

Minority Youth: “Big Tobacco’s” 21st Century Marketing Targets

Suzanne M. Perry-Casler, PhD
Apurva Shah, MBBS
Seraphine Pitt, MPH CHES
Ercilia Rodriguez Westhoff, MPH
Robert J. McDermott, PhD

Abstract

Cigarette smoking and other forms of tobacco use typically begin during adolescence. According to the 2001 Youth Risk Behavior Survey, 33.9% of youth in grades 9 through 12 report recent tobacco use. The tobacco industry spends \$9.7 billion annually on marketing. This paper addresses the influence of tobacco marketing, methods to counter the receptivity of tobacco marketing, outcome indicators of Florida’s Youth-Focused Tobacco Control Program, and tobacco use among minority youth.

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Introduction

Tobacco use is the leading cause of death in the United States (Centers for Disease Control and Prevention, [CDC] 2003). More compelling is the fact that 6.4 million people currently under 18 years of age will die prematurely in adulthood from a tobacco-related disease, such as heart disease and cancer, if smoking patterns continue (CDC, 2003). In *Healthy People 2010*, tobacco use among youth is identified as a major health priority in the United States (CDC, 2002a). Related objectives include reducing the initiation of tobacco use among children and adolescents, increasing the average age of first use of tobacco products to 14 years of age, and reducing recent use of tobacco products (i.e., previous 30 days) by students in grades 9 through 12 to 21% (CDC, 2002a).

According to the 2001 *Youth Risk Behavior Survey*, 33.9% of youth in grades 9 through 12 report recent tobacco use (CDC, 2002b) – cigarette smoking, cigar smoking, chewing tobacco, snuff, or dip on one or more of the 30 days preceding the survey. An analysis by race/ethnicity shows that 37.7% of White, non-Hispanic youth report current tobacco use, whereas this activity is reported by 19.4% of Black, non-Hispanic youth, and 29.4% of Hispanic youth (CDC, 2002b).

From the aforementioned data, one sees how critical it is that steps are implemented to achieve parity in tobacco control, and thus, eliminate disparities among minority populations (Task Force on Advancing Parity and Leadership for Priority Populations, 2002). Within the framework of achieving parity, and to improve understanding of what is necessary to achieve parity, this paper addresses the following issues:

- The influence of tobacco marketing;
- Methods to counter the receptivity of tobacco marketing;

- Outcome indicators of Florida’s Youth-Focused Tobacco Control Program representing middle school (grades 6-8) and high-school (grades 9-12) youth (Florida Department of Health [FDH], 1998; Bauer & Johnson, 2001); and
- Tobacco use among minority youth including African Americans, Asian/Pacific Islanders, Hispanics and Native Americans.

The Influence of Tobacco Marketing

The tobacco industry spends \$9.7 billion annually on marketing (Campaign for Tobacco Free Kids, 2003). Tobacco marketing is manifested directly or indirectly through television, radio, newspapers, magazines, billboards, large road signs and direct mail (Bayer, Gostin, Javitt, & Brandt, 2002). Promotional expenditures for advertising in magazines appear to be the highest overall (Bayer et al., 2002). Beiner and Siegel (2000) established a link between the power of advertising and smoking behavior among youth. Their findings show that 46% of youth who own a promotional item or identify a cigarette brand that is attractive to them progressed from no smoking or early experimentation to established smoking. Possibly, these youths are seeking an identity that is associated with the images projected in advertisements.

Choi, Ahluwalia, Harris and Okuyemi (2002) investigated the influence of tobacco advertising and promotion of items on the transition from experimentation to established smoking among youth 12-17 years of age. They concluded that receptivity to tobacco advertising and promotion was found to be a significant predictor of established smoking. In all, 37% of White youth, 18% of Black youth, 22% of Hispanic youth, and 34% of other youth (including Asians) transitioned from an experimentation stage to an established stage of smoking. Moreover, by 2005, marketing experts predict that buying power will increase among Hispanic youth, and that they will

account for 45% of minority youth under age 18 in the United States (McPherson, 2001; Zbar, 2001).

