Evaluation of the Impact of the Kansas Health Foundation’s “Let’s Take It Outside” Public Health Media Campaign
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Evaluation of the Impact of the Kansas Health Foundation’s “Let’s Take It Outside” Public Health Media Campaign

Report by

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Executive Summary

Campaign efficacy assessment

- The theoretical framework that guided this campaign evaluation analysis is the “Steps to Behavior” model. For purposes of the “Take It Outside” (TIO) campaign, this conceptual framework would predict that campaign awareness influences attitudes regarding environmental tobacco smoke (ETS) exposure. ETS attitudes, in turn, influence ETS behavior. Three hypotheses were developed to assess the efficacy of the campaign based on this theoretical framework. Multivariate findings support most of the hypotheses used to assess campaign effectiveness.

  o **Hypothesis 1a**, that ETS ad awareness will be higher among Kansans than among the comparison group, is supported among all respondents.

  o **Hypothesis 1b**, that ETS ad awareness will be higher among Kansas smokers than among comparison group smokers, is not supported.

  o **Hypothesis H2a**, among all Kansans, TIO ad awareness will independently increase ETS child protective attitude, is supported.

  o **Hypothesis H2b**, among Kansas smokers, TIO ad awareness will independently increase ETS child protective attitude, is supported.

  o **Hypothesis 3**, among Kansas smokers, the greater the ETS child protective attitude, the greater will be ETS child protective smoking behavior independent of other factors, is supported.
Awareness of the TIO campaign

- Multivariate analysis shows that ETS ad awareness is higher among Kansans than among the comparison group but not among the subgroup of respondents who are smokers. 64.3% of Kansans remember an ad asking adult smokers not to smoke around children, but only 52.7% of non-Kansans remember such an ad.

- Multivariate analysis shows that among all Kansans, the more one reads newspapers, the more one is likely to recall a TIO ad. The effect is somewhat stronger than being more highly educated and spending more time listening to the radio. Among smokers, the only significant factor in influencing TIO recall is being female.

- 47.3% of all Kansans remember the “Take It Outside” Campaign ads specifically.

- Respondents recall the TIO ads most frequently from TV (87%), next most frequently from billboards (53%), and then nearly equally from radio (40.5%) and newspaper (39.2%).

Environmental Tobacco Smoke (ETS) Child Protective Attitudes

- Kansan smokers who can recall the TIO campaign are more likely than Kansan smokers who cannot recall the campaign to have attitudes against ETS exposure around others and around children in particular.

- Multivariate analyses show that recalling a TIO ad enhances one’s disagreement that adults should be able to smoke both in the home or in a car in the presence of children, for all Kansans respondents. This is true for non-smokers as a group, and for smokers as a group. This is the case even in the presence of several other significant influences on this ETS child protective attitude.

- Multivariate analysis shows that residence in Kansas has a positive effect, even in the presence of other significant influences, on disagreeing that adults should be able to smoke in the home or in the car in the presence of children.

- Among smokers only, multivariate analysis shows that there is no difference between Kansans and non-Kansans on disagreement that adults should be able to smoke in the home or in the car in the presence of children.
The Effect of ETS Child Protective Attitudes on ETS Child Protective Smoking Behaviors

- Multivariate analysis shows that among Kansas smokers, always going outside to smoke is more frequent when one disagrees that adults should be able to smoke in a car when a child is present (TIO campaign targeted attitude), even in the presence of all factors in the equation.

- Multivariate analysis shows that among Kansas smokers with someone else living in the home, those who disagree that one should be able to smoke in homes when a child is present (TIO campaign targeted attitude) are more likely to take the ETS protective smoking behavior of going outside to smoke due to concern for a child even in the presence of all other factors in the equation.

- Even in the multivariate analysis the anomalous finding that among those with someone else living in the home non-Kansans more frequently indicate going outside to smoke due to a concern for a child’s health holds. 68.3% of the non-Kansas smokers answered in the affirmative, compared to 58.3% of Kansan smokers. This is the only item in which non-Kansans’ behavior was more ETS protective than Kansans.

- Multivariate analysis shows that among Kansas smokers, those who disagree that adults should be able to smoke in a car (TIO campaign targeted attitude) in the presence of a child tend to have rules against smoking inside.

- Multivariate analysis shows that Kansas smokers who have someone else living in the home are more likely to have rules against smoking in the home than non-Kansas smokers who have someone else living in the home.

- Multivariate analysis shows that among Kansas smokers, those who disagree that adults should be able to smoke in the car (TIO campaign targeted attitude) in the presence of a child tend to not smoke when someone else is present in the car.

- While the last three mentioned findings are not specifically predicted outcomes of the TIO campaign, the campaign may have had some influence in on these behaviors.

Knowledge and Perceptions about the Kansas Health Foundation

- 49.21% of the adult Kansas population is aware of the Kansas Health Foundation, and attitudes about the foundation are very favorable.
Introduction

The Kansas Health Foundation awarded a grant to the Docking Institute of Public Affairs to fund the Institute’s evaluation study of the Foundation’s “Let’s Take it Outside” environmental tobacco smoking exposure reduction campaign. The campaign was particularly targeted toward reducing children’s exposure to adult second-hand smoke. The “Let’s Take it Outside” (TIO) campaign began in 1997, and was re-deployed in 2000 and in 2004.

The primary goal of the evaluation study was to assess the impact of the KHF “Let’s Take It Outside” media campaign on Kansans’ attitudes and behaviors. A secondary goal was to assess awareness and perceptions of the Kansas Health Foundation among Kansans.

Particular research objectives necessary to achieve these goals include:

- Examine recall of the TIO the campaign among Kansans,
- Assess the impact of the messages of the campaign by
  - comparing Kansans’ attitudes and behaviors to adults in surrounding states, where a media campaign was not introduced
  - analyzing differences in attitudes and behaviors among Kansans who recall the campaign versus those who do not,
- Collect socio-demographic characteristics of all respondents, and examine socio-demographic correlates of campaign awareness, attitudes and behaviors,
- Assess awareness and attitudes toward the Kansas Health Foundation among adult Kansans.
Methods

The Docking Institute of Public Affairs at Fort Hays State University conducted a statewide telephone survey of adult Kansans, Missourians, and Oklahomans from June 2006 through February 2007\(^1\). A quota sampling method was used to achieve close to a 50:50 split between Kansans and non-Kansans in the final sample. A total of 3,631 randomly selected adult Kansans were contacted with 2,072 interviews completed, resulting in a cooperation rate of 57%. A total of 4,448 randomly selected adult non-Kansans were contacted with 2006 interviews completed, resulting in a cooperation rate of 45%. Within randomly selected households, adults with the most recent birthday were selected to ensure random selection of respondents within each household. At a 95% confidence level, the margin of error for the full Kansas sample of 2,072 is 2.2%, assuming no response bias, and the margin of error for the full non-Kansas sample is also 2.2%.

A target sub-population of the campaign was smokers. Totals of 297 Kansas respondents and 376 non-Kansas respondents from the respective full samples were identified as current smokers. At a 95% confidence level, the margin of error for the full set of Kansas smokers is 5.7% and 5.1% for all non-Kansas smokers.

The Docking Institute designed an evaluation instrument to measure campaign awareness, environmental tobacco smoking (ETS) attitudes, and ETS behaviors among both Kansans and the comparison group of non-Kansans in order to detect any influence that the TIO campaign may have contributed to ETS attitudes and behaviors. Drafts of the instrument were submitted to the Foundation for feedback, leading to the final draft included as Appendix 4 to this report.

\(^1\) When surveying in Missouri and Oklahoma, residents residing in counties that border Kansas were excluded, as the latter are likely to have had some exposure to the “Let’s Take It Outside” campaign through various media messages that can ‘drift’ over state boundaries (e.g. television and radio signals).
Conducting a quasi-experimental evaluation design post hoc is not ideal. Findings of such a study are limited by a lack of baseline or inter-current readings of dependent variables of interest. Instead the design heavily relies on comparison between the campaign exposed group to the comparison group and, within the exposed group, comparisons of attitude and behavior levels by respondent-recalled exposure to the campaign. Without baseline or inter-current data, it is impossible to determine how much movement on attitudes and behavior may have occurred either within the exposed group or in the comparison group, something that could be very indicative of social change contributed by the campaign. Nevertheless, post hoc analyses can illuminate potential contributions of the campaign, albeit with less certainty.

Institute researchers adopted a theoretical framework, based on “Steps to Behavior Change” by Piotrow et al. (1). For purposes of the TIO Campaign, this conceptual framework would posit that campaign awareness influences attitudes regarding ETS exposure, and ETS attitudes in turn influence ETS behavior.

Figure 1.
Validation of Current Sample and Comparison with Historical Data

Prevalence of current smoking

Table 1.

<table>
<thead>
<tr>
<th>Smoking status</th>
<th>TIO survey</th>
<th>KS BRFSS</th>
<th>KS BRFSS</th>
<th>TIO survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>current smoker</td>
<td>14.33%</td>
<td>17.88%</td>
<td>23%</td>
<td>16.43%</td>
</tr>
<tr>
<td>non-smoker</td>
<td>85.67%</td>
<td>82.12%</td>
<td>77%</td>
<td>83.57%</td>
</tr>
</tbody>
</table>

The current survey found a 14.33% incidence of current smoking in Kansas. The Kansas Department of Health and Environment (KDHE) BRFSS 2005 survey found a weighted incidence of 17.88%, with confidence limits of 16.7% - 18.9%, but an unweighted frequency of 15.55%. This difference between the unweighted BRFSS sample and the current study is well within the current sample’s margin of error of 2.2%, adding confidence that our sample is representative of adult Kansans. This is a significant improvement to 1998, when the KS BRFSS data showed a 23% smoking prevalence.

The drop in incidence of smoking in Kansas since 1998 (23% to current 17.88%, using BRFSS data) reflects a clear change in the cultural climate regarding smoking in the last eight years. The TIO campaign has likely contributed to this cultural climate change, as demonstrated with this study’s survey results.

Smoking profile
Fewer Kansans (40.6%) have ever smoked 100 cigarettes in their lifetime as compared to non-Kansans (44.2%), and a larger percentage of former smokers in Kansas have quit smoking as compared to non-Kansans. Of those who had ever smoked more than 100 cigarettes in their lifetime, 35.2% in Kansas are still smoking, but 42.0% of those in the comparison group are still smoking. (See Appendix 1.)

