



Alcohol Formative Audience Assessment

Comprehensive Report

April 2021



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Executive summary

Executive summary

Alcohol use is the third-leading cause of preventable deaths among people in Oregon. Excessive alcohol use—which includes binge drinking, heavy drinking and alcohol use by people who are under 21 or pregnant—can cause or exacerbate heart disease, diabetes, cancer, suicide, substance use disorders and violence. Excessive alcohol use costs the Oregon economy \$3.5 billion per year in lost workplace productivity, early mortality, health care expenses, criminal justice costs, and motor vehicle crashes.

In 2017, the Oregon Health Authority – Public Health Division (OHA-PHD) launched a formative audience assessment to better understand Oregonians’ attitudes, beliefs and behaviors around excessive alcohol use. OHA-PHD used the assessment to develop message concepts to educate the public about the harms of excessive alcohol use and to increase support for evidence-based strategies that reduce the harms of excessive alcohol use such as those recommended by the Centers for Disease Control and Prevention (CDC) Community Preventive Services Task Force (CPSTF).^{*} A message concept serves as a broad guide for the tone, style, and development of a mass-media campaign developed to reach different audience segments. Together, the assessment and message concepts will support OHA-PHD’s communications strategy as part of a statewide, comprehensive approach to reduce and prevent excessive alcohol consumption in the state, which will likely include a statewide mass-media campaign.

OHA-PHD hired PRR Inc., a full-service communications firm, to conduct the assessment and create message concepts. PRR conducted the assessment in several phases.^{**} Literature and campaign reviews of alcohol prevention mass-media campaigns provided a foundation for later phases of the assessment and initial message concept development. The findings identified effective and ineffective messaging and revealed opportunities for testing new alcohol prevention message concepts. This allowed OHA-PHD to focus its limited resources to areas where new assessment was most needed. PRR developed and refined message concepts using an online qualitative assessment that centered inclusion in the recruitment methodology. The online qualitative assessment included diverse groups of people from different races and ethnicities, genders, sexual orientations, and ages who speak English or Spanish. PRR measured whether exposure to message concepts influenced reported behaviors, attitudes or perceptions related to excessive drinking and evidence-based strategies through baseline and message evaluation surveys.

^{*} <https://www.thecommunityguide.org/topic/excessive-alcohol-consumption>

^{**} *Note: All phases took place prior to the COVID-19 pandemic. We do not yet know the short- and long-term impact of COVID-19 on Oregonians’ attitudes and behaviors relating to excessive alcohol use.*

The overall assessment identified a set of message concepts OHA-PHD can use in strategic communications with English and Spanish speaking populations in Oregon. PRR tested over 40 message concepts in English and Spanish during the online qualitative assessment and used the top-three concepts in the message evaluation survey.

The assessment revealed that, although most adult survey respondents agreed excessive drinking causes problems for the wider society—and believed that excessive drinking caused problems in Oregon—they struggled to grasp the nuanced, indirect or long-term harms of excessive alcohol use.

The findings also suggested that exposure to message concepts alone are unlikely to change drinking behavior, shift perceptions of excessive alcohol use as a problem that requires community-level solutions or influence attitudes in support of evidence-based strategies to reduce excessive alcohol use.

While exposure to message concepts alone had a limited immediate influence on opinions about alcohol use, a collectivist message frame had a positive association with support for alcohol policy interventions. A collectivist message frame cues people to think about alcohol-related harms as a broader societal problem that requires community action. Efforts to engage collectivist thinking should increase support for evidence-based alcohol policy interventions. Using a collectivist message frame to help the public understand the wide-reaching effects of excessive drinking has rarely been used in alcohol prevention mass-media campaigns.

The top-three concepts tested in the message evaluation survey all used a collectivist frame.* These message concepts were similarly effective. Therefore, customization to target audiences is needed when developing message concepts into mass-media campaign messaging. It is important to retain the collective message frame in the creation process. Successful mass-media messaging will need continued reiteration and adaptation over time to best compliment state, local and community-level interventions as part of a comprehensive alcohol prevention and education program.

PRR recommends the OHA-PHD move forward with the message concepts that include the secondary message about the “Misleading Industry” because adults who speak English and Spanish both responded well to this message concept. Future message concept development should be tested and refined among diverse audiences, including youth and Tribal communities, to ensure campaign messaging and materials resonate across audiences.

* See pages 10-12 for definitions.

Top message concepts

English-language audiences

1

“Next Generation + Misleading Industry”

The alcohol industry misleads the public about the dangers of excessive drinking.

The future of our communities and our state depends on the next generation. But, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. Truth is, one drink every day can do real harm to your body and your relationships. But the alcohol industry is trying to cover up the damage that alcohol can do. That’s bad not just for the next generation, but for all of us. Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

2

“Next Generation + Protecting Kids”

Youth need protection from underhanded tactics used by the alcohol industry.

The future of our communities and our state depends on the next generation. It’s hard enough to keep kids safe without the alcohol industry doing everything it can to convince kids that drinking is cool. This can lead to risky behaviors like drunk driving and lifelong health problems like addiction, cancer and even dementia. That’s bad not just for them, but for all of us. Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

3

“Next Generation”

Excessive drinking threatens the future of communities.

The future of our communities and our state depends on the next generation. But, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. That’s bad not just for them, but for all of us. Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

Spanish-language audiences (translation)

1 “Protecting Kids + Misleading Industry”

The alcohol industry misleads the public about the dangers of excessive drinking.

It’s our job as adults to look out for kids. You deserve to know the truth and the risks to your kids. But the alcohol industry is trying to cover up the very real harm caused by even minimal exposure to alcohol and seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. The truth is, even one drink every day can do real harm to your body and your relationships. That’s bad not just for the next generation, but for all of us. It’s our job as adults to look out for kids. Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

2 “Protecting Kids + Next Generation”

Youth need protection from underhanded tactics used by the alcohol industry.

The next generation represents the future of our communities and our state. But, just like with tobacco, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. That’s bad not just for kids, but for all of us. The truth is, even one drink every day can do real harm to your body and your relationships. That’s bad not just for the next generation, but for all of us. Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

3 “Protecting Kids”

Excessive drinking threatens the future of communities.

It’s our job as adults to look out for kids. But, the alcohol industry targets youth to make excessive drinking seem normal and fun. This can lead to risky behaviors like drunk driving. And, the earlier they start drinking, the greater the risk of damage to their developing brains and lifelong health problems like addiction and cancer. Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

Introduction

Purpose

Alcohol use is the third-leading cause of preventable deaths among people in Oregon. Excessive alcohol use—which includes binge drinking, heavy drinking and alcohol use by people who are under 21 or pregnant—can cause or exacerbate heart disease, diabetes, cancer, suicide, motor vehicle crashes and violence.

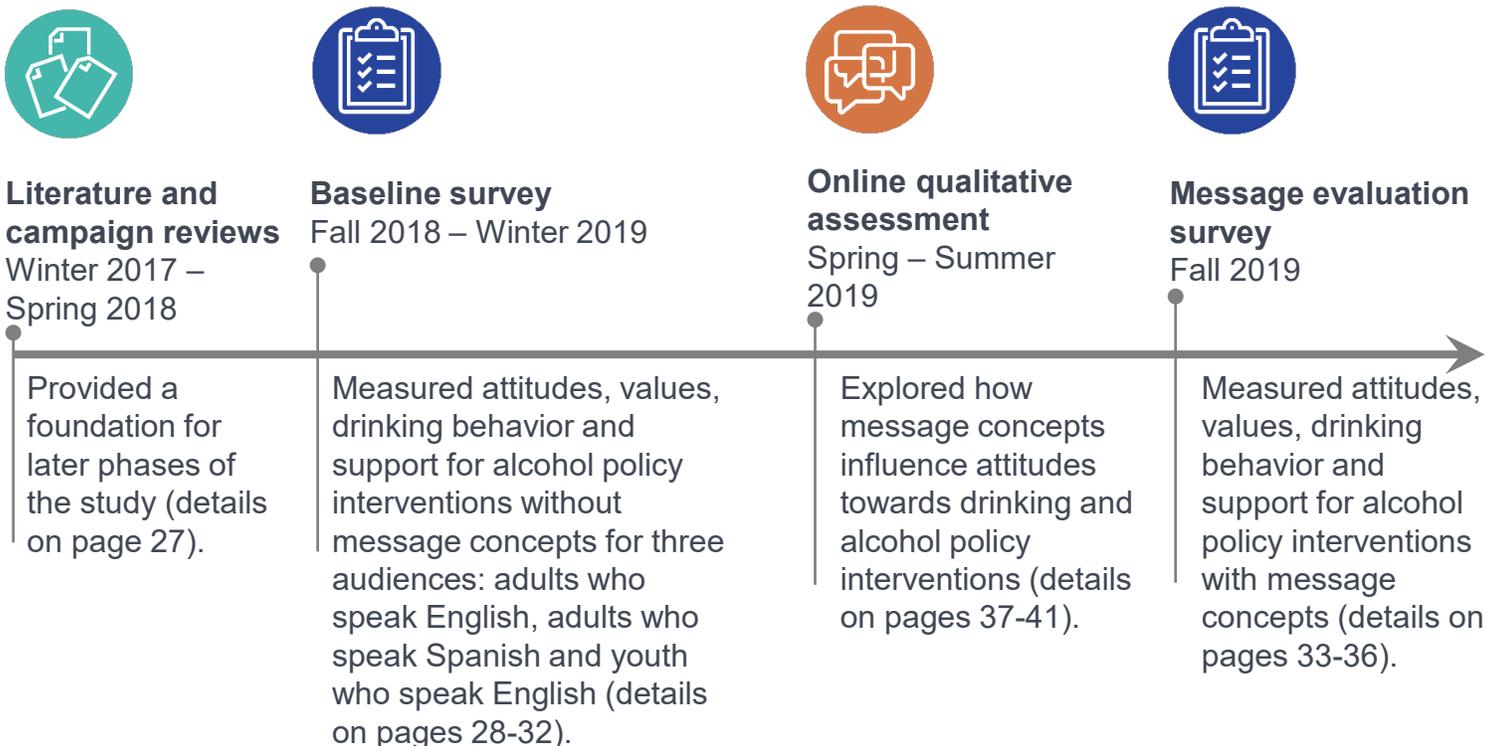
In 2017, the Oregon Health Authority – Public Health Division (OHA-PHD) launched a formative audience assessment to better understand Oregonians’ attitudes, beliefs and behaviors around excessive alcohol use. OHA-PHD used the assessment to develop message concepts to educate the public about the harms of alcohol and to increase support for evidence-based strategies that reduce the harms of excessive alcohol use in Oregon.

OHA-PHD hired PRR, a full-service communications firm, to conduct the assessment and create messages. The assessment and concepts support OHA-PHD’s strategic communications as part of a statewide, comprehensive approach to reduce and prevent excessive alcohol consumption in the state.

Methods

PRR conducted the assessment in several phases. Exhibit 1 shows the project timeline.

Exhibit 1: Timeline for adult survey



Additional context

All phases took place prior to the COVID-19 pandemic. We do not yet know the short- and long-term impact of COVID-19 on Oregonians' attitudes and behaviors relating to excessive alcohol use.

Key terms

Centers for Disease Control and Prevention (CDC) definitions of drinking behavior

- **Excessive alcohol use:** binge drinking, heavy drinking and any alcohol use by people who are pregnant or younger than 21.
- **Binge drinking:** consuming 4 or more drinks on an occasion for a woman or 5 or more drinks on an occasion for a man.
- **Heavy drinking:** consuming 8 or more drinks per week for a woman or 15 or more drinks per week for a man.
- **Standard drink:** approximately 12 oz of beer, 8 oz of malt liquor, 5 oz of wine, 1.5 oz or a “shot” of distilled spirits or liquor.

Definitions for the Alcohol Formative Audience Assessment (AFAA)

- **Alcohol policy interventions:** evidence-based strategies to reduce or prevent excessive alcohol use. These strategies include raising the price of alcohol, limiting days and hours of sale of alcohol, prohibiting college and university co-branded alcohol advertising and sponsorships.
- **Audience or Segment:** the assembled group of people in each phase of the project (e.g., adults who speak English, adults who speak Spanish, youth who speak English).
- **Treatment groups:** group of survey respondents exposed to an intervention (e.g., a group of people exposed to one message concept or another, during the message evaluation survey).
- **Control group:** group of survey respondents who did not see a message concept (e.g., baseline survey respondents).

Key concept

Individualist–Collectivist Spectrum:

OHA-PHD’s approach to strategic communications is based on an understanding that people filter their thoughts through an interconnected web of personal experiences, values, beliefs and perceptions about the way the world works. This filtering process also applies to how people think about harms related to excessive alcohol use. Specifically, the interaction of factors influences where people place the responsibility for addressing harms related to alcohol. The assignment of responsibility can be conceptualized on a spectrum.

One end of this spectrum reflects an individualist perspective where excessive alcohol use is entirely an issue of individual responsibility and the harms related to alcohol are a result of bad personal decision-making. Under this perspective, it is up to the individual to limit their alcohol consumption and take responsibility for all harms caused by excessive use.

At the other end of the spectrum lies the collectivist perspective, where alcohol-related harms are seen as a broader societal problem and require community action. Under this perspective, it is up to the community to advocate for environmental, systems and policy changes that create healthy places and reduce the harms of excessive alcohol use in the community.

The OHA-PHD goal for this assessment is to learn how to achieve balance in activating both perspectives to address the harms of excessive alcohol use. This would be achieved through motivating individual and collective actions.

This report defines the concept of an individualist–collectivist spectrum in two ways: 1) describing message frames and 2) in the context of a quantitative analysis.

- 1. Message Frames:** Messages frames structure information to “frame” or cue people to think about issues in a particular way. Throughout AFAA, we tested messages that used individualist or collectivist frames to various degrees in order to better understand how these frames influenced people’s attitudes about excessive alcohol use and evidence-based strategies for preventing related harms. The assessment also tested connections between message frames and calls to action to measure whether message frames cued behavior as well as attitudes.

OHA-PHD recognizes that many people default towards individualist thinking unless cued to think collectively. OHA-PHD aims to achieve a balance in activating both perspectives. Therefore, all messages tested in Survey 2 used a collectivist frame, but some also had individualist appeals about alcohol prevention.

2. **Quantitative Analysis:** PRR measured where people fell on the individualist–collectivist spectrum by creating variables based on survey questions or qualitative assessment activity prompts. These variables captured whether a respondent leaned more individualist or collectivist in their thinking about a topic.
- Survey analysis: PRR measured where people were on the spectrum based on several survey questions that probed respondents’ perspectives on whether alcohol prevention required more individualist or collectivist action. PRR aggregated the responses these questions into quantitative variables used in statistical modeling.
 - Online qualitative assessment analysis: In this phase, OHA-PHD gathered in-depth information about reactions to different messaging frames. PRR used this information to examine how participants’ thinking about the issue of alcohol harms changed over the course of the study. For example, PRR measured a change in support for collectivist calls to action by counting the number of calls to action people supported before vs. after exposure to messaging that used a collectivist vs. individualist frame.

Key findings

Attitudes and perceptions around excessive alcohol use are mostly negative.



Perception of harm

Most adult survey respondents agreed that excessive drinking causes problems for the wider society and believed that excessive drinking caused problems in Oregon (pages 55-58, 72-74).

- As questions grew more specific about harms related to excessive drinking, respondents agreed with harms statements less. This indicates that the full extent of harms related to alcohol consumption remain abstract for many people (pages 58-61, 75-78).
- Nine out of ten English and Spanish-speaking adults agreed that drinking too much alcohol causes problems in society.
 - About three-quarters of English-speaking adults said that drinking too much was problematic even if it does not harm other people.
 - About half of Spanish-speaking adults said that drinking too much was problematic even if it does not harm other people.
- Most English-speaking adults agreed that drinking was a problem in Oregon (81-87% regarding binge drinking, 74-80% regarding heavy drinking, and 84-85% regarding underage drinking).
- Most Spanish-speaking adults agreed that drinking was a problem in Oregon (77-89% regarding binge drinking, 80-89% regarding heavy drinking, and 88-93% regarding underage drinking).

People lack a deep understanding of harms related to excessive alcohol use.



Perception of harm

It was harder for people to grasp the nuanced, long-term or indirect harms of alcohol (pages 59-61, 76-78).

- Around 85% of English-speaking adults said binge drinking was high-risk in the short run, but only a slight majority thought binge drinking was high-risk in the long run (49-57%) if it happened only a few times a month.
 - In contrast, roughly a quarter of respondents said daily heavy drinking was high-risk in the short (17-24%) or long run (20-31%).
- Most (78-89%) Spanish-speaking adults said binge drinking was high-risk in the short run, but only a shallow majority (53-63%) thought it was high-risk in the long run if it happened only a few times a month.
 - In contrast, roughly about half of respondents said daily heavy drinking was high-risk in the short (44-53%) or long run (46-59%).
- A majority of English-speaking adults did not think it is OK to drink alcohol on a daily basis.
 - This group expressed less opposition to having one drink per day (61-63%) as opposed to two (73-77%).
- The vast majority of Spanish-speaking adults did not think it was OK to drink alcohol daily.
 - This group expressed less opposition to having one drink per day (84-91%) as opposed to two (89-94%).

There is support for evidence-based strategies that reduce the harms of excessive alcohol use.



Participants expressed more support for policies aimed at protecting youth, compared to restricting access or increasing price (pages 62-65, 79-82).

- Support was high for the right of states to set their own rules for selling alcohol. Most respondents (75-83% adults who speak English, 74-89% adults who speak Spanish) agreed.
- Participants expressed the most support for banning advertisements or sponsorships by alcohol companies at college or university events (pages 62, 79).
 - Support was high among English-speaking adults for bans on alcohol advertising at (67-76%) or sponsorships of (71-73%) college or university events.
 - Support was also high among Spanish-speaking adults (75-83% for bans on alcohol advertising at college or university events, 56-72% for bans on alcohol company sponsorships of these events).
- Respondents held very different views about restricting outlet density or sales for certain times or days of the week (pages 63-64, 80-81).
 - Support among English-speaking adults was low for restrictions on sales during certain hours (62-69%) or sales on certain days of the week (54-63%).
 - There was support among Spanish-speakers for restrictions on sales during certain hours (62-69%) or sales on certain days of the week (54-63%).



Policy support

- People indicated mixed support for restricting sales within a given area or regulations around pricing (pages 64-65, 81-82).
 - There was less support among English-speaking adults for restrictions on store density (32-46%), as opposed to price increases clearly tied to a solution. Specifically, people expressed greater support for price increases to fund prevention programs (60-65%) versus generic restrictions on discounts (35-41%).
 - Support levels among Spanish-speaking adults were similar for restrictions on store density (54-69%), generic restrictions on discounts (55-66%), or price increases to fund prevention programs (59-74%).

Effective messaging uses the collectivist frame.



Message concepts

“Next Generation + Misleading Industry” should be the go-to message concept for OHA-PHD.

- All three of the message concepts tested in the message evaluation survey used a collectivist frame. They were generally as effective as one another.
- However, the qualitative assessment revealed that misleading industry tactics resonate deeply with adults and youth who speak English and protecting youth from harm resonated deeply with adults who speak Spanish.

Collectivist perspective appears to be more important for building support for policy changes.



Collectivist perspective

- The collectivist perspective, as measured by survey questions, had a strong positive association with support for alcohol policy interventions, while the individualist perspective had a predictable negative association (pages 66-67, 83-84).
- Even though support levels were sometimes higher among respondents exposed to messaging, the final message concepts tested in the surveys had a weak statistical association with policy support and with a collectivist perspective (pages 66-69, 83-86).

Individual behavior and demographic characteristics influence attitudes and perceptions around excessive alcohol use.



Changing minds

Shifting perceptions of alcohol and supporting behavior change may indirectly shape policy attitudes.

- Individual excessive drinking behavior had negative associations with a collectivist perspective and with policy support among respondents to the adult survey in English (pages 69).
- However, individual excessive drinking behavior had no relationship with the collectivist perspective among respondents to the adult survey in Spanish (page 86).



Audiences

Some groups are already inclined toward a collectivist perspective (pages 68, 85):

- Women
- Urban residents (only among respondents to the adult survey in Spanish)
- People who are not excessive drinkers (only among respondents to the adult survey in English)

Some groups are already more favorable towards alcohol policy interventions (pages 66-67, 83-84):

- People who identify as heterosexual
- Urban residents
- People who are not excessive drinkers

Qualitative data analysis helps unpack nuanced findings.



Qualitative assessment

The qualitative online assessment provided a window into people's thinking and allowed them to elaborate on their reaction to messaging.

