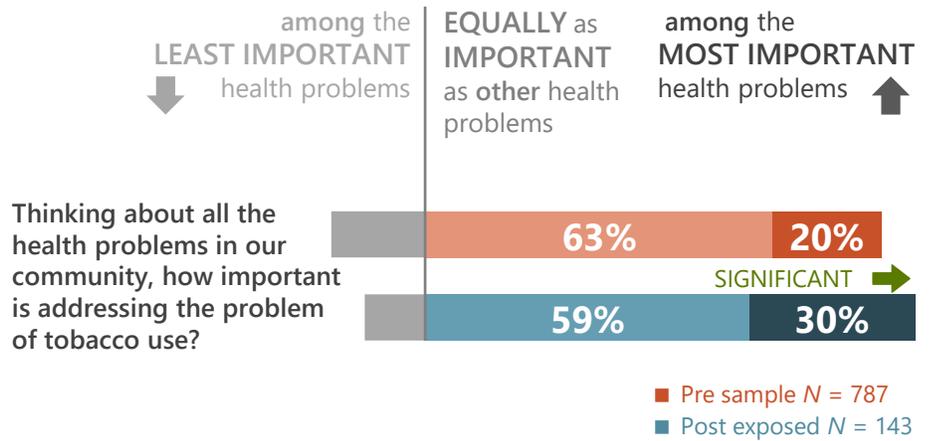


Exhibit 15

Significantly more postcampaign exposed survey respondents (89%) than precampaign survey respondents (83%) believed that tobacco is one of the community’s most important health problems.



Significantly more postcampaign survey respondents agreed that tobacco hurts us all, however, the difference between pre- and postcampaign respondents was not as strong as associations depicted in Exhibits 14 and 15. Exposure to the campaign message did not affect survey participants’ views that people can take action against the tobacco industry.



## EVALUATION QUESTION 6

Did the campaign affect support for tobacco prevention policies?

DATA SOURCE:

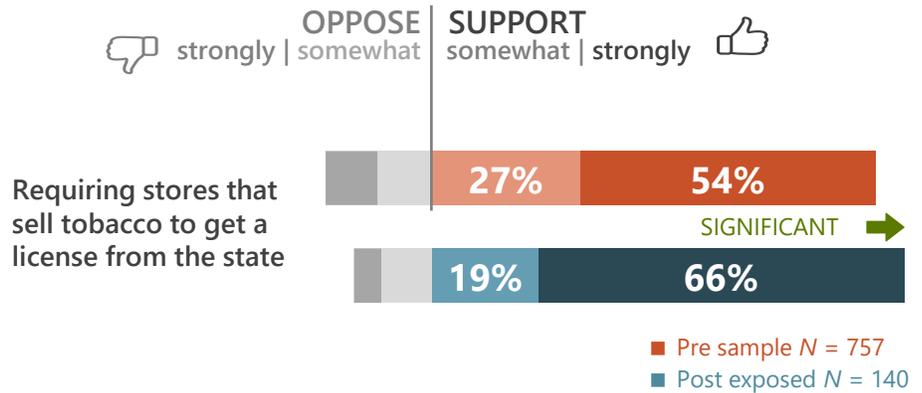
- Pre- and postcampaign surveys

## SUPPORT FOR TOBACCO PREVENTION POLICIES

Pre- and postcampaign surveys also measured respondents' support for specific tobacco prevention policies.

Exhibit 16

Exposure to the campaign message predicted significantly more support for policies requiring stores that sell tobacco to get a license from the state.



Survey respondents' exposure to the campaign message also significantly predicted more support for policies that increase taxes on cigarettes and e-cigarettes. However, exposure to the campaign message did not predict support for policies that prohibit flavored tobacco.

## EVALUATION QUESTION 7

Did the campaign affect citizen involvement in taking action against the commercial tobacco industry?

### DATA SOURCES:

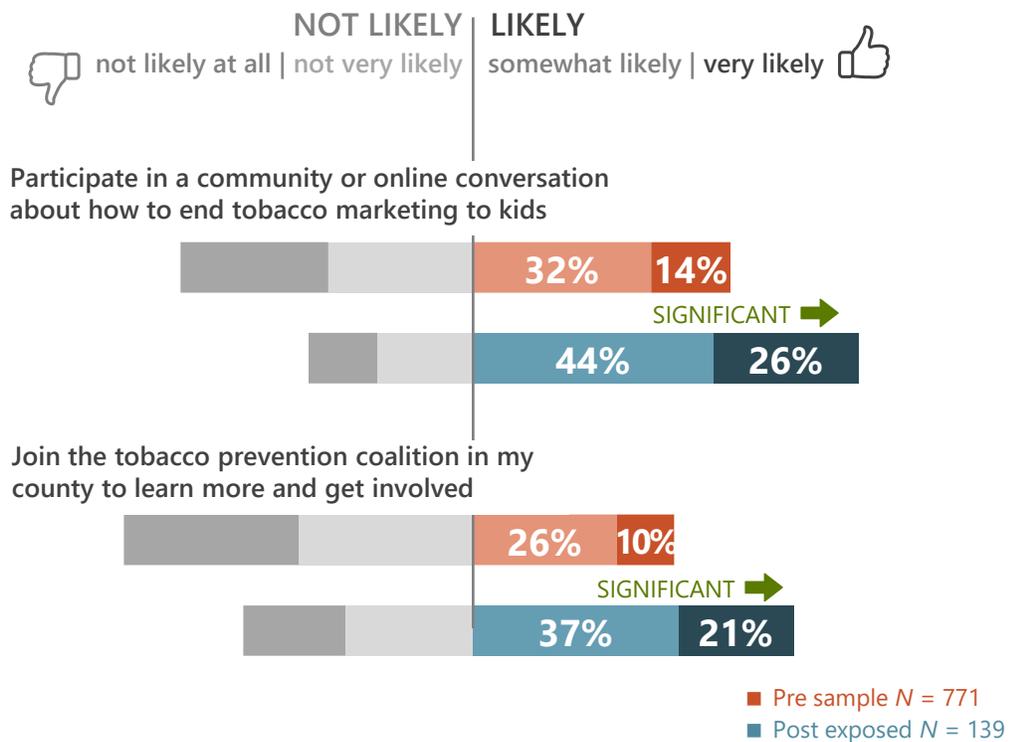
- Pre- and postcampaign surveys
- Website and social media engagement metrics
- Interviews with TPEP coordinators and community-based organizations

## CITIZEN INVOLVEMENT IN TAKING ACTION AGAINST THE COMMERCIAL TOBACCO INDUSTRY

The results from the pre- and postcampaign surveys reveal that after exposure to the campaign message survey respondents were more likely to take action against the tobacco industry.

