Evaluation of a statewide educational campaign to build support for a tobacco tax increase in Missouri

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Background

In 2004, the Missouri Foundation for Health (MFH) initiated a 9-year effort to reduce tobacco-related morbidity and mortality in Missouri through statewide tobacco control and prevention efforts. MFH adopted a 3-pronged approach: (1) build support for an increase in the state tobacco tax, (2) promote tobacco prevention for youth in schools, and (3) promote smoke-free workplaces and cessation services.

To address the first strategy, MFH provided funding to the American Lung Association of Missouri to implement a short-term education campaign, *Show Me Health: Clearing the Air About Tobacco*. The primary goal of Show Me Health was to:

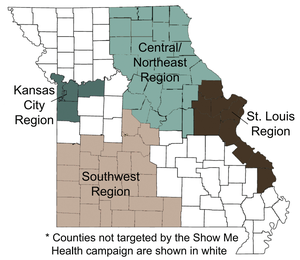
Increase knowledge of, improve attitudes towards, and build support to increase Missouri's tobacco tax.

From the point of their first outreach activity up to the vote on an $0.80 tobacco tax increase, *Show Me Health* staff and volunteers had approximately 14 months to implement the education campaign. On November 7, 2006, Missouri voters rejected the tax amendment:

- 51.4% against
- 48.6% in support

After the election, *Show Me Health's* education efforts came to an end.

Show Me Health Regions



* Counties not targeted by the Show Me Health campaign are shown in white

Methods

A comprehensive evaluation of the *Show Me Health* campaign was conducted by the Center for Tobacco Policy Research at Saint Louis University School of Public Health. The primary data sources and methods used were:

Interviews and Focus Groups

- Qualitative data collection with 37 primary stakeholders at the conclusion of the *Show Me Health* campaign.
- Used to assess stakeholders' experience with the educational campaign.

Newspaper Clippings

- Content analysis of 1263 tobacco-related articles, editorials, and letters to the editor printed in 187 local newspapers between September 2005 and December 2006.
- Used to gain a better understanding of how *Show Me Health*'s messages and other tobacco topics were framed in the media.

Community Tobacco Survey

- Random digit dial phone survey of 1000 Missouri voters at three different points in time.
- Used to assess the reach and effect of the educational campaign.

Show Me Health Monitoring System

- Data submitted on a monthly basis by *Show Me Health* staff.
- Used to gain a better understanding of the implementation of *Show Me Health* across regions and over time.

Results

Evaluation findings identified several strengths and challenges for *Show Me Health.* The following are some of the highlights:

Strengths

- Sufficient funding for proposed activities
- Full-time staff devoted to Show Me Health
- Day-to-day communication
- Coverage of state was strategic; developed a regional structure that provided local points of contact for community members
- Organized a number of volunteers across the state to communicate the educational messages
- Staff and volunteers achieved many contacts across the state and "earned" coverage in the media

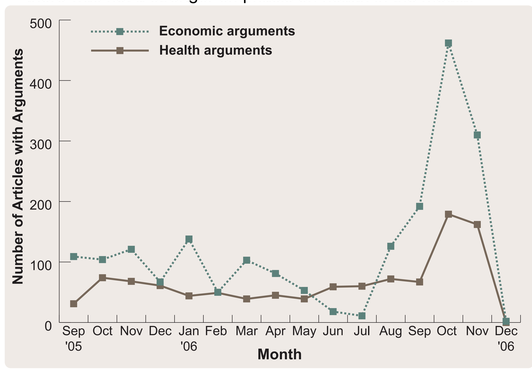
Challenges

- Inadequate time for planning and implementation
- Lack of staff or consultants with health communication expertise
- Confusion among stakeholders due to unclear expectations for Show Me Health and its relationship to the tobacco tax political campaign
- Events in the state environment led to delays in activity at several timepoints during Show Me Health; no contingency plans were in place

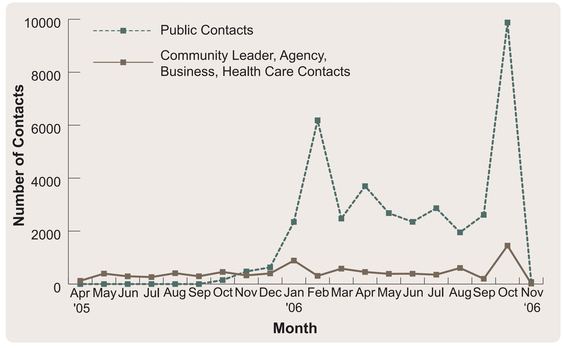
None of *Show Me Health's* primary messages clearly stood out as effective. There were too many messages and the majority were very complex.

