



Performax Consulting Services, L.L.C.

28284 Franklin Road
Courtyard Office Plaza
Southfield, Michigan 48034
(248) 350-0700
Fax (248) 350-0703
Email: perfrmax@aol.com

BROGAN & PARTNERS:
THE CENTER FOR SOCIAL GERONTOLOGY
TOBACCO CESSATION PROGRAM RESEARCH

➤ FOCUS GROUP RESEARCH REPORT ◀

December 4, 2001

**BROGAN & PARTNERS:
THE CENTER FOR SOCIAL GERONTOLOGY
TOBACCO CESSATION PROGRAM RESEARCH
➤ FOCUS GROUP RESEARCH REPORT ◀**

TABLE OF CONTENTS

RESEARCH OBJECTIVES..... 1

RESEARCH DESIGN 2

KEY FINDINGS AND CONCLUSIONS..... 4

ATTITUDES, OPINIONS, AND BEHAVIORS RELATED TO SMOKING 5

TOBACCO CESSATION ATTITUDES, OPINIONS, AND BEHAVIORS 11

EXPOSURE TO TOBACCO CESSATION ADVERTISEMENTS 18

APPENDICES

A. FOCUS GROUP RECRUITMENT SCRIPT

B. FOCUS GROUP DISCUSSION TOPICS

RESEARCH OBJECTIVES

Brogan & Partners contracted *Performax*, on behalf of **The Center for Social Gerontology**, to conduct a qualitative research study with current and former smokers who are 60 years of age or older. Prior to this study, *Performax* had conducted numerous studies for Brogan & Partners and the Michigan Department of Community Health [MDCH] with various types of consumers who are involved in some way with smoking and smoking-related consequences: Teenagers, pregnant women, non-smokers, ex-smokers, smoking adults under 60 years of age, physicians, dentists, and employers. However, this is the **first study** conducted by *Performax* for Brogan & Partners that specifically focuses on seniors.

Prior to developing new marketing and advertising communications to target the elderly population in Michigan, research was needed to provide qualitative insight into their attitudes, opinions, behaviors, and sensitivities concerning tobacco usage. More specifically, the objectives of this research study were to:

- 1) Provide insight into the motivations, opinions, and behaviors of the elderly about tobacco use and cessation.
- 2) Identify the key motivators, resources, and tobacco cessation aids used successfully by ex-smokers.
- 3) Identify the key barriers [attitudinal, physical, and behavioral] that have prevented current smokers from quitting successfully.
- 4) Identify the media formats to use to effectively reach and communicate with these target consumers.
- 5) Gauge their reactions to the messages communicated in several tobacco cessation radio advertisements developed by Brogan & Partners for MDCH.

RESEARCH DESIGN

Four 90-minute focus group sessions were conducted at *Performax* over a two-day period: November 12, 2001 and November 16, 2001. All four groups were conducted during normal business hours. The recruitment script used to contact, screen and schedule these four groups of consumers is contained in Appendix A.

Each group consisted of a mix of men and women who are 60 years of age or older and reside in Metro Detroit. Across the four groups, there were 37 total participants. However, the consumers were segmented based on ethnicity and tobacco usage:

Group 1: African-Americans who currently use tobacco products on a consistent basis [cigarettes, cigars, pipe, chewing tobacco, or snuff] and are receptive to quitting.

A total of nine consumers participated in this group – seven women and two men. Some of the male consumers who were confirmed to attend did not show up. All nine participants smoke cigarettes of varying amounts, ranging from a few to a half pack a day. There was a fairly wide age span represented by these consumers -- 65 to 81 years. Most of them have children and/or grandchildren

Group 2: African-Americans who successfully stopped using tobacco products at least six months ago.

There were nine consumers in this group – six women and three men. They ranged in age from 60 to 85 years. Practically all of them are parents or grandparents. All nine consumers are ex-smokers who used to smoke about a half pack to a full pack of cigarettes a day when they quit smoking

Group 3: Caucasians who currently use tobacco products on a consistent basis and are receptive to quitting.

This group consisted of 11 cigarette smokers who smoke varying amounts in an average day -- a few to about two packs a day. They were 62 to 77 years of age, and practically all of them are parents and/or grandparents.

Group 4: Caucasians who successfully stopped using tobacco products at least six months ago.

Eight consumers participated in this focus group, ranging in age from 63 to 77 years. All of them were smoking about a half pack to a full pack or more when they quit

smoking.

RESEARCH DESIGN

Appendix B contains a copy of the discussion guide used in this study. The radio advertisements presented to the groups from the current tobacco cessation ad campaign were as follows:

- ✓ *Best Friends*
- ✓ *Read the Kit*
- ✓ *What Will It Take?*
- ✓ *Toxic Waste*
- ✓ *Prognosis*

All of the participants received \$65.00 for attending the 90-minute session. There were no stated objections to being audiotaped, videotaped, or observed through the one-way mirror by members of the project team from Brogan & Partners and The Center for Social Gerontology.

KEY FINDINGS AND CONCLUSIONS

This section of the report provides a synthesis and summary of findings from the four groups of senior citizens residing in Metro Detroit, based on the topics covered in the sessions:

- **ATTITUDES, OPINIONS, AND BEHAVIORS RELATED TO SMOKING**
- **TOBACCO CESSATION ATTITUDES, OPINIONS, AND BEHAVIORS**
- **EXPOSURE TO TOBACCO CESSATION ADVERTISEMENTS**

Special attention is drawn to the similarities, as well as nuances that stood out by gender, ethnicity, current smoking status, and other key background information obtained for each group. To enhance the value of the findings, *Performax* also provides relevant comparisons to findings from other types of consumers about tobacco use and cessation. For more specific information or verbatim comments not highlighted in this report, please refer to the audiotapes and videotapes provided to Brogan & Partners.

Generally speaking, there were many similarities in the attitudes, opinions, and behaviors of the four groups of consumers, despite differences in ethnicity, gender, age, or current tobacco consumption patterns. This is an important general observation because it *implies* they may be treated as a single target segment in marketing and advertising communications, rather than separate sub-segments.

- However, since this is the first tobacco cessation study with elderly consumers, and it's based on feedback from only 37 consumers, *Performax* cannot generalize the findings to the elderly population in Michigan with any degree of confidence. Rather, these results should be used for directional purposes only.

Performax recommends additional research be conducted:

- (1) Targeted focus groups with elderly smokers who have been diagnosed with a health problem that's caused or exacerbated by smoking.
- (2) A survey of the elderly population in Michigan to confirm and *quantify* the findings from this study of four focus groups.