- Qualitative assessment participants who saw that excessive drinking was a community problem...
 - Cited the wide-reaching impacts of excessive alcohol use
 - Expressed a need to defend and support people
 - Recognized the massive scale of this problem required a community-level solution (more common among teens)
 - Held industry and media accountable for glamorizing alcohol
 - Wanted solutions that address other root causes (mental health, addiction, homelessness)
- Qualitative assessment participants who said messaging did not change their thinking about alcohol...
 - Didn't accept the scale of the problem
 - Disputed evidence presented in messaging
 - Believed excessive drinking was a personal responsibility issue
 - Wanted to hear personal stories illustrating the harms
 - Had strong beliefs prior to joining the study



Teasing out nuanced differences remains an important step in the campaign development process.

- Generally speaking, demographics did not have a strong association with a collectivist perspective, support for alcohol policy interventions or excessive drinking behavior. However, diverse audiences need to see themselves reflected in campaign materials even if the core message concept remains constant (pages 66-69, 83-86).
- This finding validates the value of qualitative research for teasing out nuanced differences in opinions, practices and interpretations across audiences.

Recommendations

Recommendations for OHA-PHD's strategic communications

Recommendations on approach

- Continue to educate the public about the short- and long-term harms of excessive alcohol use and the role state policy can have on combatting those harms.
- Use communications that support behavior change. This may result in a virtuous cycle of collectivist thinking and reduced consumption, thereby leading to increased policy support.
- Embrace consistency. It takes time, repetition and patience to advance audiences towards the collectivist perspective and through the behavior change continuum.

Recommendations on message content

- Use a collective message frame when talking about the harms of excessive alcohol use and presenting solutions to prevent and reduce excessive alcohol use in Oregon.
- Use the full set of evidence-backed message concepts (pages 23-24), with some customization to ensure materials resonate with the target audience.
- Use the “Next Generation + Misleading Industry” message concept. It most clearly aligns with agency priorities for building public awareness about and combatting industry tactics, which are central to the systemic problem of excessive alcohol consumption. Plus, it tested well with both English-language and Spanish-language audiences.

Recommendations on tactics for evaluating campaign effectiveness*

- Conduct periodic public opinion surveys to help assess when people have changed their thinking, where segments of the population are on the behavior change continuum, and how to recalibrate the messages to keep advancing the campaign.
- Use qualitative research methods to capture and unpack nuanced findings that cannot be fully surfaced in survey data.
- Tailor data collection and analysis by audience to understand how the campaign resonates for groups with different current and lived experiences.

**See Appendix D, pages 181-182 for specific recommendations for fielding surveys.*

Recommended message concepts

English-language audiences

1

“Next Generation + Misleading Industry”

The future of our communities and our state depends on the next generation. But, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. Truth is, one drink every day can do real harm to your body and your relationships. But the alcohol industry is trying to cover up the damage that alcohol can do. That’s bad not just for the next generation, but for all of us. Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

2

“Next Generation + Protecting Kids”

The future of our communities and our state depends on the next generation. It’s hard enough to keep kids safe without the alcohol industry doing everything it can to convince kids that drinking is cool. This can lead to risky behaviors like drunk driving and lifelong health problems like addiction, cancer and even dementia. That’s bad not just for them, but for all of us. Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

3

“Next Generation”

The future of our communities and our state depends on the next generation. But, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. That’s bad not just for them, but for all of us. Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

Spanish-language audiences (translation)

1

“Protecting Kids + Misleading Industry”

It’s our job as adults to look out for kids. You deserve to know the truth and the risks to your kids. But the alcohol industry is trying to cover up the very real harm caused by even minimal exposure to alcohol and seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. The truth is, even one drink every day can do real harm to your body and your relationships. That’s bad not just for the next generation, but for all of us. It’s our job as adults to look out for kids. Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

2

“Protecting Kids + Next Generation”

The next generation represents the future of our communities and our state. But, just like with tobacco, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. That’s bad not just for kids, but for all of us. The truth is, even one drink every day can do real harm to your body and your relationships. That’s bad not just for the next generation, but for all of us. Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

3

“Protecting Kids”

It’s our job as adults to look out for kids. But, the alcohol industry targets youth to make excessive drinking seem normal and fun. This can lead to risky behaviors like drunk driving. And, the earlier they start drinking, the greater the risk of damage to their developing brains and lifelong health problems like addiction and cancer. Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

Recommendations for developing messages

What works well

Approach

- Focus on alcohol's harmful effects rather than the product itself.
- Offer a solution to the problem.
- Use collectivist framing; calling for protecting youth or the wider community.
- Describe industry tactics:
 - Targeting youth or vulnerable populations.
 - Concealing long-term health effects.
 - Drawing parallels to Big Tobacco.
- Resonate with personal experience or worldview.
 - Rang true for those with first-hand experience with alcohol abuse.
- Reinforce the importance of community education and prevention.

Language

- Use truthful, unambiguous and honest language.
- Use a direct, concise, talk "like a friend" style.
- Use aspirational and empowering tones; appeal to unity, past successes and informed decision-making.

What DOES NOT work

Approach

- Using scare tactics.
- Minimizing personal responsibility.
- Connecting alcohol sales to poverty.
- Referencing children or junk food (for some people).
- Contradicting personal beliefs or worldview.

Language

- Using an exaggerated, condescending or moralistic tone.
 - Many qualitative assessment participants saw the "even one drink a day" statistic as hyperbolic.

Detailed methods



Literature and campaign reviews

Purpose and approach

The assessment began with literature and campaign reviews that provided a foundation for the messaging framework tested in the surveys (details on pages 27-28).

Literature review

PRR identified 207 articles about communications campaigns that influenced knowledge, attitudes, beliefs, opinions and/or perceptions of alcohol drinking behavior and/or policy to some degree (see Appendix A, pages 5-20 for details). Very few articles have been published on mass media alcohol prevention campaigns that address evidence-based strategies to reduce excessive alcohol use.

OHA-PHD, in consultation with partners and other stakeholders, selected 20 articles for in-depth review.

Of the articles OHA-PHD selected for in-depth review, the majority focused solely on individual behavior change and three addressed policy changes. While not representative of the entire field of alcohol consumption policy and communications research, the articles reviewed in depth most adhere to OHA-PHD's interests.

Campaign review

PRR identified a total of 27 campaigns related to the harms of alcohol, with input from OHA-PHD grantees, and selected 16 to review in depth with OHA-PHD approval (see Appendix B, pages 24-125 for details). The selected campaigns focused on prevention rather than treatment of excessive alcohol consumption. Only a few connected prevention to a need for environmental changes even if the agency running the campaign also worked on policy.*

OBJECTIVES

- Identify factors influencing behavior change, policy support and long-term outcomes of public health and communication and education campaigns
- Understand long-term outcomes of policy, systems and environmental changes
- Understand the effectiveness of media campaigns to reduce excessive alcohol use

* Campaigns that noted environmental changes: "Communities Mobilizing for Change on Alcohol" and "Parents Who Host Lose the Most."

Additionally, PRR reviewed campaigns that reflected a diversity of geographies and audiences. The review included campaigns at the city, state and national levels as well as examples from other countries. Some of the campaigns attempted to reach diverse and historically underserved audiences. The campaigns targeted different age groups and life stages, including youth, parents of underage youth, young adults and the general adult population.



Surveys Purpose and approach

After analyzing the literature and campaign reviews, PRR conducted surveys using an experimental design to measure the effect of message concepts on attitudes, values and support for evidence-based strategies to reduce excessive alcohol use. PRR administered the surveys as pre- and post-tests of message concept effectiveness. This report refers to these surveys as the baseline and message evaluation survey, respectively.

PRR developed survey questions in collaboration with OHA-PHD. Insights from the literature and campaign reviews informed survey development.

OBJECTIVES

- Understand attitudes, beliefs and behaviors around excessive alcohol use
- Measure baseline support for evidence-based strategies to reduce excessive alcohol use
- Understand the influence of message concepts on support for evidence-based strategies that combat the harms of excessive drinking
- Identify the most effective message to increase support for evidence-based strategies
- Understand the joint effect of receiving message concepts and thinking about drinking behavior on support for evidence-based strategies
- Recruit for online qualitative assessment

Question topics

- Alcohol consumption behavior
- Attitudes around alcohol consumption
- Perceived risks of alcohol consumption
- Attitudes towards alcohol policy interventions
- Values (fairness, care, liberty, etc.).*
- Demographics



The surveys used identical questions. However, the message evaluation survey asked respondents to read a message before answering questions and the baseline survey did not. Additionally, the message evaluation survey rotated the order in which questions about personal drinking behavior appeared (i.e., half the surveys showed these drinking behavior questions first and half showed these questions last).

Rotating the order of drinking behavior questions allowed PRR to measure the effect of priming people to think about their own drinking habits before asking about their attitudes towards excessive drinking and alcohol policy interventions.

PRR compared baseline and message evaluation survey results to measure the effectiveness of message concepts on support for alcohol policy interventions and assess factors that influenced this support.

The surveys targeted two audiences: adult Oregon residents who primarily speak English or Spanish. PRR attempted to field the survey among Oregon teens, but could not complete implementation due to a new Facebook policy (see Appendix E, pages 9 for details).

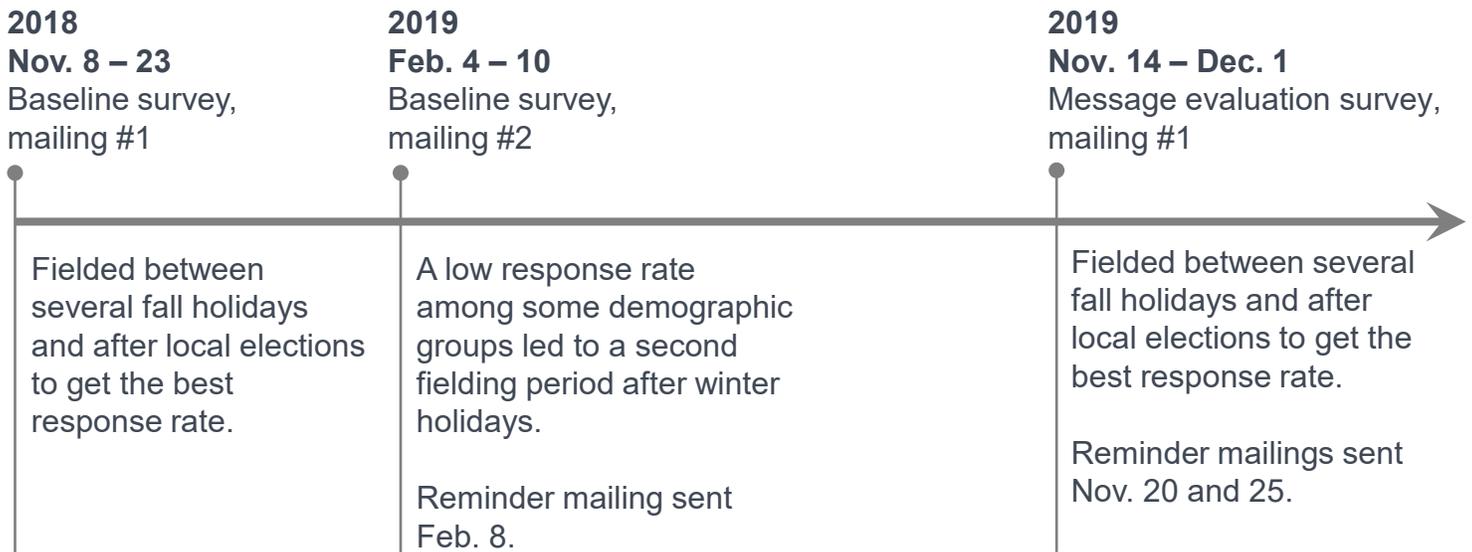


Surveys

Fielding the adult survey in English

PRR conducted the adult survey in English in multiple waves between November 2018 and December 2019.

Fielding timeline



Invitation materials*

PRR fielded the adult baseline and message evaluation surveys in English by mail, online and call-in phone options. PRR sent each survey mailing to a different random sample of households across the state, addressed to “Current Resident.”

Each mailing included a cover letter and a paper survey instrument that people could complete and return the survey by mail.

Fielding Tip

We used a unique access code to limit participation to one respondent per household to prevent oversampling within households. This helps ensure a representative sample because only people invited to take the survey can access it.

*See Appendix D, pages 182-183 for specific recommendations for fielding surveys.

The cover letter had the following information (see Appendix C, pages 133 for an example):

- Survey affiliation and purpose
- Deadline for completion
- Link to complete the survey online
- Call-in number to take the survey by phone
- Unique access code
- Information about the sweepstakes*
- Contact information for the OHA-PHD project manager

Response rate

Exhibits 2 and 3 below summarize recruitment figures.

Exhibit 2: Survey recruitment summary

Survey	Households invited	Returned invitations†	Total respondents	Response rate	Margin of error
Baseline	20,000	1,038	1,672	8.8%	+/- 2%
Message Evaluation	30,000	1,400	2,785	9.3%	+/- 2%

Exhibit 3: Survey response summary

Survey	Number of Respondents	
Baseline	Online	976
	Paper	696
	Phone	0
	Total	1,672
Message Evaluation	Online	1,668
	Paper	1,103
	Phone	14
	Total	2,785

* Respondents who completed the survey could enter for a chance to win one of ten \$100 gift cards.

† Some letters were returned as undelivered by the post office. This is common and can happen for a number of reasons, including if the addresses are non-existent or incomplete.



Surveys

Fielding the adult survey in Spanish

Fielding approach

The initial baseline survey mailing included a cover letter translated into Spanish but saw a low response rate among Spanish speakers. OHA-PHD therefore turned to an online panel to recruit Spanish speakers. PRR worked with Lara Media Services and Dynata to recruit respondents for the adult survey in Spanish.

Lara Media Services and Dynata both manage an online database of participants. Additionally, Lara Media Services recruits participants through:

- Intercept surveys
- The Lara Media Services social media account (over 20,000 followers who speak Spanish)
- Attendance at community events

PRR administered the baseline and message evaluation survey at the same time, between November 22 and December 11, 2019, but the two surveys had different respondents (e.g., independent samples). Since the adult survey in Spanish recruitment method did not rely on random sampling, response rate and margin of error are not applicable.

Exhibit 4: Response rate by survey mode

Survey	Mode	Number of Respondents
Baseline	Online	48
	In-person	33
	Total	81
Message Evaluation	Online	151
	In-person	212
	Total	363



Surveys

Message testing design

Based on results from the online qualitative assessment (see pages 39-43 for details), PRR identified the top three message concepts for English and Spanish adults, summarized below (see pages 23-24 for message concept text).

1. **Next Generation:** Excessive drinking threatens the future of communities.
2. **Misleading Industry:** The alcohol industry misleads the public about the dangers of excessive drinking.
3. **Protecting Kids:** Youth need protection from the underhanded tactics used by the alcohol industry.

PRR randomly assigned individuals to receive one of three message concepts and rotated the order in which drinking behavior questions appeared on the message evaluation survey. There were six treatment groups (T1-T6) total, as shown in Exhibit 5.

Respondents taking the survey by mail read an insert with the message concepts before answering questions. Those taking the online version read message concepts in the survey platform before seeing any questions. For respondents taking the survey by phone or in person, an enumerator read message concepts aloud before administering the survey.

Exhibit 5: Treatment group assignment

Message Group		Behavior Question Order	
		First	Last
A.	Next Generation	T1	T4
B.	Next Generation + Misleading Industry	T2	T5
C.	Next Generation + Protecting Kids	T3	T6



Surveys

In-depth analysis

PRR used regression to estimate how likely a respondent’s characteristics (e.g., demographics) influenced their survey responses (e.g., a “No” rather than a “Yes”). Exhibit 6 summarizes these models and a list of predictor variables appears on the next page.

OHA-PHD sought to understand factors, including message concepts, that influenced the likelihood that an individual:

- Supported alcohol policy interventions (Series 1)
- Thought about alcohol as a problem communities should work together to solve as opposed to a problem individuals needed to work through on their own (e.g., viewed the problem through a collective vs. individual frame) (Series 2)
- Engaged in excessive drinking behavior (Series 3)

Exhibit 6: Regression model summary, survey results

	Series 1	Series 2	Series 3
Outcome of interest	Support for alcohol control policy	Support for the collectivist perspective	Excessive consumption
Measure & Level	Agreement with more restrictive alcohol policy interventions	Agreement with statements reflect a collectivist vs. individualist perspective (averaged responses to several questions)	Excessive drinking behavior
	Binary	Continuous	Binary
Model type	Logit	Ordinary Least Squares (OLS)	Logit

PRR used regression to control for a number of factors. The complete list is available in Exhibit 7 below. Nominal variables with more than two categories were factored to estimate the effect of each category.

Exhibit 7: Regression variable summary, survey results

Short name	Description	Level
Message test	Message group baseline, A, B or C	Nominal
Collectivist perspective (societal problems)	Agree with statements describing alcohol-related harms as a broader societal problem that require community action	Continuous
Collectivist perspective (health harms)	Agree with statements describing the short- and long-term risks of excessive alcohol consumption	Continuous
Individualist perspective	Agree with statements describing excessive alcohol use as an issue of individual responsibility and related to bad personal decision-making	Continuous
Excessive consumption	Binge, heavy or underage drinker	Binary
Values	Moral Foundations Theory overall score	Continuous
Gender	Male, female or gender(s) not listed	Nominal
Age	Respondent age	Ordinal
Education	Highest level of education achieved	Ordinal
Income	Household income	Ordinal
Race/Ethnicity	Respondent is a person of color	Binary
Orientation	LGBTQIA+	Binary
Geography	Resides in urban or rural area	Binary

This report only describes statistically significant relationships. When something is statistically significant, it is highly unlikely to be the result of random chance.

To achieve the cut-off for statistical significance, estimates must have a p-value of 0.05 at a 95% confidence level. Further, the relationship must have a substantively significant coefficient value (a measure of the association's strength). Exhibit 8 below summarizes the cut-offs for statistical significance.

Exhibit 8: Cut-offs for statistical significance

Model	Estimate	Association	
		Positive	Negative
Logit	Odds Ratio	1.2 or more	0.8 or less
OLS	Coefficient	0.2 or more	-0.2 or less

PRR weighted the data by age, gender and education to match Census estimates (2018 American Community Survey 5-Year Estimates) using rake weights. Some (70) respondents skipped at least one question used to calculate weights, so weights could not be calculated for these individuals and they were dropped from the analysis. Their responses are not included in the summary figures (53-65, 70-82) or regression models (66-69, 83-86).

PRR provided the OHA-PHD with a full dataset and STATA syntax files documenting all cleaning and analysis steps (see Appendix C, pages 175-180 for details on data cleaning and analysis).



Online qualitative assessment

Purpose and approach

PRR used the online qualitative assessment to refine message concepts and calls to action for use in the message evaluation survey (see Appendix D, pages 182-326 for materials).

PRR used the Focus Vision Revelation online software to collect qualitative data from participants over an extended period of time (January to September 2019). The testing took place in three steps, each of which built upon insights from the previous step (see Exhibit 9 for a summary).

The online qualitative assessment had 265 total participants across three segments: adults who speak English (N = 185), adults who speak Spanish (N = 24) and youth who speak English (N = 56).

OBJECTIVES

- Gain in-depth understanding of differing behaviors, opinions and attitudes
- Identify message concepts for each audience that increase support for alcohol policy interventions
- Understand influence of demographic and psychographic factors and priming effects on support for alcohol policy interventions

Exhibit 9: Steps in the online qualitative assessment

Step	Purpose	Participants*
Step 1 (Jan. – May 2019)	Assess beliefs, attitudes and behavior	165
Step 2 (May – July 2019)	Assess message concepts	100 new 110 from Step 1
Step 3 (Aug. – Sept. 2019)	Assess refined message concepts	159 from Steps 1 and 2

* Participant: someone who completed at least one activity within one of the Steps.



Online qualitative assessment

Recruitment and message testing methods

Recruitment

PRR recruited participants using a purposive sampling strategy. The strategy relied on an intersectional design and was not intended to achieve a representative, statistically valid sample of Oregon. The goal of this strategy was to ensure that message concepts resonated with diverse audiences.

PRR partnered with a professional recruiter specializing in reaching populations often underrepresented in random sampling or at greater risk for the harms of excessive drinking. The specialty recruiter used demographic questions from the baseline survey as a recruitment tool to collect potential participants' demographic information. This recruitment tool only used demographic information as screening criteria.