**Prevalence of adult non-smokers passively exposed to smoke**

In 1995 the Kansas Department of Health and Environment (KDHE) BRFSS study reported that 33% of all Kansas households had at least one current smoker in the home. The current survey shows that this has dropped to 23.4%. Comparatively, 26.9% of the non-Kansan sample has at least one current smoker in the home, and this difference between Kansans and non-Kansans is statistically significant at a more than 95% level of confidence. (See Appendix 1.)

There are no historical questions in the BRFSS survey regarding passive smoke exposure for children which can serve as baseline data for the current survey. Indeed, Institute researchers were unable to find any source of historical data on a state level which pertains to the level of smoking around children.

**Environmental Tobacco Smoke and “Take it Outside” Ad Awareness**

*Univariate and Bivariate findings*

There is a statistically significant difference between Kansans and the comparison group in recall of ads asking adults not to smoke around children, at more than a 95% confidence level (q35 – In the past 10 years, do you remember any TV, radio, newspaper or billboard ads asking adults not to smoke around children). A total of 64.3% of Kansans remember such an ad, but only 52.7% of non-Kansans remember such an ad. Among smokers only, there is a statistically significant
difference on this item (q35) as well, but at a 90% confidence level, with 72.9% of Kansans smokers remembering such an ad and 65.8% of non-Kansans remembering such an ad. The level of significance for non-smokers may be affected by the lower number of respondents in this category. (See full bivariate findings reported in Appendix 1)

Among all Kansan respondents, 47.3% recall the TIO campaign. Recall rates for Kansas smokers and non-smokers were not statistically significantly different. As shown in Table 2, of those who did recall the campaign ads, the most frequently recalled media source was TV (87%), followed by billboards (53.3%), radio (40.5%), and newspaper (39.2%).

Table 2.

<table>
<thead>
<tr>
<th>Mode of media delivery recalled</th>
<th>Percent 'Yes'</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q37a Did you recall seeing or hearing those ads on TV?</td>
<td>87.01%</td>
</tr>
<tr>
<td>Q37b Did you recall seeing or hearing those ads on the radio?</td>
<td>40.54%</td>
</tr>
<tr>
<td>Q37c Did you recall seeing or hearing those ads in the newspaper?</td>
<td>39.21%</td>
</tr>
<tr>
<td>Q37d Did you recall seeing or hearing those ads on a billboard?</td>
<td>53.25%</td>
</tr>
</tbody>
</table>

Most Kansans found the ads to be convincing. A total of 83.9% of Kansans who were aware of the campaign found the ads very convincing (29.1%) or somewhat convincing (54.8%).

Table 3.

<table>
<thead>
<tr>
<th>Q38 How convincing were these ads asking not to smoke around children?</th>
<th>n=1386</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very convincing</td>
<td>29.08%</td>
<td></td>
</tr>
<tr>
<td>Somewhat convincing</td>
<td>54.83%</td>
<td></td>
</tr>
<tr>
<td>Not at all convincing</td>
<td>16.09%</td>
<td></td>
</tr>
</tbody>
</table>
Looking at the ads by type of media delivery reveals that most respondents felt that the TV ads were the most convincing.

Table 4.

<table>
<thead>
<tr>
<th>Was the ad convincing, by media type</th>
<th>Percent ‘Yes’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q38a_1 Were the television ads convincing?</td>
<td>79.10%</td>
</tr>
<tr>
<td>Q38a_2 How about the radio ads?</td>
<td>32.00%</td>
</tr>
<tr>
<td>Q38a_3 The newspaper ads?</td>
<td>30.50%</td>
</tr>
<tr>
<td>Q38a_4 The billboard ads?</td>
<td>39.60%</td>
</tr>
</tbody>
</table>

Ninety-one percent of those aware of the TIO campaign felt that it gave good reasons not to smoke around children. Twenty-two percent of those aware of the campaign talked to friends about the ads.

**Multivariate Findings**

The first hypothesis to test using the multivariate analysis is whether environmental tobacco smoking (ETS) campaign ad recall is significantly higher among Kansans than among non-Kansans.

**Hypothesis 1a: ETS Ad awareness will be higher among Kansans than among the comparison group.**

**Hypothesis 1b. ETS Ad awareness will be higher among Kansas smokers than among comparison group smokers.**

In comparing Kansans to non-Kansans, ETS campaign awareness, Table 5 shows that using multivariate linear regression, state residence does predict awareness of having seen an ad asking adults not to smoke around children, even in the presence of other statistically significant correlates. Kansans are more likely to have indicated recall of such an ad than non-Kansans, and the relative effect of this influence on probability of recall is slightly greater for residence (β
than for extent of newspaper reading (β = .06) and hours of TV watched (β = .05). Table 5 also shows that among smokers only, having more people in the household (β = .15) and the older the respondent (β = .17), the more likely one is to recall any ads asking adults not to smoke around children. **Hypothesis 1a, that ETS ad awareness will be higher among Kansans than among the comparison group, is supported among all respondents. Hypothesis 1b, that ETS ad awareness will be higher among Kansas smokers than among comparison group smokers, is not supported.** Among both all respondents and among smokers only the adjusted R² values for the two equations, .011 (1.1%) and .021 (2.1%), respectively, show that the array of factors in the two equations leave much variation in the dependent variable to explain. That is very small amounts of variation in ETS ad awareness is accounted for using the equation factors listed.
Table 5.

<table>
<thead>
<tr>
<th>Factors associated with recalling any ads asking adults NOT to smoke around children in the past ten years; multiple linear regression a.b.</th>
<th>Adj R²</th>
<th>β</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Kansans and Non-Kansans</td>
<td>0.011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kansas resident</td>
<td></td>
<td>0.08</td>
<td>0.086</td>
</tr>
<tr>
<td>Higher newspaper reading</td>
<td></td>
<td>0.06</td>
<td>0.029</td>
</tr>
<tr>
<td>Higher TV viewing frequency</td>
<td></td>
<td>0.05</td>
<td>0.01</td>
</tr>
<tr>
<td>Kansas and Non-Kansas Smokers</td>
<td>0.021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher no. of people in household</td>
<td></td>
<td>0.15</td>
<td>0.04</td>
</tr>
<tr>
<td>Older</td>
<td></td>
<td>0.17</td>
<td>0.005</td>
</tr>
</tbody>
</table>

a. Direction of association expressed in the factor label
b. All associations are significant at 95% confidence level or better (p<=.05), unless otherwise indicated
* Significant 90% to 94% confidence level (p=.06 to.10)

List of factors in equations
- Kansas or non-Kansas resident
- Hours per day watching TV
- Hours per day listening to radio
- How often reads newspaper
- Family income
- Education level
- No. of people in household
- Age
- Gender
Table 6 shows factors influencing TIO ad recall among all Kansans and Kansans who smoke. Among all Kansans the more one reads newspapers ($\beta = .08$), the more one is likely to recall a TIO ad. The effect is somewhat stronger than being more highly educated ($\beta = .05$) and spending more time listening to the radio ($\beta = .04$). Yet, the overall variation in TIO recall explained by the array of factors in the equation is very low, at less than 1% (Adj. R$^2 = .008$), indicating that there are many other unmeasured factors that influence TIO ad recall. Among Kansas smokers, the only significant factor in influencing TIO recall is being female.

Table 6.

| Factors associated with recalling TIO ad(s); multiple linear regression a,b. |
|-----------------------------|-----------------------------|-----------------------------|
|                             | Adj R$^2$ | $\beta$ | b               |
| All Kansans                 | 0.008     | 0.08    | 0.042           |
| Higher newspaper reading    |           |         |                 |
| Higher formal education     |           | 0.05    | 0.017           |
| More time spent listening radio* |         | 0.04    | 0.007           |
| Kansas Smokers              | 0.021     | 0.22    | 0.005           |
| Female                      |           |         |                 |

- a. Direction of association expressed in the factor label
- b. All associations are significant at 95% confidence level or better ($p<=.05$), unless otherwise indicated
- * Significant 90% to 94% confidence level ($p=.06$ to .10)

List of factors in equations

- Hours per day watching TV
- Hours per day listening to radio
- How often reads newspaper
- Family income
- Education level
- No. of people in household
- Age
- Gender
Environmental Tobacco Smoke (ETS) Child Protective Attitudes

Univariate and Bivariate findings

Attitudes toward ETS exposure were measured using multiple items. We devised an attitude index to capture the overall attitude about ETS exposure, and this attitude index included items q43a, b, c, e, f and g (see Appendix 4). Cronbach’s alpha coefficient for this index (a measure of reliability and consistency of the index) was high (.843). In both bivariate (see Appendices 1 and 2) and multivariate analyses (not shown), ad awareness was associated with ETS attitude index and ETS behavior. However, two attitude items were specifically designed to capture TIO targeted attitudes towards children:

(q43e) Smokers should be able to smoke in their own homes when children are present
(q43g) Smokers should be able to smoke in their own cars when children are present.

Table 7.

<table>
<thead>
<tr>
<th>Q43e Smokers should be able to smoke in their own homes when children are present.</th>
<th>Aware of TIO ad</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas smokers only who have more than 1 person in household</td>
<td>Yes (n=113)</td>
<td>No (n=107)</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>1.77</td>
<td>9.35</td>
</tr>
<tr>
<td>Agree</td>
<td>37.17</td>
<td>45.79</td>
</tr>
<tr>
<td>Disagree</td>
<td>44.25</td>
<td>39.25</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>16.81</td>
<td>5.61</td>
</tr>
</tbody>
</table>

Table 8.

<table>
<thead>
<tr>
<th>Q43g Smokers should be able to smoke in their own cars when children are present</th>
<th>Aware of TIO ad</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas smokers only who have more than 1 person in household</td>
<td>Yes (n=114)</td>
<td>No (n=105)</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>1.75</td>
<td>5.71</td>
</tr>
<tr>
<td>Agree</td>
<td>32.46</td>
<td>45.71</td>
</tr>
<tr>
<td>Disagree</td>
<td>46.49</td>
<td>41.90</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>19.30</td>
<td>6.67</td>
</tr>
</tbody>
</table>
Table 9.

