

HYPER-LOCAL PUBLIC HEALTH POLICY CHANGE: A CASE STUDY OF THE
SMOKEFREE BIRMINGHAM CAMPAIGN

by

LEWIS MICHAEL HANSEN, JR.

J. SUZANNE HORSLEY, COMMITTEE CHAIR

MARGOT O. LAMME
CAROL B. MILLS

A THESIS

Submitted in partial fulfillment of the requirements
for the degree of Master of Arts
in the Department of Advertising and Public Relations
in the Graduate School of
The University of Alabama

TUSCALOOSA, ALABAMA

2014

Copyright Lewis Michael Hansen, Jr. 2014
ALL RIGHTS RESERVED

ABSTRACT

This paper is a qualitative study of the role of public relations in the success of a federally funded anti-smoking public health campaign in Jefferson County, Alabama, from 2010–12. The goal of the campaign was to advance smoke-free policies (i.e., laws forbidding smoking in public places such as restaurants, bars, workplaces, public buildings and areas, etc.) in the various municipalities across Jefferson County. Each municipal campaign was implemented independently.

The paper looks specifically at the SmokeFree Birmingham campaign, which resulted in the successful passage and implementation of a smoke-free ordinance after two public hearings on the proposed law. The campaign's public relations relied heavily on opinion leadership, the core of Katz and Lazarsfeld's (1955) two-step flow of communication theory, to influence public opinion in support of the stated policy goals. According to Mutz (2011), "one of the very earliest theories about interactions between mass and interpersonal communication—the two-step flow—is now more relevant than ever before" (p. 1019). This paper revisits the two-step flow theory in the age of social media as a communications model for hyper-local public policy campaigns.

DEDICATION

This thesis is dedicated to my family, friends and mentors, and to my two dogs, Vandy and Bueller, for keeping me sane.

LIST OF ABBREVIATIONS AND SYMBOLS

CPPW	Communities Putting Prevention to Work
HAP	Jefferson County (Ala.) Health Action Partnership
JCDH	Jefferson County (Ala.) Department of Health
PPP	Public-Private Partnership
TMB	The Modern Brand Company
TSF	Two-Step Flow of Communication Theory
UWCA	United Way of Central Alabama

ACKNOWLEDGMENTS

I would like to express my sincere gratitude first and foremost to my phenomenal advisors: Dr. J. Suzanne Horsley, Dr. Margot O. Lamme, and Dr. Carol B. Mills. I first began this project more than two years ago. It takes a great deal of patience to stick by a student who whiled away the research days as I did with this paper and topic. Dr. Horsley, thank you for your encouragement and persistence. Dr. Lamme, thank you for connecting with me and showing me that public relations is not just spin. Dr. Mills, thank you for joining our team and jumping right in—both intellectually and physically. (I also want to acknowledge Dr. Kim Campbell, who was a great help throughout this process and for whose time and energy I am very thankful.)

I would also like to thank Dr. Joseph Phelps, Dr. Yorgo Pasadeos, Dr. Lance Kinney, Dr. Lu Tang, Dr. Karla Gower, and all of the other fantastic faculty members at the University of Alabama's College of Communication and Information Sciences. In fact, I would like to thank *all* of my teachers over the years. Ms. Morales, you saw something in me and gave me the courage to learn boldly and live freely. Mrs. Albee, you refused to put up with my BS and challenged me to do better, both as a writer and as a person.

To my family and friends: you are my *raison d'être*. Thank you all, but especially my mother Valerie, my father Louie, my brother Brooks, and my sister Charise, for all that you have done and will do for me. Your support has meant the world to me both personally and professionally. Public relations is more than just a job. It is an outlet that allows me to pursue knowledge and explore advocacy. Your ability to tolerate my endeavors has been world-class and I cannot possibly thank you enough for hanging in there with me.

Finally, I would like to embrace a cliché: Apple's "Think Different" ads began airing in 1997 when I was a sophomore in high school. It was the first ad I remember making an impression on me not just in terms of the product it was trying to sell, but also the perspective. It revealed to me the power of marketing (and the responsibility that comes with that power). It left an imprint that affects how I view the world still today. So, here's to the crazy ones.

"Here's to the crazy ones. The misfits. The rebels. The troublemakers. The round pegs in the square holes. The ones who see things differently. They're not fond of rules. And they have no respect for the status quo. You can quote them, disagree with them, glorify or vilify them. About the only thing you can't do is ignore them. Because they change things. They push the human race forward. And while some may see them as the crazy ones, we see genius. Because the people who are crazy enough to think they can change the world, are the ones who do." Apple (1997)

CONTENTS

ABSTRACT	ii
DEDICATION	iii
LIST OF ABBREVIATIONS AND SYMBOLS	iv
ACKNOWLEDGMENTS	v
LIST OF TABLES	ix
LIST OF FIGURES	x
1. INTRODUCTION	1
2. REVIEW OF LITERATURE	10
3. METHODS	21
4. RESULTS	30
5. DISCUSSION	38
REFERENCES	45
APPENDIX A	50
APPENDIX B	52
APPENDIX C	56
APPENDIX D	58
APPENDIX E	59
APPENDIX F	60
APPENDIX G	62
APPENDIX H	66

APPENDIX I	69
APPENDIX J	72
APPENDIX K.....	75
APPENDIX L	78
APPENDIX M	83

LIST OF TABLES

1. List of Interviewees.....	26
------------------------------	----

LIST OF FIGURES

1. Map of Birmingham, Alabama, Metro Area.....	4
2. Two-Cycle Flow of Communication	13

CHAPTER 1

INTRODUCTION

“Simply put, the status quo is broken. [...] That’s why fixing what’s wrong with our health care system is no longer a luxury we hope to achieve—it’s a necessity we cannot postpone any longer.” –Remarks of President Barack Obama, Weekly Address, Saturday, June 6, 2009

Health is, by its very nature, an intimate, personal matter and, as such, health policy has historically proven to be a divisive political issue. Being healthy is not a matter of not being sick; rather, it’s a holistic state that includes overall well-being (mental, social and physical). “It is a state of harmony and equilibrium between many aspects of life” (Du Pre, 2010, p. 4). Health is inextricably linked to an individual’s pursuit of happiness, to borrow from the Declaration of Independence. In 2002, the National Research Council’s Committee on Assuring the Health of the Public in the 21st Century published “The Future of the Public's Health in the 21st Century.” The authors had this to say in the report’s executive summary:

Health is a primary public good because many aspects of human potential such as employment, social relationships, and political participation are contingent on it. In view of the value of health to employers, business, communities, and society in general, creating the conditions for people to be healthy should also be a shared social goal. (p. 1)

In remarks at Fordham University in 1999, then-First Lady Hillary Clinton framed the issue of health as equal in import to national defense. “We need to be as well prepared to defend ourselves against public health dangers as we should be to defend ourselves against any foreign

danger,” she said. Ten years later, after contentious national debate, President Barack Obama signed the American Recovery and Reinvestment Act (House Bill [H.B.] 1, 2009), better known as the “Stimulus Act,” into law. Though not a health care reform law (that would come in 2010), the law did provide for health prevention and intervention initiatives.

Specifically, the recovery act allocated \$650 million for community health programs in the form of grants. This federal health policy program was called “Communities Putting Prevention to Work” (CPPW) and administered through the Department of Health and Human Services. The CPPW concept was to invest in prevention in the present so that individuals and governments alike could save money on health care costs in the future (H.B., 2009, p. 1).

CPPW provided funding to 50 communities to address obesity and/or tobacco use, two of the leading causes of preventable death and chronic disease in the United States. For example, according to the Centers for Disease Control and Prevention (CDC) (2014), tobacco is the world’s number one preventable cause of death and disease. Special consideration was given to communities with disparities in both environmental factors (e.g., areas lacking convenient access to fresh fruits and vegetables, also known as “food deserts”) and health outcomes (e.g., areas with high percentages of minorities) (Danaei, 2009).

Collectively, CPPW community campaigns, each unique and managed locally, targeted outcomes such as: increased access to healthful foods in food deserts, reduced exposure to secondhand smoke in public places, raised standards for child care (such as physical activity requirements, less screen time and access to healthier snacks), and expanded access to tobacco cessation products, among others (CDC, 2012).

The Jefferson County (Alabama) Health Action Partnership (HAP) is a public-private partnership (PPP) that was created by the Jefferson County Department of Health (JCDH) after it

published the report, “Our Community Roadmap to Health” (JCDH, 2006). The HAP consists of approximately 100 not-for-profit organizations, government agencies and private businesses. The partnership began with four strategic objectives: encourage health lifestyles, develop livable communities, affect public policy, and assure access to care (JCDH, 2006, pp. 8-9).

The CPPW initiative was a natural fit for the coalition. In March 2010, the CDC announced CPPW grant recipients; the HAP received \$6.3 million for obesity initiatives and \$7 million for tobacco control issues, for a total of \$13.3 million (Hansen, 2010).

The Health Action Partnership developed its CPPW campaign, “Champions for Health,” to capitalize on something Alabama is known for: athletics (specifically, football). The state’s two largest universities, the University of Alabama (UA) and Auburn University (AU), have won four of the past five BCS National Football Championships (UA in 2009, 2010, and 2012; AU in 2011). The name Champions for Health was chosen to tap into fans of UA and AU football, as well as sports in general.

The campaign contained numerous goals and hundreds of objectives. On the tobacco side of the grant, one of the most consequential goals was to reduce tobacco use and exposure to secondhand smoke within Jefferson County, Alabama. A primary objective identified to achieve this goal, per the HAP’s CPPW grant documentation, was “to gain the adoption of a jurisdiction-wide 100% smoke-free policy that includes all worksites, restaurants and bars” (Jefferson County Health Action Partnership, 2010, p. 5). In practical terms, this meant helping municipalities pass and implement laws that would ban smoking in all workplaces, even those where smoking had traditionally been allowed.

The HAP was one of 39 communities to receive CPPW funding for nutrition and physical activity initiatives and one of 22 communities to receive funding for tobacco control initiatives

attention. This case study will evaluate the “SmokeFree Birmingham” movement, the goal of which was for the city to adopt a comprehensive smoke-free ordinance—meaning to pass a law to prohibit smoking in restaurants, bars, and workplaces.

Concerns and Criticism

The CPPW program was not immune to controversy and criticism. A June 3, 2011, op-ed in the Los Angeles Times penned by Jeff Stier and Henry I. Miller (2011) characterized the programs as “social engineering” (para. 1) and suggested that these goals were “wishful thinking” (para. 5). The CPPW-funded health campaigns had to be especially cautious and well managed to avoid further criticism, scrutiny and, perhaps, investigation.

The smoke-free initiatives were frequently cited as a sign of the “nanny state” on al.com, the online home of the *Birmingham News* and the state’s most visited website. For instance, columnist Joey Kennedy used to hold a weekly online live chat for newspaper readers. Comments from these chats used to be published in the paper’s print edition in the Viewpoints (opinion) section alongside select online comments from the newspapers’ other hot-button news articles. Many of these comments address legitimate arguments that get the attention of other online readers. One commenter, “Bobby,” during a live chat on Monday, July 28, 2011, wrote:

What do you think about the fact that city councils and state governments are forcing businesses and public places to eradicate smoking instead of permitting the restaurant, building, etc. to choose? How is this ethical? Isn't this an ongoing instance of government, whether local or state, turning into “Big Brother?”

(Kennedy [chat comment], 2011)

Many commenters agreed with “Bobby” that banning smoking in public places was representative of government overreach. Some commenters even suggested that smoke-free laws might portend socialism.

Such criticism, however, does not diminish the fact that Alabama’s health woes are well documented by local and national health studies and news publications. For instance, Alabama ranked 46th in overall health on United Health Foundation’s report on state-by-state health in 2011, “America’s Health Rankings” (United Health Rankings [UHF], 2012, p. 16). This annual study weighs factors such as state smoking rates and the prevalence of diabetes and obesity; Alabama ranks 43rd, 50th and 49th, respectively (UHF, 2012, p. 49). Jefferson County is Alabama’s most populous county, with an estimated 2011 population of 658,931, and home to the most minority residents, with nearly 300,000 non-white residents (U.S. Census Bureau, 2012). These combined factors made Jefferson County a perfect laboratory in which to address both health disparities as well as health outcomes related to obesity and tobacco use.

At the time the Champions for Health campaign began, the state of Alabama was lagging behind other states in the trend toward banning smoking in public places, according to numerous organizations that include the Centers for Disease Control and Prevention, Americans for Nonsmokers’ Rights, Campaign for Tobacco Free Kids, American Lung Association and American Cancer Society. In 2011, the CDC released a report that showed that since the year 2000, more than half of all states and the District of Columbia each passed comprehensive smoke-free laws—meaning they prohibit smoking in bars, restaurants, and workplaces (CDC, 2011, p. 472). In Alabama, however, even in the urban areas and large college towns such as Mobile, Montgomery, and Tuscaloosa, smoke-free laws are minimal and contain many exemptions (Americans for Nonsmokers’ Rights, 2012).

Key Campaign Activities

Because any advocacy campaign that seeks to change laws and regulations is divisive and implies lobbying—an activity strictly forbidden with federal grants—the HAP chose to fight the battle first in the court of public opinion. The SmokeFree Birmingham campaign kicked off with an event called 820 Soles for Souls, which was held May 18, 2011 at Railroad Park. The American Lung Association in Alabama collected a pair of shoes (soles) from 820 famous Alabamians to represent the annual number of people who die (souls) from exposure to secondhand smoke (Chapman, 2011).

From July 5–7, 2011, the Mellman Group, an opinion research firm based in Washington, D.C., conducted a survey of 600 Jefferson County voters to measure feelings about smoke-free air policies. An overwhelming majority, 70 percent, said they strongly favored laws that prohibit smoking in all workplaces, offices, restaurants, and bars, with another 6 percent saying they favor (not strongly) those laws. Another question asked respondents if secondhand smoke is a serious health hazard; 86 percent said it was a severe or moderate health hazard. The Mellman Group found that there was no significant statistical difference among respondents who self-identified as Republican, Democratic, or independent (Garrison, 2011).

The Health Action Partnership released the poll results at a press conference on August 17, 2011, at United Way of Central Alabama. The result was widespread news coverage that evening and the following days from all local TV networks, *The Birmingham News*, and *Birmingham Business Journal*. *The Birmingham News* Editorial Board added to the coverage with an editorial asking Jefferson County cities to give the voters what they want, writing “The

only recourse to protect workers and the public is for cities to pass comprehensive smoke-free laws and then to enforce them aggressively” (“Smoke,” 2011, p. 6A).

Following the release of the poll, the Health Action Partnership released the results of an indoor air pollution research. The study compared particulate matter in bars and restaurants that allowed smoking with those that did not. The data was collected by UWCA staff and was analyzed by the New York City-based Roswell Park Cancer Institute. The data found that smoky air was, on average, 37 times more polluted in bars and restaurants that allowed smoking than in those that did not. The study was released to the public August 24 during the HAP’s annual Health Action Summit (Wolfson, 2011).

Additionally, staff from JCDH and other HAP agencies conducted town hall events, educational meetings (with mayors and city councilors), and grassroots events using those two sets of data. All of these efforts were intended to do two things: 1) raise awareness of secondhand smoke as a legitimate and preventable public health concern, and 2) open the door to government action based on public support.

On February 15, 2012, the Birmingham City Council Public Safety Committee held a public hearing on whether or not to change the city’s smoking laws, drawing a crowd of “residents, business owners and health advocates” (Bryant, 2012a, p. B1). That committee approved the proposed ordinance, making way for the full city council to weigh in on the matter, which was in line with the goals of the Champions for Health campaign plan. On April 17, 2012, after considering comments made at that public hearing, the council unanimously passed the “Smoking in Public Places” ordinance.

Overview

This case study looks at the communications activities that led up to the passage of a Birmingham's comprehensive smoke-free law. That is, did the Champions for Health campaign plan set the Health Action Partnership up for success in its goal of passing a law to prohibit smoking in public places?

