Smokefree Oregon *Imagine Oregon Without Big Tobacco* 2024 Media Campaign Evaluation

August 2025

Prepared for

OREGON HEALTH AUTHORITY

Prepared by

Professional Data Analysts

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Acknowledgements

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Community-Based Organizations

4D Recovery
African Youth and Community Organization
AntFarm
ARC of Benton County
Asian Health & Service Center
Bay Area First Step
Center for Human Development
Centro Cultural
Doulas Latinas International
East County Community Health - Rockwood CDC
Eastern Oregon Center for Independent Living
EUVALCREE
Healthy Klamath
Micronesian Islander Community
Northwest Family Services
Oregon Chinese Coalition
Oregon Spinal Cord Injury Connection
Somali American Council of Oregon
Slavic Community Center of NW
Tobacco Free Coalition of Oregon (TOFCO)
Umpqua Valley Rainbow Collective
Youth Advisory Council

Local Public Health Authorities

Benton County Public Health
Clackamas County Public Health
Columbia County Public Health
Deschutes County Public Health
Douglas County Public Health
Hood River County
Jackson County Public Health
Jefferson County Public Health
Klamath County Public Health
Lane County Public Health
Linn County Public Health
North Central Public Health
Marion County Public Health
Multnomah County Public Health
Umatilla County Public Health
Yamhill County Public Health

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Smokefree Oregon Media Campaign Evaluation Summary

March 2025

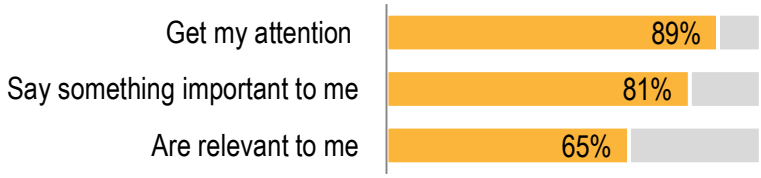
Commercial tobacco use leads to over 8,500 preventable deaths in Oregon each year. To address this issue, OHA co-created a tobacco prevention mass media campaign with a committee of community partners. The Smokefree Oregon "Imagine Oregon without Big Tobacco" campaign launched statewide in 2024. This evaluation assessed how well the campaign reached people and how effective it was. Key findings from surveys and Ripple Effects Mapping sessions with community members are summarized below.

Overall, people had positive perceptions of the campaign

About 1 in 4 people recalled campaign images and messages. People most often saw or heard about the campaign through a billboard or website.

Most people agreed that the campaign **got their attention and said something important**.

Agreed that campaign images and messages...

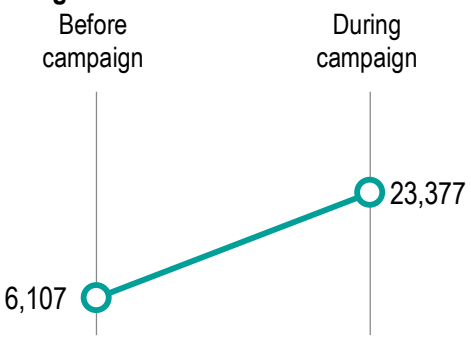


Community members highlighted the strengths-based focus of the messages. People appreciated how the campaign was "**changing the perspective here to be more inclusive, more positive**."

Communities engaged with the website and media resources

The number of unique visitors to the Smokefree Oregon website was **nearly four times higher** during the campaign compared to before the campaign.

Unique visitors to Smokefree Oregon website



Local partners used **campaign resources** to promote the campaign in local communities. 15 of 32 local partners reported using the campaign toolkit or templates.

14 used toolkits

8 used templates

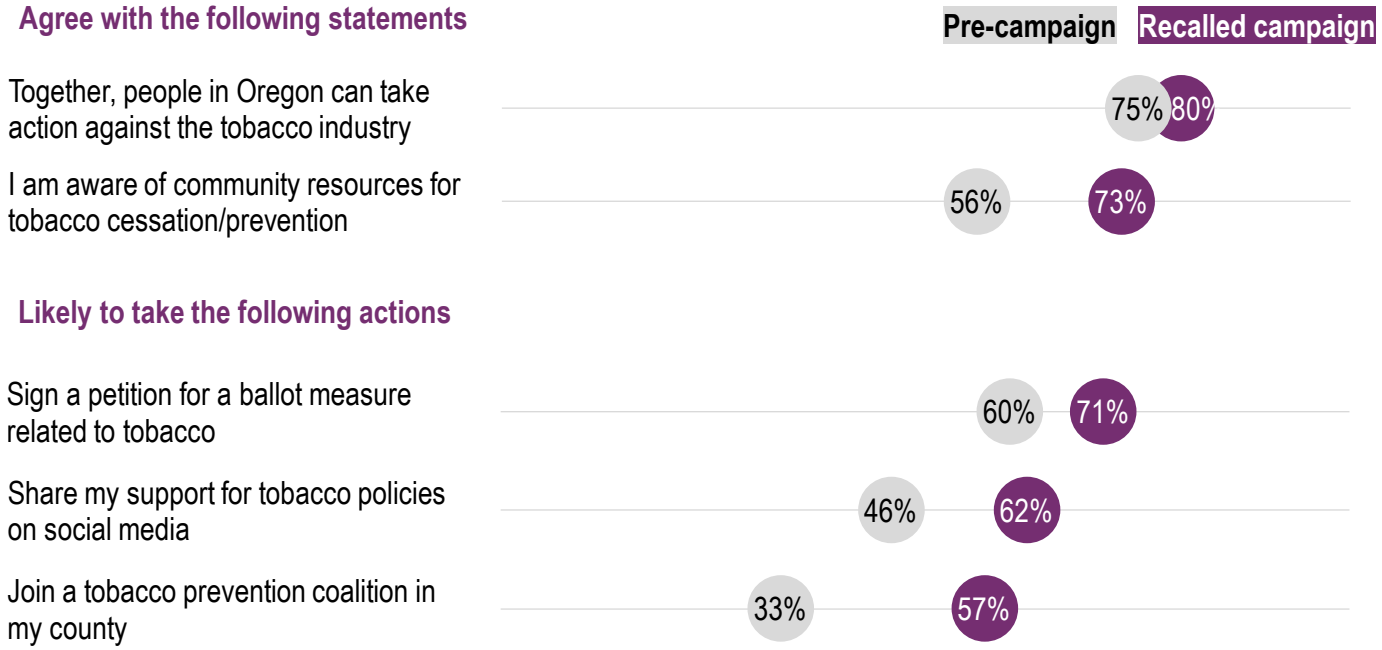
6 requested technical assistance

Community members reported **word of mouth** as an important resource, including "sharing with our coworkers and local public health offices, community partners, schools, local staff."

Campaign exposure had a positive impact on awareness & actions

Among people who saw the campaign, at least **6 in 10 agreed** the tobacco industry promotes tobacco to communities such as low-income neighborhoods, youth, and people who identify as LGBTQIA2S+.

People who saw the campaign reported greater awareness of actions they can take to encourage others, share information, and support policies in their community.



"This campaign focused on raising awareness. Starting with **awareness can lead to action**. This has helped us do that."

"I like the **whole community focus** and emphasizing how tobacco affects us all, not just the individual user."

Conclusions

These results highlight the success of this community-driven campaign. As a result, messages resonated with the audience, boosted awareness, and increased likelihood to take action.

Continue raising awareness of equity-related issues for tobacco prevention, especially where there was lower awareness of tobacco industry targeting.

Continue to promote actions individuals can take. These include sharing tobacco prevention and education information online, joining a local tobacco prevention coalition, and participating in local advocacy training.

Explore ways to expand cultural relevance and inclusivity of the campaign. Continue to provide support for local tailoring to increase campaign accessibility.

Further build community partnerships between state agencies and local organizations to expand campaign reach and impact.

To read the full evaluation report, visit https://www.oregon.gov/

Introduction

Commercial tobacco[1] use is a leading cause of preventable death in Oregon. It kills more than 8,500 adults in Oregon each year.[2] For decades, the tobacco industry has spent billions of dollars on advertising, incentives, and displays to sell their harmful products in Oregon communities. To address this issue, Oregon Health Authority's (OHA) Health Promotion and Chronic Disease Prevention (HPCDP) section started the Smokefree Oregon (SFO) brand in 2014. The goal of the brand is to prevent tobacco use and help people quit.

In 2023, HPCDP took a new approach to create an anti-tobacco communications campaign. HPCDP and community partners formed the Addressing Commercial Tobacco (ACT) Committee to guide the new campaign. The committee had 35 members from local public health groups and community organizations. Together, this group developed and evaluated the new Smokefree Oregon tobacco prevention campaign. The campaign helped people in Oregon see tobacco as a problem for everyone and encouraged community solutions. OHA and the ACT Committee worked with Metropolitan Group, the communications contractor for Smokefree Oregon. These groups met regularly for over a year to build the campaign. The ACT Committee advised on all aspects of the campaign. This included goals, audiences, creation of the ads, media strategy, and how to measure success. The *Imagine Oregon without Big Tobacco* campaign was launched in the spring of 2024.

After the campaign ended, Professional Data Analysts (PDA) conducted a campaign outcome evaluation. The evaluation used several data sources. These included surveys, campaign media analytics, the campaign website, and reports from the Tobacco Prevention and Education Program (TPEP). The evaluation also used findings from a process called Ripple Effects Mapping (REM). Dr. Antonia Alvarez led the REM work with the ACT and other community partners. The report presents campaign findings and recommendations to inform future activities.

[1] In this report, tobacco refers to commercial products made and sold by tobacco companies. Tobacco includes cigarettes, cigars, chewing tobacco, electronic cigarettes (e-cigarettes) and other commercial tobacco products. E-cigarettes are also known as e-cigs, vapes, vape pens, and electronic nicotine delivery systems (ENDS). Commercial tobacco does not include traditional tobacco used by American Indian and Alaska Native persons for sacred or ceremonial purposes.

[2] Public Health Division. (2018). *Oregon's State Health Assessment, 2018*. Oregon Health Authority.

About the Campaign

At a glance

- *Imagine Oregon without Big Tobacco* is a new social marketing campaign from Smokefree Oregon.
- It is one of the largest tobacco prevention media campaigns in Oregon.
- The campaign was designed in partnership with OHA tobacco prevention partners.
- Messages focus on community strengths to address commercial tobacco use.

Audiences

- People seeking community, who are likely to take action.
- People who use tobacco and their family members, friends and loved ones.
- Community leaders, like faith leaders, employers, and elected officials.
- Communities and populations harmed by tobacco industry marketing

Goals

- Have commercial tobacco seen as a shared issue.
- Encourage people to take part in community solutions.

The Smokefree Oregon *Imagine Oregon without Big Tobacco* campaign ran April through June of 2024. Campaign development began in 2023.

OHA worked with Metropolitan Group and the ACT Committee to **create a new campaign development strategy.** Together, this group designed new messages, ad images, and additional resources based on the priorities and experiences of people in Oregon. The ads ran on paid media throughout Oregon. These included broadcast TV and radio, online video and streaming services, social media, and billboards.

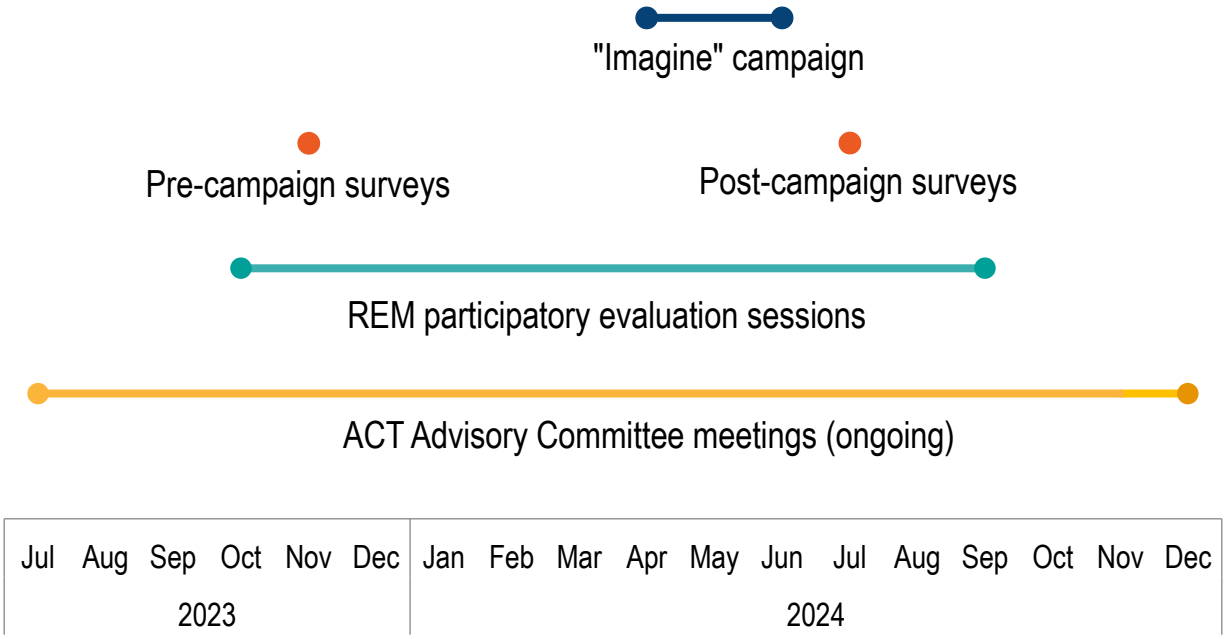
Along with the campaign, OHA **created campaign resources** on the Smokefree Oregon website (smokefreeoregon.com). These resources are for the public to learn from and for local groups to use in their prevention work. They include information on quitting support and the harms of tobacco use. The website also lets people sign up for advocacy email alerts and provides contact information for local leaders and Tobacco Prevention and Education Program (TPEP) coordinators. Local prevention partners could also access a campaign toolkit. Tools included social media posts, talking points, posters, digital images, event guides, and customizable materials to promote the campaign locally.

OHA **supported local TPEP partners, community-based organizations, and Regional Health Equity Coalitions to promote the campaign**. Tobacco prevention partners distributed campaign messages, generated earned media, and engaged people in tobacco prevention efforts. Metropolitan Group and OHA HPCDP provided resources and technical assistance to support this work.

OHA and the ACT Committee developed a list of desired campaign outcomes:

- Increased agreement that tobacco is a shared community issue.
- Increased awareness of community strengths that prevent initiation and/or cessation of commercial tobacco.
- Increased agreement that tobacco impacts certain communities more than others.
- Increased awareness of the actions that people can take to address commercial tobacco in their community.
- Increased support for tobacco prevention policies.
- Increased community-level action against Big Tobacco.

Campaign and evaluation timeline



About the Campaign Evaluation

This evaluation investigated **outcomes** of the *Imagine Oregon without Big Tobacco* media campaign. Multiple data sources were used to answer evaluation questions. These included media data, Smokefree Oregon website data, TPEP reporting, and online surveys (conducted both pre- and post-campaign). See Appendices 1 and 2 for more details on data sources and analyses for this report.

The ACT Committee played a key role in the campaign's evaluation. The Committee collaborated with OHA on campaign outcomes, evaluation planning, and feedback.

Ripple Effects Mapping (REM) sessions were conducted with the ACT Committee and other TPEP community partners. Ripple Effects Mapping is a participatory approach to evaluation. REM sessions gather input from community members to explore impacts of a program or project. REM sessions documented community perspectives and feedback at several stages of the campaign. REM findings throughout this report highlight community voices and perspectives. See Appendix 2 for more details on REM data and analysis.

Members of the ACT Committee described personal and professional benefits of joining the campaign planning process. Members learned about regional differences in tobacco use and prevention needs from diverse perspectives. Members gained important skills and built capacity in marketing, public health research, and participatory evaluations.

A process evaluation conducted by Dr. Alvarez (not reported here) explored the process of community participation in this media campaign. Lessons learned from participatory work, documented across these two evaluations, can inform future HPCDP work.

The Smokefree Oregon campaign outcome evaluation investigated **ten evaluation questions** listed on the next page.

	Evaluation Question	Data source(s)
1	To what extent did the campaign reach people in Oregon?	• Campaign metrics • Post-campaign survey • REM findings
2	To what extent did the campaign increase awareness of and interaction with the Smokefree Oregon website?	• Website metric data • Social media metric data
3	How, and to what extent, did TPEP partners utilize additional resources?	• TPEP reporting tool
4	To what extent did the campaign raise awareness that tobacco is a shared community issue?	• Pre- and post-campaign surveys
5	To what extent did the campaign increase awareness of community strengths that prevent initiation and/or support cessation of commercial tobacco?	• Pre- and post-campaign surveys
6	To what extent did the campaign raise awareness that tobacco impacts certain communities more than others?	• Pre- and post-campaign surveys • REM findings
7	To what extent did the campaign increase awareness of the actions people can take to address commercial tobacco in their community?	• Pre- and post-campaign surveys • REM findings
8	To what extent did the campaign increase support for tobacco prevention policies?	• Pre- and post-campaign surveys • REM findings
9	Did the campaign increase individual level action against Big Tobacco?	• Pre- and post-campaign surveys REM findings
10	Did the campaign increase community level action against big tobacco?	• Pre- and post-campaign surveys • REM findings

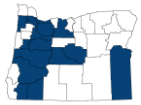
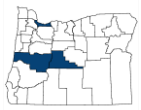
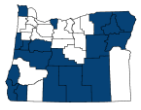
Campaign Reach

1 To what extent did the campaign reach people in Oregon?

The Metropolitan Group, the media vendor for the campaign, collected media metric data to measure the reach of the campaign. Data included impressions delivered across media strategies along with engagement with campaign ads (i.e., clicks to the website).

The campaign included ads on a variety of traditional and digital media placements throughout the state.

Figure 1: Campaign reach by media type

Media type	Delivery	Locations
Programmatic display[3]	39,507,256 impressions 139,756 clicks	
Online video	5,611,550 impressions 578 clicks	
Streaming TV	1,959,748 impressions 42 clicks	
NextDoor	1,176,654 impressions 5,035 clicks	
TikTok	1,983,946 impressions 49,837 clicks	
Outdoor billboards	87,785,061 impressions	
Broadcast TV	14,304,637 impressions 2,458 spots	
Radio	2,952 spots	

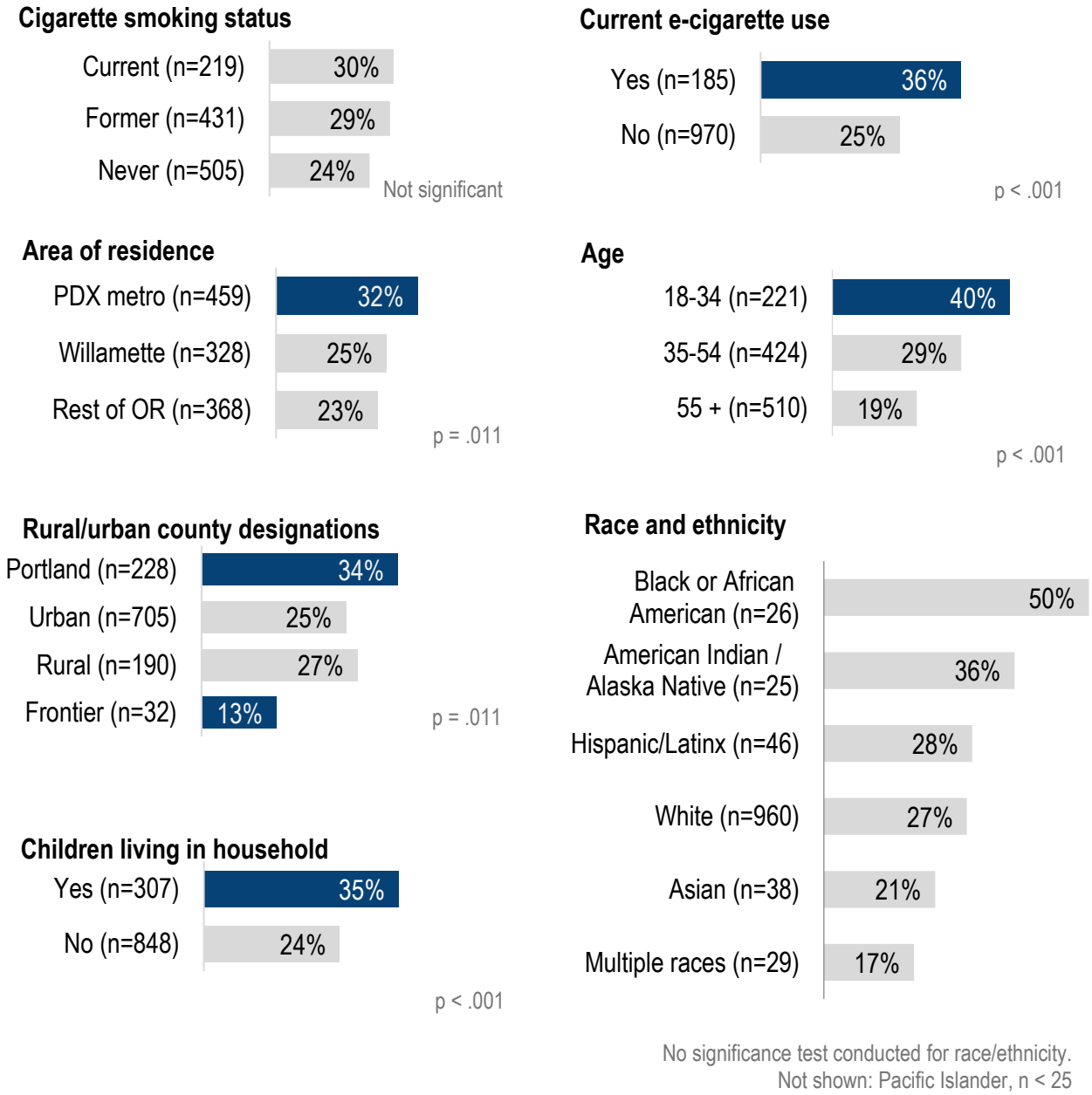
[3] Programmatic display ads refer to digital ads that use marketing technology to automate ad buys and placements across a network of websites.

One in four respondents recalled the campaign.

A post-campaign survey assessed campaign awareness and collected demographic information to better understand respondent characteristics. Overall, **27% recalled images and messages from the campaign** (n = 310).

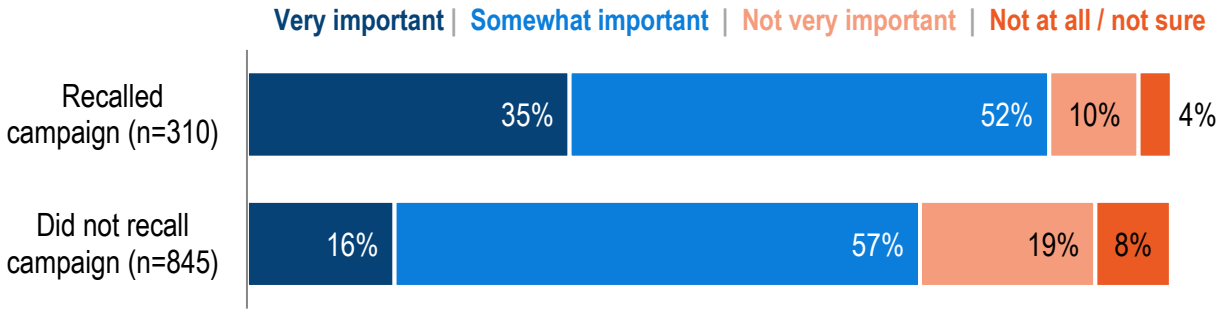
Recall was higher among people using e-cigarettes, those from the Portland area, younger adults, and those living with children.

