A Model for Change: the California experience in Tobacco Control

California Department of Health Services / Tobacco Control Section

October 1998

This document was prepared in response to an invitation to participate in the National Tobacco Conference in October of 1998 in St. Paul, Minnesota. The Tobacco Control Section of the California Department of Health Services was asked by the U.S. Centers for Disease Control and Prevention and the National Cancer Institute, to participate in a series of panel discussions on "How to Develop and Manage a Statewide Tobacco Control Program at Varying Levels of Funding."

This document is a free-standing adjunct to this presentation, and is intended for no other purpose.

CONTENTS

INTRODUCTION

Thanks to the passage of a 1988 ballot initiative, the State of California has operated a $90 million per year tobacco control program for over eight years. By legislative mandate, one-third of the funds goes for school-based tobacco-use prevention education activities, and two-thirds supports a comprehensive anti-tobacco health education effort comprised of local programs, a statewide media campaign, and surveillance and evaluation.

During these eight years, California has learned a great deal about what works in tobacco control, from building an infrastructure that promotes good communication among a vast network of local, regional, and statewide programs —including a hard-hitting media campaign designed to shift public opinion— to maintaining rigorous quality-control mechanisms. While California is a large and complex state and enjoys an unusually generous tobacco control budget, its strategic change principles are applicable to any state regardless of the fiscal resources that are available. This document is intended to share with other states what California has learned about tobacco control.[1]

More than anything else, the California experience shows that it is difficult but not impossible to succeed against a force as rich and powerful as the tobacco industry.

Although the California Tobacco Control Program has frequently faced overwhelming challenges, it has nevertheless had an enormous impact. Per capita cigarette consumption has declined by over 40 percent, from 121.7 packs in 1988 to 70.9 packs in 1997. Virtually all places of indoor employment, including restaurants and bars, are now smoke free; 64 percent of all homes enforce a voluntary smoking ban; and 87 percent of all children and adolescents are protected from secondhand smoke in their homes. The illegal sale of tobacco products to minors declined from 52 percent in 1994 to 13 percent in 1998. California voters strongly support substantial increases in the taxes on tobacco products, and more and more California cities and counties are passing ordinances regulating tobacco advertising and sales.

In 1991 the Tobacco Institute concluded that "The environment for the sale and use of tobacco products in California continues to deteriorate. And because California serves as a bellwether state, tobacco-related steps taken there often find their way into other states."

[1] For readers who want detailed information about the California Tobacco Control Program, there are references listed in the section, Further Reading. For example, the May 1998 issue of Media Update contains a graphic history of key events of the program, from November 1988 when Proposition 99 was approved by voters, through the events of the spring of 1998.

Most reassuring of all, recently disclosed tobacco industry documents state that the "environment for the sale and use of tobacco products in California continues to deteriorate," that California's anti-tobacco program "enjoys a high rate of awareness and appears to be having the intended effect on smoking attitudes," that advertisements which portrayed the industry unfavorably were "among favorite ads for most respondents" and were "generally seen as believable, even among many smokers" (Minnesota case document no. 2023012755).

Here is what California's Tobacco Control Program did to earn those comments.

THE APPROACH: SOCIAL NORM CHANGE

The California experience demonstrates that a comprehensive approach designed to change social norms has a much greater impact than a frontal attack designed to market cessation services directly to tobacco users. The goal of this "social norm change" approach is to indirectly influence current and potential future tobacco users by creating a social milieu and legal climate in which tobacco becomes less desirable, less acceptable, and less accessible.

A comprehensive approach designed to change social norms is more effective in reducing tobacco use than focusing on individuals who smoke.

The social norm change model is based on the fact that the thoughts, values, mores, and actions of individuals are tempered by their community. Shared assumptions, or norms of appropriate behavior, are reflected in everything from laws to subtle questions of etiquette—all are manifestations of the prevailing social values within a community. This conditioning influence of society on the individual is as great for behaviors and attitudes related to tobacco as it is for any other human behavior. Normative social attitudes (social norms) change over time according to the evolution of events in communities, and also as a result of intentional human intervention.

The California Tobacco Control Program has sought to change the broad social norms around using tobacco—to push tobacco use out of the charmed circle of normal, desirable practice to being an abnormal practice; in short, to denormalize smoking and other tobacco use.[2] Such an effort must engage everyone, non-smokers as well as smokers. Evaluation results indicate that this approach is working in California: people are smoking less and more people are protected from exposure to second-hand smoke.

The durability, depth, and breadth of the change are major strengths of denormalization. Although social norm change requires time as well as an unflagging and comprehensive effort, it endures and affects every member of society, including youth. Although the strategy is effective with youth as well as adults, it is adults that control and have the power to influence the community's social norms. Kids are indoctrinated into, and inherit, their community.

Teens are initially attracted to smoking and other forms of tobacco use because they suggest adult independence, sexiness, and glamour. In spite of a growing

---

[2] *Efforts to denormalize tobacco use with American Indian populations must respect sacred use of tobacco and messages must discourage abuse of commercial tobacco.*

anti-tobacco mood across the nation, youth still see too many adults smoking in their daily lives and in the media. There are still too many societal cues telling them that tobacco use is desirable. Social norms have not changed enough to contain tobacco use to a shrinking pool of aging, hardcore users. To achieve that level of social change, more must be done to stop the tremendous machinery of influence mounted by the tobacco industry to addict young people.

Because youth smoking has increased in recent years, it is tempting to focus tobacco control efforts primarily on youth. However, this is not the answer. In keeping with the social norm change model, the "next generation" cannot be saved without changing the generations who have already reached adulthood. Youth smoking will decline when more adults stop smoking, and when adults take action to:

- de-glamorize tobacco use;

- establish well-funded, comprehensive tobacco control programs that denormalize tobacco use;

- pass tobacco tax increases;

- bar the tobacco industry from spending billions of dollars a year trying to addict anyone, regardless of age;

- strictly regulate tobacco production, manufacturing, marketing, and sales.

Durable social norm change occurs through shifts in the social environment of local communities, at the grass roots level. The impetus for change must come from the bottom up, not the top down. The process of initiating, adopting and implementing policy change in a community builds capacity at the local level. For example, without the previous passage of more than a hundred clean air ordinances in cities and counties across the state, California's Smokefree Indoor Workplace Law would probably never have been enacted, or if it had, it would not have been observed or enforced. Program interventions must therefore be designed primarily to facilitate change at the community level.

Change in the social environment of local communities must come from the grass-roots level up, not mandated from the top.