### Exhibit 17

Exposure to campaign messages predicted significantly greater likelihood that respondents would participate in a community conversation about ending tobacco marketing to kids and join a county tobacco prevention coalition.



After exposure to campaign messages, survey participants indicated they were more likely to share information about or support for tobacco policies on social media and sign up for action alerts and updates. Participants who saw campaign messages also reported a greater likelihood of encouraging local representatives to support tobacco prevention policies, though they were less interested in this action than other actions.



I feel like the last year we've had the huge pause button pushed. But, then again, I think it has created some different opportunities, like with underserved populations, being able to reach their representatives. There's wins if you're able to reframe and look at things in a new way, especially looking at community partners and who's at the table and who can join.

*TPEP Coordinator*

Although survey respondents exposed to the campaign message reported a greater likelihood of taking action against the commercial tobacco industry, **few subscribed to Smokefree Oregon emails or clicked to initiate the process of sending a letter to a decision maker.**

#### Exhibit 18

**Few people took advantage of tools on the Smokefree Oregon website to take action against the commercial tobacco industry.**



**78 website users**

actively subscribed for Smokefree Oregon emails



**44 website users**

clicked to initiate the process of sending a letter to decision makers

The newly redesigned Smokefree Oregon website included features that enabled users to contact their TPEP coordinator, request a presentation from a TPEP coordinator, or share the campaign landing page. No website users utilized these features—an indication that people had difficulty making the commitment to take action against the commercial tobacco industry.

In spring 2021 RMC Research conducted **interviews with 8 TPEP coordinators and 3 community-based organizations to solicit feedback on the campaign toolkit and website and the successes and challenges of the past year of tobacco prevention work.** This section presents key findings from the interviews; see Appendix C for details on how the interviews were conducted and complete findings.

**Campaign toolkit.** Interviewees reported that the toolkit allowed for easy and quick distribution of the campaign message on social media. Interviewees also shared that the toolkit content could be improved by messages that acknowledge the lived experience of communities of color (e.g., using tobacco as a coping mechanism) and educate Oregonians about the basics of influencing policy.

**Campaign website.** Interviewees said that the website was attractive and easy to use. One interviewee said it could provide more historical information, including dates and events, on how tobacco companies



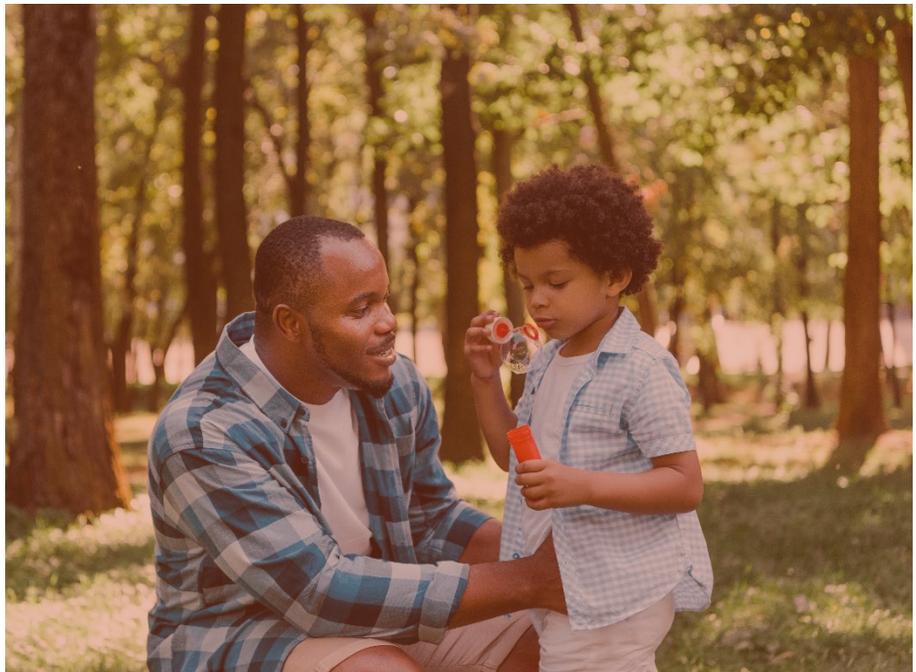
Some of the embedded assumptions in the materials that I saw: that people knew what policy and advocacy work was, and people felt like they had a voice in it, knew how to participate, and felt empowered to. If they clicked and found a legislator, they would know what that meant, where that information was going and how that might impact the process.

*Community-based organization staff*

have targeted children. Another interviewee said the website could include how tax dollars are being spent on tobacco prevention.

**Challenges.** Interviewees reported that COVID-19 curtailed their ability to conduct tobacco prevention work. In general, interviewees encountered a lack of support for tobacco prevention initiatives in their communities and found that the tobacco tax dominated conversations because those who smoke felt penalized by it, especially communities of color.

**Successes.** Because of COVID-19 outreach, interviewees described strengthened relationships with their communities—particularly communities of color—and increased interest in public health work. Several interviewees reported successfully passing tobacco-related policies such as tobacco retail licensure requirements and expansion of Oregon’s Indoor Clean Air Act.



# DISCUSSION AND RECOMMENDATIONS

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## RECOMMENDATIONS



Investigate barriers to people taking action against the commercial tobacco industry via the Smokefree Oregon website.



Collect data to gain insights into how TPEP coordinators and partners leverage community mobilization tools from the campaign.

The 2020 Smokefree Oregon campaign message was widely distributed, and during the campaign period Oregonians visited the Smokefree Oregon website considerably more compared to 2018 and in the months before the 2020 campaign. Pre- and postcampaign survey results demonstrated that **the campaign message had a significant impact on survey respondents' knowledge and attitudes toward tobacco prevention and the tobacco industry, support for tobacco prevention policies, and likelihood of taking action against the commercial tobacco industry.** The data collected for this evaluation indicate that campaign messages were successful in affecting evaluation outcomes.

The Smokefree Oregon website redesign was a core component of the campaign, but **very few Oregonians used the enhanced functions to take action against the commercial tobacco industry.** In fact, few people ventured beyond the campaign landing page. Although this evaluation did not directly investigate the reasons, the data collected suggest several explanations. The media sweep indicated that COVID-19 and other events of 2020 dominated people's minds and energy and perhaps limited the target population's interest in using the website features. Furthermore, Oregonians might not understand the impact they can have on the policy process and therefore the tobacco industry; one of the few outcomes the campaign did not affect was increased agreement that people can take action against the tobacco industry. Additionally, interview participants and advisory group members reported that their communities did not understand how the policy process worked and required more education. **OHA should investigate possible reasons for (a) not clicking through past the landing page, and (b) not using the tools on the take action page.**

Despite the COVID-19 pandemic, TPEP coordinators and community-based organizations conducted tobacco prevention work in their communities. Most coordinators completed communications activities and used the campaign toolkit to distribute campaign messages. Interview participants reported policy successes such as passage of tobacco retail licensure requirements and expansion of Oregon's Indoor Clean Air Act. Additionally, outreach conducted due to COVID-19 expanded health departments' community reach—

## RECOMMENDATIONS



Continue to incorporate principles of equity into the Smokefree Oregon campaign, especially by acknowledging the lived experiences of low-income communities and people of color.