Figure 2: Campaign recall by participant characteristics



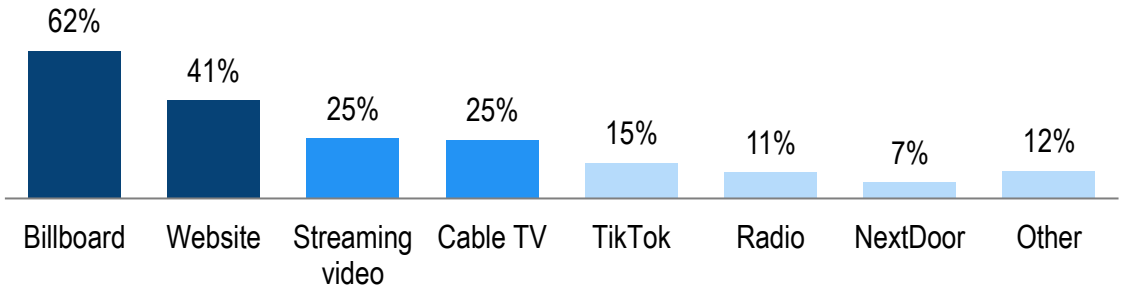
Those who recalled the campaign were more likely to report that it is very important to be actively engaged in their community.

Figure 3: How important is it to you personally to be actively engaged in your community?



Respondents recalled seeing and hearing the campaign across a variety of media types, most often billboards.

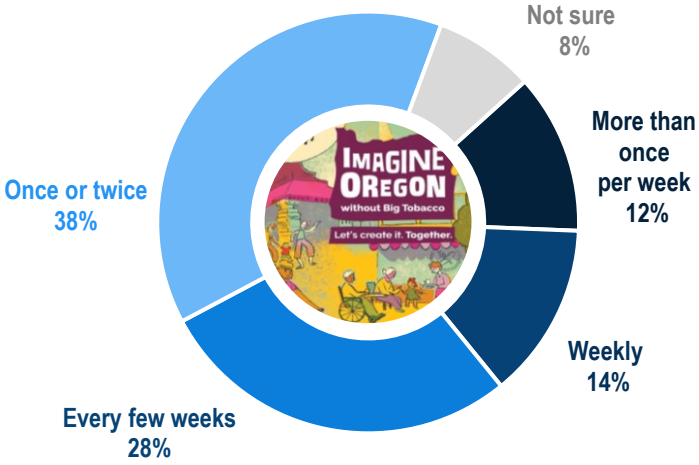
Figure 4: Where people saw or heard the campaign (n = 310)



Most people who recalled the campaign saw the messages infrequently during the campaign period.

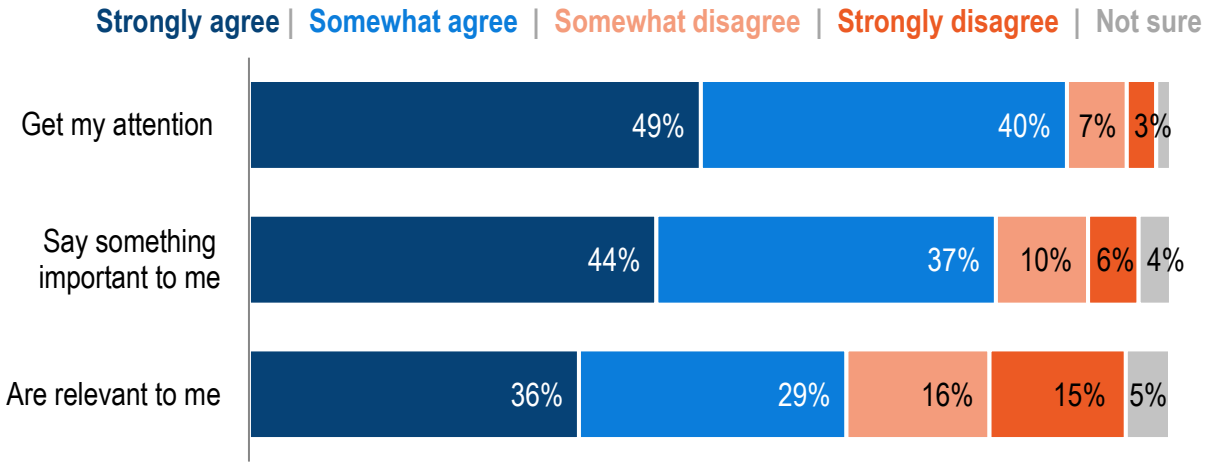
Respondents in the post-campaign survey who recalled the campaign most often reported seeing the ads once or twice (38%) or every few weeks (28%). Fewer saw the ads weekly or more frequently.

Figure 5: How often people saw or heard the campaign (n = 310)



Among those who recalled the campaign, most said the campaign was attention-getting, important, and relevant.

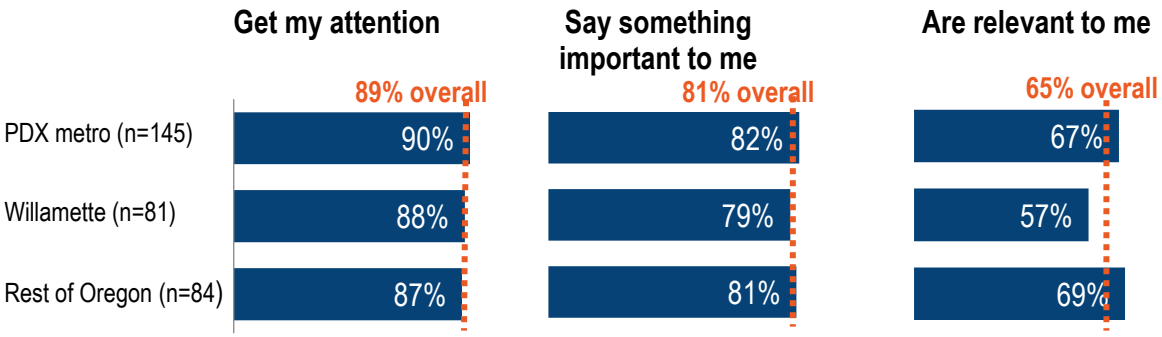
Figure 6: Agreement that images and messages from the campaign... (n=310)



Perceptions of the campaign were consistently positive throughout the state.

Across all regions of Oregon, about 9 in 10 people exposed to the campaign agreed that it got their attention. Eight in ten reported that it said something important to them. About 6 in 10 said the campaign was relevant to them. Variations in campaign perceptions are shown below and on the next page.

Figure 7: Agreed that the images and messages from the campaign…

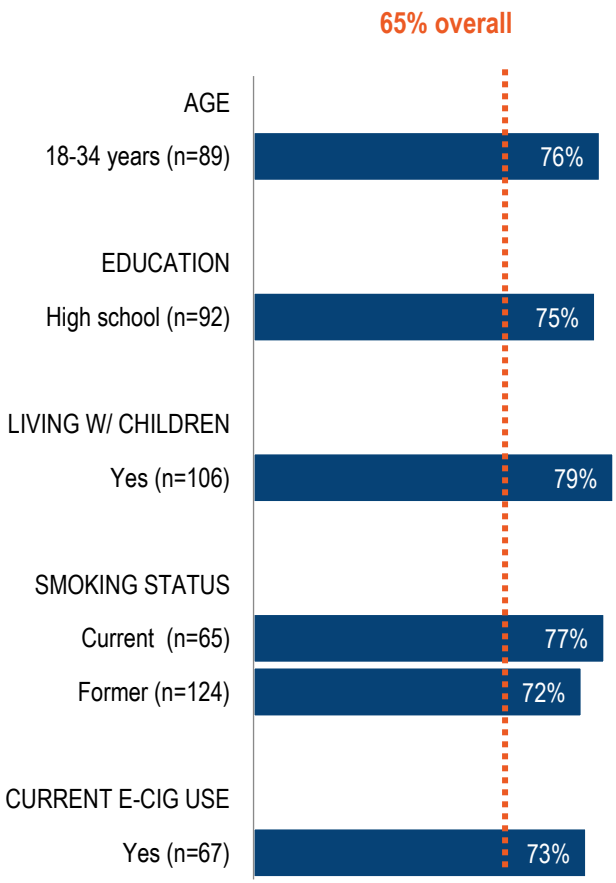


Across a variety of groups, the campaign got people's attention and said something important to them.

Across all populations included in the survey (gender, age, education, region, children living in the home, tobacco and e-cigarette use), there were positive perceptions of the campaign. Among all groups, at least 84% or more agreed that the campaign got their attention. At least 72% agreed the campaign said something important to them. See Appendix 4 for more details.

Younger adults, individuals with lower levels of education, those living with children, current or former smokers, and current e-cigarette users were more likely to find the campaign relevant.

Figure 8: Percentage of people who agreed that the images and messages from the campaign are relevant to me:



REM participatory evaluation findings

Members of the ACT Committee and other community partners participated in Ripple Effects Mapping (REM) sessions to provide local reflections on the campaign. Dr. Alvarez facilitated these sessions. All direct quotes in *the italicized blue font* are from REM participants. See Appendix 2 for additional details.

Discussions showed how **the campaign successfully used multiple strategies** to engage communities. Participants also noted **opportunities around media strategies** for future campaigns.

Key findings

Media access varied across communities. Billboards stood out as memorable for some participants. Others expressed challenges with limited locations in rural counties, where resources are less available. Addressing gaps in TV/radio accessibility could also enhance campaign reach.

> *"Some radio and TV stations [are] not accessible outside of Portland Metro and/or to non-English language speaking communities."*

Participants suggested expanding **social media** engagement, placing ads on **streaming audio services**, and localized strategies such as **portable materials** (e.g., stickers), and **alternative ad placements** (e.g., ads on rideshares or delivery vehicles).

Word of mouth also emerged as an important conduit for the campaign.

> *"The campaign reached me, and I reached my family."*
>
> *"Sharing the campaign via word of mouth in our respective counties… a combination of sharing with our coworkers and our LPH offices, community partners, schools, local staff."*

Community members felt the campaign's art style and imagery were **engaging and appealing** to a wide audience.

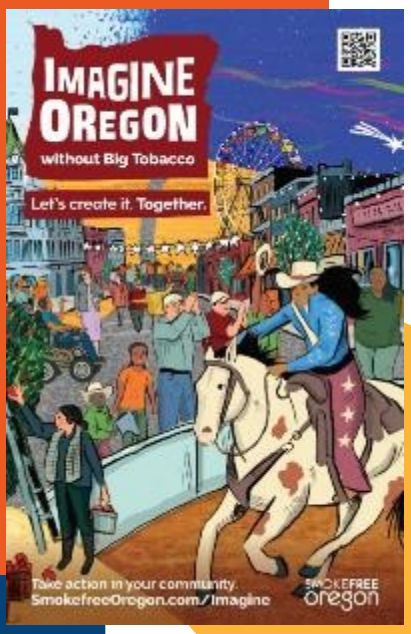
> *"It's beautiful art. I really like the one with the mountains. It's not invasive—just giving people room to run their imagination."*

Some felt the artistic approach didn't resonate with all socioeconomic groups. This finding highlights the importance of **tailoring for local campaign materials**.

> *"The billboards didn't necessarily target audiences that could really use the spark of imagination, cessation options, or resources available to them."*

The process of giving feedback was **inclusive and responsive**. This allowed the campaign to be adjusted to ensure cultural appropriateness.

> *"I remember in a meeting going through the images and someone giving feedback about an image being more culturally appropriate. The artists were more than happy to go in and adjust. People were listened to, which was very encouraging."*



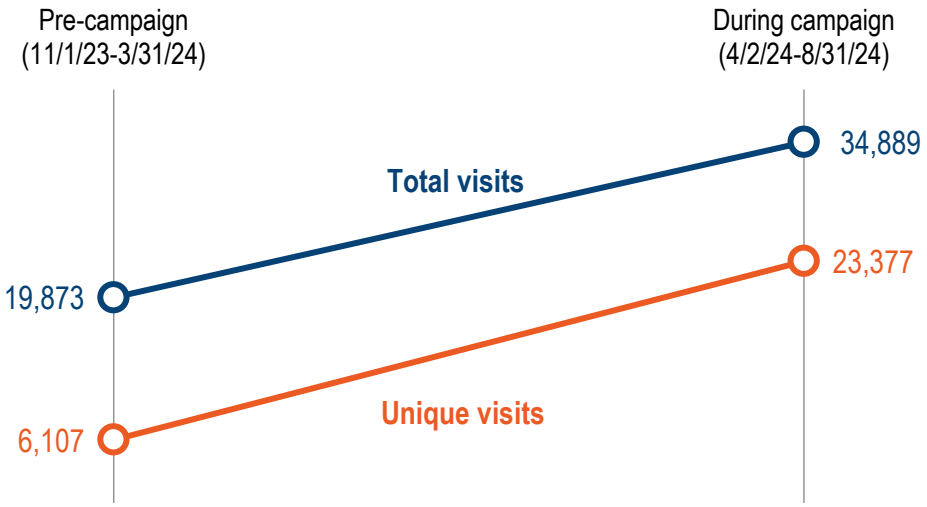
Interaction with Campaign Resources

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

The Smokefree Oregon website was updated to create a more user-friendly experience. The website includes educational resources on the prevalence and risks of tobacco use and offers visitors email alerts for advocacy activities, tools to write to local decision-makers, and information on how to contact local Tobacco and Education Program (TPEP) coordinators in Oregon. The Metropolitan Group tracked website engagement before and during the campaign (see Figure 9).

Smokefree Oregon web engagement increased during the campaign.

Figure 9: Smokefree Oregon website engagement



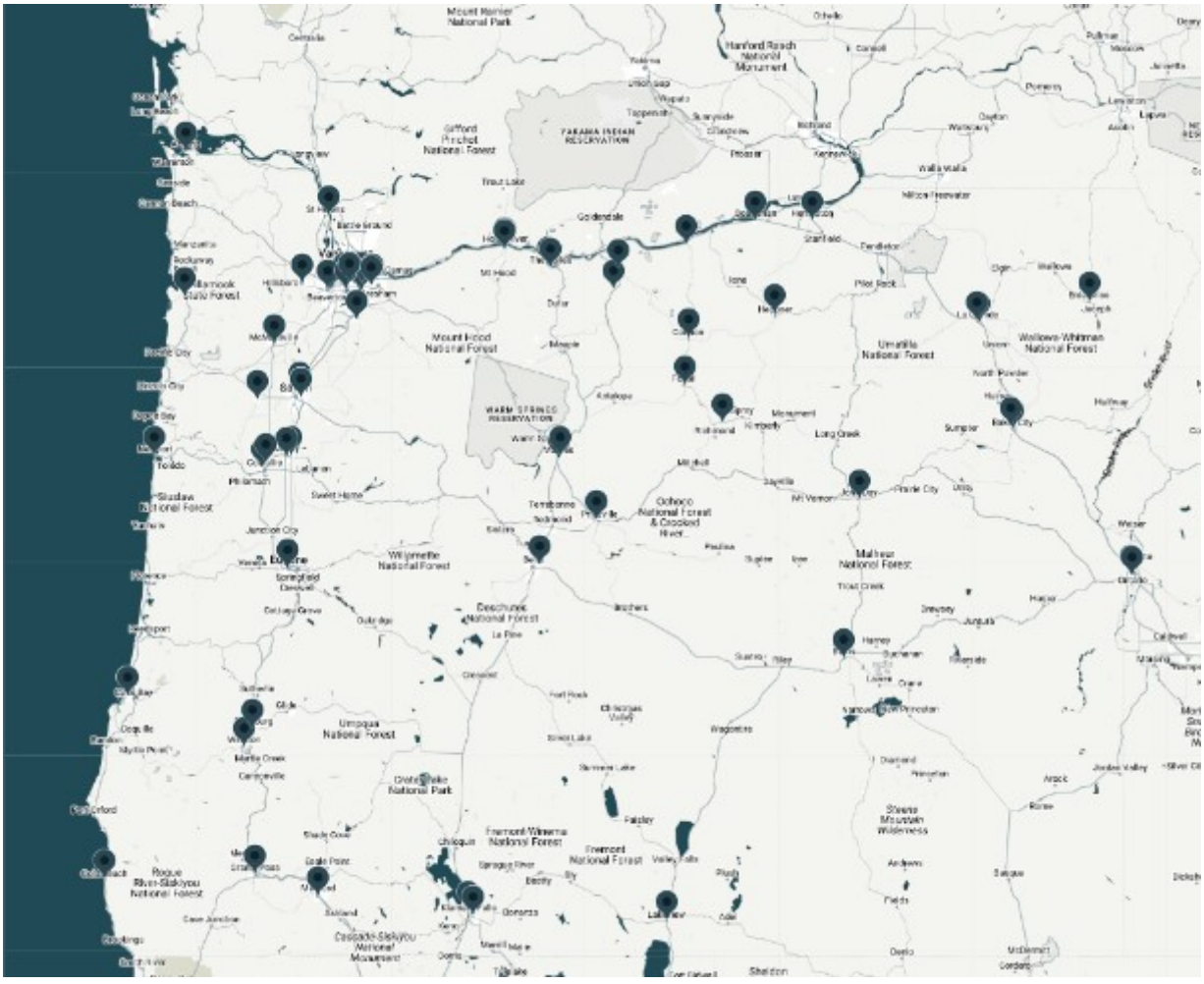
During the campaign, videos on the Smokefree Oregon landing page had **2,386 impressions & 760 views.**

In addition to paid advertisements, organic content on Smokefree Oregon social media channels during the campaign included **12 Instagram posts**, resulting in 759 likes and 118 comments.

The Smokefree Oregon website featured tools and resources, including an interactive community map, to help people find and connect with organizations addressing tobacco throughout the state.

The Smokefree Oregon website launched the community map in April 2024. The map has grown to include 84 organizations and groups and all 36 counties in Oregon. Website users can search the map for a local organization by region, type of partner, communities served, language, focus area, and ways to get involved.

Figure 10: Community resource map featured on the Smokefree Oregon website



source: screenshot, Community Map - Smokefree Oregon

3 How, and to what extent, did TPEP partners utilize additional resources?

OHA provided TPEP coordinators with financial and technical resources to promote the campaign and build local media capacity. The Smokefree Oregon campaign toolkit provided communications resources such as digital banners, posters, social media content, online videos, stickers, window clings, and customizable campaign materials. The Smokefree Oregon website also featured additional communications resources.

Half of TPEP coordinators used the Smokefree Oregon toolkit and/or template during the campaign period, while social media calendar use stayed consistent before and during the campaign period.

Every 6 months, TPEP coordinators report their activities to OHA via an online reporting tool. There was increased use of communications resources and support during the campaign compared to the previous reporting period.

During the active campaign period, about half of coordinators indicated using the campaign toolkit and/or template available through the Smokefree Oregon Resource Portal. Six counties requested customized campaign materials or other technical assistance. Additionally, 2 out of 3 coordinators utilized the social media calendar during this period, which included campaign-specific content. See Appendix 5 for additional data reported by TPEP county tiers.

Figure 11. TPEP counties' use of Smokefree Oregon communications resources during the Imagine Oregon without Big Tobacco campaign (32 counties reporting)

TPEP coordinators reported multiple ways they used campaign resources locally.

TPEP coordinators also described ways they used Smokefree Oregon materials, including the available toolkits and templates. A sample of responses are shown below.

"Smokefree Oregon **campaign toolkit materials** were used for motivational interviewing purposes via our Behavioral Health Team. **Infographics** were used for social media outreach and education."

—Tier 1 county

"[We] posted **Rural Imagine Oregon post** on Facebook and Instagram, gave away some of the **stickers**."

—Tier 3 county

"We have used multiple resources from the Smokefree Oregon Resource Portal including **campaign toolkit materials and templates**. These have been helpful in sharing with local partners and community members to promote awareness / education / prevention."

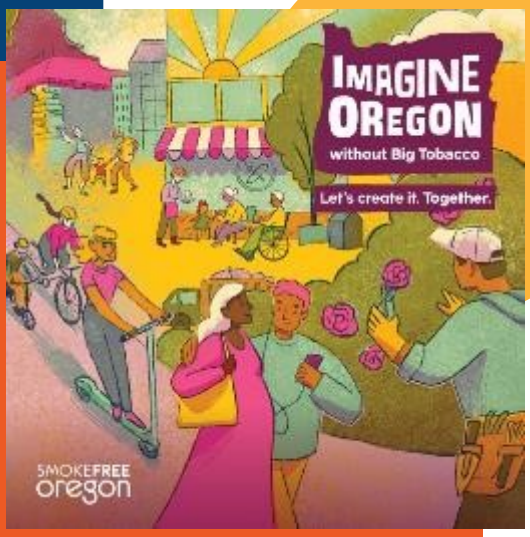
—Tier 2 county

"**Coloring sheets and posters** were also printed for partners and available at our tabling events this spring/ summer. **Images** were also used to develop [our county] cessation guide and tobacco-free event signs in English and Spanish."

—Tier 3 county

"I used the Imagine Oregon **toolkit media release** to announce the launch of the Imagine campaign and talk about ACT committee's work in developing the campaign. Campaign **images** were used as part of our social media release, and used to develop swag such as t-shirts, stickers, tote bags, and water bottles for our tobacco-free events.

—Tier 3 county



Community Awareness

4 To what extent did the campaign raise awareness that tobacco is a shared community issue?

Pre- and post-campaign surveys assessed respondents' knowledge and attitudes toward the role of commercial tobacco in their communities. The surveys showed that respondents exposed to the campaign had stronger agreement with these statements compared to those who did not. Unless otherwise noted, remaining charts in this report show percentages for each survey group, adjusted for age, gender, region, tobacco and e-cig use, and whether children are living in the household. Asterisks indicate statements where the group exposed to the campaign had significantly different responses compared to the other two groups. See Appendix 1 for additional information.

Exposure to the campaign predicted agreement with views of commercial tobacco as a community issue.

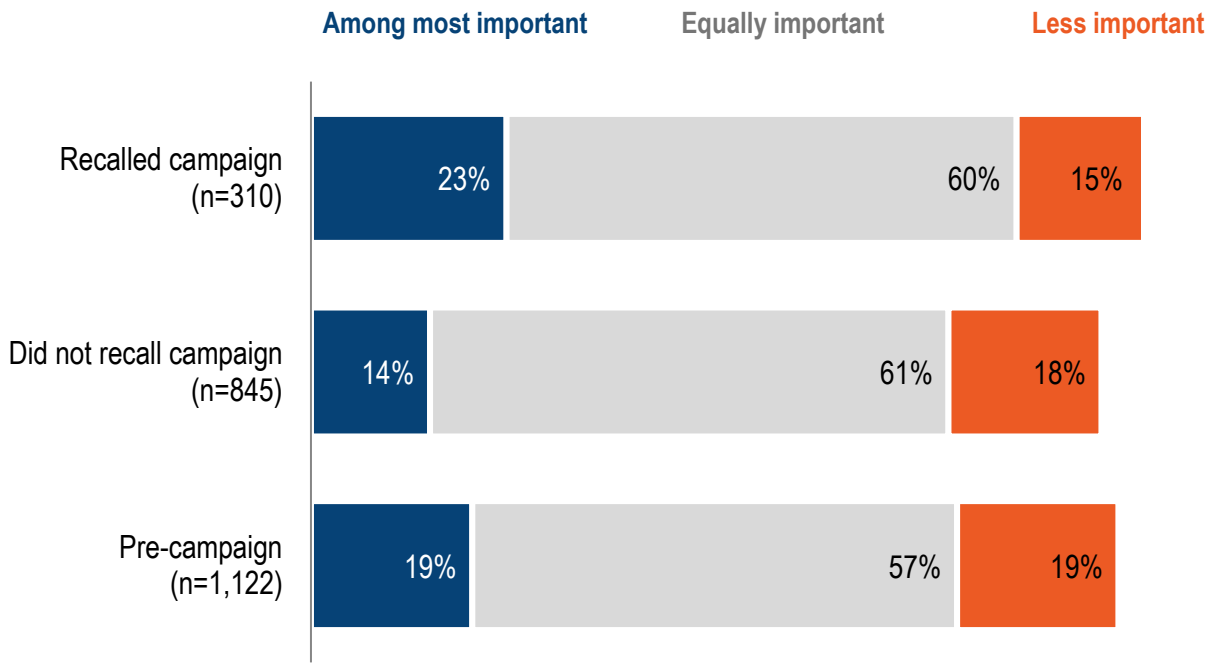
Figure 12: Strongly or somewhat agree that...