THE STRATEGY: PRIORITY AREAS

In 1989, the California Tobacco Control Program began with a comprehensive framework based on the National Cancer Institute's (NCI) "Standards for Comprehensive Smoking Prevention and Control" and a focus on community norm change strategies that was mandated by California's enabling legislation.

The NCI "Standards" recommended policy, media, and program interventions using community coalitions in a comprehensive, multiple channel, multiple target approach. The "Standards" provided a scientific base for the Program and a rationale for its direction and the type of interventions it implemented. It was invaluable to the Program in responding to questions from the state legislature. However, before the California experiment, these "Standards" had not undergone the weathering of a rigorous field test. They needed to be interpreted and to undergo the trial of experience.

At the outset, thanks to the genius of an advertising man named Paul Keye, one other very important feature of the Program was added: a direct and uncompromising effort to expose the tobacco industry as a very powerful, deceptive, and dangerous enemy of the public's health. The Program made the tobacco industry's predatory marketing to youth and its deceitful denials of the addictive and destructive nature of its products a public issue that needed to be addressed. This was the first recorded instance of a major government agency taking a strong anti-industry stance against this

behemoth, and shedding much-needed light on the industry's overt, covert, and ubiquitous influence throughout the public and private sectors of American society.

As it turned out, this anti-industry thrust helped the Program's policy advocacy efforts, especially in the area of second-hand smoke. Blame was shifted onto the tobacco industry, where it belongs, and smokers were cast as the victims of the industry rather than villains. As a result of identifying a common enemy, new coalitions were born, partnerships emerged, and in little more than a year the anti-tobacco movement in California transcended the Tobacco Control Program. By 1993, over 120 new local clean air ordinances in communities across the state were adopted. The struggle for passage of these ordinances brought the tobacco industry out into the open to fight and be exposed in community after community.

In 1993, the California Program revised its priorities in an effort to tighten and sharpen its focus. In part, this was done to maximize Program impact under the reduced funding expected the following

From the outset, California's Tobacco Control Program made a direct and uncompromising attack on the deceptive, predatory and deadly practices of the tobacco business.

year. Program participants and allies provided input in the planning process. It was felt that concentration on a simple menu of prioritized themes would improve the coordination of efforts across the state and among the various components of the Program's comprehensive efforts, especially between local program activities and the statewide media campaign. Moreover, evaluation data indicated that the Program's heavy early investment in cessation services had produced disappointing results. Therefore, the Program decided to reduce its support of cessation services and de-emphasize such process considerations as target groups and delivery channels.

Four broad priority areas, or policy themes, were established for use in program planning and funding decisions. These priority areas act together to change social norms around tobacco use:

- protecting people from exposure to secondhand tobacco smoke;

- revealing and countering tobacco industry influence;

- reducing youth access to tobacco products;

- providing cessation services.

Here is the rationale for these priority areas and their relative emphases.

Eliminate exposure to secondhand smoke. Secondhand tobacco smoke is the Achilles heel of the tobacco industry. Long recognized as an annoying irritant, secondhand smoke is now known to contain hundreds of toxic agents that cause more than 50,000 deaths a year in this country from heart disease,

cancer, and various respiratory diseases. In addition, secondhand smoke has been found to seriously hamper respiratory function and pulmonary development in children, annually causing hundreds of thousands of cases of pneumonia, bronchitis, asthma, and middle ear infections, as well as sudden infant death syndrome (SIDS).

Because of the strong evidence of the harmfulness of secondhand smoke, there is a growing and often untapped potential for community support for restricting the places smoking may take place. Such restrictions reduce smoking by making it less convenient and by eliminating social settings where it is acceptable. Moreover, smokers who disregard the effects of smoking on their own health become concerned and begin to progress toward quitting when they understand that their smoke is harming their families and friends.

For these reasons, California recommends that tobacco control programs and coalitions place heavy emphasis on promoting laws and voluntary policies that protect children and adults from exposure to secondhand smoke.

Within this priority area, California stresses the promotion of local ordinances that limit where people may smoke, promotes policies to restrict smoking in outdoor stadiums and amusement parks, and encourages the voluntary adoption of smoke-free home and car policies. Local and regional coalitions work independent of the Program to oppose state legislation that would preempt the prerogative of local governments to pass clean indoor air laws stronger than the state law.

THE CALIFORNIA SMOKEFREE INDOOR WORKPLACE LAW

Starting in 1990 with the City of Lodi, an accelerating proliferation of city and county clean indoor air ordinances swept across California in response to Program and local coalition activities. Community after community raised the issue and experienced what the Program's media campaign termed "the invasion of the tobacco people." These struggles were highly educational, the process proved healthy for local tobacco control and capacity building, and in 1994 a state law was passed prohibiting smoking in most California workplaces. At that point, when California communities were receptive, the Program began to emphasize the effective implementation of the new law and to promote other local policies that would close the loopholes in the state law.

One notable exception to California's 1994 Smokefree Indoor Workplace Law was a two-year postponement of the smokefree requirement for bars and gaming clubs. This was particularly objectionable because it permitted smoking in the bars of restaurant-bar combinations. After one single-year extension was enacted by the state legislature and subsequent efforts by the anti-tobacco constituency to fight off numerous attempts to pass yet another extension, the bars and gaming clubs exception expired on January 1, 1998, and smoking in California bars became illegal.

The challenge then became to implement the new smokefree bar law, and to avert a damaging reversal that could weaken the entire Smokefree Indoor Workplace Law. The Tobacco Control Program emphasized education of the public and the bar-restaurant industry. Ads showed bartenders and waitresses asking for protection from secondhand smoke where they work. Local programs made educational visits to bars. Packets of information and local training sessions were provided to both bar owners and local code enforcers across the state. Despite a multi-million dollar tobacco-industry public relations campaign to provoke bar owners to resist and disobey the law, the anti-tobacco constituency succeeded in thwarting efforts in the legislature to revoke the law during its difficult first year. Recent opinion polls show that the law is widely supported by the general public and bar-goers in California.

Counter pro-tobacco influences.
The tobacco industry maintains a pervasive influence in the communities of every state in the nation. As the sole promoter of tobacco sales and addiction to tobacco, the tobacco industry is responsible for the disease and death its products wreak. No products kill more people, and no products are more profitable. To maximize and continue to reap these profits, the tobacco industry persists in promoting its products even though it is fully aware that tobacco, used as intended, kills half a million people each year in this country. For profit, the industry has stooped to many unconscionable business practices disclosed in industry documents made public as a result of recent litigation.

The tobacco industry is not just fighting for the legal right to go on selling addictive and lethal consumer products—without additional regulation or taxation.