Chapter Two of this thesis is a review of literature regarding the two-step flow of communication (its strengths and weaknesses), health communications models and issue management. This chapter also lays out the research questions that were developed after conducting the literature review and were subsequently investigated in this case study.

Chapter Three explains rationale for choosing the case study method and how it was this particular study was designed. It also describes the subjects of the interviews as well as the basis for the interview protocols. The third chapter explains how the collected data was analyzed.

Chapter Four provides the results of that analysis.

Chapter Five puts the results in context of the research questions, as well as what the limitations of this study are and how this research might inform and inspire future research into the two-step flow of communication and the role of public relations in public policy campaigns.

CHAPTER 2

REVIEW OF LITERATURE

“The media both reflects and shapes any policy debate.” (Nisbet, 2008)

The basic notion of the federal CPPW initiative is that communities are best equipped to address the environmental health factors that can improve public health (JCDH, 2010). This study investigated the role public relations played in the SmokeFree Birmingham campaign. To prepare for this case study, literature was reviewed about the two-step flow of communication, the theoretical basis of this research. It asked questions about the extent public relations played a role in affecting public policy change at the local level and the value the two-step flow of communication in understanding similar campaigns.

Other topics that were reviewed included health communication, issue management, and public relations with the express intention of providing a historical context for the original two-step flow of communication and the potential for future applications in public policy campaigns. In particular, additional literature was reviewed to provide a more robust understanding of best practices for hyper-local initiatives—those that are confined to a single small city, town, community or neighborhood. Literature describing issues management and community-based advocacy models was also reviewed, especially regarding public health, secondhand smoke, anti-smoking laws, and smoke-free policies. I did not find any research about those topics based on the two-step flow theory.

In addition to academic literature, the Health Action Partnership commissioned its own marketing research, which was helpful in understanding the SmokeFree Birmingham campaign’s

strengths and opportunities (New South Marketing, 2012). It also became useful in the context of analyzing the data and understanding the results from a bigger picture perspective.

Two-Step Flow of Communication

The theoretical basis for this study is the two-step flow of communication (TSF). The TSF was initially proposed by Lazarsfeld, Berelson, and Gaudet (1968) in *The People's Choice: How the voter makes up his mind in a presidential election*, which was originally published in 1944. That team of sociologists studied the 1940 U.S. presidential election campaign in which the incumbent Democratic President Franklin D. Roosevelt sought a third term against Republican challenger Wendell Willkie. The researchers suggested that information is passed from mass media to opinion leaders. Opinion leaders filter that information in combination with their existing beliefs to form opinions that they then pass on to the general public, or opinion followers (Lazarsfeld, 1968; Baran, 2012).

Other researchers explored the notion of the two-step flow of communication in the years that followed. For instance, Katz and Lazarsfeld (1955) further developed this the communication model in their book, *Personal Influence*. The TSF has been utilized, researched, and expanded upon numerous times since it was first introduced in 1944, and it continues to be a hugely influential work in the area of issue management and public opinion (Baran, 2012).

Katz (1957) reported on the two-step flow of communication years after the initial research was conducted. In that report, he analyzed the original hypothesis alongside four additional subsequent studies that had added to the existed literature about the theory. In his analysis, he said, “it appears that influence is related (1) to the personification of certain values (who one is); (2) to competence (what one knows); and (3) to strategic social location (whom

one knows)” (p. 73). In his analysis, Katz surmises that research on the two-step flow of communication concludes that opinion leaders are more affected by other people than by mass media do (though they are more exposed to mass media than opinion followers).

Mutz and Young (2011) suggested that because of changes in the media landscape and technological advances, the two-step flow “is now more relevant than ever before” (p. 1019), and the authors spent a great deal of time in the article discussing the roles of social networks on personal influence. Among their findings, the pair have said, “social media recommendations have considerable potential to polarize people’s information environments” and that the importance of social networks—whether they be face-to-face or online—is more “apropos today than it was then” [when two-step flow was first hypothesized] (p. 1038).

On the topic of social media, The Media Insight Project (2014) conducted a study of how people get their news. The researchers concluded that “Americans of all generations are nearly three times as likely to express high levels of trust about what they learn directly from a news organization as they are to trust what they discovered through social media” (p. 4). So while Mutz and Young’s suggestion may prove to be true, evidence suggests that traditional media still outpaces new media in credibility.

Since the theory was first introduced, scholars have debated its applicability, and mass communication theory-building has grown extensively in the process. For instance, Verling Troidahl (1966) published a study in which a field test of the theory was conducted. He cited other researchers who had recently concluded that TSF theory be applied cautiously. Instead, Troidahl suggested a two-cycle flow of communication whereby opinion leaders seek advice from higher-level opinion leaders (Figure 3). Opinion followers then initiate the second-cycle flow of communication by seeking advice from those opinion leaders when mediated

communication differs from the information, opinions, and beliefs they already held. In the field study, the mediated communication was a controlled experiment using a newspaper.

However, this field study did not confirm a two-cycle flow of communication. It did suggest that there are some effects in terms of personal influence, particularly regarding belief change after face-to-face communication with an opinion leader. This study, among others, raised doubts as to how accurate two-step flow theory was in describing the way public opinion (and ultimately public policy) is formed, suggesting that it is far too simplistic a way to assess a process as complicated as the formation of public opinion (Perry, 2002).

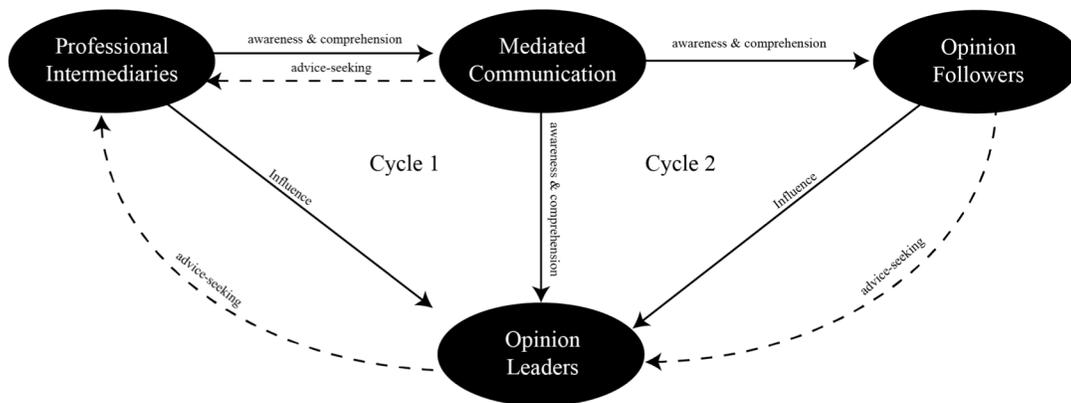


Figure 2. Two-cycle flow of communication. The figure is based on Troidahl’s field test of the two-step flow of communication theory (1966, p. 614).

Nevertheless, some notable media changes over the past seven decades have changed our understanding of the flow of communications and influence. Such advances include the proliferation of the Internet and with it, the ubiquity of social media and mobile technologies. Mutz and Young (2011) describe these changes as a “moving target,” citing this as one of the sources of frustrations for communications researchers interested in public opinion: “social

media ... has created an ideal means by which people can exercise leadership within social networks” (p. 1039). In other words, it is possible that because of the abundance of information by way of social media such as Facebook™ and Twitter™, the two-step flow theory may be even more appropriate now than ever because opinion leadership is not confined to the ranks of elected officials, celebrities, subject-matter experts, or others traditionally considered thought leaders. The field has been leveled by the emergence of “influencers,” those within a social network who others rely upon for accurate and timely information about issues and areas of interest that are relevant to that particular network.

Similarly, Park and Reber (2010) have found that “in most cases, the media can exert a strong influence in shaping the public’s understanding of the issue” (p. 40). Put another way, it is the job of public relations, advertising, and marketing professionals, to utilize mediated communications (both traditional and new) to shape the way influencers think about particular issues. For communications professionals, the TSF says that influencers ultimately affect the way an organization’s publics perceive a particular product, issue, or idea.

Public Relations And Health

Because health is so private a matter and because political controversies arise no matter how inoffensive a program may seem on the surface, communication is critical to the success of any campaign to alter environmental health factors, influence individual behaviors, or adjust attitudes and awareness of the general public with regard to public health policy.

The Public Relations Society of America (PRSA) (2012) defines public relations as “a strategic communication process that builds mutually beneficial relationships between organizations and their publics” (para. 3). This new definition of public relations was remarkably

similar to previous definitions such as the organization's 1982 statement on public relations. In the age of information overload, prompted by social media and the 24-hour news cycle, organizations are increasingly challenged to identify, manage and make more salient issues of concern to their stakeholders. White, Vanc, and Stafford (2010) explained this challenge for communicators, saying, "too much information can result in information overload or the paradox of plenty in which an overabundance of information is ignored" (p. 69). Public relations is becoming critical to helping organizations effectively communicate the right information through the right medium at the right time and in the right amount.

Du Pre (2010) described communication as a "cooperative process" (p. 7). As such, and in light of privacy concerns when communicating about health in particular, health campaigns must be designed with consideration of the intended audience's worries and capabilities. Public relations strategies and tactics must therefore be sensitive to personal preferences, perceptions, and cultural nuances in order to be effective. Prevention is a critical goal of health communication. Prevention "increases people's quality of life and it costs less than medical treatment" (p. 14). However, prevention efforts such as CPPW present their own challenges, and communication is at the heart of their effectiveness. Information communicated "must be useful, accurate, culturally sensitive, interesting, and motivational" (p. 16).

For the purposes of this study, it is important to distinguish between traditional public relations activities and digital communications. Media relations shall be described as mediated communications distributed through media outlets such as television news, radio, and newspapers. Digital communications will be defined as those that are distributed through technological tools such as social media websites and smartphone apps to share information and

promote certain messages. The strategy is the same for both traditional media relations and digital communications: to influence the audience; it's just that the channels have changed.

Issue Management

Heath (1990) described issue management as an effort to “adjust and influence public policy” (p. 30), and the issue manager’s role as one that should “build coalitions and foster policies that advance as many interests as possible” (pp. 37-38). Heath would argue that for health advocates such as those involved in Jefferson County’s CPPW efforts, public-private partnerships are the foundation of a successful campaign.

A 2007 editorial in the *Journal of Health Communication* concluded:

In today’s complex world, development of PPPs [public-private partnership] of varying types with participatory governance structures, communication with engagement of the people the project is designed to benefit, and financing structures that can support sustainable impact, should be a part of a comprehensive approach to advance health. (p. 316)

There is an adage (frequently attributed to former Speaker of the House Tip O’Neill) which says, “All politics is local.” Community activists can reasonably extrapolate this to mean that all public policy issues are in fact local, too. If PPPs are vital for issue managers involved in health advocacy, hyper-local activism is also essential.

Community Advocacy

In January 2010, the Global Dialogue for Effective Stop Smoking Campaigns, an international collaborative of nonprofit, private and public organizations, published a non-

academic but extensive study about mass media effectiveness in the kind of smoke-free campaigns that Jefferson County undertook (Kosir & Gutierrez, 2010). The report was comprised of dozens of case studies of smoke-free campaigns from across the world. It described a gap in the scholarly literature concerning research about such programs:

Finding campaigns to review was relatively easy. Numerous secondhand smoke campaigns have been conducted over the last ten years [...] Many of these campaigns, however, lacked thorough research and evaluation (R&E) from which strong conclusions could be drawn. (Kosir, 2009, p. 6)

Though local advocacy and public-private partnerships are at the heart of the Jefferson County CPPW campaign, numerous studies called into question whether or not federally funded local or state health objectives are designed with the community they are intended to serve in mind.

One study found that after the terrorist attacks of September 11, 2001, responsibility for health moved from local and state health departments back to federal control, despite the trend in previous decades to community control. Researchers found that post-9/11, funds were increasingly granted to local and state agencies for health campaigns, but objectives were set at the federal level without any regard to the actual needs of the individual communities or its citizens (Lariscy, 2010).

Lavery et al. (2005) described a “communities' capacity to address health disparities through mobilization” (p. 611). A fascinating study for public health officials and advocates, it describes a five-step model for action on a local level. The article's primary focus was grassroots activism, but it also mentioned that media advocacy was an important part of the San Francisco Tobacco Free Project's effort to affect tobacco-control policies. It did not explicitly

explain specific public relations tactics or strategies, or the role public relations plays in fostering those policy advances, but it did state that “[m]edia advocacy is a powerful strategy in any community organizing effort” (p. 615).

Kosir & Guitierrez (2010) found that many campaigns to pass anti-smoking policies focused more on “process” (planning and strategy, which is typically determined by public health experts) than on the “message” (content, which is usually relegated to public relations professionals), and vice versa (p. 13). Based on the findings, it is clear that both are important.

Research by Servaes and Malikhao (2009) suggests that those with the power to affect public policy (e.g., lawmakers and regulators) tend to act in response to three pressure points: popular opinion, lobbying groups, and their social network (including other policy-makers). This was of particular interest in this study because the SmokeFree Birmingham campaign dealt with public opinion and elected officials, and sought to influence officials through their social networks. For example, I was particularly interested in the interactions between public opinion, communications, and public policy (in this case, the passage of a specific smoke-free ordinance).

Marketing Research

In August 2012, after Birmingham City Council had passed and implemented the Smoke-Free Indoor Air Ordinance, the Health Action Partnership commissioned marketing research to understand awareness, message salience, and brand recognition, among other things. The complete survey included questions related to the entire Champions for Health campaign, including obesity and tobacco-related issues. New South Research conducted the survey. The Modern Brand Company managed the creation of the survey questions and design (New South Marketing, 2012).

The marketing research, which was a telephone and online survey of 602 residents of Jefferson County, Alabama, found that the three most-recalled message categories related to the tobacco aspect of the campaign were: dangers of secondhand smoke, creation of smoke-free areas, and quitting smoking.

Seventy percent of survey respondents recalled hearing messages about the dangers of secondhand smoke within the past 60 days. Fifty-three percent recalled hearing or seeing the message in a television advertisement and 40 percent said television news. Sixteen percent recalled newspapers as the source of the message. Sixty-five percent said that they recalled hearing a message about creating smoke-free areas. Of these, 54 percent identified television news as the source of that message; 32 percent said they heard or saw the message in a TV ad; and 28 percent said they received the message from newspapers.

This data was used to guide the design of this study. In particular, it provided a basis for the interview questions (discussed in Chapter 3), as well as quantifiable data to refer to in the data analysis and discussion sections (Chapters 4 and 5, respectively).

Research Questions

In light of the literature on the topics of two-step flow theory, issue management, and health advocacy communication, the following research questions were developed to better understand the SmokeFree Birmingham campaign and the role of communications in its ultimate success.

RQ1: What communications strategies and tactics were in place throughout the campaign?

RQ2: What arguments or messages did opinion leaders use that influenced public opinion?

RQ3: What tools (e.g., traditional media, social media) were the most effective in creating community change?

RQ4: Can the SmokeFree Birmingham campaign's success be explained by the two-step flow of communication?

CHAPTER 3

METHODS

The purpose of this thesis is to provide practical, real-life public relations insights based on lessons learned in a specific, measurable public policy campaign. To do this, I conducted a qualitative study based on an embedded, single-case design (Yin, 2009). This chapter explains the method and the reasons behind choosing it, as well as limitations of such a study.

Positioning and Reflexivity Statement

After the CPPW grant had been awarded to the HAP, I was recruited and hired as director of public relations for the Champions for Health campaign at The Modern Brand Company (TMB), a marketing firm contracted by the Health Action Partnership to handle all marketing, advertising, and public relations activities for the Champions for Health campaign. TMB also had a hand in crafting the communications portion of the CPPW grant proposal, which was ultimately modified to be the campaign plan. In my job interview with TMB, I disclosed that I was a former smoker and had only recently quit. Co-owners Michael Bell and Bradford Kachelhofer at the time said that my status as a former smoker could give me credibility with implementing the campaign's messages. I was especially interested in being a part of the campaign once I learned more about its objectives. This personal, vested interest in the topic may have influenced my objectivity throughout this study, which I had to take care to understand and acknowledge along the way.