Recalled campaign group was significantly different from other groups, * p < .05, ** p < .01

Most respondents reported tobacco use to be among the most important health issues or equally important as other issues in their community.

Overall, about 8 in 10 respondents reported that addressing the problem of tobacco use was among the most important health issues in their community. While those who recalled the campaign were more likely than those who did not recall it to view tobacco as among the most important health issues, these groups did not differ from the pre-campaign respondents.

Figure 13: Thinking about all the health problems in your community, how important is addressing the problem of tobacco use?

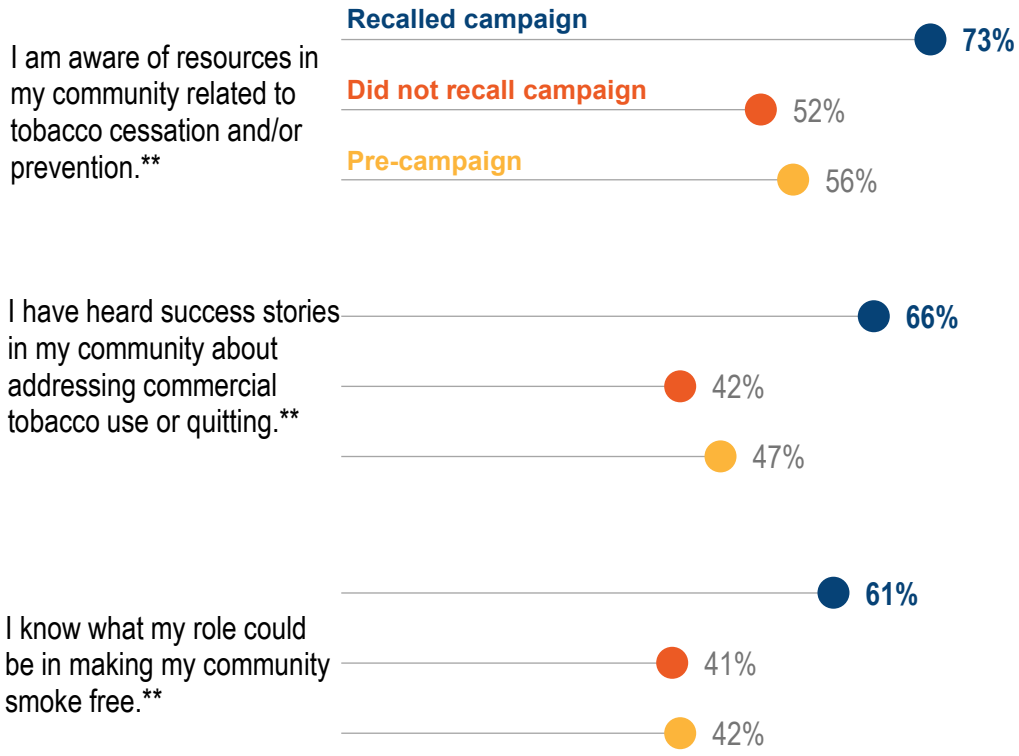


5 To what extent did the campaign increase awareness of community strengths that prevent initiation and/or support cessation of commercial tobacco?

Pre- and post-campaign surveys assessed respondents' awareness of community strengths, including resources, stories, and their own roles in making their community smoke free.

Respondents exposed to the campaign had higher agreement about awareness of community strengths and resources for commercial tobacco prevention and cessation.

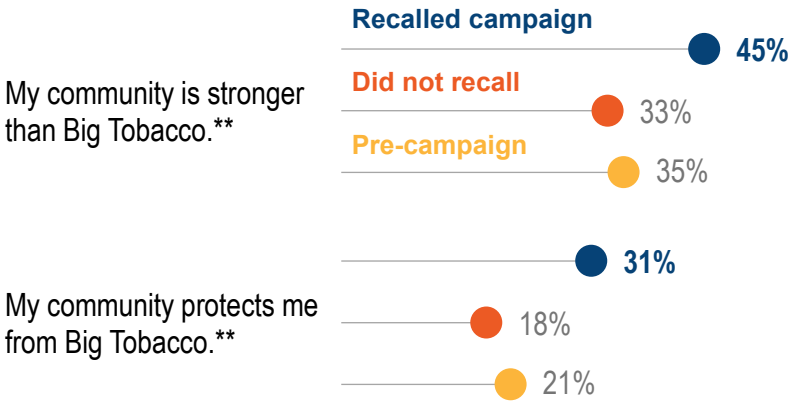
Figure 14: Strongly or somewhat agree that...



* Recalled campaign group was significantly different from other groups, $p < .05$, ** $p < .01$

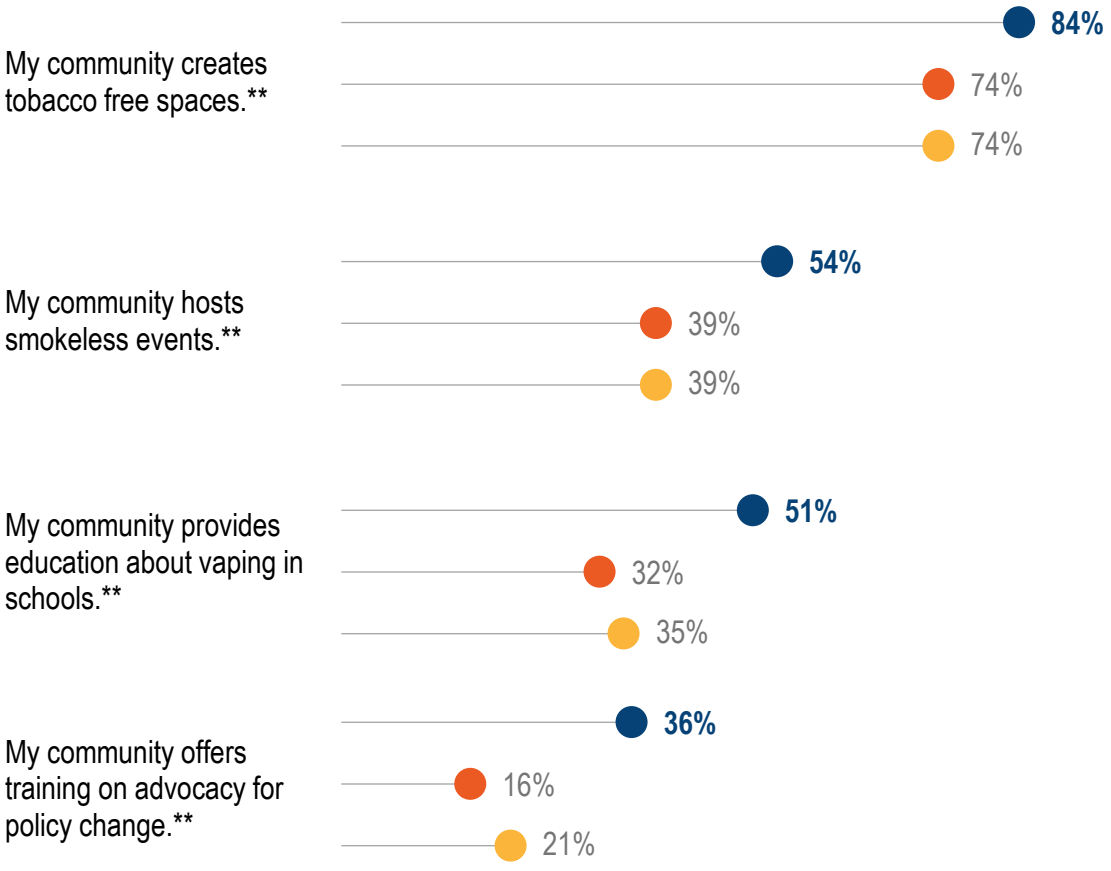
Those who recalled the campaign were more likely to say their community is strong and protective against Big Tobacco.

Figure 15: Strongly or somewhat agree that...



Those who saw the campaign were also more likely to report that their community provides tobacco-free spaces and events as well as tobacco education and advocacy training.

Figure 16: Percentage who strongly or somewhat agree that...



* Recalled campaign group was significantly different from other groups, * p < .05, ** p < .01

Among all respondents surveyed after the campaign, there was noticeably lower agreement that their community protects them from tobacco and that their community offers training on advocacy and policy change compared to other strengths and resources.

Looking at all respondents from the post-campaign survey (n=1,155), including both those who recalled the campaign and those who did not, there was lower agreement (strongly or somewhat agree) that "my community protects me from Big Tobacco" and that "my community offers training on advocacy for policy change. These may be areas for further messaging in future campaigns. See Appendix 3 for full pre-campaign and post-campaign results.

Figure 17: Among all post-campaign respondents, percentage who agree that...

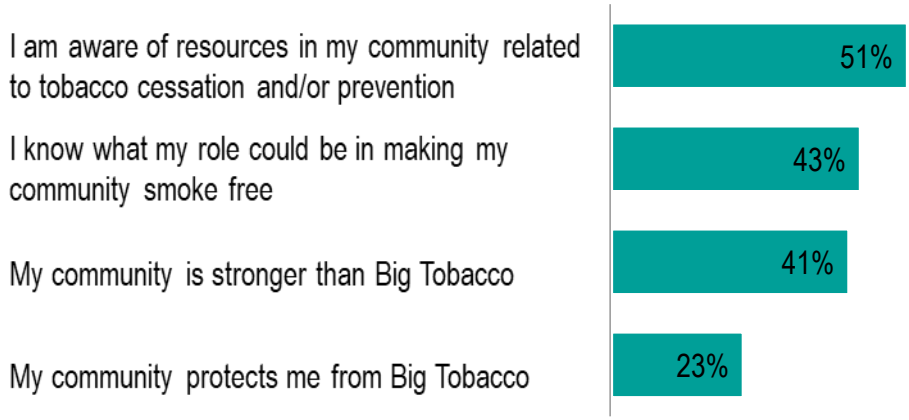
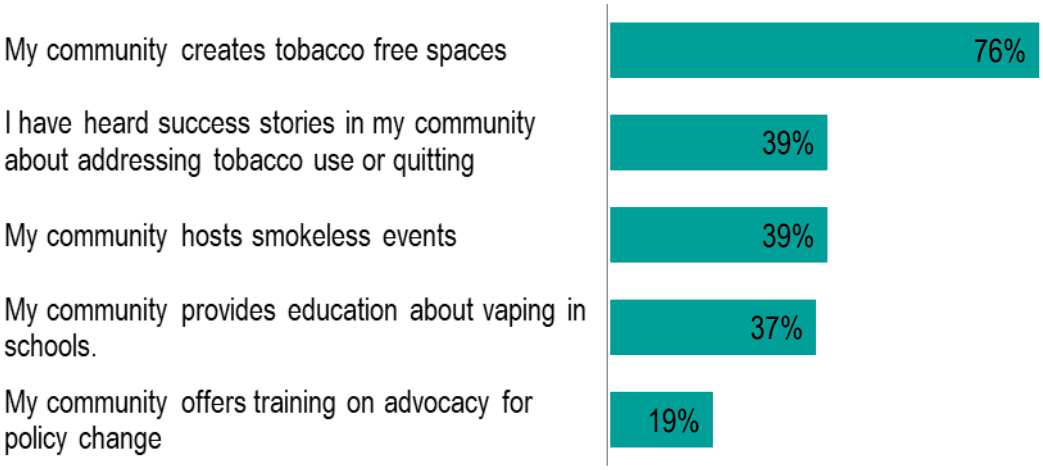


Figure 17: Among all post-campaign respondents, percentage who agree that...



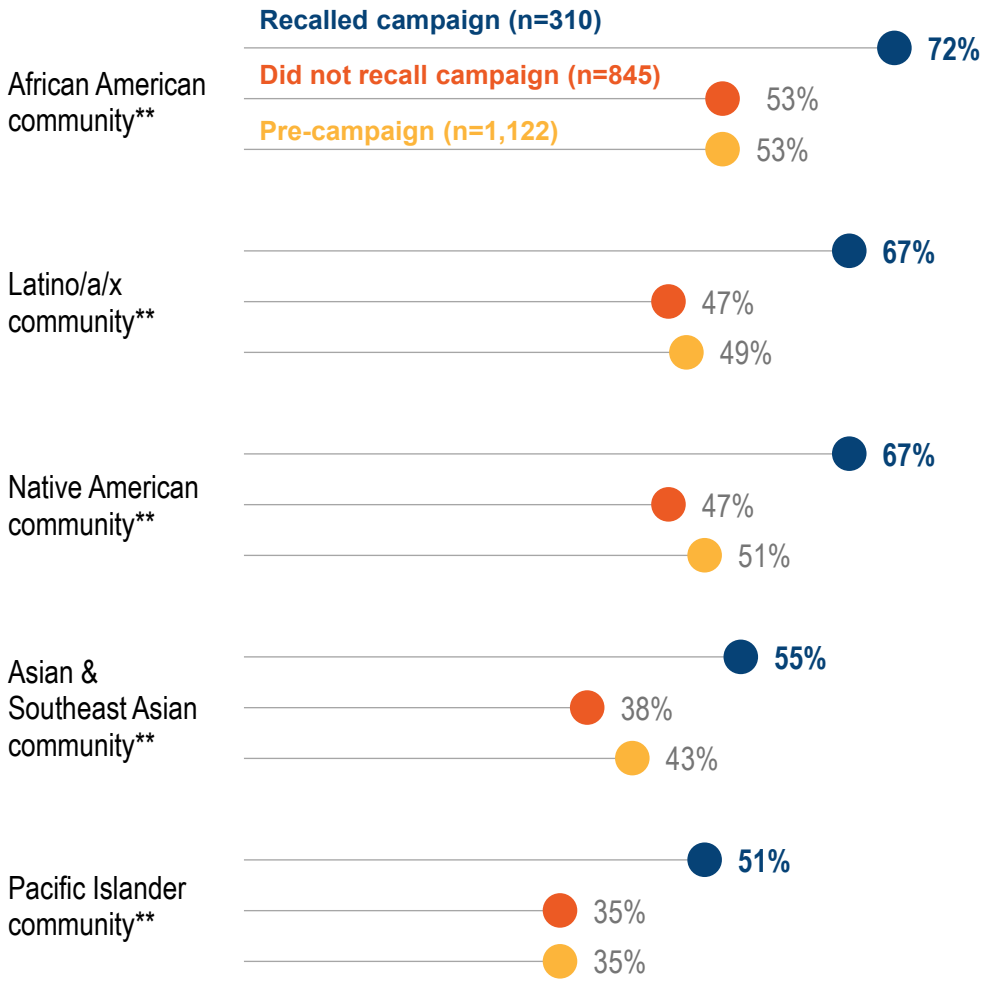
Note. The charts above represent unadjusted percentages for all survey responses from the post-campaign survey.

6 To what extent did the campaign raise awareness that tobacco impacts certain communities more than others?

Pre- and post-campaign surveys assessed respondents' agreement that the tobacco industry has heavily promoted tobacco to certain communities.

People who saw the campaign were more likely to agree that the tobacco industry promotes tobacco to racial and ethnic communities.

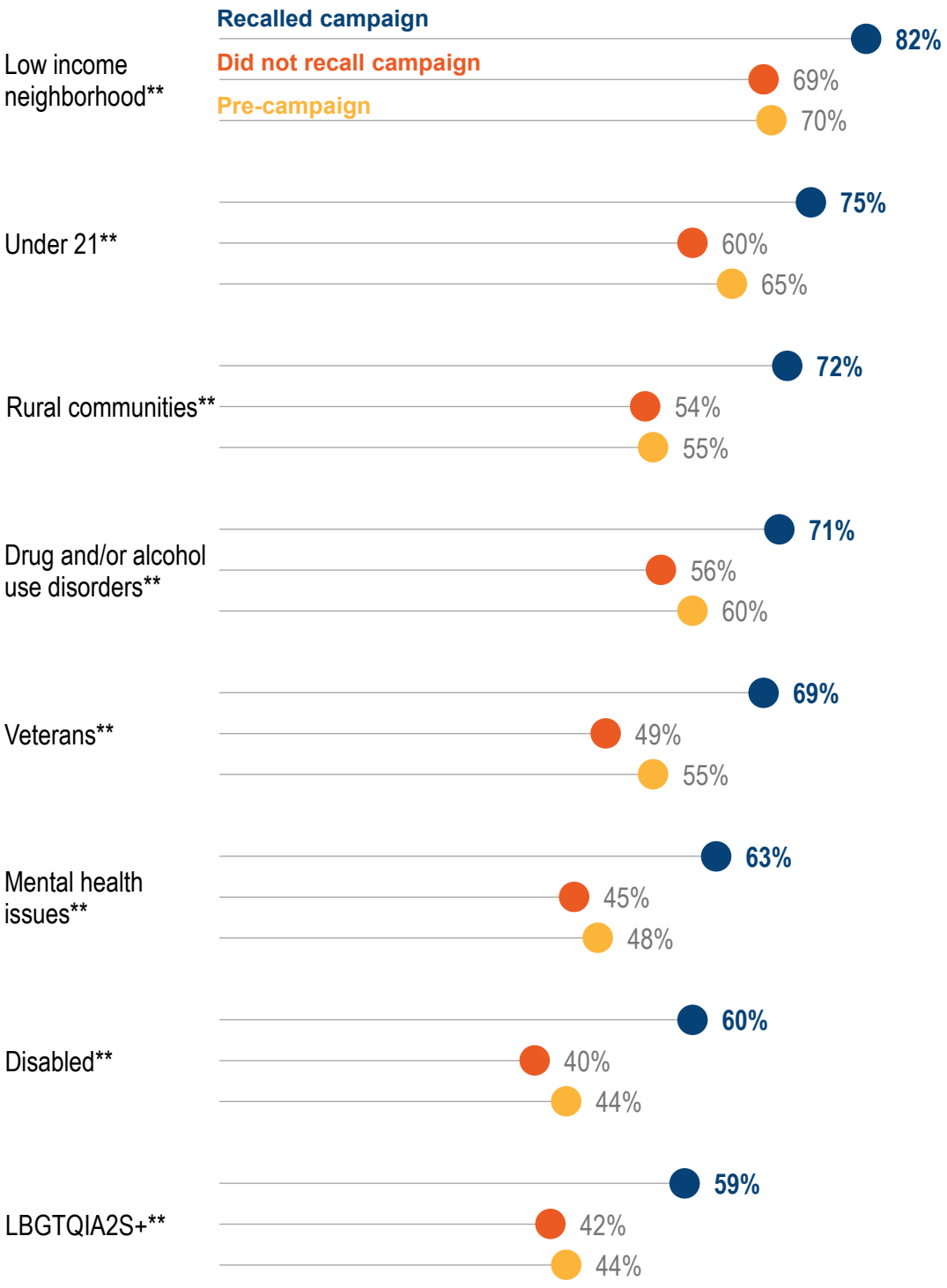
Figure 18: Strongly or somewhat agreed that tobacco companies advertise and promote tobacco to the following racial and ethnic communities



* Recalled campaign group was significantly different from other groups, * p < .05, ** p < .01

People who saw the campaign were also more likely to agree that the tobacco industry promotes tobacco to other specific communities.

Figure 20: Strongly or somewhat agreed that tobacco companies advertise and promote tobacco to the following communities



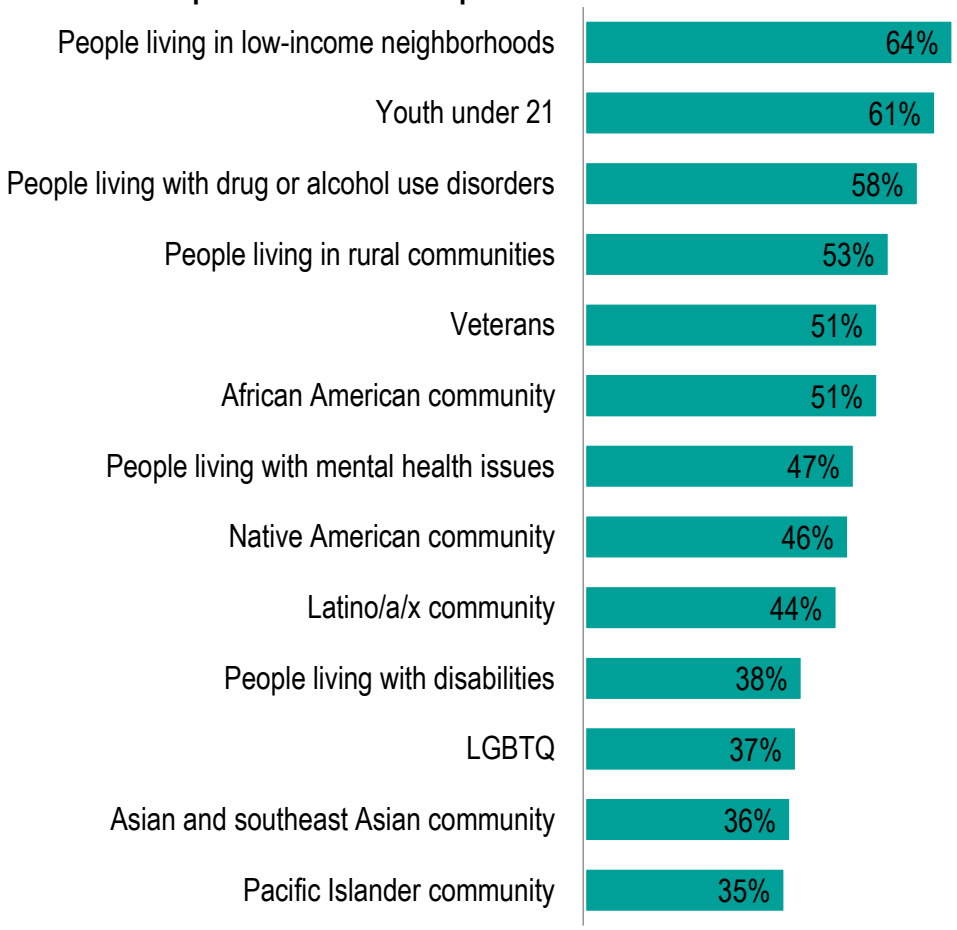
* Recalled campaign group was significantly different from other groups, * p < .05, ** p <.01

Among all post-campaign respondents, people agreed that tobacco companies promote tobacco to youth and people in low-income areas.

There was less agreement that tobacco companies promote tobacco to people living with disabilities, people identifying as LGBTQIA2S+, or the Asian, southeast Asian, and Pacific Islander communities.

People who recalled the campaign were more likely to agree that tobacco companies promote tobacco to many groups. However, people in the post-campaign survey agreed on some groups more than others. For future campaigns, there may be more room to provide education on how the tobacco industry intentionally promotes their products to various communities, as seen in Figure 20.

Figure 21: Among all post-campaign respondents, percentage who strongly or somewhat agree that tobacco companies advertise and promote tobacco to...



Note. The charts above represent unadjusted percentages for all survey responses from the post-campaign survey.

REM participatory evaluation findings

Findings from the REM highlighted the importance of connecting different audiences to the campaign. The strengths-based approach was empowering for communities. The Oregon-specific focus was also well-received. Unanticipated results included the ongoing need to tailor around local culture, language, and terminology. The campaign also illuminated systemic drivers of tobacco use, underscoring the need for broader socio-economic interventions.

Key findings

The campaign's **strengths-based approach** included an emphasis on community resilience. This helped engage communities in **meaningful ways without prompting defensiveness** among groups affected by tobacco.