Methods to Counter Receptivity of Tobacco Marketing

Research shows that effective comprehensive tobacco prevention programs are needed that empower communities to implement activities for reducing the influence that tobacco companies have on youth (Campaign for Tobacco Free Kids, 2003). The Florida Department of Health has implemented the nationally recognized counter-marketing initiative known as the “truth” campaign. “Truth” is associated with Students Working Against Tobacco (SWAT), a youth anti-tobacco advocacy group. It is a comprehensive tobacco prevention and control program that targets several segments of the population 12-17 years of age, and consists of several information dissemination modes (Lantz, Jacobson & Warner, 2001; Zucker, Hopkins, Sly, Ulrich, Kershaw & Solari, 2000). In the early stages of “truth” it was stated emphatically that culturally sensitive and culturally tailored interventions to prevent and reduce tobacco use were needed (FDOH, 1998). Consequently, Florida’s public middle and high school youth who smoked cigarettes on one or more of the past 30 days decreased between 1998 and 2001, 18.5% to 9.8% and 27.4% to 19.0% respectively (Bauer & Johnson, 2001). Nationwide, 11% of middle school youth and 28% of high school youth are current smokers (CDC, 2002b). Of significant value is that SWAT boasts of a current membership totaling 62,303, of which 34,825 members are members of racial or ethnic minority groups (FDOH, 2003).

The success of “truth” is also contingent on increasing the awareness of manipulation tactics of tobacco advertisers among youth 12-17 years of age (Westhoff, undated). Results indicate that across ethnic groups, 92% are aware of tobacco media and marketing.

McKenna, Gutierrez and McCall (2000) provide the following recommendations for an effective youth counter-marketing program:

- Highlight a tobacco-free lifestyle as the majority lifestyle;
- Provide examples of tobacco-free lifestyles;
- Avoid portrayals of tobacco use as an increasingly popular majority behavior;
- Explain the relevant dangers of tobacco in a personal and emotional way;
- Offer youth empowerment and control, without preaching;
- Use multiple spokespersons, strategies, and executions;

- Offer constructive alternatives to tobacco use; and
- Portray smoking as unacceptable and undesirable for everyone, not just for youth.

Recruitment of adolescents into tobacco related qualitative research studies might be a challenge from beginning to end (McCormick, Crawford, Anderson, Gittelsohn, Kingsley & Upson, 1999). Main recruitment barriers include obtaining parental consent and trust. How the information would be used and the potential consequences of its use appeared to be a concern among youth even though assurances of confidentiality were provided. Likewise, the composition of the focus groups may pose problems for some youth and their parents/guardians. Cash incentives, ranging from \$10 to \$35, might reduce the formidable challenges of recruitment and increase the potential of designing a successful research study. Some research demonstrates both the efficacy of youth recruitment and the efficacy of focus group data collection in understanding the dynamics of youth tobacco use (Zapata, Forthofer, Eaton, McCormack Brown, Bryant, Reynolds & McDermott, 2004).

Tobacco Use Among Minority Youth

Asian American/Pacific Islander

Of the 3000 Americans who start smoking each day, the most are recruited from the ranks of children and adolescents (CDC, 1998). Asian American and Pacific Islander (AAPI) communities are of particular concern because of the diversity found among various ethnic subgroups, including differences in lifestyles, cultural beliefs, and health practices. AAPI citizens are the fastest growing ethnic group nationwide. On July 1, 1998, AAPI represented 3.8% of the U.S. population (Hong, 2001). This group is heterogeneous and has a high proportion of immigrants and refugees (Hong, 2001). A national survey documented the variation in smoking prevalence in this population. Smoking prevalence was less for the AAPI group (15.3%), than for Hispanics (18.9%), Whites (25.9%), African Americans (25.6%), and American Indians and Alaskan Natives (39.2%) (USDHHS, 1998). Hong (2001) showed that smoking prevalence varied within AAPI segments. The California Youth Tobacco Survey 1990-1996 found smoking prevalence rates as follows: Filipinos (18.9%), Japanese (17.3%), Koreans (16.3%), Chinese (13.7%), and other Asian Americans (13.7%).

Factors that influence the initiation of smoking in the AAPI population are both complex and interrelated. They include experimentation and peer pressure, cultural norms, family smoking and the environment (Hong, 2001). Cultural factors, especially language, cultural beliefs, and immigration

status also play a key role in the initiation of smoking (Hong, 2001).

The attraction to smoking among minority youth is the marketing of "American" themes such as sophistication, stardom, sexual prowess, "being cool," and "fitting in." Additionally, indirect advertising, which is the key to the attraction for minority youth, includes sponsorship of sporting events and teams, ethnic cultural events, discos, and the arts (Hong, 2001). Tobacco marketers contend that the geographical concentrations of the communities and their high rate of population growth make them profitable to the tobacco companies (Burton, 2002).