I was responsible for all public relations for the campaigns, which included media relations, social media, website content, and an electronic stakeholder newsletter. Kachelhofer

and Bell developed the initial marketing plan for the grant, upon which the work was based once the CDC awarded the \$13.3 million to the Health Action Partnership. Kachelhofer was also employed by the partnership to manage projects such as photography and marketing collateral. Bell was contracted part-time to manage advertising and media buying.

The CPPW grant created a number of new positions at the partner organizations and agencies. Among them were policy facilitators, employed by the United Way and staffed at the Jefferson County Department of Health. The seven facilitators were tasked with managing the goals, objectives, and tactics specified in the grant documentation. Four of the facilitators managed obesity-related goals while the other three handled tobacco initiatives. My working relationship with the Health Action Partnership was funneled through the facilitators.

Together, the facilitators and I were the primary drivers of campaign activities. For instance, if I wanted to schedule a TV interview with a health department official about reducing secondhand tobacco smoke, I would work with the facilitator whose job it was to manage that goal to identify the right potential messengers, the key messages, the right channels, and so on. As such, the facilitators and I were entrusted by the partnership as a whole to adjust the campaign as we learned what did and did not work, giving us a great deal of influence on the direction the campaign took (though we had no influence over the campaign plan as it was written before we were hired).

Case Study Design

I wanted to examine a discrete event (the SmokeFree Birmingham campaign) in the context of communication theory. Case studies are especially useful when the research questions revolve around “how” and “why” questions (Wimmer, 2006). Yin (2009) defined a case study as “an empirical inquiry that investigates a contemporary phenomenon in depth and within its

real-life context, especially when the boundaries between phenomenon and context are not clearly evident” (p. 18).

Based on this definition, it is clear that the case study lends itself to developing a better understanding of the role of public relations in the SmokeFree Birmingham campaign. The rationale for choosing a case study was that it could help to fill in gaps that exist in current literature about public relations and local health campaigns and communications theories. In other words, “to understand a real-life phenomenon in depth, but such understanding encompassed important contextual conditions” (Yin, 2009, p. 18). The SmokeFree Birmingham campaign plan relied heavily on the influence of opinion leaders, which is the basis of the two-step flow of communication (Lazarsfeld, 1968; Katz & Lazarsfeld, 1955). It stood to reason then that a case study evaluating the campaign in the context of the two-step flow theory would describe the degree to which TSF theory applied, as well as how it might be modified to reflect advances in communications tools with regard to technology and social media.

Case studies do not need to be limited to one source of data; instead, they are bolstered by collecting and analyzing many data sources (Yin, 2009). Wimmer (2006) described four data sources relevant to case studies: documents, interviews, observation, and physical artifacts.

This case study utilizes in-depth interviews of individuals who were involved in the smoke-free campaign in some public manner, either for or against it (Merton, 1990, p. 3). Whereas a quantitative survey is rigid, the qualitative in-depth interview allows for a fluid conversation (Yin, 2009). The in-depth interview method is suited to answering the “how” and “why” questions case studies are designed to ask. Interviews allow the researcher to collect factual information from a subject, as well as their opinion and their perception of that information.

Data for this study consisted of primary research (in-depth interviews) and secondary research (HAP marketing research and testimony given during the Birmingham City Council public hearing on April 17, 2012). The in-depth interviews included individuals with diverse professional backgrounds and views of the proposed smoke-free ordinance. These included individuals affiliated with:

- the Jefferson County Department of Health;
- health agencies (American Cancer Society and American Lung Association);
- affected businesses;
- Birmingham City Council; and
- The Modern Brand Company (the marketing firm hired to manage campaign communications).

Interviews are especially helpful in describing the various components of the campaign, whether the interviewee was involved in it directly or indirectly. Lindlof (2002) explained one challenge related to interviews, saying, “The last thing that we as researchers want our participants to do is to tell us their experience in terms that they think we want to hear” (p. 195). Caution had to be taken to ensure a conversational atmosphere that allows the interviewee to speak freely and openly.

The population for the interviews consisted of thought leaders who advocated a position related to the proposed law, including those in attendance at two Birmingham City Council public hearings, which were held on February 15, 2012 (Public Safety Committee) and on Tuesday, April 17, 2012 (Birmingham City Council). From this population I selected 12 people to invite for focused interviews. These individuals included health advocates who spoke in favor

of the comprehensive smoke-free ordinance, ordinary citizens who protested the proposed regulations, and business owners concerned about business prospects.

In order to provide balanced perspective and to avoid selection bias, I sampled individuals who represented a variety of stances on the ordinance (e.g., for it, against it, and for it with conditions), from a variety of backgrounds (e.g., public service, health care, service industry), and across demographic backgrounds. In other words, anyone with influence who publicly expressed a position on the policy, and especially those in attendance at Birmingham City Council meetings according to public record, was considered a desirable interview candidate.

Interviewees who agreed to participate in this study signed the Informed Consent document located in Appendix B prior to being interviewed. By signing that document, each person agreed to waive confidentiality. All but one subjects preferred electronic interviews, which were conducted via a combination of instant message (Goggle) and email. The other accepted an in-person interview and agreed to being recorded with a voice-recording device. One subject, who was president of the Five Points South Merchant Group and opposed the smoke-free ordinance, backed out after initially agreeing to be interviewed. His testimony during the public hearing was explored in this research, though. Ultimately, a total of six interviews were completed.

FHI 360 (2012) describes itself on its website as a “nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions” (para. 1). FHI 360 in 2005 published a manual titled “Qualitative Research Methods: A Data Collector’s Field Guide.” The 120-page booklet is “a how-to guide to be used in the field” (Mack, 2005, p. vi) by and for health researchers interested in using qualitative interview

methods such as the one proposed for this study. It contains best practices for conducting interviews, as well as tips on how to handle common situations that might arise, such as what to do if an interview is interrupted. I consulted the FHI 360 field guide to help develop interview protocols, prepare for interviews, and anticipate follow-up questions (Mack, 2005).

One study of a smoke-free law passed by Mexico City examined particular marketing measures such as exposure and awareness after the law was implemented (Thrasher et al., 2005). That study, though quantitative, served as a guide for developing the interview protocols, informing possible questions to ask interviewees, and illuminated potential challenges to anticipate during interviews.

In addition to the in-depth interviews, this study also took into account public statements made not only by interviewees, but others at the City of Birmingham City Council meeting on April 17, 2012, during which the proposed ordinance was debated during a public hearing. The council meeting and public hearing were recorded and stored on the City’s website, informationbirmingham.org. The testimonies during the public hearing made were also evaluated for relevance to the research questions.

Table 1.
List of Interviewees

Name	Affiliation*	Title*
Charline Whyte	Jefferson County Department of Health	Tobacco Prevention and Control Manager
Kim Cochran	American Cancer Society CAN	Community Coordinator
Ashley Lyerly	American Lung Association	Advocacy Director
Kimberly Rafferty	Birmingham City Council	Councilor, District 2
Mark Cummings	Al’s on Seventh	General Manager
Bradford Kachelhofer	The Modern Brand Company	Principal

*During the campaign (2010–12)

In-depth interviews were conducted with six key opinion leaders involved in the SmokeFree Birmingham campaign, including a member of the Birmingham city council, a bar owner, a lobbyist, a public health advocate, and the owner of a marketing firm. Interviews ranged in length, with an average 16 questions with a goal of 30 minutes for in-person interviews. Originally, 12 individuals were proposed as possible interview candidates. Once the interviews began, the SmokeFree Birmingham campaign had already concluded. I knew most of those 12 people prior to recruiting them to participate in this study. Several of the interview candidates did not respond to requests for interviews. In addition, two individuals who opposed the ordinance declined to participate after expressing frustration about my involvement in the campaign, knowing that I had been a former smoker. (My positioning statement at the beginning of this chapter addressed my role in the campaign, and this difficulty is one that had to be expected to an extent.)

Interview questions were developed in order to extract an understanding of how the subjects perceived the role of public relations, social media, and marketing in the SmokeFree Birmingham campaign's success.

One common challenge in conducting a case study is the depth of literature about techniques for data analysis. Whereas quantitative studies have more defined, well-documented methods (i.e., statistical analysis), Wimmer (2006) explained that case studies have "no specific formulas or 'cookbook' techniques to guide the researcher" (p. 139).

Case study research can be challenging, especially due to a lack of defined methods for collecting and analyzing data. However, scientists have sought to define processes, such as coding, that have gained significant traction with researchers, especially within the social sciences. Saldana (2013) explained that a "code in qualitative inquiry is most often a word or

short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data” (p. 3). In other words, the purpose of coding data (in this case, the text of interviews and public testimony) is to find patterns and meaning that answer the “why” and “how” questions the case study asks.

This research was designed to uncover and understand patterns through interviews and historical documents (public hearing testimony). Strauss and Corbin’s *Basics of Qualitative Research* (1998) is a highly influential text that detailed analytical methods for studies such as this one, including coding. Coding is a layered approach to data analysis in so-called grounded theory. It allows the researcher to gain insights into patterns and themes in the data as they emerge, which can be explored further as more data is collected and analyzed. In other words, this method offered me the opportunity and the flexibility to ask better questions and look for additional applicable data and literature as the research progressed. I coded the interview transcripts manually, though computer software does exist that some researchers use to code qualitative data in much larger studies.

Coding the data is undertaken in three phases: open coding, axial coding, and selective coding (Strauss & Corbin, 1998). In the first step, the interview transcripts and portions of the public hearing were combed through to identify concepts and themes. The texts were labeled based on those concepts and thematic elements, and then memos (comments or thoughts about the analysis) were written about the data points. This open coding can be done by document, paragraph, sentence, or even by word, with multiple labels potentially applied to each characteristic. The level at which labels and memos are written depends on the data. In this case, the transcripts were generally analyzed on a sentence-level basis. I began to do open coding on the data after the third interview was conducted, representing the halfway point in the

data collection process. The second step of the coding process is what is known as axial coding. The purpose of axial coding is to relate the concepts and themes identified in the first step to one another so as to begin to establish an association between them. In this step, the labeled data was assembled into categories (and subcategories). Those categories and subcategories were then examined to identify the relationships. The final layer of coding analysis is called selective coding. Selective coding is defined by Strauss and Corbin (1990) as “the process of selecting the core category, systematically relating it to other categories, validating those relationships, and filling in categories that need further refinement and development” (p. 116). The entire coding process, but especially the selective coding step, is highly deductive, or logical.

CHAPTER 4

RESULTS

A total of six in-depth interviews were conducted for this study. An additional hour of testimony from the public hearing about the then-proposed smoke-free law was collected based on the parameters set forth by the study design. This data was analyzed using the Strauss and Corbin (1990; 1998) qualitative analysis coding technique of open coding, axial coding and selective coding. This data was collected and analyzed to answer the four research questions stated in chapter two within the context of the two-step flow of communication theory.

The first research question posed in this study pertained to formal public relations strategies and tactics used throughout the campaign. One theme that emerged early in the data coding process was that there appeared to be agreement among the interviewees that the SmokeFree Birmingham's primary communication strategy was to create broad awareness about the negative health effects consequences of exposure to tobacco smoke. This indeed was one of the campaign's objectives.

The subjects also believed the SmokeFree Birmingham campaign's communication strategy was to use "spin," as one subject said, to influence media and curry political favor, and to use social media to stir up "grassroots support" in neighborhoods. The strategy, as perceived by the opinion leaders interviewed, was to use the media to spread broad, informative messages about the health effects of tobacco smoke on non-smokers. The target of those messages included the city council and other opinion leaders. Analysis of the data suggested that the secondary strategy was to use social media to reach the general public as a way to reinforce

messages that were passed on to them from the opinion leaders. Katz (1957) explored this topic when he analyzed post-*People's Choice* research on the two-step flow hypothesis. That report discussed the role of an individual's social networks (e.g., friends, colleagues, family) on decision-making compared with mass media effects. "[T]he mass media often play a reinforcing role in the strengthening of predispositions and of decisions already taken" (p. 72). So in light of Katz's findings, the data suggests that it is possible to distinguish between the roles of real-life social networks and online social media (e.g., FacebookTM). The idea being that social media reinforces pre-existing beliefs, perhaps those obtained from opinion leaders by opinion followers. This is in line with past research that found that personal influence played a greater part in decision making than the mass media.

Interview analysis hinted strongly at Lazarsfeld's (1968) hypothesis that information and influence flow from media to opinion leaders (part one of the two-step flow). But the interview data did not reveal any evidence about the flow of information from the opinion leaders to opinion followers. In other words, the interview data did not confirm any theoretical support for the idea that the public relations strategies and tactics were related to the TSF. However, analysis of the public hearing transcript did strongly suggest that mediated communications reached opinion leaders and opinion followers alike. Many of those who testified in the hearing stated campaign messages that were brought up in the interviews or that were mentioned by the city councilors in their comments prior to or during the hearing. This implies a strong connection between the execution of public relations strategies and the TSF theory.

The second research question posed by this study was about the most effective messages used in the public relations aspect of the campaign. Coding analysis showed that the most significant message used during the campaign was a variation of "breathing clean air," which

was a message about both secondhand smoke and smoke-free spaces. Analysis revealed that this message consistently showed up in the data. The word “clean” in particular showed strong indications of salience among all interviewees and was repeated numerous times during the public hearing. According to Bradford Kachelhofer of The Modern Brand, who designed the initial marketing campaign, that message was the top-line message in all public relations efforts, including videos, news releases, social media posts, op-eds, emails, events, and advertising. Kachelhofer explained that messages pertaining to “rights” fell flat according to the firm’s research. The “clean air” message, according to the interview data, was frequently used in media reports via interviews and statements in newspapers and on TV. Of particular note was that this theme showed up not only in testimony at the public hearing or in interviews, but that city councilors themselves used the phrase “breathe clean air” numerous times during the pre-hearing introduction to the proposed law. Councilor Kim Rafferty, who was interviewed for this study, told *Birmingham News* reporter Joseph Bryant (2012c), “I do believe that everyone should have the opportunity to breathe clean air...” (para. 25). I noticed that the word “right(s)” did not appear in that statement to the media, nor did the councilor’s pro-ordinance statements during the hearing pertain to “rights.” This was of particular interest during the third phase of coding in light of Kachelhofer’s comment about “rights” not testing well. It helped to contextualize what was said and, importantly, what wasn’t said. For instance, in the interview with Rafferty, she used the phrase “right to smoke” (in the context of infringing on that right by banning smoking in public places), but never mentioned a “right to breathe clean air.” In analyzing these themes, I found that discrepancy to be especially poignant. It’s fair to guess that had message testing taken place prior to the campaign’s start, mediated communications pertaining to rights would

probably never have been used during the campaign. However, based on the evidence, it does not appear that those messages were detrimental to the campaigns' efforts overall.

Regarding the flow of information, coding of the interview data signaled that the “clean air” message was delivered to and received by opinion leaders via traditional mass media (both news and advertising). That these messages were recalled and recited verbatim across the board by city councilors (who were among the targets of communications targeted by PR) and by opinion followers (e.g., those giving testimony at the public hearing) suggests again that the TSF is a relevant theoretical lens through which to view the SmokeFree Birmingham campaign, though this study was not designed to test how the information flowed itself. Much like the general strategy of the campaign, the specific messages were delivered through traditional media to opinion leaders and passed on to the general public. Those messages, according to the evidence, were reinforced through social media, and ultimately made their way into the debate during the public hearing. This is in agreement by Katz's (1957) finding that mass media reinforce beliefs while personal influence plays a more direct role in decision-making. It also suggests that, in terms of social media, the flow of influence is more of a cycle than a linear model, but something distinct from Troidahl's (1966) two-cycle flow of communication. (Social media had yet to be invented when Troidahl published the field test study, so its role in information flow and interaction with mass media and personal influence obviously cannot have been tested.) This is addressed in chapter five.

Another significant theme from the analysis with regard to RQ2, was “health” as the driving purpose and overarching message of the campaign. To a lesser degree, subjects recalled consuming messages using statistics, but there was no single statistic revealed in analysis. As a

tactic, health statistics messaging did make an impact, though no single statistic could be pinpointed as the most effective message point.