**KEY FINDINGS AND CONCLUSIONS:
ATTITUDES, OPINIONS, AND BEHAVIORS RELATED TO SMOKING**

- ❑ **Generally speaking, all four groups started smoking cigarettes at around the same age – teen years.** However, there were a few exceptions noted among smokers and ex-smokers. One of the African-Americans [female ex-smoker] recalls smoking her first cigarette when she was nine years of age. Similarly, a couple of the Caucasian male smokers were around this same age when they smoked their first cigarette. On the other hand, a couple of the Caucasian smokers said they didn't start smoking until they were in their early 20s.
 - A quick calculation indicates the consumers in this study have been smoking for 50-70 years, depending on their age today – including those who quit within the six months or so.
- ❑ Various motivations or reasons were given by the consumers for starting smoking. It is important to note that there were key similarities in the reasons given by Caucasians, African-Americans, smokers, ex-smokers, and consumers from other studies *Performax* has conducted for Brogan & Partners and MDCH [teens, adults, and pregnant women].
 - Regardless of the type of reason given, the common thread was a desire to understand the appeal of cigarettes and smoking. When the consumers in this study were asked how they felt when they first started smoking, the words they used provide additional insight: *“Big, sophisticated, grown up, fitting-in, belonging with the cool kids, sick, dizzy, and the sharp thing to do”*.
 - The following lists the reasons given by consumers in this study for starting smoking, followed by a quick look at findings from other studies.
 - **Public persona / Self-image.** Many of the consumers saw smoking as mature, cool or macho [males], sophisticated, sharp, and glamorous [women]. They started smoking to project this image of themselves.

This is still one of the most frequently heard reasons given by smokers of all ages, and it continues to be a prevalent motive for teens to start smoking.

- **Curiosity.** Some of the consumers in this study simply wanted to experience smoking a cigarette out of curiosity. They wanted to see what smokers liked about smoking. One of the Caucasian smokers said he first smoked the leaves from grapevines before trying cigarette tobacco.

A look at previous studies suggests curiosity may be more prevalent among those who

start smoking at a really young age – pre-teens and early teens. Those who start smoking in their 20s or later do not mention curiosity as a motive for starting.

**KEY FINDINGS AND CONCLUSIONS:
ATTITUDES, OPINIONS, AND BEHAVIORS RELATED TO SMOKING**

- **Role modeling / peer pressure.** Several of the consumers were encouraged to smoke their first cigarette by a school mate, friend, older sibling, or other family member relatively close in age. On probing, most of the smokers and ex-smokers in this study had at least one parent or close adult relative who smoked around them.

“My buddies encouraged me to try it; my older sisters had some influence – they said, go ahead and try it; My Daddy started me – I used to roll and light his cigarettes for him; my older sisters smoked – I took their cigarette butts and smoked them.”

Despite all of the public health evidence against smoking and all the communications available to discourage smoking, peer pressure continues to be a key reason given by young people today for starting smoking.

- **Exposure / Environment.** Occasionally, a smoker and ex-smoker said they started smoking because it was the *in-thing* to do at the time. Years ago smoking was socially acceptable and prevalent. In fact, there were comments about tobacco companies passing out samples on college campuses and in the service.

“All the kids smoked; just about everyone in my family smoked; everybody around me smoked – my mother, father, sisters, and neighbors; everybody else was doing it; when I was a freshman in college, a tobacco company paid me to pass out samples on campus; I learned about smoking in the Navy where they gave samples of cigarettes to us; the government used to give you cigarettes if you were in the service.”

This is the only motive given by smokers and ex-smokers that’s seldom mentioned in studies with younger consumers. Rather, their reasons for starting are related more to peer pressure, image projections, or simple curiosity.

- **Physical and mental health.** A few consumers [African-American smokers and Caucasian ex-smokers] recalled being advised to use tobacco for medicinal purposes -- to *settle their nerves* or to *lose weight*. One of them said she was told by her doctor to chew tobacco to calm her nervous stomach but, since she didn’t like the taste of chewing tobacco, she smoked cigarettes instead. A second consumer said they would get “*charley horses*” and was told by her doctor to smoke cigarettes. The third consumer said she was in an accident at an amusement park, and a member of the

rescue crew gave her a cigarette to calm her nerves. And, the fourth consumer said she was told smoking would help control her appetite and help her lose weight.

**KEY FINDINGS AND CONCLUSIONS:
ATTITUDES, OPINIONS, AND BEHAVIORS RELATED TO SMOKING**

These are new findings for *Performax* and somewhat of a surprise. In our studies with younger smokers and ex-smokers, this is typically listed as a *barrier* to quitting, a reason for *continuing* to smoke, and a reason for *relapsing* after quitting for a period of time. We have not heard consumers under 60 years of age say they started smoking for physical or mental health reasons.

- Throughout the many years of smoking, they've varied the amount smoked. Importantly, the variations in their consumption patterns are very similar to those expressed by consumers in other age groups.
 - There are times when the consumers in this study smoke more than usual, and other times when they're consciously cutting down by counting the number of cigarettes they smoke each day, quitting for long periods of time [weeks or months], and restricting where they smoke. It is important to note that ex-smokers talked about having similar consumption patterns before they finally quit for good.
 - All of the smokers and non-smokers know exactly how much they smoke in an average day. The fact that they can give an exact number and state this in somewhat proud tones indicates it's a conscious effort to not smoke. They're acutely conscious of how much they're smoking, and ex-smokers were similar because they recalled how much they were smoking at the time they quit. The desire to cut down, stop altogether, or not have a relapse was obvious throughout the focus group sessions with both smokers and ex-smokers.
 - Similar to other age groups of smokers, both groups of current smokers in this study admitted a tendency to smoke *more* during the following occasions or conditions: Nervousness, stress/pressure, drinking coffee and alcoholic beverages, after meals, when they're in smoking environments, while at the casino, while driving, and in the presence of other smokers.

"I used to smoke 2 to 3 packs per day in my 50s and 60s with a cold beer and a cocktail."

- To control *how much* they smoke, most of them have *restricted* when and where they smoke. For example, some of them began smoking only in specific areas of their homes, while others said common areas of the home were designated as non-smoking – e.g., bedroom and bathroom. On the other hand, there were smokers in both groups who said they don't smoke anywhere in their homes. And, a few of them said they don't smoke in their cars.

**KEY FINDINGS AND CONCLUSIONS:
ATTITUDES, OPINIONS, AND BEHAVIORS RELATED TO SMOKING**

- In addition, several of them try to curb their desire for smoking by chewing gum, sucking on peppermints or suckers, while others say they don't make the pack visible to avoid being tempted to smoke. *"I put the cigarettes away from me so I can't see them"*.
- A few consumers are trying to control how much they smoke by seeking out non-smoking environments. In fact, many of them do not smoke around non-smokers, their children or spouses. They're not all doing this to avoid the effects of secondhand smoke on others. Rather, the motive for most of them is to avoid hearing comments about their need to quit or complaints about the smell.
- All four groups of smokers expressed some degree of awareness about the risks, hazards, and consequences associated with tobacco products, based on information provided through articles, the news, advertisements, and their physicians. Unlike younger smokers and those with children at an impressionable age, their individual concerns and sensitivities about being a smoker were primarily focused on *their* health, rather than the impact of their smoking on others.