For profit, the industry invests billions of dollars in public relations and product advertising and promotions to maintain the social acceptability of its products and their use. For profit, it makes generous campaign contributions, lobbies lawmakers to prevent meaningful regulation of tobacco, sponsors community events and cultural and entertainment activities, and donates to philanthropic causes. For profit, it aggressively markets its products to youth, secures child-view-level placement of its products in retail stores close to schools, distributes Trojan horse tobacco educational materials to schools and parents, and pays for the main characters in movies to smoke.

> *Relatively few teens actually purchase cigarettes. In response to a 1996 survey, only 16 percent of teens (12 to 17 years of age) who had ever smoked said they bought their own cigarettes. About 58 percent said others gave them their cigarettes; 20 percent said others bought their cigarettes for them; and 5 percent admitted to taking cigarettes from friends, family, or stores without permission. These numbers suggest the need to address the problem of social sources of tobacco and the potential usefulness of adult role modeling.*

OPERATION STOREFRONT

The Tobacco Control Program developed the ***Operation Storefront*** campaign in 1994 to stem the proliferation of tobacco advertising and promotion at the community level. Youth and adult volunteers with Operation Storefront documented point-of-purchase advertising and promotions in 52 counties; the survey results were released in 13 simultaneous press conferences around the state. Afterwards, community readiness and resources to address the problem of tobacco advertising were assessed. Operation Storefront participants then created community action plans to mobilize their communities to limit exposure to tobacco advertising and promotion. Nineteen agencies participated in an evaluation, and case studies of communities that used different approaches were developed.

It is also fighting to maintain the public's indifference to the fact that this is what it is doing. A tobacco control program should strenuously counter these efforts; it must point a finger, cite wrongs, and name names. It is no exaggeration to say that the current national debate and aggressive stance against the tobacco industry, in the courts and elsewhere, would not have come about without such efforts by numerous local and national organizations and by states such as California and Massachusetts.

Within this priority area, the California media campaign frames the issues while local programs act to counter the industry's influence. Programs identify and describe the industry's areas and tactics of influence to the public and community opinion leaders, and support efforts to block or restrict specific industry activities. California recently added a technical assistance legal center to its program to educate local communities in how others have successfully restricted tobacco advertising, and to answer questions about various tobacco sales issues.

Reduce availability of tobacco to youth. Reducing illegal sales of tobac-

co products to minors is a strategy that all states, including California, have pursued to some degree because of the Synar Amendment. This priority area also encompasses efforts to cut off the social sources that minors depend on to get tobacco products. Interventions designed to stress the importance of keeping tobacco products out of the hands of kids should be targeted to adults and youth.

California's experience indicates that while this priority area serves to communicate the seriousness of the tobacco problem to the public, it is less important as a strategy for reducing teen tobacco use (since there is little if any evidence that lowering illegal sales to minors results in lowering use). This area should have a lower priority than eliminating exposure to secondhand smoke, and countering pro-tobacco influences.

Cessation. Smoking cessation is a complex, often extended process. It starts with an individual beginning to consider trying to quit and proceeds to (in most cases) repeated quit attempts until successful. (California's first television cessation ad underscored this philosophy with its tag: "Quitting takes

practice.") The vast majority of smokers say they want to quit, but they vary widely in how much they really mean it.

As social norms shift away from the acceptability of smoking, they influence the level of motivation to quit across the entire population of smokers, and more smokers make quit attempts on their own. In this model, cessation is the outcome rather than the intervention. In California, 90 percent of former smokers quit on their own without any assistance. This population-based approach to cessation is far more cost effective and much less labor intensive than providing cessation assistance services to individuals.

CALIFORNIA HELPLINE

California's Tobacco Control Program funds a statewide toll-free cessation Helpline which assists adult and teen smokers, as well as those using chew tobacco, with general information, referrals and self-help kits. Extended counseling for those needing more assistance is also available. The Helpline provides for non-English speaking populations.

California is careful—and other states should also be—about how much of the program's resources are dedicated to providing cessation assistance services, especially in the form of individual or class counseling and the use of nicotine replacement therapies. These are extremely costly to provide, and can easily eat up available program funds without making much of an impact on tobacco consumption or prevalence.

The California Program incorporates these priorities into what continues to be a comprehensive, multiple intervention, multiple channel program very much in accord with the NCI "Standards." Media and local programs sound common themes to maximize their synergistic effect. Local coalitions continue to ensure that program messages and interventions are relevant to local groups, and to act as an embedded anti-tobacco presence in the decision-making fabric of communities across the state.

4 STATEWIDE INFRASTRUCTURE

A state tobacco control program needs to establish an infrastructure that reaches into communities across the state. California's basic structure is comprised of a state-level office and several statewide and regional programs that serve an array of local programs decentralized across the state, in accordance with a collaborative grassroots approach to achieving change.

There are 61 local health departments in which tobacco control programs have been established. These programs are charged with creating their own local tobacco control coalition and implementing their own local comprehensive tobacco control plan to coordinate and ensure the success of all the tobacco prevention and control efforts undertaken in their respective jurisdictions.

To extend the infrastructure even deeper into specific communities, especially into various diverse ethnic communities, the state provides grants to community-based organizations. Also, programs are supported in over 1,000 school districts in the state. Eleven regional linkage programs are funded to facilitate coordinated efforts among the local programs in each region.

Because of the rich cultural diversity of California, the Program also supports four ethnic networks which serve the state's large African American, American Indian, Asian and Pacific Islander, and Hispanic populations (for example, California's Hispanic population is greater than that of 42 other states together). The ethnic networks empower communities to create policy changes and to involve ethnic community leaders and multi-ethnic youth in tobacco education, prevention, policy, and advocacy efforts.

In addition to the network of local programs, the following key statewide projects support local efforts:

- **A statewide media campaign that frames the issues.**

  The media campaign consists of paid radio, television, billboard, and print advertising, as well as public relations for general market and ethnic communities. The public relations arm is critical in assisting media advocacy efforts by local programs and supporting linkage and coordination between local program activities and the statewide media campaign.

- **A clearinghouse of materials.**

  Print and audiovisual materials that support the Program's priority areas

are available on loan or at low cost to all projects funded by the Program.

- **Technical assistance and training for local programs.**

  Local programs receive training on topics such as coalition building, media relations and advocacy, spokesperson skills, leadership, policy development, transnational issues, community organization, and local evaluation. Work groups representing programs from throughout the state participate in planning and implementation of these trainings.