> *"If we had come at this in a 'tobacco is bad' frame we would have heard, 'that's not a problem for us.' It really opened up a way of thinking… People were more willing to share stories about family members who smoke, etc."*

> *"I really love this campaign. I think our community here—very rural, very independent thinking— I want to start getting the message out about working together as a community to get our rate of smoking under control. It is 21% here."*

The campaign had an intentional focus on Oregon-specific needs. Participants appreciated the **localized focus** of the campaign and its effort to represent many different Oregon communities.

> *"I really love your framing on being invited in through this sort of "Imagine" approach… the focus on different communities which need support."*

> *"Different hairstyles. Different age levels. Different kinds of people in the campaign… We thought a lot about how to represent Oregon."*

Tailoring to diverse community needs remains important. The campaign revealed variations in how communities engage with and respond to public health messaging, highlighting a need for **tailored communication strategies**.

> *"Learning how to communicate the message to individuals of all ages (K-12, college students, older adults) and differentiating between the individual and the community needs & strengths was really powerful."*

Participants noted the challenges of bridging statewide messaging with local culture and language. The term "Big Tobacco" was perceived as abstract or alienating in certain communities. Tribal communities expressed a desire to distinguish more clearly between ceremonial and commercial tobacco:

> *"The cultural aspects—especially within tribal communities. Using tobacco is so important."*

Community members discussed how **language customization** is needed at the local level to align messaging with local community values and understanding.

> *"If you are thinking statewide, it makes sense to use the language you are trying to educate people on. But on the local level… the language didn't always make sense."*

> *"Nicotine, vaping, cigarettes—don't think they connect as much with 'Big Tobacco.'"*

Youth were highlighted as an important community vulnerable to commercial tobacco. Additionally, community members also recognized trends such as **vaping among youth** as an entry to cigarette use and tobacco use in adulthood.

> *"Among young people, vaping is the cool thing to do. Marijuana, then tobacco."*

The campaign also shed light on **systemic issues** influencing tobacco use. Participants reflected on how tobacco is connected to other community issues.

> *"Because people are smoking for a reason… stress, lack of money, loss of a loved one, surviving abuse."*

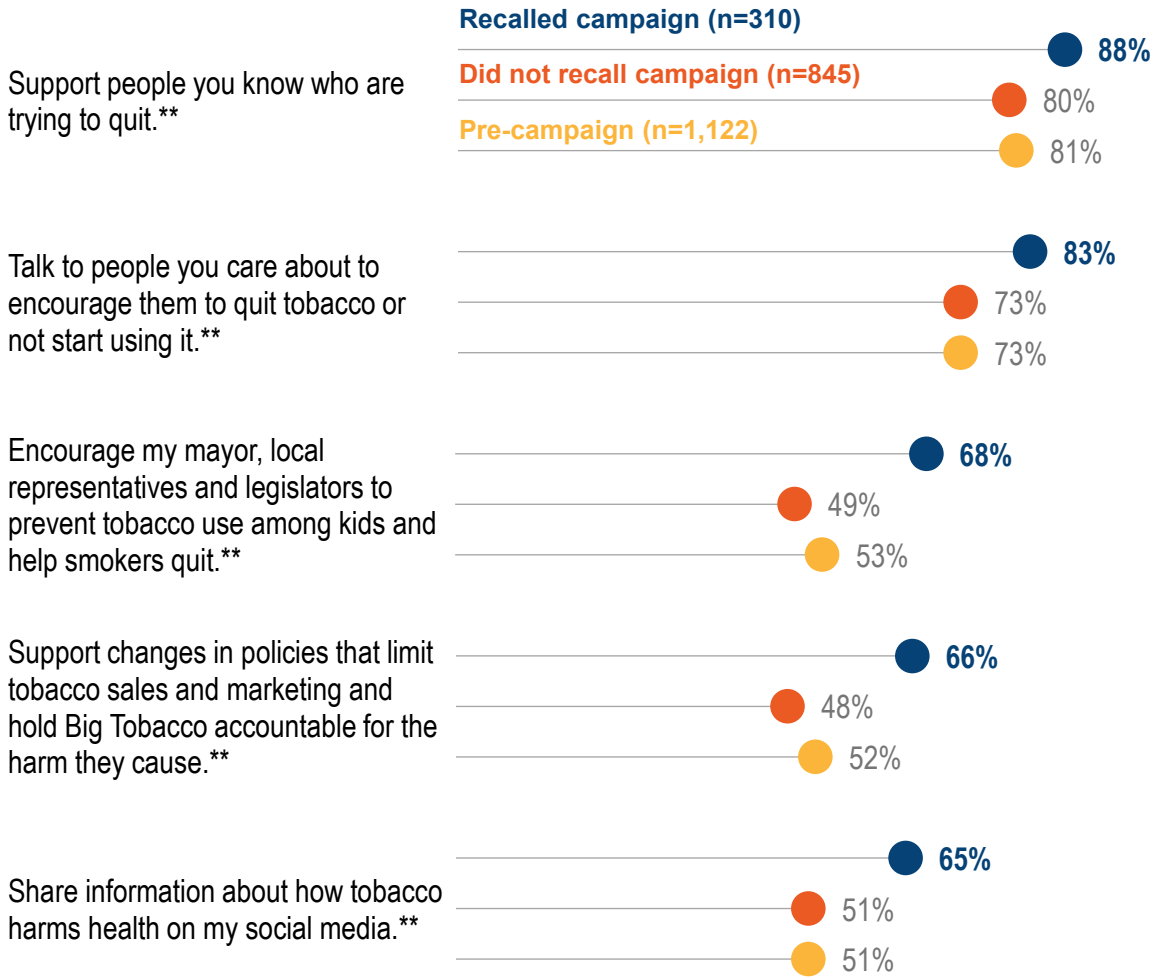
> *"Housing is really bad. Financial assistance is necessary. These issues are all connected."*

7 To what extent did the campaign increase awareness of the actions people can take to address commercial tobacco in their community?

Pre- and post-campaign surveys assessed respondents' awareness of a variety of statements about opportunities to act in their communities.

Respondents exposed to the campaign reported greater awareness of actions they can take to encourage others, share information, and support policies in their community.

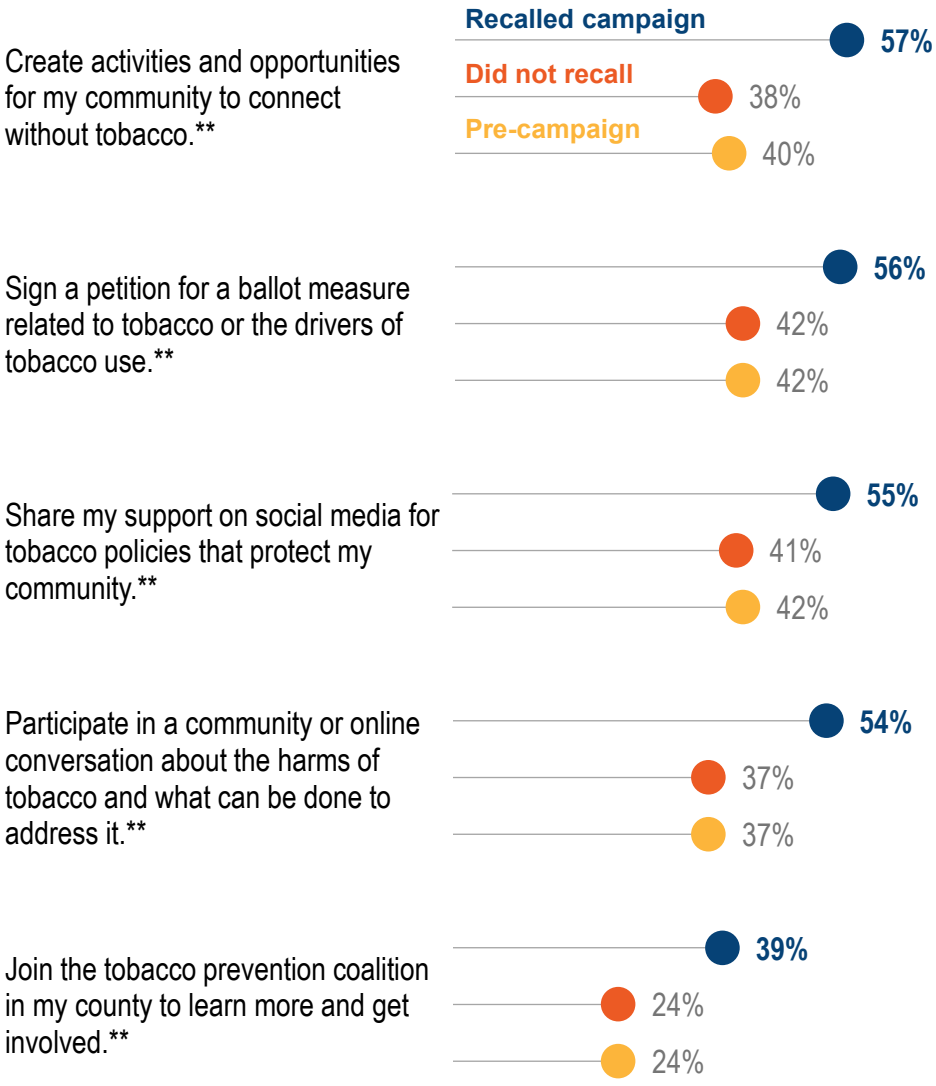
Figure 22: Percentage who are aware of the following actions they can take



* Recalled campaign group was significantly different from other groups, * p < .05, ** p < .01

Respondents exposed to the campaign had greater awareness of community-level actions they can take to address commercial tobacco.

Figure 23: Percentage who are aware of the following actions they can take

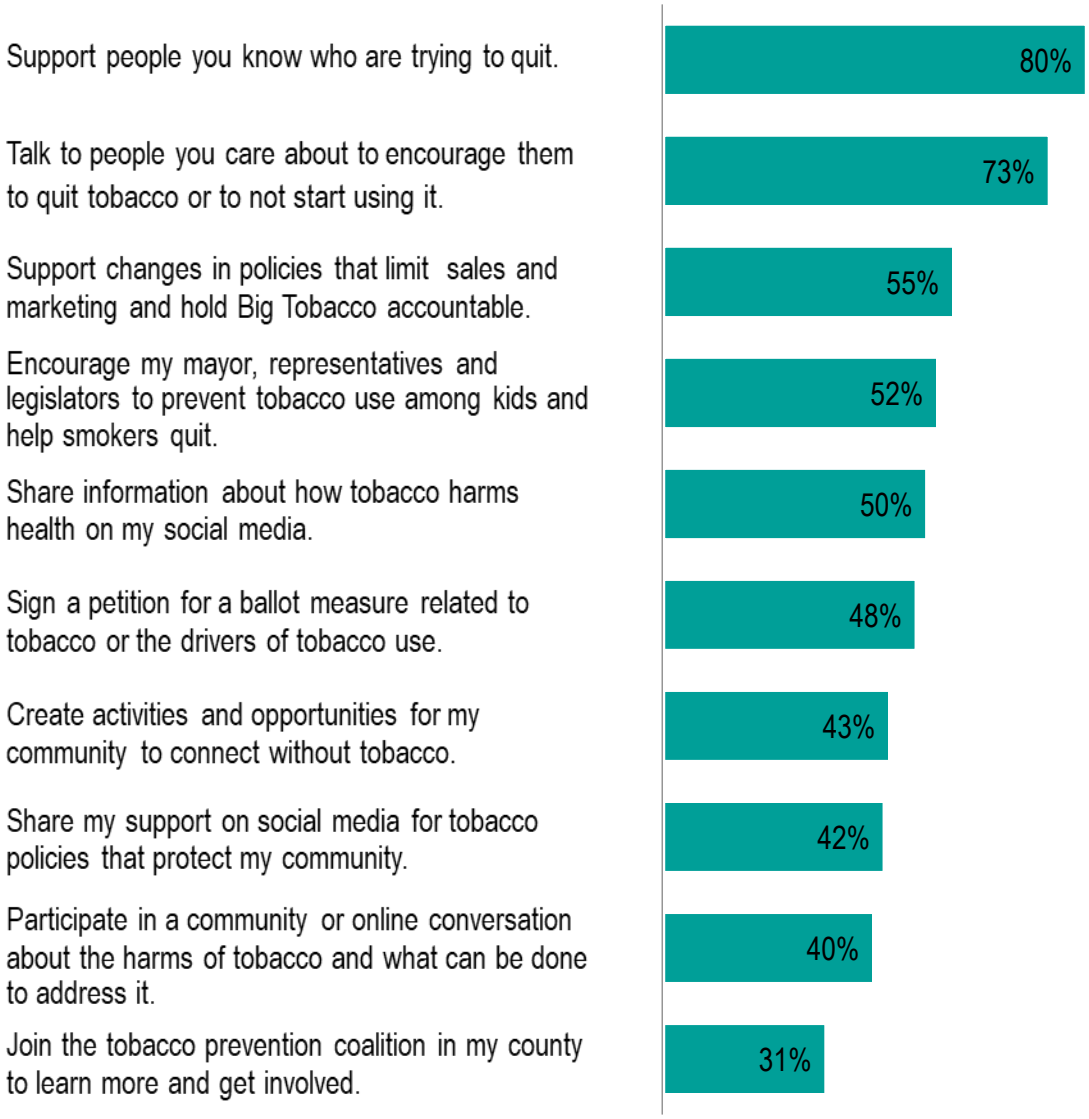


* Recalled campaign group was significantly different from other groups, * p < .05, ** p <.01

Among all post-campaign survey respondents, about three in ten were aware that they could join the tobacco prevention coalition in their county to learn more and get involved.

While people who recalled the campaign were more likely to know they could join a tobacco prevention coalition than those who did not recall the campaign, the post-campaign survey found that only about three in ten respondents overall were aware that they could join a coalition in their county.

Figure 24: Among all post-campaign respondents, percentage who were aware of the following actions they could take



Note. The charts above represent unadjusted percentages for all survey responses from the post-campaign survey.

REM participatory evaluation findings

The campaign increased individual and community awareness about tobacco issues, sparking curiosity and dialogue. It effectively engaged communities through educational messaging that drove awareness. Participants stressed the importance of following awareness with steps toward action.

Key findings

The campaign generated awareness around tobacco prevention issues and community resources. Community members felt that the campaign's central theme extended an invitation to imagine their own role in addressing tobacco.

> *"The way they were talking about tobacco [before the campaign] was really pre-contemplation—'tobacco isn't an issue for our communities.' Building up the information, sharing these educational resources… Seeing it resonate with those communities as well as those who are ready for action—that is a really powerful take-away."*

> *"I felt like it invited me in since you're like imagining Oregon, and then it invited people in to imagine themselves."*

Participants appreciated how educational messaging sparked curiosity. Conversations about tobacco prevention and cessation were fostered in diverse communities.

> *"A lot of time people don't know what is out there. This is an important aspect of the campaign."*

> *"Prevention and cessation go hand in hand. Both are as needed as the other, especially as we are talking to the younger population—prevention can be essential."*

Feedback highlighted cross-issue awareness. Community members observed increased understanding of the connections between tobacco and other community-level issues, such as marijuana use.

> *"Increased awareness about marijuana and how similar prevention strategies for marijuana and tobacco are."*

Awareness provided a catalyst for action. The campaign's focus on awareness created opportunities for individuals to engage with Smokefree Oregon and take steps toward community-level action.

Community members highlighted the need to follow up campaign momentum with next steps.

> *"This campaign focused on raising awareness. Starting with awareness can lead to action. This has helped us do that."*

> *"This was a step in the right direction. There's gotta be more. Now what?"*

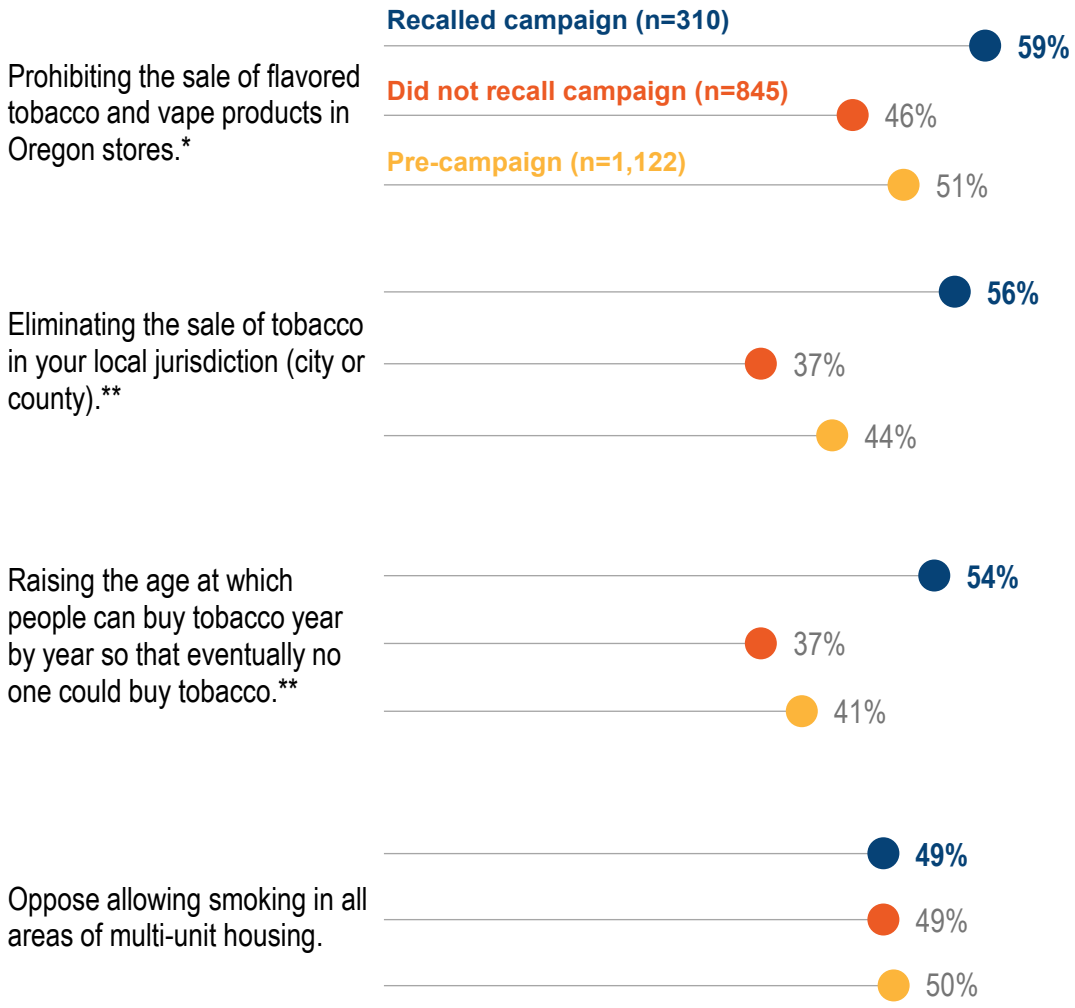
Support for Tobacco Prevention Policies

8 To what extent did the campaign increase support for tobacco prevention policies?

Pre- and post-campaign surveys examined respondents' support for a variety of tobacco-related policies.

People exposed to the campaign had greater support for policies to restrict tobacco sales in Oregon. Support to restrict smoking in multi-unit housing was consistent across survey groups.

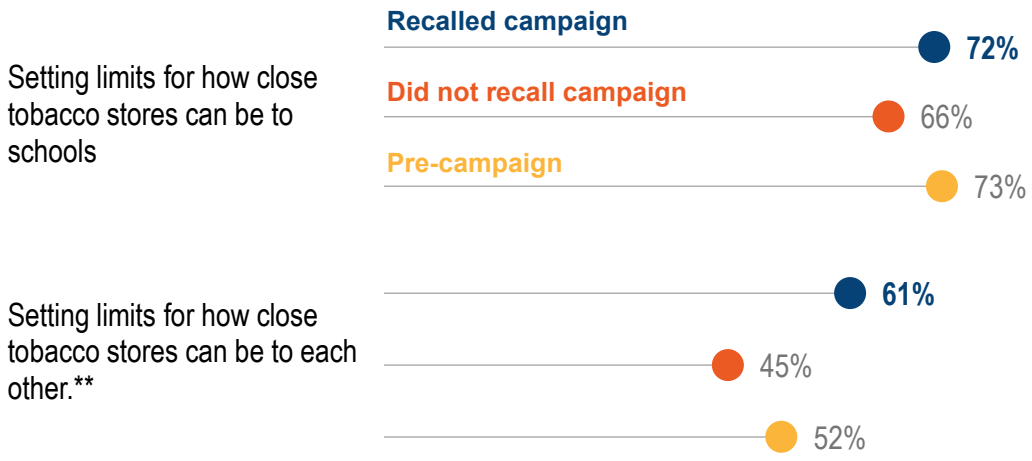
Figure 25: Stated support for the following policies:



* Recalled campaign group was significantly different from other groups, * p < .05, ** p <.01

Across all groups, about 7 out of 10 respondents agreed with limiting how close tobacco stores can be to schools. Those exposed to the campaign were more likely to agree on setting limits for how close tobacco stores can be to other locations.

Figure 26: Strongly or somewhat agree with…



* Recalled campaign group was significantly different from other groups, * p < .05, ** p < .01

Among all post-campaign survey respondents, there was the strongest support for limiting tobacco stores by schools. Eliminating sales and raising the legal age were the least endorsed.

Figure 27: Among all post-campaign respondents, percentage who would strongly or somewhat support...

Note. The charts above represent unadjusted percentages for all survey responses from the post-campaign survey.

REM participatory evaluation findings

The campaign's strengths-based messaging was well-received. These positive messages motivated communities to act. Participants saw the campaign as a foundation for future policy advocacy. They offered ideas to connect future campaigns with the legislative cycle. Challenges were also found around mobilizing audiences toward action. Participants noted a lack of clear connections to policy goals or public involvement pathways. Additionally, some questioned whether the campaign effectively connected with the communities most impacted by tobacco use. This suggested a need to expand audience outreach.

Key findings

Strengths-based messaging provided a foundation for future action. Participants appreciated the shift away from shame-based tactics to more inclusive and uplifting messages.

> *"Changing the perspective here to be more inclusive, more positive. Instead of shaming people who use tobacco."*
>
> *"Reframing. Making it a little more uplifting instead of the opposite."*

This reframing distinguished the campaign from other anti-tobacco messages, creating a more welcoming and supportive tone.

> *"Other campaigns, that doesn't really seem to be a big focus—this one it really has been."*

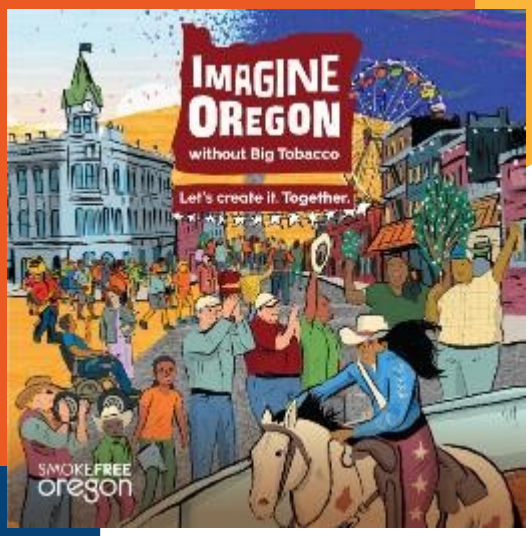
The campaign highlighted potential for policy advocacy. Participants noted that the campaign might serve as a "priming" phase for later policy advocacy efforts. For example, people talked about the potential for introducing policies like a statewide flavor ban. Participants also suggested timing future campaigns to align with the legislative cycle for increased impact.

> *"Maybe this is priming the audience. The images are out there, they are received well. A multi-step campaign (maybe aligned with the legislative cycle) could be really effective."*

Messaging could be better focused for some communities. Some community members questioned whether the campaign effectively reached communities most affected by tobacco use or most likely to support prevention policies.