<table>
<thead>
<tr>
<th>TIO Awareness by ETS Child Protective Attitude</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q43e Smokers should be able to smoke in their own homes when children are present.</td>
<td>Gamma = .356**</td>
</tr>
<tr>
<td>Q43g Smokers should be able to smoke in their own cars when children are present</td>
<td>Gamma = .362**</td>
</tr>
</tbody>
</table>

** Statistically significant at the 95% level

Among all respondents, Kansans’ attitudes towards ETS exposure are significantly more negative compared to non-Kansans. (Tables 7, 8, 9) This was true for the attitudes index, and for both of the items (q43e, q43g) regarding ETS exposure to children. (See Appendix 1 for full bivariate results.) In looking at smokers only, the attitudes of Kansans and non-Kansans do not differ in a statistically significant way on any of the attitude items measured. (See Appendix 2 for full bivariate results among smokers.)

However, Kansas smokers who can recall the TIO campaign are more likely than Kansas smokers who cannot recall the campaign to have attitudes against ETS exposure to others, and to children specifically, at a more than 95% confidence level. (Appendix 2)

Knowledge regarding the dangers of ETS exposure
Unlike ETS attitudes and behaviors, knowledge about the dangers of ETS exposure was not a primary campaign target as was attitude and behavior. However, knowledge about the ill health effects is strongly correlated with ETS attitude. Thus, we feel that assessment of this knowledge represents a necessary control to measure the independent effect of the TIO campaign on attitudes regarding ETS exposure. We devised a knowledge index regarding various aspects of awareness in the dangers of exposure to environmental tobacco smoke from survey items q42a, b, c, d and e (see appendix 2). The Cronbach’s alpha coefficient for these 5 items was very high (.930), with high inter-item reliability.
The knowledge index for all Kansans, whether aware of the TIO campaign or not, is significantly better than for the comparison group. (See Appendix 1.) When looking at smokers only, also aware of the TIO campaign or not, there is no statistically significant difference between Kansans and non-Kansans. (See Appendix 2.)

**Multivariate Findings**

**Hypothesis 2a:** Among all Kansans, TIO ad awareness will independently increase ETS child protective attitude.  
**Hypothesis 2b:** Among Kansas smokers, TIO ad awareness will independently increase ETS child protective attitude.

Table 10 shows the factors associated with disagreeing that adults should be able to smoke *in the home* in the presence of children. Kansans are more likely than non-Kansans to disagree that such smoking is acceptable, and the TIO campaign may have contributed to this difference. Residence has an effect even in the presence of other significant influences on disagreeing that adults should be able to smoke in the home in the presence of children. Knowledge about the ill health effects of environmental tobacco smoke on both children and adults is always and by far the strongest correlate of ETS attitude. This is consistent with established public health evidence-based theoretical models that suggest one’s knowledge leads to attitude. However, among smokers only, Table 10 does not find a difference between Kansans and non-Kansans on disagreement that adults should be able to smoke in the home in the presence of children.

Table 11 shows the factors associated with disagreeing that adults should be able to smoke *in the car* in the presence of children. Kansans are more likely than non-Kansans to disagree that such smoking is acceptable, and the TIO campaign may have contributed to this difference. As with ETS child protective attitude regarding smoking in the home, residence of respondent has an effect even in the presence of other significant influences on disagreement that adults should be able to smoke in the car in the presence of children. However, like the attitude toward smoking around children in the home, among smokers only, Table 11 does not find a difference between Kansans and non-Kansans on disagreement that adults should be able to smoke in the car in the presence of children.
### Table 10.

Factors associated with disagreeing that adults should be able to smoke in the home in the presence of a child; multiple linear regression a,b.

<table>
<thead>
<tr>
<th></th>
<th>Adj R²</th>
<th>ß</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Kansans and Non-Kansans</td>
<td>0.221</td>
<td>0.05</td>
<td>0.07</td>
</tr>
<tr>
<td>Kansas resident</td>
<td></td>
<td>0.04</td>
<td>0.012</td>
</tr>
<tr>
<td>More knowledgeable ETS hlth effect</td>
<td>0.42</td>
<td>0.112</td>
<td></td>
</tr>
<tr>
<td>Higher income*</td>
<td></td>
<td>0.04</td>
<td>0.02</td>
</tr>
<tr>
<td>Higher no. people in household*</td>
<td>0.04</td>
<td>0.133</td>
<td></td>
</tr>
<tr>
<td>When &lt;18 got away from cig smoke</td>
<td>0.09</td>
<td>0.002</td>
<td></td>
</tr>
<tr>
<td>Older</td>
<td></td>
<td>0.09</td>
<td>0.127</td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td>0.09</td>
<td>0.127</td>
</tr>
<tr>
<td>Kansas and Non-Kansas Smokers</td>
<td>0.156</td>
<td>0.38</td>
<td>0.098</td>
</tr>
<tr>
<td>More knowledgeable ETS hlth effect</td>
<td>0.15</td>
<td>0.274</td>
<td></td>
</tr>
<tr>
<td>When &lt;18 got away from cig smoke</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Direction of association expressed in the factor label  
b. All associations are significant at 95% confidence level or better (p<=.05), unless otherwise indicated  
* Significant 90% to 94% confidence level (p=.06 to.10)

**List of factors in equations**

- Kansas or non-Kansas resident  
- Within last 10 years recall ads asking adults NOT to smoke around children  
- Knowledge INDEX score: knowledgable about ill health effects of second-hand smoke  
- Family income  
- Education level  
- No. of people in household  
- When younger than 18, removed oneself from parent cigarette smoke  
- Age  
- Gender
Table 11.

Factors associated with disagreeing that adults should be able to smoke in the car in the presence of a child; multiple linear regression a,b.

<table>
<thead>
<tr>
<th></th>
<th>Adj R²</th>
<th>β</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Kansans and Non-Kansans</td>
<td>0.256</td>
<td>0.06</td>
<td>0.08</td>
</tr>
<tr>
<td>Kansas resident</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More knowledgable ETS hlth effect</td>
<td>0.44</td>
<td>0.117</td>
<td></td>
</tr>
<tr>
<td>Higher no. people in household*</td>
<td>0.03</td>
<td>0.017</td>
<td></td>
</tr>
<tr>
<td>When &lt;18 got away from cig smoke</td>
<td>0.11</td>
<td>0.155</td>
<td></td>
</tr>
<tr>
<td>Older</td>
<td>0.09</td>
<td>0.004</td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>0.09</td>
<td>0.133</td>
<td></td>
</tr>
<tr>
<td>Kansas and Non-Kansas Smokers</td>
<td>0.187</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More knowledgable ETS hlth effect</td>
<td>0.41</td>
<td>0.104</td>
<td></td>
</tr>
<tr>
<td>Child living at home</td>
<td>0.14</td>
<td>0.214</td>
<td></td>
</tr>
<tr>
<td>Higher no. people in household</td>
<td>0.14</td>
<td>0.067</td>
<td></td>
</tr>
<tr>
<td>When &lt;18 got away from cig smoke</td>
<td>0.19</td>
<td>0.34</td>
<td></td>
</tr>
<tr>
<td>Older</td>
<td>0.18</td>
<td>0.009</td>
<td></td>
</tr>
</tbody>
</table>

a. Direction of association expressed in the factor label
b. All associations are significant at 95% confidence level or better (p<=.05), unless otherwise indicated
   * Significant 90% to 94% confidence level (p=.06 to.10)

List of factors in equations

- Kansas or non-Kansas resident
- Within last 10 years recall ads asking adults NOT to smoke around children
- Knowledge INDEX score: knowledgable about ill health effects of second-hand smoke
- Family income
- Education level
- No. of people in household
- When younger than 18, removed oneself from parent cigarette smoke
- Age
- Gender
Turning to Kansans only in order to assess hypotheses H2a and H2b, Table 12 shows that recalling a TIO ad enhances one’s disagreement that adults should be able to smoke in the home in the presence of children. This is the case even in the presence of several other significant influences on this ETS child protective attitude. In addition, its relative influence is strong ($\beta=0.09$) compared to the other factors (with the exception of the always predominate influence of being knowledgeable about the ill health effects of ETS). The array of factors in the equation explains about 25% of the variation in this attitude among all Kansans. Table 12 also shows results from among Kansas smokers only. Among this campaign target group, recalling a TIO ad enhances one’s disagreement that adults should be able to smoke in the home in the presence of children, even in the presence of other significant influences on this ETS child protective attitude. The array of factors in the equation explains about 24% of the variation in this attitude among Kansas smokers.

Table 13 shows that recalling a TIO ad enhances one’s disagreement that adults should be able to smoke in a car in the presence of children. This is the case even in the presence of several other significant influences on this ETS child protective attitude. Table 13 also shows results from among Kansas smokers only. Among this campaign target group, recalling a TIO ad enhances one’s disagreement that adults should be able to smoke in the car in the presence of children, even in the presence of other significant influences on this ETS child protective attitude.

*Hypothesis H2a, among all Kansans, TIO ad awareness will independently increase ETS child protective attitude, is supported. Hypothesis H2b, among Kansas smokers, TIO ad awareness will independently increase ETS child protective attitude, is supported.*
Table 12.

Kansans: Factors associated with disagreeing that adults should be able to smoke in the home in the presence of a child; multiple linear regression a,b.