- **A tobacco-use cessation helpline to assist individuals who need this service.**

  A toll-free cessation counseling and referral line, with its phone number well publicized, is available in the dominant languages of the state. California's Helpline has separate numbers for speakers of English, Spanish, Mandarin and Cantonese, Vietnamese, and Korean, as well as for the hearing impaired and to address chew tobacco.

- **Surveillance and evaluation to assess program performance and impact.**

  The evaluation component provides formative feedback to the program and furnishes data that can demonstrate the program's impact and effectiveness. The evaluation is comprised of large triennial and smaller ongoing surveys, an independent evaluation, and the local programs evaluations. It is important to identify intermediate measures of program effectiveness in addition to outcome measures

such as cigarette smoking prevalence and cigarette consumption, which are also measured continuously.

In keeping with its decentralized approach, California's Program does not utilize a state-level coalition for planning and coordination of activities. Instead, it relies on its locally-based partners and allies for program planning input and feedback. Input is formally provided by local and regional coalitions, ethnic networks, and issue-specific workgroups that cut across local coalitions, grantees, local health departments, and other members of the anti-tobacco constituency.

In California, Program oversight is provided by the Tobacco Education and Research Oversight Committee (TEROC), a legislatively mandated advisory body consisting of thirteen members, eight of whom are appointed by the Governor. TEROC meets about five times a year to review activities of both the Tobacco Control Program and the Tobacco-Related Disease Research Program administered by the University of California. At these meetings TEROC also addresses timely program and legislative issues. Periodically TEROC publishes a Master Plan for Tobacco Control and Research in California, which includes the committee's assessment of the progress of the programs and recommendations for future program emphasis. TEROC has played an important role as a focal point for constituency influence, particularly in recent years. As an oversight committee, it enjoys a level of independence and autonomy to carry out its work. Its Master Plans have reinforced the Tobacco Control Program's commitment to an aggressive denormalization strategy.

Beyond TEROC, the Program maintains close informal communication and cooperation with the primary state-level constituency organizations in California, including the American Cancer Society (ACS), the American Lung Association (ALA), the American Heart Association (AHA), and with Americans for Non-smokers Rights (ANR). On most crucial issues these constituent organizations have stood firmly together, presenting a united front in support of the Program and its tobacco control policies.

Recently a new state-level coalition funded by the Robert Wood Johnson Foundation was established in California. The Department of Health Services, along with the California Department of Education, the California Medical Association, the California Healthcare Association, ACS, ALA, ANR and others, is participating in this coalition, which is called the Next Generation California Tobacco Control Alliance.

More information about the experiences of California's program is given in the section on Most Frequently-Asked Questions.

5 THE CHALLENGE FOR TOBACCO CONTROL

An ongoing challenge of any state program will be to maintain the tight focus needed to become a powerful force in support of social change. There will be pressures from all sides to break that focus.

The tobacco industry has used its very considerable influence to weaken tobacco control programs, by promoting the diversion of their funding and restrictions of their focus or activities. In California, for example, the industry successfully pressed for state anti-tobacco education funds to be diverted into medical services. This diversion occurred and was subsequently reversed on at least two occasions.

Documents show that the industry also supports:

- Federal and state laws that preempt the regulatory authority of local government over tobacco (to block community action and accompanying shifts in social norms);

- laws that penalize kids for possession of tobacco products (to increase the "forbidden fruit" appeal of tobacco and to divert attention away from the responsibility of the merchants and the industry for the tobacco addiction of young people);

- programs that focus exclusively on kids, especially on efforts to eliminate youth access to tobacco and to criminalize possession of tobacco products by minors (to divert atten-

tion away from the problem among adults and the industry's role in maintaining a social environment conducive to tobacco use);

- narrowly-focused efforts to reduce adult smoking through a clinical cessation approach that would target only smokers (rather than targeting entire communities and emphasizing the dangers of exposure to second-hand smoke in an effort to achieve social norm changes regarding tobacco use); and

- preferential funding of school programs (which ignores the broader social environment, and also emphasizes a program channel in which the tobacco issue cannot compete with other more immediate problems, such as illiteracy, teenage pregnancy, drug and alcohol use, and violence).

These industry documents contain important lessons about what **not** to do. The industry spends billions of dollars every year trying to maintain or recover a positive "environment for the sale and use of tobacco products." The social environment, with its norms around tobacco, is the real ground of contention in the struggle between public health and the tobacco industry.

A January 29, 1991 R. J. Reynolds planning document stated that "Our near-term strategies in California must be to provide evidence that the proposed budget shift [a diversion of the entire $16 million planned for the Program's statewide media campaign in 1991-92] is a) consistent with the desires of voters, and b) will not materially undermine the state's overall smoking and health efforts..." (Minnesota lawsuit document no. 507755351).

6 MOST FREQUENTLY-ASKED QUESTIONS

Many states have asked the California Tobacco Control Program for advice on developing an effective tobacco control program—questions ranging from the nuts and bolts of administering the program and monitoring grantees, to issues about lobbying and advocacy and challenging the tobacco industry. This section contains the answers to the questions that are asked most often.

An R. J. Reynolds planning document concluded that "The California campaign, and those like it, represents a very real threat to the industry in the intermediate-term...Impact on self-esteem, social acceptance and smoking utility will ultimately influence business... The industry's public policy toward youth smoking— and ability to broadly communicate that policy— will ultimately determine our ability to effectively counter 'California-type' efforts" (Minnesota lawsuit document no. 507755351).

ORGANIZATIONAL ISSUES

Where should a statewide tobacco control program be housed?

- The state-level administrative office should be established as a separate unit in the state health department. It should have a strict singleness of purpose, with separate funding, and be dedicated solely to reducing tobacco use and protecting the public from exposure to secondhand smoke. This is recommended because of the political nature of the program and the existence of a multi-billion dollar industry that will use all of its means to defeat or weaken it.

- If possible, the state office should be given some form of institutional protection from political influence that might divert it from its program plan. Partnerships with the voluntary organizations, including the American Cancer Society, the American Lung Association, and the American Heart Association, and advocacy organizations such as Americans for Nonsmokers Rights, are critical and necessary.

- An independent oversight body that provides both public accountability and political protection is useful.

How would an "ideal" statewide tobacco control program be organized?

- A decentralized structure, with emphasis on local public health activities is recommended. If there is a system of county or city health departments, or similar organizations, establish local tobacco control programs within them to act as lead agencies in their respective jurisdictions. Such lead agencies should foster the creation of local coalitions and coordinate with schools to establish youth coalitions.