The third research question posed for this study was, “What tools were the most effective in creating community change?” At this point of analysis, the strategy and message themes had already been examined and themes had emerged. It was therefore easier to begin to see patterns in the data. The question of communication tools drills down deeper from the big picture analysis and instead looks at some of the specific tactics used to disseminate information and where that information eventually ended up (and to what end).

As the reader will recall, PRSA (2012) defines public relations as “a strategic communication process that builds mutually beneficial relationships between organizations and their publics” (para. 3), and part of that communication process includes leveraging the press coverage of a message, brand, or product. To that end, Mark Cummings, bar manager of Al’s on Seventh, suggested that the news media helped the pro-ordinance side of the campaign put pressure on the council to pass the law, but it also put pressure on the council to make the law less strict to reflect concerns of the restaurant and bar industry. He said, “The media helped to stir the debate with input from non-smoking groups and also helped to get Councilman Austin's ordinance to be amended so that it wasn’t as strict as written.” This statement on its face seems to suggest that the media did not tell its audience what to think, but rather, what to think about. Charline Whyte, tobacco control manager with JCDH, took an economic approach to explaining the phenomenon: “The news media increased awareness, driving up the demand for equal protections for everyone.”

In context of the research question posed, the theme that surfaced in coding was all about information delivery. This was an important development, because the TSF theory is all about

the flow of information from one source to the next. According to the data collected and analyzed for this study, traditional public relations tactics (those using TV, radio, and newspapers to reach audiences) were the primary driver of information to news media. In the original TSF model, information originates with the media. This portion in the communication flow would be prior to the first step. Here, the information or message originated with the campaign and was then delivered to the media.

The evidence suggested that the media framed the issue in a way that was conducive to both sides of the argument. These themes revealed from coding the interview questions about the role of the traditional news media were very much in line with the two-step theory (information is passed from the media to opinion leaders to the general public) except for the addition of the public relations communications ahead of the first step. But in terms of the sequence of the flow, much like the analysis in *The People's Choice* (1968), the evidence did not indicate how information flowed between opinion leaders and opinion followers, just that information was communicated via traditional media relations tactics to the press, then to opinion leaders, and from opinion leaders to opinion followers (the general public). Who influenced whom? This question wasn't answered by the data.

Analysis of the interview data showed little to no agreement with regard to digital communications tactics (i.e., social media). One subject, a public affairs professional (i.e., a lobbyist) who was working with the American Cancer Society at the time of the SmokeFree Birmingham campaign, dismissed social media as a tool to affect change, saying that “[social media users] just don't seem to have much interest” in getting involved. That same subject also indicated a personal preference for traditional news media consumption and skepticism of social media. In this case, the data from this interview blurred the lines a bit in terms of the role of

social media. But once the analysis passed the initial open coding phase, a distinct theme developed: social media's role was to reinforce existing messages. Cummings, the bar manager, said, "Social networking sites like Facebook also helped to get articles and blogs [about the proposed law] more traffic." The reinforcement theme (in the context of the flow of information) was not necessarily expected, but it should not come as a surprise. As mentioned earlier in this paper, social media allows people to become opinion leaders in their social networks (Mutz & Young, 2009). The suggestion was that social media leveled the playing field of influence. Here, rather, the data pointed to something tangential but not altogether the same: that social media bolsters traditional media relations. Perhaps, then, social media simply leveled access to the information through increased traffic to news media sources.

Rafferty stated that news media and social media both "paid no heed to the substance of the ordinance." Nonetheless, they also said they believed that both played a role in the passage of the law. Again, TSF does not ask whether or not the substance of the media coverage is accurate or fair. It is concerned with how it gets from point A to point B. In this regard, those perceptions were in fact in line with the themes revealed in the data.

The fourth research question asked by this study pertains to whether or not the success in passing the Smoke-Free Indoor Air Ordinance can be explained by the two-step flow of communication. It is important to recall that case studies do not attempt to explain causation. That is not what this question seeks to find out. Rather, the question is asked to better understand the phenomenon within the context in which it happened. To that end, data analysis showed a very important theme: media plays a crucial role in both the understanding of issues and provides political expedience to the passage and implementation of laws.

During the public hearing, a theme among business owners and managers (from the restaurant and entertainment industry) who testified at the public hearing on April 17, 2012, was a lack of information. That showed up in the coding of the public hearing transcript among those opposed to the ordinance. In fact, the president of a neighborhood business association expressed such concerns. “‘Something of this size should be treated like the comprehensive plan,’ [James] Little said, asking for a week's delay to allow owners time to review the latest version” (Bryant, 2012c, para. 22).

Kachelhofer addressed that issue and the media’s influence in the campaign, saying, “Several councilors cited the media coverage as comprehensive enough to disavow the opposition's claim that the public was not informed.” In fact, after a request to postpone a vote on the ordinance until later, Councilor Austin said, “It’s been in the newspapers several times — not just advertising, but several articles. We made sure media was involved to spread the word.” He then urged the council to amend the ordinance based on “legitimate” concerns and to vote on the ordinance that day.

Less clear, though, is the role of social media in public relations and how it relates to the two-step flow of communications. There was no definitive evidence in the data, but there was a suggestion that social media as a tool reinforces the messages that are delivered via traditional media to opinion leaders and then to the general public. This could potentially remove the role of the influencer from the two-step model in the long term if social media continues to grow and traditional media continues to struggle.

CHAPTER 5

DISCUSSION

This study was designed to understand the role of public relations in the campaign for and passage of Birmingham's Smoke-Free Indoor Air ordinance, within the framework of the two-step flow of communication in the age of social and digital media. Influencers (individuals who engaged in the public debate about the proposed law) were interviewed and statements during public hearings were transcribed. The subsequent transcripts were analyzed using coding methods described by Strauss and Corbin (1998) to determine if the two-step flow of communications showed up in themes that emerged.

Bradford Kachelhofer, owner of The Modern Brand Company, said the following regarding the role of public relations in the SmokeFree Birmingham campaign:

The eventual success of the campaign in Birmingham was attributed to the public relations efforts by the City Council as they voted on the ordinance. Several councilors cited the media coverage as comprehensive enough to disavow the opposition's claim that the public was not informed. The saturation of the messages through the public relations placements in addition to the ubiquitous advertising campaign contributed to the success of the campaign. (Appendix J)

To Kachelhofer, public relations drove the messages to the media, who then delivered them to opinion leaders such as city councilors and business owners (many of whom opposed the law). Those opinion leaders then passed the information on to the general public (opinion followers) in real time at the City Council meeting. That is, it is very possible that the ordinance

would never have passed without public relations' ability to influence the media (and therefore opinion leaders and opinion followers).

This is important to understand in a bigger picture context. The marketing research commissioned by the Health Action Partnership to evaluate awareness and messages found that 70 percent and 65 percent recalled receiving messages about secondhand smoke and smoke-free areas, respectively (New South Marketing, 2012). And large portions of those said that they recalled seeing or hearing those messages from three major sources: TV news, TV advertising, and newspapers. The data in this study is consistent with the data from the HAP survey. It suggests that Councilor Austin, likely inadvertently, acknowledged the flow of communication when he said in the public hearing that not knowing about the proposed law was a poor excuse for delaying a vote, because the issue had saturated TV airwaves and newspaper pages. Councilor Austin used mediated communications as a tool to influence other opinion leaders. Citing the saturation of media exposure, he persuaded other opinion leaders, his fellow councilors, to proceed with a vote despite objections in the audience. So the effect, then, was less about the information communicated but rather the fact that it was communicated. Mass media gave the councilors the political cover they needed to make a firm public policy decision.

Unfortunately, the subject who could have spoken to the business owner's perspective of the law (not to mention the flow of information to and through business) ultimately declined to participate in this study despite initially agreeing to an interview. That individual's insights could have provided a much richer set of data for understanding the how the business community perceived the role of public relations in the campaign. Nonetheless, to the extent that influencers were willing to speak on the record (including public hearing testimony), the collected evidence

revealed that the two-step flow theory was indeed a good theoretical basis for describing the role of public relations in the SmokeFree Birmingham campaign with regard to the traditional media.

It was less clear what role social media played in the campaign using the TSF as the driving theory. For instance, the data analysis did not prove the exact flow of messages (nor could it, by design) and how that related to actual votes in favor of the policy. Nisbet and Kotcher (2009) said that opinion leaders serve as “connective communication tissue that alerted their peers to what mattered among political events, social issues, and consumer choices” (p. 329). This data from my study provides an understanding of the SmokeFree Birmingham campaign and how opinion leaders viewed it. Future researchers should conduct a study of both opinion leaders and opinion followers in the context of a public health policy campaign similar to the SmokeFree Birmingham campaign. This will better explain the relationship between information flow, public opinion, and policy support.

These interviews were insightful on both a collective and an individual basis. The disagreement between interviewees about what tools were most effective (specifically, social media) is perhaps indicative of the current state of media and the changing media landscape. There was no agreement as to what that role was for social media or whether it was an effective tool for creating change. Social media (and the Internet in general) are now ubiquitous, while traditional media continues to reinvent itself—integrating social and digital media as means to an end: delivering the news. Social scientists ought to be very interested in answering these questions about social media, and not just because both contain the word “social.” A case study of another campaign would reveal different results, no matter how similar to the SmokeFree Birmingham campaign (Yin, 2009). But a study of the flow of information and influence

through online social media channels during a discrete public policy campaign would be quite instructive for communications researchers and practitioners alike.

The work of Lazarsfeld, Katz and other researchers is worthy of a second look for public relations practitioners seeking to influence public policy (Mutz, 2011). But research needs to consider social media and its role in “democratizing” influence and opinion leadership, and whether it plays the part of personal influence or of mass media. Much in the same way Troidahl (1966) could not confirm the validity of his adaptation of two-cycle flow of communication modification of the two-step theory, neither can this study confirm or disprove it.

Instead, what I found is that traditional media (e.g., television news and newspapers) are still important for the dissemination of information; that opinion leaders are exposed to mass media and consume media messages; that mediated communications are also eventually consumed by the general public; and that social media acts as a sort of megaphone to spread information and reinforce messages. On the surface, this process sounds comparable to TSF, if not a literal regurgitation of it. I also know that the policy proposal (the Smoke-Free Indoor Air Ordinance) passed, unanimously. So it would be easy to jump to the conclusion that modeling the campaign functioned within the framework of the two-step flow of communication theory. However, case studies do not seek to explain causation, but it is a research question worth answering.

Last, as both a former smoker and a communications professional, I found the results of this study to be very insightful. Had I known then what I know now, I would have done a number of things differently. For instance, the campaign could have relied more on other forms of communications than mass media (particularly, radio and newspapers). If I were to replicate this campaign in other cities, I would be sure to write the campaign plan to reflect the large part

that personal communication plays in opinion leadership and the flow of influence. This might entail more one-on-one meetings, educational workshops, and neighborhood conversations. Each of these are personal communications tools that would allow individuals to become influencers and to shape the outcome of a policy campaign.

Limitations and Future Research

Yin (2009) described the problem of generalizability as “a major barrier in doing case studies” (p. 43), meaning that researchers sometimes struggle to find long-term use for their findings. However, a single case study can help explain a singular event, such as the effectiveness of particular communications strategies and tactics in a local public policy campaign within the context of applied communications theory. It therefore provides significant considerations for public policy advocates and communications researchers.

Though this study cannot be applied to all public policy campaigns, it does provide insight into why and how certain communications strategies and tactics worked in the SmokeFree Birmingham campaign.

Case studies are also difficult to replicate, and they are not intended to prove cause-and-effect (Yin, 2009). Another researcher who conducted a similar qualitative study of this exact same campaign would likely come up with very different results. In fact, if public health advocates used the SmokeFree Birmingham campaign as a blueprint for an anti-smoking campaign in St. Louis, Missouri, it might not be effective at all. Case study research is not intended to, nor can it demonstrate a cause-and-effect relationship between different variables or provide a simple plug-and-play how-to guide.

This study is also limited in that some potentially key participants ultimately chose not to consent to interviews. This may have prevented the inclusion of additional viewpoints in the study. Because of the timing of the interviews, some participants were not able to recall some details. Conducting interviews closer to passage of the ordinance may have prevented some memory issues.

I hope this research is helpful to understanding the role communications activities can play in affecting community-level change. While health communications professionals cannot assume similar results by merely replicating the practices undertaken by those involved in the SmokeFree Birmingham campaign, my hope is that they would find this study insightful as to what role public relations can and should play in a hyper-local public policy campaign. Moreover, I am hopeful that it will inform and inspire other researchers to re-examine the two-step flow of communication theory in the age of social and digital media.

On that note, more research needs to be done to understand social media and how it relates to existing communications theory. Does social media simply operate within the confines of theories like the TSF alongside traditional mass media (such as the press), or does it function separately and apart from traditional media? That line is unclear from this research, though there are hints at the direction the research should go. For instance, the subjects who suggested that social media disseminated and augmented media messages with the mass public hints at a modified version of the two-step theory. However, others suggested that indeed social media influenced the influencers, who then passed that information along to the general public. This suggests something more along the lines of Troidahl's two-cycle flow of communication, where opinion leaders will consult higher-level opinion leaders when they receive new information from communications. In this case, social media influencers would theoretically replace the

higher-tier influencers. But as Troidahl (1966) noted in his field test, “the present study had limitations that should be overcome in future tests of the model” (p. 632). The same applies here, for different reasons. This study was not designed as a field test experiment, and therefore I cannot claim that that model does hold true with social media in the mix. But it is an interesting question worth exploring.

The bottom line is that evidence shows that personal influence, mass media, and social media all play a role in the diffusion of information and influence, and that flow plays a part in the formation of public policy decisions. Experimental studies can describe more precisely what that flow looks like and how to design communication campaigns to capitalize on it.