African American

Historically, the smoking rates for African American adolescents have been the lowest across all the racial and ethnic groups in the United States. Between 1978 and 1991, smoking rates declined for male and female African American adolescents (Bachman, Wallace, O'Malley, Johnston, Kurth & Neighbors, 1991). However, in 1998, CDC reported a sharp increase in youth smoking rates from 12.6 % to 22.7 % (USDHHS, 1998). Research suggests that certain protective factors deter African American youth from smoking, including: (1) the cost of cigarettes, (2) sports participation, (3) body type preferences, (4) relative influence of peers and parental smoking status, (5) marijuana use, and (6) ethical and religious concerns (Gardiner, 2001). Key factors include their involvement in sports and cultural influences (Gardiner, 2001). The interaction of socioeconomic, cultural, and racial factors, when taken together, can reduce the initiation of smoking among African Americans (Gardiner, 2001).

African Americans have considerable access to cigarettes, partly resulting from a high degree of illegal sales to minors in the inner cities (Voorhees, Swank, Stillman, Harris, Watson & Becker, 1997). There is also a greater likelihood that merchants understand the cultural antismoking norm in the youth of their own ethnicity (Voorhees et al., 1997). It is possible, but doubtful, that simple language barriers may inhibit these merchants' understanding of laws (Voorhees et al., 1997). Cigarette promotions are common in African American neighborhoods. Billboard advertisements tend to be more common in the Black communities (Sutton, 1997). Tobacco merchandise like caps, jackets, bags bearing the name, logo or selling of a message of a particular brand are an important provision for the Black community because tobacco promotional items are popular in these venues (Sutton, 1997).

Despite a crusade against advertising menthol brands, a tactic that has had some success in the Black community, about 75% to 90% of Black

smokers report a preference for menthol brands, compared to only 23% to 25 % of White smokers (Sutton, 1997). According to Sutton (1997) the cartoon-style *Kool* penguin, which was introduced in 1960, was a great success in the Black community, and *Kool* was the most popular cigarette for many years. As with its *Kool* predecessor, *Newport*, currently the most popular brand in the Black community, often has used images of Black people in advertising campaigns. Also postulated to have increased smoking rates among young African Americans is the availability of loose, single cigarettes ("loosies") (Gardiner, 2001). Furthermore, the rap segment of the music industry has incorporated smoking images into the hip-hop generation. Musicians are associated with smoking marijuana, cigarettes, or cigars in promotions, and are seen in videos and in person. Many African American inner-city communities are overwhelmed with multiple images of rappers smoking cigarettes and cigars (Gardiner, 2001). If the current trend of smoking continues, 1.6 million African Americans under age 18 years could progress to regular smoking. Regrettably, about 500,000 of these smokers will die as a result of smoking-related diseases (Black Health Care, 2000).

Hispanic

Nearly 22 million people in United States are of Latino background, with population projections indicating that Latinos will be the largest minority group in the country by the year 2010 (United States Bureau of the Census, 1999). They have been characterized as a heterogeneous group based on a variety of factors including country of origin, geographic region of residence, immigration status, language capabilities, rates of poverty, employment status, and education level (Baezconde-Garbanati, 2001). The smoking rates of Hispanics/Latinos in the United States have been rising over the past few years, with Hispanics engaging in tobacco use of various forms (Baezconde-Garbanati, 2001; USDHHS, 1998). The Tobacco Resistance Activity Program (TRAP), carried out in California, examined the association between tobacco use and sociobehavioral factors among Hispanic youths (Morris, Vo, Bassin, Savaglio & Wong, 1993). They found increasing rates of tobacco smoking rates by age among Hispanic disadvantaged youths (Morris et al., 1993). There was also a steady rise in smoking rates between the ages of 9 and 12 years, with a 100% increase between ages 10 and 12 (Morris et al., 1993). Additionally, low educational attainment was associated with a lack of improvement in smoking habits over time (Morris et al., 1993). Furthermore, among people of low socioeconomic status, cigarette

use was more accepted (Escobedo & Peddicord, 1996).