"They've played the secondhand smoke message to death, and it hasn't worked."

- All four groups named the same types of health problems and diseases that are either caused or exacerbated by smoking: Heart disease, emphysema, asthma, shortness of breath on exertion, and lung cancer. Occasionally, someone would add other conditions to the list, such as bursitis, gout, Diabetes, and high cholesterol.
- Most of the consumers have been diagnosed with one or more of these conditions, and a few of them admitted experiencing life-threatening conditions, some of whom are still smoking despite having bypass surgery, a heart attack, a collapsed lung, asthma, or pneumonia.

"I've had one heart attack; I have pain and discomfort when I smoke because smoking restricts several muscles; cigarette smoke cuts your wind; I read an article that said oxygen doesn't get in your system when you smoke; my doctor told me smoking lingers in the area that I have bursitis."

- Death due to a smoking-related condition surfaced as a concern in all four groups. They talked about parents, relatives, and friends who have died from a smoking-related disease.

**KEY FINDINGS AND CONCLUSIONS:
ATTITUDES, OPINIONS, AND BEHAVIORS RELATED TO SMOKING**

- Lingering smells from smoking were mentioned in every group as a concern. There was someone in each of the four groups who talked about not liking the smell of smoke in their homes and cars, on their clothing, or in their hair. And, one of the African-American ex-smokers mentioned not wanting stains on her teeth or fingertips from smoking.

“Your mouth tastes horrible; I hate the scent of it – I hate to sit around other people in church who smoke; I leave the house and come back, and I don’t like the way it smells – it makes me angry; the smell is offensive; I can’t stand the smell of it when I smoke.”

- The cost of cigarettes surfaced as a concern by one of the Caucasian smokers. But, the other smokers in the group said it’s not a real concern because they use coupons or buy cigarettes from discount outlets.
- Various types of social pressures were mentioned in all four groups. They talked about feeling embarrassed to be smoking in their condition, not smoking around non-smokers, not smoking around family members who want them to quit, and seeking out non-smoking areas when they’re in public. All of them have been encouraged or pressured to quit at some time or another by their spouses, friends, relatives, children, and grandchildren. In addition, most of them have been advised to quit smoking by their physicians. But, the recommendations haven’t always been effective. What they do instead is avoid non-smokers, sneak and smoke, and feel defensive about their individual rights to smoke.

“Someone’s always telling me to stop; I smoke more and tell them to go home; I avoid smoke-free environments because smokers are becoming persona non grata – it now seems like we don’t fit in – we’re discriminated against; I find myself lately visiting more people who don’t smoke, and it’s helping me a lot; people who have quit want you to quit – that bothers me; I sit in the section for non-smokers to discipline myself – I feel very proud of me; if a person wants to smoke, it’s their business – smokers have rights like non-smokers – they shouldn’t be shoving their philosophy down your throat.”

- Lastly, the **toxicity** of cigarettes surfaced unprompted in the Caucasian smoker group as a concern. All four groups were probed about the ingredients in cigarettes prior to exposing them to the radio advertisement that talks about this. Most of them believe cigarettes contain nicotine and chemicals of some kind. Only a few smokers specifically mentioned pesticides or carcinogens, which they learned about via television or an article.

**KEY FINDINGS AND CONCLUSIONS:
ATTITUDES, OPINIONS, AND BEHAVIORS RELATED TO SMOKING**

Awareness of specific types of chemicals and toxins was higher among ex-smokers, who specifically named ammonia, formaldehyde, carbon monoxide, tar, pesticides, addictive substances, and preservatives. They also learned about the toxins in tobacco from articles and TV programs.

Bottom-line: On polling, practically everyone believes tobacco and cigarettes are toxic. Only a few people said they're skeptical or choose not to think about the ingredients.

"I don't believe everything I read; it's not something I think about; they've changed the ingredients in cigarettes."

**KEY FINDINGS AND CONCLUSIONS:
TOBACCO CESSATION ATTITUDES, OPINIONS, AND BEHAVIORS**

- All four groups were forthright in admitting their smoking addiction. The majority of current smokers believe they can quit if they make up their minds to do so. But, a few of them admitted some uncertainty about their ability to really be successful.
 - Among both groups of ex-smokers, there were a couple of people who admitted to feeling vulnerable to relapsing. Although it's been months since they quit, they are still fighting the addiction and looking for additional ways to cope.
 - All four groups could readily name some specific benefits of quitting, all of which are the same reasons given for wanting to quit and/or not smoke: Feeling physically better, more stamina and less exertion, better lifestyle and social life overall, and more money to spend on other things.

“My health problems would be under control; I'd have a better lifestyle; I'd have more money to go to the casino; I'd smell better; I'd feel better; I'd be able to breathe better; it would be easier to do aerobics.”

- The majority of consumers in all four groups have previously tried to quit, and the number of times varied from one to 10 or more times. Only a couple of the ex-smokers said this was the one and only time they've quit smoking, and a few of the Caucasian smokers said they've never tried to quit.
 - The quit period varies considerably from person to person. The longest time period was two years for both smokers and ex-smokers.
 - There were also variations surrounding the amount of time that elapsed between the decision to quit and actually quitting. Some of the ex-smokers said it was immediate due to hospitalizations or surgeries. But, for most of them, the time that elapsed varied from two days to three months.

- In talking about the barriers to quitting and their motives for quitting, all four groups gave similar types of responses. In essence, what's perceived as a personal barrier to quitting today, later becomes a compelling motive or impetus to quit. Importantly, smokers and ex-smokers listed the same types of barriers, as well as motives to quit.

**KEY FINDINGS AND CONCLUSIONS:
TOBACCO CESSATION ATTITUDES, OPINIONS, AND BEHAVIORS**

- Weight gain was the only exception noted. This didn't surface as a barrier to quitting in either of the ex-smoker groups. But, a couple of Caucasian female smokers mentioned it as a reason they haven't quit.

“Most people blow up like a balloon, and their health is not any better afterwards; I'm a Diabetic, and if I gain weight, it will really be out of control; I gained 40 pounds when I quit.”

- It was clear from the discussion of barriers, quitting, and relapsing that there are primary factors that really influence their thoughts and behaviors. Other factors like secondhand smoke effects, the negative smell, weight control, and stress management *become* important later to reinforce whatever decision they've made.

Key Decision Factor: Health

- **Impetus / motive to quit: Desire to feel and become healthy.** Both groups of smokers said they would quit if they developed poor health -- a serious, irreversible, non-treatable condition or one that resulted in serious damage from smoking. Serious breathing problems and lung cancer were mentioned in both groups as compelling motives to quit smoking for good.