Show Me Health Message	n*	Remembered Hearing	More Likely to Vote for a Tobacco Tax Increase
Every 10% increase in cigarette prices results in a 7% reduction in cigarette use by youth and 4% by adults. **(Cigarette Price Increase)**	822	11.6%	56.1%
Every day 26 Missourians die due to tobacco use. **(26 Missourians)**	848	11.8%	53.0%
Missouri ranks 49th with its 17cent cigarette tax and 50th in tobacco prevention spending. **(Missouri's Ranking)**	864	17.1%	54.7%
23.7% of Missouri high school students smoke whereas the U.S. high school smoking rate is 21.7%. **(High School Smoking Rate)**	829	12.8%	57.9%
In 2002, smoking cost Missouri $4.3B in lost productivity and direct medical costs or $760 for every man, woman, and child. **(Costs of Smoking)**	868	13.3%	56.8%
Missouri's adult smoking rate of 24.1% ranks 13th highest among all states. **(Adult Smoking Rate)**	854	11.1%	52.5%
For the past six years, Missouri has spent $0 in state funds for a comprehensive tobacco use prevention and cessation program, ranking us last in the country, although it has received over $1B in Master Settlement payments. **(MSA)**	903	21.9%	45.8%

The focus on economic arguments was stronger than health arguments in newspaper articles related to tobacco control. *Show Me Health* stakeholders were disappointed that there was not a stronger emphasis on health in the media.



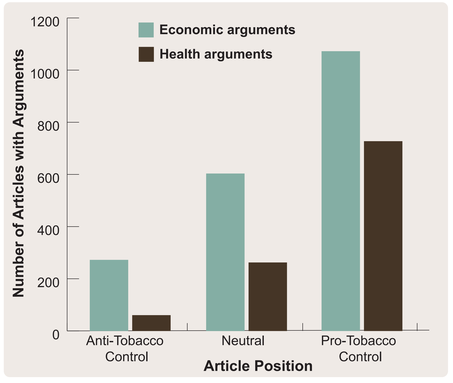
The reach of *Show Me Health* (*e.g.*, public contacts) did not increase steadily over time. For an education campaign, a consistent increase would be expected in order to build support.



The MSA message was effectively co-opted by the opposition. The MSA message was mentioned more often in anti-tobacco control articles than any other message.

Show Me Health Message	Anti-Tobacco Control	Neutral	Pro-Tobacco Control
Cigarette Price Increase	1.4%	34.7%	63.9%
26 Missourians	2.2%	23.1%	74.7%
Missouri's Ranking	6.0%	23.5%	70.5%
High School Smoking Rate	1.3%	23.1%	75.6%
Costs of Smoking	2.8%	29.6%	67.6%
Adult Smoking Rate	4.2%	17.5%	78.3%
MSA	22.9%	27.5%	49.5%

In anti-tobacco control newspaper articles, economic arguments were used at a ratio of more than 3-to-1.



Recommendations

Based on the evaluation findings, several recommendations for future public education efforts were identified:

Planning

1) Identify clear, realistic, and measurable objectives and outcomes
2) Develop realistic timelines for planning and implementation
3) Develop regional specific plans based on regional needs and populations
4) Require detailed implementation plans

Development and Implementation

5) Utilize health education and communication expertise
6) Use existing evidence to guide campaign development
7) Identify one or two primary messages based on pre-testing and evidence
8) Include an extensive mass media component
9) Coordinate efforts with similar activities in the state to maximize the effect
10) Develop a contingency plan for external influences which may support or inhibit an educational campaign

Partners

11) Ensure there is a diverse set of committed partners
12) Clearly define and communicate roles and responsibilities to all parties

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