Factors associated with smoking among the Hispanic/Latino population include drinking alcohol, working and living with other smokers, being male, having peers who smoke, being in poor health, enduring acculturative stress, being depressed, and being exposed to tobacco advertising and promotion strategies (Morris et al., 1993; USDHHS, 1998). Additionally, relocation to the United States increases the likelihood that immigrants will smoke (Baezconde-Garbanati, 2001).

As with other youth populations, Hispanic/Latino youth are susceptible to targeted pro-tobacco advertising and promotion (Baezconde-Garbanati, 2001). Glamour and success, which appeal to Hispanic/Latino youths, are portrayed in various tobacco advertisements (Baezconde-Garbanati, 2001). The tobacco industry appeals to a sense of manliness or “machismo” among Hispanic/Latino boys, and sense of freedom and breaking away from traditional cultural and family norms among Hispanic/Latino girls. Furthermore, the promotional strategies of the tobacco industry engage the community by offering scholarships and funds for educational purposes to the youth, sponsoring cultural events, and assisting Hispanic/Latino chambers of commerce, and other grassroots level organizations and community groups (Baezconde-Garbanati, 2001).

Native Americans

Of all teen populations, American Indian and Alaska Native teens have the highest cigarette smoking rates in the nation (Bachman et al., 1991; USDHHS, 1998). About 41.1% of American Indian teen males and 39.4% of females smoke (USDHHS, 1998). The Monitoring the Future study found that half-pack daily use of cigarettes was highest among Native Americans and was significantly lower in other groups (Bachman et al., 1991). In the National Household Survey on Drug Abuse (USDHHS, 2002) current smoking statistics among youth ages 12 to 17 years were 27.5% for American Indians/Alaska Native, 16% for Whites, 10.2% Hispanics, 8.4% Asians, and 6.1% Blacks. According to the same report, American Indian/Alaska Native youths (80%) were significantly less likely to report that they thought their parents would strongly disapprove of their smoking one or more packs of cigarettes per day as compared with youths from other racial/ethnic groups (88 %). The National Household Survey on Drug Abuse also showed that 9% of youth who felt that their parents “strongly disapproved” of their smoking one or more packs of cigarettes per day reported lower use for the past month than the 46% of youths who felt their parents would “somewhat

disapprove” or “neither approve nor disapprove” (USDHHS, 2002). Also, American /Alaska Native youths (77 %) were less likely to report that they strongly or somewhat disapproved of someone their own age smoking one or more packs of cigarettes per day than did youths from other racial/ethnic groups (85%).

The range of diverse practices among American Indians and Alaskan Natives includes the use of tobacco for medicinal and healing rituals and in ceremonial and religious traditions (Hodge, 2001). The cultural traditions of American Indians place them in a unique situation where tobacco control is concerned. First, it may be inappropriate for someone to tell another person not to smoke (Hodge, 2001). This norm is inclusive of elders and young people, and is one that must be respected among persons of other ethno-cultural groups. Second, although there are state regulations related to smoking cessation policies, Indians living on reservations are exempted from them as they are under the jurisdiction of federal law (Hodge, 2001). Third, the abuse of tobacco products is a direct result of American Indians moving to urban areas from reservations (Hodge, 2001). Perhaps as a result, 40% of American Indian adults smoke cigarettes (American Indian Youth Against Tobacco Exploitation, 2003).

Conclusion

African American, Hispanic, Native American, and Asian American and Pacific Islander youth have been targets of the tobacco industry. At alarming rates, youth of all ethnic backgrounds are engaging in tobacco use that increases their risk of tobacco-related diseases. Some of these rates can be related directly to the intense marketing of tobacco products to youth through advertisements and various promotional activities and items. Tobacco use prevention initiatives targeted at each ethnic group is key to reducing smoking prevalence rates among all youth segments, but special initiatives may be needed that address minority youth. A better understanding of how ethnically diverse youth relate to the tobacco industry and perceive tobacco use may be an essential component of successful tobacco prevention. From a long- term perspective, public policy programs on tobacco prevention must be designed to sustain delayed initiation into adulthood (Glied, 2003).