REFERENCES

- Americans for Nonsmokers' Rights. (2012). Smokefree lists, maps, and data. Retrieved from <http://www.no-smoke.org/goingsmokefree.php>
- Apple. (1988, October 2). Think Different [Advertisement]. Cupertino, CA. Retrieved from <https://www.youtube.com/watch?v=nmwXdGm89Tk>
- Baran, S. J., & Davis, K. D. (2012). *Theories of mass communication* (6th ed.). (pp. 142-148). Boston, MA: Wadsworth.
- Barr, A. (2010, November 10). Sarah Palin brings cookies, hits 'nanny state'. *Politico*. <http://www.politico.com/news/stories/1110/44936.html> (accessed December 27, 2011).
- Birmingham, AL. (2014). Google Maps. Google. Retrieved from <https://www.google.com/maps/place/Birmingham,+AL/@33.5312374,-86.8501369,11z/data=!3m1!4b1!4m2!3m1!1s0x888911df5885bfd3:0x25507409eaba54ce>
- Bryant, J. D. (2012a, February 16). Hearing on smoking rules draws crowd. *The Birmingham News*. p. B1, B2.
- Bryant, J. D. (2012b, April 18). Birmingham businesses face tough new public smoking ban. *The Birmingham News*, p. A1, A3.
- Bryant, J. D. (2012c, May 28). Birmingham bans smoking in many public places. *The Birmingham News*, p. A1, A3.
- Centers for Disease Control and Prevention (CDC). State smoke-free laws for worksites, restaurants, and bars—United States, 2000–2010. *MMWR* 2011;60: 472-475.
- CDC. (2012). Communities putting prevention to work. Retrieved from <http://www.cdc.gov/CommunitiesPuttingPreventiontoWork>
- CDC. (2014). Fast Facts: Smoking and tobacco use. Retrieved from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm.
- Chapman, B. (2011, May 2). 820 Souls Campaign — a great feat against smoking. *Shelby County Reporter*. Retrieved from <http://www.shelbycountyreporter.com/2011/05/02/820-souls-campaign—a-great-feat-against-smoking>
- Clinton, H. R. Remarks at Fordham University, Armonk. On The Issues. October 14, 1999. Retrieved from http://www.issues2000.org/senate/Hillary_Clinton_Health_Care.htm

- Committee on Assuring the Health of the Public in the 21st Century. (2002). *The future of the public's health in the 21st century*. Washington, DC: The National Academies Press.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.
- Daymon, C., & Holloway, I. (2002). *Qualitative research methods in public relations and marketing communications*. London: Routledge.
- Danaei G., Ding E. L., Mozaffarian D., Taylor B., Rehm J., Murray C. J., & L., Ezzati M. (2009). The preventable causes of death in the United States: Comparative risk assessment of dietary, lifestyle, and metabolic risk factors. *PLoS Med*, 8(1). Retrieved from <http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.1000058>
- Du Pre, A. (2010). *Communicating about health: Current issues and perspectives* (3rd ed.). New York: Oxford University Press.
- FHI 360. (2012). About us. Retrieved from <http://www.fhi360.org/en/AboutFHI/index.htm>
- Fowler, E. F., Goldstein, K. M., Greenberg, M. J., Howell, J. D., Noel, S. K., & Pribble, J. M. (2006). Medical news for the public to use? What's on local TV news. *American Journal of Managed Care*, 12(3), 170+. Retrieved from <http://go.galegroup.com.libdata.lib.ua.edu/ps/i.do?id=GALE%7CA171580036&v=2.1&u=tusc49521&it=r&p=AONE&sw=w>
- Garrison, G. (2011, Aug. 17). Poll: 76 percent favor indoor smoking ban in Jefferson County workplaces, bars, restaurants. *The Birmingham News*. Retrieved from http://blog.al.com/spotnews/2011/08/poll_shows_76_percent_favor_ba.html
- Hansen, J. (March 19, 2010). Jefferson County gets \$13.3 million in federal stimulus grants to fight obesity, smoking. *The Birmingham News*. Retrieved from http://blog.al.com/spotnews/2010/03/jefferson_county_gets_133_mill.html
- Heath, R. L. (1990). Corporate issues management: Theoretical underpinnings and research foundations. *Public Relations Research Annual*. 2.
- Holtzhausen, D. R., & Voto, R. (2002). Resistance from the margins: The postmodern public relations practitioner as organizational activist. *Journal of Public Relations Research*, 14(1), 57-84.
- Horsley, J. S. (2012). Planning for spontaneity: The challenges of disaster communication fieldwork. *International Journal of Qualitative Methods*, 11(3), 180-194.
- H.R. 1--111th Congress: American Recovery and Reinvestment Act of 2009. (2009). In GovTrack.us (database of federal legislation). Retrieved from <http://www.govtrack.us/congress/bills/111/hr1>

- Jefferson County Department of Health. (2006). Our community roadmap to health. Birmingham, AL. Retrieved from <http://www.jcdh.org/CommHealth/HealthActionRoadmap.aspx>
- Jefferson County Health Action Partnership. (2010). *CPPW initiative overview for Jefferson County, Alabama*. Unpublished document.
- Katz, E., & Lazarsfeld, P. F. (1955). *Personal influence: The part played by people in the flow of mass communications*. Glencoe, IL: The Free Press.
- Katz, E. (1957). The two-step flow of communication: An up-to-date report on an hypothesis. *The Public Opinion Quarterly*, (21)1, 61-78. Retrieved from <http://www.jstor.org/stable/2746790?origin=JSTOR-pdf>
- Kennedy, J. (2011, July 18). Because the state won't act, cities should follow Fultondale's smoke-free example. *The Birmingham News*. Retrieved from http://blog.al.com/jkennedy/2011/07/joey_kennedy_because_the_state.html
- Kosir, M., & Gutierrez, K. (2009) Lessons learned globally from secondhand smoke mass media campaigns. Retrieved from <http://www.stopsmokingcampaigns.org/shslessonslearned>
- Lariscy, R., Avery, E., & Sohn, Y. (2010). Health journalists and three levels of public information: issue and agenda disparities?. *Journal of Public Relations Research*, 22(2), 113-135. doi:10.1080/10627260802640708 (accessed May 3, 2012).
- Lavery, S. H., Hennessey, Smith, M. L., Esparza, A. A., Hrushow, A., Moore, M., & Reed, D. F. (2005). The community action model: a community-driven model designed to address disparities in health. *American Journal of Public Health*, 95(4), 611-616. doi:10.2105/AJPH.2004.047704
- Lazarsfeld, P. F., Berelson, B., & Gaudet, H. (1968). *The people's choice: how the voter makes up his mind in a presidential campaign* (3rd ed.). New York: Columbia University Press.
- Lindlof, T. R., & Taylor B.C. (2002). *Qualitative communication research methods* (2nd ed.). Thousand Oaks, CA: Sage.
- Mack, N., Woodsong, C., MacQueen, K., Guest, G., & Namey, E. (2005). *Qualitative research methods: A data collector's field guide*. Retrieved from http://www.fhi.org/en/RH/Pubs/booksReports/QRM_datacoll.htm
- Miller, H., & Stier, J. "Obama healthcare: Government, heal thyself". *The Los Angeles Times*. Retrieved from <http://articles.latimes.com/2011/jun/03/opinion/la-oe-miller-grants-20110603>
- Mutz, D. C., & Young, Y. (2011). Communication and Public Opinion: Plus Ça Change?. *Public Opinion Quarterly*, 75(5), 1018-1042. doi:10.1093/poq/nfr052.
- New South Research. (2012). [Champions for Health]. Unpublished raw data.

- Nisbet, M. C. (Interviewee). (2008). *Wagging the dog: Media and public policy* [Interview transcript]. Retrieved from <http://bigthink.com/ideas/11696>
- Nisbet, M. C. , & Kotcher, J. E. (2009). A Two-Step Flow of Influence?: Opinion-Leader Campaigns on Climate Change. *Science Communication*, 30(3), 328-354. Retrieved from <http://scx.sagepub.com/content/30/3/328>
- Obama, B. (2009, June 6). President Obama outlines goals for health care reform. [Video file]. Retrieved from http://www.whitehouse.gov/the_press_office/WEEKLY-ADDRESS-President-Obama-Outlines-Goals-for-Health-Care-Reform
- Perry, D. K. (2002). *Theory and research in mass communication: Contexts and consequences* (2nd ed.). Mahwah, NJ: Lawrence Erlbaum.
- Public Relations Society of America. "Public relations defined." Accessed January 2, 2012. [http://www. Public Relations Society of America.org/aboutprsa/publicrelationsdefined/](http://www.PublicRelationsSocietyofAmerica.org/aboutprsa/publicrelationsdefined/).
- Ratzan, S. C. (2007). Public-private partnerships for health. *Journal of Health Communication*, 12. 315-316. doi:10.1080/10810730701331739
- Rubin, H. J., & Rubin, I. S. (2005). *Qualitative interviewing: The art of hearing data* (2nd ed.). Thousand Oaks: Sage.
- Saldana, J. M. (2013). *The coding manual for qualitative researchers* (2nd ed.). Thousand Oaks, CA: Sage.
- Sarvaes, J., & Malikhao, P. (2009). Advocacy strategies for health communication. *Public Relations Review*, 6(1), 42-49. doi: 10.1016/j.pubrev.2009.08.017
- Smoke no joke [Editorial]. (2011, August 18). *The Birmingham News*. p. A6.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, California: Sage.
- Thrasher, J. F., Huang, L., Pérez-Hernández, R., Niederdeppe, J., Arillo-Santillán, E., & Alday, J. (2011). Evaluation of a social marketing campaign to support Mexico City's Comprehensive smoke-free law. *Research and Practice*, 101(2), 328-335.
- The Media Insight Project. (2014). *The Personal News Cycle: How Americans choose to get their news*. Retrieved from <http://www.americanpressinstitute.org/publications/reports/survey-research/personal-news-cycle>
- Troldahl, V. C. (1966). A field test of a modified 'two-step flow of communication' model. *Public Opinion Quarterly*, 30(4), 609-623. doi: 10.1086/267459

- Underwood, M. (2012, Feb. 16). Council committee hears strong opinions on an extensive smoking ban ordinance for Birmingham. *Weld for Birmingham*. Retrieved from <http://weldbham.com/secondfront/2012/02/15/council-committee-hears-strong-opinions-on-an-extensive-smoking-ban-ordinance-for-birmingham/>
- United Health Foundation. (2012). America's health rankings: A call to action for individuals and their communities (2011 ed.). Minnetonka, MN. Retrieved from <http://www.americashealthrankings.org/AL>
- U.S. Census Bureau. (2012, June 7). State & county quickfacts: Jefferson County, Alabama. Retrieved from <http://quickfacts.census.gov>
- White, C., Vanc, A., & Stafford, G. (2010). Internal Communication, Information Satisfaction, and Sense of Community: The effect of personal influence. *Journal of Public Relations Research*, 22(1), 65-84. DOI: 10.1080/10627260903170985.
- Wimmer, R. D., & Dominick, J. R. (2006). *Mass media research: An introduction* (8th ed.). Belmont, CA: Thomson Wadsworth.
- Wolfson, H. (2011, August 25). Indoor air 37 times worse with cigarettes. *The Birmingham News*. p. B1.
- Yin, R. K. (1999). Enhancing the quality of case studies in health services research. *Health Services Research*, 34(5), 1209-1224. PMID: PMC1089060
- Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). Thousand Oaks, CA: SAGE.

APPENDIX A

IRB Certificates



February 22, 2013

Lewis M. Hansen
Dept. of Advertising & Public Relations
College of Communication & Information Sciences
Box 870172

Re: IRB # 13-OR-061, "Hyper-Local Public Health Policy Change: A Case Study of the Smoke-Free Birmingham Campaign"

Dear Mr. Hansen:

The University of Alabama Institutional Review Board has granted approval for your proposed research.

Your application has been given expedited approval according to 45 CFR part 46. Approval has been given under expedited review category 7 as outlined below:

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Your application will expire on February 19, 2014. If the study continues beyond that date, you must complete the IRB Renewal Application. If you modify the application, please complete the Modification of an Approved Protocol form. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants. When the study closes, please complete the Request for Study Closure form.

Should you need to submit any further correspondence regarding this application, please include the assigned IRB application number.

Good luck with your research.

Sincerely,


Stuart Usdan, Ph.D.
Chair, Non-Medical IRB
The University of Alabama



358 Rose Administration Building
Box 870127
Tuscaloosa, Alabama 35487-0127
(205) 348-8461
FAX (205) 348-7189
TOLL FREE (877) 820-3066

April 22, 2014

Office for Research

Institutional Review Board for the
Protection of Human Subjects



Lewis M. Hansen
Department of Advertising & Public Relations
College of Communication & Information Sciences
The University of Alabama

Re: IRB # 13-OR-061-R1 "Hyper-Local Public Health Policy Change: A
Case Study of the Smoke-Free Birmingham Campaign"

Dear Mr. Hansen:

The University of Alabama Institutional Review Board has granted
approval for your renewal application.

Your renewal application has been given expedited approval according to
45 CFR part 46. Approval has been given under expedited review
category 7 as outlined below:

*(7) Research on individual or group characteristics or behavior
(including, but not limited to, research on perception, cognition,
motivation, identity, language, communication, cultural beliefs or
practices, and social behavior) or research employing survey, interview,
oral history, focus group, program evaluation, human factors evaluation,
or quality assurance methodologies.*

Your application will expire on April 21, 2015. If your research will
continue beyond this date, complete the relevant portions of the IRB
Renewal Application. If you wish to modify the application, complete the
Modification of an Approved Protocol Form. Changes in this study
cannot be initiated without IRB approval, except when necessary to
eliminate apparent immediate hazards to participants. When the study
closes, complete the appropriate portions of the IRB Study Closure Form.

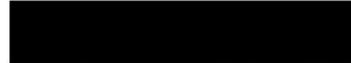
Should you need to submit any further correspondence regarding this
proposal, please include the above application number.

Good luck with your research.

Sincerely,



358 Rose Administration Building
Box 870127
Tuscaloosa, Alabama 35487-0127
(205) 348-8461
fax (205) 348-7189
toll free (877) 820-3066


Carpentato T. Myles, MSM, CIM, CIP
Director & Research Compliance Officer
Office for Research Compliance
The University of Alabama

APPENDIX B

Informed Consent

AAHRPP DOCUMENT #192

UNIVERSITY OF ALABAMA

HUMAN RESEARCH PROTECTION PROGRAM

Informed Consent for a Non-Medical Study

Study title: Hyper-Local Public Health Policy Change: A Case Study of the Smoke-Free Birmingham Campaign

Investigator's Name, Position, Faculty or Student Status

You are being asked to take part in a research study called "Hyper-local public health policy change." The study is being done by Michael Hansen, a graduate student at the University of Alabama, who is being supervised by Dr. Suzanne Horsley, an associate professor of public relations at the University of Alabama.

Does the investigator have any conflict of interest in this study?

As director of public relations for The Modern Brand Company, the investigator has an academic interest in learning from the campaign and is in no way attempting to influence the interviewees in any way. The campaign concluded in September 2012 and will not be affected by this study whatsoever.

What is this study about? What is the investigator trying to learn?

This study is an attempt to understand what role, if any, public relations played in the smoke-free Birmingham campaign, which led to the passage of a comprehensive smoke-free indoor air ordinance by Birmingham City Council on April 17, 2012. The study consists of in-depth interviews with stakeholders who spoke at either of the council's two public hearings, in addition to a principal of The Modern Brand Company who originally designed the campaign.

Why is this study important or useful?

This knowledge is important because it may lead to a greater understanding of why certain health campaigns fail while others succeed. Health care has been a major topic of conversation across the United States over the past several years, and better understanding of successful

communications strategies and tactics employed at the local level may be used in the future by health communications professionals and lawmakers alike.

Why have I been asked to be in this study?

You have been asked to participate in this study because you spoke at either of the Birmingham City Council public hearings regarding the smoke-free indoor air ordinance or you were involved in creating the Smoke-Free Birmingham campaign.

How many people will be in this study?

This study will consist of approximately a dozen interviews.

What will I be asked to do in this study?

You will be asked to participate in an interview, either in person or via instant messenger or teleconference (e.g., Skype, Google Chat, etc.). Participants who are unable to complete an interview in person will be asked to sign and return this document via USPS or email (i.e., sign, scan and email). To ensure accuracy, and with your approval, face-to face and telephone interviews will be audio recorded. Notes will be taken throughout all interviews. You are free to conclude the interview at any time. Additionally, to lend credibility and rigor to the study, you will be identified by name and by title and your responses will be quoted and paraphrased in the study's findings and discussion sections.

How much time will I spend as a participant in this study?

Each interview should take about 30 minutes but no longer than 60 minutes. If the investigator needs to follow up to clarify or get more information, no more than 15–30 minutes will be required.

Will being in this study cost me anything?

The only cost to you from this study is your time.

Will I be compensated for being in this study?

There is no compensation for your participation in this study.

What are the risks (dangers or harms) to me if I am in this study?

The investigator does not anticipate any physical, economic, psychological, legal, or social risks from participating in this study. The primary risk will be growing tired of the interview, so the investigator will be mindful and respectful of your time.

What are the benefits (good things) that may happen if I am in this study?

There are no direct benefits from participating in this study, but, again, your participation could very well assist local public health initiatives in the future more effectively reach vulnerable populations.

What are the benefits to science or society?

This study aims to inform future health advocates and communications professionals how to use public relations at the local level to successfully affect public health care policy, which may result in more effective health care policy communications.

How will my privacy be protected?

The use of each participant's name, title, and role in the campaign is crucial to the rigor and significance of this study. Because you were selected for this study based on your publicly stated positions at the City Council meetings and/or based on your expertise in the promotional field, you will be asked to consent to allowing the researcher to use your names, titles, and responses, in whole or in part, in reporting and discussing the findings in the report. For this reason, your privacy cannot be assured for this study.

How will my confidentiality be protected?

You have been selected to participate in this study because of the public role you assumed in the Smoke-Free campaign. Your positions, insights, and observations, many of which have already been aired in a public forum, will enhance the value of this study to future local public health campaigns. For this reason, your confidentiality cannot be assured for this study.

What are the alternatives to being in this study? Do I have other choices?

The alternative to being in this study is not to participate. You are free to refuse to answer any question and to conclude the interview at any time.

