

did not have contingency plans in place. This resulted in delays in SMH's implementation.

Message Delivery

SMH staff and volunteers delivered messages through presentations, distribution of materials, and earned media coverage (e.g., radio interviews). Presentations were considered the most effective way to reach smaller audiences. Although SMH earned a number of media hits, more mass media coverage was needed.

Assessment of Primary Messages

None of SMH's seven primary messages clearly stood out as effective. There was no distinct evidence that any of the messages resonated with the public, with one exception. SMH's message stating that Missouri spends \$0 of MSA monies for tobacco control was successfully used by the opposition to the tobacco tax. Testing messages prior to use and focusing on only one or two concise messages would have been more effective for SMH.

Reach to Missouri Adults

SMH staff organized a number of volunteers across the state with the purpose of communicating their messages to Missouri adults. They achieved many contacts with community members and earned coverage in the media. However, the level of reach to the public did not continue to steadily increase over time but rather showed an inconsistent level of activity. In newspaper coverage across the state, there was relatively more emphasis on economic information than health information regarding tobacco control. Stakeholders were disappointed that more health oriented information was not disseminated and felt this should have been a stronger focus for SMH.

Awareness and Effect on Public Attitudes

To achieve the primary goal of SMH, staff and volunteers needed to ensure that the messages reached the public and then improved attitudes toward policy change. Recall by survey participants and newspaper coverage indicated moderate awareness of SMH's seven primary messages (11-22% of Missouri adults recalled messages and 30% of articles contained at least one SMH message). Survey results indicated the messages increased voting likelihood for a tobacco tax increase for a slight majority of Missouri adults (52-58%). However, the messages that increased voting likelihood the most were not the messages SMH reported using frequently.

Conclusions

SMH organized a number of partners and volunteers together in a collaborative effort to educate the

public about the effects of tobacco use in Missouri. However, evidence indicates that SMH was not able to saturate communities across the state at the levels needed to persuade voters to support increasing a tobacco tax.

Recommendations

Based on these evaluation findings, recommendations for future public education programs were identified:

Planning

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

Development and Implementation

- 5) Include staff or consultants with specific training in health communication
- 6) Use existing evidence to guide campaign development
- 7) Identify one or two primary messages based on pre-testing and existing evidence
- 8) Include an extensive mass media component
- 9) Coordinate efforts with similar activities in the state to maximize the effect
- 10) Plan for potential external influences which may affect an educational campaign

Partners

- 11) Ensure there is a diverse set of committed partners
- 12) Clearly define and communicate roles and responsibilities for all stakeholders

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