“I would have to be diagnosed with a serious, irreversible lung problem; my pulmonary doctor said he didn't want to see me until I quit smoking, and I haven't been back; lung cancer would compel me to quit; I was told I had breast cancer, and I hadn't smoked for two years – they got all of it [cancer], and I started smoking again; I quit the day before surgery, but started again after I left the hospital; I have a collapsed lung, and I smoke.”

All of the ex-smokers said they quit for personal health reasons – being diagnosed with a condition that was caused by or worsened by smoking.

“I quit when I had a blood clot in my lung; they put a lot of things in cigarettes – chemicals that aren't good for the system; I had problems breathing for weeks, so I quit; I quit after I had a heart attack and shortness of breath; I had asthma and pneumonia; I was always terrified when I had to take a chest x-ray; I had bronchitis for three weeks, and New Years Eve, I got so sick and didn't

want to smell smoke or have a cigarette.”

**KEY FINDINGS AND CONCLUSIONS:
TOBACCO CESSATION ATTITUDES, OPINIONS, AND BEHAVIORS**

- **Barrier to quitting: Feeling physically well.** There were comments from both smokers and ex-smokers about starting smoking again after recovering from a serious illness or surgical procedure. As an example, one of the women talked about having had breast cancer which was treated successfully. She started smoking again because she thought she was safe again. There were several different examples cited that suggest they continue to smoke or started smoking again after receiving a positive physical exam report from their physicians.

Smokers specifically talked about wanting to be assured that if they quit smoking, it won't be too late. They also want to know they will breathe better, sleep better, stop coughing, and/or stop feeling pain and discomfort.

Physicians were identified as a key influencer and information resource. Smokers and ex-smokers suggest doctors not only encourage people to quit, but they should take on the role of educating their patients and providing information that helps them understand the negative effects of smoking on their particular bodies. In sum, they want a more personal and individualized approach taken by physicians to smoking cessation.

There was also a suggestion for doctors to talk about the toxins in cigarettes, to specifically link the toxins to specific types of conditions. The types of questions doctors should be prepared to answer include the toxic ingredients in tobacco, reversal effects after quitting, the damage caused by specific toxins, the types of aids and resources available to help smokers quit, coping techniques, and where they can go for free help. There were also suggestions for doctors to make literature available to help them quit smoking.

"I'd quit if my doctor told me to quit and gave me reasons; my doctor told me to quit smoking because sometimes I can't control the coughing; I want my doctor to give me brochures; my doctor advised me to quit because of heart disease and heart attacks."

Key Decision Factor: Death

- **Impetus / motive to quit:** All four groups talked about people they've known who have died from a smoking-related illness. But, the ex-smokers recalled various stories

of people they knew who died, and these were compelling reasons to quit.

**KEY FINDINGS AND CONCLUSIONS:
TOBACCO CESSATION ATTITUDES, OPINIONS, AND BEHAVIORS**

“I wanted to live; I had two friends pass away with breathing problems who couldn’t give up smoking – they were both chain smokers – I smoked with them when we’d go gambling together; a friend had cancer of the lungs, mouth and tongue – she suffered and couldn’t stop – I didn’t want that to happen to me; I quit when my wife got sick and died; my neighbor had a massive heart attack and died – his wife has emphysema and walks around with the purse or tank – I’d be embarrassed to carry it – it’s pathetic, and that’s not what I want to happen to me; my husband died of lung cancer, and it was pretty tough, but I didn’t quit immediately; I went to my son’s wedding in Spain in 1985 – 15 years later, 11 of the people in the picture we took were dead – they were all my age or younger, and they all smoked.”

Key Decision Factor: Will Power

- **Impetus to quit: Strong will power.** All four groups emphasized the importance of will power. Those who have quit in the past said they were the most successful when they made up their minds and didn’t create another crutch or didn’t rely on tobacco cessation aids for help. Both groups of ex-smokers were clear and consistent in saying a smoker has to be mentally ready to quit and to believe they can do it. In fact, all but one of the ex-smokers quit using sheer will power. The one who used some help wore the patch for three months, then relied on will power.

“It begins and ends with will power; you have to have the will power to quit, and those who are still smoking haven’t truly made up their minds to quit; you’ve got to want to help yourself; you have to have will power, to be tired of being addicted; you have to have the determination to quit; sheer determination is the best thing to use when you want to break any habit; my decision to quit was all of a sudden because it bothered me that a little cigarette was controlling my life.”

- **Barrier to quitting: Lack of will power.** Smokers admit they haven’t quit because they haven’t truly made up their minds to quit and/or they lack the will power right now to do it.

“There’s not a time when I’m not trying to quit; something’s wrong with me up here [pointed to his head]; I don’t have the will power; I smoke because I enjoy

it; I quit four times with will power.”

**KEY FINDINGS AND CONCLUSIONS:
TOBACCO CESSATION ATTITUDES, OPINIONS, AND BEHAVIORS**

Key Decision Factor: *Ability to Cope*

- **Impetus / motive to quit: Willingness to change their behavior.** All four groups talked about changes they made in their attitudes and behaviors when they quit smoking. Ex-smokers in particular talked about coping techniques, self-discipline, substitutes used to handle the cravings for cigarettes, conscious efforts to seek out non-smoking environments, and the decision to avoid places where people smoke freely [e.g., gambling establishments, bars, and bowling alleys].

“I try to get out of the area where people smoke – pool halls, race track, house parties, gambling places; I don’t sit in smoking areas; if you’re not around smokers, it’s easier to quit; every night for awhile, I dreamed that I went back to smoking; I tell myself I don’t want it; I pray a lot; I put the cigarettes in the attic and the lighter in the basement; I put the cigarettes in the trunk of my car; I kept a dirty ashtray just to smell it and kept a pack in my purse for about a year; I just tried to gradually get over it – to distance myself from it; I don’t buy them – I pay \$1.00 for a cigarette from others; I avoid smokers; I don’t smoke around the kids; I take naps; I chew gum, drink pop, eat food and candy; I live on Sucrets; I wrote down every time I smoked and why -- this helped me cut my smoking in half; I keep real busy; I stopped gradually – the morning cigarette, smoking at the casino, and I removed all ash trays; I always ask for non-smoking areas.”

- **Barrier: Environmental influences:** All four groups talked about being vulnerable and tempted to smoke when they’re under stress of some kind, around smokers, or in settings where smoking is allowed.

“I started hanging out in smoke settings and with smokers; I started back because it was something to do; I started after quitting for two years because of stress; I smoked more when I was upset because I thought it would calm my nerves, but it was only a temporary thing; I quit for one week, but my husband was a smoker and continued to smoke; I started smoking after quitting for two weeks because I was around people who smoked; I quit for 3 to 4 weeks but started back because of stress; if I get upset, cigarettes will calm my nerves; I only enjoy three a day – most of the time, I don’t even know I’ve lit one.”