Consider incorporating other U.S. states' approaches into the evaluation such as increasing the frequency of campaign surveys to monthly during the duration of campaign activity.

especially in communities of color. The data collected for this evaluation indicated that **TPEP coordinators and community-based organizations had numerous successes engaging their communities in tobacco prevention**, especially given that this work took place during a pandemic and unusually eventful year. **Future evaluations could collect data to measure how TPEP coordinators and partners leverage community mobilization tools from the campaign.**

In terms of equity, **interview participants described the need for Smokefree Oregon to acknowledge the lived experiences of low-income communities and communities of color**—that is, these communities might use tobacco to cope with stressful life circumstances such as hazardous occupations, low wages, and systemic racism and some communities view tobacco taxes as penalizing one of their coping mechanisms—tobacco use. Notably, Metropolitan Group received similar feedback from communities of color during the formative research for the 2020 campaign. **OHA should continue to explore equity-related issues brought up during interviews** before the advent of future action-oriented tobacco prevention campaigns.

While RMC Research contacted other states to learn how they evaluate tobacco prevention campaigns, the study design for the Smokefree Oregon campaign was already created when this data was gathered. OHA was unable to alter the study design for this evaluation, however future evaluations of Smokefree Oregon campaigns could incorporate other states' approaches. For example, **OHA might consider increasing the frequency of campaign surveys from pre-post campaign to monthly during the duration of campaign activity**, which would result in a more robust data set both in terms of datapoints and number of respondents.

**The 2020 Smokefree Oregon campaign successfully built upon the existing movement to prevent youth initiation of tobacco use by creating a campaign to encourage citizens to take action against the powerful commercial tobacco industry.** The evaluation findings suggest that future action-oriented campaigns can continue to build this community empowerment and advocacy movement.

# APPENDIX A

## MEDIA SWEEP FINDINGS

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### Methodology

The media sweep portion of the 2020 Smokefree Oregon Evaluation was conducted to identify tobacco-related events and issues that emerged during the period the campaign was active (April 21, 2020–July 19, 2020). RMC Research monitored 22 media outlets in 10 Oregon counties (Benton, Clackamas, Clatsop, Crook, Deschutes, Hood River, Lane, Multnomah, Umatilla, Washington) and articles from OHA’s clips service. The following search terms were used to identify relevant articles: tobacco, cigarette, vape/ing, smoke/ing, and Smokefree. After an article was found to have a search term, a preliminary screen was conducted to identify if the topic focused on the tobacco industry, use, health effects, or policy. Examples of articles that were excluded include smoke related to protests or house fires if not started by cigarettes.

### Primary Themes

Key themes from the media sweep are presented below. Under each theme are examples of news story titles along with the story source and date. If it is not apparent how an article is tobacco related, an excerpt from the article is also included.

#### COVID-19

- COVID-19 severely affects those with lung cancer. *Corvallis Gazette Times*. July 2, 2020.
- 1 in 3 young adults vulnerable to severe COVID-19—and smoking plays a big part, research finds. *Corvallis Gazette Times*. July 13, 2020.
- County in Washington state providing beer, cigarettes to keep addicts in quarantine. KATU. April 30, 2020.
- UK report: Racism means minorities hit harder by virus. KOIN. June 16, 2020.  
“The report recommended targeted messaging on smoking, obesity, and improving management of common health conditions, like diabetes.”
- This investing strategy is beating the market amid a pandemic. *Corvallis Gazette Times*. June 21, 2020.  
“More investors are demonstrating an increased appetite for good records on environmental, social, and governance (ESG) practices. . . an investment strategy might exclude all businesses that operate in a controversial industry, like nonrenewable energy and tobacco.”

## **Tobacco Use as Risk Factor for Chronic Disease**

- How to reverse prediabetes. *Corvallis Gazette Times*. July 2, 2020.  
"Controlling high blood pressure and high cholesterol can ease your risk of future disease too. And because smoking can ease your risk of insulin resistance in the body, don't smoke. For help quitting, talk to your healthcare provider."
- Self-care steps can ease lower back pain. *Corvallis Gazette Times*. July 10, 2020.  
"Finally, if you smoke, stop. Smoking accelerates spinal degeneration, and that contributes to development of back pain."
- What those living with asthma can do to manage their condition. *Hood River News*. May 12, 2020.
- Health panel may open lung cancer screening to more smokers. KATU. July 7, 2020.

## **Tobacco Regulations**

- FDA calls for removal of fruity, disposable, Puff Bar vapes. KATU. July 20, 2020.
- New state law bans drivers holding phones, hike marriage age. *Corvallis Gazette Times*. June 30, 2020.  
"Other new laws include tougher penalties on stores for selling smoking or vaping products to anyone younger than 21 years."
- Georgia house moves on vaping tax, doesn't move on tobacco tax. *Corvallis Gazette Times*. June 25, 2020.
- Oregon voters to decide on drug decriminalization, campaign finance limits. OPB. July 2, 2020.  
"Under what's known as Initiative 402, cigarette taxes would be increased by \$2 per pack, cigar taxes would increase, and a 65% tax would be increased on vaping products."
- Casinos reopen without smoking, drinking, or food. *Corvallis Gazette Times*. June 30, 2020.
- No high fives? No spitting? MLBers adjust in COVID world. *Corvallis Gazette Times*. July 10, 2020.  
"With spitting prohibited, forget about sunflower seeds in the dugout. Tobacco too."
- Virus ban gives tobacco illegal drug status in South Africa. KOIN. July 2, 2020.
- Virus outbreak delays U.S. government ban of e-cigarettes. KATU. April 2, 2020.
- Edwards signs law to ban vaping in cars with children. *Corvallis Gazette Times*. June 9, 2020.

## **Media Campaigns**

- St. Charles Bend has no COVID-19 patients for first time in 6 weeks. KTVZ. April 21, 2020.  
"OHA's 2019 Tobacco and Alcohol Retail Assessment Report found that 20% of tobacco retailers in Oregon display tobacco products within a foot of candy or toys."  
"Smokefree Oregon's new campaign highlights the role of kid friendly flavors and intentional tobacco industry advertising at children's eye level."