What are my rights as a participant in this study?

Taking part in this study is voluntary. It is your free choice. You can refuse to be in it at all. If you start the study, you can stop at any time. There will be no effect on your relations with the University of Alabama.

The University of Alabama Institutional Review Board ("the IRB") is the committee that protects the rights of people in research studies. The IRB may review study records from time to time to be sure that people in research studies are being treated fairly and that the study is being carried out as planned.

Who do I call if I have questions or problems?

If you have questions, concerns, or complaints about the study right now, please ask them. If you have questions, concerns, or complaints about the study later on, please call Michael Hansen at 205-746-4666.

If you have questions about your rights as a person in a research study, call Ms. Tanta Myles, the Research Compliance Officer of the University, at 205-348-8461 or toll-free at 1-877-820-3066.

You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach website at http://osp.ua.edu/site/PRCO_Welcome.html or email the Research Compliance office at participantoutreach@bama.ua.edu.

After you participate, you are encouraged to complete the survey for research participants that is online at the outreach website or you may ask the investigator for a copy of it and mail it to the University Office for Research Compliance, Box 870127, 358 Rose Administration Building, Tuscaloosa, AL 35487-0127.

I have read this consent form. I have had a chance to ask questions. I agree to take part in it. I will receive a copy of this consent form to keep.

Signature of Research Participant _____ Date _____

I consent to having my interview recorded for this study and to my name, title, and responses discussed within the findings of this report: Yes No

Signature of Investigator _____ Date _____

APPENDIX C:

Sample Recruitment Email

[Date]

[Name]

[Street Address]

[City, State ZIP Code]

Delivered via Electronic Mail

Dear [Mr./Mrs. Recipient]:

I hope this letter finds you well. I am a graduate student at the University of Alabama in Tuscaloosa and am currently conducting a case study regarding the recent movement to pass a smoke-free indoor air law in the city of Birmingham. Specifically, I am studying the role of public relations efforts in that campaign to determine what, if any, affect PR had on the eventual passage of the law.

In the interest of full disclosure, I worked for The Modern Brand Company, the marketing firm that was contracted by the Jefferson County Health Action Partnership, which launched the initiative, during the campaign. This study is neutral, however, and all discussions between you and I will be purely academic in nature.

Since you were either involved in the campaign directly or participated in Birmingham City Council meetings about the law, your input will be invaluable in this study.

I am asking for approximately an hour of your time to conduct an interview, either in person, over the phone, or via email, to discuss the smoke-free movement as it pertained to you. (Though I am asking for an hour of your time I will be respectful of your time and do not anticipate the interview lasting the full hour.)

An informed consent document is attached for your review. This document details this study and explains your rights as an interviewee. Should you agree to participate, I will bring a hard copy of the document for you to sign. I will provide an additional copy to you for your records.

I am available to meet any time at your convenience. Please feel free to contact me anytime if you have any questions at 205-746-4666 or lmhansen@ua.edu. Thank you for your time, and I look forward to hearing from you.

Sincerely,

[signature redacted]

Michael Hansen

APPENDIX D

Schedule of questions for interviewees who spoke in favor of Birmingham's Smoke-Free Air Ordinance

1. What is your name and job title?
2. You spoke before Birmingham City Council about your support for the smoke-free ordinance. Please describe what (or who) compelled you to speak at the meeting?
3. Describe how you learned about the public hearing for the proposed ordinance.
4. Where do you get most of your information about secondhand smoke and the health effects associated with it?
5. What are the primary facts, stats, or messages you heard in local media related to secondhand smoke?
6. Why do those particular pieces of information resonate with you?
7. Where did you hear those?
8. Did any of these facts, stats, or messages appear in your statement before City Council?
9. From your point of view as [title/role], what has been the effect of the new law since it took effect June 4, 2012?
10. What news media sources are most credible to you?
11. Do you believe news media and/or social media played a role in the eventual passage and implementation of the smoking ban?
12. If yes, describe that role. If no, please explain why you do not believe so.

APPENDIX E

Schedule of questions for interviewees who spoke against Birmingham's Smoke-Free Air Ordinance

1. What is your name and job title?
2. You spoke before Birmingham City Council about your opposition to its then-proposed Smoke-Free Air Ordinance. Please describe what (or who) compelled you to speak at the public hearing?
3. Describe how you learned about the public hearing for the proposed ordinance.
4. Where do you get most of your information about secondhand smoke and the health effects associated with it?
5. What are the primary facts, stats, or messages you heard in local media related to secondhand smoke?
6. Why do those particular pieces of information resonate with you?
7. Where did you get that information (source)?
8. Did any of those pieces of information influence your statement at the public hearing?
9. From your point of view as [job title/role], what has been the effect of the new law since it took effect June 4, 2012?
10. What news media sources are most credible to you?
11. Do you believe news media and/or social media played a role in the eventual passage and implementation of the smoking ban?
12. If yes, describe that role. If no, please explain why you do not believe so.

APPENDIX F

Schedule of questions for principal of The Modern Brand Company:

1. What is your name and job title with The Modern Brand Company?
2. Please describe did The Modern Brand come to be involved in the Health Action Partnership's Smoke-Free Birmingham campaign?
3. Explain how the marketing portion of the campaign was devised at the beginning of the grant?
4. Describe the role of public relations in developing the campaign.
5. Describe the role of public relations in the campaign's eventual success.
6. What were the key pieces of information—facts, statistics, messages—that were used in the campaign?
7. Which were the most salient with the influencers?
8. Why do you believe those resonated the best?
9. Which did not resonate?
10. Why not?
11. Why did the partnership choose to segment the campaign hyper-locally into municipal sub-campaigns (logos, social media accounts, etc.)?
12. Do you believe this was a good decision in retrospect?
13. Why or why not?
14. What would you have changed about The Modern Brand's marketing efforts?

15. In your own words, describe why you believe the smoke-free campaign succeeded in Birmingham.

APPENDIX G

Interview Transcript: Kim Cochran

Interview Date: April 22, 2013

What is your name?

Kim Cochran

What is the job title for your current position?

President, Public Affairs Strategies

On April 17, 2012, you spoke before Birmingham City Council about your support for the smoke-free ordinance. Please describe what compelled you to speak at the meeting?

At that time, it was my job as an advocate for the American Cancer Society Cancer Action Network; however, even if not in that position I would have spoken in favor of the ordinance because I don't like to be out in public places and have to inhale cigarette smoke.

How did you hear about the city council public hearing?

Through my work [with the American Cancer Society Cancer Action Network].

What are the primary facts, stats, or messages you heard in local media related to secondhand smoke and/or smoking policies?

There were a few: There is no safe level of exposure to secondhand smoke. Everyone has the right to breathe clean, smokefree air. All employees should be protected from exposure to secondhand smoke in the workplace. People shouldn't have to choose between their health and their paycheck.

Why do those particular pieces of information resonate with you?

This information resonates with me because most people who are exposed to secondhand smoke are in positions where they can't (or don't feel comfortable) advocating for themselves...for their right to be protected from the dangers [of secondhand smoke]. It disturbs me that business owners would claim "business rights" over the health of their employees. Even if the employees said it was OK, many of them felt that they couldn't say anything else for fear of retribution. In my opinion, that is wrong.

How did you encounter this information (the facts, statistics, messages) you just mentioned?

Primarily in TV ads, newspaper articles, TV news reports, social media, website, and, as I mentioned before, my work with the [American] Cancer Society.

Did you use any of those pieces of information in your statement before City Council?

Yes, all of those messages I heard and stated before were included in my remarks before the Birmingham City Council. Additionally, I spoke about how reducing exposure to secondhand smoke encourages people to quit or cut down on smoking and prevents youth from starting to smoke. I also spoke about have a comprehensive ordinance so that compliance would be high throughout the city.

From your point of view, what has been the effect of the new law since it took effect on June 4, 2012?

From my perspective, the effects have been wonderful. I can enjoy going to bars without coming home smelling like an ashtray. I have yet to see data on how the ordinance has affected

Birmingham business in the last year, but I suspect the numbers won't be much different than before the ordinance went into effect.

What news media do you find most credible?

Local newspapers like The Birmingham News and local TV, as well as national network TV news

When it comes to national political news, which national television networks do you trust the most and the least?

The most, Fox News. The least, ABC News

Do you believe news media played a role in the passage and implementation of the Birmingham Smoke-Free Indoor Air Ordinance?

Yes, the ordinance received positive press for the most part. I thought the newspaper did a great job covering the passage and did a great job editorializing on the dangers of secondhand smoke. However, the local TV stations were more interested in sensationalizing the story from the bar perspective. They focused mainly on who could possibly be hurt by lack of business rather than looking at the positive health aspect of the ordinance.

Did social media play a role in the passage and implementation of the Birmingham Smoke-Free Indoor Air Ordinance?

I was less involved in the social media aspect of the ordinance but I think it is difficult to move supporters to comment on websites or in social media forums. They just don't seem to have as much interest.

Can you describe public relations (PR) in your own words?

Public relations is the practice of sharing a certain message or information specific to a project or issue to the general public.

If I have any follow up questions, do I have your permission to contact you again?

Yes.

APPENDIX H

Interview Transcript: Charline Whyte

Interview Date: April 18, 2013

What is name?

Charline Whyte

What is your job title?

Tobacco Prevention and Control Program Manager at the Jefferson County Department of Health

You were at the Birmingham City Council public hearing regarding the smoke-free ordinance on April 17 last year. Can you tell me why you were at this meeting?

I was at the public hearing because my job as meant I was over public health policy for the health department. I was there to answer questions from the councilors about how the health department would enforce the proposed ordinance.

How did you hear about the public hearing?

Through my work with the Tobacco Free Task Force and the Health Action Partnership.

What are the main facts, stats, or messages you heard in local media related to secondhand smoke and/or smoking policies?

The top three messages that I remember were: 1. Secondhand smoke is a serious public health issue. 2. There is no safe level of exposure to secondhand smoke. 3. Everybody has the right to breath smoke-free air.

Why did those particular messages resonate with you?

Because of my job I am very familiar with the science behind tobacco use. I strongly believe that non-smokers should never suffer from the harms of secondhand exposure.

8. Where did you encounter this information during the campaign?

Through the media. TV, radio and newspaper ads, newspaper articles, local TV stations, talk radio, Facebook, Twitter, and websites.

From your point of view, what has been the effect of the new law since it took effect last June?

It was been very positive. Over the last couple of months, there has been a boom of new business in Birmingham, undermining opposition's fear of loss of business. Much to the contrary, I believe that having a level playing field drives business into the city.

What news media do you find most credible?

Newspapers (local and national) and national news [TV]

When it comes to national news, which national TV network do you trust the most?

CNN

Which national TV network do you trust the least?

Fox News

Do you believe news media played a role in the passage and implementation of the Smoke-Free law?

Yes. The news media increased awareness, driving up the demand for equal protections for everyone.

Did social media play a role?

I'm not really sure on the political side. On the grassroots side it did increase community education and mobilization.

Please describe public relations (PR) in your own words.

Public relations is an essential component of a comprehensive strategic plan to move public health. It is the glue that connects the community to environmental, systems and policy change.

If I have any follow up questions, do I have your permission to contact you again?

Yes.

APPENDIX I

Interview Transcript: Mark Cummings

Interview Date: April 29, 2013

What is your name?

Mark Cummings

What is the job title for your current position?

General Manager of a bar called Al's on Seventh

You were very outspoken during the SmokeFree Birmingham campaign and attended the Birmingham City Council meeting about the proposed ordinance on April 17 last year.

How did you hear about the city council public hearing?

News media

What are the primary facts, stats, or messages you heard in local media related to secondhand smoke and/or anti-smoking policies?

The specific stats I can't quote, but there were lots of numbers thrown around on social networks as well as the local media. But the main message was: smoking is detrimental to those who actually don't light up because of second hand and third-hand smoke, which honestly I had never heard of.

Why do that particular message resonate with you?

Because I learned something I didn't know.

How did you encounter this information during the campaign?

Through newspaper articles and social media

From your point of view as a business owner and opponent of the law, what has been the effect of the new law since it took effect?

From a business standpoint, it hasn't hurt. In fact, being smoke-free has done the opposite. It has helped business, mainly because there are those who didn't want to be around smokers so they wouldn't come into our business. Since the law has gone into effect, I have noticed those people coming in more often.

What news media do you find most credible?

Local TV news

What national television networks do you trust the most?

CNN

What national television networks do you trust the least?

Fox News

Do you think the news media played a role in the passage and implementation of the Birmingham Smoke-Free Indoor Air Ordinance?

Yes. The media helped to stir the debate with input from non-smoking groups and also helped to get Councilman Austin's ordinance to be amended so that it wasn't as strict as written.

Do you think social media played a role in the passage and implementation of the law?

Both sides of the smoking ordinance were able to get their information to those who wanted to share, which they did almost to a fault. Social networking sites like Facebook also helped to get articles and blogs more traffic.

Please describe public relations (PR) in your own words.

PR is the manner in which you try to shape perception of your business/cause.

If I have any follow up questions, do I have your permission to contact you again?

Yes.

APPENDIX J

Interview Transcript: Councilor Kim Rafferty

Interview Date: March 19, 2014

What is your name?

Kimberly Rafferty

What is the job title for your current position?

Birmingham City Councilor for District 2

You made comments about your skepticism during the April 17 public hearing about the proposed smoke-free ordinance. Please describe what compelled you to speak at the meeting.

I see the practical need to restrict smoking in restaurant settings and, as I was a cocktail waitress during my college days, I can appreciate the issue of smoke-filled bars. However, the foundations of their argument were flawed. In such adult establishments, smoking, regulated by law to be a legal past time for those of age — similar to alcohol. I can see the practicality for requiring stricter codes on business establishments to filter the air or meet clean indoor air standards to protect everyone's health. But to remove it completely just because some waitresses don't want it is not justifiable. As well, allowing persons to smoke stronger forms of tobacco, like hookah and cigar bars, is hypocritical.

Those that oppose alcohol usage remove themselves from those environments that promote it.

The same should be said for non-smokers.

It is legal to sell, purchase, and smoke tobacco products in this country. We realize millions of dollars in tax revenue every year. It seems contradictory and highly unfair to make something legal, tax it heavily, and then make it illegal to use in public settings.

Lastly, it was never clearly stated the intended result of making smoking illegal. They argue health but did not state the positive impact. They stated they wished to secure the health of workers but I never saw any data to support that viewpoint. They stated they wanted to clean the air for all, but in forcing smokers from private settings to the public right of way, as well as protecting the rights of specialty smoking activities and establishments, they actually moved the smoke haze into the pathway of the general public and encourage cigarette smokers to try stronger or alternate forms of tobacco smoking so they can smoke in clubs.

You spoke about your skepticism, but you ultimately voted for the ordinance. How do you explain your vote?

I believe in the idea but not in path being paved to achieve it by special interests groups. The ordinance is self-serving, short sighted, and served only to promote an agenda, not improving the life quality of anyone.

What are the primary facts, stats, or messages you heard in local media related to secondhand smoke and/or smoking policies?

I paid them no attention. I get my information from talking to people working in those environments and from first-hand life experience.

From your point of view, what has been the effect of the new law since it took effect?

There has been a decline in many local bars on the Eastern section. Many are choosing to go to nearby municipalities that do allow them their right to smoke.

What news media do you find most credible?

None, I research independently to see if they are reporting correctly.

Do you believe news media played a role in the passage and implementation of the Birmingham Smoke-Free Indoor Air Ordinance?

Yes, because it placed sensational political pressure on the idea but paid no heed to the substance of the ordinance.

Please describe the role you believe social media played.

The same as the news media: It placed sensational political pressure on the idea but paid no heed to the substance of the ordinance.

Please describe public relations (PR) in your own words.

For mainstream, it is where a special focus or spin is given to an issue or event to achieve a specific assumption or belief. It is not, for the most part, bipartisan, so to speak.

If I have any follow up questions, do I have your permission to contact you again?

Yes.

APPENDIX K

Interview Date: March 19, 2014

What is your name and job title?