> *"The billboards didn't necessarily target the audiences that could really use the spark of imagination, the cessation options, what could I do, what resources are available to me..."*

There is room to expand messaging around mobilization efforts. The campaign's focus on imagination was engaging, but some community members felt it needed more direct connections to policy goals or pathways for public involvement. Community members noted the importance of clearly linking messaging to direct policy advocacy and actionable steps to effect community-level change.



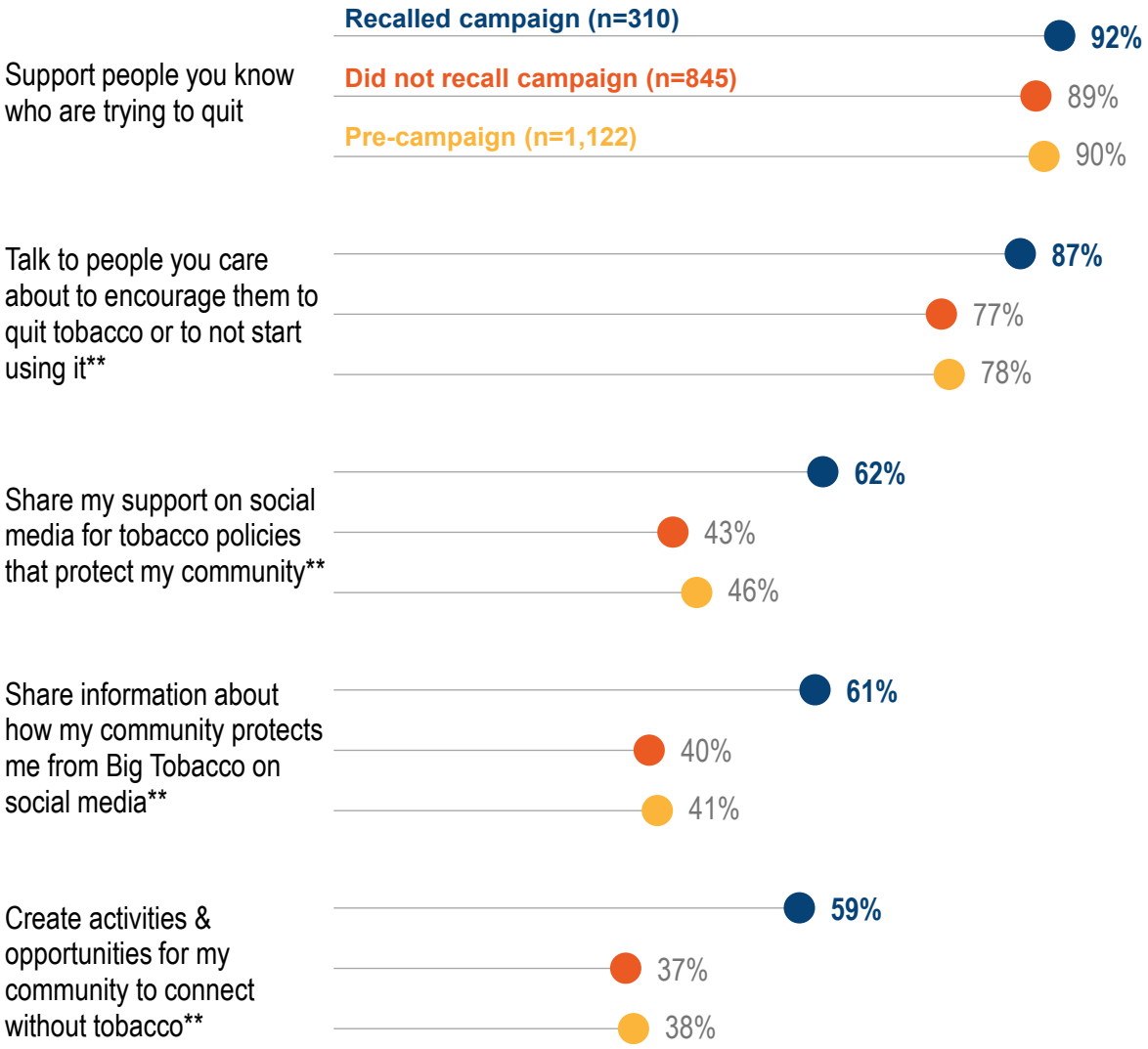
Individual and Community-level Action

9 Did the campaign increase individual-level action against Big Tobacco?

Pre- and post-campaign surveys assessed respondents' likelihood of taking a variety of individual-level actions to support tobacco prevention and education in Oregon.

Respondents who saw the campaign were more likely to take specific actions to support tobacco prevention and education. One exception was support for people trying to quit, which was already high across all groups.

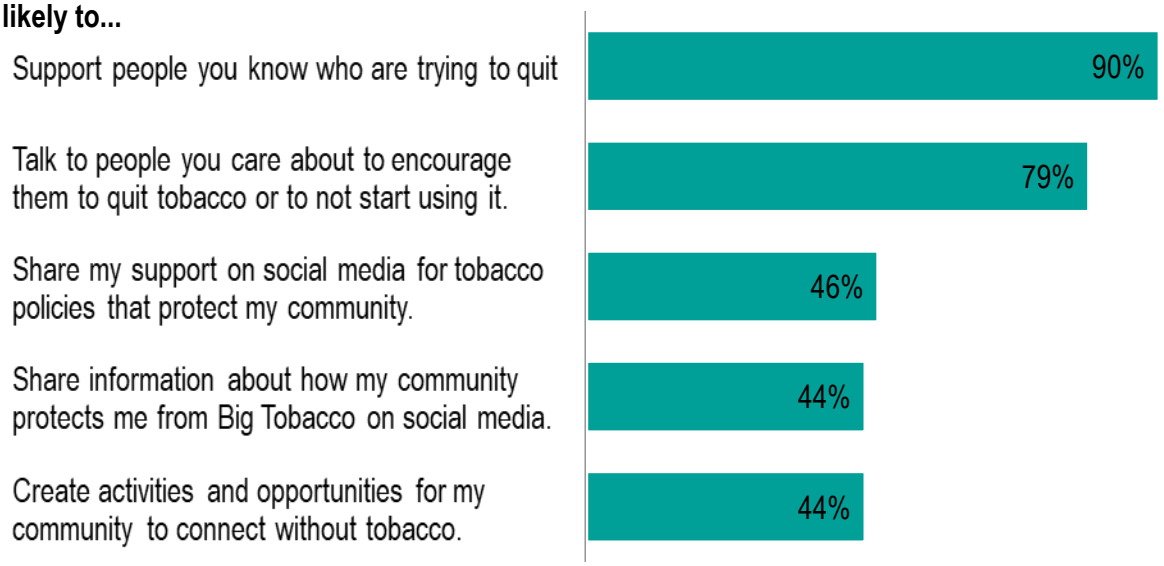
Figure 28: Reported they were very or somewhat likely to take the following actions:



* Recalled campaign group was significantly different from other groups, * p < .05, ** p < .01

Post-campaign respondents reported their support for a variety of individual actions. The vast majority were likely to support people they know in quitting tobacco. There is more room to grow in sharing on social media and creating community activities.

Figure 29: Among all post-campaign respondents, percentage who would be very or somewhat likely to...



Note. The charts above represent unadjusted percentages for all survey responses from the post-campaign survey.

REM participatory evaluation findings

The campaign successfully fostered messages that were educational and relatable. Messages supported both people who do and do not use tobacco who want to help. Messages also highlighted connections between tobacco and broader community issues like marijuana use. The emphasis on collective impact encouraged people to see tobacco use as a community-wide concern. Awareness of this community issue served as a catalyst for action. However, a key challenge was the lack of clear immediate actions. Some participants felt the campaign needed stronger calls to action or follow-up efforts to turn awareness into tangible steps.

Key findings

The campaign supported people who do not use tobacco. Community members noted that the campaign was educational and relatable for anyone living in Oregon. The campaign provided resources and inspiration not just for people who use tobacco, but also for people who do not use tobacco who want to support others.

> *"This is also for community members who don't use tobacco but want to help others."*

Messaging emphasized collective impact. The campaign framed tobacco use as a community-wide issue, encouraging individuals to see their role in the larger context.

> *"I like the whole community focus and emphasizing how tobacco affects us all, not just the individual user."*

Local community engagement fostered relatability. Engaging local communities in the campaign design and promotion ensured it resonated with diverse populations. This supported people to see their own roles in addressing commercial tobacco.

> *"Community engagement with the campaign definitely played a part in creating something that was relatable for people in Oregon."*

> *"I don't think this campaign would have been as successful as it was without the community engagement."*

The campaign had a limited focus on immediate actions. While the campaign effectively raised awareness, some community members felt it lacked specific calls to action. Moving from awareness to actionable steps may require other resources or follow-up campaigns.

> *"When I initially saw that campaign, I was like, 'Oh, what does this image mean?' It might be more useful to help people know what that next step is."*

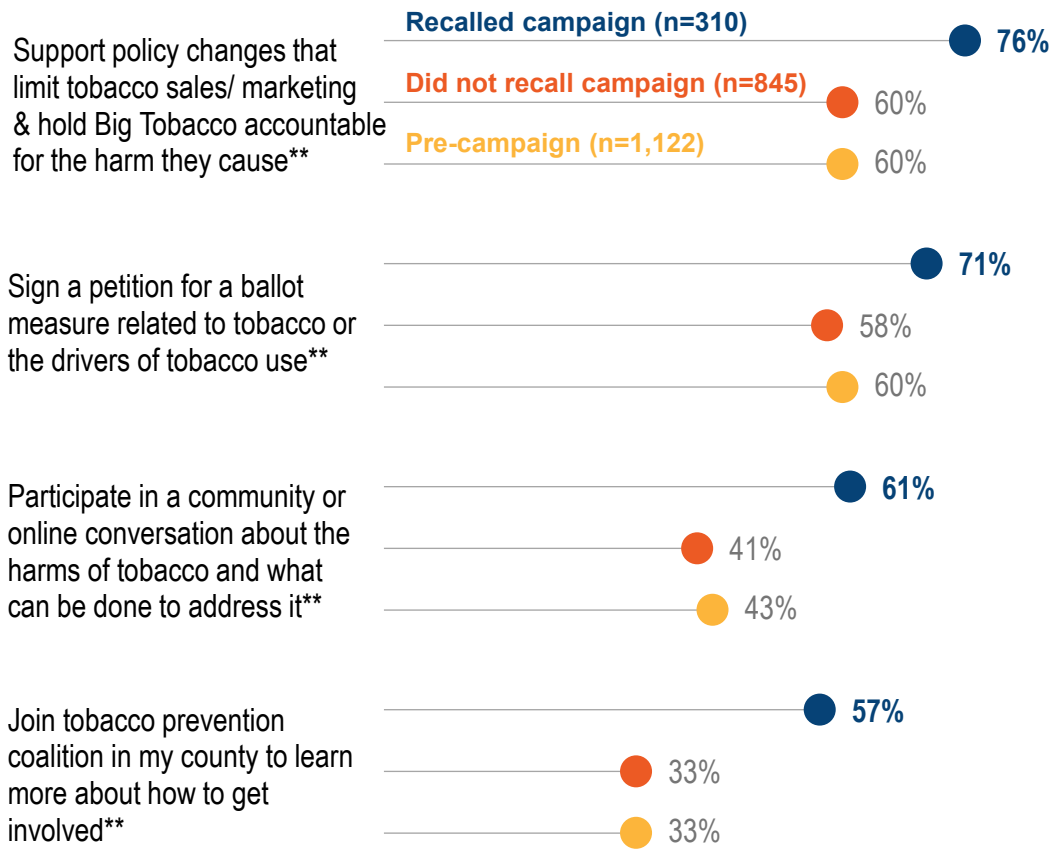
> *"It would have been helpful to actually have a call to action. We needed something to quickly make the connection."*

10 Did the campaign increase community-level action against Big Tobacco?

Pre- and post-campaign surveys assessed respondents' likelihood to take community-level actions to support tobacco prevention and education in Oregon.

Respondents exposed to the campaign were more likely to say they would take community-level actions to support tobacco prevention and education.

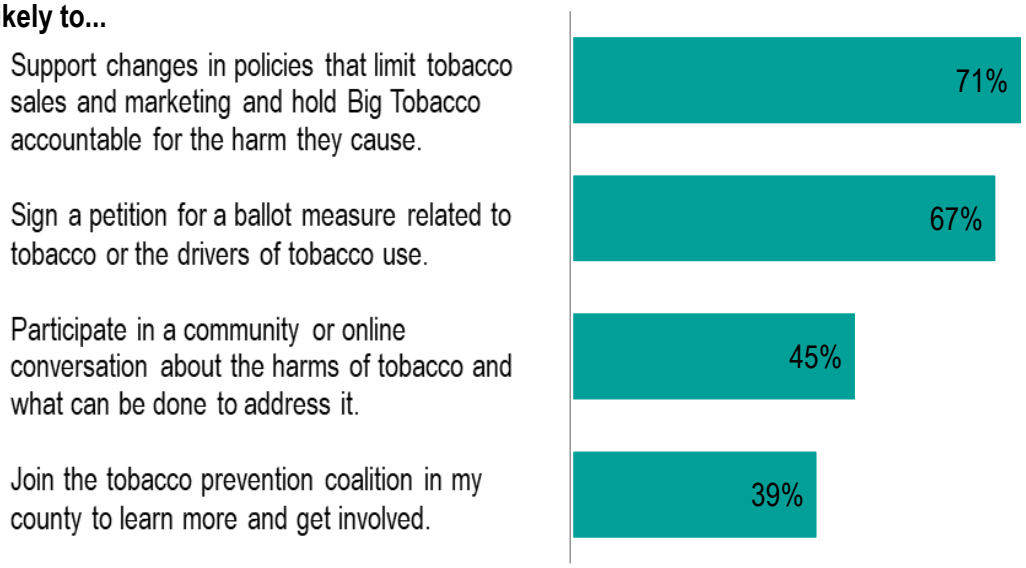
Figure 30: Reported they were very or somewhat likely to take the following actions:



* Recalled campaign group was significantly different from other groups, * p < .05, ** p < .01

Among all post-campaign respondents, the vast majority would support policy changes and sign a petition. There is room to increase likelihood of taking part in conversations or joining a coalition.

Figure 31: Among all post-campaign respondents, percentage who would be very or somewhat likely to...



Note. The charts above represent unadjusted percentages for all survey responses from the post-campaign survey.

REM participatory evaluation findings

Participants discussed community effects of the campaign. Discussion questions included, “What changes are happening in your community / work because of this campaign?” and “Who in the community is being impacted by this project?”

The campaign successfully empowered communities and encouraged engagement. Community-based organizations (CBOs) engaged communities through culturally-tailored resources. There was a notable increase in requests for materials in multiple languages. CBOs played a key role in offering multilingual support for the campaign. This helped start conversations about tobacco use that resonated with diverse communities. A positive, unexpected result was stronger partnerships between organizations and OHA.

Key findings

Collaboration with local organizations was pivotal in mobilizing communities and fostering partnerships. Local CBOs also provided cessation programs in multiple languages and used tailored approaches. **Campaign resources supported this community mobilization.**

> *“Great working with the community and emphasizing the strengths. Emphasizing the local resources. Friends supporting friends, families as well.”*

Community members shared that **local resources** and **culturally relevant connections** were effective in engaging diverse audiences. The importance of language access was seen through growing demand for materials in languages such as Spanish, Chinese, Arabic, Hmong, and Micronesian dialects.

Participants also said **materials should also reflect cultural nuances** and support ways to open conversations about tobacco.

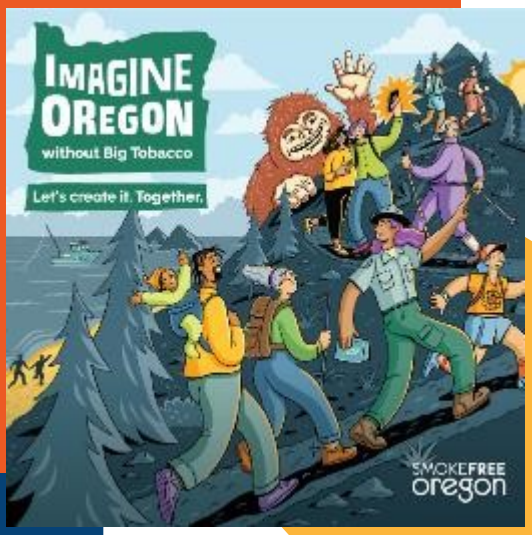
> *“Not just going to tell somebody to stop because of the consequences on their health. It is about the ways you even start off that conversation.”*

Community members discussed how collaboration on the campaign served to **strengthen partnerships with OHA**. People noted that building on this activity, continued coordination between OHA and local CBOs would enable greater alignment and connection around tobacco prevention.

> *"We used to feel more connected to what OHA is working on, but I think that was before COVID. This helped with that…"*

Community members also reflected on how **learning is shared through collaborative campaign development.** Participants commented that the campaign provided opportunities for communities and the state to learn from each other. The novel community-driven approach of the campaign serves as a successful example for future collaborations and partnerships to create a smoke-free Oregon.

> *"Engagement/teaching should be mutual — the state should learn/listen, too."*



Discussion and Recommendations

Discussion and Recommendations

Evaluation of the 2024 Smokefree Oregon *Imagine Oregon without Big Tobacco* campaign highlighted strong progress toward outcomes. These included raising awareness and building community engagement for tobacco prevention in Oregon. The campaign successfully reached people throughout the state. Its message connected with communities statewide by focusing on community strengths and inclusivity. Future opportunities include addressing gaps in reach, cultural relevance, and actionable guidance. Future efforts can build on this momentum and continue motivating communities to take action against commercial tobacco use.

1. **Broad community engagement.** The evaluation found **the campaign was effective in reaching audiences** across multiple media strategies. The campaign engaged people across the state through local partnerships, culturally relevant materials, and strengths-based messaging. Creative approaches, including billboards, social media, and local outreach efforts, generated conversations and interest across age groups and demographics.

   These results provide evidence for the **success of a community-driven campaign development strategy**.

   The campaign had limited reach in some areas. Participants in some rural and frontier communities reported low visibility of the campaign because of limited access to some types of media. Additionally, among survey respondents who saw the campaign, most reported seeing or hearing messages infrequently. **The campaign should continue to explore opportunities to increase the reach and frequency of messages.** This may include expanding or adding some types of media, such as billboards or streaming audio. The campaign can also continue to support promotion by local public health organizations.

2. **Positive perceptions of the campaign. Messages were positively perceived by those who recalled the campaign.** REM findings highlighted how the campaign focused on empowering, community-oriented messages. This approach was well received by many participants. Imagery and materials encouraged communities to "imagine" a tobacco-free Oregon, building hope and curiosity.

Survey respondents felt the campaign **got their attention** and **said something important to them**. People also felt the campaign was **relevant** to them, particularly younger adults and people who use cigarettes or e-cigarettes.

While the campaign resonated with many, REM participants noted some materials lacked cultural specificity, particularly for certain communities such as Latino, Hmong, and Micronesian populations. There was a clear demand for more materials in Spanish, Chinese, Arabic, and Indigenous dialects. Future efforts can **consider if additional messaging can support equitable reach** across communities.

3. **Community-driven action. Engagement with the Smokefree Oregon website and social media channels increased** during the campaign. Unique visits to the website more than tripled during this time. Many survey respondents reported they would be likely to share information about tobacco prevention and education on social media. **Future efforts could explore specific campaign strategies to increase social media interaction** alongside website activity to engage those ready to take these actions. In addition to the website, campaign-specific **communications resources, most commonly the campaign toolkit, were well-utilized** by partners. REM participants noted that strong partnerships with community-based organizations (CBOs) and local health departments enabled better outreach and culturally tailored interventions. Communities reported using campaign materials to start discussions and support tobacco prevention efforts at the local level. REM participants expressed a need for materials tailored to the unique challenges and strengths of their communities. Among REM participants, local CBOs were viewed as trusted messengers in addition to state agencies. These findings emphasize the importance of **collaboration with local partners for future efforts**.

   Smokefree Oregon should **continue to offer tailored resources and technical assistance** to extend campaign reach in local communities. For example, REM participants noted that phrases like “Big Tobacco” were less effective in some communities. There was a preference for more localized and culturally nuanced language.

4. **Increased individual- and community-level awareness.** Survey findings showed **evidence of the campaign’s positive impact on anticipated outcomes.** People who recalled the campaign had greater awareness of community resources and

strengths. They were also more aware of actions they could take to promote tobacco prevention and support policy change. Campaign exposure led to **greater agreement that the tobacco industry advertises and promotes tobacco to many Oregon communities**. These included racial and ethnic communities, underserved communities, and youth. Future efforts can **continue raising awareness of equity-related issues for tobacco prevention**. There is an opportunity to increase awareness of tobacco industry promotion toward specific groups, such as the LGBTQIA2S+ community.

Campaign exposure was associated with **greater awareness of actions individuals can take in their communities against commercial tobacco**. For example, those who recalled the campaign were more likely to agree they could reach out to local leaders and policymakers. This is a specific action step supported by the Smokefree Oregon website. Similarly, both survey and REM results showed that people exposed to the campaign were **more likely to take a range of actions toward building a smoke-free Oregon. This included supporting someone they know in quitting tobacco or signing a petition.** REM participants reported that the campaign opened up discussions about related social issues and root causes of tobacco use, prompting a broader public health dialogue.

Future efforts can build on this success by **continuing to promote actions that individuals can take in their communities.** Examples include building awareness of and support for sharing tobacco prevention and education information online, joining a local tobacco prevention coalition, and participating in local advocacy training. REM participants noted that some messaging did not provide specific, actionable steps for individuals or communities to take. This finding echoes the importance of **developing clear calls to action in future messaging**.

Conclusion

The Smokefree Oregon *Imagine Oregon without Big Tobacco* campaign was novel in its community-driven approach and engagement with community partners throughout campaign development and evaluation process.

Evidence from this report suggests the community-based campaign approach was successful. The campaign drove statewide outcomes for tobacco prevention and education as part of the broader, ongoing efforts of the Smokefree Oregon brand.

Recommendations for future campaigns

- ✓ **Focused outreach in rural and underserved communities:** Expand media placements and resources to ensure equitable access to the campaign across all regions.
- ✓ **Strengthen cultural relevance and language accessibility:** Co-develop materials with community input to ensure they reflect the cultural and linguistic needs of specific populations.
- ✓ **Incorporate clear alls to action:** Provide actionable steps for individuals and communities, such as connecting them with cessation resources, policy advocacy tools, and local support networks.
- ✓ **Align campaigns with policy and legislative efforts:** Tie future campaigns to legislative sessions or initiatives to drive systemic change (e.g., statewide flavor bans).
- ✓ **Deepen community partnerships:** Foster stronger, mutual relationships between state agencies and CBOs to ensure campaigns are co-created and community led.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SMOKEFREE
oregon

Appendices

Appendix 1: Quantitative Methodology

Data sources for this evaluation report included:

- Campaign media metric data, provided by Metropolitan Group
- Smokefree Oregon website analytics, provided by Metropolitan Group
- Biannual TPEP coordinator reports, administered by OHA
- Campaign survey datasets, administered by MDR Research, described below
- Ripple Effects Mapping (REM) sessions with ACT Committee members and community partners (See Appendix 2 for qualitative methodology)

Quantitative data collection and analysis

Summary data

TPEP reports, campaign media metrics, and web and social media analytics, were provided to PDA by OHA and Metropolitan Group at the start of the evaluation.

Survey data collection

Market Decisions Research (MDR) conducted pre-campaign (November 2023; n = 1,122) and post-campaign (July 2024; n = 1,155) surveys on behalf of Smokefree Oregon. The surveys used non-probability online panels of people living in Oregon over the age of 18 years old and panel survey quotas to enhance representation of the Oregon population in each survey. Respondents received compensation for the completion of the survey. Data quality reviews checked for suspicious, fraudulent, and invalid surveys, which were removed from the final datasets. Partial surveys were also removed from the final datasets.