- Smokefree Oregon. KATU. May 28, 2020.
  - “Smokefree Oregon is about setting our state free from the burden of tobacco. It’s about saving dollars — and saving lives.”

### **Research**

- Juuling among U.S. youth is about the cool factor, new study suggests. *Corvallis Gazette Times*. May 7, 2020.

## **Secondary Themes**

The themes presented below occurred often but, in our opinion, do not speak to tobacco-related issues as directly.

### **Tobacco as an Example of Regulation or Risk Factor**

- How COVID-19 will change higher education. *Corvallis Gazette Times*. July 2, 2020.
  - “This [managing COVID-19 protective measures] will be a challenge, but we took similar actions to ban tobacco on campus and it required student, faculty, and staff buy-in to make that possible.”

### **Litter**

- Rubbish litters every country Oregon mile. *Central Oregon Daily*. June 30, 2020.
  - “Lots of cigarette butts, the inmates tell us. And lots of plastic.”

### **Wildfire**

- Fire restrictions begin Friday for BLM, local national forests. *Central Oregon Daily*. June 23, 2020.
  - “Additionally, under the public use restrictions, smoking is prohibited.”
- Cornelius-area house fire blamed on smoking. Pamplin Media. June 27, 2020.

### **Tobacco Mentioned**

- Medical experts: Floyd’s speech didn’t mean he could breathe. KOIN. July 9, 2020.
  - “Eric Garner called out, ‘I can’t breathe’ 11 times on a street in Staten Island, New York in July 2014 after he was arrested for selling loose, untaxed cigarettes.”
- Pete Wentz vows to make solo album if lockdown isn’t lifted. *Corvallis Gazette Times*. April 21, 2020.
  - “That’s why he enjoys the little things in life, like eating a burger or smoking a cigarette.”

# APPENDIX B

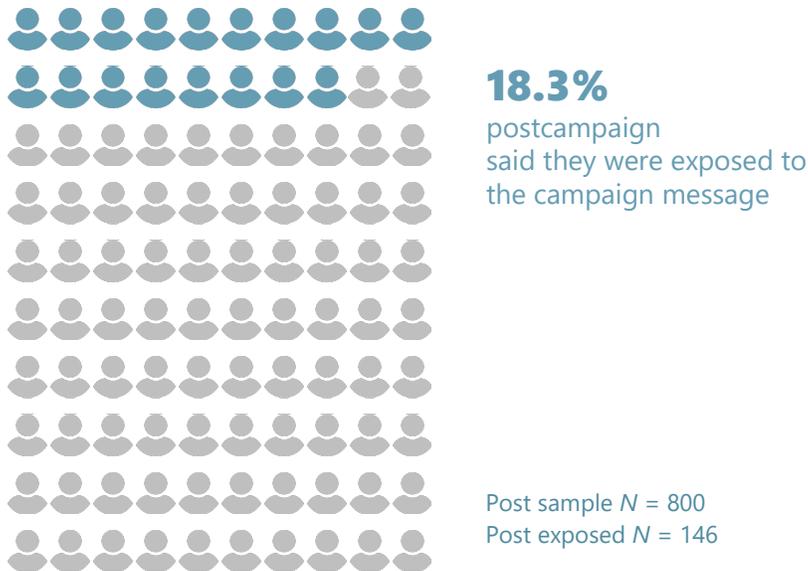
## SURVEY METHODOLOGY AND COMPLETE FINDINGS

MDR Research conducted precampaign and postcampaign surveys for the 2020 Smokefree Oregon campaign evaluation using quota sampling. Chi-square tests of independence were used to compare the composition of the **precampaign sample** and the **postcampaign exposed sample**<sup>2</sup> to each other and to the panel survey quotas.<sup>3</sup> Each evaluation question was examined using linear regression models to determine if exposure to campaign messages predicted short-term or intermediate outcomes, controlling for key covariates of relevance to tobacco use prevention public health campaigns. Covariates include gender, age, education, race/ethnicity, area of state (metro or nonmetro), income, current smoking status (both cigarettes and e-cigarettes/vaping), and whether children currently lived with the respondent.

### Sample Description

Exhibit B1

About 18% of postcampaign survey respondents indicated they had seen the campaign message between April and July 2020.



<sup>2</sup>Postcampaign survey respondents who indicated they had seen campaign messages served as the postcampaign exposed sample for this evaluation.

<sup>3</sup>Panel survey quotas were based on Oregon population statistics from the National Center For Health Statistics (2018).

Exhibit B2

The postcampaign, exposed survey respondents were significantly different (younger) than precampaign respondents and panel survey quotas.

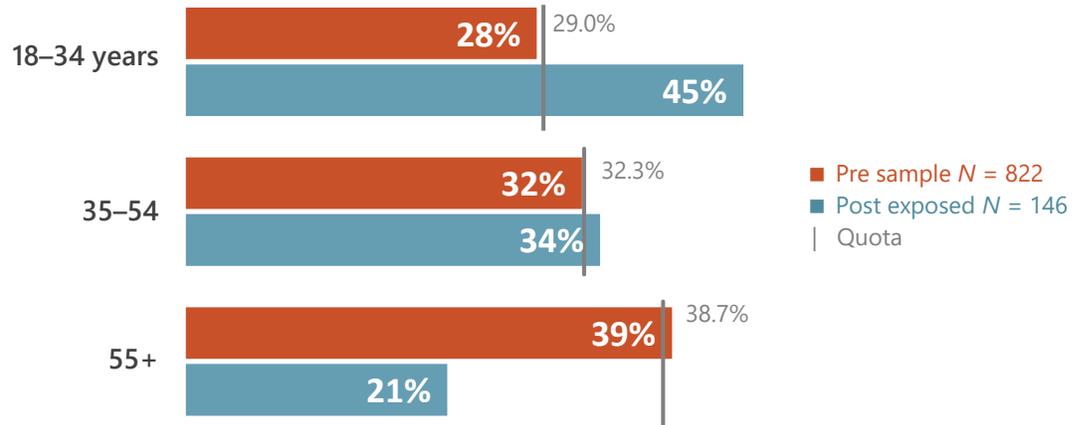


Exhibit B3

The precampaign survey respondents were significantly different (more educated) than panel survey quotas.