**KEY FINDINGS AND CONCLUSIONS:
TOBACCO CESSATION ATTITUDES, OPINIONS, AND BEHAVIORS**

- **Barrier: Fear of failure.** Both groups of smokers are afraid of not being successful with quitting in the long term because they've done this before, and they relapsed. This also surfaced in both of the ex-smoker groups sort of indirectly when they were asked about being vulnerable to relapsing. A few of them are afraid they could start smoking again because of an inability to continue to handle the occasional cravings. This is particularly important since some of them previously quit for as long as two years, then started smoking again.

“I enjoy smoking; I quit for two weeks while in the hospital for surgery on my liver – I used to sneak and smoke; it’s such a nervous habit and addiction, but I tend to put it out of my mind; every time I try to quit or cut down, I smoke more.”

Key Decision Factor: Awareness of smoking cessation aids

- **Impetus / motive to quit: There’s help available.** Many of the smokers and ex-smokers made the decision to quit because there were specific types of aids available to help them do it. Many of the consumers in this study have tried various types of aids, with the patch and gum being the most common among them.

“If I made the decision to quit, I’d go to acupuncture; I’d go to Smoker’s Anonymous – they have a 12-step program; I’ve tried Zyban, but it had side effects – my heart was beating so fast; pills are for cutting down, not quitting – they’ve made me a happy smoker.”

- **Barrier: Lack of awareness or familiarity.** There were varying levels of awareness of all that’s available to help people to stop using tobacco products. Generally, awareness and trial of these resources and aids were lower among both groups of African-Americans. Most of them have heard of the patch and gum, but few have actually tried them. And, many of them hadn’t heard of or considered using pills, acupuncture, hypnosis, laser treatments, or counseling.

On the other hand, both groups of Caucasians mentioned more of what’s available – patch, gum, acupuncture, hypnosis, laser treatments, Zyban, Welbutrin, counseling, and Smoker’s Anonymous. Several of them have tried one or more of these techniques in the past to quit smoking.

**KEY FINDINGS AND CONCLUSIONS:
TOBACCO CESSATION ATTITUDES, OPINIONS, AND BEHAVIORS**

- **Barrier: Questionable effectiveness.** There were signs and indications in each group that suggests consumers are concerned about the effectiveness of tobacco cessation aids. Some of them have tried various types of aids and ended up smoking again. Others said firmly that will power is the best way to quit. The fact that their doctors are not all recommending, enforcing, or prescribing tobacco cessation aids may be contributing to their concerns about the effectiveness of these products and resources. Cost was also raised as a barrier to using the patch – particularly for consumers on low or fixed incomes.

“I used the patch to quit, but I went back to smoking; I wonder what’s in the gum; I don’t think I can be hypnotized; I talked with my doctor about quitting, and he prescribed the patch, but Medicare didn’t pay for it; I was given a phone number to call for phone counseling, but I never used it; they need to make Nicorette like Freedent gum so it won’t stick to dentures.”

- The *Smoker’s Quit Kit* did not surface unprompted as a resource or aid that’s available to help them quit smoking. On polling, none of the African-Americans said the name alone sounded familiar, but four of the Caucasian smokers were familiar with it. They recalled hearing about “The Quit Kit” from radio and TV advertisements, and two of the women were given a kit by a family member. However, one of the women said the coupons in her kit had already expired.
- Lastly, some additional motives for quitting that were mentioned by ex-smokers included wanting to encourage a parent or spouse to also quit, being embarrassed by the smell of smoke, an awareness of the chemicals in cigarettes, and/or trying to please their children or grandchildren by quitting.
- It was clear from the discussion with both groups of ex-smokers that the decision to quit has to directly benefit the smoker. Therefore, the additional motives they listed are seen by *Performax* as reinforcers of the decision to quit, rather than strong motives by themselves.

“My mother chewed tobacco and dipped snuff – I quit to help her; I didn’t want that taste in my mouth when I was being romantic; I didn’t like the smell on my breath, hair and clothes; I was pressured by my children and grandchildren to quit; my son was living with me at the time and said it’s getting bad for me; my doctor put me on

Nicoderm CQ – I wore it for three months, and then I stopped; I was at a wedding and was ashamed to smoke; my husband and two sons were always lecturing me, and when I went to a restaurant, I always felt isolated, like I had leprosy.”

**KEY FINDINGS AND CONCLUSIONS:
EXPOSURE TO TOBACCO CESSATION ADVERTISEMENTS**

- ❑ Toward the end of each focus group session, there was a short discussion about the media formats that should be used to reach them, the advertisements they recall seeing or hearing that are designed to encourage smokers to quit, and their reactions to several radio advertisements developed by Brogan & Partners for the Michigan Department of Community Health.

- ❑ All four groups listed basically the same types of media formats that should be used to communicate tobacco cessation messages to them. Television was identified as the best because they watch TV often, and they pay attention to ads on television.
 - Additional formats recommended by consumers in at least one or more groups were billboards, radio, magazines, tent cards placed at doctors' offices, and direct mail.

- ❑ There was good top-of-mind recall of one particular themeline: *"Don't quit quitting"*. Other types of general messages recalled were *"Smoking is not good for your health"*, and *"It's never too late to quit."*
 - When asked about specific ads they recall that are designed to encourage people to quit or not start smoking at all, all four groups mentioned elements from the *Lips* billboard. They described this as an effective ad for getting their attention and getting across a message about the bad taste of smoking and this being a turn-off to non-smokers.

 - Other types of ads were recalled as television or radio ads, including the Smoker's Quit Kit.

"A TV ad that said within a year, you can start turning your lungs around; teens smoking; athletes encouraging kids not to smoke; tobacco companies saying their retailers don't sell cigarettes to minors."

- ❑ There was agreement across the four groups that ads targeted to them as smokers should focus on the smoker, rather than the effects on others. This is consistent with a finding reported earlier about the decision to quit being a personal decision that will directly benefit the smoker.
 - In terms of content and format, they had several suggestions. Like other age groups, these elderly consumers also want hard-hitting, realistic information about the effects of smoking on the smoker's health and personal life. They also liked the idea of learning about the ingredients in cigarettes and the type of damage these ingredients can cause to the body. [Note: This

suggestion surfaced prior to exposing them to the Toxic Waste radio advertisement.]

**KEY FINDINGS AND CONCLUSIONS:
EXPOSURE TO TOBACCO CESSATION ADVERTISEMENTS**

- There was general agreement that the spokesperson should be someone in their age range who didn't quit and is suffering or someone who quit successfully before it was too late. Bill Cosby was suggested by one consumer because he's seen as a positive role model and appeals to a variety of people and ages.

“It should be someone who has been through the process of smoking and quitting; smokers who are ill from smoking; an athlete who has a healthy lung; Bill Cosby because he represents America; someone in my age bracket; an older person – a grandparent; the spokesperson should be someone from our peer group; a normal, down-to-earth person; a young person saying he wants to live to get to be 60.”