Statistical analyses

Descriptive analyses were used to summarize the reach of the campaign via message delivery based on campaign media metrics (e.g., impressions), recall of specific campaign components and media types, frequency with which they were seen, and perceptions of the ads among respondents who recalled them. Additional chi-square and Fisher's exact tests were conducted to see if there were statistically significant differences in campaign recall and perceptions across demographic groups.

Evaluation of additional campaign outcomes was primarily focused on differences in precampaign survey and post-campaign survey responses (among both those who did

and did not recall the campaign). Evaluation questions 3-10 were examined using multivariable logistic regression models to look at the impact of campaign exposure on outcomes. Models compared odds of selecting one of the “top two” response options to all other responses for all Likert-scale survey questions. For example, items that included a scale of strongly agree, somewhat agree, somewhat disagree, and strongly disagree compared “strongly/somewhat agree” to all other responses (including disagreement and “not sure” response options).

Regression models adjusted for the following confounders: age, gender, education, metro area, cigarette and e-cigarette use, and whether children lived with the respondent. Adjusted probabilities were calculated using linear combinations of model estimates. Pairwise Wald test p-values were calculated using linear contrasts to assess the significance of differences between pre-campaign, post-campaign unexposed, and post-campaign exposed groups. These indicators of statistical significance are included in the report. All data processing and analyses were conducted using R 4.3.2.

Appendix 2. Qualitative methodology

Ripple Effects Mapping (REM) is an evaluation approach that gathers feedback from the people involved. It is a hands-on, interactive process used to understand how projects make an impact that is useful in public health work.[4,5]

REM works well because it helps uncover both expected and unexpected results.[6] It gets people involved and asks them to reflect on the ways that the program or project impacted their work, community, or life. This method can help communities feel energized and motivated to make changes.[7] REM is flexible and can work to explicitly include different cultural perspectives, making it a useful tool for ensuring equity and inclusion.[7] REM sessions are often done in person, but they can also be done online.[8]

How REM Works

REM sessions usually have three main steps:

1. **Story Sharing**: Participants reflect on their experiences with the program in small groups or pairs.
2. **Group Discussion**: In a large group, participants describe the program's impacts on their work, community, or life (depending on the prompts). Key areas of impact may be identified.
3. **Mind Mapping**: A visual map is created depicting the individual stories that were shared, the connections found between them, and other results from the group discussion.[9]

[4] Emery, M., Higgins, L., Chazdon, S., & Hansen, D. (2015). Using Ripple Effect Mapping to Evaluate Program Impact: Choosing or Combining the Methods That Work Best for You. The Journal of Extension, 53(2). https://doi.org/10.34068/joe.53.02.28

[5] Nobles, J., Wheeler, J., Dunleavy-Harris, K., Holmes, R., Inman-Ward, A., Potts, A., Hall, J., Redwood, S., Jago, R., & Foster, C. (2022). Ripple effects mapping: Capturing the wider impacts of systems change efforts in public health. BMC Medical Research Methodology, 22(1), Article 1. https://doi.org/10.1186/s12874-022-01570-4

[6] Hardy, L., Hulen, E., Shaw, K., Mundell, L., & Evans, C. (2018). Ripple effect: An evaluation tool for increasing connectedness through community health partnerships. Action Research, 16. https://doi.org/10.1177/1476750316688512

[7] Meyerhoff, L. (2020). Cornell University: Ripple effect mapping. Urbana, IL: National Institute for Learning Outcomes Assessment, Council for the Advancement of Standards in Higher Education, and Campus Labs. https://assessment.aa.ufl.edu/media/assessmentaaufledu/fairness-and-equity-materials/Cornell-University---Ripple-Effect-Mapping---Meyerhoff.pdf

[8] Emery, M., Langford, G., Choudhary, A., Stout, M., Ostrom, M., & Walcott, E. (2023). Coming Together and Ripple Mapping Effect: Are We Making a Difference? Coming Together for Racial Understanding.

[9] Chazdon, S., Emery, M., Hansen, D., Higgins, L., & Sero, R. (2017). A Field Guide to Ripple Effects Mapping.

Data Collection

For the Smokefree Oregon project, the REM process was designed and led by Dr. Antonia Alvarez. This included both virtual and in-person sessions with ACT Committee members and other TPEP community partners. Dr. Alvarez explained the goals of the session and how REM works. She showed participants the mapping document used to capture notes. A method called "in-depth rippling"[10] was used. This started with small group discussions, which were then shared with everyone in a large session. A digital map was created during the meetings to show the stories, themes, and results in real time. Participants could see the connections and suggest any missing ideas. After these sessions, Dr. Alvarez and the OHA Evaluation Team reviewed the data. Key patterns and insights were shared back with participants for further discussion and corroboration.

Two Phases of Data Collection

The REM data collection for Smokefree Oregon had two parts:

1. **ACT Committee Sessions**: These sessions looked at personal, group, and community impacts of the campaign planning. See *Appendix 5* for a detailed outline of the Evaluation Plan (including key evaluation questions) with the ACT Committee.
2. **Community Partner Sessions**: These sessions focused on the broader goals of the campaign. See *Appendix 7* for a detailed outline of the Evaluation Plan (including key evaluation questions) with the other TPEP Community Partners.

The ACT Committee REM sessions followed the Social Ecological Model framework,[11] which examines how programs affect people at different levels: **Personal Impacts**: How the program affected individuals; **Interpersonal Impacts**: How it affected relationships and groups; **Institutional Impacts**: How the work impacted professional and organizational change; **Community Impacts**: How the work influenced larger systems; and, **Public Policy Impacts**: How the work impacted laws, rules, or policies. By using this structured process, the REM sessions explored the full impact of campaign development work.

[10] Emery, M., Higgins, L., Chazdon, S., & Hansen, D. (2015). Using Ripple Effect Mapping to Evaluate Program Impact: Choosing or Combining the Methods That Work Best for You. The Journal of Extension, 53(2). https://doi.org/10.34068/joe.53.02.28

[11] McLeroy, K. R., Steckler, A. and Bibeau, D. (Eds.) (1988). The social ecology of health promotion interventions. Health Education Quarterly, 15(4):351-377.

Participants & Demographics

A total of **56 community participants** took part in REM discussions (see Table 1). There were **three REM sessions** with ACT Committee members, involving **34 participants**. Two additional reflection sessions with 13 ACT Committee members were also held to share initial findings (marked with * in the table). There were **five REM sessions** with other TPEP community partners, with **9 community members** participating. TPEP community partners included: community members involved in developing community-specific ad campaign materials (*n = 4*); community members who received training and technical assistance or other customization support (*n = 3*); and community members from Regional Health Equity Coalitions (*n = 2*). This mix of sessions gathered a wide range of feedback and perspectives throughout Oregon.

Table 1: REM Sessions with ACT Committee members and TPEP community partners

REM sessions with ACT Committee members	REM sessions with other TPEP community partners
10/26/23 (n=14), virtual	6/25/24 (n=2), virtual
*11/20/23 (n=6), virtual	7/11/24 (n=2), virtual
5/30/24 (n=12), virtual	8/14/24 (n=3), virtual
*6/27/24 (n=7), virtual	8/22/24 (n=1), in-person
8/29/24 (n=8), virtual	9/10/24 (n=1), virtual
Total REM participants:	56

REM participants were from diverse regional locations and professional/personal affiliations. Participants represented 18 local public health authorities and 14 community-based organizations. REM participants were in 18 (of 36) counties, with several providing statewide services:

- Benton
- Clackamas
- Columbia
- Coos
- Deschutes
- Gresham
- Jackson
- Jefferson
- Josephine
- Klamath
- Lane
- Linn
- Malheur
- Marion
- Multnomah
- Umatilla
- Union
- Yamhill
- Statewide

Data Analysis

Notes from the digital whiteboards were analyzed by Dr. Alvarez and team using ATLAS.ti 23.2.1, software for studying qualitative data. A network analysis combined data from the REM maps and additional notes from small group discussions. This thematic analysis approach [12] helped identify important **themes and take-aways**.

These themes reflect the main insights and patterns that emerged during the discussions and identify **core take-aways about the campaign impacts** for the ACT Committee members who were involved in the campaign planning work as well as for community members at large.

Ripple effects map generation

The following figure gives an example of what REM process documents look like. Each figure can be reviewed from left to right, where the primary question or topic is on the left and then topics or themes relate to lines to the right of the question. Additional subthemes may be connected to the topic, with participant quotes attached (with lines) to support or describe those subthemes.

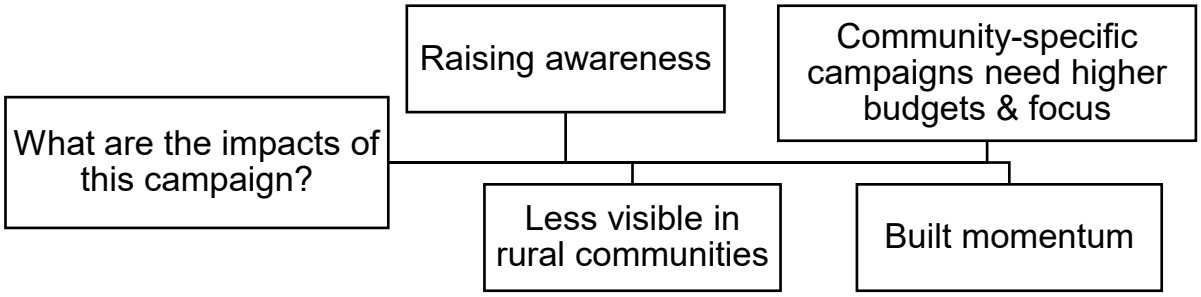


Figure 32: REM #3 Question #1: What are the Impacts of this Campaign? (Alvarez)

For the purposes of this evaluation, several REM diagrams were created to interpret community feedback. An original whiteboard drafts of REM session #1 with the ACT Committee is in the *Appendix* (see Appendix 8a, Figure 34). please note, these are in small font and are not intended to be legible). Subsections of the REM diagrams #1-#3 are enlarged, depicting comments from participants and lines connecting themes and ideas (see Appendices 8b, Figure 35; 8d, Figure 37; 8e, Figure 38). REM thematic maps are included for the REM #1-3 with the ACT Committee (see Appendices 8f-8j).

[12] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Appendix 3. Description of Survey Samples

The following table presents the distribution of demographic characteristics for both pre-campaign and post-campaign survey samples. Additionally, the table presents characteristics by campaign recall among the post-campaign sample. The two survey samples were similar across most demographic characteristics. Regression models adjusted for age, gender, race, metropolitan region, and tobacco use.

Table 2: Demographic characteristics of pre-campaign and post-campaign survey samples

	Pre-campaign all responses	Post-campaign all responses	Post-campaign Recalled campaign group	Post-campaign Did not recall campaign group
Total N	*1,122*	*1,155*	*310*	*845*
Age				
18-34 years	292 (26%)	221 (19%)	89 (29%)	132 (16%)
35-54 years	391 (35%)	424 (37%)	123 (40%)	301 (36%)
55+ years	439 (39%)	510 (44%)	98 (32%)	412 (49%)
Gender				
Male	472 (42%)	388 (34%)	107 (35%)	281 (33%)
Female	637 (57%)	753 (65%)	199 (64%)	554 (66%)
Non-binary	13 (1.2%)	14 (1.2%)	4 (1.3%)	10 (1.2%)
Race				
White	948 (84%)	960 (83%)	256 (83%)	704 (83%)
Black / AA	27 (2.4%)	26 (2.3%)	13 (4.2%)	13 (1.5%)
AI / AN	18 (1.6%)	25 (2.2%)	9 (2.9%)	16 (1.9%)
Asian	34 (3%)	38 (3.3%)	8 (2.6%)	30 (3.6%)
Pacific Islander	8 (0.7%)	6 (0.5%)	3 (1%)	3 (0.4%)
Hispanic/Latinx	43 (3.8%)	46 (4%)	13 (4.2%)	33 (3.9%)
Multiple races	28 (2.5%)	29 (2.5%)	5 (1.6%)	24 (2.8%)
Not listed	7 (0.6%)	7 (0.6%)	0	7 (0.8%)
Don’t know / Prefer not to respond	9 (0.8%)	18 (1.6%)	3 (1%)	15 (1.8%)
Sexual orientation				
Gay or lesbian	35 (3.1%)	47 (4.1%)	8 (2.6%)	39 (4.6%)
Straight	937 (84%)	986 (85%)	264 (85%)	722 (85%)
Bisexual	93 (8.3%)	77 (6.7%)	24 (7.7%)	53 (6.3%)
Not listed	17 (1.5%)	10 (0.9%)	3 (1%)	7 (0.8%)
I don’t know	8 (0.7%)	8 (0.7%)	5 (1.6%)	3 (0.4%)
Prefer not to respond	32 (2.9%)	27 (2.3%)	6 (1.9%)	21 (2.5%)

	Pre-campaign all responses	Post-campaign all responses	Post-campaign Recalled campaign group	Post-campaign Did not recall campaign group
Total N	*1,122*	*1,155*	*310*	*845*
Education				
8th grade or less	4 (0.4%)	6 (0.5%)	2 (0.6%)	4 (0.5%)
Some high school	47 (4.2%)	47 (4.1%)	17 (5.5%)	30 (3.6%)
High school degree	242 (22%)	280 (24%)	73 (24%)	207 (24%)
Some college	451 (40%)	447 (39%)	117 (38%)	330 (39%)
College degree	239 (21%)	240 (21%)	65 (21%)	175 (21%)
Postgraduate	139 (12%)	135 (12%)	36 (12%)	99 (12%)
Home ownership				
Own	581 (52%)	545 (47%)	126 (41%)	419 (50%)
Rent	439 (39%)	480 (42%)	154 (50%)	326 (39%)
Other arrangement	102 (9.1%)	130 (11%)	30 (9.7%)	100 (12%)
Region				
Portland metro[a]	449 (40%)	459 (40%)	145 (47%)	314 (37%)
Willamette	320 (29%)	328 (28%)	81 (26%)	247 (29%)
Rest of Oregon	353 (31%)	368 (32%)	84 (27%)	284 (34%)
Smoking status				
Current	212 (19%)	219 (19%)	65 (21%)	154 (18%)
Former	358 (32%)	431 (37%)	124 (40%)	307 (36%)
Never	552 (49%)	505 (44%)	121 (39%)	384 (45%)
Current e-cig use				
Yes	180 (16%)	185 (16%)	67 (22%)	118 (14%)
Child living w/ them				
Yes	315 (28%)	307 (27%)	106 (34%)	201 (24%)

Data is presented as N (%)

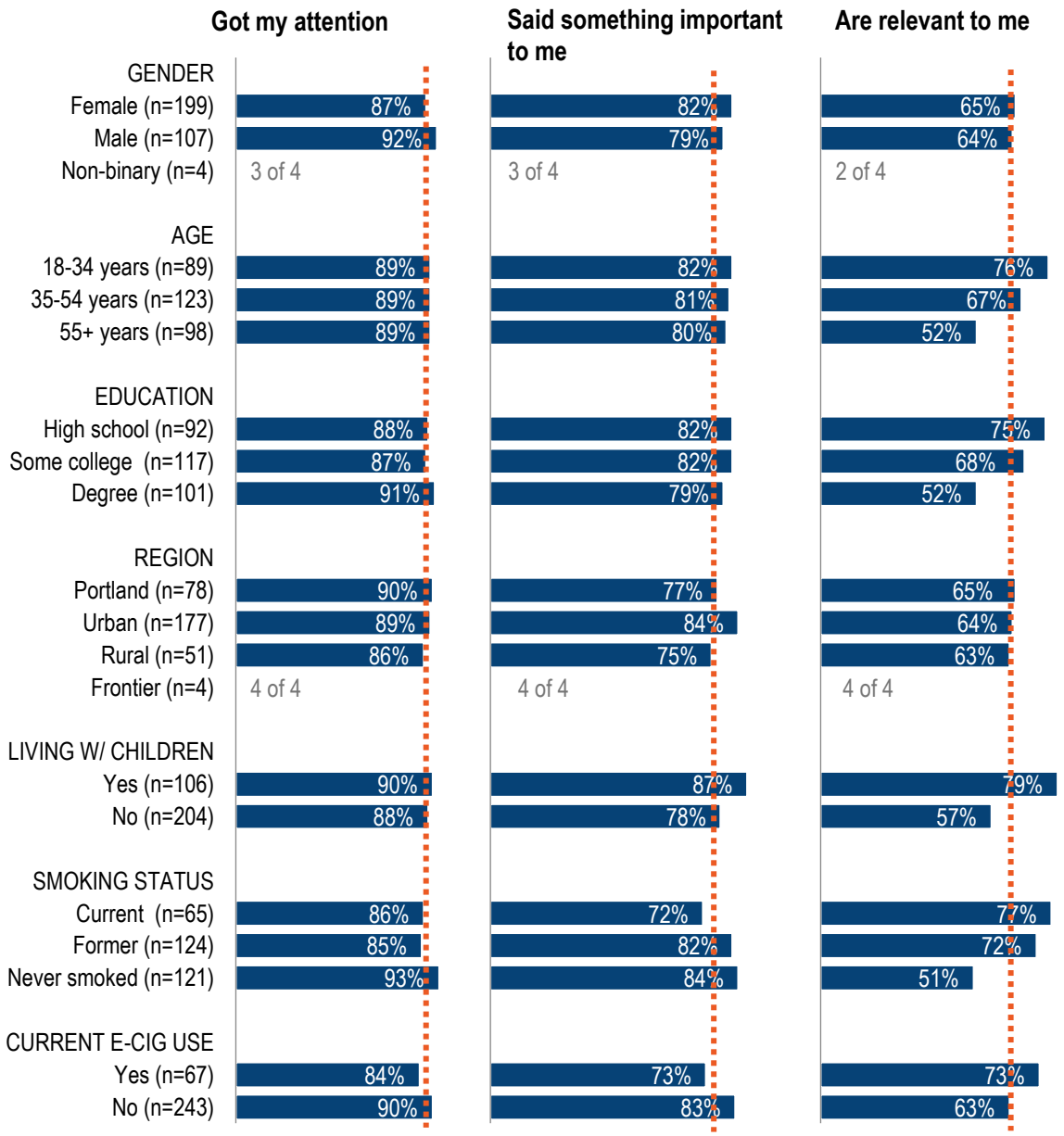
Black / AA = Black / African American; AI / AN = American Indian / Alaska Native

The post-campaign "did not recall" group includes individuals who indicated not seeing campaign ads as well as individuals who responded that they did not know / were unsure of seeing the ads.

[a] Portland metro includes Clackamas, Multnomah, and Washington counties.

Appendix 4. Campaign perceptions across groups

Figure 33: Strongly or somewhat agreed that the images and messages from the campaign…



Appendix 5. TPEP Communications Activities

The following table presents communications activities reported by county Tobacco Prevention and Education Programs (TPEP).

TPEP coordinators submit biannual reports that include use of communications resources and support. Use of communications resources was described overall and by TPEP tiers, which are associated with funding levels for communications activities.

Table 3: Number of TPEP Coordinators who used Smokefree Oregon communications resources

● Pre-campaign period (Jul – Dec 2023) = 33 reporting counties

● Campaign period (Jan – Jun 2024) = 32 reporting counties

County type	Social media calendar	Campaign toolkit	Smokefree Oregon template
	22→21	7→14	5→8
ICAA Tier	●●○ ●●○	○○○ ●○○	○○○ ○○○
Tier 1	●●○○ ●●●○	●●●○ ●●○○	○○○○ ●○○○
Tier 2	●●●●●●○○○○○○ ●●●●●●●○○○○○	●●○○○○○○○○○○ ●●●●●●○○○○○○	●●●●○○○○○○○○ ●●●●○○○○○○○○
Tier 3	●●●●●●●●●●○○ ●●●●●●●○○○○	●●○○○○○○○○○○ ●●●○○○○○○○○	○○○○○○○○○○○○ ●●○○○○○○○○○○

Appendix 6. Distribution of Evaluation Outcomes in Pre- and Post-Campaign Survey Samples

The following tables provide unadjusted proportions for outcomes across the full pre-campaign and post-campaign surveys, regardless of campaign recall in the post-campaign group.

Table 4: Pre- and post-campaign outcomes	**Pre-campaign**	**Post-campaign**
Total N	*1,122*	*1,155*
EQ4 Shared issue (responses represent "strongly/somewhat agree" unless noted)		
Tobacco hurts us all, whether we use it or not.	933 (83%)	970 (84%)
Together, people in Oregon can take action against the tobacco industry.	829 (74%)	830 (72%)
How important is it to address the problem of tobacco use?		
Among the most important issues	211 (20%)	192 (17%)
Equally as important as other health issues	640 (60%)	702 (64%)
Among the least important issues	212 (20%)	204 (19%)
EQ5 Community strengths (responses represent "strongly/somewhat agree" unless noted)		
I know what my role could be in making my community smoke free.	444 (40%)	496 (43%)
I am aware of resources in my community related to tobacco cessation and/or prevention.	551 (49%)	588 (51%)
My community protects me from Big Tobacco.	263 (23%)	262 (23%)
My community is stronger than Big Tobacco.	468 (42%)	474 (41%)
I have heard success stories in my community about addressing commercial tobacco use or quitting. (yes)	429 (38%)	450 (39%)
My community creates tobacco free spaces. (yes)	820 (73%)	883 (76%)
My community hosts smokeless events. (yes)	404 (36%)	450 (39%)
My community provides education about vaping in schools. (yes)	406 (36%)	431 (37%)
My community offers training on advocacy for policy change. (yes)	223 (20%)	224 (19%)
EQ6 Community impacts (responses represent "strongly/somewhat agree")		
Tobacco companies advertise and promote tobacco to:		
People living in low-income neighborhoods	711 (63%)	735 (64%)
Youth under 21	699 (62%)	708 (61%)
People living with drug and/or alcohol use disorders	668 (60%)	673 (58%)
People living in rural communities	578 (52%)	612 (53%)

Table 4: Pre- and post-campaign outcomes	Pre-campaign	Post-campaign
Total N	*1,122*	*1,155*
Veterans	584 (52%)	586 (51%)
African American community	528 (47%)	584 (51%)
People living with mental health issues	524 (47%)	546 (47%)
Native American community	514 (46%)	532 (46%)
Latino/a/x community	463 (41%)	504 (44%)
People living with disabilities	416 (37%)	444 (38%)
LGBTQIA2S+	402 (36%)	426 (37%)
Asian and southeast Asian community	417 (37%)	418 (36%)
Pacific Islander community	362 (32%)	406 (35%)
EQ7 Community awareness (responses represent "yes" unless noted)		
Indicate if you are AWARE of the following actions:		
Support people you know who are trying to quit.	887 (79%)	926 (80%)
Talk to people you care about to encourage them to quit tobacco or to not start using it.	794 (71%)	839 (73%)
Support changes in policies that limit tobacco sales and marketing and hold Big Tobacco accountable for the harm they cause.	613 (55%)	631 (55%)
Encourage my mayor, local representatives, and legislators to prevent tobacco use among kids and help smokers quit.	576 (51%)	604 (52%)
Share information about how tobacco harms health on my social media.	525 (47%)	574 (50%)
Sign a petition for a ballot measure related to tobacco or the drivers of tobacco use.	518 (46%)	559 (48%)
Create activities and opportunities for my community to connect without tobacco.	464 (41%)	499 (43%)
Share my support on social media for tobacco policies that protect my community.	459 (41%)	486 (42%)
Participate in a community or online conversation about the harms of tobacco and what can be done to address it.	416 (37%)	462 (40%)
Join the tobacco prevention coalition in my county to learn more and get involved.	305 (27%)	353 (31%)
I know what my role could be in making my community smoke free **(strongly/somewhat agree)**	444 (40%)	496 (43%)