<table>
<thead>
<tr>
<th></th>
<th>Adj R²</th>
<th>ß</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware TIO ad(s)</td>
<td>0.09</td>
<td>0.136</td>
<td></td>
</tr>
<tr>
<td>More knowledgable ETS hlth effect</td>
<td>0.44</td>
<td>0.119</td>
<td></td>
</tr>
<tr>
<td>Higher no. people in household</td>
<td>0.06</td>
<td>0.028</td>
<td></td>
</tr>
<tr>
<td>When &lt;18 got away from cig smoke</td>
<td>0.08</td>
<td>0.117</td>
<td></td>
</tr>
<tr>
<td>Older</td>
<td>0.06</td>
<td>0.003</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>0.09</td>
<td>0.127</td>
<td></td>
</tr>
<tr>
<td>Kansas Smokers</td>
<td>0.241</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware TIO ad(s)*</td>
<td>0.12</td>
<td>0.19</td>
<td></td>
</tr>
<tr>
<td>More knowledgable ETS hlth effect</td>
<td>0.5</td>
<td>0.134</td>
<td></td>
</tr>
<tr>
<td>Higher no. people in household</td>
<td>0.21</td>
<td>0.098</td>
<td></td>
</tr>
<tr>
<td>Older</td>
<td>0.19</td>
<td>0.01</td>
<td></td>
</tr>
</tbody>
</table>

a. Direction of association expressed in the factor label
b. All associations are significant at 95% confidence level or better (p<=.05), unless otherwise indicated
* Significant 90% to 94% confidence level (p=0.06 to.10)

List of factors in equations

Recall TIO ad(s)
Knowledge INDEX score: knowledgable about ill health effects of second-hand smoke
Family income
Education level
No. of people in household
When younger than 18, removed oneself from parent cigarette smoke
Age
Gender
Table 13. Kansans: Factors associated with disagreeing that adults should be able to smoke in the car in the presence of a child; multiple linear regression a,b.

<table>
<thead>
<tr>
<th></th>
<th>Adj R²</th>
<th>ß</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kansans</strong></td>
<td>0.291</td>
<td>0.07</td>
<td>0.101</td>
</tr>
<tr>
<td>Aware TIO ad(s)</td>
<td></td>
<td>0.07</td>
<td>0.101</td>
</tr>
<tr>
<td>More knowledgable ETS hlth effect</td>
<td>0.47</td>
<td>0.124</td>
<td></td>
</tr>
<tr>
<td>When &lt;18 got away from cig smoke</td>
<td>0.1</td>
<td>0.143</td>
<td></td>
</tr>
<tr>
<td>Older</td>
<td>0.08</td>
<td>0.003</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>0.11</td>
<td>0.158</td>
<td></td>
</tr>
<tr>
<td><strong>Kansas Smokers</strong></td>
<td>0.248</td>
<td>0.13</td>
<td>0.201</td>
</tr>
<tr>
<td>Aware TIO ad(s)*</td>
<td></td>
<td>0.13</td>
<td>0.201</td>
</tr>
<tr>
<td>More knowledgable ETS hlth effect</td>
<td>0.46</td>
<td>0.123</td>
<td></td>
</tr>
<tr>
<td>Higher no. people in household</td>
<td>0.27</td>
<td>0.127</td>
<td></td>
</tr>
<tr>
<td>Older</td>
<td>0.26</td>
<td>0.013</td>
<td></td>
</tr>
</tbody>
</table>

a. Direction of association expressed in the factor label
b. All associations are significant at 95% confidence level or better (p<=.05), unless otherwise indicated
* Significant 90% to 94% confidence level (p=.06 to.10)

List of factors in equations

- Recall TIO ad(s)
- Knowledge INDEX score: knowledgable about ill health effects of second-hand smoke
- Family income
- Education level
- No. of people in household
- When younger than 18, removed oneself from parent cigarette smoke
- Age
- Gender
The Effect of ETS Child Protective Attitudes on ETS Child Protective Smoking Behaviors

Univariate and bivariate findings

All respondents, regardless of smoking status, were asked about smoking rules in the home (q20), and the number of smokers who go outside to smoke (smokgo). Among all respondents, including both current smokers and non-smokers, Kansans outperformed the comparison group in a statistically significant manner.

Table 14.

<table>
<thead>
<tr>
<th>Q20 The rules about smoking in your home – all respondents</th>
<th>percent Kansans</th>
<th>percent non-Kansans</th>
</tr>
</thead>
<tbody>
<tr>
<td>No one is allowed to smoke anywhere</td>
<td>77.27</td>
<td>73.10</td>
</tr>
<tr>
<td>Smoking is allowed in some places or at some times</td>
<td>13.00</td>
<td>13.15</td>
</tr>
<tr>
<td>Smoking is permitted anywhere</td>
<td>9.73</td>
<td>13.75</td>
</tr>
</tbody>
</table>

When these same items (q20 and smokgo) were posed to smokers only, Kansans performed better than non-Kansans, again in a statistically significant fashion. (See Appendix 2.)

Kansas and non-Kansas smokers were asked more questions about their smoking behaviors around others. The Kansan smokers who have more than one person in the household can be considered the primary target population of the TIO campaign, and the smoking behaviors around children are the target behaviors. Kansan smokers do in fact outperform the comparison group smokers in these targeted behaviors. Kansan smokers who have more than one person in the
household reported a statistically significant higher incidence of going outside to smoke if children were present (q16), of
not smoking in the home (q9), and of not smoking in the car when someone else is present (q10), compared to the
comparison group smokers with more than one person in the household. (See Appendix 2.)

Among smokers living in households of more than one person, 68.3% of non-Kansas smokers indicate that they go
outside to smoke due to concern for a child’s health (q19_2), compared to only 58.3% of Kansan smokers. We can only
speculate on the reasons for this anomaly. Perhaps, compared to non-Kansans, Kansans tend to go outside to smoke in
order to protect behaviors of others co-present, regardless of age. This is supported by findings in Tables 17 and 18
below. About 43% of Kansan smokers compared to 33% of non-Kansan smokers said they went outside to smoke for a
reason other than: being requested to by another person, because of concern for a child’s health, or because of an ad
(q19 series of questions). (See Appendix 2.)

**Multivariate Findings**

**Hypothesis 3. Among Kansas smokers, the greater the ETS child protective attitude, the greater will be ETS child
protective smoking behavior independent of other factors.**

Multiple ETS protective smoking behavioral items were administered to smokers only. Two of these items were pertinent
to ETS *child* protective smoking behavior in particular, while four other items measured protective smoking behavior
irrespective of age group to be protected. In two of these non age-specific protective smoking behavior items (going
outside to smoke at your home and numbers of smoking adults in the home who go outside to smoke) no differences
were found among Kansas smokers by ETS child protective attitude (TIO campaign targeted attitude). Results for these
two non age-specific protective behavior items are not shown.
Each table displaying multivariate results on the ETS behavioral items reports results of separate equations for 1) Kansas and non-Kansas smokers and 2) Kansas smokers alone. Though Hypothesis 3 pertains to Kansas smokers only, when differences in results exist between Kansans and non-Kansans, it is reasonable to conclude that the TIO campaign may have contributed to the difference. The focus of the analyses will be on results among Kansas smokers.

Turning first to the ETS child protective smoking behavioral items, Table 15 shows no difference in going outside to smoke between Kansas and non-Kansas smokers. Among Kansas smokers, always going outside to smoke is more frequent when one disagrees that adults should be able to smoke in a car when a child is present (TIO campaign targeted attitude), even in the presence of all factors in the equation. Indeed, this attitudinal item is the only factor having a statistically significant effect on going outside to smoke among Kansas smokers. This finding supports to Hypothesis 3.
Table 15.

<table>
<thead>
<tr>
<th>Factors associated with always going outside to smoke when child is present among smokers; multiple linear regression</th>
<th>( \text{Adj R}^2 )</th>
<th>( \beta )</th>
<th>( b )</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Kansans and Non-Kansans Smokers</td>
<td>0.138</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree should be able to smoke in home when child present</td>
<td></td>
<td>0.28</td>
<td>0.183</td>
</tr>
<tr>
<td>Disagree should be able to smoke in car when child present</td>
<td></td>
<td>0.13</td>
<td>0.089</td>
</tr>
<tr>
<td>Kansas Smokers</td>
<td>0.055</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree should be able to smoke in home when child present</td>
<td></td>
<td>0.23</td>
<td>0.149</td>
</tr>
</tbody>
</table>

a. Direction of association expressed in the factor label
b. All associations are significant at 95% confidence level or better (\( p<.05 \)), unless otherwise indicated
* Significant 90% to 94% confidence level (\( p=.06 \) to .10)

List of factors in equations
- Kansas or non-Kansas resident
- Children < 18 living in home
- Within last 10 years recall ads asking adults NOT to smoke around children [among Kansans and Non-Kansans]; Recall TIO ad(s) [among Kansans only]
- Agreement-disagreement that smokers should be able to smoke in own homes when child present
- Agreement-disagreement that smokers should be able to smoke in own car when child present
- Family income
- Education level
- No. of people in household
- Age
- Gender

Table 16 displays the significant influences on another ETS *child* protective smoking behavior, going outside to smoke due to concern for a child’s health. It is interesting to note that there is a significant difference between Kansas and non-Kansas smokers on this protective behavior, with *non-Kansan* being more likely to engage in the behavior than non-Kansans (\( B=.11 \)). This is consistent with the bivariate findings, in which this anomaly among the general pattern of
findings was first reported above. In terms of the particular results useful to for testing Hypothesis 3, among Kansas smokers those who disagree that one should be able to smoke in homes when a child is present (TIO campaign targeted attitude) are more likely to take the ETS protective smoking behavior of going outside to smoke due to concern for a child even in the presence of all other factors in the equation. This finding supports Hypothesis 3.

_Hypothesis 3, among Kansas smokers, the greater the ETS child protective attitude, the greater will be ETS child protective smoking behavior independent of other factors, is supported._
Table 16.
Factors associated with having gone outside to smoke due to concern for a child's health among smokers with someone else living at home; multiple linear regression a,b.