PRR oversampled harder-to-reach audiences while ensuring the sample remained diverse. The qualitative online assessment sample included respondents from each of the following audience segments (see Appendix D, pages 186-188 for details):

- Lesbian, gay, homosexual or bisexual
- Transgender, genderqueer or gender(s) not listed
- Pregnant or breastfeeding
- African American
- American Indian or Alaska Native
- Asian, Hawaiian or Pacific Islander
- White, Non-Hispanic
- Latinx
- Spanish speakers

Message testing

Step 1 sought to understand in depth the attitudes and perceptions people had about alcohol and about policies to combat the harms of excessive drinking. Step 2 and 3 tested initial and refined message concepts, respectively. PRR identified top-performing message concepts from Step 2 and refined these message concepts for Step 3. In Step 3, PRR tested word choice, different claims about harms and different appeals to motivate action (see pages 23-24 for the full messaging framework).

To develop message concepts for testing, OHA-PHD, PRR and Metropolitan Group collaborated on a communications framework relevant to both policy change and individual behavior change. The framework grouped specific message concepts within broader concepts and included calls to action (see Appendix D, pages 270-278, 307-318 for details).



Online Qualitative Assessment Messaging framework

The initial messaging framework, developed for Step 2, was comprised of nine concepts that had different core arguments about why excessive drinking (specifically drinking more than 4 drinks on one occasion or 8+ drinks per week for females or drinking more than 5 drinks on one occasion or 15+ drinks per week for males) is harmful:

1. **Community Impact:** Excessive drinking harms communities by increasing crime and violence and hurting economic growth.
2. **Dangerous Product:** Drinking alcohol is neither safe nor healthy.
3. **Excessive Costs:** Excessive drinking has high financial and human costs.
4. **Living Your Best Life:** Excessive drinking can get in the way of living life to the fullest.
5. **Misleading Industry:** The alcohol industry misleads the public about the dangers of alcohol.
6. **Next Generation:** Excessive drinking threatens the future of communities.
7. **Protecting Kids (Adults only):** Youth need protection from the underhanded tactics used by the alcohol industry.
8. **Stand Up To It (Teens only):** Youth are strong and competent; they avoid drinking.
9. **Targeting:** The alcohol industry targets vulnerable populations using underhanded marketing tactics.

Each concept had two messages per audience segment (i.e., English-speaking adults, Spanish-speaking adults, English-speaking youth). One version use a collectivist frame and the other used an individualist frame (see definitions on pages 10-12). The message concepts were similar across audience segments but were not exact replicas. For example, youth message concepts were similar to adult message concepts but included more slang. Similarly, the Spanish segment did not receive word-for-word translations, but customized phrasing. (See Appendix D, pages 268-278 for the complete Step 2 messaging framework, with complete text of each message concept by audience segment.)

The refined messaging framework, developed for Step 3, narrowed to the top five concepts tested during Step 2.

Top Step 2 Message Concepts

1. Dangerous Product
2. Misleading Industry
3. Next Generation
4. Protecting Kids (Adults only)
4. Stand Up To It (Teens only)
5. Targeting

Each concept had eight message concepts that varied key elements such as word choice, combinations of appeals, specificity of claims and overall length. For example, here's a comparison of some Step 3 message concepts for adults who speak English (all from the Protecting Kids concept). These message concepts vary **(1)** the "hook" at the beginning of the message, **(2)** the description of industry tactics and **(3)** the claims about harms of alcohol.

- **(1)** It's hard enough to keep kids safe without **(2)** the alcohol industry doing everything it can to convince kids that drinking is cool. **(3)** This can lead to risky behaviors like drunk driving. And, the earlier they start drinking, the greater the risk of damage to their developing brains and lifelong health problems like addiction and cancer.
- **(1)** You want the best for the kids in your life. **(2)** But, just like with tobacco, the alcohol industry targets youth to make excessive drinking seem normal and fun. **(3)** This can lead to risky behaviors like drunk driving and lifelong health problems like addiction and even cancer.
- **(1)** Oregon should help create communities that are safe for kids. One way to make our communities safer is by protecting kids from **(2)** the alcohol industry's deceptions and lies. **(3)** The earlier kids start drinking, the greater the risk of damage to their developing brains and lifelong health problems like addiction and cancer.



Online qualitative assessment

In-depth analysis

PRR used thematic analysis to analyze qualitative data from Steps 1-3 and explore what worked and didn't work in message concepts. In Steps 2 and 3, PRR ranked message concepts' overall performance using quantitative analysis in order to control for a number of factors, including demographics. Exhibit 10 summarizes these various strategies.

Exhibit 10: Qualitative analysis plan summary

Themes	Patterns in qualitative responses regarding... <ul style="list-style-type: none">• Behavior, attitudes and perceptions around excessive drinking• Reactions to message concepts and calls to action
Ranking	Top message concepts and concepts based on... <ul style="list-style-type: none">• Increased support for policy interventions• Selected as the most effective message
Association	Trends in responses influenced by factors such as... <ul style="list-style-type: none">• Demographics, psychographics (e.g., attitudes) and priming effects

Example themes

- What worked well in message concepts and what didn't (tone, imagery, claims, etc.).
- How respondents perceived the harms of alcohol (whether they engaged in collectivist vs. individualist perspective).
- How respondents perceived the scale and urgency of the problem
- Attitudes regarding the impact of alcohol on vulnerable populations (youth, communities of color, those who identify as LGBTQIA+, etc.).
- Attitudes regarding the underlying factors contributing to excessive drinking
- Motivations and barriers for taking action to combat the harms of alcohol (experiences, constraints, attitudes, etc.).

Ranking strategies

PRR used regression analysis to rank message concepts from Steps 2 and 3 based on several outcomes of interest.

Exhibit 11: Qualitative assessment regression model summary

Steps	Outcome	Measure(s)	Level
2	Increased support for the collectivist perspective	Increase in the number of collectivist frame calls to action supported by a respondent	Binary
		Increase in the number of collectivist frame statements with which a respondent agrees	
2 & 3	Increased support for policy interventions	Number of collective frame calls to action respondent supports	Continuous
2 & 3	Rated by participants as effective	Number of times a respondent selected this message as most motivating to take action to reduce alcohol use and harms	Continuous

For each step, PRR identified message concepts that performed well across multiple outcomes of interest. In other words, PRR ranked message concepts higher that had a positive association with policy support, effectiveness and moving respondents into the collective frame.

Association

Regression analysis allowed PRR to control for multiple factors at once and identify relationships between different factors and a message's effectiveness. The regression models controlled for demographics, psychographics and survey design.

Exhibit 12: Qualitative assessment regression variables

Steps	Factor	Measure(s)	Level
Demographics			
2 & 3	Age	Over 21 years old	Binary
2 & 3	Gender	Male, female, gender(s) not listed	Nominal, factored
2 & 3	Race/Ethnicity	Person of color	Binary
2 & 3	Language	English, Spanish	Binary
Psychographics			
2	Individual frame	Disagree that Oregon should do more to regulate alcohol sales*	Binary
Priming			
2	Study primes respondents to collective frame	New vs. Returning participants*	Binary
2		Message concepts order (collective vs. individual frame first)	Binary
3		Message concepts order (thematic order)	Nominal, factored

* Step 3 analysis did not control for these variables because they did not have a statistically significant association with outcomes of interest in Step 2 analysis.

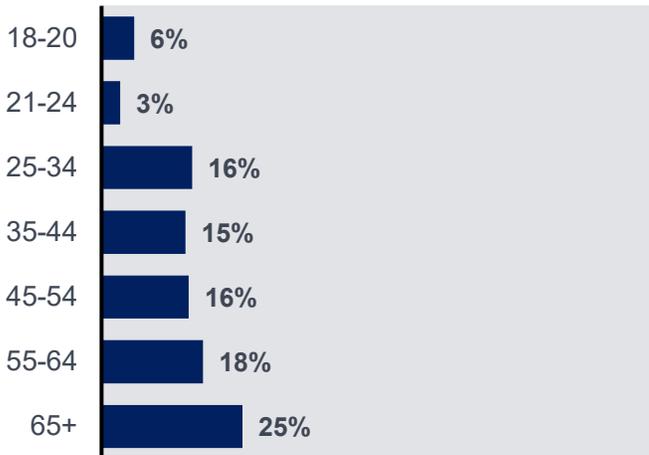
Participant profile

Adult survey in English (4,296 participants)

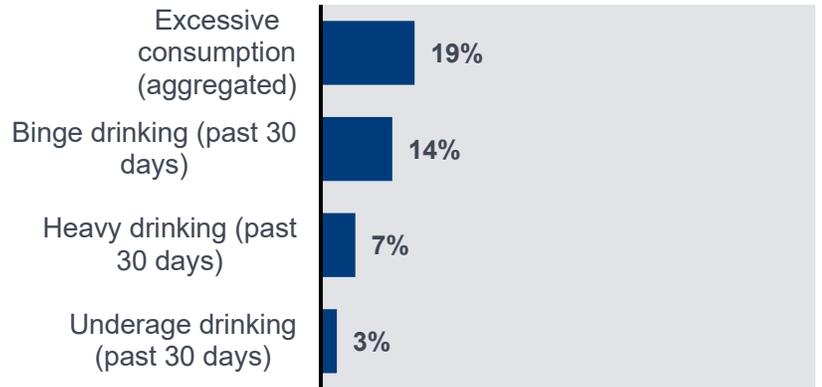
Consumed alcohol in the past year



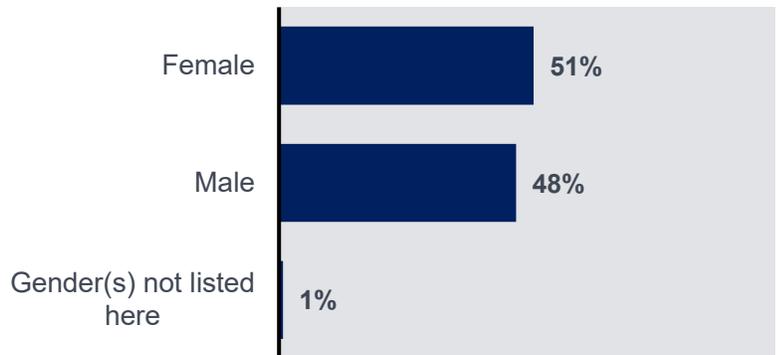
Age



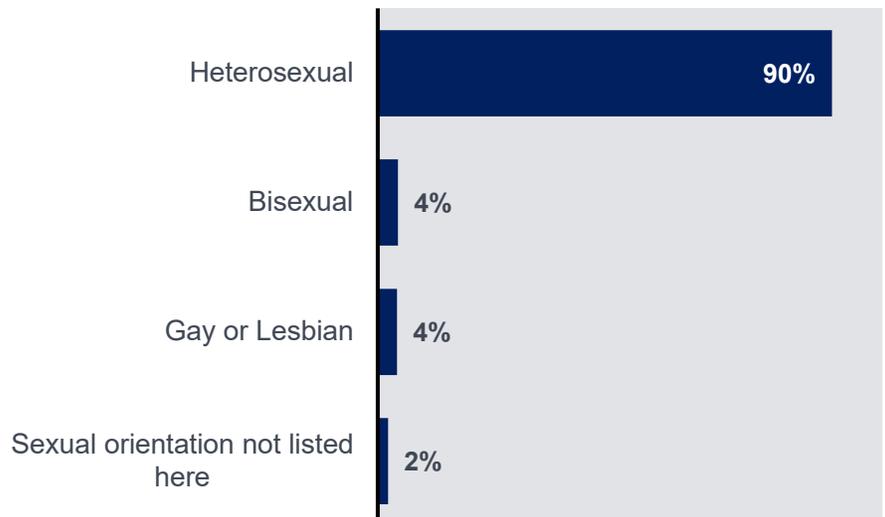
Drinking behavior in the last 30 days*



Gender

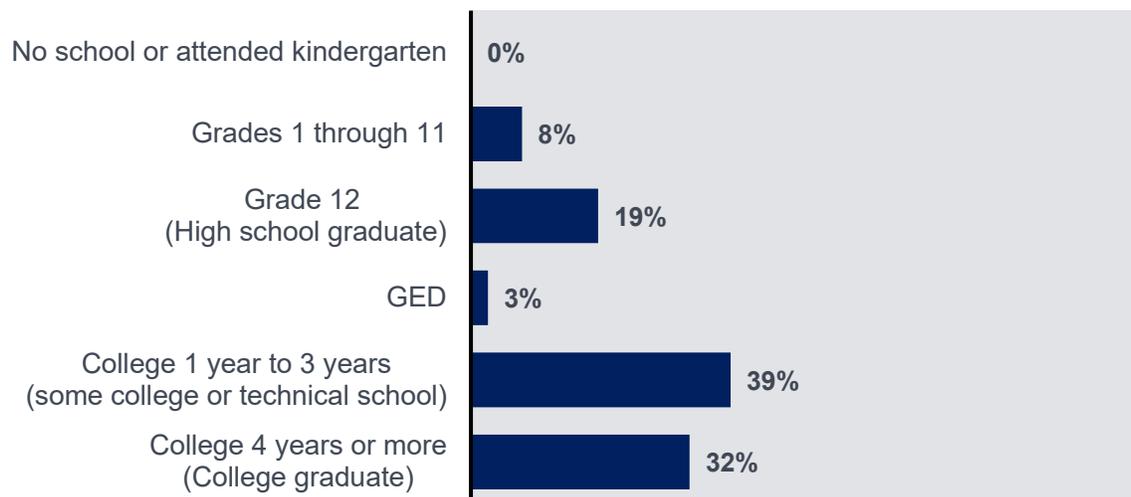


Orientation

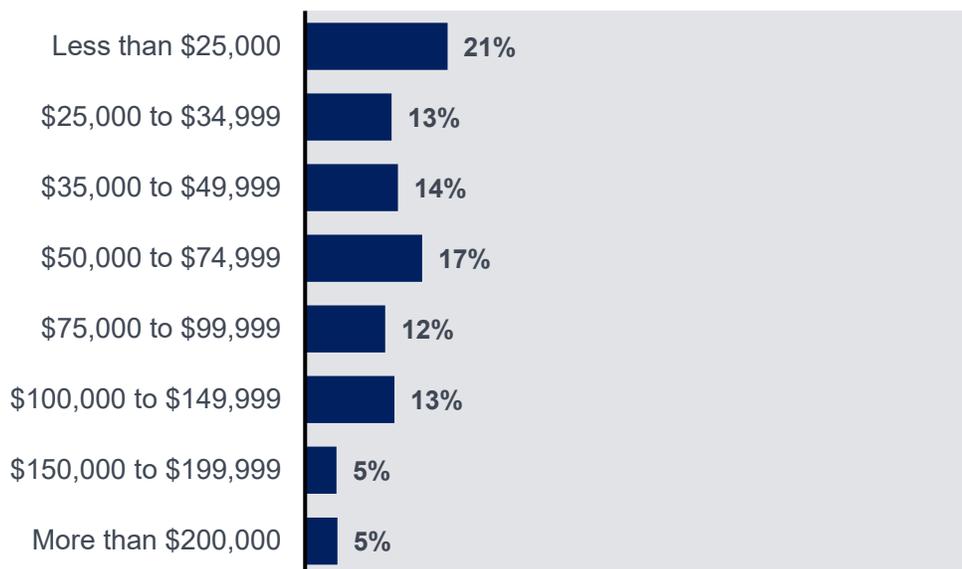


* See key terms on page 10.

Highest level of education



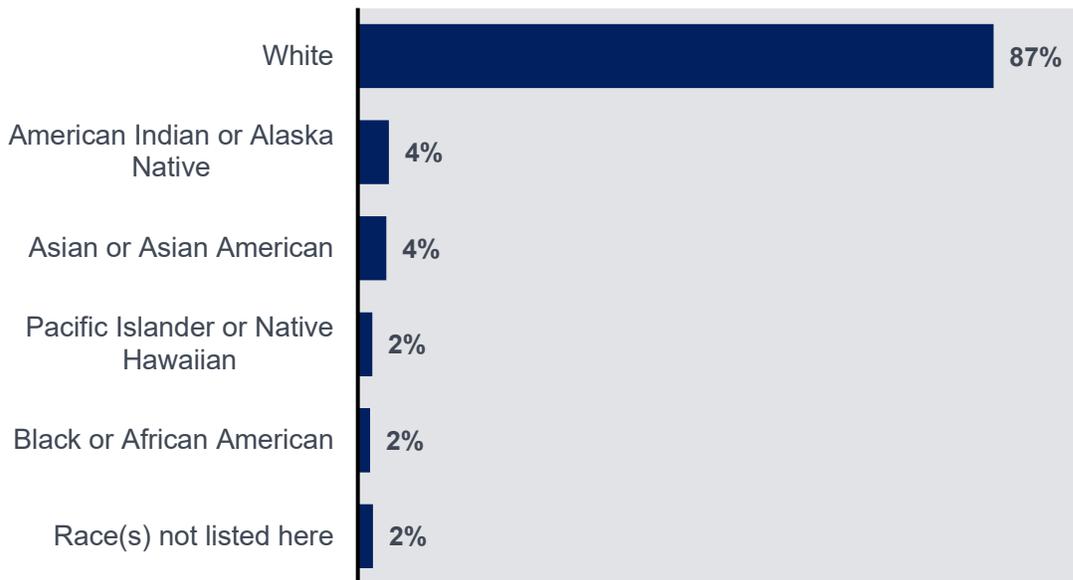
Household income (2018)



Hispanic, Latino/a, Latinx or Spanish origin*



Race(s)



* The demographic question phrasing aligns with the U.S. Census in order to make accurate comparisons. The survey asked, "Are you of Hispanic, Latino/a, Latinx or Spanish origin?" The Census asks if someone is of "Hispanic, Latino, or Spanish origin."