Table 4: Pre- and post-campaign outcomes	Pre-campaign	Post-campaign
Total N	*1,122*	*1,155*
EQ8 Policy support (responses represent "strongly/somewhat support" unless noted)		
Prohibit the sale of flavored tobacco and vape products in Oregon stores.	633 (56%)	636 (55%)
Setting limits on how close new tobacco stores can be to schools.	886 (79%)	857 (74%)
Setting limits on how close new tobacco stores can be to each other.	589 (52%)	571 (49%)
Eliminating the sale of tobacco in your local jurisdiction	543 (48%)	534 (46%)
Raising the age at which people can buy tobacco year by year so that eventually no one could buy tobacco.	521 (46%)	533 (46%)
Allowing smoking in all areas of multi-unit housing. **(somewhat/strongly oppose)**	677 (60%)	383 (59%)
EQ9 Individual-level actions (responses represent 'very/somewhat likely')		
Indicate how likely you would be TO TAKE the following actions:		
Share information about how my community protects me from Big Tobacco on social media.	465 (41%)	511 (44%)
Share my support on social media for tobacco policies that protect my community.	503 (45%)	537 (46%)
Support people you know who are trying to quit	1,008 (90%)	1,036 (90%)
Talk to people you care about to encourage them to quit tobacco or to not start using it.	875 (78%)	911 (79%)
Create activities and opportunities for my community to connect without tobacco.	454 (40%)	504 (44%)
EQ10 Community-level actions (responses represent 'very/somewhat likely')		
Indicate how likely you would be TO TAKE the following actions:		
Participate in a community or online conversation about the harms of tobacco and what can be done to address it.	471 (42%)	515 (45%)
Sign a petition for a ballot measure related to tobacco or the drivers of tobacco use.	733 (65%)	774 (67%)
Join the tobacco prevention coalition in my county to learn more and get involved.	380 (34%)	450 (39%)
Support changes in policies that limit tobacco sales and marketing and hold Big Tobacco accountable for the harm they cause.	764 (68%)	819 (71%)

Appendix 7. Ripple Effects Mapping Evaluation Plans

Ripple Effect Mapping with ACT Advisory Committee members, virtual sessions		
Pre-Campaign	Early/mid-Campaign	Post-Campaign
Evaluation Plan Framing: Micro - Personal/interpersonal **Logic model alignment:** <u>Short-term outcomes</u> 1. Increased agreement that tobacco is a shared community issue. 2. Increased awareness of community strengths that prevent initiation and/or cessation of commercial tobacco. 3. Increased agreement that tobacco impacts certain communities more than others. 4. Increased awareness of the actions that people can take to address commercial tobacco in their community.	**Evaluation Plan Framing:** Mezzo - Community/connections **Logic model alignment:** <u>Outputs:</u> **EQ1:** People who live in Oregon see and hear campaign messages <u>Intermediate outcomes</u> **EQ6:** Increased agreement that tobacco impacts certain communities more than others **EQ7:** Increased awareness of the action people can take to address commercial tobacco in their community **EQ8:** Increased support of tobacco prevention policies. **EQ9:** Increased individual-level action against big tobacco a. Sharing stories b. Website or social media c. More conversations with people not involved with tobacco work **EQ10:** Increased community-level action against big tobacco d. Connections with partners working to address commercial tobacco in your community	**Evaluation Plan Framing:** Macro - Policies/Structures **Logic model alignment:** <u>Intermediate outcomes (more)</u> **EQ8:** Increased support of tobacco prevention policies. **EQ9:** Increased individual-level action against big tobacco a. Sharing stories b. Website or social media c. More conversations with people not involved with tobacco work EQ10: Increased community-level action against big tobacco d. Connections with partners working to address commercial tobacco in your community e. More community groups mobilizing against commercial tobacco use Intermediate: Unanticipated outcomes

	e. More community groups mobilizing against commercial tobacco use Short-term: Unanticipated outcomes	
Guiding Questions: • What are the impacts of this project on your work so far? • Any surprises or unexpected benefits or challenges? • Has your involvement impacted attitudes, behaviors, knowledge or action among individuals or communities that you belong to?	Guiding Questions: • What changes are happening in your community/work because of this campaign? • Who in the community is being impacted by this project? • Has your involvement impacted attitudes, behaviors, knowledge or action among individuals or communities that you belong to? • What does a tobacco-free Oregon mean to you?	Guiding Questions: • How is your work different because of your engagement in this project? • What part of this work are you most excited about? • Has your involvement impacted attitudes, behaviors, knowledge or action among individuals or communities that you belong to?
Facilitators: Antonia MG and OHA supporting	Facilitators: Antonia MG and OHA supporting	Facilitators: Antonia MG and OHA supporting

<table>
<tr><th colspan="3">Ripple Effect Mapping with other TPEP Community Partners</th></tr>
<tr><td>Community-Specific Ads (CSA)</td><td>Training & Technical Assistance (TTA)</td><td>Regional Health Equity Coalitions (RHECs)</td></tr>
<tr><td>Participants and location:
2 virtual sessions, 120 mins.
Participants who engaged in community-specific ad design work (Asian and Pacific Islander, Black and African American, LGBTQIA2S+, Mental Health, and Youth)
20 total recruited, N= 4</td><td>Participants and location:
1 virtual session, 120 mins.
Participants who engaged in TTA or other customization requests
3 customizations
50 total engagement SFO Portal
N = 3</td><td>Participants and location:
On-site, 90 mins; Virtual, 120 mins.
Partners from RHECs in rural and frontier and coast areas
N = 2</td></tr>
<tr><td colspan="3">Evaluation Plan Framing: Campaign impact, process, partnership.
Logic model alignment:
EQ1: People who live in Oregon see and hear campaign messages
<u>Short-term outcomes</u>
1. Increased agreement that tobacco is a shared community issue.
2. Increased awareness of community strengths that prevent initiation and/or cessation of commercial tobacco.
3. Increased agreement that tobacco impacts certain communities more than others.
4. Increased awareness of actions that people can take to address commercial tobacco in their community.
<u>Intermediate outcomes</u>
EQ6: Increased agreement that tobacco impacts certain communities more than others
EQ7: Increased awareness of the action people can take to address commercial tobacco in their community
EQ8: Increased support of tobacco prevention policies.
EQ9: Increased individual-level action against big tobacco
a. Sharing stories
b. Website or social media
c. More conversations with people not involved with tobacco work
EQ10: Increased community-level action against big tobacco
d. Connections with partners working to address commercial tobacco in your community
e. More community groups mobilizing against commercial tobacco use
Short-term: Unanticipated outcomes</td></tr>
</table>

Intermediate: Unanticipated outcomes
Guiding questions: • Impact of seeing the campaign? • Impact of the campaign message? Effective? • Goals: Statewide, strengths-based, community-engaged. • Feelings about mass-reach public health campaigns as a strategy for tobacco? • Have you heard of/inspired any action? • Feedback about the engagement process? • What is your confidence, trust, comfort in how HPCDP engages community partners around tobacco-prevention communication around mass-reach campaign?
Facilitators: Dr. Alvarez, OHA supporting

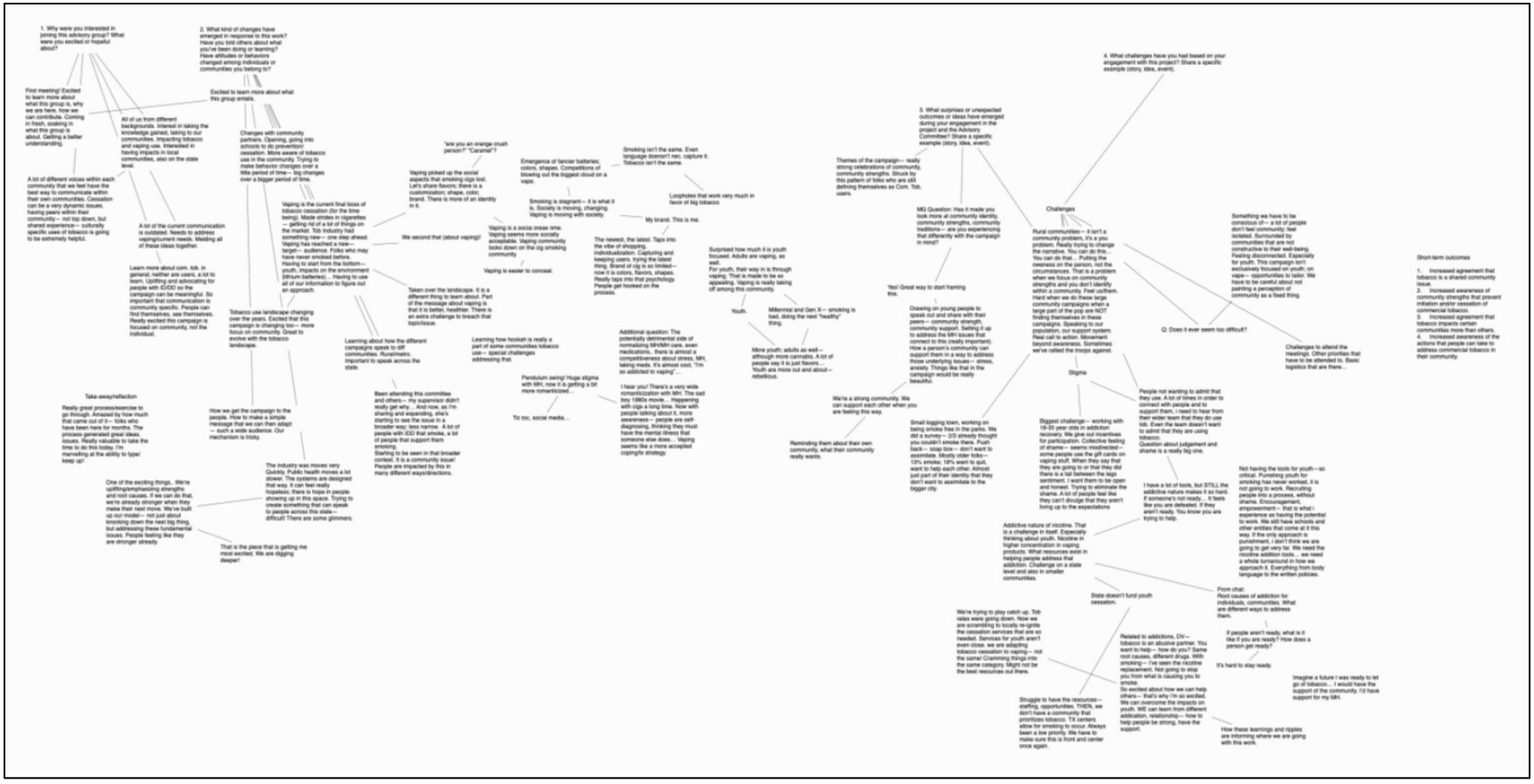
Appendix 8. Ripple Effects Mapping diagrams

The following pages present examples of REM diagrams generated from discussion sessions with ACT committee members and other community partners. These images were created by and are presented on behalf of Dr. Antonia Alvarez.

a. REM #1 with ACT Committee: Whiteboard draft (Figure 34)
b. REM #1 with ACT Committee: Enlarged subsection of whiteboard (Figure 35)
c. REM #1 with ACT Committee: subsection of whiteboard and thematic mapping (Figure 36)
d. REM #2 with ACT Committee: Enlarged subsection of whiteboard (Figure 37)
e. REM #3 with ACT Committee: Enlarged subsection of whiteboard (Figure 38)
f. REM #1 with ACT Committee: Thematic mapping, Question #1 (Figure 39)
g. REM #2 with ACT Committee: Thematic mapping, Question #1 (Figure 40)
h. REM #2 with ACT Committee: Thematic mapping, Question #2 (Figure 41)
i. REM #3 with ACT Committee: Thematic mapping, Question #1 (Figure 42)
j. REM #3 with ACT Committee: Thematic mapping, Question #2 (Figure 43)

8a. Ripple Effects Mapping diagrams

Figure 34: REM #1 with ACT Committee: Whiteboard draft (Alvarez)

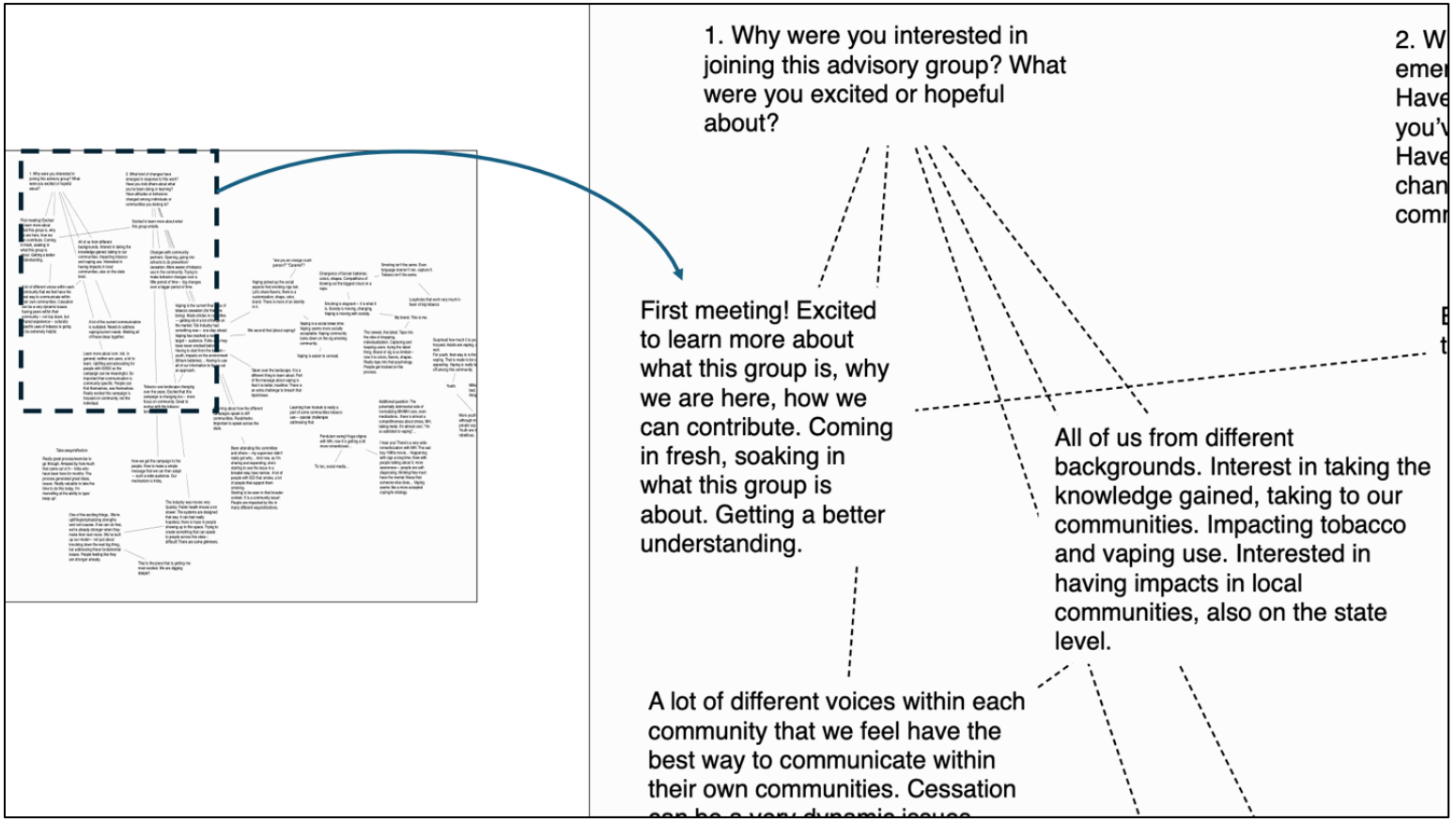


Description: Whiteboard draft from the first REM session with ACT Advisory Committee. The session took place virtually in October 2023 (pre-campaign launch).

NOTE: The text in the diagram is small print and is not intended to be legible.

8b. Ripple Effects Mapping diagrams

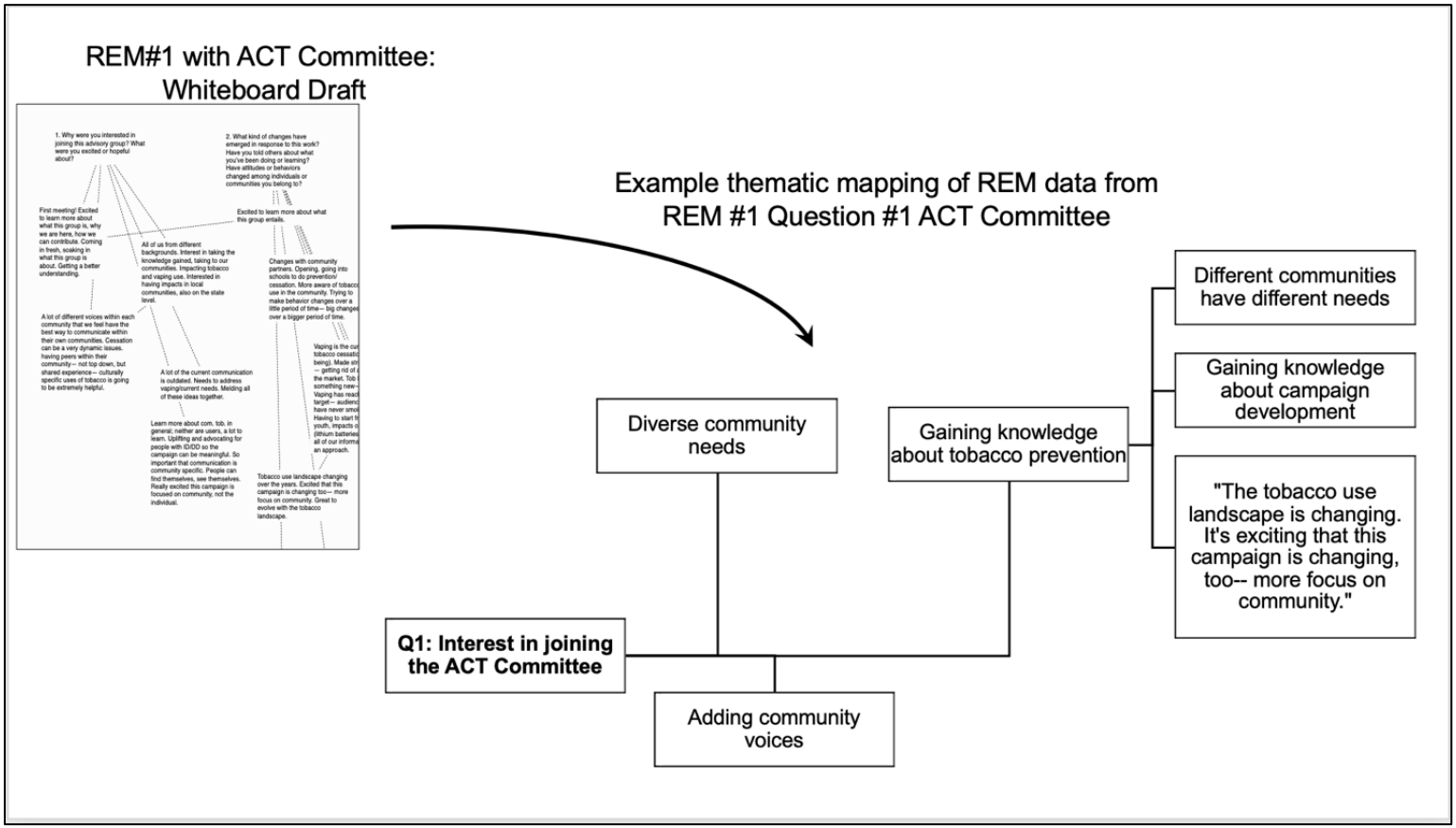
Figure 35: REM #1 with ACT Committee: Enlarged subsection of whiteboard (Alvarez)



Description: Whiteboard draft from the first REM session with ACT Advisory Committee. The session took place virtually in October 2023 (pre-campaign launch). Subsection of question two (outlined in dashes) from the map is enlarged, depicting comments from the group participants and lines connecting the themes and ideas.

8c. Ripple Effects Mapping diagrams

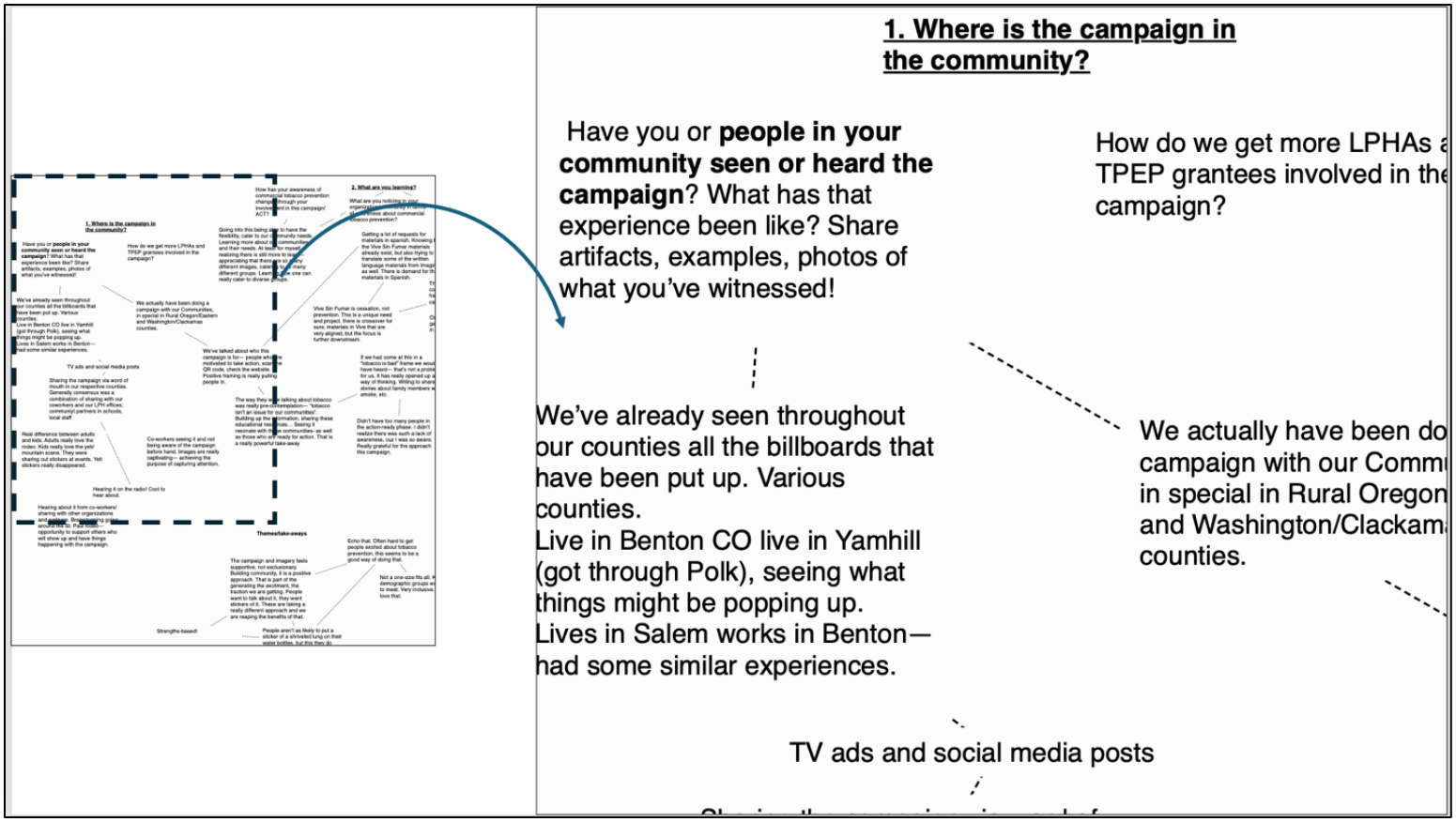
Figure 36: REM #1 with ACT Committee: Subsection of whiteboard and the thematic mapping from Question one (Alvarez)



Description: Subsection of the whiteboard draft from the first REM session with ACT Advisory Committee. The session took place in October 2023 (pre-campaign launch). The thematic mapping depicts the topic of interest—why they wanted to get involved with the campaign planning—core themes, and subthemes that emerged through the discussion with participants. There is also a direct quote.