References

- American Indian Youth Against Tobacco Exploitation. (2003). It's not just a brown thing!! Tobacco: Use or Abuse. Online: <http://www.shastalink.k12.ca.us/life/page3.html> [Accessed: 2004, January 23].
- Bachman, J.G., Wallace, J.M., O'Malley, P.M., Johnston, L.D., Kurth, C.L., & Neighbors, H.W. (1991). Racial/ethnic differences in smoking, drinking, and illicit drug use among American high school seniors, 1976-89. *American Journal of Public Health, 81*(3), 372-377.
- Baezconde-Garbanati, L. (2001). Understanding tobacco use research among Hispanic/Latino Adolescents: A sociocultural perspective. *National Cancer Institute. Changing Adolescent Smoking Prevalence. Smoking and Tobacco Control Monograph No 14*. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub.No.02-5086, pp. 227-242.
- Bauer, U.E., & Johnson, T.M. (2001). Monitoring Program Outcomes in 2001. *Florida Department of Health, 4*(1), 1-23.
- Bayer, R., Gostin, L.O. Javitt, G.H., & Brandt, A. (2002). Tobacco advertising in the United States. A proposal for a constitutionally acceptable form of regulation. *Journal of the American Medical Association, 287*(22), 2990-2995.
- Biener, L., & Siegel, M. (2000). Tobacco marketing and adolescent smoking: More support for a causal inference. *American Journal of Public Health, 90*(3), 407-411.
- Black Health Care. (2000). African Americans and tobacco. Online: <http://www.blackhealthcare.com/BHC/Smoking/Description.asp> [Accessed: 2004, January, 2003].
- Burton, B. (2002). Asian-Americans targeted for tobacco promotion. *Inter Press Service*. Online: http://www.cyberdyaryo.com/features/f2002_0906_05.htm [Accessed: 2004, January 23].
- Campaign for Tobacco-Free Kids. (2003). The toll of tobacco in your state: Florida. Online: <http://www.tobaccofreekids.org/reports/settlements/TobaccoToll.php3?StateID=FL> [Accessed: 2004, January 23].
- Centers for Disease Control and Prevention. (1998). Incidence of initiation of cigarette smoking in the United States, 1965-1996. *Morbidity and Mortality Weekly Report, 47*, 837-840.
- Centers for Disease Control and Prevention. (2002a). *Healthy People 2010* objectives-tobacco priority area. Online: web.health.gov/healthypeople/Document/tableofcontents.htm [Accessed: 2004, January 23].
- Centers for Disease Control and Prevention. (2002b). Youth Risk Behavior Surveillance- United States, 2001. *Morbidity and Mortality Weekly Report, 51*(SS-4), 1-64.
- Centers for Disease Control and Prevention. (2003). Targeting tobacco use: The nation's leading cause of death 2003. Online: http://www.cdc.gov/nccdphp/aag/aag_osh.htm [Accessed: 2004, January 23].
- Choi, W.S., Ahluwalia, J.S., Harris, K.J., & Okuyemi, K. (2002). Progression to established smoking. The influence of tobacco marketing. *American Journal of Preventive Medicine, 22*(4), 228-233.
- Escobedo G.L., & Peddicord P.J. (1996). Smoking prevalence in U.S. birth cohorts: The influence of gender and education. *American Journal of Public Health, 86*(2), 231-235.
- Florida Department of Health. (1998) *Florida Youth Tobacco Survey*. Online: <http://www.state.fl.us/tobacco>. [Accessed:2004, January 27].
- Florida Department of Health. (2003). Health Awareness and Tobacco. Online: <http://www.doh.state.fl.us/tobacco/highlights.html> [Accessed: 2004, January 23].
- Gardiner, P.S. (2001). African American teen, cigarette smoking: A review. *National Cancer Institute. Changing Adolescent Smoking Prevalence. Smoking and Tobacco Control Monograph No 14*. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub.No.02-5086, pp. 213-225.
- Glied, S. (2003). Tobacco: the limits of child protection. *American Journal of Public Health, 93*(3), 412-416.
- Hodge, F.S. (2001). American Indian and Alaska Native teen cigarette smoking: A review. *National Cancer Institute. Changing Adolescent Smoking Prevalence. Smoking and Tobacco Control Monograph No 14*. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub.No.02-5086, pp. 255-261
- Hong, B.M. (2001). Asian American and Pacific Islander adolescent cigarette smoking: A review. *National Cancer Institute. Changing Adolescent Smoking Prevalence. Smoking and Tobacco Control Monograph No 14*. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub.No.02-5086, pp. 243-253.

Lantz, P.M., Jacobson, P.D., & Warner, K.E. (2001). Youth smoking prevention: What works. *The Prevention Researcher*, 8(2), 1-6.