- In addition to providing funding to local health departments, the state office should allocate a significant portion of its resources to projects operated by community-based organizations. This will further

ensure program reach into ethnically diverse communities. Such projects should be funded on a competitive basis, using a request for proposals (RFP) process.

- The state office should fund critical statewide projects that support and build the capacity of local programs. In particular, the state office should mount an ongoing statewide media campaign, maintain a materials clearinghouse, and provide continuous training and technical assistance.

- The state office should also consider supporting ethnic networks to coordinate and strengthen efforts in ethnic communities, as well as various special-task projects such as California's Smokefree Cities Project (through the California League of Cities), Operation Storefront, and Bar and Restaurant Employees Against Tobacco Hazards (BREATH) Project.

- Programs should be established in schools if school-site and teacher buy-in is ensured and accountability for the use of the funds is maintained.

- The state office should consider funding regional projects to facilitate the coordination of local efforts within established regions. Areas that share the same media market make good project regions. Regional projects cut across geographical, political, and governmental boundaries, much as the tobacco industry would operate, and help the program stay clear of jurisdictional disputes and other barriers to program implementation.

- At both the state and local levels, close relations should be established with groups outside of public health such as community-based organizations, voluntary health organizations, youth groups, advocacy groups, ethnic organizations, representatives of local law enforcement, and local business groups and professional organizations. The best way to forge these relationships is to create local coalitions and special work groups that participate in the planning and decision-making for tobacco control activities. Program efforts are thus kept in full view of an informed population, which discourages surreptitious political interference.

How should the program's budget be allocated?

- If possible, establish an ongoing, predictable level of funding. Assuming sufficient funding, a good allocation formula would provide 5 percent for state office administration and 10 percent for program evaluation. The remainder of the funds would be divided evenly among: 1) local lead agencies for community efforts within their jurisdiction; 2) school-based efforts; 3) competitive grants, including statewide, regional, and community-based projects; and 4) a statewide media campaign, including a public relations component.

Would the California model work in states with a much smaller population or with much less funding?

- Yes, in a pared down form. Smaller states, or states with less money, should concentrate first on establishing a state level administrative office for the program that is adequate for leading, planning, evaluating, and monitoring the local program and media components.

Close relationships with community groups, voluntary health organizations, youth groups and ethnic organizations will keep program efforts "in the light of day" and discourage interference.

- Both media and local program activities are needed to produce change, and each should be as large as the budget allows, after establishing the key state-level administrative capacity.

- Within the local programs side, limited funds should be used for activities most likely to have an immediate effect on policy changes related to secondhand smoke; this is the most dynamic wedge issue for the anti-tobacco movement at the local level, where real social norm change occurs. It mobilizes nonsmokers, creates the opportunity for debate and education, and leads to an environment that increases social pressure against tobacco use.

What are some effective ways to monitor and assist the agencies you fund for tobacco control?

- Focus programs and funding where change must take place. California's success has all been at the local level.

- Write sharply focused, not open-ended, requests for proposals (RFPs) that clearly indicate the type of activities that are being solicited. Require all plans to fall within the program's overarching goals and priority areas. This is important for maintaining overall program coherence and going beyond the shot-gun approach.

- RFPs must include the expectation that 1) objectives will be focused on outcomes that result in community norm change or institutionalization of policy, and 2) resources will be allocated to evaluate progress made toward those objectives and goals.

- Provide assistance in proposal preparation (such as through regional grant writing workshops) to facilitate higher quality proposals and participation of new and sometimes smaller applicant agencies. Include training and practice on objective writing and evaluation.

- Create a fair proposal selection process, with a peer review and appeal protocol. Be consistent and always resist end runs and back door deals no matter who or where they come from.

- Provide local agencies with ongoing technical assistance and training. These efforts will improve program performance and help coordinate strategies, priorities, and interventions across all projects in the program. This is especially critical in the beginning.

- Work to establish and maintain a fruitful "marriage" between the local programs (lead agencies, grantees, and schools) and the statewide media program, including its public relations component, to ensure coordination of issues and the use of strong media and advocacy activities by the local programs.

- Establish sufficient contract administration staff in the state agency to perform fiscal and program monitoring.

- Don't micro-manage; maintain flexibility to allow local agencies to adjust their contracted scope of work in response to unforeseen developments.

- Encourage projects to set goals that have risks but potentially high gains, and be prepared to allow them to fail. Lessons are learned from failures as well as successes.

Secondhand smoke is a dynamic wedge issue at the local level where real social norm change occurs.

- Monitor your projects to find the replicable "gems," and expand the successes into larger strategies and coverage. In California, Operation Storefront, Project SMART Money, and the Ethnic Networks are state-wide programs that started locally.

PROGRAMMATIC ISSUES

How do you create a unified message and campaign?

- Begin with a classical public health model that starts from the problem (tobacco-caused cancer, heart disease, chronic obstructive pulmonary disease, etc., which together take half a million lives each year), identifies the causative agent (tobacco) and the vector of that agent (tobacco companies). Then design a program that has the best chance to break the chain of disease transmission. The California experience showed that a denormalization strategy that uses advocacy and policy change to shift social norms and eliminate the tobacco industry's influence at the local level stands the best chance of breaking that chain.

- Organize and involve statewide workgroups to shape program guidelines, performance measures, and suggested directions, priorities, and activities. Use evaluation data and analyses to provide direction and a scientific base to the program.

- Once adopted, the program's mission statement and priorities should be clearly set forth in guidelines, requests for proposals, and other communications. At the same time, goals and priorities should be continuously reviewed by program staff and the

constituency based on what works, and modified when needed.

- Guidelines for programs operating from local health departments should contain examples of objectives, detailed descriptions of suggested activities to support priority areas, and suggested programs with which they should coordinate.

- Similarly, requests for proposals (RFPs) should contain descriptions of suggested activities in support of the priority areas. They should also explain the Program's comprehensive approach and the need for elements such as media, policy, community education, training, mini-grants, opinion polls, surveys, youth advocacy, community mobilization incentives, promotional items, educational materials, etc.

- All funded projects should reflect the imprint of the peer-review RFP process, technical assistance, and contract negotiations.

How do you mobilize communities to take on tobacco control?

- Require the state-funded programs in local health departments to establish and maintain a local coalition. Membership of the coalition should be representative of the various segments of the community, and should include community leaders and representatives of voluntary health organizations and any community-based organizations funded to conduct projects for the program within the jurisdiction.

- Coalition activity should start with the issue of exposure to secondhand smoke, which will engage people

A denormalization strategy that uses advocacy and policy change at the local level has the best chance of breaking the chain of disease caused by tobacco.