<table>
<thead>
<tr>
<th></th>
<th>Adj R²</th>
<th>ßb</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Kansans and Non-Kansans Smokers</td>
<td>0.086</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Kansas resident</td>
<td>0.12</td>
<td>0.115</td>
<td></td>
</tr>
<tr>
<td>Child living at home</td>
<td>0.17</td>
<td>0.63</td>
<td></td>
</tr>
<tr>
<td>Disagree should be able to smoke in home when child present</td>
<td>0.32</td>
<td>0.2</td>
<td></td>
</tr>
<tr>
<td>Females*</td>
<td>0.09</td>
<td>0.089</td>
<td></td>
</tr>
<tr>
<td>Kansas Smokers</td>
<td>0.095</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child living at home</td>
<td>0.22</td>
<td>0.219</td>
<td></td>
</tr>
<tr>
<td>Disagree should be able to smoke in homes when child present</td>
<td>0.43</td>
<td>0.284</td>
<td></td>
</tr>
</tbody>
</table>

a. Direction of association expressed in the factor label
b. All associations are significant at 95% confidence level or better (p<=.05), unless otherwise indicated
* Significant 90% to 94% confidence level (p=.06 to.10)

List of factors in equations
- Kansas or non-Kansas resident
- Children < 18 living in home
- Within last 10 years recall ads asking adults NOT to smoke around children [among Kansans and Non-Kansans]; Recall TIO ad(s) [among Kansans only]
- Agreement-disagreement that smokers should be able to smoke in own homes when child present
- Agreement-disagreement that smokers should be able to smoke in own car when child present
- Family income
- Education level
- No. of people in household
- Age
- Gender
Though not limited to ETS child protective smoking behavior only (not age group specific), Table 17 shows that Kansas smokers who have someone else living in the home are more likely to have rules against smoking in the home than non-Kansas smokers who have someone else living in the home. Furthermore, among Kansas smokers, those who disagree that adults should be able to smoke in a car (TIO campaign targeted attitude) in the presence of a child tend to have rules against smoking inside, even in the presence of the other factors in the equation.

Table 18 shows that Kansans are more likely to not smoke in a car when someone else is present, even in the presence of other factors. Furthermore, among Kansas smokers, those who disagree that adults should be able to smoke in the car (TIO campaign targeted attitude) in the presence of a child tend to not smoke when someone else is present in the car.

Again, since the above two behavior items are not limited to ETS child protective smoking behavior, we are not interpreting the results as a TIO campaign success. However, they could very well be non campaign targeted behaviors that were influenced by the campaign.
Table 17.

Factors associated with having a rule against smoking in the home among smokers with someone else living at home; multiple linear regression a,b.

<table>
<thead>
<tr>
<th></th>
<th>Adj R²</th>
<th>β</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Kansans and Non-Kansans Smokers</td>
<td>0.127</td>
<td>0.08</td>
<td>0.082</td>
</tr>
<tr>
<td>Kansas resident*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child living at home</td>
<td>0.15</td>
<td>0.14</td>
<td></td>
</tr>
<tr>
<td>Disagree should be able to smoke in car when child present</td>
<td>0.2</td>
<td>0.128</td>
<td></td>
</tr>
<tr>
<td>Higher income</td>
<td>0.13</td>
<td>0.03</td>
<td></td>
</tr>
<tr>
<td>Higher formal education</td>
<td>0.11</td>
<td>0.041</td>
<td></td>
</tr>
<tr>
<td>Kansas Smokers</td>
<td>0.155</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child living at home*</td>
<td>0.15</td>
<td>0.149</td>
<td></td>
</tr>
<tr>
<td>Disagree should be able to smoke in car when child present</td>
<td>0.24</td>
<td>0.158</td>
<td></td>
</tr>
<tr>
<td>Higher income*</td>
<td>0.15</td>
<td>0.034</td>
<td></td>
</tr>
<tr>
<td>Younger*</td>
<td>0.14</td>
<td>0.005</td>
<td></td>
</tr>
<tr>
<td>Male*</td>
<td>0.14</td>
<td>0.137</td>
<td></td>
</tr>
</tbody>
</table>

a. Direction of association expressed in the factor label
b. All associations are significant at 95% confidence level or better (p<=.05), unless otherwise indicated
* Significant 90% to 94% confidence level (p=.06 to.10)

List of factors in equations

- Kansas or non-Kansas resident
- Children < 18 living in home
- Within last 10 years recall ads asking adults NOT to smoke around children [among Kansans and Non-Kansans]: Recall TIO ad(s) [among Kansans only]
- Agreement-disagreement that smokers should be able to smoke in own homes when child present
- Agreement-disagreement that smokers should be able to smoke in own car when child present
- Family income
- Education level
- No. of people in household
- Age
- Gender
Table 18.

Factors associated with not smoking in car when someone else is present among smokers with someone else living at home; multiple linear regression \(^{a,b}\).

<table>
<thead>
<tr>
<th>Factor</th>
<th>Adj R(^2)</th>
<th>(\beta)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Kansans and Non-Kansans Smokers</td>
<td>0.209</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kansas resident</td>
<td></td>
<td>0.09</td>
<td>0.302</td>
</tr>
<tr>
<td>Disagree should be able to smoke in home when child present</td>
<td></td>
<td>0.17</td>
<td>0.347</td>
</tr>
<tr>
<td>Disagree should be able to smoke in car when child present</td>
<td></td>
<td>0.27</td>
<td>0.593</td>
</tr>
<tr>
<td>Higher formal education</td>
<td></td>
<td>0.15</td>
<td>0.181</td>
</tr>
<tr>
<td>Older*</td>
<td></td>
<td>0.09</td>
<td>0.011</td>
</tr>
<tr>
<td>Kansas Smokers</td>
<td>0.246</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child living at home*</td>
<td></td>
<td>0.13</td>
<td>0.43</td>
</tr>
<tr>
<td>Disagree should be able to smoke in car when child present</td>
<td></td>
<td>0.5</td>
<td>1.088</td>
</tr>
<tr>
<td>Higher income</td>
<td></td>
<td>0.18</td>
<td>0.149</td>
</tr>
<tr>
<td>Younger*</td>
<td></td>
<td>0.16</td>
<td>0.02</td>
</tr>
</tbody>
</table>

\(^{a}\) Direction of association expressed in the factor label

\(^{b}\) All associations are significant at 95% confidence level or better (\(p<=.05\)), unless otherwise indicated

* Significant 90% to 94% confidence level (\(p=.06\) to .10)

List of factors in equations

- Kansas or non-Kansas resident
- Children < 18 living in home
- Within last 10 years recall ads asking adults NOT to smoke around children [among Kansans and Non-Kansans]; Recall TIO ad(s) [among Kansans only]
- Agreement-disagreement that smokers should be able to smoke in own homes when child present
- Agreement-disagreement that smokers should be able to smoke in own car when child present
- Family income
- Education level
- No. of people in household
- Age
- Gender
Non-Smokers’ ETS Advocacy Behavior

*Univariate and bivariate analysis*

As with attitudes and knowledge, an ETS advocacy index was devised from multiple items. For the advocacy index, the items included q23, q24, q25, q26, q29, and q43i. These items ask the respondent if they would ask others not to smoke in various situations. q29, “Have you ever asked a smoker not to smoke around children?” specifically addresses advocacy regarding behavior about TIO campaign target behavior. These items were examined both as an index, and as individual independent variables. These questions were addressed to non-smokers only.

The survey revealed no statistically significant difference in the advocacy activity of non-smokers in Kansas compared to non-Kansans. However, when Kansans were divided by awareness of the TIO ads, there were statistically significant differences in some advocacy behaviors, and most significantly, particularly in whether or not the respondent had asked a smoker not to smoke near children. Without baseline and inter-current campaign data, we are unable to assess how much the campaign affected this behavior, but from these findings we can reasonably conclude that there has been some contribution from the TIO campaign.

Table 19.

<table>
<thead>
<tr>
<th>Q29 Have you ever asked a smoker not to smoke near children?</th>
<th>Aware of TIO ads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansan non-smokers only</td>
<td></td>
</tr>
<tr>
<td>Yes (n=751)</td>
<td>No (n=837)</td>
</tr>
<tr>
<td>Yes</td>
<td>51.66%</td>
</tr>
<tr>
<td>No</td>
<td>48.34%</td>
</tr>
</tbody>
</table>
Table 20.

<table>
<thead>
<tr>
<th>Kansan non-smokers only</th>
<th>Aware of TIO ads</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (n=720)</td>
<td>No (n=816)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>83.33%</td>
<td>76.96%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>16.66%</td>
<td>23.04%</td>
<td></td>
</tr>
</tbody>
</table>

Table 21.

<table>
<thead>
<tr>
<th>Kansan non-smokers only</th>
<th>Aware of TIO ads</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (n=792)</td>
<td>No (n=883)</td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>16.54%</td>
<td>12.80%</td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>64.39%</td>
<td>64.32%</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>17.3%</td>
<td>21.18%</td>
<td></td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>1.76%</td>
<td>1.7%</td>
<td></td>
</tr>
</tbody>
</table>
Awareness of the Kansas Health Foundation

Right at half (49.2)% of the adult Kansas population is aware of the Kansas Health Foundation, and attitudes about the foundation are very favorable. Of those who are aware of the foundation, the vast majority (96.3%) find the foundation believable. About 93% feel that the KHF makes a difference in promoting the health of Kansans, and 89.2% see KHF as a leader on health issues in the state.

Table 22.

<table>
<thead>
<tr>
<th>Q44 Have you heard of the Kansas Health Foundation?</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>940</td>
<td>49.21%</td>
</tr>
<tr>
<td>No</td>
<td>970</td>
<td>50.79%</td>
</tr>
<tr>
<td>Total</td>
<td>1910</td>
<td></td>
</tr>
</tbody>
</table>

Table 23.

<table>
<thead>
<tr>
<th>Q45b The Kansas Health Foundation is believable.</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>97</td>
<td>12.34%</td>
</tr>
<tr>
<td>Agree</td>
<td>660</td>
<td>83.97%</td>
</tr>
<tr>
<td>Disagree</td>
<td>28</td>
<td>3.56%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>1</td>
<td>0.13%</td>
</tr>
<tr>
<td>Total</td>
<td>786</td>
<td></td>
</tr>
</tbody>
</table>
Table 24.

<table>
<thead>
<tr>
<th>Q45c Kansas Health Foundation makes a difference in promoting the health of Kansas.</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>82</td>
<td>10.73%</td>
</tr>
<tr>
<td>Agree</td>
<td>627</td>
<td>82.07%</td>
</tr>
<tr>
<td>Disagree</td>
<td>52</td>
<td>6.81%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>3</td>
<td>0.39%</td>
</tr>
<tr>
<td>Total</td>
<td>764</td>
<td></td>
</tr>
</tbody>
</table>

Table 25.