Ashley Lyerly, Director of Public Policy, American Lung Association in Alabama (current).

Previous: Advocacy Director

You spoke at the Birmingham City Council hearing on the Smoke Free Indoor Air Ordinance about your support of it. Please describe what compelled you to make those remarks at the meeting?

As a public health organization that promotes lung health, it is imperative that we protect all workers from the dangers of secondhand smoke exposure. The American Lung Association and other tobacco prevention partners had been working across Jefferson County for over a year educating community residents and stakeholders on the dangers of secondhand smoke exposure and the benefits of smoke-free policies. The public hearing was the culmination of the education and community mobilization across Birmingham.

How did you learn about the public hearing for the proposed ordinance?

I was the individual who introduced the Smokefree Air Ordinance for consideration of the City of Birmingham City Council. In partnership with other organizations, we educated the city council members and Mayor about the benefits of this policy change and, at the right time, worked with the City Council to introduce the ordinance and move the policy process forward including a public hearing.

Where do you get most of your information about secondhand smoke and the health effects associated with it?

Information on secondhand smoke and the health effects comes from the US Surgeon General, CDC, and World Health Organization. Other organizations provide information respective to their public health interest, including American Lung Association, American Heart Association, American Cancer Society Cancer Action Network, Campaign for Tobacco Free Kids, Alabama Department of Public Health, Americans for Nonsmokers Rights and Jefferson County Department of Health.

What are the primary facts, stats, or messages you recall hearing in local media related to secondhand smoke?

- Secondhand smoke is a serious public health issue.
- The only way to eliminate exposure to secondhand smoke is through the implementation of smoke-free workplace and public place protections.
- Everyone deserves to breathe smoke-free air.

Why do those particular pieces of information resonate with you?

They are the main message points we used in our community education and mobilization efforts. These message points have been used in smoke-free campaigns across the country and tested.

Where did you hear those?

I used these talking points and I heard these from the smokefree advocates

Did any of these facts, stats, or messages appear in your statement before City Council?

Yes, the ones I listed.

From your point of view as then-advocacy director at ALA, what has been the effect of the new law since it took effect June 4, 2012?

Workers, residents and visitors are protected from secondhand smoke exposure. In conversations with businesses, they have shared that the new law has been a positive experience with an increase in revenue.

Where do you get your news/information?

- AL.com/Birmingham News
- Social media such as Twitter and Facebook
- ABC 33/40
- WBHM

What news media sources do you believe are the most credible?

WBHM, AL.com/Birmingham News

Do you believe news media and/or social media played a role in the eventual passage and implementation of the smoking ban?

Yes.

Could you describe that role?

I believe that the support from the Birmingham News and other positive support from media helped to support the City Council in their decision.

In your opinion, as the person who introduced the ordinance to the council, why did the SmokeFree Birmingham campaign succeed?

The campaign succeeded because of ongoing partnership between tobacco prevention organizations and persistent communication and education throughout Birmingham with community leaders and residents on the dangers of secondhand smoke exposure.

APPENDIX L

Interview Transcript: Bradford Kachelhofer

Interview Date: March 29, 2013

What is your name and job title?

Bradford Kachelhofer, Principal at The Modern Brand Company

Please describe how The Modern Brand came to be involved in the Health Action Partnership's Smoke-Free Birmingham campaign?

The Modern Brand partnered with the Health Action Partnership in 2009 to write a grant proposal for the Centers for Disease Control's "Communities Putting Prevention to Work" initiative. In early 2010, Jefferson County was awarded funding to implement evidence-based strategies to improve and influence community health behaviors around nutrition, physical activity, and tobacco use. The Modern Brand worked with the Health Action Partnership to customize the CDC's media-related strategies for Jefferson County and create a plan that would support and complement community health strategies regarding access and public policies.

Explain how the marketing portion of the campaign was devised at the beginning of the grant?

The early intent of the CPPW initiative highlighted media strategies that countered tobacco advertising and influenced individual tobacco use. Therefore, the campaign for Jefferson County was initially reliant on frequent broadcasting of marketing materials provided by the CDC's Office on Smoking and Health. Our assessment of our audience revealed that awareness of the dangers of tobacco-use and exposure to secondhand smoke was exceptionally low.

We were further tasked with leveraging the disproportionate media budget of the narrowly defined tobacco initiative to support the broader, more numerous obesity prevention initiatives. With the generous budget available, we developed a comprehensive marketing plan that included a significant media buy, sponsorship of events, collateral materials for use in grassroots efforts, and public relations support to publicize grant activities and successes. Our initial intent was to combine the tobacco and obesity messages in our campaign in order to be inclusive of the multiple community partners.

In late 2010, the emphasis evolved from changing personal health behaviors to strengthening public policies. Further, M+R Strategic Services was employed by the Partnership to consult on smoke-free policy strategies. M+R recommended not only a unique campaign for the tobacco initiative separate from the obesity side, but unique campaigns for each of five target communities within Jefferson County. This shift created the need for new marketing materials that directly addressed policies in our community as well as a change in the public relations emphasis from publicizing events to rallying public support.

Describe the role of public relations in developing the campaign.

As a component of the smoke-free campaign, public relations was originally considered to have a role of announcing policy changes in each community. The scope of work was defined specifically to achieve a set number of media placements when Board of Health resolutions or municipal policies were passed. As the work was done, it became clear that public relations would be more useful in providing support for the work as it progressed instead of only when work was finished.

Describe the role of public relations in the campaign's eventual success.

The eventual success of the campaign in Birmingham was attributed to the public relations efforts by the City Council as they voted on the ordinance. Several councilors cited the media coverage as comprehensive enough to disavow the opposition's claim that the public was not informed. The saturation of the messages through the public relations placements in addition to the ubiquitous advertising campaign contributed to the success of the campaign.

List any key pieces of information—facts, statistics, marketing messages—that were used in the campaign?

Everyone deserves the right to breathe clean air.

More than 800 Alabamians die each year from secondhand smoke.

There is no safe level of exposure to secondhand smoke.

Three out of four voters surveyed in Jefferson County support smoke-free policies.

78% of Alabamians do not smoke.

The American Lung Association gives Alabama "F" grades in all categories of tobacco prevention.

Smoke-free ordinances are the only effective ways to eliminate exposure to secondhand smoke.

Call 1-800-Quit-Now or visit AlabamaQuitNow.com for help quitting tobacco.

Tobacco use costs the state billions of dollars in health care spending.

Which were the most salient? Why?

There is no safe level of exposure to secondhand smoke. And Call 1800QuitNow. A large portion of our audience found that the dangers and risks of smoking and secondhand smoke are serious issues that demand action. They also responded favorably to the messages that gave smokers help to quit.

Which fell flat? Why?

Messages that favored "rights" were the least memorable according to surveys. Neither the public nor the political audience was moved by messages concerning the high cost of disease associated with tobacco-use versus the cost of preventing tobacco-use. Also, our message was consistently about creating "smoke-free environments," because surveys indicated that the public overwhelmingly heard the message as a "public smoking ban."

Why did the partnership choose to segment the campaign hyper-locally into municipal sub-campaigns (logos, social media accounts, etc.)?

M+R Strategic Services, a tobacco policy consultancy, recommended the hyper-local campaigns. Because M+R has consulted on successful anti-tobacco campaigns in places such as New York City, Minnesota and Montana, the Partnership followed their advice.

Do you believe this was a good decision in retrospect? Why or why not?

At the time, The Modern Brand recommended segmentation was a mistake and I continue to believe that it was a bad tactic. I think that the segmentation diluted the message and created confusion for the broad Central Alabama audience. The City of Birmingham, being the largest city in the region, received a disproportionate amount of attention, so other local governments were not pressured to act. SmokeFree Birmingham had almost as much awareness as SmokeFree Alabama. The other cities or municipalities targeted had very little awareness and very little budget to devote to improving that awareness. Concentrating on Alabama as a whole or even all of Jefferson County could have made a larger impact.

What would you have changed about The Modern Brand's marketing efforts?

If I could have changed anything, I would have liked to have more flexibility in the way the marketing/media budget was spent. We reacted to the Health Action Partnership's urgency to get

started immediately in the fall of 2010, when we should have waited to see if the CDC delivered what they had promised. The budget allocation was dependent on using creative materials from CDC and those materials were not applicable to our smoke-free initiatives or our audiences.

Describe why you believe the smoke-free campaign succeeded in Birmingham. What might have made it more successful, in your professional opinion?

I believe the smoke-free campaign succeeded in Birmingham because the City Council found the issue politically viable and because smoke-free policies were given highest priority by the working groups and partners. I think if the partners involved (Jefferson County Department of Health, American Lung Association, American Cancer, and American Health) had been more cooperative with each other, the efforts would have been more focused. If the partners had been more open to negotiating for the best possible ordinances, rather than an all-or-nothing approach, stronger policies would have been passed in more municipalities.

If I have any follow up questions, do I have your permission to contact you again?

Yes.

APPENDIX M
CITY COUNCIL MINUTES, APRIL 17, 2012

**REGULAR MEETING OF THE COUNCIL
OF THE CITY OF BIRMINGHAM
APRIL 17, 2012 at 9:30 A.M.**

The Council of the City of Birmingham met in the Council Chambers of the City Hall of Birmingham on April 17, 2012 at 9:30 a.m., in regular meeting.

The meeting was opened with prayer by The Reverend Tracy Hipps, Executive Director of Christian Service Mission

The Pledge of Allegiance was led by Councilmember Maxine Herring Parker.

Present on Roll Call:	Council President	Royal
	Councilmembers	Abbott
		Austin
		Hoyt
		Parker
		R Roberson
		Rafferty
		Scales

Absent:	Smitherman
---------	------------

The minutes of February 21 and 28, 2012 were approved as submitted.

Mayor William A. Bell, Sr. noted that Public Works has demolished seventy-one (71) structures in Pratt City. He also stated that he will be releasing the full plans for the commemoration on April 27 and 28, 2012 tornado immediately after Council meeting.

Mayor Bell announced that the Birmingham Police Department raised the most funds among the City departments competition for the United Way in the amount of \$33,000.00. Dr. Drew Langoh of United Way presented Police Chief AC Roper and the Police Department with the first annual City of Birmingham United Way Award of Excellence.

Mayor Bell congratulated that Fire Chief Ivor Brooks and the Fire Department has secured a \$208,753.00 grant for fire prevention focusing on homelessness, the elderly multiple family dwelling.

adoption which motion was seconded by Councilmember Abbott, and upon the roll being called the vote was as follows:

Ayes: Abbott, Austin, Hoyt, Parker, Rafferty, Roberson, Scales, Royal
Nays: None

The vote was then announced by the City Clerk, whereupon the Presiding Officer declared the ordinance adopted.

The following ordinance which was introduced and read at the regular meeting on Tuesday, March 13, 2012 at 9:30 o'clock a.m., for a public hearing on Tuesday, April 17, 2012 at 9:30 o'clock a.m., was called up by the Presiding Officer, who stated that this is the time and place for all persons interested in said ordinance to be heard in relation to the changes proposed by said ordinance:

An Ordinance repealing Title 11, Chapter 9, Section 10, "Smoking in Public Places," and adopting in full a new Title 11, Chapter 9, Section 10, "City of Birmingham Smoke Free Ordinance of 2012," and the hearing of all interested parties.

The ordinance was read by the City Clerk and all interested parties who desired to be heard in relation thereto having been heard and considered, Councilmember Royal made a motion that the ordinance be amended to amend Section 2(a) (20) deleting the words "or heated" and deleting "Smoking" also includes the use of an e-cigarette which creates a vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking in this Section" which motion was seconded by Councilmember Austin and adopted.

Whereupon Councilmember Royal made a motion that the ordinance be amended to amend Section 2(b), "Public Places" to add "(27) public parking areas" which motion was seconded by Councilmember Austin and adopted.

Whereupon Councilmember Royal made a motion that the ordinance be amended to amend Section 2(e), "Regulation of Smoking in Outdoor Public Places," (1) and (4) changing from "10 feet" to "7 feet" which was seconded by Councilmember Austin and adopted.

Whereupon Councilmember Royal made a motion that the ordinance be amended to amend Section 2(e), "Regulation of Smoking in Outdoor Public Places," (2) deleting "in, and within 5 feet of outdoor seating or serving areas of restaurants and bars" and replacing it with "in outdoor seating or serving areas located on public property." which motion was seconded by Councilmember Austin and adopted.

Whereupon Councilmember Royal made a motion that the ordinance be amended to amend Section 2(f), "Exemptions," (2)b. changing "50%" to "80%" which motion was seconded by Councilmember Austin and adopted.

Whereupon Councilmember Royal made a motion hat the ordinance be amended to Amend Section 2(f), "Exemptions" (4) "Retail Tobacco Stores," change wording to read "Retail Tobacco Store: means a retail store which is the sole occupant of the building in which it is located and derives at least 90% of its gross quarterly revenue from the sale of tobacco, tobacco products, or tobacco accessories, such as pipes, matches, lighters and ashtrays. Revenue generated from cigarette vending machine sales shall not be used to determine whether a retail store satisfies this definition" which motion was seconded by Councilmember Austin and adopted.

Whereupon Councilmember Royal made a motion that the ordinance be amended to amend Section 2(h), "Signage," (1) to add the wording "No Smoking within 7 feet" signs or the international "No Smoking within 7 feet" symbol" and (2) to add the wording "is prohibited within 7 feet ", which motion was seconded by Councilmember Austin and adopted.

Whereupon Councilmember Smitherman made a motion which was seconded by Councilmember Abbott, that the resolution be adopted as amended as follows:

ORDINANCE NO. 12-52

WHEREAS, the Council of the City of Birmingham, Public Safety Committee, set a Public Hearing on the matter of smoking regulations for the City of Birmingham on February 15, 2012;

WHEREAS, at the public hearing on the matter of smoking in public places, numerous witnesses, including representatives from the American Lung Association, business owners and private individuals testified regarding the harmful effects of secondhand smoke in public places;

WHEREAS, numerous studies have shown that exposure to second hand smoke, a known carcinogen, causes disease and premature death in children and adults who do not smoke and that health hazards induced by breathing secondhand smoke may include lung cancer, heart disease, respiratory infection and decreased respiratory function; and

WHEREAS, business owners should, in the interest of public health, provide a work environment that does not expose workers or customers to unreasonably dangerous conditions and should take precautions not to expose workers or customers to toxic chemicals found in secondhand smoke.

NOW, THEREFORE the Council of the City of Birmingham finds that secondhand smoke is a form of air pollution, a danger to health, and a material public nuisance, and deems it appropriate to enact the following ordinance to (1) protect the public health and welfare by prohibiting smoking in public places and places of employment, (2) guarantee the right of non-smokers, and (3) recognize the need to breathe smoke-free air.

Section 1. BE IT HEREBY ORDAINED by the Council of the City of Birmingham that Title 11, Chapter 9, Section 10 of the General Code of the City of Birmingham, 1980, as amended is hereby repealed and the following Title 11, Chapter 9, Section 10 is hereby adopted to read in full as follows:

Section 2. Smoking in public places and places of employment

(a) *Definitions.* In this Section, the following definitions shall apply:

- (1) "Bar" means an establishment that is devoted to the serving of alcoholic beverages for consumption by guests on the premises and in which the serving of food is only incidental to the consumption of those beverages, including but not limited to, taverns, nightclubs, cocktail lounges, and cabarets.
- (2) "Business" means a sole proprietorship, partnership, joint venture, corporation, or other business entity, either for-profit or not-for-profit, including retail establishments where goods or services are sold; professional corporations and other entities where legal, medical, dental, engineering, architectural, or other professional services are delivered; and private clubs.
- (3) "City" means the City of Birmingham, Alabama
- (4) "Cigar Bar" means a licensed establishment in which the primary activity is the sale, manufacture or promotion of cigars or cigar accessories and in which the sale of other products is merely incidental.
- (5) "Common Area" means a hallway, corridor, lobby, aisle, water fountain area, restroom, stairwell, interior and/or exterior general public entryway or exit, refreshment area, or restroom.
- (6) "E-cigarette" means any electronic oral device, such as one composed of a heating element, battery, and/or electronic circuit, which provides a vapor of nicotine or any other substances, and the use or inhalation of which simulates smoking. The term shall include any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, or under any other product name or descriptor.
- (7) "Employee" means a person who works for an employer, whether in consideration for direct or indirect monetary wages or profit, or as a volunteer.
- (8) "Employer" means a person, association, trust, or a business, including a municipal corporation, with one or more employees.