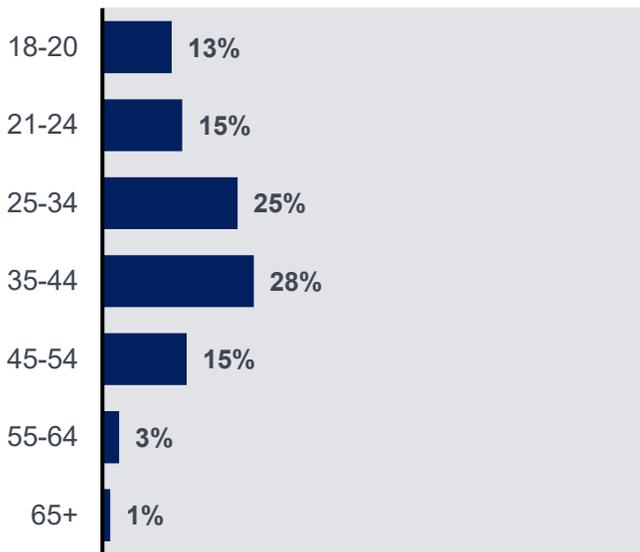
Participant profile

Adult survey in Spanish (535 participants)

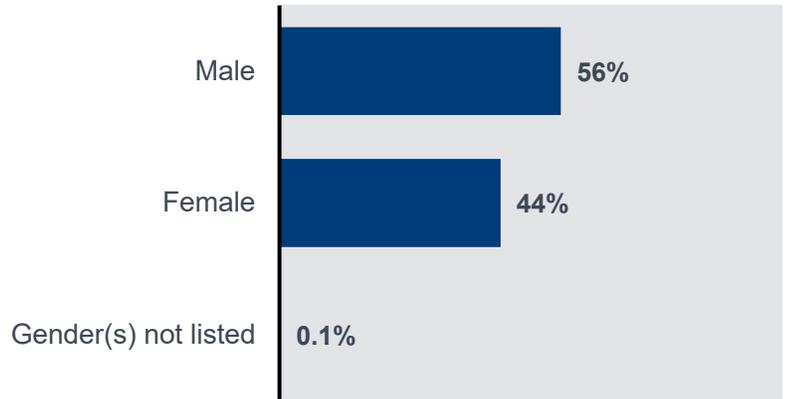
Consumed alcohol in the past year



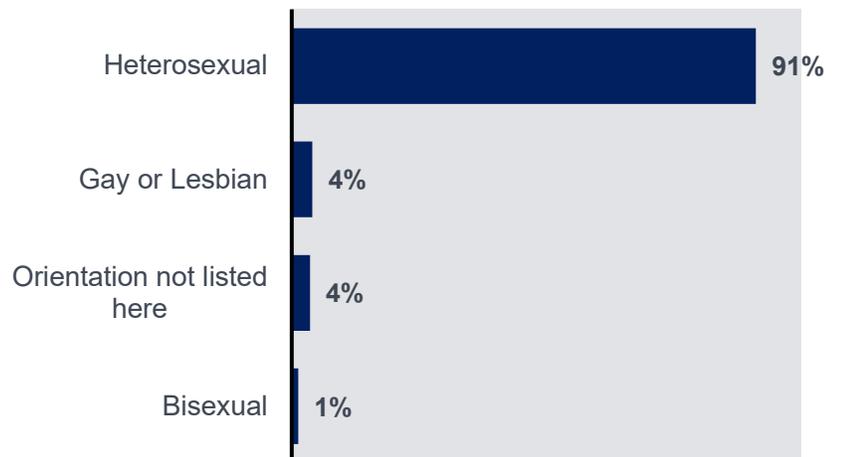
Age



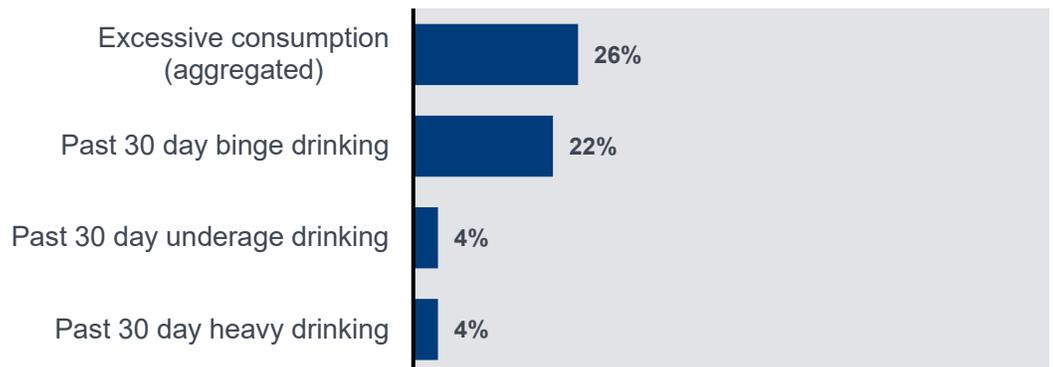
Gender



Orientation

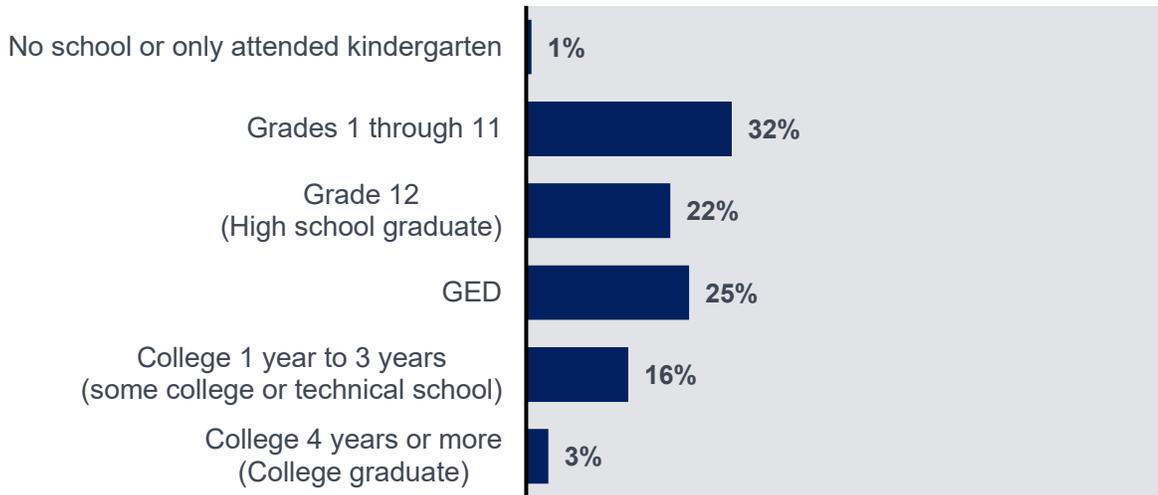


Drinking behavior*

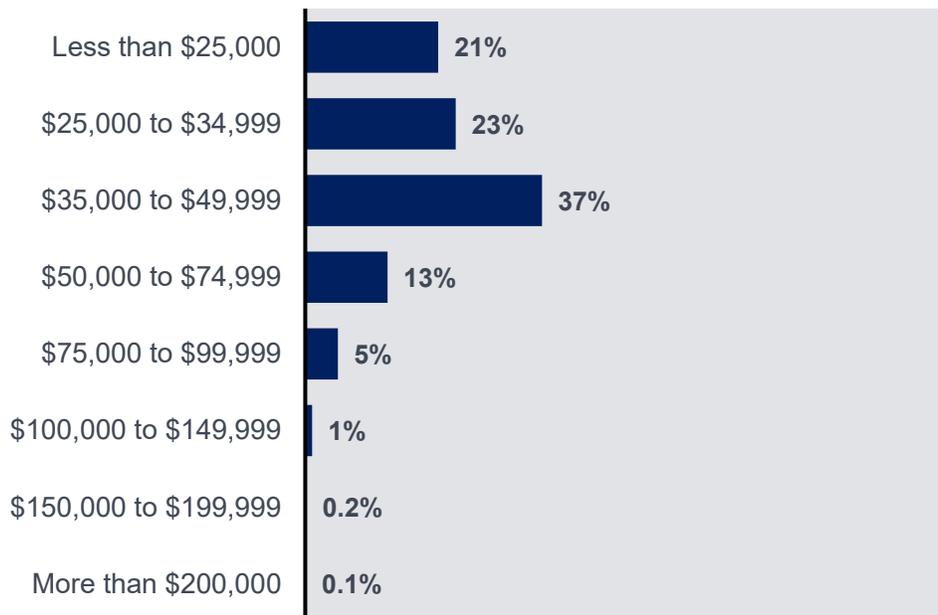


* See key terms on page 10.

Highest level of education



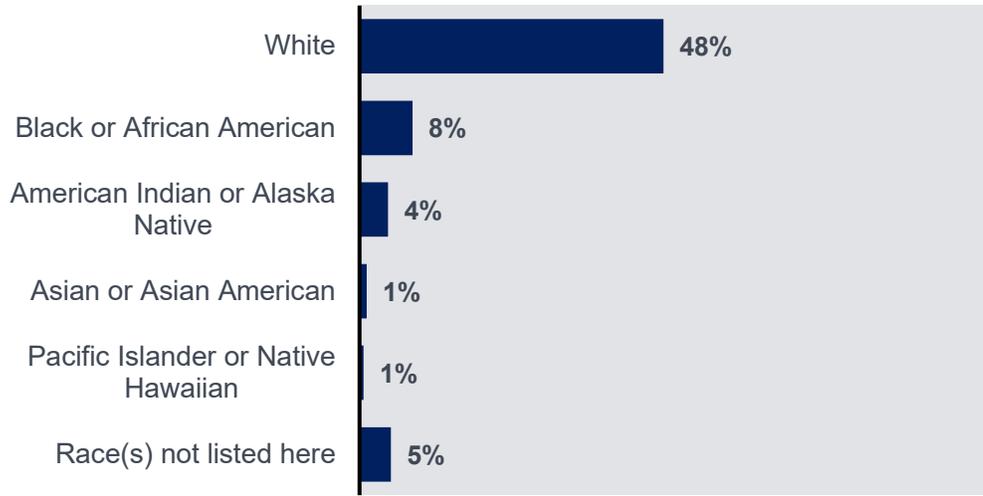
Household income (2018)



Hispanic, Latino/a, Latinx or Spanish origin



Race(s)



Detailed findings

How to read pages in this report

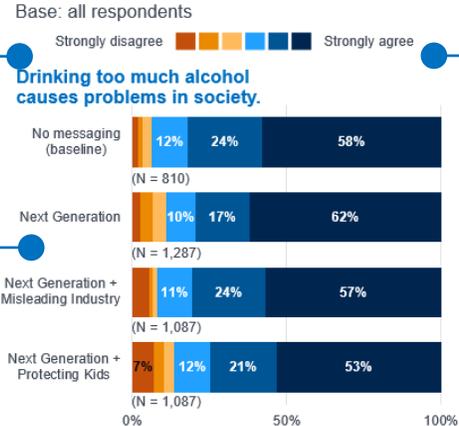
Pages summarize results from the survey and online qualitative assessment.

Descriptive title, main takeaway

A majority of respondents to the adult survey in English believed excessive drinking causes problems in society.

Survey question, parts 1 & 2 (some questions had multiple parts)

Do you agree or disagree with the following statements?
Base: all respondents



Nine out of ten respondents, across all treatment groups, agreed that drinking too much alcohol causes problems in society.

Chart legend (often response options)

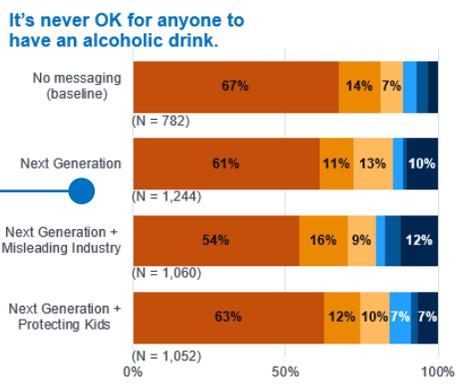
- Reactions were similar across treatment groups (17-24% somewhat agreed, 53-62% strongly agreed).

Survey results, by treatment group

"It becomes obvious that excessive drinking leads to problems for the individual, the family and ultimately the community. It becomes a very expensive problem to taxpayers, a loss of income to the individual and businesses."
- White, non-Hispanic, male, 65+ years, \$35k-\$50k

Online qualitative assessment findings (quotes* and insights)

Number of people who responded to this question



Most (79-88%) disagreed with abstaining from alcohol entirely.

- Reactions were similar across treatment groups (11-16% somewhat disagreed, 54-67% strongly disagreed).

Analysis of survey results

A majority felt drinking too much causes societal problems and about half mentioned violence, crime, health and mental health problems, etc.

Notes appear here. Percentages under 6% not shown for legibility.

* Labels for percentages under 6% not shown for legibility.



Detailed findings | Adult survey in ENGLISH 55

Page number and report section

* Note: Quote attributions are anonymized to protect participant privacy. They include demographic information to provide context about the participant, specifically: race, ethnicity, gender, age range and household income range.



How to read heat maps in this report

Heat maps summarize regression analysis results. Regression measures association between a factor (e.g., a message concept) and an outcome of interest (e.g., support for a type of policy).

Descriptive title, main takeaway

Message concepts and collectivist perspective had a strong negative association with excessive drinking behavior.

Outcomes of interest

Coefficients indicate the strength of the association. Lower values indicate a more negative relationship (less association between two factors). Higher values indicate a more positive relationship (more association between two factors).



Factors*	Excessive consumption (aggregated)	Past 30 day binge drinking	Past 30 day heavy drinking	Past 30 day underage drinking
<i>Number of observations</i>	3805	3805	3805	100
Message: Next Generation				Dark Red
Message: Next Generation + Misleading Industry	Light Red	Light Red	Light Red	
Message: Next Generation + Protecting Kids	Light Red			
Agree with collectivist frame	Light Red	Light Red	Light Red	
Agree with harms	Light Red		Light Red	
Agree with individualist frame	Dark Green	Dark Green	Dark Green	
Values				
Age	Light Red	Light Red		
Education				Light Red
Female	Light Red	Light Red	Dark Green	
Gender(s) not listed	Dark Red			
Sexual orientation				
Person of color				
Urban				
Income				

List of factors

Detailed findings

Adult survey in English

Key findings from the adult surveys

Note: Percentages indicate the range of responses across all treatment groups (defined on page 10).

English-language audiences

Collectivist perspective (pages 55-57)

Nine out of ten respondents agreed that drinking too much alcohol causes problems in society.

- About three-quarters said that drinking too much was problematic even if it does not harm other people.

Most agreed that binge (81-87%), heavy (74-79%) or underage (84-85%) drinking was a problem in Oregon.

Attitudes towards drinking behavior (pages 59-61)

A majority of respondents did not think it is OK to drink alcohol on a daily basis.

- Participants showed less opposition to having one drink per day (61-63%) as opposed to two (73-77%).

Around 85% said binge drinking was high-risk in the short run, but only a shallow majority thought it was high-risk in the long run (49-57%) if it happened only a few times a month.

In contrast, roughly a quarter of respondents said daily heavy drinking was high-risk in the short (17-24%) or long run (20-31%).

Attitudes towards alcohol policy interventions (pages 62-65)

Most (75-83%) supported the right of states to set their own rules for selling alcohol.

There was more support for policies aimed at protecting youth, compared to restricting access or increasing price.

- Support was high for bans on alcohol advertising at (67-76%) or sponsorships of (71-73%) college or university events.
- Yet, support was lower for restrictions on store density (32-45%), sales during certain hours (31-41%) or sales on certain days of the week (20-32%).
- That said, there was more support for price increases clearly tied to a solution, specifically price increases to fund prevention programs (60-64%), versus generic restrictions on discounts (36-42%).

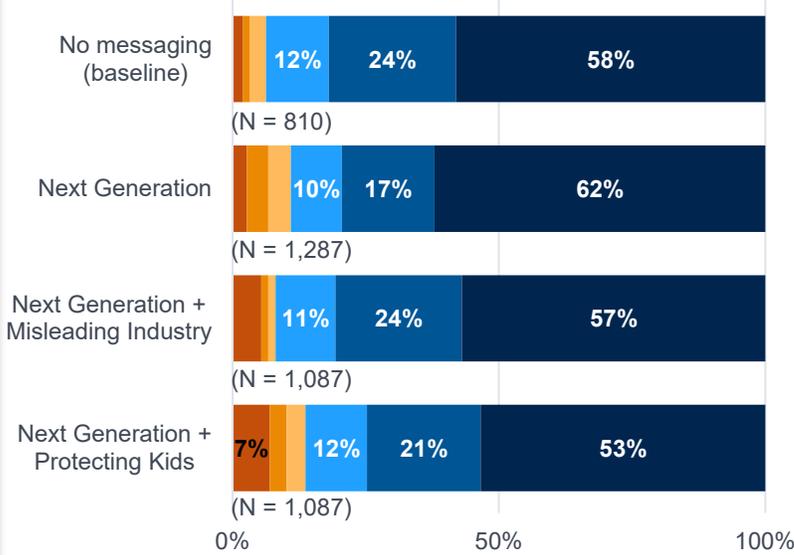
A majority of respondents to the adult survey in English believed excessive drinking causes problems in society.

Do you agree or disagree with the following statements?

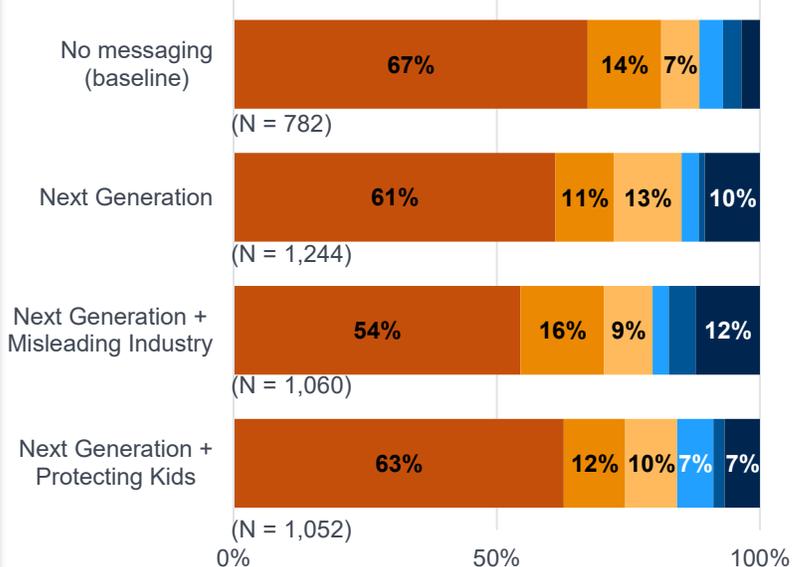
Base: all respondents

Strongly disagree  Strongly agree

Drinking too much alcohol causes problems in society.



It's never OK for anyone to have an alcoholic drink.



Nine out of ten respondents, across all treatment groups, agreed that drinking too much alcohol causes problems in society.

- Reactions were similar across treatment groups (17-24% somewhat agreed, 53-62% strongly agreed).

“It becomes obvious that excessive drinking leads to problems for the individual, the family and ultimately the community. It becomes a very expensive problem to taxpayers, a loss of income to the individual and businesses.”

- White, non-Hispanic, male, 65+ years, \$35k-\$50k

Most (79-88%) disagreed with abstaining from alcohol entirely.

- Reactions were similar across treatment groups (11-16% somewhat disagreed, 54-67% strongly disagreed).

A majority felt drinking too much causes societal problems and about half mentioned violence, crime, health and mental health problems, etc.

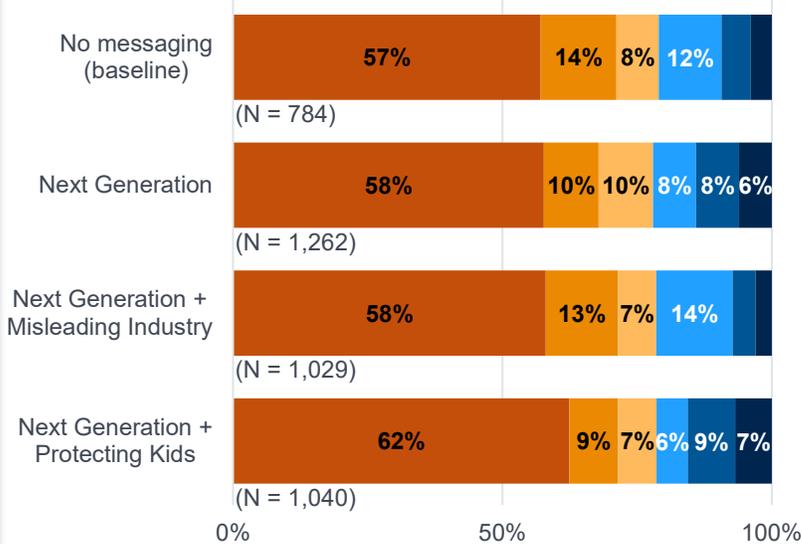
** Labels for percentages under 6% not shown for legibility.*

Do you agree or disagree with the following statements?

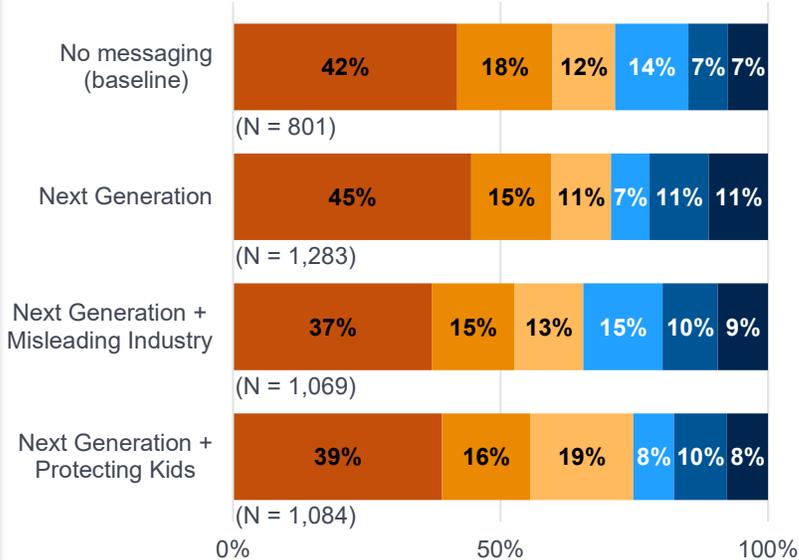
Base: all respondents

Strongly disagree  Strongly agree

It's OK for me to drink too much alcohol sometimes, if it's not every day.



If you're not harming other people, I don't see a problem with drinking too much.



Around three out of four (78-79%) respondents disagreed with drinking too much alcohol even if it is not every day.

- Reactions were similar across treatment groups, but there was more strong disagreement (62%) among the “Next Generation + Protecting Kids,” compared to the baseline group (57% strongly disagreed).

When asked about the harms of excessive drinking in a more specific way, agreement decreased.

- About three-quarters (65-74%) said that drinking too much was problematic even if it does not harm other people.
- Reactions among the “Next Generation + Protecting Kids” were slightly less enthusiastic. Only 74% disagreed and 39% strongly disagreed.

Respondents overwhelmingly agreed that excessive drinking is a problem in Oregon.