<table>
<thead>
<tr>
<th>Q45d Kansas Health Foundation is a leader on health issues.</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>74</td>
<td>10.57%</td>
</tr>
<tr>
<td>Agree</td>
<td>551</td>
<td>78.71%</td>
</tr>
<tr>
<td>Disagree</td>
<td>73</td>
<td>10.43%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>2</td>
<td>0.29%</td>
</tr>
<tr>
<td>Total</td>
<td>700</td>
<td></td>
</tr>
</tbody>
</table>
References


<table>
<thead>
<tr>
<th>Campaign Awareness</th>
<th>statistical test - Chi squared</th>
<th>KS %</th>
<th>OK/MO %</th>
</tr>
</thead>
<tbody>
<tr>
<td>q35 In the past 10 years, do you remember any ads asking adults NOT to smoke around children?</td>
<td></td>
<td>64.3%**</td>
<td>52.7%**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ETS Attitudes</th>
<th>statistical test - T-test for independent samples</th>
<th>KS mean</th>
<th>OK/MO mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes index (q43a, b, c, e, f, g)</td>
<td></td>
<td>18.559**</td>
<td>17.949**</td>
</tr>
<tr>
<td>statistical test - Gamma</td>
<td>γ value</td>
<td>0.711**</td>
<td>0.592**</td>
</tr>
<tr>
<td>q43e Smokers should be able to smoke in their own homes when children are present</td>
<td></td>
<td>0.14**</td>
<td></td>
</tr>
<tr>
<td>q43g Smokers should be able to smoke in their own cars when children are present</td>
<td></td>
<td>0.153**</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ETS Behavior</th>
<th>statistical test - Gamma</th>
<th>KS mean</th>
<th>OK/MO mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>q20 The rules about smoking in your home</td>
<td></td>
<td>-0.182**</td>
<td></td>
</tr>
<tr>
<td>q21 The number of smokers in your household (household more than one member)</td>
<td></td>
<td>0.36**</td>
<td>0.44**</td>
</tr>
<tr>
<td>q21 The number of smokers in your household (household equals one member)</td>
<td></td>
<td>0.210</td>
<td>0.230</td>
</tr>
<tr>
<td>q22 Number of smokers who smoke inside the home§</td>
<td></td>
<td>0.76**</td>
<td>0.95**</td>
</tr>
<tr>
<td>q13 Are there any children under 18 living in your home now?</td>
<td></td>
<td>38.00%</td>
<td>36.60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ETS Advocacy</th>
<th>statistical test - T-test for independent samples</th>
<th>KS mean</th>
<th>OK/MO mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>q21 The number of smokers in your household (household equals one member)</td>
<td></td>
<td>0.36**</td>
<td>0.44**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ETS Knowledge</th>
<th>statistical test - T-test for independent samples</th>
<th>KS mean</th>
<th>OK/MO mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and belief index</td>
<td></td>
<td>7.976**</td>
<td>8.269**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ETS Advocacy</th>
<th>statistical test - Gamma</th>
<th>KS mean</th>
<th>OK/MO mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>q12 How likely are you to still smoke five years from now?</td>
<td></td>
<td>0.036</td>
<td></td>
</tr>
</tbody>
</table>

** level of confidence that finding is not due to chance is equal to or greater than 95%
* level of confidence that finding is not due to chance is equal to or greater than 90%
§ Calculated for households with more than one member
## Appendix 2. Comparison of Kansans to non-Kansans

### Smokers Only

<table>
<thead>
<tr>
<th>Campaign Awareness</th>
<th align="left"></th>
<th>KS %</th>
<th>OK/MO %</th>
</tr>
</thead>
<tbody>
<tr>
<td>q35 In the past 10 years, do you remember any TV, radio, newspaper or billboard ads asking adults NOT to smoke around children</td>
<td align="left"></td>
<td>72.9%*</td>
<td>65.8%*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ETS Attitudes</th>
<th>statistical test - T-test for independent samples</th>
<th>KS mean</th>
<th>OK/MO mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes index (q43a, b, c, e, f, g)</td>
<td></td>
<td>15.99</td>
<td>15.92</td>
</tr>
</tbody>
</table>

| q43e Smokers should be able to smoke in their own homes when children are present |  | 0.072 |
| q43g Smokers should be able to smoke in their own cars when children are present |  | -0.030 |

<table>
<thead>
<tr>
<th>ETS Behavior</th>
<th>statistical test - Chi squared</th>
<th>KS %</th>
<th>OK/MO %</th>
</tr>
</thead>
<tbody>
<tr>
<td>q 16 Do you always, sometimes or never go outside to smoke if children are present?§</td>
<td></td>
<td>0.14*</td>
<td></td>
</tr>
<tr>
<td>q17 Over the last 10 years, did your smoking around children increase, decrease or stayed the same?§</td>
<td></td>
<td>0.046</td>
<td></td>
</tr>
</tbody>
</table>

| q9 How often do you smoke in your home? § |  | 0.189** |
| q10 How often do you smoke in your car when someone else is in it?§ |  | 0.207** |
| q20 The rules about smoking in your home § |  | 0.255** |

<table>
<thead>
<tr>
<th>statistical test - T-test for independent samples</th>
<th>KS mean</th>
<th>OK/MO mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of years going outside to smoke when children are present§</td>
<td>10.3</td>
<td>9.8</td>
</tr>
<tr>
<td>smokgo Number of smokers who go outside to smoke§</td>
<td>0.71**</td>
<td>0.54**</td>
</tr>
</tbody>
</table>

| q19_1_l went outside to smoke because someone asked me not to smoke§ |  | 6.50% | 6.70% |
| q19_2_l went outside to smoke because of concern for a child's health§ |  | 58.3%** | 68.3%** |
| q19_3_l went outside to smoke because I saw an ad saying it's bad for children§ |  | 1.5% | 2.1% |
| q19_4_l went outside to smoke because of some other reason§ |  | 43.2%** | 33.3%** |

<table>
<thead>
<tr>
<th>ETS Knowledge</th>
<th>Knowledge and belief index</th>
<th>KS %</th>
<th>OK/MO %</th>
</tr>
</thead>
<tbody>
<tr>
<td>q13 Are there any children under 18 living in your home now?</td>
<td></td>
<td>38.0%</td>
<td>36.6%</td>
</tr>
</tbody>
</table>

| q21 The number of smokers in your household |  | 1.48 | 1.52 |
| q22 Number of smokers who smoke inside the home |  | 0.9** | 1.12** |

** level of confidence that finding is not due to chance is greater than 95%

* level of confidence that finding is not due to chance is greater than 90%

§ Calculated for households with more than one member
## Appendix 3. Sample Demographic Characteristics: Kansas and Non-Kansas

<table>
<thead>
<tr>
<th>Demographic indicators</th>
<th>Kansas</th>
<th>Non-Kansas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (of those 18 and older) %</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>10.2</td>
<td>11.7</td>
</tr>
<tr>
<td>30-44</td>
<td>23.2</td>
<td>21.6</td>
</tr>
<tr>
<td>45-59</td>
<td>31.6</td>
<td>32.7</td>
</tr>
<tr>
<td>60-74</td>
<td>23.2</td>
<td>23.9</td>
</tr>
<tr>
<td>75+</td>
<td>11.7</td>
<td>10.1</td>
</tr>
<tr>
<td><strong>Hispanic Origin %</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>91.1</td>
<td>86.4</td>
</tr>
<tr>
<td>Black or African American</td>
<td>3.0</td>
<td>5.5</td>
</tr>
<tr>
<td>Biracial</td>
<td>.6</td>
<td>.8</td>
</tr>
<tr>
<td>Asian</td>
<td>.6</td>
<td>.6</td>
</tr>
<tr>
<td>American Indian</td>
<td>1.3</td>
<td>3.8</td>
</tr>
<tr>
<td>Other</td>
<td>3.4</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>Racial Background %</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working</td>
<td>59.6</td>
<td>53.6</td>
</tr>
<tr>
<td>Homemaker</td>
<td>7.7</td>
<td>7.9</td>
</tr>
<tr>
<td>Unemployed</td>
<td>2.3</td>
<td>3.2</td>
</tr>
<tr>
<td>Non-working student</td>
<td>2.0</td>
<td>1.9</td>
</tr>
<tr>
<td>Retired or disabled</td>
<td>28.4</td>
<td>33.4</td>
</tr>
<tr>
<td><strong>Employment Status %</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>18.0</td>
<td>19.6</td>
</tr>
<tr>
<td>2</td>
<td>39.2</td>
<td>39.1</td>
</tr>
<tr>
<td>3</td>
<td>17.2</td>
<td>16.7</td>
</tr>
<tr>
<td>4</td>
<td>13.4</td>
<td>14.3</td>
</tr>
<tr>
<td>5</td>
<td>8.0</td>
<td>7.3</td>
</tr>
<tr>
<td>6 or more</td>
<td>4.2</td>
<td>3.0</td>
</tr>
</tbody>
</table>

| Number in household %               |        |            |
| 1                                   | 18.0   | 19.6       |
| 2                                   | 39.2   | 39.1       |
| 3                                   | 17.2   | 16.7       |
| 4                                   | 13.4   | 14.3       |
| 5                                   | 8.0    | 7.3        |
| 6 or more                           | 4.2    | 3.0        |
| **Registered to vote %**            |        |            |
| True                                | 88.1   | 91.0       |
| False                               | 11.9   | 9.0        |

| Total Family Income Levels %        |        |            |
| Less than $10,000                   | 2.9    | 5.1        |
| Between $10,000 and 20,000          | 8.0    | 9.7        |
| Between $20,000 and 30,000          | 11.2   | 13.3       |
| Between $30,000 and 40,000          | 10.6   | 11.8       |
| Between $40,000 and 50,000          | 15.9   | 16.3       |
| Between $50,000 and 60,000          | 14.9   | 10.9       |
| Between $60,000 and 70,000          | 8.0    | 6.7        |
| More than $70,000                   | 28.4   | 26.1       |

| Education Achieved %                |        |            |
| Less than high school               | 3.8    | 6.9        |
| High school diploma or equivalency | 29.3   | 32.8       |
| Some college                        | 24.8   | 24.0       |
| Associates or Technical degree      | 10.7   | 8.7        |
| Bachelors degree                    | 20.0   | 18.3       |
| Masters or law degree               | 9.5    | 7.7        |
| Doctoral degree                     | 1.9    | 1.6        |

| Number of years in state [Mean]     | 46.8   | 53.3       |
| Gender (Female) %                   | 56.2   | 59.5       |
Appendix 4. SURVEY INSTRUMENT
TAKE IT OUTSIDE EVALUATION

All
Smokers Only
Nonsmokers Only

INTRODUCTION (ALL) (1Q)

Q: INTRO
Hi, I’m calling from Fort Hays State University. We are conducting a survey of smokers and nonsmokers in your area. To randomly select an adult from the household, I need to speak with the adult over the age of 17 who has had the most recent birthday? Is that you? [IF YES] May I ask you a few questions?