- (9) "Enclosed Area" means all space between a floor and a ceiling that is bounded on at least two sides by walls, doorways, or windows, whether open or closed. A wall includes any retractable divider, garage door, or other physical barrier, whether temporary or permanent and whether or not containing openings of any kind.
- (10) "Flow Line" means the face of the curb and gutter, or if no curb and gutter, the edge of the pavement.
- (11) "Health Care Facility" means an office or institution providing care or treatment of diseases, whether physical, mental, or emotional, or other medical, physiological, or psychological conditions, including but not limited to, hospitals, rehabilitation hospitals or other clinics, including weight control clinics, nursing homes, long-term care facilities, homes for the aging or chronically ill, laboratories, and offices of surgeons, chiropractors, physical therapists, physicians, psychiatrists, dentists, and all specialists within these professions. This definition shall include all waiting rooms, hallways, private rooms, semiprivate rooms, and wards within health care facilities.
- (12) "Hookah bar" means an establishment that is a bar as defined above, whose business is devoted to the serving of Shisha products, and which serves only complimentary snacks. The hookah bar contains no kitchen facilities and has no access to kitchen facilities, catering, or food, other than the complimentary snacks. A hookah bar devotes a minimum of ten (10) percent of net floor space to the display, storage and sale of actual tobacco products, and does not permit the on-premises use of tobacco products not purchased on the premises. A hookah bar must contain a functioning walk-in commercial grade humidor with a minimum interior area of not less than one hundred (100) square feet and a smoke evacuation system adequate to ensure that smoke from its premises does not infiltrate into areas where smoking is prohibited. The system must be separate from the establishment's HVAC system, vent to the exterior, and be approved by the city building department as having adequate capacity. No patron under the age of twenty-one (21) is allowed in a hookah bar. "Hookah bar" does not include a department or section of a larger commercial establishment
- (13) "Place of Employment" means an area under the control of a public or private employer, including, but not limited to, work areas, private offices, employee lounges, restrooms, conference rooms, meeting rooms, classrooms, employee cafeterias, hallways, construction sites, temporary offices, and vehicles. A private residence is not a "place of employment" unless it is used as a child care, adult day care, or health care facility.

- (14) "Private Club" means an organization, whether incorporated or not, which is the owner, lessee, or occupant of a building or portion thereof used exclusively for club purposes at all times, which is operated solely for a recreational, fraternal, social, patriotic, political, benevolent, or athletic purpose, but not for pecuniary gain, and which only sells alcoholic beverages incidental to its operation. The affairs and management of the organization are conducted by a board of directors, executive committee, or similar body chosen by the members at an annual meeting. The organization has established bylaws and/or a constitution to govern its activities, requires applications to be filled out for membership, and maintains membership records that show the date of application, admission, name and address for each member, and serial number of the membership card issued. The organization has been granted an exemption from the payment of federal income tax as a club under 26 U.S.C. Section 501.
- (15) "Public Place" means an area to which the public is permitted. A private residence is not a "public place" unless it is used as a child care, adult day care, or health care facility.
- (16) "Restaurant" means an eating establishment, including but not limited to, coffee shops, cafeterias, sandwich stands, and private and public school cafeterias, which gives or offers for sale food to the public, guests, or employees, as well as kitchens and catering facilities in which food is prepared on the premises for serving elsewhere. The term "restaurant" shall include a bar area within the restaurant.
- (17) "Retail Tobacco Stores" means any person, government, or entity licensed to sell tobacco products to individuals for personal consumption, or who operates a facility where self-service displays of tobacco products are permitted.
- (18) "Service Line" means an indoor or outdoor line in which one or more persons are waiting for or receiving service of any kind, whether or not the service involves the exchange of money, including but not limited to, ATM lines, concert lines, food vendor lines, movie ticket lines, and sporting event lines.
- (19) "Shopping Mall" means an enclosed public walkway or hall area that serves to connect retail or professional establishments.
- (20) "Smoke" or "Smoking" means inhaling, exhaling, burning, or carrying any lighted or cigar, cigarette, pipe, or other tobacco or plant product intended for inhalation, in any manner or in any form.

- (21) "Sports Arena" means a place where people assemble to engage in physical exercise, participate in athletic competition, or witness sports or other events, including sports pavilions, stadiums, gymnasiums, health spas, boxing arenas, swimming pools, roller and ice rinks, and bowling alleys.
 - (22) "Tobacco Retailer" means any person, government, or entity who sells tobacco products to individuals for personal consumption, or who operates a facility where self-service displays of tobacco products are permitted
- (b) **Public Places.** Smoking shall be prohibited in all enclosed public places within the City of Birmingham, including but not limited to, the following places:
- (1) Aquariums, galleries, libraries, and museums.
 - (2) Banks.
 - (3) Bar and lounges.
 - (4) Bingo facilities.
 - (5) Child care and adult day care facilities.
 - (6) Convention facilities.
 - (7) Educational facilities, both public and private.
 - (8) Elevators.
 - (9) Gaming facilities, including bingo facilities.
 - (10) Health care facilities.
 - (11) Hotels and motels.
 - (12) Laundromats.
 - (13) Lobbies, hallways, and other common areas in apartment buildings, condominiums, trailer parks, retirement facilities, nursing homes, and other multiple-unit residential facilities.
 - (14) Polling places.
 - (15) Private Clubs.

- (16) Professional Offices.
- (17) Public transportation vehicles, including buses and taxicabs, under the authority of the City of Birmingham, and ticket, boarding, and waiting areas of public transportation facilities, including bus, train, and airport facilities.
- (18) Restaurants and retail food production.
- (19) Restrooms, lobbies, reception areas, waiting rooms, hallways, and other common-use areas.
- (20) Retail service establishments.
- (21) Retail stores.
- (22) Rooms, chambers, places of meeting or public assembly, and other enclosed areas and vehicles owned, leased, or operated by the City of Birmingham, including areas under the control of an agency, board, commission, or committee of the City, to the extent the place is subject to the jurisdiction of the City.
- (23) Service lines.
- (24) Shopping malls.
- (25) Sports arenas, including enclosed places in outdoor arenas.
- (26) Theaters and other facilities primarily used for exhibiting motion pictures, stage dramas, lectures, musical recitals, or other similar performances.
- (27) Parking decks and parking facilities under the control of the City of Birmingham

(c) *Regulation of Smoking in Places of Employment.*

- (1) Smoking shall be prohibited in all enclosed areas of places of employment located within the City of Birmingham, including, but not limited to: common work areas, auditoriums, classrooms, conference and meeting rooms, private offices, elevators, hallways, medical facilities, cafeterias, employee lounges, stairs, restrooms, vehicles.
- (2) This prohibition also applies to rooms, chambers, places of meeting or public assembly, and other enclosed areas and vehicles owned, leased, or operated by the City of Birmingham, including areas under the control of an agency, board, commission, or committee of the City, to the extent the place is subject to the jurisdiction of the City.

- (3) This prohibition on smoking shall be communicated to all existing employees by the effective date of this Section and to all prospective employees upon their application for employment.
- (d) **Regulation of Smoking in Residential Facilities.** Smoking shall be prohibited in the following enclosed residential facilities:
 - (1) All private and semi-private rooms in nursing homes.
 - (2) All hotel and motel rooms that are rented to guests.
- (e) **Regulation of Smoking in Outdoor Public Places.** Smoking shall be prohibited in the following outdoor places:
 - (1) In and within, 7 (seven) feet outside entrances, windows, and ventilation systems of enclosed areas where smoking is prohibited, so as to prevent tobacco smoke from entering those areas.
 - (2) In and within, outdoor seating or serving areas of restaurants and bars located on public property.
 - (3) In all outdoor arenas, stadiums, and amphitheaters, smoking shall also be prohibited in, and within 30 (thirty) feet of, bleachers and grandstands for use by spectators at sporting and other public events.
 - (4) In, and within 7 feet of, all outdoor public transportation stations, platforms, and shelters under the authority of the City of Birmingham.
 - (5) In all outdoor service lines.
- (f) **Exemptions.** Notwithstanding any other provision of this Section to the contrary, the following areas shall be exempted from the provisions of this section:
 - (1) Smoking shall not be prohibited in private residences, except when used as a childcare, adult day care, or health care facility.
 - (2) Cigar Bars as defined in Section 2.4. Cigar bars must satisfy all of the following:
 - a. Generates 10 (ten) percent or more of its quarterly gross revenue from the sale of alcoholic beverages for consumption on the premises by customers;
 - b. Generates 80 (eighty) percent or more of its quarterly gross revenue

which derives at least ninety (90) percent of its gross quarterly revenue from the sale of tobacco, tobacco products, or tobacco accessories, such as pipes matches, lighters and ashtrays. Revenue generated from cigarette vending machine sales shall not be used to determine whether a retail store satisfies this requirement.

- (g) ***Designation of an Establishment or Outdoor Area as Nonsmoking.*** Notwithstanding any other provision of this Section, an owner or other person in control of an establishment, facility, or outdoor area may declare that entire establishment, facility, or outdoor area as a nonsmoking place. Smoking shall be prohibited in any place in which a sign conforming to the requirements of Section 11-9-10(h) is posted.
- (h) ***Signage.*** The owner, or other person in control of a public place or place of employment where smoking is prohibited by this Section shall:
 - (1) Clearly and conspicuously post "No Smoking within 7 feet" signs or the international "No Smoking within 7 feet" symbol (consisting of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it) in that place;
 - (2) Clearly and conspicuously post at every entrance to that place a sign stating that smoking is prohibited within 7 feet;
 - (3) Clearly and conspicuously state on the "No Smoking" sign or the international "No Smoking" symbol the distance requirement that corresponds to the type of establishment in accordance with 2 (e); and
 - (4) Clearly and conspicuously post on every vehicle that constitutes a place of employment under this Section at least one sign, visible from the exterior of the vehicle, stating that smoking is prohibited.
- (i) ***Nonretaliation; nonwaiver of rights.***
 - (1) No person or employer shall discharge, refuse to hire, or in any manner retaliate against an employee, applicant for employment, customer, because that employee, applicant, or customer exercises any rights afforded by this Section or reports or attempts to prosecute a violation of this Section. Notwithstanding Section 11-9-10(k), violation of this provision shall be a misdemeanor, punishable by a fine not to exceed \$1,000 for each violation.
 - (2) An employee who works in a setting where an employer allows smoking does not waive or otherwise surrender any legal rights the employee may have against the employer or any other party.

(j) *Enforcement.*

- (1) This Section shall be enforced by any County Health Officer or his or her duly authorized representative, the Fire Marshall or his or her duly authorized representative, any duly sworn police officer employed by the City of Birmingham, or as otherwise allowed by law.
- (2) Notice of the provisions of this Section shall be given to all applicants for a business license in the City of Birmingham.
- (3) Any citizen who desires to register a complaint under this Section may initiate enforcement with an entity responsible for enforcement, such as the Jefferson County Department of Health or Police Department.
- (4) The County Health Department, the Fire Department, or their designees shall, while an establishment is undergoing otherwise mandated inspections, inspect for compliance with this Section.
- (5) Any owner, manager, operator, or employee of an area regulated by this Section shall direct a person who is smoking in violation of this Section to extinguish the product being smoked. If the person does not stop smoking, the owner, manager, operator, or employee shall refuse service and shall immediately ask the person to leave the premises. If the person in violation refuses to leave the premises, the owner, manager, operator, or employee shall contact a law enforcement agency.
- (6) Notwithstanding any other provision of this Section, an employee or private citizen may bring legal action to enforce this Section.
- (7) In addition to the remedies provided by the provisions of this Section, the City of Birmingham, the county health officer, or any person aggrieved by the failure of the owner, operator, manager, or other person in control of a public place or a place of employment to comply with the provisions of this Section may apply for injunctive relief to enforce those provisions in any court of competent jurisdiction.

(k) *Violations and penalties.*

- (1) A person who violates Title 11- 9-10 commits a violation, punishable by a fine of \$50 for each violation. A charge of violation shall be treated in the same manner as a traffic violation. Any law enforcement officer may issue a citation pursuant to this section.

- (2) Except as otherwise provided in Section I (1), a person who owns, manages, operates, or otherwise controls a public place or place of employment and who fails to comply with the provisions of this Section shall be guilty of an offense, punishable by:
 - a. A fine of one hundred dollars (\$100) for a first violation. A charge of violation shall be treated in the same manner as a traffic violation.
 - b. A fine of two hundred dollars (\$200) for a second violation within one (1) year. A charge of violation shall be treated in the same manner as a traffic violation.
 - c. A fine of five hundred dollars (\$500) for each additional violation within one (1) year. A charge of violation shall be treated in the same manner as a traffic violation.
- (3) In addition to the fines established by this Section, violation of this Section by a person who owns, manages, operates, or otherwise controls a public place or place of employment may result in the suspension or revocation of any permit or license issued to the person for the premises on which the violation occurred.
- (4) Violation of this Section is hereby declared to be a public nuisance, which may be abated by the City of Birmingham, the county health officer, or a designee by restraining order, preliminary and permanent injunction, or other means provided for by law, and the entity or person seeking abatement may take action to recover the costs of the nuisance abatement.
- (5) Each day on which a violation of this Section occurs shall be considered a separate and distinct violation.

- (I) **Other applicable laws.** This Section shall not be interpreted or construed to permit smoking where it is otherwise restricted by other applicable laws.

Section 3. Public Education. The City of Birmingham may publish a brochure for affected businesses and individuals explaining the provisions of this Ordinance.

Section 4. Governmental Agency Cooperation. The City of Birmingham will request other governmental and educational agencies having facilities within Jefferson and Shelby Counties to establish local operating procedures in cooperation and compliance with this Ordinance. This includes urging all Federal, State, County, and School District agencies to update their existing smoking regulations to be consistent with the current health findings regarding secondhand smoke.

Section 5. Severability. If any word, provision, clause, sentence, paragraph, or subsection of this

Ordinance or the application thereof to any person or circumstances shall be held invalid by a court of competent jurisdiction then the remaining provisions of this Ordinance shall be in full force and effect.

Section 6. Effective Date. This Ordinance shall be effective after approval by the Council of the City of Birmingham and Mayor and publication as required by law, provided that the effective date shall be 30 days after publication as required by law.

And upon the roll being called the vote was as follows:

Ayes: Abbott, Austin, Hoyt, Parker, Rafferty, Roberson, Scales, Royal
Nays: None

The vote was then announced by the City Clerk, whereupon the Presiding Officer declared the ordinance adopted as amended.

The following resolution was introduced by Councilmember Abbott:

RESOLUTION NO. 689-12

BE IT RESOLVED by the Council of the City of Birmingham that Resolution No. 456-12, adopted by the Council March 27, 2012, approving the application of Event Concessions, Inc. for a Special Events License 140 to be used at Schaeffer Crawfish Boil be and hereby is amended to read as follows:

BE IT RESOLVED by the Council of the City of Birmingham, that the application submitted by Event Concessions, Inc. to the City of Birmingham, Alabama, dated February 8, 2012, for a Special Events License 140 to be used at Schaeffer Eye Center Crawfish Boil, May 4-5, 2012 on 22nd, 23rd and 24th Streets North from 9th Avenue North to 11th Avenue North, Birmingham, be and the same is hereby approved and recommended for grant by the Alabama Alcoholic Beverage Control Board.

The resolution was read by the City Clerk, whereupon Councilmember Abbott moved its adoption which motion was seconded by Councilmember Rafferty, and upon the roll being called the vote was as follows:

Ayes: Abbott, Austin, Hoyt, Parker, Rafferty, Roberson, Scales, Royal
Nays: None

The vote was then announced by the City Clerk, whereupon the Presiding Officer declared the resolution adopted.

Councilmember Royal absented himself.