- Most agreed that binge (81-87%), heavy (74-80%) or underage (84-85%) drinking was a problem in the state.
- There was a bit more concern about binge and underage drinking, compared to heavy drinking.
- Reactions were largely similar across messaging groups.

Participants shared the perception of Oregon’s drinking culture as beer-centric, artisan-preferred and laid-back. Overall, they viewed the drinking culture positively. They were aware of problems related to binge drinking, but less so for heavy drinking.

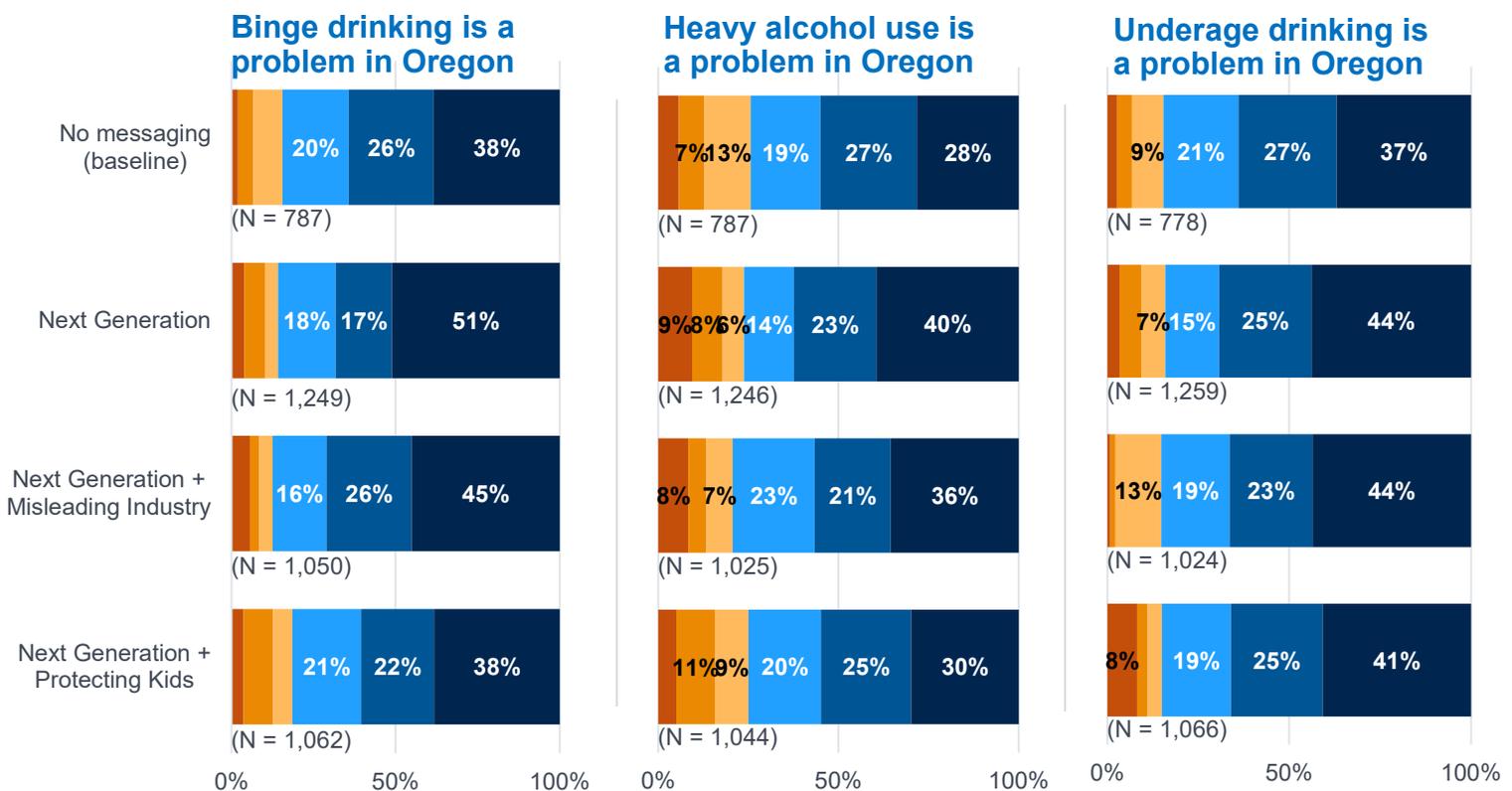
“Drinking is very encouraged here, with even really active events like marathons and bike races centered around breweries and distilleries, but I feel like, at least to me, it is so involved in everything we do, that it is not a big deal to opt out in any situation.”

- White, non-Hispanic, female, 25-34 years, \$25k-\$35k

Do you agree or disagree with the following statement?

Base: all respondents

Strongly disagree Strongly agree

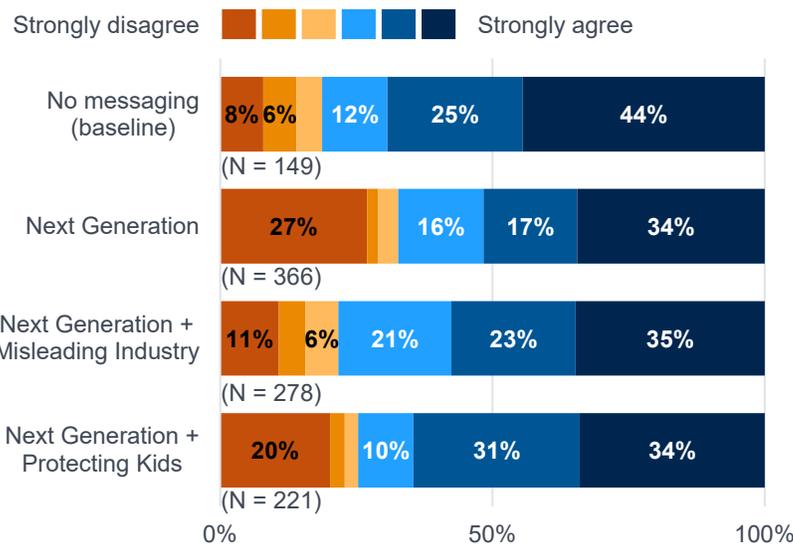


Most respondents, even if they did not consume alcohol, thought it was OK for others to drink.

Do you agree or disagree with the following statements?

Base: all respondents who said they had not consumed alcohol in the past year

I choose not to drink. But, it is OK if other people have alcohol.



About three-quarters (67-81%) of respondents who do not drink agreed that it is OK for others to drink.

- Reactions were similar across treatment groups, but fewer people in the “Next Generation” (67%) than the baseline (81%) agreed with this statement.

“Although I am generally more concerned with the social/spiritual/psychological harm of alcohol use in my community, it is interesting to consider that even alcohol use that is not abuse and not alcoholic could still be doing physical harm.”

- White, non-Hispanic, female, 25-34 years, under \$25k

“At it's best, people can use alcohol for fun and have a perfectly normal life. In my community, alcohol serves as a drug for people to escape their depressing lives or to cope with their life. Sometimes it's a pain medication, other time's it's an addiction. I don't think alcohol will ever be 'good' for my community but, I don't expect people to stop drinking... just, if they could drink...less...”

- Asian or Asian American, non-Hispanic, female, 21-24 years, \$35k-\$50k

A majority of respondents do not think it is OK to drink alcohol on a daily basis.

- There was less opposition to having one drink per day (61-63%) as opposed to two (73-77%).
- Reactions were largely similar across messaging groups: 34-44% strongly disagreed it was OK to have an alcoholic drink every day and 48-53% felt that way about two alcoholic drinks every day.

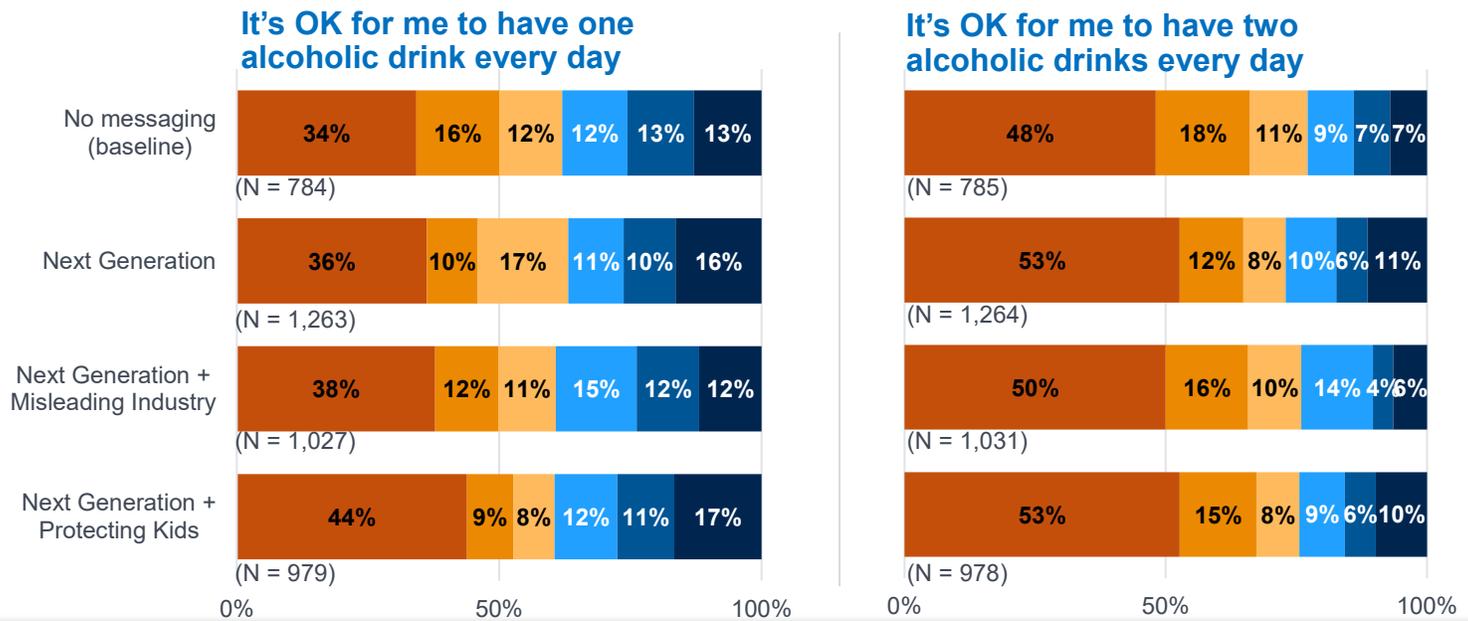
“As long as someone can control their drinking, their behavior and doesn't get behind a wheel or doesn't put themselves or anyone else in danger...I believe its a personal choice on the frequency of number of times its okay to get tipsy. My opinion, maybe once every week or every two weeks.”

- Asian or Asian American, non-Hispanic, male, 35-44 years, \$50k-\$75k

Do you agree or disagree with the following statement?

Base: all respondents

Strongly disagree Strongly agree



The majority of qualitative assessment participants reported they drink every week, but not what they would consider “heavily.” They said they typically have 3 drinks or less in one outing. Growing up, most were told that they should drink responsibly and in moderation and a majority learned it’s a social activity. How and how much they drink is strongly influenced by the drinking habits of their friends; they drink more than they would otherwise because their friends are drinking.

“Too much can also refer to the frequency of having drinks. If a person is drinking frequently to avoid dealing with their feelings, that's generally too much.”

- White, Hispanic, male, 25-34 years, under \$25k

English-speaking adults were more aware of the harms of binge drinking than heavy drinking.

Furthermore, they were more aware of the short-term risks of binge drinking and the long-term risks of heavy drinking.

Far more English-speaking adults believed that binge drinking was high-risk than believed heavy drinking was high-risk. This finding held whether people thought about potential harm in the near or distant future (see chart on next page).

Respondents were less aware of the long-term risks of binge drinking, but were very aware of the short-term risks.

- Most respondents (82-87%) said consuming five or more alcoholic drinks at a time was high-risk in the short run, but only a majority (49-57%) said binge drinking was high-risk in the long run if it happened only a few times a month.
- Perceptions of the risks of binge drinking were similar across treatment groups, but all groups exposed to messaging had slightly more people say binge drinking was high-risk in the long run (55-57%) than the baseline group (49%).

“Europeans drink wine everyday and seem to be doing a lot better than a lot of Americans. I think like ALL things in life anything done in moderation is safe and fine for our health.”

- Asian or Asian American, non-Hispanic, female, 21-24 years, \$50k-\$75k

Respondents were slightly more aware of the long-term risks of heavy drinking, but less aware of the potential for short-term harm.

- Some (17-24%) said consuming one or two alcoholic drinks every day was high-risk in the short run, compared to 33-41% who said it was somewhat risky.
- Some (20-31%) believed heavy drinking posed a high risk of harm in the long-term and 29-41% said it was somewhat risky.
- Perceptions of heavy drinking were similar across treatment groups, but more people in groups exposed to messaging said heavy drinking was high-risk (19-24% short-term, 25-30% long-term) than the baseline group (17% short-term, 20% long-term).

“If they are bingeing: Yes, less drinking would improve their health dramatically. If they occasionally drink, I don't think everyone is going to get liver disease or heart failure from drinking a little once in a while.”

- White, non-Hispanic, female, 55-64 years, \$25k-\$35k

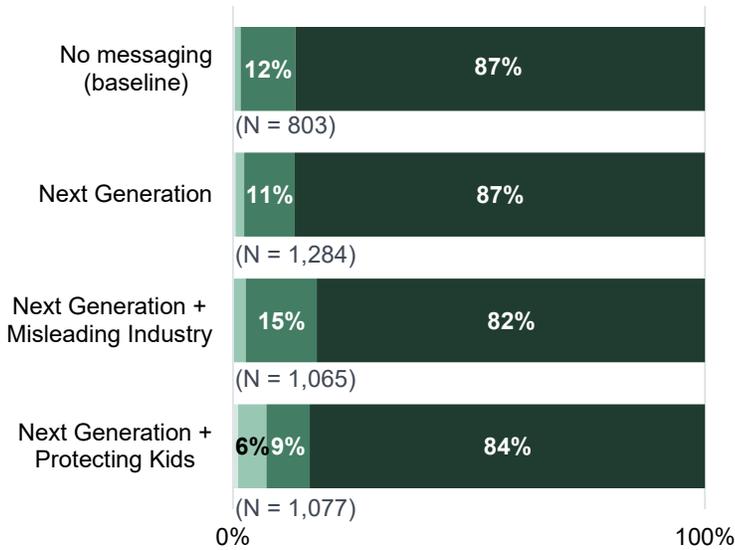
How much do you think people risk harming themselves if ...

Base: all respondents

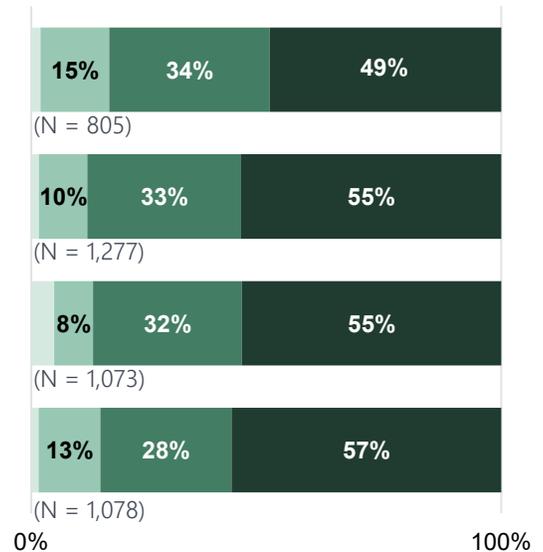
No risk at all High risk

...they have five or more alcoholic drinks?

Short-term risk of harm

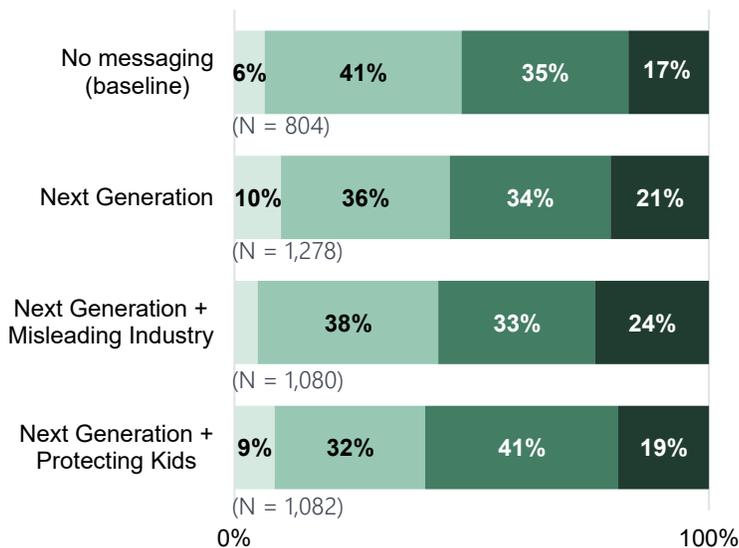


Long-term risk of harm*



...they have one or two alcoholic drinks every day?

Short-term risk of harm



Long-term risk of harm



* Original question: "...in the long-term if they have five or more alcoholic drinks at a time, but only once or twice a month."

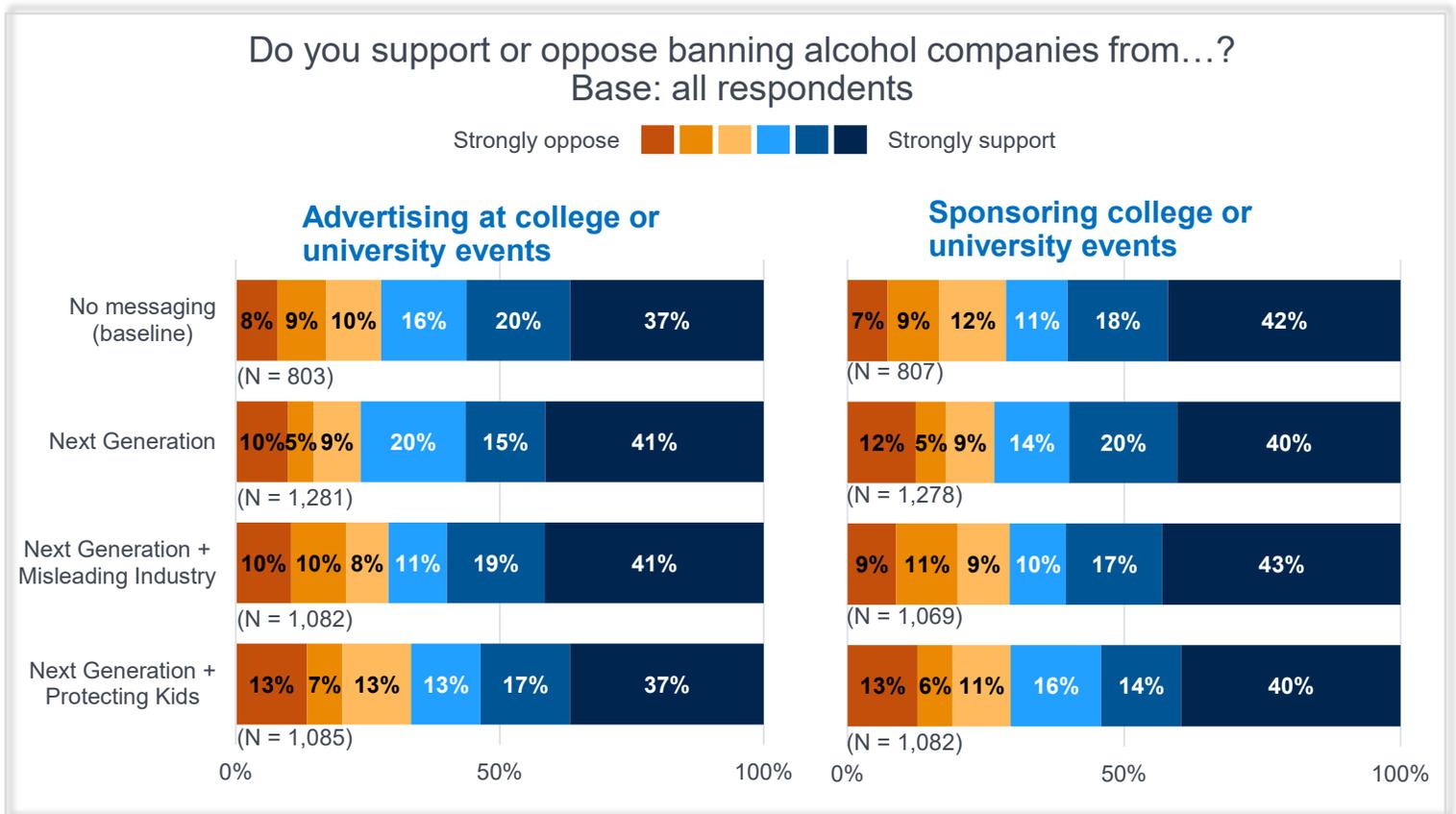
A large majority of respondents supported restricting alcohol promotions at college or university events.