RESIDENCE SCREEN (ALL) (1Q)

Q1
First, we’d like you to tell us what states you lived in from 1997 to 2004.

[READ EACH AND SELECT ALL THAT APPLY]

[These are the “study states”]
1 Nebraska?
2 Missouri?
3 Oklahoma?
4 Kansas?

5 Some other state?
8 DON’T KNOW
9 REFUSED

If resp has lived in a “study state” the entire time, resp will be coded either KS or NonKS as appropriate
If resp has lived in multiple “study states” but not KS, resp will be coded as NonKS
If resp has lived in both NONKS AND KS “study states”, resp will be coded as KS
If resp has lived in “some other state” in addition to NonKS, resp will be coded as NonKS
If resp has lived in “some other state” in addition to KS, resp will be coded as KS

If resp lived in none of the “study states” during time period (could have lived there only after 2004), they will exit. (see below)

Q2
“We want to thank you for your time, but we are only talking to people who lived in Nebraska, Oklahoma, Missouri, or Kansas between 1997 and 2004. Thanks again, and have a nice (day/evening). Good-bye.

RESP CHILDHOOD EXPOSURE (ALL) (2-3Q IF PARENTS DIDN’T SMOKE, 4-5Q IF PARENTS DID)

Docking Institute of Public Affairs, April 2007
Q3
First, I have a few questions about your parents' or guardians' smoking behaviors. For all of these questions, think about what took place before you were 18 years old. Did your parents or guardians smoke at all before you were 18?

[CAN INCLUDE CIGARS, PIPES, ETC]

1 Yes
2 No
8 Don't Know
9 Refused
IF (ANS is not 1) SKP TO Q3c

Q3a
Did your parents or any other adults smoke inside your home before you were 18?
1 Yes
2 No
8 Don't Know
9 Refused

Q3b
Did your parents or any other adults smoke in a vehicle with you in it before you were 18?
1 Yes
2 No
8 Don't Know
9 Refused

Q3c
Before you were 18, did you ever leave a room or some other area to get away from someone's cigarette smoke?
1 Yes
2 No
8 Don't Know
9 Refused
IF (ANS is not 1) SKP TO Q4

Q3d
Why did you leave?
1 Health concerns
2 Smoke was irritating or annoying
2 Heard an ad
4 Other
8 Don't Know
9 Refused
SMOKING SECTION

SMOKING SCREENER (ALL) (1Q)
Q4
Now we will ask about YOUR smoking behaviors. Have you smoked at least 100 cigarettes in your entire life?
[CAN INCLUDE CIGARS, PIPES, ETC]

1 Yes Continue below
2 No Skip to Other Smokers Section
8 Don't Know Continue below
9 Refused Continue below

ALL NONSMOKERS SKP TO Q20

SMOKING STATUS (QUITTERS 2Q, OCCASIONAL SMOKERS 2Q, REGULAR SMOKERS 2Q)

Q5a
Do you smoke cigarettes now?

[THERE INCLUDES ANY SMOKING WHATSOEVER, EVEN IF IT IS RARELY.]

1 Yes
2 No
8 Don't Know
9 Refused

IF (Q5a is not no) SKP TO Q5c
IF (Q5a is no) continue.

Q5b
Why did you quit?
1 Health concerns
2 Irritating or annoying
2 Heard an ad
4 Other
8 Don't Know
9 Refused

ALL QUITTERS SKP TO Q6

Q5c
Do you CURRENTLY smoke at least 1 cigarette per day?
1 Yes
2 No
8 Don't Know
9 Refused

IF (Q5c is not yes) SKP TO Q6 (Occasional Smokers Section)
IF (Q5c is yes) SKP TO Q7 (Regular Smokers Section)
QUITTERS AND OCCASIONAL SMOKERS ONLY (1Q)

Q6
About how long has it been since you last smoked cigarettes regularly, that is, daily?
1 Within the last month (Less than one month ago)
2 Within the past 3 months (1-3 months ago)
3 Within the past 6 months (3-6 months ago)
4 Within the past year (6-12 months ago)
5 Within the past 5 years (1 to 5 years ago)
6 Within the past 15 years (5 to 15 years ago)
7 15 or more years ago
66 Never smoked regularly
88 Don't Know
99 Refused

ALL QUITTERS AND OCCASIONAL SMOKERS SKP TO Q20

REGULAR SMOKERS

SMOKES HOW MUCH? (4Q)

Q7
On the average, about how many cigarettes a day do you now smoke?
[1 pack = 20 cigarettes]

___________
88 Don't Know
99 Refused

Q8
Compared to 30 days ago are you smoking more, the same, or less per day now?
1 More
2 Same
3 Less
8 Don't Know
9 Refused

Q9
How often do you smoke in your home? Would you say....
1 Always
2 Very Often
3 Sometimes
4 Rarely
5 Never
8 Don't Know
9 Refused
Q10
How often do you smoke in your car when there is someone else in your car? [READ RESPONSES]
1 Always
2 Very Often
3 Sometimes
4 Rarely
5 Never
6 I don't have a car/I don't drive
8 Don't Know
9 Refused

QUITTING AND FUTURE SMOKING (2Q)
Q11
During the last 12 months, have you quit smoking for 1 day or longer? [SHOULD BE INTENTIONAL QUITTING. NOT “HOSPITAL DIDN’T LET ME”, ETC]
1 Yes
2 No
8 Don't Know
9 Refused

Q12
How likely are you to still be smoking five years from now? [READ RESPONSES]
1 Definitely yes
2 Probably yes
3 Definitely not
4 Probably not
8 Don't Know
9 Refused
**CHILDREN?**  (SMOKERS ONLY) (2Q IF NO KIDS, 3-4Q IF KIDS)

Q13  
Are there any children under 18 living in your home right now?  
1 Yes  
2 No  
3 Have no children  
9 Refused  
**IF HAVE NO CHILDREN SKIP TO Q16**  
**IF NO, DK, REF SKIP TO Q14**  

Q13A-K [ALLOW FOR UP TO 8 DIFFERENT CHILDREN LIVING AT HOME]  
What year(s) were they born?  

8888 DON'T KNOW  
9999 REFUSED  
SKP TO Q15  

Q14  
Were there children under 18 living in your home anytime from 1997 to the present?  
[FROM 1997 TO 2006, WERE THERE ANY CHILDREN UNDER 18 LIVING IN THE HOME?]  
1 Yes  
2 No  
3 Have no children  
8 Don't Know  
9 Refused  
**IF NOT YES, SKIP TO Q16**  
**IF YES AND PARENTS SMOKED AT ALL SKIP TO Q15**  
**IF YES AND PARENTS DIDN'T SMOKE AT ALL, SKIP TO Q16**

Q15  
Do your parents now (or did they ever) smoke around your own children?  
1 Yes  
2 No  
3 Have no children  
8 Don't Know  
9 Refused
SMOKING AROUND CHILDREN (2-4Q)

Q16  
When there are children present would you say that you always, sometimes, or never go outside to smoke?  
[IF RESP SAYS THEY DON’T HAVE CHILDREN, CLARIFY THE FOLLOWING: OK. SOME PEOPLE WHO DON’T HAVE CHILDREN HAVE NIECES AND NEPHEWS, OR HAVE FRIENDS WITH CHILDREN, THINGS LIKE THAT.]

1 Always  
2 Sometimes  
3 Never  
7 No Opportunity/I’m never around children  
8 Don’t Know  
9 Refused  

IF NO OPPORTUNITY/NEVER AROUND CHILDREN, SKIP TO Q20

Q17  
Would you say that your smoking behaviors around children have increased, decreased, or stayed the same over the last 10 years or so?  

1 Increased  
2 Decreased  
3 Stayed the same  
8 Don’t Know  
9 Refused  

IF Q16 IS ALWAYS OR SOMETIMES, CONTINUE  
IF Q16 IS NEVER, NO OPPORTUNITY, DK, OR REF SKIP TO Q20

Q18  
How many years have you gone outside to smoke when children are present? _______

[IF LESS THAN ONE YEAR, ENTER 1]

77 Always Have/For a Very Long Time  
88 Don’t Know  
99 Refused  

Q19  
Why have you gone outside to smoke? (WAIT FOR RESPONSE. CHECK ALL THAT APPLY)

1 Someone asked me not to smoke  
2 Concerned about child’s health  
3 Saw an ad saying it’s bad for children  
4 Other  
DK  
REF
SMOKING RULES AND OTHER SMOKERS (ALL) (2-3Q)

Q20
Which of the following statements best describes the rules about smoking in your home?
[READ RESPONSES. SELECT ONE BASED ON RESPONSE.]
1 No one is allowed to smoke anywhere
2 Smoking is allowed in some places or at some times
3 Smoking is permitted anywhere
7 Other
8 Don't Know
9 Refused

Q21
Including yourself, how many people in your household are current cigarette smokers?

Number of current smokers ____________

88 Don't Know
99 Refused
IF (Q21 is 0) SKP to Q23

Q22
How many of these smokers smoke inside the home? ____________

88 Don't Know
99 Refused
IF Q16 IS EITHER NEVER OR NO OPPORTUNITY (3 OR 7) SKIP TO Q32
ALL OTHERS TO Q29
ADVOCACY NONSMOKERS ONLY (5-7Q)

Q23
Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statement.

I have no trouble insisting that others do not smoke around me or loved ones.