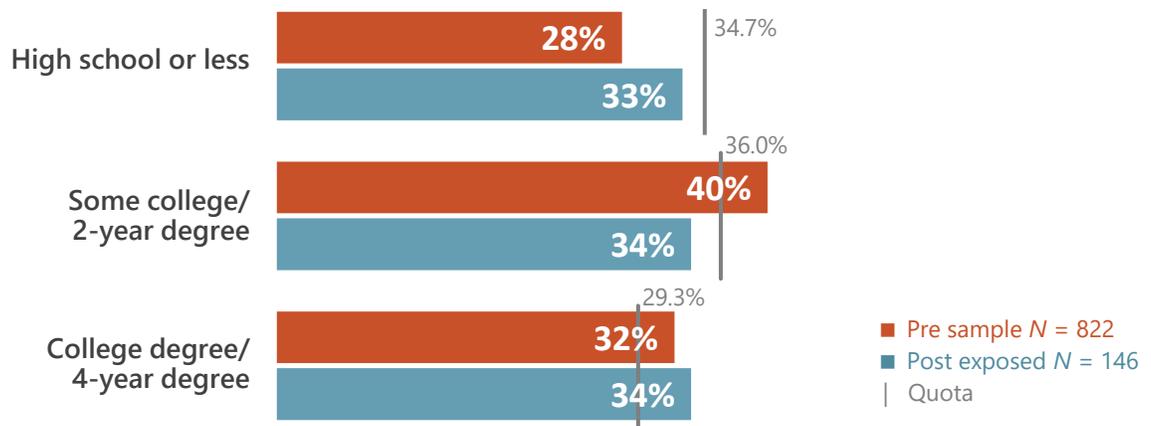


Exhibit B4

The precampaign and postcampaign exposed survey respondents were not significantly different in gender composition.

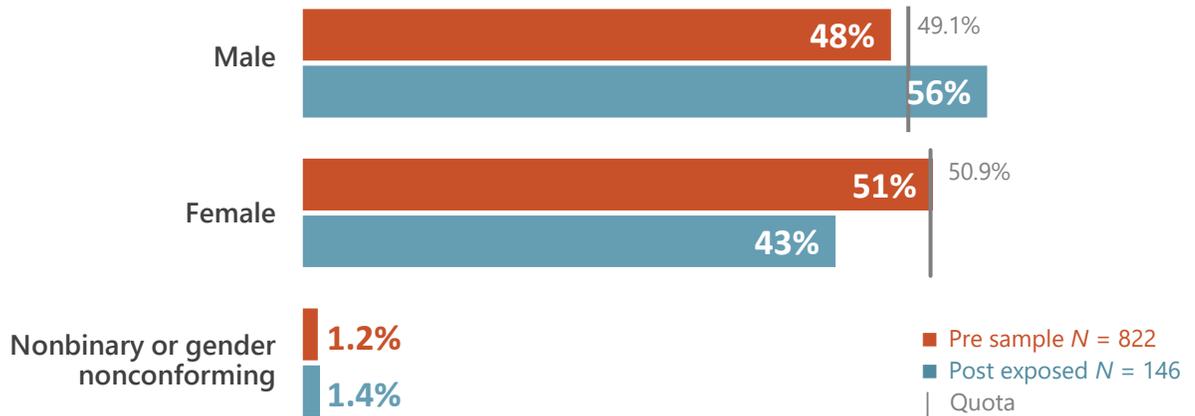


Exhibit B5

There were no significant differences in area of the state (metro versus nonmetro) between precampaign, postcampaign, exposed, and survey quotas.

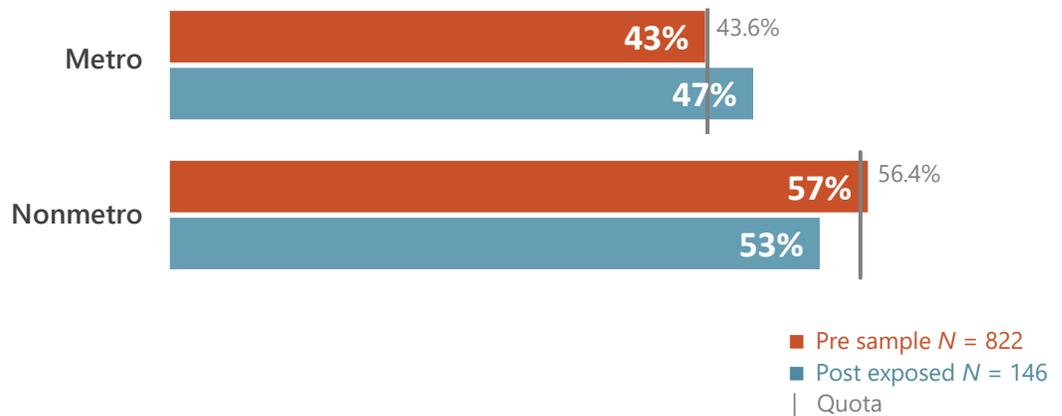


Exhibit B6

The precampaign and postcampaign, exposed survey respondents were not significantly different in racial/ethnic composition.

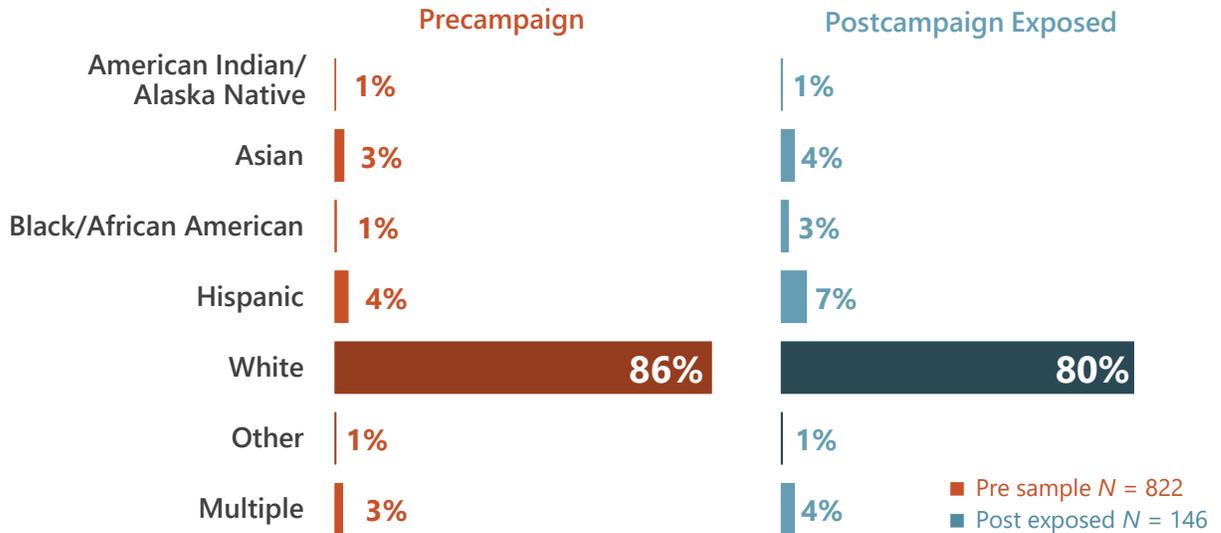


Exhibit B7

Significantly more postcampaign, exposed survey respondents had children under 18 living with them than precampaign survey respondents.