They were less favorable towards policies restricting the availability of alcohol in daily life.

A collectivist perspective had a positive association with support for alcohol policy interventions, while individualist perspective had a negative association.

Most English-speaking adults supported banning alcohol advertising at (67-76%) or sponsoring (71-73%) college or university events. Reactions were similar across treatment groups.

Many expressed concerns that advertising normalized drinking for younger people, did not sufficiently communicate the risks and played on peer pressure. They also described young people as more impressionable and easier to influence than adults.



A majority of respondents did not support banning alcohol sales during certain hours (59-68%) or on certain days of the week (68-80%).

- Opposition to banning sales on specific days was stronger.
- Reactions were largely similar across treatment groups. Slightly more respondents in the “Next Generation” group said they strongly supported these policies (18% for hours, 16% for days), compared to the baseline (11% for hours, 9% for days).

“[I oppose] ALL as it looks to me they all infringe on personal rights and space.”

- American Indian or Alaska Native, non-Hispanic, transgender/genderqueer/gender-other, 25-34 years, \$75k-\$100k

Despite relatively divided opinions, slightly more participants opposed regulations than supported them. They didn’t think the policies would make a difference. They wanted to have convenience and choice and assumed that people who want to drink irresponsibly will always find a way. Any discussion about restrictions should note how policies will be enforced, as many Oregonians have doubts about how it would work in practice.

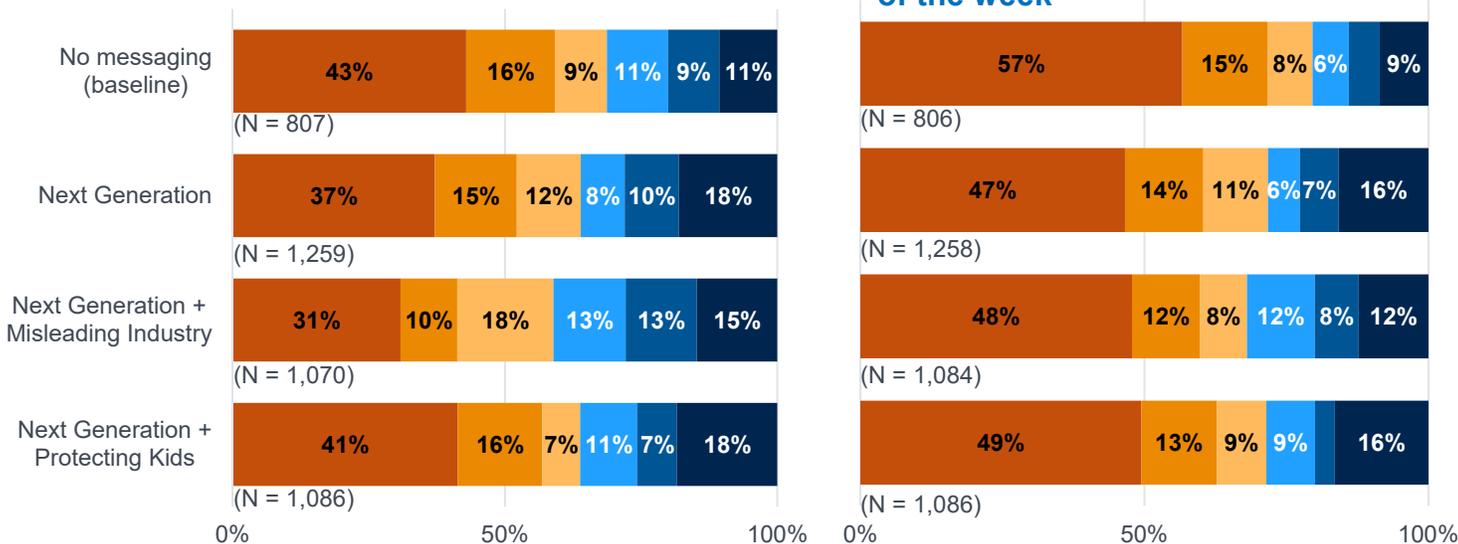
Many were opposed to or skeptical of restricting dates and times of alcohol sales. Participants said these restrictions seem arbitrary and pointless because the people will just plan around the regulations and “stock up” at other times. Some expressed support for restricting dates and many supported restricting times of alcohol sales.

Do you support or oppose the following policies? Base: all respondents

Strongly oppose Strongly support

Ban alcohol sales certain hours

Ban alcohol sales certain days of the week

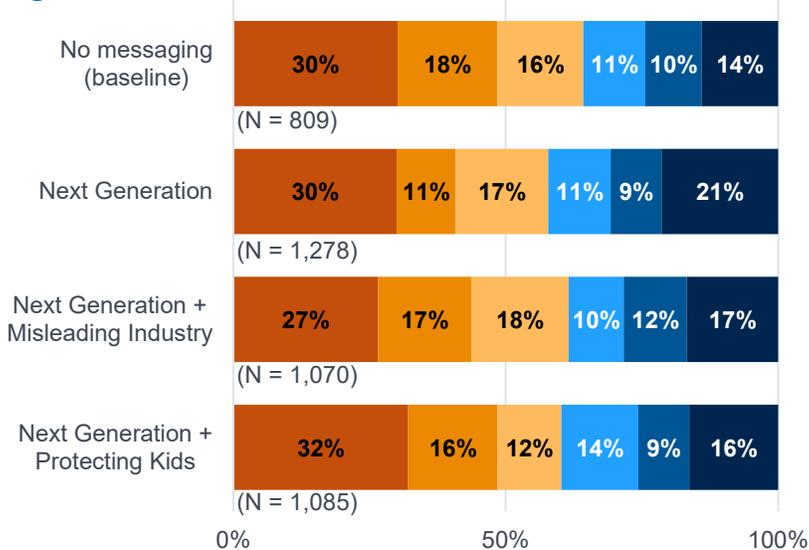


Do you support or oppose the following policies?

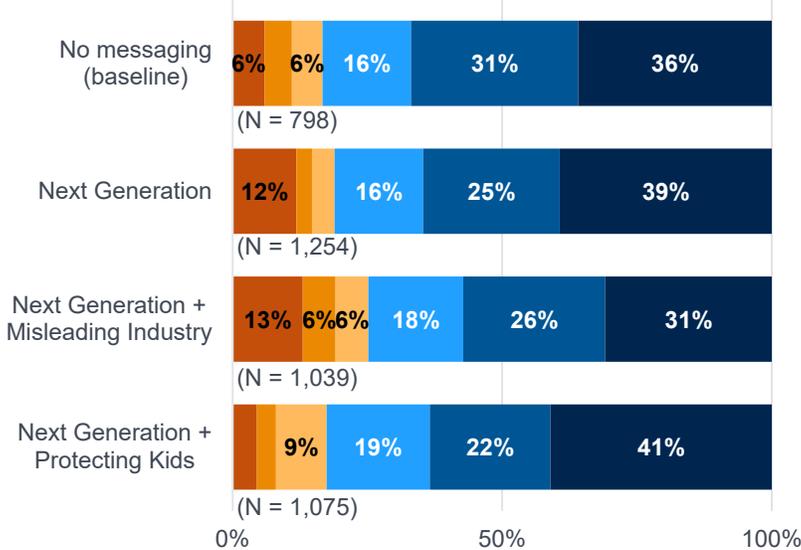
Base: all respondents

Strongly oppose Strongly support

Restrict the number of stores within a given area that can sell alcohol.



The right of states to set their own laws and rules for selling alcohol.



No clear majority opinion emerged about benefits or downsides of alcohol policy interventions. Protecting youth or the wider community was a commonly-cited benefit and loss of revenue for government or businesses was a commonly-cited downside.

Less than half (32-46%) of respondents supported restricting the number of stores within a given area that sell alcohol.

- Reactions were largely similar across treatment groups. Slightly more of the “Next Generation” group said they strongly agree (21%), compared to the baseline (14%).

“I don't believe that simply an establishment selling alcohol will influence my community that drastically.”

- White, Hispanic, female, 25-34 years, \$35k-\$50k

By comparison, a clear majority (75-83%) supported the right of states to set their own rules for selling alcohol.

- Reactions were largely similar across treatment groups. Slightly more of the “Next Generation + Protecting Kids” group said they strongly agree (41%), compared to the baseline (36%).

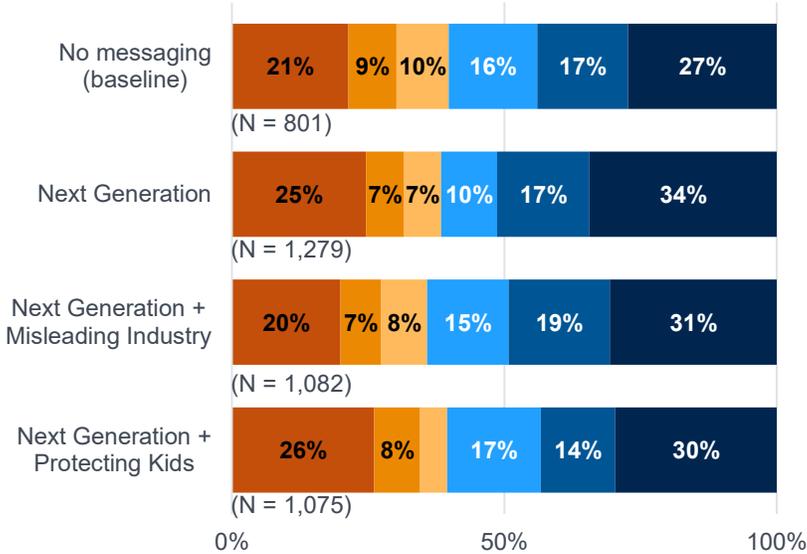
“I haven't thought about alcohol policies in the past, but I'm thinking about them now...it's something I'm now exploring with myself and discussing with my partner.”

- Asian or Asian American, non-Hispanic, male, 25-34 years, \$25k-\$35k

Do you support or oppose the following policies?
Base: all respondents

Strongly oppose Strongly support

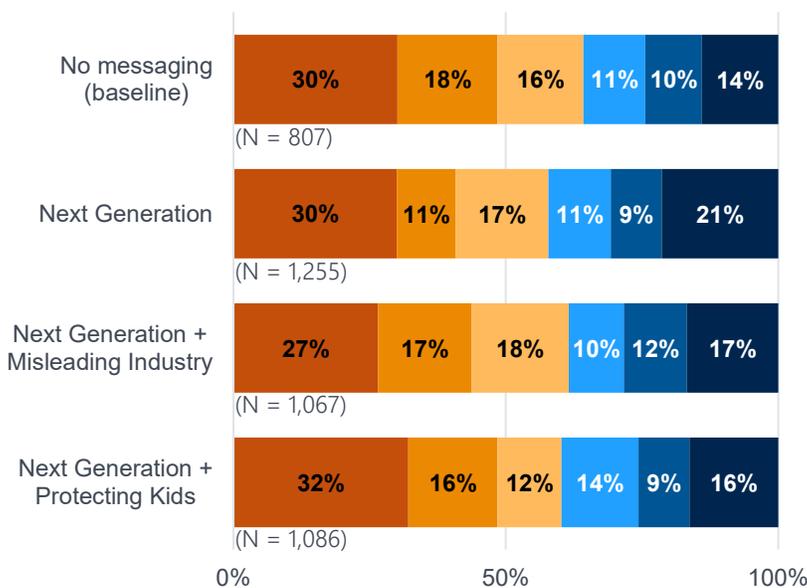
Increase the price of alcohol by 20 cents per drink to support alcohol prevention programs in Oregon.



A majority of respondents supported price increases that fund prevention programs (60-65%), but fewer supported restrictions on discounts (35-41%).

Participants were generally split on increasing the price of alcohol to support alcohol prevention programs. However, about half of those who opposed this policy said they would support it if there was accountability and efficiency.

Restrict discounts on alcohol.



Reactions were similar across treatment groups, but slightly more people in the “Next Generation + Protecting Kids” group strongly supported these restrictions (32%), compared to the baseline (30%).

“I rarely look at advertisements or feel that they affect my desire for alcohol. When I am in an establishment looking to purchase a drink, only then will I really look for the promotions or happy hour discounts.”
- White, non-Hispanic, male, 21-24 years, \$75k-\$100k

The majority of participants said they rarely or never take advantage of promotions, but this includes non-drinkers. Some in this group (who do drink) explained that convenience mattered more to them than pricing.

A collectivist perspective had a strong positive association with policy support; messages had no statistical association.



Factors*	Banning alcohol advertising at college or university	Banning alcohol companies from sponsoring college or university events	Increasing the price of alcohol by 20 cents per drink to support alcohol prevention programs	Restricting discounts on alcohol such as happy hour pricing
<i>Number of observations</i>	3805	3805	3805	3805
Message: Next Generation				
Message: Next Generation + Misleading Industry				
Message: Next Generation + Protecting Kids				
Collectivist perspective (societal problems)				
Collectivist perspective (health harms)				
Individualist perspective				
Excessive consumption				
Values				
Age				
Education				
Female				
Gender(s) not listed				
Sexual orientation				
Person of color				
Urban				
Income				

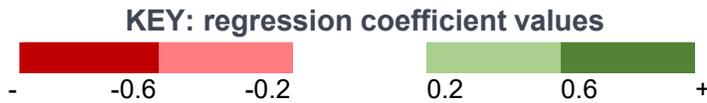
KEY: odds ratios values



Factors*	Banning alcohol sales on certain days of the week	Banning alcohol sales during certain hours	Restricting number of stores within a given area that can serve alcohol	Supporting the right of states to set their own laws and rules for selling alcohol
<i>Number of observations</i>	3805	3805	3805	3805
Message: Next Generation	Light Green	Light Gray	Light Green	Light Gray
Message: Next Gen. + Misleading Industry	Light Gray	Light Gray	Light Gray	Red
Message: Next Gen. + Protecting Kids	Light Gray	Light Gray	Light Gray	Light Gray
Collectivist perspective (societal problems)	Dark Green	Dark Green	Dark Green	Light Green
Collectivist perspective (health harms)	Dark Green	Dark Green	Light Green	Light Gray
Individualist perspective	Red	Red	Red	Light Gray
Excessive consumption	Red	Red	Red	Red
Values	Light Gray	Light Gray	Light Gray	Light Gray
Age	Light Gray	Light Gray	Light Gray	Light Gray
Education	Light Gray	Light Gray	Light Gray	Light Gray
Female	Light Gray	Light Green	Light Gray	Red
Gender(s) not listed	Light Gray	Light Gray	Light Gray	Light Gray
Sexual orientation	Light Gray	Light Gray	Light Gray	Light Gray
Person of color	Light Gray	Light Gray	Light Gray	Light Gray
Urban	Light Gray	Light Gray	Light Gray	Light Gray
Income	Light Gray	Light Gray	Dark Green	Light Green

* See page 35 for variable descriptions.

Excessive drinking behavior had a strong negative association with collectivist perspective; gender (women) had a positive association.



Factors*	Agree with collective frame statements	Agree with harm statements	Agree with individual frame statements
<i>Number of observations</i>	3812	3810	3809
Message: Next Generation			
Message: Next Generation + Misleading Industry			
Message: Next Generation + Protecting Kids			
Excessive consumption			
Values			
Age			
Education			
Female			
Gender(s) not listed			
Sexual orientation			
Person of color			
Urban			
Income			

* See page 35 for variable descriptions.

Message concepts and collectivist perspective had a strong negative association with excessive drinking behavior.



Factors*	Excessive consumption (aggregated)	Past 30 day binge drinking	Past 30 day heavy drinking	Past 30 day underage drinking
<i>Number of observations</i>	3805	3805	3805	100
Message: Next Generation				Dark Red
Message: Next Generation + Misleading Industry	Light Red	Light Red	Light Red	
Message: Next Generation + Protecting Kids	Light Red			
Agree with collectivist frame	Light Red	Light Red	Light Red	
Agree with harms	Light Red		Light Red	
Agree with individualist frame	Dark Green	Dark Green	Dark Green	
Values				
Age	Light Red	Light Red		
Education				Light Red
Female	Light Red	Light Red	Dark Green	
Gender(s) not listed	Dark Red			
Sexual orientation				
Person of color				
Urban				
Income				

* See page 35 for variable descriptions.

Detailed findings Adult survey in Spanish

Note: Percentages indicate the range of responses across all treatment groups (defined on page 10).

Spanish-language audiences

Collectivist perspective (pages 72-74)

Nine out of ten respondents agreed that drinking too much alcohol causes problems in society.

- About half said that drinking too much was problematic even if it does not harm other people.

Most agreed that binge (77-88%), heavy (80-89%) or underage (88-93%) drinking was a problem in Oregon.

Attitudes towards drinking behavior (pages 76-78)

The vast majority of respondents did not think it was OK to drink alcohol daily.

- There was less opposition to having one drink per day (84-91%) as opposed to two (89-94%).

Most (78-89%) said binge drinking was high-risk in the short run, but only a shallow majority (53-63%) thought it was high-risk in the long run if it happened only a few times a month.

In contrast, roughly half of respondents said daily heavy drinking was high-risk in the short (44-53%) or long run (46-59%).

Attitudes towards alcohol policy interventions (pages 79-82)

Most (74-89%) supported the right of states to set their own rules for selling alcohol.

Participants expressed more support for policies aimed at protecting youth, compared to restricting access or increasing price.

- Support was high for bans on alcohol advertising at (75-83%) or sponsorships of (56-71%) college or university events.
- Support was moderate for restrictions on store density (54-69%), sales during certain hours (61-69%) or sales on certain days of the week (54-62%).
- Support levels were similar for price increases clearly tied to a solution, specifically price increases to fund prevention programs (59-74%) and generic restrictions on discounts (60-66%).

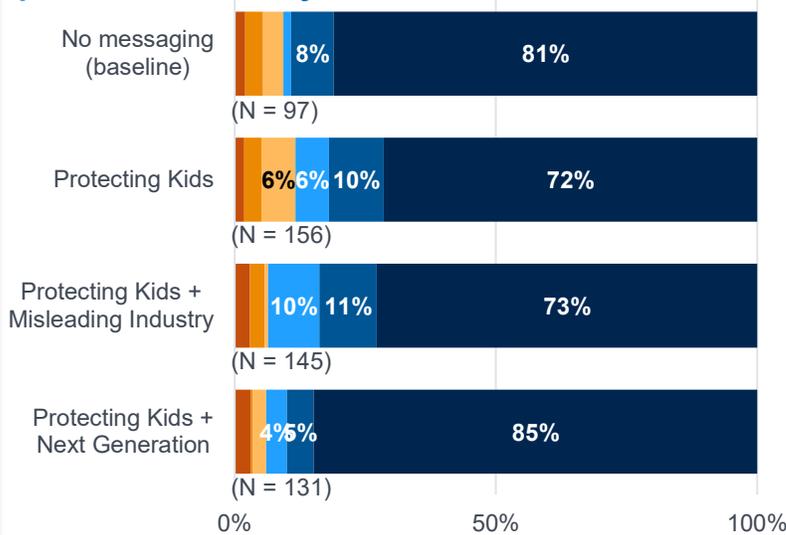
A majority of respondents to the adult survey in Spanish believed that excessive drinking is a societal problem.

Do you agree or disagree with the following statements?

Base: all respondents

Strongly disagree  Strongly agree

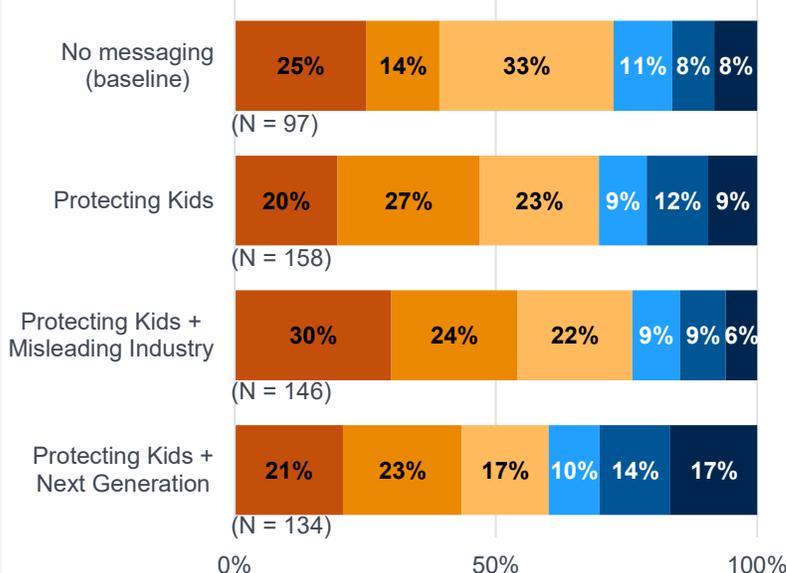
Drinking too much alcohol causes problems in society.