17

and arouse discourse among all levels of the community. Policy change efforts will provoke an organized response from the tobacco industry and their surrogates, and may even include boards of supervisors or city councils. In a sense, the process gives the entire community a tobacco immunization. There is no other substitute for educating the public and building local public health capacity and resilience.

Coalitions play an important role in developing local policies and providing valuable direction for a tobacco control program.

- Build the capacity of local communities by providing leadership, spokesperson, and other training. Extend technical assistance and training beyond program contractors and coalition members to include leagues of cities, law enforcement agencies, and city attorneys.

- Provide aggressive, hard-hitting media "cover" that gives people in the community support for pushing back against the influence of the tobacco industry. The media campaign should include messages that expose the tobacco industry's responsibility for tobacco-related death and the continuing addiction of young people. It should also expose community-level activities of the tobacco industry.

- City officials are closest and most accountable to their communities. Informed city leaders are critical to create local policy change. Involve them through technical assistance to create smoke-free environments, and continue to communicate with and support them.

How do you foster communication among your constituents?

- Maintain frequent electronic, telephone, mail and, whenever possible, face-to-face communication with funded agencies and other allies. Healthy communication helps partners work peacefully alongside one another on a known core agenda. Thus, it helps prevent divisiveness and protects against tobacco industry efforts to "divide and conquer." The best advice? Check your ego at the door; try to not just hear, but *listen* to your constituents.

- Hold regular as well as ad hoc teleconferences with local programs, meet regularly with statewide project workgroups (e.g., the smokefree bars workgroup), send new information by broadcast faxes, hold regional and statewide conferences (such as project directors meetings), etc.

- Hold training meetings around the state on special topics.

- Publish a newsletter that reports program activities, accomplishments, and any hot topics (such as the results of a survey or recent poll) to constituents.

- Communicate program surveillance and evaluation results, and distribute any program reports.

- Provide an Administrative and Program Policy Manual to all local health departments and grantees so everyone is operating from the same set of assumptions and guidelines.

- Ensure that new contractors and new staff in ongoing projects are given a thorough orientation to the program, its infrastructure, and its

statewide support programs, such as a materials clearinghouse.

- Produce and distribute manuals explaining how to apply for tobacco control grants that also describe the mission, values and priorities of the program.

- Set up and promote the use of a web site, e-mail, and a password-protected electronic conference system for tobacco control program participants.

- Publish and disseminate a directory of funded projects.

How do you foster cultural diversity in the program?

- Programs and media must reflect the multicultural nature of society and address the needs of the state's largest racial/ethnic groups.

- Include a statement on cultural and ethnic diversity in the program's mission and values statement when it is created. The mission statement for California's Tobacco Control program says, in part, that it "espouses programs that recognize cultural diversity and maintain respect for cultural traditions." Its priorities for program development and funding include a further statement related to diversity: "High risk ethnic groups, youth, and women must be major targets of programs since they are major targets of the tobacco industry. The tobacco industry is a heavy sponsor of events that target these populations and is especially responsible for the proliferation of advertising directed to ethnic communities."

- Make diversity part of the coalition requirements for local health depart-

ments. California's requirement says that these agencies are to "obtain involvement and participation of local community organizations with special expertise in tobacco control and representatives of high risk populations." Further, the coalition should represent the ethnicity of various segments of the community's population.

- Fund a formal network for each major ethnic group in your state to provide statewide tobacco control leadership for their respective population groups. Ethnic networks can work with ethnic organizations such as the Hispanic Chamber of Commerce, and, in general, help to mobilize ethnic communities across the state against tobacco industry targeting and exploitation of their communities. They also help to build the capacity of organizations based in their communities and to engage them in tobacco control strategies through technical assistance and training. In addition, they provide input to the state media campaign, program planning, and educational materials.

- Set up a system so local projects, regions, and ethnic networks can award mini-grants to build capacity in minority organizations around issues that are pressing in those communities.

- Ensure that membership of workgroups or content-specific coalitions or task forces is diverse.

- Produce state-level materials and messages in multiple languages appropriate to your state.

- Offer toll-free cessation counseling in your state's major languages.

The tobacco industry is a heavy sponsor of events that target high risk ethnic groups, youth, and women, and is especially responsible for the proliferation of advertising directed to ethnic communities.

(California's Helpline is available in Spanish, Mandarin/Chinese, Vietnamese, Korean and hearing-impaired; there is also a chew line and a youth line.)

- Utilize ethnic media and public relations firms to produce ads and materials. In California, television, print, and radio media are available in many languages.

What do you do for youth?

- California's Program is built around changing social norms so that tobacco use is viewed negatively by everyone in a community. Therefore, the Program does not concentrate on youth as a primary target group. The goal is to build a social environment where families don't use tobacco, and the adults are positive role models for youth.

- The Program's media campaign uses some ads aimed at a youth audience, but by emphasizing the tobacco industry's manipulation and exploitation of youth, they complement the anti-industry messages in the general market ads.

- Local programs emphasize youth leadership and activism by involving them in activities opposing tobacco advertising and promotions targeting youth, including the tobacco industry influence in the entertainment industry.

How should schools be involved in the program?

- Programs should be established in both public and private schools only if certain stringent conditions are met. These are: 1) only if a vigorous

School-based tobacco use prevention education programs should consist of well-developed, sustainable interventions that reach kids in their classrooms and their schools.

community-wide program addressing broad social norm change is also supported; 2) only if the programs consist of well-developed, sustainable interventions that reach kids at the school site and in classrooms; and 3) only if accountability mechanisms are built in to ensure that the programs have school-site and teacher buy-in, and include intensive technical assistance and training for teachers.

- An important initial goal is to establish a 100 percent smokefree policy (covering adults as well as children) on all school property. In California, state law requires all school buildings and grounds to be smokefree as a condition of receiving tobacco use prevention education funds.

- The impact of school-based programs has not been shown clearly in the peer-reviewed literature or in the evaluation results for schools programs in California.

- School-based programs should coordinate with other local tobacco control activities and programs in the community. A major effort in the schools should be the cultivation of youth leadership around tobacco issues. Efforts should be made at school-sites to coordinate these leadership activities with activities of the local youth tobacco control coalition. Media literacy should also be emphasized in school programs as part of the youth leadership training.

- In California, by legislative mandate, the school-based component of the program is administered by the California Department of Education (CDE) through the Tobacco Use Prevention Education program

(TUPE). CDE receives one-third of the available funds for education against tobacco use (with two-thirds going to the California Department of Health Services).