[IT IS EASY FOR YOU TO INSIST OTHERS NOT TO SMOKE AROUND YOU OR LOVES ONES. DO YOU...]
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused

Q24
Would you ask family members not to smoke around you?
1 Yes
2 No
8 Maybe or Don't Know
9 Refused

Q25
Would you ask friends not to smoke around you?
1 Yes
2 No
8 Maybe or Don't Know
9 Refused

Q26
Would you ask strangers not to smoke around you?
1 Yes
2 No
8 Maybe or Don't Know
9 Refused

Q27
If someone were smoking near you in the nonsmoking area of a restaurant, would you do something about it, like ask the smoker to stop, change your seat, or get help from restaurant staff?
1 Yes
2 No
8 Maybe or Don't Know
9 Refused

Docking Institute of Public Affairs, April 2007
IF Q24, Q25 AND Q26 ARE NOT YES (WOULD NOT ASK) SKP Q29

IF Q24, Q25, OR Q26 ARE YES...

Q28
What would be your reasons for asking that person not to smoke?
(CHECK ALL MENTIONED BY RESPONDENT)

Q28A--H
1 Smoke was annoying
2 Smoking was banned/prohibited/illegal
3 Saw an ad
4 Concern about their own health
5 Concern about child’s health
6 Concern about someone else’s health
7 Concern about the smoker’s health
8 Other
9 Don’t Know
10 Refused
11 Exit

IF Q16 IS 3 (NEVER WENT OUTSIDE TO SMOKE WHEN CHILDREN PRESENT) SKIP TO Q32

ADVOCACY All nonsmokers and all smokers who don’t smoke around children (1-3Q)

Q29
Have you ever asked a smoker NOT to smoke near children?
1 Yes
2 No
7 Never been in situation/no opportunity
8 Don’t Know
9 Refused
IF Q29 IS NOT 1 SKIP TO Q32

IF (Q29=1)

Q30
How many years would you say that you have been doing that? ______
88 Don’t Know
99 Refused

Q31
Why did you ask the person not to smoke around children?
(WAIT FOR RESPONSE. CHECK ALL THAT APPLY)
Q31 A-D
1 Smoking was banned/prohibited/illegal
2 Concern about effects on a child's health
3 Saw an ad that reported danger of second-hand smoke to children
4 Other
8 Don't Know
9 Refused

**MEDIA (ALL) (3Q if not heard ads, 5-15Q if yes) (4-5Q for KS ONLY – ABOUT TIO)**

Q32
Now I am going to ask you about your exposure to different forms of media like television, radio, and newspapers. About how many hours a day do you watch TV? ______ [ON AVERAGE]
88 Don't Know
99 Refused

Q33 About how many hours a day do you listen to radio? _______ [ON AVERAGE]
88 Don't Know
99 Refused

Q34
How often do you read a newspaper, daily, weekly, occasionally or never?
1 Daily
2 Weekly
3 Occasionally
4 Never
8 Don't Know
9 Refused

Q35
In the past 10 years, do you remember any TV, radio, newspaper or billboard ads asking adults NOT to smoke around children?
1 Yes
2 No
8 Don't Know
9 Refused

**If q35 is yes, SKP TO Q37a**
**If Q35 is not yes AND KS RESPONDENT, CONTINUE**
**IF Q35 is not yes AND NONKS RESPONDENT, SKP TO KNOWLEDGE/BELIEFS Q42a**

Q36 Have you ever heard of the “Take it Outside” ads?
1 Yes
2 No
8 Don't Know
9 Refused

**If yes, continue. If no, SKP TO Knowledge/Beliefs Q42a**
Thinking of those ads, where did you recall seeing or hearing them?

Q37a
On the television?
1 Yes
2 No
8 Don't Know
9 Refused

Q37b
On the radio?
1 Yes
2 No
8 Don't Know
9 Refused

Q37c
In the newspaper?
1 Yes
2 No
8 Don't Know
9 Refused

Q37d
On a billboard?
1 Yes
2 No
8 Don't Know
9 Refused

Q38 How convincing were these ads asking adults not to smoke around children; would you say very convincing, somewhat convincing, not very convincing, not at all convincing?
1 Very convincing
2 Somewhat convincing
3 Not at all convincing
8 Don't Know
9 Refused

IF Q38 IS GREATER THAN 2 (NOT CONVINCING) SKP Q39

Q38a
Please tell me what was convincing by answering yes or no.
[CHECK BOX IF THEY SAY YES, IF THEY SAY NO OR ANYTHING ELSE, LEAVE UNCHECKED]
Were the television ads convincing
How about the radio ads
The newspaper ads
The billboard ads
SAID NO TO ALL ADS ABOVE
DON'T KNOW
REFUSED

Q39
Would you say that the ads gave good reasons not to smoke around children?
1 Yes
2 No
8 Don't Know
9 Refused

Q40
Did you talk to your friends about these ads?
1 Yes
2 No
8 Don't Know
9 Refused

IF Q36 IS YES (HEARD OF ADS) CONTINUE

Only Kansans should receive these question
IF Q36a IS YES, SKIP TO Q41a

Q41
Do you recall hearing or seeing the phrase “Take It Outside? in these ads?
1 Yes
2 No
8 Don't Know
9 Refused

IF (Q41 is not yes) SKP TO “KNOWLEDGE AND BELIEFS” SECTION

Q41A
What does ‘Take it Outside’ mean to you? ________________________

DK for Don't Know
REF for Refused

Q41B
Did you talk to your friends specifically about the ‘Take it Outside’ ads?
1 Yes
2 No
8 Don't Know
9 Refused

41c
Did the “Take it Outside” ads cause you to do anything new or different?
[IF DOESN'T ANSWER AUTOMATICALLY, ASK “WHAT WAS THAT?”]
NO for no
DK for Don’t Know
REF for Refused

KNOWLEDGE / BELIEFS (ALL) (5Q)
Now I'm going to mention several statements concerning second-hand smoke which may or may not be true. After each statement please tell me whether you strongly agree, agree, disagree, or strongly disagree with the statement.

Q42a
Second-hand smoke damages the health of adults.
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused

Q42b
Second-hand smoke damages the health of children.
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused

Q42c
Second-hand smoke contributes to lung cancer in adults.
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused

Q42d
Second-hand smoke contributes to heart disease in adults.
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused
Q42e
Second-hand smoke contributes to respiratory problems in children.
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused

ATTITUDES (ALL) (8Q)

Q43a
Now I'm going to mention several statements concerning smoking. For each, please tell me from your own
point of view whether you strongly agree, agree, disagree or strongly disagree with the statement.

[EVERYONE HAS THEIR OWN POINT OF VIEW WHETHER THEY ARE A SMOKER OR A NONSMOKER]

Smoking should be allowed in ANY public place. Do you…..
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused

Q43b
It's too much trouble for smokers to go outside their homes to smoke. Do you…..
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused

Q43c
In small amounts smoke exposure is okay.
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused
Q43d
Smokers should be able to smoke in their own homes.
[SOME WILL AGREE, SOME WILL DISAGREE. WE JUST WANT YOUR OPINION.]
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused

Q43e
Smokers should be able to smoke in their own homes when children are present.
[SOME WILL AGREE, SOME WILL DISAGREE. WE JUST WANT YOUR OPINION.]
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused

Q43f
There's too much made of second-hand smoke dangers
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused

Q43g
Smokers should be able to smoke in their own cars when children are present.
[SOME WILL AGREE, SOME WILL DISAGREE. WE JUST WANT YOUR OPINION.]
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused

Q43h
Tobacco smoke is more dangerous to children than to adults
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused
Q43i
If there is a formal policy banning smoking, I’d be more likely to ask someone not to smoke.
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don’t Know/Not sure/No opinion
9 Refused

KANSAS HEALTH FOUNDATION ATTITUDES
(KANSAS ONLY) (1-5Q)

Q44
Have you heard of the Kansas Health Foundation?
1 Yes
2 No
8 Don’t know/Not sure/ No opinion
9 Refused
IF (Q45 is not yes) SKP TO “DEMOGRAPHICS” SECTION

Now I am going to read four statements about the Kansas Health Foundation. After each statement please tell me whether you strongly agree, agree, disagree, or strongly disagree with the statement.

Q45a
The Kansas Health Foundation is trustworthy.
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don’t Know/Not sure/No opinion
9 Refused

Q45b
The Kansas Health Foundation is believable.
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don’t Know/Not sure/No opinion
9 Refused

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Q45c
The Kansas Health Foundation makes a difference in promoting the health of Kansans.
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused

Q45d
The Kansas Health Foundation is a leader on health issues.
1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 Don't Know/Not sure/No opinion
9 Refused

DEMOGRAPHICS (ALL) (10Q)

Q46
And finally, we have a few questions about yourself and your household to help us analyze the results of this survey.

How many people currently live in your household including yourself? ______
88 Don't Know
99 Refused

Q47
About how many years have you lived in your state? ______
[IF THEY LEFT AND CAME BACK, ADD UP ALL THE YEARS THEY WERE IN THE STATE.]
[ESTIMATE IF NEEDED.]
8 DON'T KNOW or OTHER
9 REFUSED

Q48
Was your total family income for the last year above or below $40,000?

[IF BELOW $40,000 READ THE FOLLOWING RESPONSES]
1 Was it less than $10,000,
2 between $10,000 and $20,000,
3 between $20,000 and $30,000?
4 or between $30,000 and $40,000?

[IF ABOVE $40,000 READ THE FOLLOWING RESPONSES]
5 Was it between $40,000 and $50,000,
6 between $50,000 and $60,000,
7 between $60,000 and $70,000,
8 or was it over $70,000?
88 Don't know
99 Refused

Q49
What is the highest level of education you have received?
1 Less than high school
2 High school diploma or equivalency
3 Some college
4 Associates or Technical degree
5 Bachelors degree
6 Masters or law degree
7 Doctoral degree
8 DON'T KNOW
9 REFUSED

Q50
Are you working, a homemaker, unemployed, a non-working student or retired?
1 Working
2 Homemaker
3 Unemployed
4 Non-working student
5 Retired
8 DON'T KNOW
9 REFUSED

Q51
Are you registered to vote?
1 Yes
2 No
8 DON'T KNOW or OTHER
9 REFUSED

Q52
Are you of Mexican or other Hispanic origin?
1 Yes
2 No
8 DON'T KNOW or OTHER
9 REFUSED
Q53
Do you consider yourself:
1 White
2 Black or African American
3 Biracial
4 Asian
5 American Indian
6 Other

Q54
What year were you born?________

8888 DON'T KNOW
9999 REFUSED

Q55 Thank you for your time. [SURVEYORS: SILENTLY INDICATE GENDER]
1 Female
2 Male