- Generally speaking, none of the groups want to see athletes, entertainers, educators, or physicians used as spokespersons because some of them also smoke and won't be seen as credible.

“Educators have a way of talking down to you; don't use singers because I see too many singers smoking; don't use doctors because they smoke too – I have a pulmonary specialist who smokes – this kind of gives me license to smoke; my family doctor encouraged me to stop smoking, but I saw him sitting outside smoking; my physician passed from smoking and cancer five years ago.”

- People with oxygen tanks surfaced in several groups as very hard-hitting and an effective way to encourage them to quit before they develop a similar condition. And, those consumers who are sensitive to and embarrassed by the smell of smoke suggested developing an ad that focuses on this.

“Show oxygen tanks – the difficulty these people go through because they have to drag the oxygen tank with them; show someone in the shower with the hose in their nose; let people say something about how inconvenience and embarrassed they are when they have to go to the grocery store with the oxygen tank; show how the quality of life can change -- you'll look better, feel better, act better, and do more things because you're a part of society again; talk about how cigarette smoke lingers in your clothing – it's very offensive – it's coming out of your pores – it gets in your clothes, hair, and dentures.”

- There was also a suggestion in more than one group [smokers and ex-smokers] to communicate a success story – someone who quit, got their life back, and is sorry they didn't

quit 25 years ago.

**KEY FINDINGS AND CONCLUSIONS:
EXPOSURE TO TOBACCO CESSATION ADVERTISEMENTS**

- Ethnicity was probed and not found to be important. But, the spokesperson's gender may make a difference to some consumers in both ethnic groups [smokers and ex-smokers]. There was someone from each gender group who said they can relate easier to the message if it's delivered by someone of the same sex.

Someone who's dying from a smoking-related problem – Yul Brenner made a commercial before he died that said, don't smoke like I did."

- Although there was no agreement about the use of children to reach them, their comments indicate this will not be as effective at getting them to quit as focusing on what the smoker is doing to their health by continuing to smoke. On the one hand, they don't think they're a serious role model because of their age. But, on the other hand, they are pressured by their grandchildren to quit. The question is whether they are sufficiently concerned about the effects of smoking on their children and grandchildren. Occasional relevant comments about this issue throughout the sessions suggest it's not a strong enough quit motive for them.
- There wasn't always enough time in all four group sessions to adequately gauge their reactions to each of the five radio advertisements. This was particularly true of the first group, which was used as a pilot of the discussion topics, process, and flow. There was only enough time in that group to present three advertisements back-to-back before discussing them overall. For the remaining three groups, the discussion flow was restructured a little to allow more time to gauge their reactions to all five radio advertisements.
 - The reactions from the groups were favorable and similar to those observed when *Performax* tested these ads in the concept stage with younger groups of consumers. The finished ads were described as memorable, personally relevant, informative, and/or compelling. They liked the themes: "*Don't quit quitting; quit for good.*" They also heard the message about help being available and the toll free number to order the Quit Kit. In fact, there was interest in all four groups about being able to jot down the toll-free number to obtain more information about the kit.
- *Toxic Waste* was identified by many consumers in all four groups as particularly compelling at either strengthening their resolve to quit or reinforcing their decision to not relapse. They heard this ad for the first time in the focus group, and their attention was drawn to the 4,000 toxins.

They were listening for them. This ad was also described as graphic and educational, which help make it a memorable ad to both groups of smokers and ex-smokers.

**KEY FINDINGS AND CONCLUSIONS:
EXPOSURE TO TOBACCO CESSATION ADVERTISEMENTS**

“It’s really down to earth – butane is scary because it’s liquid fuel; the more people who know what’s in them, the better – I will not pick up a cigarette again; it’s brief and more to the point, and it covered more information – it’s not boring; it’s scary – it got my attention right away; it’s good because it mentioned 4,000 chemicals like nickel and arsenic; he used picturesque phrases like the exhaust pipe, dumping ground, and toxic waste; his voice was believable and sincere – he has a good sounding voice; this would reach a person who’s on the border – thinking of quitting; I know that I need to quit, but I wouldn’t send for the kit because I’ve tried the gum, and if I got a coupon to get the gum, I wouldn’t bother with it; they told all of the things in cigarettes, and the noises got your attention; this is kind of scary.”

- Given the high level of interest in the ingredients, *Performax* pulled and copied the page from the *Smoker’s Quit Kit* that lists some of the toxic ingredients [*Ever Wonder What Exactly Is In Cigarette Smoke?*]. Smokers and ex-smokers generally found this to be very informative and a compelling motive to not smoke. On probing, the number and types of toxins mentioned got their attention and were confirmed to be believable, not exaggerated.

- None of the consumers had heard *Prognosis* prior to the focus group session. Their reactions were favorable overall. Many of the smokers and ex-smokers thought *Prognosis* was particularly interesting because it points out some of the questions they’ve asked themselves. However, the smokers didn’t hear anything new that would motivate them to actually quit smoking.

“He was more sincere about everything; he didn’t say too much; he just gave the facts – he wasn’t lecturing; at this age, this is redundant – I know all of this; what he said is my fear, but I won’t send for the kit; if I heard it often enough, I would cut down.”

- Ex-smokers had different, more favorable reactions. They thought this ad would be effective at strengthening their resolve to remain off cigarettes. They see it as direct, hard-hitting and impactful. The message about quitting before it’s too late was hard-hitting and consistent with how they felt when they decided to quit this last time.

“It’s a scary commercial – I can personally relate to this one; hearing that cigarettes are stealing your life should scare people from smoking; right on – it’s everything I’ve been bellowing about for the last 30 years; it’s telling you it can lead to cancer; it covers everything that needs to be covered; this scared me a little; you have to be ready to quit with this one.”

**KEY FINDINGS AND CONCLUSIONS:
EXPOSURE TO TOBACCO CESSATION ADVERTISEMENTS**

- Two of the African-American ex-smokers recalled hearing “*Best Friends*” prior to attending the focus group session. Overall, the reactions of both groups of smokers were a little different from ex-smokers. They liked the themeline, “*don’t quit quitting*”, but some of the smokers thought the tone was lecturing and melodramatic. *Performax* believes death is very prevalent among this age group. By this time, many of them have seen a lot of close relatives, friends, parents, and other relatives pass away from something. Therefore, when they talk about their preferences for advertising messages, they place an emphasis on hearing the benefits for *them* to quit before it’s too late.
 - Ex-smokers didn’t have the same general reactions to *Best Friend*. They said the death message is personally relevant and important to get across. This is not surprising, given the findings reported earlier about death being a primary motive for many of them to quit smoking this last time.
- Lastly, none of the consumers had previously heard the remaining two radio ads: *Read the Kit* and *What Will it Take?* Based on their comments, *Read the Kit* is stronger and more interesting to smokers and ex-smokers.
- The majority said they would be likely to call for the kit because the ad mentions saving money, the kit is free, and it’s not too late to quit. All of the ex-smokers said they’d want the quit kit because of what’s mentioned about it, and it won’t cost them any money. All of the smokers were very interested in the kit, and even some of the ex-smokers wanted to order one for a spouse, relative or friend. Therefore, at the end of the focus group session, everyone was given the toll-free number to call for the kit at their convenience.
 - Reactions to *What Will It Take?* were negatively influenced by the tone and type of music used. The groups made similar comments about the music being distracting and overpowering. Consequently, some admitted not being able to really focus on the message.