- In California, grades four through eight receive TUPE funds through an entitlement program. Grants go to middle schools and high schools on a competitive basis.

- In California, collaboration between local health department programs and school programs is encouraged. Programs funded by the Department of Health Services support joint activities with schools, although they may not support classroom instruction.

ADVOCACY ISSUES

What is your lobbying policy?

- A clear statement of the California Program's lobbying policy is included in the Tobacco Control Section's Administrative and Policy Manual.

What can be done to influence legislation and policy-development that is not considered lobbying?

- Policy advocacy activities are those that do not attempt to promote a "yes" or "no" vote on a specific piece of legislation. Policy advocacy is an historical component of public health education. This is an especially natural arena for local coalitions.

- There are many ways a state program can advocate for policy. Conduct information and education sessions for community leaders, lawmakers, and law enforcers around specific issues. Involve the volun-

tary organizations in these efforts. Their participation and help are not only important, they are necessary.

- Use both media and local programs to educate the general public regarding the importance of the various tobacco issues, including secondhand smoke and the effects of tax-driven price increases on tobacco use (especially by youth).

- Work with local law enforcement, district attorneys, or administrative agencies to encourage active enforcement of tobacco control laws that have already been enacted, but do not allow program funds to be used to support actual law enforcement activities.

- Work with members of executive agencies, judicial or administrative bodies (e.g., school boards, housing authority, fair boards, zoning boards, other similar federal, state, and local special-purpose bodies) to adopt policies that protect the public's health.

- Provide decision-makers with technical assistance and model ordinances and policies for counties and cities. The model can then be modified to fit the needs of their own community.

- Provide the latest science (evaluation, polls, studies) and background information about particular issues to the leadership and membership of organizations that are able to lobby.

- Remember that private citizens may lobby.

- Especially remember that advocacy is a responsibility of public health and its leaders.

Lobbying Policy

The California Department of Health Services/Tobacco Control Section (TCS) engages in and funds policy and advocacy activities which are legitimate tools of health education, health promotion, and public health. TCS funds are not, and may not be used to support lobbying activities.

Lobbying is communicating with a member or staff of a legislative body, a government official or employee who may participate in the formulation of the legislation, or the general public with the specific intention of promoting a yes or no vote on a particular piece of legislation. Such communication is considered lobbying only if its principal purpose is to influence legislation.

Educating legislators, their staff, government employees, or the general public about your program or about tobacco-related issues is NOT considered lobbying.

EVALUATION ISSUES

How do you evaluate the progress of your program?

- Two basic program evaluation activities are recommended. One is surveillance, which involves the use of population-based surveys to track changes in tobacco use and related attitudes and behaviors over time. California conducts a large tobacco survey every three years and smaller, ongoing surveys annually in conjunction with the Behavioral Risk Factor Surveillance Survey. Surveillance provides valuable information on statewide trends related to tobacco use. The large triennial surveys provide trends for regional and ethnic subpopulations of the state.

- The other recommended evaluation activity consists of outcome-focused assessments of various program components (i.e., media, community, schools) to determine their relative impact on individuals (attitudes, behavior) and on the social environment (policy changes). In California, this is accomplished through a contract to conduct an independent evaluation of the program.

- In addition, each funded local intervention should be required to conduct an evaluation of its own activities as an integral part of the project. In California, every grantee must spend at least 10 percent of its budget on evaluation. This requirement improves the design quality of the funded interventions and, as a consequence, their potential effectiveness. The program publishes a directory of evaluators who can consult with local programs and

conduct local program evaluations. To facilitate local program evaluations, a database of instruments, objectives and evaluation results is made available to program participants, and an annual showcase conference is held to allow programs to share evaluation results with each other.

What kinds of data need to be collected?

- At the inception of the program, and then on an ongoing basis, collect information about tobacco use and related attitudes and behavior in the general public (and/or of specific populations) related to the program priorities.

- Examples of outcome data that should be collected annually are: smoking prevalence by gender, age and ethnicity; and per capita consumption (packs of cigarettes sold); self-reported consumption (average daily); exposure to environmental tobacco smoke; illegal sales of tobacco; and surveys with particular populations on specific aspects of tobacco control.

- For process measures, types of data that are useful are: attitudes and behaviors assessed through either regular surveillance or public opinion polls; the number and content of local ordinances against tobacco use and tobacco advertising; changes in tobacco industry spending and marketing activities; and records of program activities.

- Make sure that the definitions (e.g., current smokers) and terminology used in state surveys are consistent with those used by the Centers for Disease Control and Prevention and

the National Cancer Institute; otherwise results may not be comparable.

- Use existing data whenever possible (for example, NHIS Monitoring the Future; Federal Trade Commission for industry advertising expenditures; State Board of Equalization for state and federal consumption figures; and other state tobacco control program data).

MEDIA ISSUES

How does media fit into your program?

- California's statewide media campaign is a key component of the program. It is a multi-million dollar paid television, radio, billboard and print advertising campaign that frames and supports the program's priority areas. It is focused on environmental rather than individual change, in keeping with the overall strategy of denormalizing tobacco use.

- Although the campaign is a key piece, media alone will not change norms or behavior. Alternatively, a program without media has no way to grab the public's attention and influence public opinion. Media is a necessary but not sufficient element of a comprehensive program. This fact cannot be over-emphasized.

- Media gives visibility to the larger campaign; in California, it is the primary way that tobacco issues are kept at the forefront of most people's awareness.

- Media frames the issues for the program and starts people talking about them. In this way, it supports the local tobacco control interventions.

What are effective media strategies?

- One strategy the California campaign has used consistently is to focus on secondhand smoke, which pulls in smokers and nonsmokers alike. Once people understand that secondhand smoke harms everyone, apathy begins to change into action.

- The other strategy is to raise people's awareness of the responsibility of the tobacco industry for tobacco-related disease, and to expose the industry's manipulative tactics (as with the "Invasion of the Tobacco People" radio ad, which exposed the presence of tobacco industry "hired guns" brought in to oppose local efforts to address the secondhand smoke issue).

- These key media strategies support the Program's primary priority areas: to reduce the effects of secondhand smoke, and to counteract the influence of the tobacco industry.

- California's media campaign is professionally produced so that the program's powerful concepts and critical messages compete favorably with the multitude of other ads people are exposed to. A poor quality, amateurish ad will not grab the viewer's attention.

- Health-effects messages have little impact. People know the consequences of using tobacco, and they tend to tune out ads that do no more than remind them that smoking causes cancer.

- New ads must be in constant development, and should use the latest legitimate facts and figures-for example, quotes from tobacco industry documents or new scientific revelations.