Appendix 8d: Ripple Effects Mapping diagrams

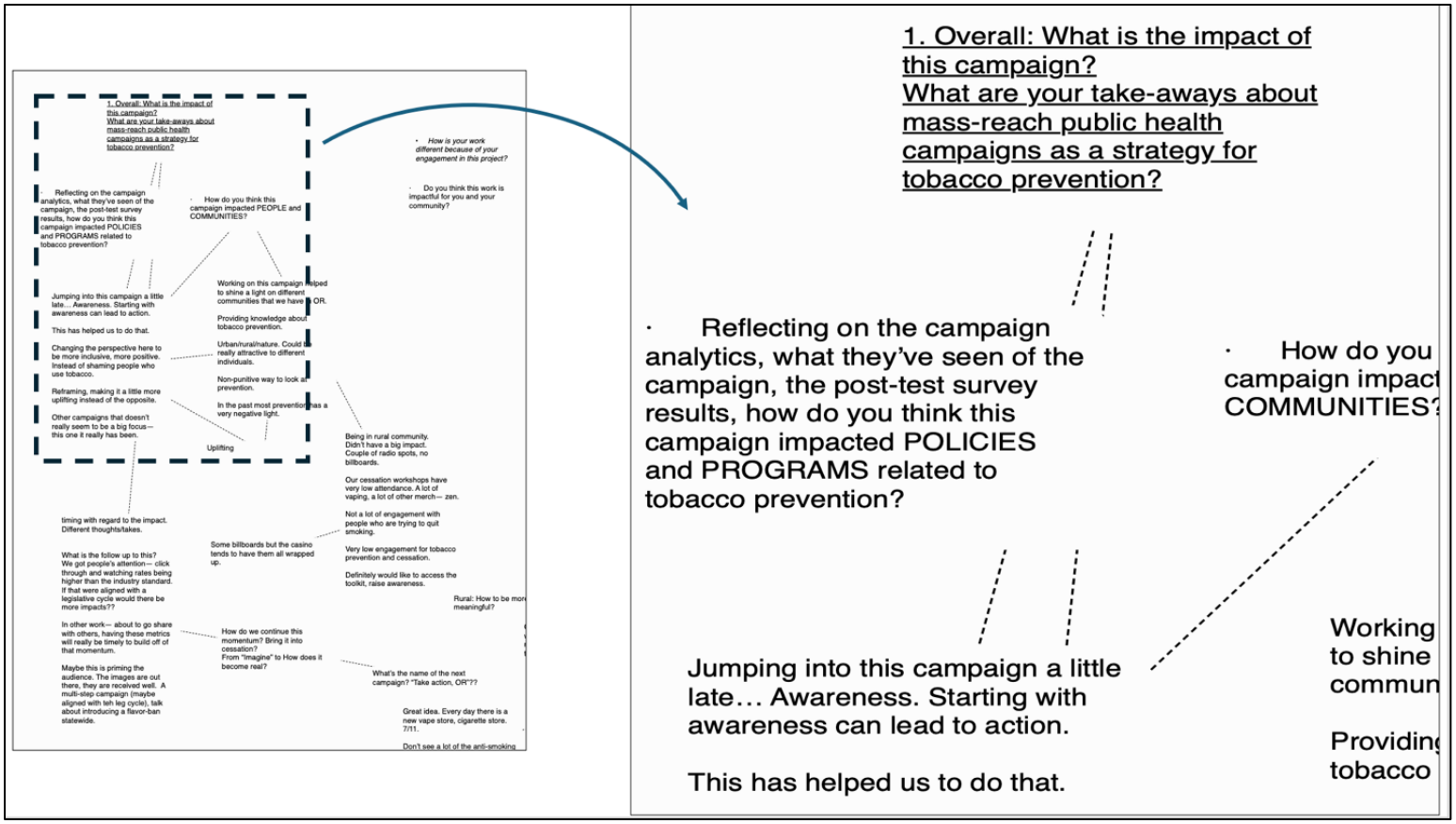
Figure 37: REM #2 with ACT Committee: Enlarged subsection of whiteboard (Alvarez)



Description: Whiteboard draft from the second REM session with ACT Advisory Committee. The session took place in May 2024 (mid-campaign). Subsection of question one (outlined in dashes) is enlarged, depicting comments from the group participants and lines connecting the themes and ideas.

Appendix 8e: Ripple Effects Mapping diagrams

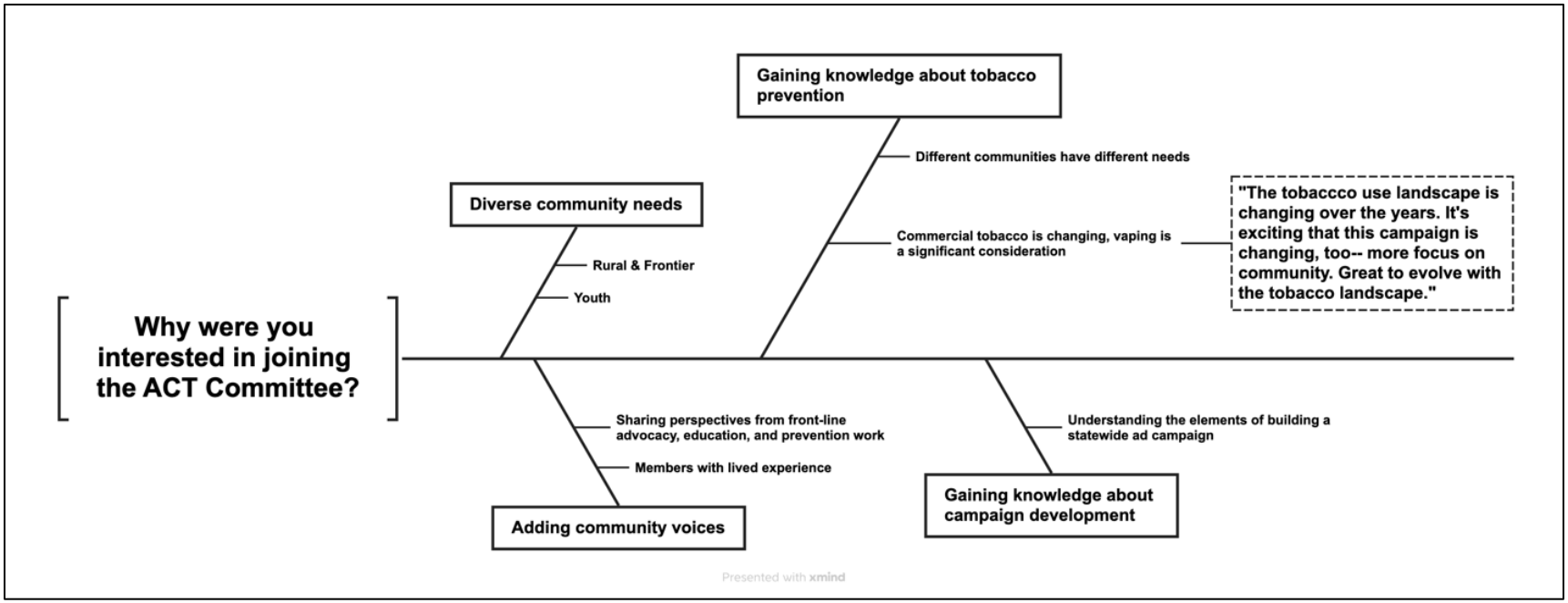
Figure 38: REM #3 with ACT Committee: Enlarged subsection of whiteboard (Alvarez)



Description: Whiteboard draft from the third REM session with ACT Advisory Committee. The session took place in August 2024 (post-campaign). Subsection of question one (outlined in dashes) is enlarged, depicting comments from the group participants and lines connecting the themes and ideas.

Appendix 8f: Ripple Effects Mapping diagrams

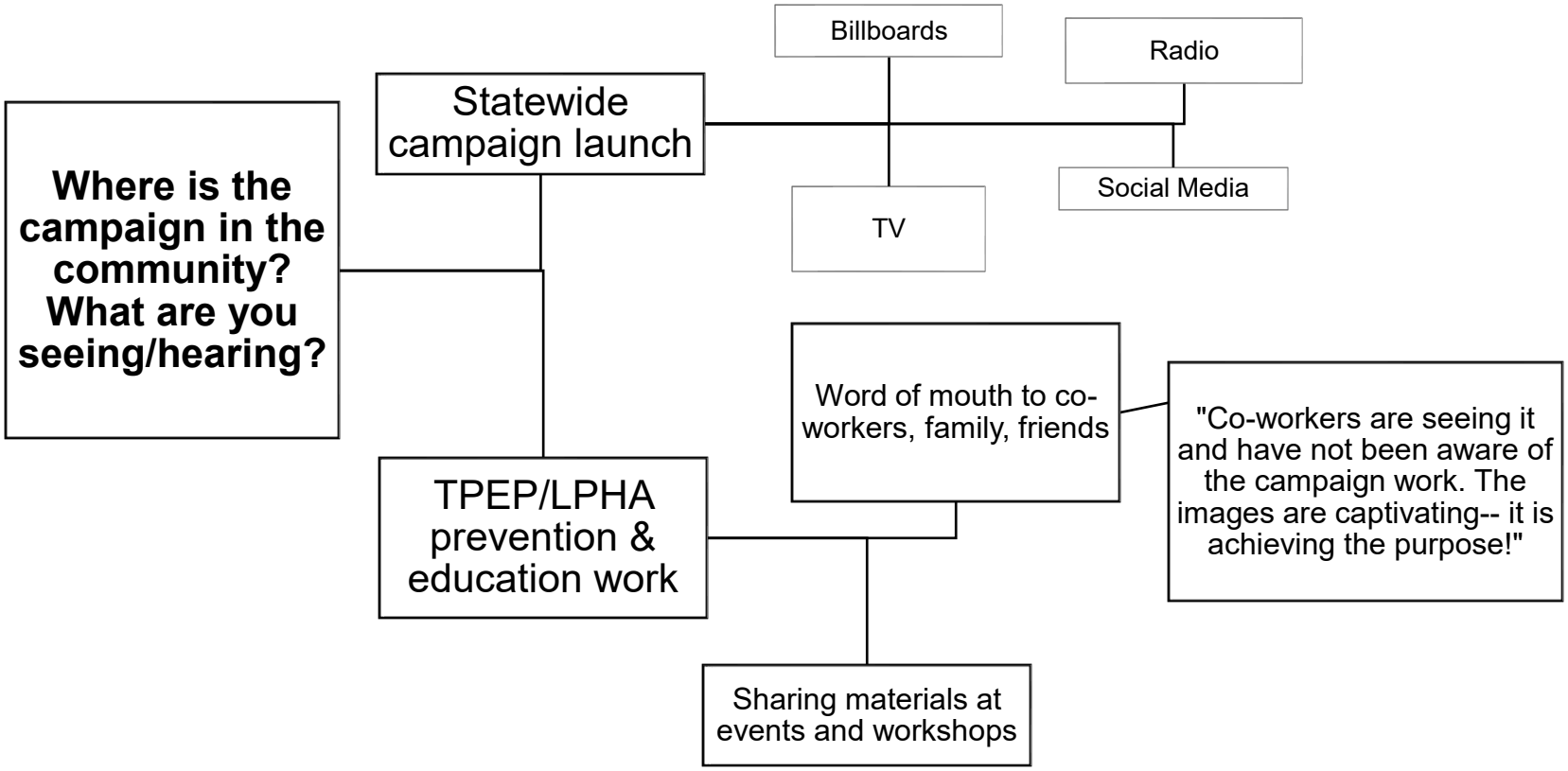
Figure 39: REM #1 with ACT Committee: Thematic mapping, Question #1 (Alvarez)



Description: Thematic mapping for Question #1 from the first REM session with ACT Advisory Committee. The session took place in October 2023 (pre-campaign launch). This REM depicts the topic of interest—why they wanted to get involved with the campaign planning—four core themes, and several subthemes that emerged through the discussion with participants. There is also a direct quote from a participant.

Appendix 8g: Ripple Effects Mapping diagrams

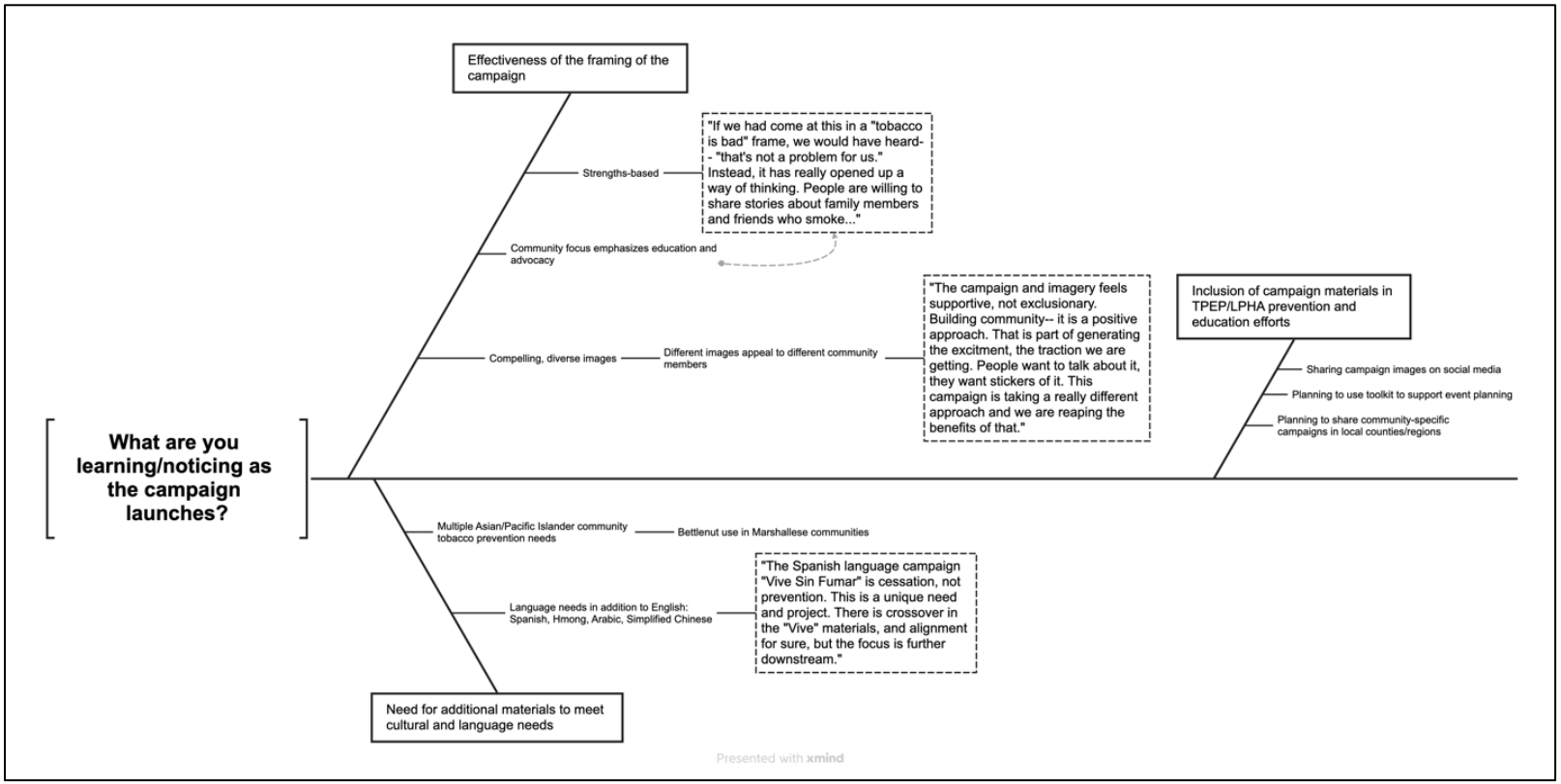
Figure 40: REM #2 with ACT Committee: Thematic mapping, Question #1 (Alvarez)



Description: Thematic mapping for Question #1 from the second REM session with ACT Advisory Committee. The session took place in May 2024 (mid-campaign). This REM depicts the topic of interest—where they are seeing the campaign in their communities—two core themes, and several subthemes that emerged through the discussion with participants. There is also a direct quote from a participant.

Appendix 8h: Ripple Effects Mapping diagrams

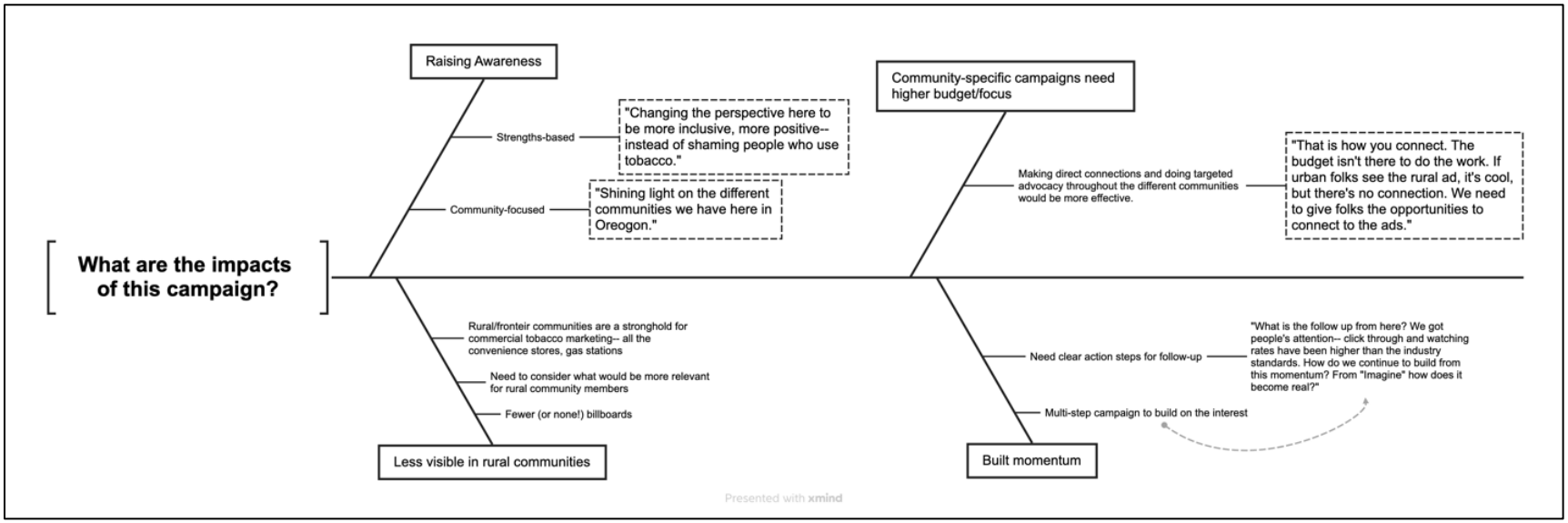
Figure 41: REM #2 with ACT Committee: Thematic mapping, Question #2 (Alvarez)



Description: Thematic mapping for Question #2 from the second REM session with ACT Advisory Committee. The session took place in May 2024 (mid-campaign). This REM depicts the topic of interest—what are they learning as the campaign launches—three core themes, and several subthemes that emerged through the discussion with participants. There are also three direct quotes from participants.

Appendix 8i: Ripple Effects Mapping diagrams

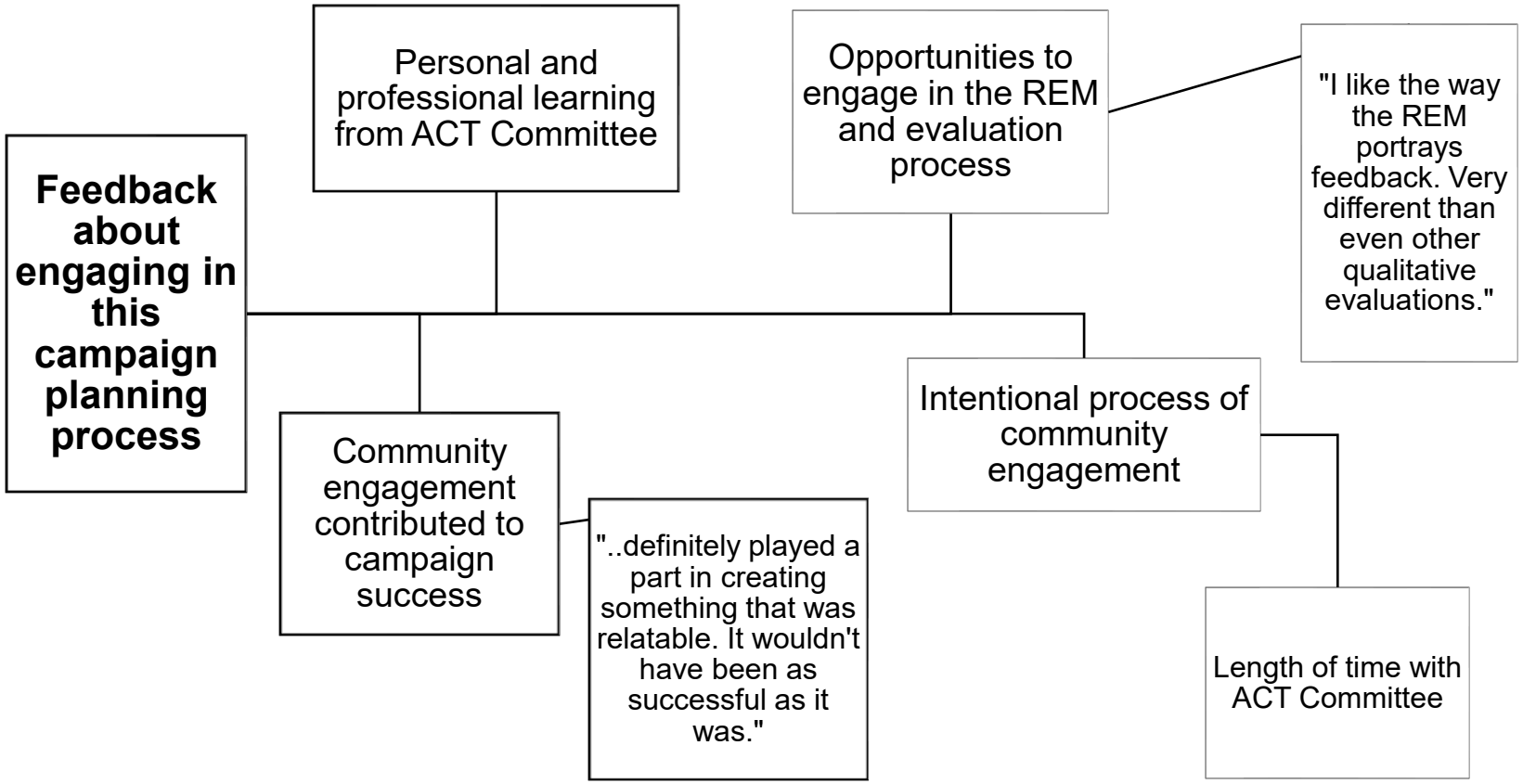
Figure 42: REM #3 with ACT Committee: Thematic mapping, Question #1 (Alvarez)



Description: Thematic mapping for Question #1 from the third REM session with ACT Advisory Committee. The session took place in August 2024 (post-campaign). This REM depicts the topic of interest—what are the campaign impacts—four core themes, and several subthemes that emerged through the discussion with participants. There are also three direct quotes from participants.

Appendix 8j: Ripple Effects Mapping diagrams

Figure 43: REM #3 with ACT Committee: Thematic mapping, Question #2 (Alvarez)



Description: Thematic mapping for Question #2 from the third REM session with ACT Advisory Committee. The session took place in August 2024 (post-campaign). This REM depicts the topic of interest—feedback on the campaign-planning process—four core themes, and several subthemes that emerged through the discussion with participants. There are also two direct quotes from participants.