Nine out of 10 respondents agreed that drinking too much alcohol causes problems in society.

- Reactions were similar across treatment groups (72-85% reported strong agreement).
- “Protecting Kids + Next Generation” performed slightly better with both the most support overall and slightly higher rates of strong agreement.

It's never OK for anyone to have an alcoholic drink.



A majority (61-76%) of respondents disagreed with the idea that it is never OK to drink.

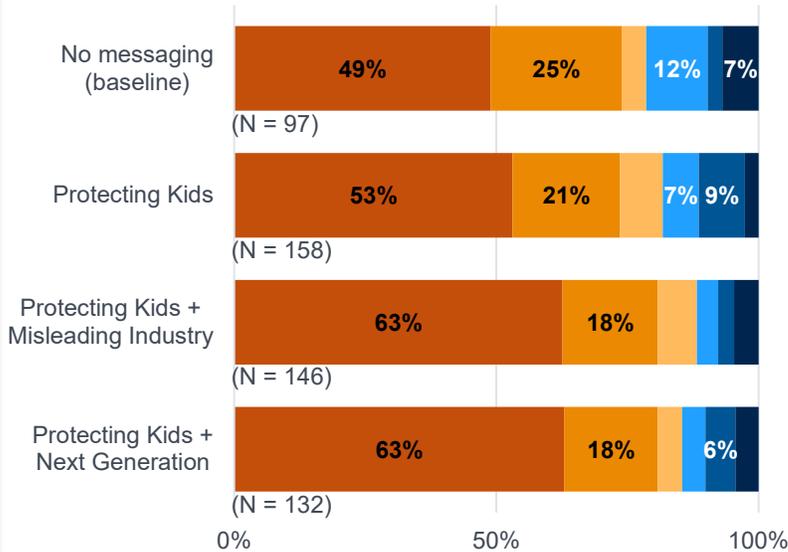
- Reactions were similar across treatment groups, except that slightly fewer respondents in “Protecting Kids + Next Generation” (61%) opposed this idea.

Do you agree or disagree with the following statements?

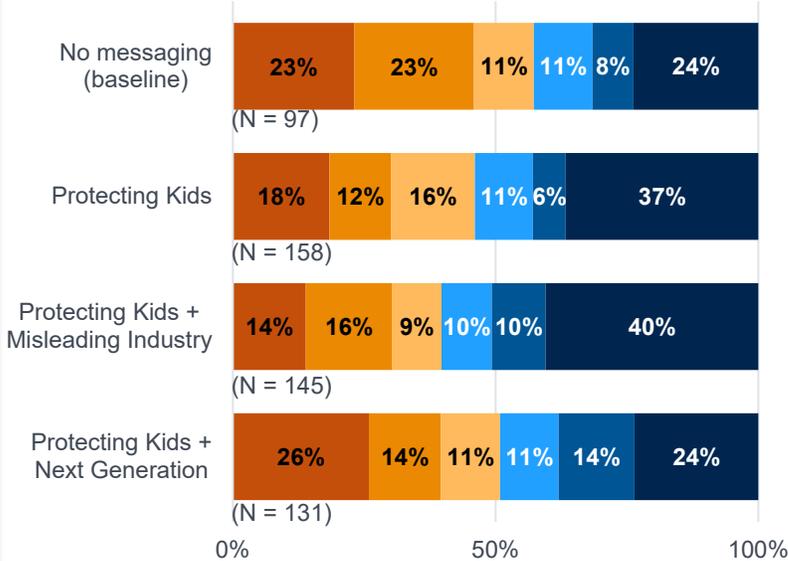
Base: all respondents

Strongly disagree  Strongly agree

It's OK for me to drink too much alcohol sometimes, if it's not every day.



If you're not harming other people, I don't see a problem with drinking too much



Most (79-88%) respondents said it was not OK to drink too much alcohol as long as it is not every day.

- Slightly more people in groups exposed to messaging than the baseline disagreed with this statement.
- For example, 63% of the “Protecting Kids + Misleading Industry” and “Protecting Kids + Next Generation” groups strongly disagreed, compared to 49% of the baseline group.

Participants were aware of the social issues caused by excessive drinking, such as change in personality (violence, aggression, etc.) and damage to personal relationships. Some described positive effects of drinking (depress, social lubricant, etc.).

When the question asked about the harms of excessive drinking in a more specific way, respondents were divided.

- Many (39-57%) respondents said that drinking too much was problematic even if it does not harm other people.
- Messaging groups had similar reactions to this statement and the “Protecting Kids + Misleading Industry” group performed slightly better in terms of having a few more respondents strongly disagree (40%).

Respondents overwhelmingly agreed that excessive drinking is a problem in Oregon.

- Most agreed that binge (77-89%), heavy (80-89%) or underage (88-93%) drinking was a problem in the state.
- Respondents stated a bit more concern about underage drinking, compared to binge or heavy drinking.
- Reactions were largely similar across messaging groups, but 93% of the “Protecting Kids + Next Generation” group strongly agreed that underage drinking is a problem in Oregon, compared to the baseline group, 91%.

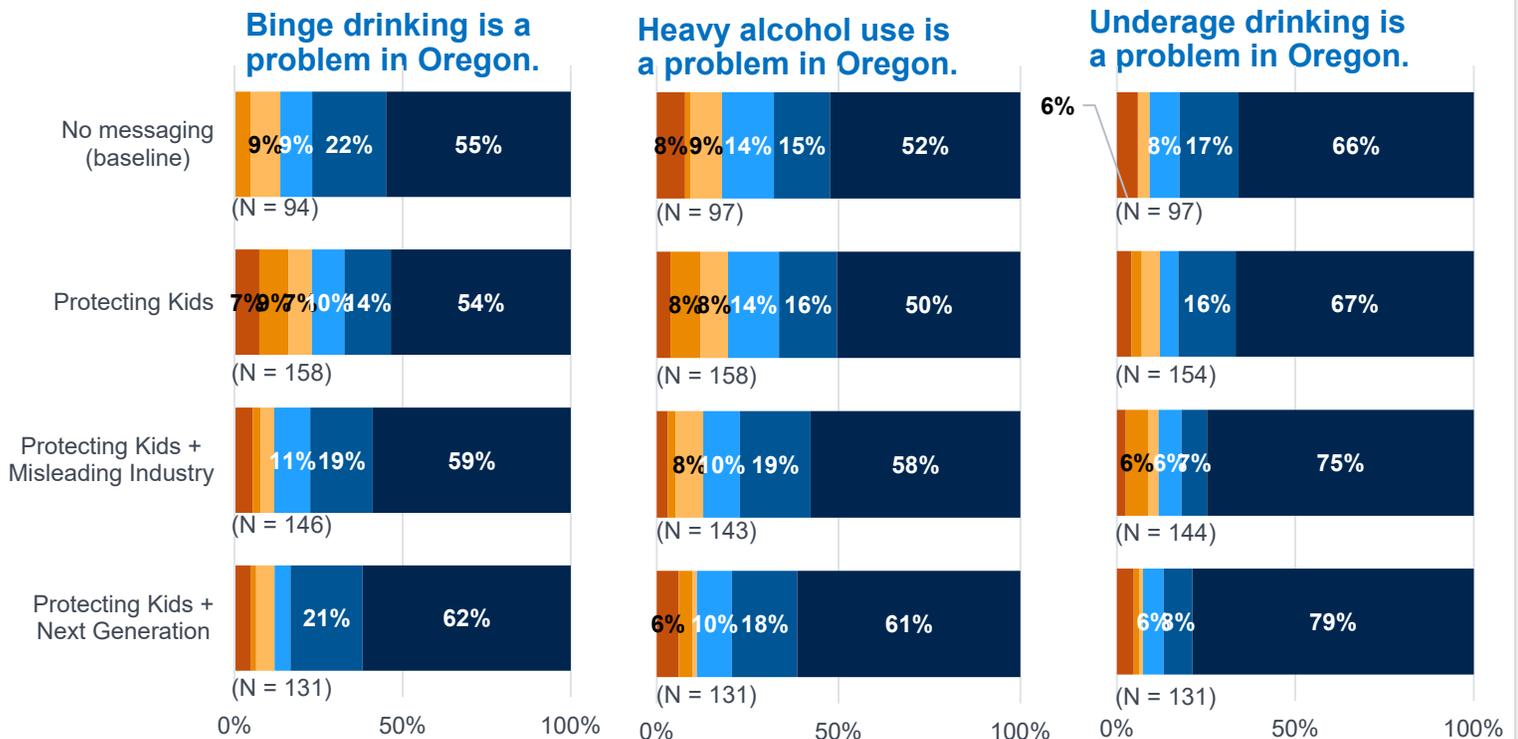
The distinction between being tipsy, drunk and drinking too much was generally not clear for participants, who instead tend to focus on motor skills. Few people drew distinctions based on numbers of drinks consumed.

Participants shared concerns about Oregon having a culture of drinking and driving. They generally did not want to change the drinking culture as a whole, though they did want to change the culture of drunk driving. Drivers education classes and education to help parents educate their children were common themes in their responses.

Do you agree or disagree with the following statement?

Base: all respondents

Strongly disagree Strongly agree

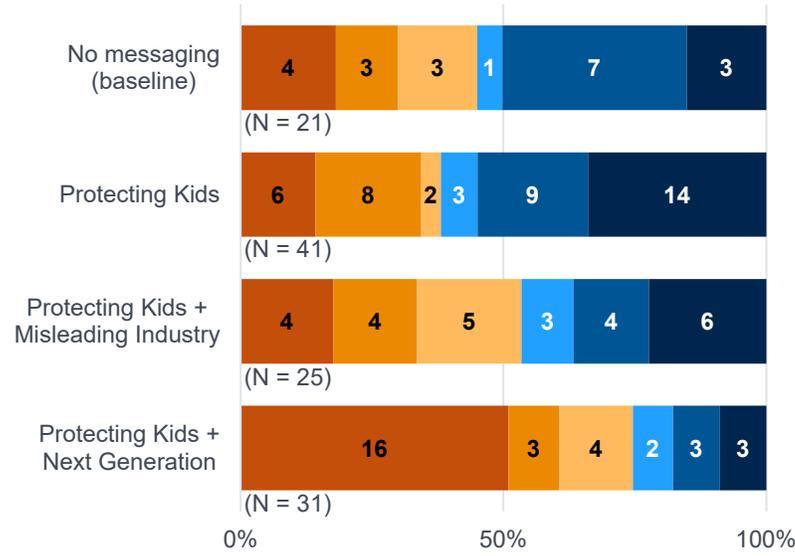


Do you agree or disagree with the following statements?

Base: all respondents who said they had not consumed alcohol in the past year

Strongly disagree Strongly agree

I choose not to drink. But, it is OK if other people have alcohol.



In all, 8 to 26 respondents who did not drink agreed that it is OK for others to have alcohol, but many did not (10-23 respondents). Reactions varied across treatment groups and there was greater polarization among groups exposed to messaging.

- The baseline group was fairly evenly divided in opinion (11 agreed, 10 disagreed; 3 strongly agreed, 4 strongly disagreed).
- In contrast, more respondents in the “Protecting Kids + Next Generation” group disagreed (23 strongly disagreed) than other groups.
- There was less opposition in the “Protecting Kids” group (6 strongly disagreed), compared to other treatment groups.

Participants mostly agreed that social gatherings are an acceptable occasion to drink, especially occasions in hot weather.

Participants rarely said that adults should not drink around children and some shared that their parents drank in front of them while they were going up. One person who was opposed to drinking at events with children present noted that this is a common cultural experience for Latinx/Hispanic communities.

No one said it was NOT OK to drink in front of children.

A majority of respondents do not think it is OK to drink alcohol on a daily basis. Little variation appeared between messaging groups.

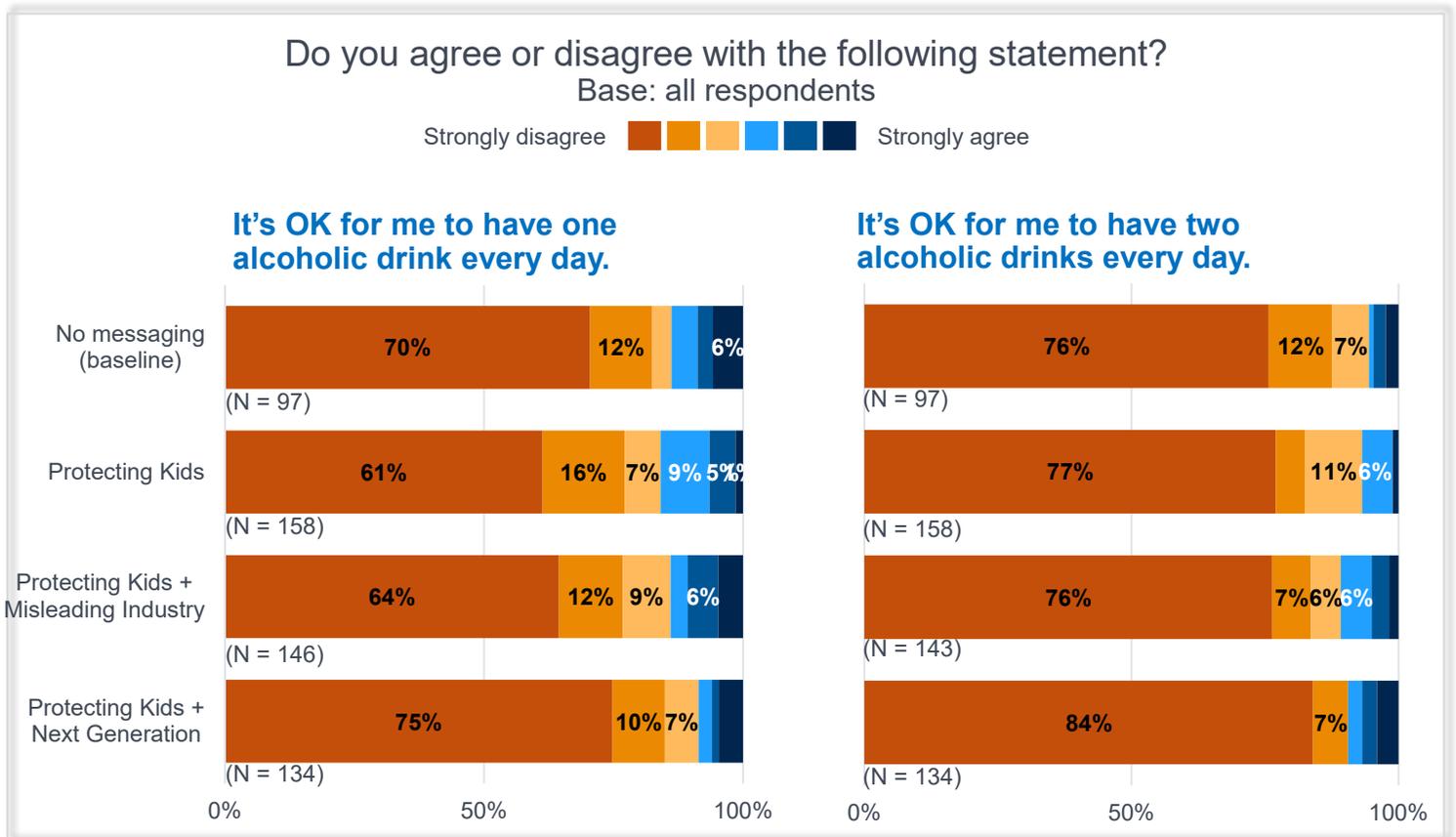
- Overall, the “Protecting Kids + Next Generation” group performed slightly better as it had the highest rate of respondents saying they strongly disagree (75-84%) among the messaging groups.

A few people discussed how alcohol caused conflict or abuse in their romantic relationships in the past. An important theme in the responses was the idea that holding each other accountable for alcohol use/abuse allows people to develop closer relationships, thereby increasing community safety.

All participants reported that they drink and some connected drinking to cultural practices from their country of origin outside of the United States. They reported that their spouses were profound influences and discussed relying on spouses (typically wives) to make sure they did not drink too much at home.

“If we had more people to hold us accountable for our use or abuse of alcohol consumption, some people would feel less uncomfortable and communities would be safer.” (Translated.)

- White, Hispanic, male, 25-34 years, \$25k-\$35k



Respondents were more aware of the short-term risks vs. long-term harms of binge drinking.

They were more aware of the harms of binge drinking than heavy drinking.

More Spanish-speaking adults believed that binge drinking was high-risk than believed heavy drinking was high-risk. This finding held whether people thought about potential harm in the near or distant future (chart appears on next page).

Respondents were very aware of the short-term risks of binge drinking, but less aware of the long-term risks.

- Most respondents (78-89%) said consuming five or more alcoholic drinks at a time was high-risk in the short run, but only a majority (53-63%) said binge drinking was high-risk in the long run if it happened only a few times a month.
- Perceptions of the risks of binge drinking were similar across treatment groups, but the “Protecting Kids + Next Generation” group had more responses say binge drinking was high-risk in the short (89%) compared to the baseline (78%).

Respondents were slightly more aware of the long-term risks of heavy drinking, but less aware of the potential for near-term harm.

- Many (44-53%) said consuming one or two alcoholic drinks every day was high-risk in the short run, compared to 9-19% who said it was somewhat risky.
- In contrast, 46-59% believed heavy drinking posed a high-risk of harm in the long-term.
- Perceptions of the risks of heavy drinking were similar across treatment groups, but groups exposed to messaging had more people say heavy drinking was high-risk than the baseline group (50-53% vs. 44% in the short-term, 54-59% vs. 46% in the long-term).

When participants mentioned specific effects from drinking, it was either injury due to impaired decision making or damage to the liver or organs in general.

“Generally, there are always consequences for alcohol consumption, whether it's positive, where you gain the courage to speak or [negative, like] the false emotion of happiness or anger, frustration and long-term effects that cause liver failure and body deterioration.” (Translated.)

- White, Hispanic, female, 35-44 years, \$50k-\$75k

How much do you think people risk harming themselves if...

Base: all respondents

No risk at all ■ ■ ■ ■ High risk

...they have five or more alcoholic drinks?

Short-term risk of harm

Long-term risk of harm*



... they have one or two alcoholic drinks every day?

Short-term risk of harm

Long-term risk of harm



* Original question: "...in the long-term if they have five or more alcoholic drinks at a time, but only once or twice a month."

A large majority of respondents support restricting alcohol promotions at college or university events.