Media is a necessary but not sufficient element of a comprehensive tobacco control program.

Really effective ads move people emotionally. If media makes the viewer feel good, it's not doing its job.

- Decisions about the creation of new ads and what ads to place should be made by program staff, or at least in close consultation with them, and be based solely on their effectiveness in terms of public health. The approval process needs to be flexible and provide for rapid decision-making. This is important because the media environment changes rapidly and ad ideas or executions can quickly become passé. In addition to providing for timely development of ads, this will keep the media campaign on track with the overall program strategies and help maximize the potential synergy between coordinated media and local programs activities.

- As the ad concepts are being developed, continue to test them out through focus groups of the population the ad is targeting.

- Each event, promotion, press release, and commercial needs to be focused on moving the continuum toward a smokefree society. Clever ads or public relations activities that are entertaining but strategically off target are a waste of precious resources.

- It is important to introduce new ads and retire old ones in order for the campaign to sustain an unflagging freshness and novelty. However, it is also important to moderate the expenditure of available media funds on the production of new ads and maximize the funds available for the placement of ads. Using ads developed by other states can help minimize production expenditures.

Do you use public service announcements or paid ads?

- California uses paid ads so that there are enough exposures of the messages to have an effect on awareness and behavior. Paid television and radio ads are placed in prime time to capture the largest audience, and billboards are placed in areas of high traffic and where their messages will have the greatest impact. Placement is handled by advertising experts.

- Different rules apply to paid ads and public service announcements. Because most states that conduct anti-tobacco advertising campaigns share their ads with other states via the Centers for Disease Control and Prevention media resource center, it is best to negotiate maximum flexibility with talent, with full buyout when possible, at the time ads are developed.

How should local programs use media?

- Local programs may hire their own advertising agencies to conduct a local media campaign that is coordinated with the statewide campaign. In the first years of California's program, local programs concentrated on building their own infrastructure and goals, while the statewide media campaign provided technical assistance on how to do media. As the local programs have matured, they have been encouraged to develop local media to address their priority issues.

- Local programs are also given technical assistance and materials such as press kits to conduct their own media events synchronized with statewide efforts.

- Regions are organized around media markets and may design and carry out media campaigns to meet the collaborative needs of their regional programs.

What should we look for when we hire an ad agency?

- First, there must be no conflict of interest for the agency—it must have no connection with the tobacco industry.

- The ad agency must be willing to work in partnership with the public health agency and to create messages that are in line with the tobacco control program's goals. Program staff need to make sure that creative ideas stay on target with the program's strategic goals.

- Qualifications for the agency should be a history of social marketing, a size that is comparable to the media contract budget, and an understanding of (and passion for) tobacco control

issues. The agency should also be aware that the general public and the tobacco industry will have strong responses to the campaign, and that the process may be highly political.

How do you use your public relations agency?

- The public relations component of the media campaign is part of the glue that holds the Program together. It provides materials that help all projects speak with one clear voice. It also helps frame issues, develops talking points for response to "hot" issues, and does crisis intervention.

- In California, the public relations component conducts training and technical assistance for local and community programs on such topics as message development, how to conduct a press conference or act as an effective spokesperson. The contractor also produces newsletters, creates press kits around specific events, photographically documents local events, and operates an anti-tobacco education van which is made available for use by local programs at public events.

CONCLUSION

Tobacco control advocates worldwide have in common a passionate belief in their work, similar to those who fight for tools to vanquish AIDS and cancer. The most perfectly-crafted tobacco control program will still not be successful if it lacks a fundamental belief in the battle.

What's the most important piece of advice we could give? You must be bold and work with unafraid passion!

California has characterized its decision to take on the tobacco industry as engaging in a David and Goliath battle, where spirit and will make up for size and power. A battle where opponents are mismatched and the stakes are high requires a willingness by advocates to be bold and take risks. There must be a sense of shared mission, commitment and values among program staff, and these must be communicated clearly and frequently to the entire statewide network. Victories must be celebrated, and losses must be shared. Program staff must be dedicated to supporting and empowering community mobilization, and also have the good sense to not get in the way of the resulting movement.

State government is not known for these qualities. But without the element of human commitment, a statewide infrastructure, sophisticated program elements and glossy media messages are empty, and cannot succeed in creating a nation free from tobacco addiction.

FURTHER READING

Bal, D.G., Russell, C., Motylewski, C., Stevens, C., Johnson, M.D., Shimizu, R., and Palmer, C. (1995). The California tobacco control program: Lessons learned. In Slama, K. (ed.), *Tobacco and Health.* New York: Plenum Press.

California Center for Health Improvement (March 1996). *Policy Brief. Policy Improving Health: California's Anti-Tobacco Strategy.* Sacramento: California Center for Health Improvement.

California Center for Health Improvement (May 1997). *Tobacco-Free Policies: An Update.* Sacramento: California Center for Health Improvement.

Independent Evaluation Consortium (1998). *Final Report of the Independent Evaluation of the California Tobacco Control Prevention and Education Program: Wave I Data, 1996-1997.* Rockville, MD: The Gallup Organization.

National Cancer Institute (1988). *Standards for Comprehensive Smoking Prevention and Control.* Bethesda: National Cancer Institute.

Pierce, J.P., Gilpin, E.A., Emery, S.L., White, M.M., Rosbrook, B, and Berry, C.C. (1998). Has the California Tobacco Control Program reduced smoking? *Journal of the American Medical Association*, *280*(10), 893-899.

Pierce, J.P., Gilpin, E.A., Emery, S.L., Farkas, A.J., Zhu, S.H., Choi, W.S., Berry, C.C., Distefan, J.M., White, M.M., Soroka, S, Navarro, A. (1998). *Tobacco Control in California: Who's Winning the War? An Evaluation of the Tobacco Control Program, 1989-1996.* La Jolla, CA: University of California, San Diego.

Tobacco Education and Research Oversight Committee (1997). *Toward a Tobacco-Free California: Renewing the Commitment, 1997-2000.* Sacramento: California Department of Health Services, Tobacco Control Section.

Tobacco Education and Research Oversight Committee (1995). *Toward a Tobacco-Free California: Mastering the Challenges, 1995-1997.* Sacramento: California Department of Health Services, Tobacco Control Section.

Tobacco Education Media Campaign (May 1998). *Media Update.*

Wallack, L., Dorfman, L., Jernigan, D., Themba, M. (1993). *Media Advocacy and Public Health.* Thousand Oaks, CA: Sage Publications.

ACKNOWLEDGMENTS