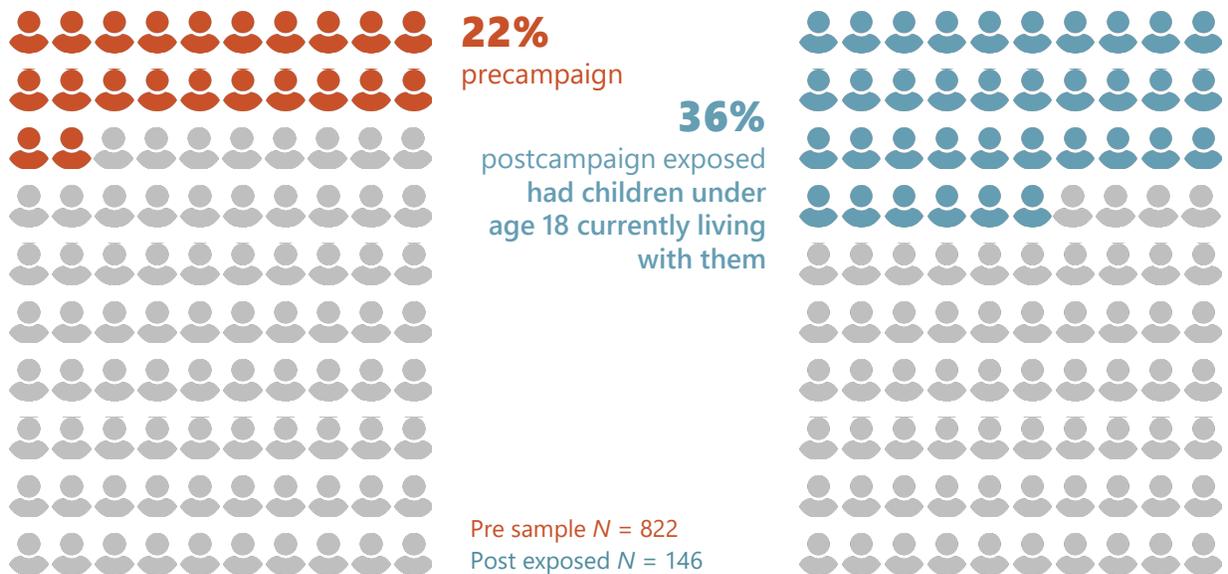


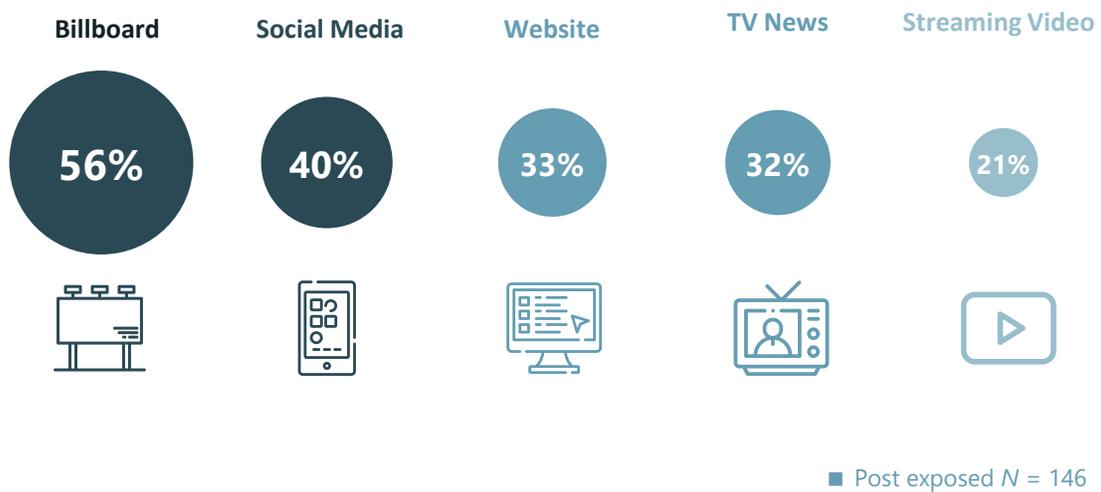
Exhibit B8

Postcampaign survey respondents who had seen the Smokefree Oregon campaign agreed that the campaign message was salient.



Exhibit B9

Many postcampaign exposed survey respondents saw Smokefree Oregon campaign messages on billboards (56%) and social media (40%).



### Exhibit B10

Between April and July 2020, most postcampaign exposed survey respondents saw Smokefree Oregon campaign messages less than once a week.



■ Post exposed N = 146

### Exhibit B11

#### Sample and Quota Comparisons

Variables	Quota vs Precampaign Sample	Quota vs Post Exposed Sample	Pre vs Post Exposed Samples	Pre vs Post Whole Sample
Gender/Sex	<i>ns</i>	<i>ns</i>	<i>ns</i>	<i>ns</i>
Age	<i>ns</i>	***	***	*
Education	***	<i>ns</i>	<i>ns</i>	<i>ns</i>
Area of state	<i>ns</i>	<i>ns</i>	<i>ns</i>	<i>ns</i>
Race/ethnicity	—	—	<i>ns</i>	<i>ns</i>
Income	—	—	<i>ns</i>	<i>ns</i>
Current cigarette	—	—	<i>ns</i>	<i>ns</i>
E-cigarette use	—	—	‡	<i>ns</i>
Children at home	—	—	***	<i>ns</i>

\**p* < .05. \*\**p* < .01. \*\*\**p* < .001. ‡ = marginally significant.

## Exhibit B12

### Campaign Exposure Regression Coefficients for all Short-term Outcomes

Short-Term Outcomes	Significance	Unstandardized Regression Coefficient	Standardized Regression Coefficient
Tobacco industry targets children:			
Industry targets kids	***	.40	.17
Industry targets youth	**	.32	.12
Tobacco hurts us all	*	.19	.08
People can take action against the tobacco industry	<i>ns</i>	.11	.05
Tobacco use is one of the community's most important health problems	**	.15	.09

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

## Exhibit B13

### Campaign Exposure Regression Coefficients for all Intermediate Outcomes

Intermediate Outcome	Significance	Unstandardized Regression Coefficient	Standardized Regression Coefficient
Increased support for tobacco prevention policies:			
Cigarette tax increase	*	.23	.08
E-cigarette tax	*	.23	.08
Prohibit flavored tobacco	<i>ns</i>	.16	.05
Store license requirement	**	.23	.09
Increased citizen involvement in taking action against big tobacco:			
Share information on social media	**	.33	.11
Share support for tobacco policies on social media	***	.39	.13
Encourage local representatives	*	.23	.08
Join movement by signing up for action alerts and updates online	***	.37	.13
Join tobacco prevention coalition in my county	***	.38	.14
Participate in community or online conversation	***	.39	.14

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

Exhibit B14

Some U.S. states conduct minimal evaluation of tobacco prevention campaigns, whereas other states use more robust methodologies.