“It’s too busy – hoe-down music; you’d have to be motivated to do what she advises you to do; I tried to listen, but couldn’t because the music was distracting; the music was overpowering – I heard the message, but it was hard to hear over the music.”

APPENDIX A: RECRUITMENT SCRIPT

Name:		
Address:		
City:	State:	Zip:
Phone: ()		Fax: ()
<p style="text-align: center;"><i>Performax</i></p> <p>28284 Franklin Rd Southfield, MI. (248) 350-0700</p>	MONDAY, NOVEMBER 12, 2001	
	<input type="checkbox"/> Group 1: 12:00a – 1:30p African-American Current Tobacco Users 60 years of age or older [\$65.00 incentive] <input type="checkbox"/> Group 2: 2:00p - 3:30p African-American Former Tobacco Users 60 years of age or older [\$65.00 incentive]	
		FRIDAY, NOVEMBER 16, 2001
		<input type="checkbox"/> Group 3: 12:00a – 1:30p Caucasian Current Tobacco Users 60 years of age or older [\$65.00 incentive] <input type="checkbox"/> Group 4: 2:00p - 3:30p Caucasian Former Tobacco Users 60 years of age or older [\$65.00 incentive]

INTRODUCTION: *Hello, I'm _____ from Performax, an independent market research firm. We will be conducting an informal group discussion at our office in Southfield.*

1. Note Gender: Male Female

RECRUIT A GOOD MIX OF MEN AND WOMEN FOR EACH GROUP

2. To ensure we have a good mix of people represented in the group discussions. Is your ethnicity...?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> African-American | [RECRUIT FOR GROUPS 1 & 2] |
| <input type="checkbox"/> Caucasian | [RECRUIT FOR GROUPS 3 & 4] |
| <input type="checkbox"/> Arab/Chaldean/Lebanese American | [TERMINATE] |
| <input type="checkbox"/> Hispanic | [TERMINATE] |
| <input type="checkbox"/> Asian | [TERMINATE] |

3. Are you...

- | | |
|---|--------------------|
| <input type="checkbox"/> Under 60 years of age | [TERMINATE] |
| <input type="checkbox"/> 61-69 | |
| <input type="checkbox"/> 70-74 | |
| <input type="checkbox"/> 75-79 | |
| <input type="checkbox"/> 80 years of age or older | |

4. Are you ...

- Married
 Single, widowed, divorced

5. Do you have any...

- | | | |
|-------------------|--------------------------|--------------------------|
| | <u>YES</u> | <u>NO</u> |
| A. Children? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Grandchildren? | <input type="checkbox"/> | <input type="checkbox"/> |

6. Do you...

YES **NO**

APPENDIX A: RECRUITMENT SCRIPT

- A. Smoke cigarettes, cigars or a pipe?
- B. Chew tobacco?
- C. Dip snuff?

IF “YES” TO ANY OF ABOVE, GO TO Q10

IF “NO” TO ALL OF ABOVE, CONTINUE WITH Q7

Q7 THROUGH Q9 IS FOR “NON-TOBACCO USERS”

7. Did you ever...
- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| A. Smoke cigarettes, cigars or a pipe? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Chew tobacco? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Dip snuff? | <input type="checkbox"/> | <input type="checkbox"/> |

IF “NO” TO ALL OF ABOVE, TERMINATE

8. When did you quit?
- Within the past 6 months [TERMINATE]
 - 6-12 months [ASK Q9, THEN PROCEED WITH INVITATION]
 - 1-2 years ago [ASK Q9, THEN PROCEED WITH INVITATION]
 - More than two years ago [TERMINATE]
9. What encouraged you to quit?
- Medical / health reasons
 - Family
 - Embarrassment/self-image
 - Other (specify): _____

APPENDIX A: RECRUITMENT SCRIPT

Q10 THROUGH Q14 IS FOR CURRENT TOBACCO USERS

10. On average, how many times a day do you [smoke cigarettes/cigars/the pipe] [chew tobacco] [dip snuff]?

- Less than 10 times a day
10-20
21-30
30-40
More than 40 times a day

11. Have you ever tried to quit?

- Yes
No

12. What has kept you from quitting?

- I enjoy it - don't want to quit [TERMINATE]
Lack of will power - I'm not ready yet
Fear of failure/temptation
Not a good time - under too much stress
Other (specify):

13. What would encourage you to quit?

- Nothing [TERMINATE]
Medical / health reasons
Family
Embarrassment/self-image
Other (specify):

14. Using a 5-point rating scale where "1" is not at all receptive and "5" is very receptive:
How receptive are you to quitting?

*1 *2 3 4 5 99

*TERMINATE

INVITATION: We will be holding a group discussion at our offices in Southfield with people who currently and formally smoked or used tobacco products. The purpose of this session is to obtain your reactions to some materials our client has developed. No one will try to persuade you to start, quit or continue using tobacco. We only want to hear opinions. The session will last two hours or less, and we will need you to stay the entire time. A light meal or refreshments will be served, and you would receive \$65.00 for attending. Will you be able to attend the session on [insert date and time]?

- Yes [CONFIRM ADDRESS]
No [THANK AND TERMINATE]

CLOSING: [Use name], we sincerely appreciate your time and interest in our study. We will be sending you a confirmation letter, along with directions to the research facility where the discussion will take place.

APPENDIX B: FOCUS GROUP DISCUSSION

FOCUS GROUP SCHEDULE: <i>Moderator: Dr. Darlene Williamson</i>	
<p align="center">Metro Detroit:</p> <p><i>Performax Consulting Svcs</i> 28284 Franklin Road Southfield, MI 48034 (248) 350-0700</p>	<p align="center"><i>Monday, November 12, 2001:</i></p> <p>12:00p - 1:30p Current Tobacco Users – African-Americans 65 years & older</p> <p>2:00p - 3:30p Former Tobacco Users – African-Americans 65 years & older</p>
<p align="center">Metro Detroit:</p> <p><i>Performax Consulting Svcs</i> 28284 Franklin Road Southfield, MI 48034 (248) 350-0700</p>	<p align="center"><i>Friday, November 16, 2001:</i></p> <p>12:00p - 1:30p Current Tobacco Users – Caucasians 65 years & older</p> <p>2:00p - 3:30p Former Tobacco Users – Caucasians 65 years & older</p>

Background / Characteristics of each group:

- ✓ All groups will be recruited to reflect a gender mix.
- ✓ Current Tobacco User groups must be smoking tobacco products [cigarettes, cigars, pipe], chewing tobacco, or dipping snuff. They must all be receptive to quitting [3, 4, or 5 ratings on the 5-point scale].
- ✓ Former Tobacco User groups must have quit using tobacco products within the past six months to two years.
- ✓ A \$65.00 cash incentive will be given to all participants.