McCormick, L. K., Crawford, M. Anderson, R.H., Gittelsohn, J., Kingsley, B., & Upton, D. (1999). Recruiting adolescents into qualitative tobacco research studies: Experiences and lessons learned. *Journal of School Health*, 69(3), 95-99.

McKenna, J., Gutierrez, K., & McCall, K. (2000). Strategies for an effective youth counter-marketing program: Recommendations from commercial marketing experts. *Journal of Public Health Management and Practice*, 6(3), 7-13.

McPherson, J.G. (2001). Targeting teens. *Hispanic Magazine*. Online: <http://www.hispaniconline.com/magazine/2001/sep/Features/teens.html> [Accessed: 2004, January 23].

Morris, G.S., Vo, A.N., Bassin, S., Savaglio, D., & Wong, N.D. (1993). Prevalence and sociobehavioral correlates of tobacco use among Hispanic children: The tobacco resistance activity program. *Journal of School Health*, 63(9), 391-396.

Sutton, C.D. (1997). *The Potential Impact of the Proposed Settlement Agreement on Black Smokers and the Black Community in the United States of America*. Bala Cynwyd, PA: The Onyx Group.

Task Force on Advancing Parity and Leadership for Priority Populations. (2002). Moving toward health: Achieving parity through tobacco control for all communities. Online: <http://www.ripleytobacco.org/resource.htm> [Accessed: 2004, January 23].

United States Bureau of the Census (1999). Race and Hispanic Origins of the Population by Nativity: 1850 to 1990. Online: <http://www.census.gov> [Accessed: 2003, April 22].

U.S. Department of Health and Human Services. (1998). Tobacco use among U.S. Racial/Ethnic Minority Groups; African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders and Hispanics: *A Report of the Surgeon General. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health*. Online: http://www.cdc.gov/tobacco/sgr/sgr_1998/sgr-min-fs-afr.htm [Accessed, 2004, January 26].

U.S. Department of Health and Human Services. (2002). Cigarette use among American Indian/Alaska Native youths. Online:

www.samhsa.gov/oas/facts.cfm [Accessed: 2004, January 23].

Voorhees, C.C., Swank, R.T., Stillman, F.A., Harris, D.X., Watson, H.W., Becker, D.M., (1997). Cigarette sales to African-American and white minors in low-income areas of Baltimore. *American Journal of Public Health*, 87(4), 652-654.

Westhoff, E. (undated). "Truth" Presentation: *Florida Department of Health*.

Online:<http://www.hcswat.com/>. [Accessed: 2004, January 27].

Zapata, L.B., Forthofer, M.S., Eaton, L.K., McCormack Brown, K., Bryant, C.A., Reynolds, S.T., & McDermott, R.J. (2004). Cigarette use in 6th-10th grade youth: The Sarasota County demonstration project. *American Journal of Health Behavior*, 28(2), 151-165.

Zbar, J.D. (2001, June 25). Hispanic teens set urban beat: Newfound pride breeds confidence; non-Hispanic friends brush up on Spanish. *Advertising Age*.

Online: <http://www.adage.com/paypoints/buyArticle.cms/login?articleId=5219&auth=> [Accessed, 2004, January 23].

Zucker, D., Hopkins, R.S., Sly, D.F., Ulrich, J., Kershaw, J.M., & Solari, S. (2000). Florida's "truth" campaign: a counter-marketing, anti-tobacco media campaign. *Journal of Public Health Management and Practice*, 6(3), 1-6.

Suzanne M. Perry-Casler is Research Assistant Professor, Department of Community and Family Health, University of South Florida College of Public Health, Tampa, FL (sperryca@hsc.usf.edu). **Apurva Shah** is an MPH student at the University of South Florida College of Public Health, Tampa, FL (ashah@hsc.usf.edu). **Seraphine Pitt** is a PhD degree candidate in the Department of Community and Family Health, University of South Florida College of Public Health, Tampa, FL (spitt@hsc.usf.edu). **Ercilia Rodriguez Westhoff** is a health educator at the Hillsborough County Health Department, Tampa, FL (Ercilia_Westhoff@doh.state.fl.us). **Robert J. McDermott** is Co-Director of the Florida Prevention Research Center, University of South Florida College of Public Health, Tampa, FL (rmcdermo@hsc.usf.edu). This paper was submitted to the *FPHR* on February 3, 2004, reviewed and revised, and accepted for publication on March 22, 2004. Copyright ©2004 by the *Florida Public Health Review*