State	Evaluation Techniques
<b>Alaska</b>	Track number of calls to tobacco quit line and number of callers who saw campaign messages
<b>California</b>	Contract with an external evaluator to conduct monthly surveys of 3,000 Californians on changes in attitudes and receptiveness to tobacco industry messages and use a sample of 1,200 Americans in other states as a comparison group
<b>Massachusetts</b>	Monitor click-through rate on paid ads, website traffic, interaction with organic social media, and distribution of campaign materials
<b>New York</b>	Contract with external evaluator to conduct 2 cross-sectional surveys before and after campaign with 500 New Yorkers at each timepoint to assess awareness of ads, perceived effectiveness, negative ad perceptions, desire to learn more about campaign content, engagement in actions to educate others about campaign content
<b>Utah</b>	Contract with external evaluator to analyze data collected during the Utah Adult Tobacco Survey from 2012 until 2019; assess tobacco use, cessation-related intentions, attitudes, and behaviors, support for tobacco-related policies, awareness of campaign, quit line, and cessation website; monitor calls to quitline and cessation website visits
<b>Wyoming</b>	Monitor click-through rate and views of paid ads; ask questions on annual tobacco survey on exposure to paid ads, ad effectiveness, and impact changing behavior (e.g., calling quit line)



I loved having [social media posts] created. It makes participating in the program really easy because I can go in and schedule Facebook and Instagram, I can schedule a month's worth [of posts] with the information provided.

*TPEP Coordinator*



Some of the embedded assumptions in the materials that I saw: that people knew what policy and advocacy work was and felt like they had a voice in it, knew how to participate, and felt empowered to. If they clicked and found a legislator, they would know what that meant, where that information was going and how that might impact the process.

*Community-based organization staff*

## APPENDIX C

# INTERVIEW METHODOLOGY AND COMPLETE FINDINGS

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### Methodology

RMC Research conducted interviews with **8 TPEP coordinators** and **3 community-based organizations** to solicit feedback on topics related to the logic model outcome, “increased citizen involvement in taking action against the commercial tobacco industry.” RMC Research and the campaign advisory group collaboratively developed interview questions on the usefulness of the Smokefree Oregon toolkit and website and successes and challenges during the previous year of tobacco prevention work. Interviews were analyzed using inductive thematic analysis. Interview administration was delayed due to COVID-19 and engagement of the advisory group in interview question development (Interviews were conducted in April and May 2021, nearly a year after campaign initiation). Readers should consider that due to this delay, interview participants likely experienced recall bias.

### Feedback on the Toolkit

Interview participants described **social media calendar and posts** as the most helpful aspects of the campaign toolkit. Participants stated that having content at the ready made distributing information easy and quick and helped to jumpstart community conversations about tobacco use. Some participants described the campaign message as “well done,” “in plain language,” “culturally appropriate,” and that the campaign message provided context to tobacco use in general. One participant said that the most useful social media posts were interactive (e.g., videos, testimonials) that could be viewed directly in a news feed rather than a link that takes users to an external website.

One TPEP coordinator worked with a local television station to create a 90-second clip with the **toolkit’s talking points** to promote tobacco retail licensing. The same individual said the video explaining the campaign’s purpose was useful so the coordinator knew what segment of their population to target.

Interview participants’ suggestions for how to improve the campaign toolkit primarily centered around **equity concerns**. Several



I liked being able to use the search function. If there's something there that I'm looking for, it's very obvious. It's right there. If it's not, then I know it's not there.

*TPEP Coordinator*



What is the purpose of the TPEP portal in general? Is this where they're [HPCDP] keeping some of the documents or the documents that counties have worked on? Am I gonna be able to find an RFA in here? Are we gonna upload documents in here? There's just so many places where materials live. It would be helpful if the purpose were made clear because then you would know where to go to access particular resources.

*TPEP Coordinator*

participants stated that toolkit content should acknowledge the context in which Black, Indigenous, People of Color (BIPOC) communities are living their lives—such as struggling with systemic racism, housing insecurity, and arduous occupations—that might lead to using tobacco as a coping mechanism. In addition to commercial tobacco companies' roles in targeting BIPOC communities, one participant requested more resources for how to speak with their community about these root causes of tobacco use. Another interview participant noted that more toolkit content was needed in Spanish and that content should be written in Spanish first rather than translated from English to Spanish.

Other suggestions focused on **community engagement practices**. One participant said that the campaign message assumed people knew the basics of how to influence the policy process in the U.S., which might not be the case. The toolkit could include more instruction on what a city council or state legislature is, for example. Another participant indicated that community members needed more examples of individual actions (e.g., talking to kids about the harms of vaping) and actions to take when contacting the TPEP coordinator.

Interview participants also had **targeted and specific suggestions** for the toolkit including (a) larger images, (b) images reflective of BIPOC communities, (c) public service announcement for radio, (d) infographics, (e) ideas for how to adjust content to reflect local contexts, and (f) tips for how to distribute content, such as sharing earned media with community partners and on social media. One CBO participant also suggested that a training be provided before the toolkit is distributed to instruct organizations in how to use it.

## Feedback on the Website

Interview participants commented that the website was **intuitive, easy to use, and attractive** and that they liked the “we see/they see” message. Participants described using the outward-facing website to access data and policy success stories. Some participants said the inward-facing website (i.e., the TPEP portal) had an **effective search and filtering feature** that made accessing resources fast and easy.

However, one interviewee diverged in opinion and said the TPEP portal search function displayed too few resources at a time and did not pull up relevant resources, resulting in this individual searching on OHA's website to find what they needed. This participant **suggested clearly identifying the purpose of the TPEP portal** and what types of resources are available and including more resources for TPEP coordinators in general.



What we find continuously is that people in southern Oregon are really struggling with larger systemic issues like racism and structural inequality, lack of workplace protections. The housing crisis. When people think about getting involved in advocacy and policymaking, it's usually parents of color coming to the school district talking about racism in the schools. It's these things that are really keeping people up at night.