APPENDIX B: FOCUS GROUP DISCUSSION

I. INTRODUCTIONS / OPENING REMARKS

INTRODUCTIONS:

- (1) Welcome and introduction of moderator.
- (2) Introduction of participants: Name, family situation [marital status, number of children], type and amount of tobacco currently [formerly] consumed in an average day.
- (3) Briefly explain the focus group process and the reasons they've been selected to participate in the study.

SESSION OBJECTIVES:

First, we'll explore your attitudes, opinions, and behaviors related to tobacco products – cigarettes, cigars, pipes, chewing tobacco, and snuff. I'd like to walk away today with a clear understanding of your motives for starting, how long you used tobacco products, your motives or reasons for quitting or trying to quit, the techniques you've tried for quitting, what you've done to limit your tobacco intake, all the resources you've turned to for help with quitting, etc.

Secondly, I'd like to understand what you know about tobacco and its effects.

Lastly, we'll talk about the advertisements and marketing communications you recall seeing or hearing that were designed to encourage people to stop using tobacco products. During this part of the discussion, I'll also show you some advertisements and materials and get your reactions to them.

GROUND RULES:

- Free flow of ideas, but only one person talks at a time.
- Full participation.
- Frankness/candor -- no *wrong* opinions. *Please do not let the opinions of others in this group inhibit the comments or opinions you want to express.*
- Audiotaping and videotaping, with observations by the project team through the one-way mirror.

APPENDIX B: FOCUS GROUP DISCUSSION

Briefly solicit questions/concerns prior to beginning the discussion.

APPENDIX B: FOCUS GROUP DISCUSSION

II. AWARENESS AND OPINIONS ABOUT TOBACCO USE AND CESSATION

1. **Explore their tobacco consumption history and patterns.**
 - a) Age onset. Number of years they used tobacco products.
 - b) Motivations for starting. Key influencers -- people, situations, etc.
 - c) Frequency of use. Types and amount consumed. Variations in amount consumed over the years. Occasions for using and not using tobacco products.

2. **Discuss their concerns and sensitivities about tobacco use and quitting.**
 - a) List their sensitivities and/or concerns about tobacco use [e.g., physical health, diseases, death, social stigma, pressure from friends/family to quit, societal pressures, secondhand smoke, negative role modeling, etc.] *Is the focus of their concern on themselves or other people?*
 - b) Identify the most compelling and influential factors on their lists. *Which of these are compelling reasons to quit?*
 - c) Identify the people who are key influencers to get them to quit [e.g., health care professionals, spouse/mate, adult children, grandchildren, relatives, friends, employer, etc.].

3. **Determine what and how much they know about the negative effects of tobacco, as well as the positive effects of quitting.**
 - a) Discuss the risks, hazards, and consequences associated with tobacco products. *Is tobacco toxic? What are some of the ingredients in cigarettes? What impact does or did this knowledge have on your desire to quit?*
 - b) Determine how they've become informed about the risks, hazards, etc.
 - c) Discuss their perceptions about the benefits of quitting at their age. Explore their beliefs about returning to a healthier state and reversing some of the damage that's been caused by years of tobacco consumption.

APPENDIX B: FOCUS GROUP DISCUSSION

II. AWARENESS AND OPINIONS ABOUT TOBACCO USE AND CESSATION

4. Discuss the resources, processes, techniques, and outcomes of their attempts to quit successfully.

- a) Identify the techniques, procedures, and processes available to help them quit, and identify those they've considered or used.
- b) Discuss the process they've gone through to stop using tobacco products.

Probes: What was done, how long ago, how long did it last, how did they cope, what did they use as a substitute, how did they change their social/behavioral patterns, and what were the final outcomes?

- c) Identify the techniques and/or processes they've had success with, versus those that were unsuccessful.
- d) IF NOT ALREADY COVERED: Determine the impact of smoke-free environments on their interest/decision to quit. *How is the push for smoke-free environments impacting their tobacco use or quit behaviors? Do they seek these places out or avoid them?*
- e) Identify their individual, personal barriers to quitting. For Current Users, also determine their receptivity to quitting. *Can you quit? How badly do you want to quit?*

5. Explore their awareness and use of available resources.

- a) Generate a top-of-mind list of all the resources available to help people stop using tobacco products.
- b) Determine awareness and use of the following resources: Smoker's Quit Kit, counseling/help line, information websites, gum, patch, pills, hypnosis, vitamin replacement therapy, nicotine replacement therapy, etc.
- c) Identify what they need or would like to have available to quit [not relapse] -- information, education, support and/or resources. *Do they need help getting started, with planning to quit, information about the consequences and risks, various quit techniques available, alternatives to tobacco use, coping?*

APPENDIX B: FOCUS GROUP DISCUSSION

III. RECALL AND REACTIONS TO TOBACCO CESSATION COMMUNICATIONS

- 1. Identify the ads they recall seeing or hearing that were designed to deter people from using tobacco products.**
 - a) Identify the elements of the advertisement that were appealing and/or memorable – people, message, setting, tone, approach, etc. Probe to identify the target consumer for the advertisement [e.g., their age group, any smoker, cigarette smokers only, etc.].
 - b) Identify the advertising formats that work well for reaching them: Billboard, radio, television, newspaper, magazine, poster, flier, direct mail, Internet.
 - c) Determine the types of messages that most compel them to stop using tobacco products. *Refer back to their list of reasons and motives for either wanting to quit or quitting.* Probes: Secondhand smoke, harmful effects, death and dying, toxic ingredients, smoke-free environment, negative role modeling, etc.
 - d) Identify the types of spokespersons that should be used in advertisements designed to encourage people 65 years and older to stop using tobacco products. Probes: The target consumer, adult children, grandchildren, siblings, health care professionals, educators, etc.

- 2. Present some existing radio advertisements for tobacco cessation and gauge their reactions:**
 - Poll: How many of you have heard this advertisement before today?
 - Overall, what do you think of this advertisement? Probe briefly: Likes, dislikes, personal relevance.
 - What's the message that's being communicated in this advertisement? How important is it to communicate this message to people who use tobacco products?
 - Overall, what is this advertisement designed to do? Probes: Promote awareness, compel people to modify their use of tobacco, encourage users to seek help with quitting, or compel users to quit altogether?

- 3. After all ads have been presented and discussed, identify additional relevant messages that need to be communicated to encourage people 65 years and older to stop using tobacco products.**

APPENDIX B: FOCUS GROUP DISCUSSION