*Community-based organization staff*



By increasing taxes we may be inadvertently harming communities that we're trying to help. A lot of low-income BIPOC communities engage in more tobacco products and already are suffering from not enough income to support their family. To increase [tobacco prices] another 20% is ultimately making them pay for something they feel they need. So, addressing the more psychosocial behavioral component of smoking . . . would create a more long-lasting effect.

*Community-based organization staff*

One participant suggested that the outward-facing website include more **historical information** on how commercial tobacco has targeted children and BIPOC communities. Another participant said the website should include information on **how tax dollars are being spent for tobacco prevention**. Several participants commented that it would be helpful to present parts of the website in **additional languages**.

## Challenges in Tobacco Prevention

Interview participants indicated that **COVID-19** impacted tobacco prevention work because they could not have in-person contact with community members and most outreach events were cancelled. In addition, many interview participants were reassigned to work on COVID-related efforts and tobacco prevention work became secondary. COVID-19 dominated people's newsfeeds and minds and it was difficult to conduct tobacco prevention outreach and education. Several interview participants also indicated that they saw increased rates of tobacco use in their communities likely due to people using tobacco to manage the stress of the pandemic. One participant said they had to discuss stress management, COVID-19 safety, and tobacco prevention at the same time—these issues could not be decoupled—which was challenging.

A variety of **equity issues** were discussed as challenges. Interview participants described engaging their communities about tobacco prevention policies and advocacy and their communities responding with frustration to tobacco tax increases. This was particularly the case among low-income communities where people are already strapped for cash and use tobacco as a stress management tool. Participants who work with communities of color stated that systemic racism, hazardous occupations, and the housing crisis contribute to stressful lives where people use tobacco for relief and feel penalized by increased prices. Similarly, one participant also said that the Spanish-speaking community they serve is more preoccupied with the threat of patriot militia white supremacists than advocating for tobacco control; although some community members could be considered "active and engaged," issues other than tobacco prevention are more compelling to them.

In fact, interview participants generally described a **lack of support for tobacco prevention initiatives** as a challenge this last year. One TPEP coordinator said that people in their county view policies to limit tobacco sales or tax increases as the government overreaching their responsibility. Another TPEP coordinator indicated that businesses in



We're promoting the campaign to the people we work with, but then that refers them to the website and the website refers them back to us, which is a little confusing. They could go online and submit a letter to the commissioner, which I thought was good. But we would like to say to people that are involved 'Here are some additional resources that you can find on the SFO website.

*TPEP Coordinator*



I feel like the last year we've had the huge pause button pushed. But, then again, I think it has created some different opportunities, like with underserved populations, being able to reach their representatives. There's wins if you're able to reframe and look at things in a new way, especially looking at community partners and who's at the table and who can join.

*TPEP Coordinator*

their community have a powerful advocacy voice for less government regulation of tobacco products. In another community, a TPEP coordinator said that tobacco prevention cannot compete with other policy priorities. TPEP coordinators said they attempted to overcome these challenges by reframing the conversation on tobacco prevention, such as focusing on children's health for example. However, garnering community support for tobacco prevention policies was particularly challenging in certain communities.

Interview participants reported that they **lacked internal and external supports** that made tobacco prevention work challenging. One TPEP coordinator stated that their program is functioning on a slim budget. They desired funds to hire an additional staff member and to create tobacco-related signage to provide to agencies implementing tobacco-free zones. Another participant stated that they lacked organizational partners in their county working on tobacco prevention with whom they could partner. Several participants described a lack of referral options for treatment of tobacco addiction. One participant indicated that they would like to see more peer recovery mentors for tobacco addiction in their community.

Some **aspects of the campaign** in general were cited as challenges. One interview participant said TPEP coordinators should have been more involved in campaign development — or at least more informed of the campaign plan — so coordinators could align local activities with the campaign. Another participant indicated that the campaign plan for taking action was at times circular. For example, the TPEP coordinator would promote the campaign to community members, then those people would visit the website but the website would refer people back to the TPEP coordinator. They thought the letter to the commissioner was a useful element of the campaign, however, additional actions were needed on the website other than contacting a TPEP coordinator. Last, one participant stated OHA could have a physical presence in communities, beyond social media, to help people understand why tobacco prevention policies are important. This participant indicated that this could have been done before the campaign (and incidentally, before the onset of COVID-19) to garner support for tobacco prevention policies.

## Successes in Tobacco Prevention

Although interview participants reported that COVID-19 limited tobacco prevention work over the past year, the pandemic led some participants to engage with their communities in new ways. Due to a



Making the distinction between retail tobacco use and tribal tobacco use [has been a success this year]. This is something that came up in the Measure 108 advisory group. People from that [tribal] community advocated that it felt like their spiritual practice was being penalized [by a tobacco tax]. But it was being overlooked because whoever formed that bill may not have talked to the tribal community to work with them on that.

*Community-based organization staff*

lack of ability to pass policies during COVID-19, some organizations focused on **strengthening relationships with community partners and citizens in their communities**. Specifically, organizations conducted additional outreach to communities of color because these populations were disproportionately affected by COVID-19. This outreach opened the door to conversations about tobacco use, especially because tobacco use is a risk factor for more severe COVID-19 infection. In addition, interview participants who work at health departments said that **interest in their work greatly increased** during the pandemic, which allowed for broader distribution of the campaign message on the link between tobacco use and COVID-19.

Several interview participants described tangible successes in terms of **tobacco prevention policies passed**. Interview participants indicated that ballot Measure 108 was a huge success for tobacco prevention because it funnels funds into communities with high rates of tobacco use. Other policies that were passed include tobacco retail licensures, restrictions on placement of shops that sell tobacco products (e.g., near schools), expansion of the indoor clean air act, promotion of healthy smoke-free and recreation-abundant spaces, and restrictions on vaping flavor and price promotions/discounts on tobacco products. Several interview participants indicated that if elected officials were supportive of tobacco prevention policies during the COVID era, organizations had an easier time moving policies forward.

Interview participants reported successes in **conducting health education** related to tobacco prevention at schools and COVID-19 vaccination events. Several participants also indicated that they had successes implementing closed loop referral systems to the Quit Line and other tobacco cessation programs.

Peppered throughout interviews, participants discussed **efforts to promote equity**. One participant described how the involvement of a regional health equity coalition on an advisory group for Ballot Measure 108 was a key success because the perspectives of marginalized populations were listened to and respected. During this advisory group, Native American tribal members expressed that their spiritual use of tobacco was being taxed and therefore penalized. Another participant described completion of a survey prior to COVID-19 to understand Spanish-speaking communities' perspectives on tobacco use and the importance of centering this community feedback in their tobacco prevention work over the past year.