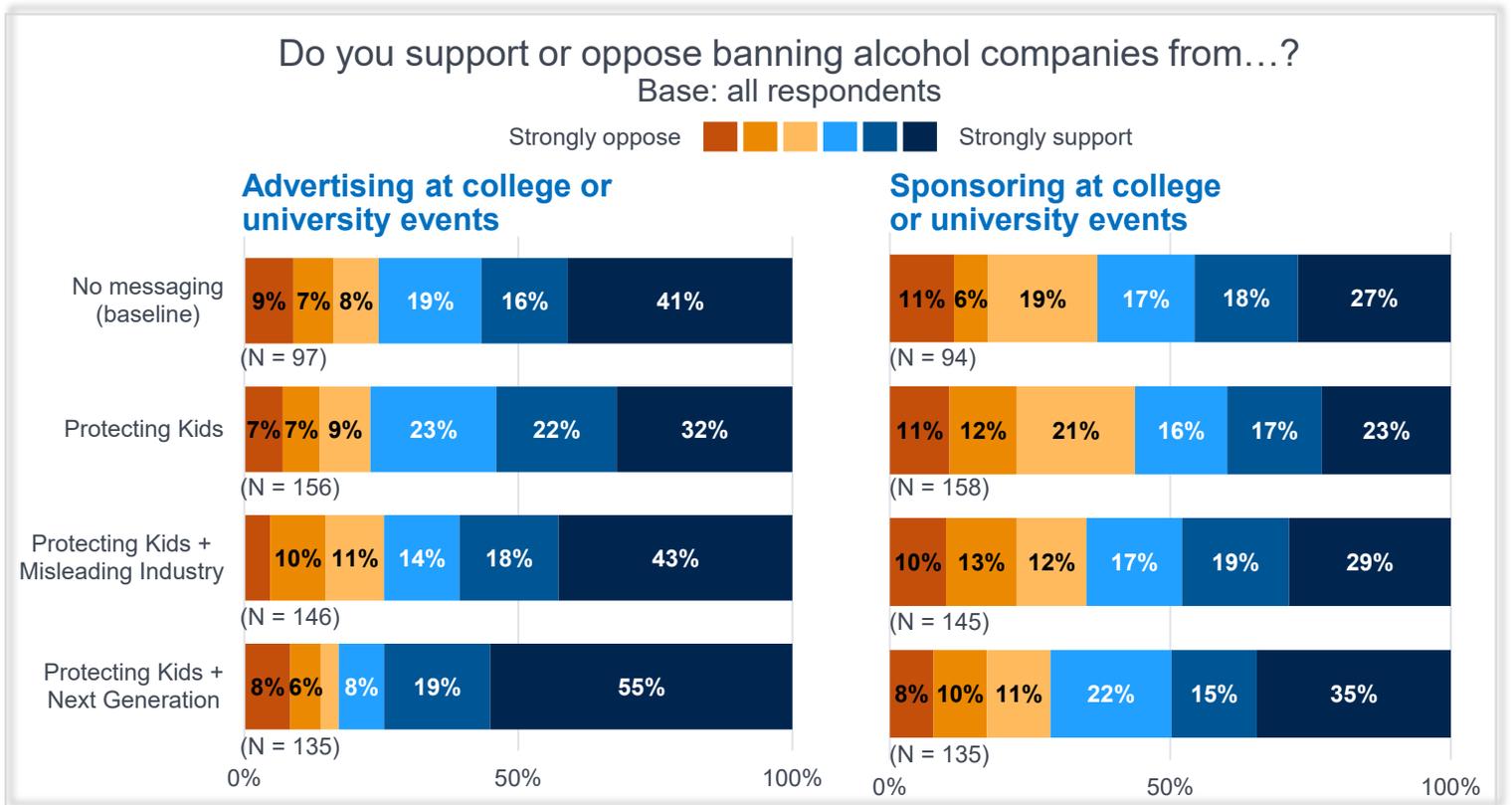
They were less favorable towards policies restricting the availability of alcohol in daily life.

A collectivist perspective was positively associated with support for alcohol policy interventions, while the individualist perspective had a negative association.

Most respondents supported banning alcohol advertising at (75-83%) or sponsoring (56-72%) college or university events.

- The “Protecting Kids” group was less supportive of these restrictions than other groups (32% strongly agreed with a ban on advertising, 23% strongly agreed with a ban on sponsorships).
- In contrast, 41% in the baseline and 55% in the “Protecting Kids + Next Generation” group strongly agreed with an advertising ban. 27% in the baseline and 35% in the “Protecting Kids + Next Generation” group strongly agreed with the ban on sponsorships.

Respondents asked about their drinking behavior at the end of the online qualitative assessment were more likely to support banning alcohol advertising at college/university events.

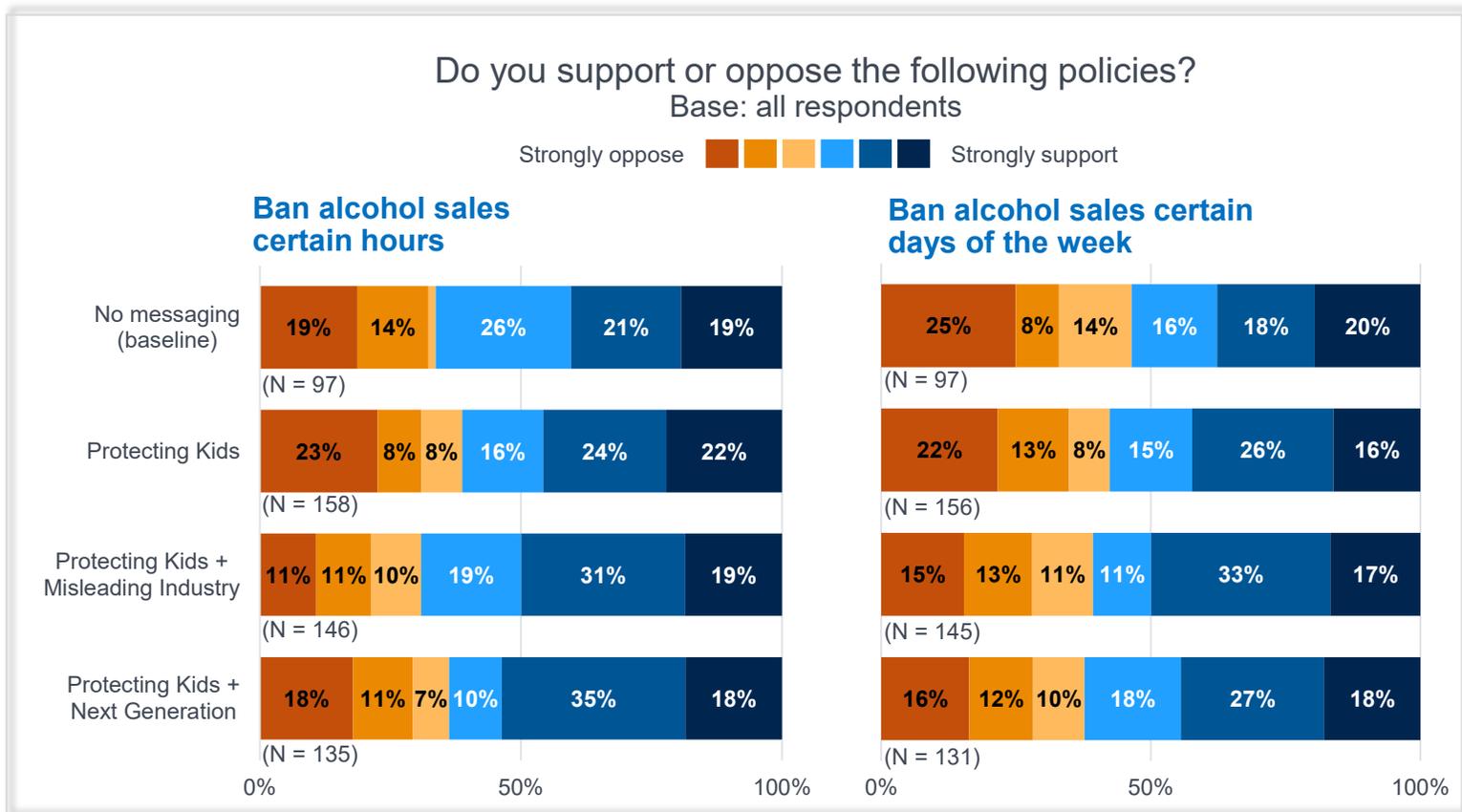


Unlike results from the adult survey in English, most respondents to the adult survey in Spanish supported banning alcohol sales during certain hours (62-69%) or on certain days of the week (54-63%).

- Support for banning sales during specific hours was greater.
- Reactions were similar across treatment groups for restricting sales on certain hours. The “Protecting Kids + Misleading Industry” (69%) group supported the measure slightly more than the baseline group (66%).
- While fewer respondents in the groups exposed to messaging (16-18%) than the baseline (20%) strongly agreed with restricting sales on certain days of the week, far more of them somewhat agreed (26-33% vs. 18%) with these types of restrictions.

Participants tended to prefer calls to action that specifically mentioned the State of Oregon. They generally seemed most attuned to the idea that the State and policy are essential to solving alcohol problems.

A couple people explicitly wanted to know whether a state agency is in charge and, if so, which agency is in charge that could serve as the point of contact for those interested in more change.

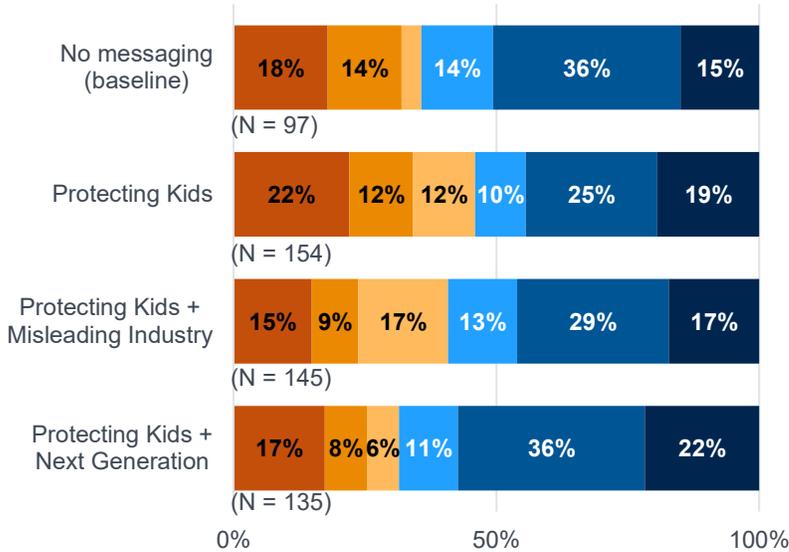


Do you support or oppose the following policies?

Base: all respondents

Strongly oppose Strongly support

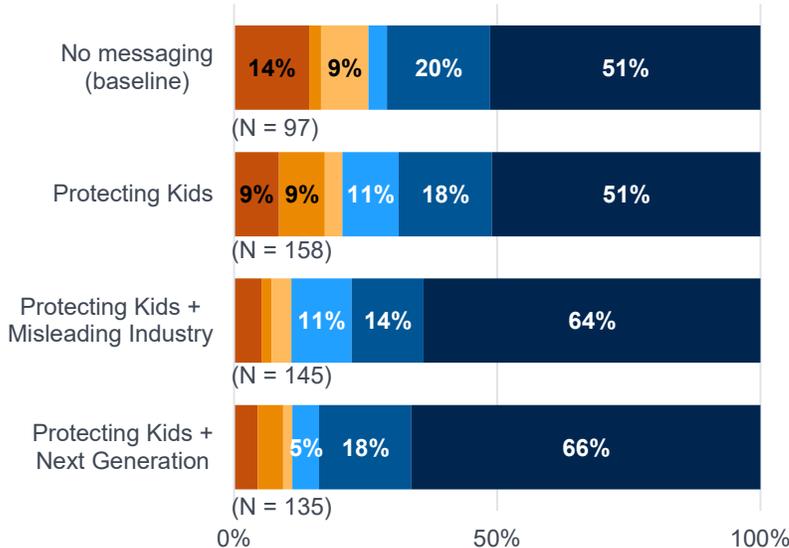
Restrict the number of stores within a given area that can sell alcohol.



A majority (54-69%) of respondents supported restricting the number of stores within a given area that sell alcohol.

- Reactions were similar across treatment groups, but more of the “Protecting Kids + Next Generation” (22%) group said they strongly agree, compared to the baseline (15%).

The right of states to set their own laws and rules for selling alcohol.



By comparison, most (74-89%) supported the right of states to set their own rules for selling alcohol.

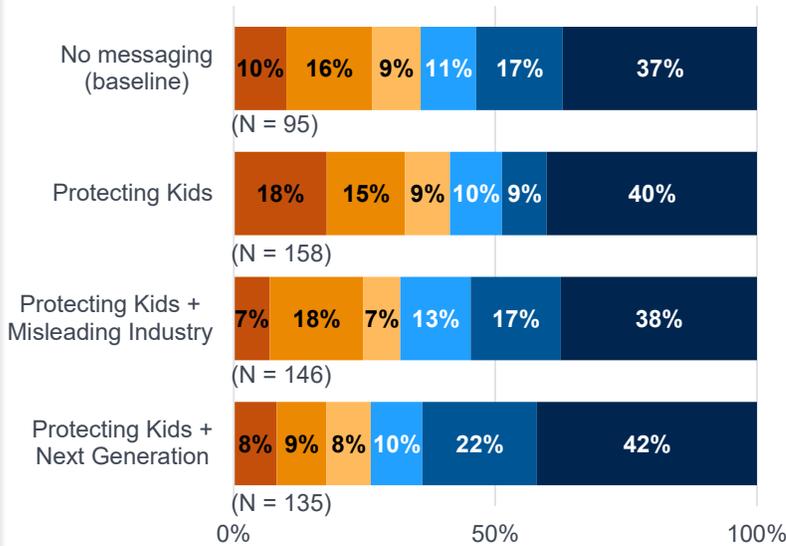
- Reactions were similar across treatment groups, but more respondents in the “Protecting Kids + Misleading Industry” (64%) and “Protecting Kids + Next Generation” (66%) groups said they strongly agree, compared to the baseline (51%).

Respondents asked about their drinking behavior at the end of the online qualitative assessment were more likely to support protecting states’ rights to set their own alcohol control laws.

Do you support or oppose the following policies?
Base: all respondents

Strongly oppose Strongly support

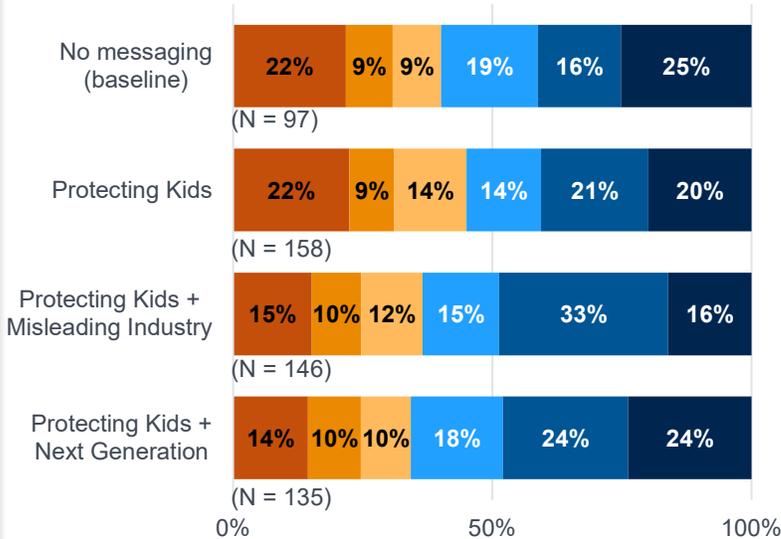
Increase the price of alcohol by 20 cents per drink to support alcohol prevention programs in Oregon.



A majority of respondents supported price increases that fund prevention programs (59-74%).

- Reactions were similar across treatment groups, but more people in the “Protecting Kids + Next Generation” group strongly agreed with these restrictions (42%), compared to the baseline (37%).

Restrict discounts on alcohol.



A majority of respondents supported restrictions on discounts (55-66%).

- However, fewer people strongly supported restrictions on discounts (16-25%) than price increases (38-42%).

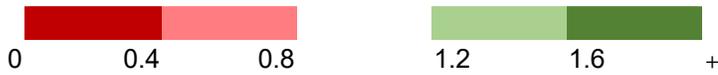
A collectivist perspective and demographics had a stronger association with policy support than message concepts.



Factors*	Banning alcohol advertising at college or university	Banning alcohol companies from sponsoring college or university events	Increasing the price of alcohol by 20 cents per drink to support alcohol prevention programs	Restricting discounts on alcohol such as happy hour pricing
<i>Number of observations</i>	424	424	424	423
Message: Protecting Kids				
Message: Protecting Kids + Misleading Industry				
Message: Protecting Kids + Next Generation				
Collectivist perspective (societal problems)				
Collectivist perspective (health harms)				
Individualist perspective				
Excessive consumption				
Values				
Age				
Education				
Female				
Gender(s) not listed				
Sexual orientation				
Person of color				
Urban				
Income				

* See page 35 for variable descriptions.

KEY: odds ratios values



Factors*	Banning alcohol sales on certain days of the week	Banning alcohol sales during certain hours	Restricting the number of stores within a given area that can serve alcohol	Supporting the right of states to set their own laws and rules for selling alcohol
<i>Number of observations</i>	424	424	424	424
Message: Protecting Kids				
Message: Protecting Kids + Misleading Industry				1.6
Message: Protecting Kids + Next Generation				
Collectivist perspective (societal problems)				
Collectivist perspective (health harms)	1.6	1.6	1.6	
Individualist perspective		0.4	0.4	
Excessive consumption				
Values				
Age				1.6
Education				1.6
Female				0.4
Gender(s) not listed				
Sexual orientation	0.4			0.4
Person of color		0.4		
Urban	1.6	1.6	1.6	0.4
Income				

* See page 35 for variable descriptions.

Demographics had a stronger positive association with collectivist perspective than message concepts.



Factors*	Agree with collective frame statements	Agree with harm statements	Agree with individual frame statements
<i>Number of observations</i>	425	425	426
Message: Protecting Kids			
Message: Protecting Kids + Misleading Industry			
Message: Protecting Kids + Next Generation			
Excessive consumption			
Values			
Age			
Education			
Female			
Gender(s) not listed here			
Sexual orientation			
Person of color			
Urban			
Income			

* See page 35 for variable descriptions.

Demographics had a weak association with drinking behavior; message concepts had no association.



Factors*	Excessive consumption (aggregated)	Past 30 day binge drinking	Past 30 day heavy drinking
<i>Number of observations</i>	417	417	417
Message: Protecting Kids			
Message: Protecting Kids + Misleading Industry			
Message: Protecting Kids + Next Generation			
Collectivist perspective (societal problems)			
Collectivist perspective (health harms)			
Individualist perspective Values*			
Age			
Education			
Female			
Gender(s) not listed			
Sexual orientation			
Person of color			
Urban			
Income			

* See page 35 for variable descriptions.

Note: Past 30 day underage drinking not shown because the model only had 17 observations.



Alcohol Formative Audience Assessment

Comprehensive Report Appendices

April 2021



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Literature Review

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Introduction

Background

Alcohol use is the third-leading cause of preventable deaths among people in Oregon. Excessive alcohol use—which includes binge drinking, heavy drinking and alcohol use by people who are under 21 or pregnant—can cause or exacerbate heart disease, diabetes, cancer, suicide, substance use disorders and violence. Excessive alcohol use costs the Oregon economy \$3.5 billion per year in lost workplace productivity, early mortality, health care expenses, criminal justice costs, and motor vehicle crashes.

In 2017, the Oregon Health Authority – Public Health Division (OHA-PHD) launched a formative audience assessment to better understand Oregonians’ attitudes, beliefs and behaviors around excessive alcohol use. OHA-PHD used the assessment to develop message concepts to educate the public about the harms of excessive alcohol use and to increase support for evidence-based strategies that reduce the harms of excessive alcohol use in Oregon. A message concept serves as a broad guide for the tone, style, and development of a mass-media campaign developed to reach different audience segments. Together, the assessment and message concepts will support OHA-PHD’s communications strategy as part of a statewide, comprehensive approach to reduce and prevent excessive alcohol consumption in the state, which will likely include a statewide mass-media campaign.

OHA-PHD hired PRR, a full-service communications firm, to conduct the assessment and create message concepts.

Purpose

The literature review established understanding of existing communication campaigns to reduce or prevent excessive alcohol use. Findings from this literature review were used as a foundation for subsequent steps in the research project, namely:

- Informing the creation of survey questions and online qualitative research activities and questions.
- Informing the analysis plan for the data collected through the survey and the online qualitative assessment.
- Informing the initial messages for audience testing.

Approach

The literature review was part of a multi-phase approach (see Exhibit A1).

Exhibit A1: Literature review timeline



For the literature review, PRR systematically searched Google, Google Scholar and websites for the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). This search produced 203 articles. OHA-PHD simultaneously conducted search using the Oregon State Library database, which identified four additional articles.

OHA-PHD assembled a Literature Review Committee to establish criteria to select articles for detailed review. Grounded in the objectives of the project, the Committee determined selected articles must address a communications campaign, which influenced knowledge, attitude, beliefs, opinions and/or perceptions of alcohol behavior and/or policy. Additionally, articles were selected based on primary and secondary criteria (see next page).

Article selection criteria

Twenty articles met all the criteria and were selected for detailed review. Of these, three of the approved articles to review included policy changes, while the majority focused solely on individual behavior change.

Primary criteria

- Published 2012 to present (2017)
- Addresses details of an implemented communications campaign; not solely a policy review
- Addresses how communications were used to change/influence policy support
- Addresses knowledge and attitude predictors of policy support
- Captures failed campaigns (i.e., campaigns which had no effect) as well as successful campaigns
- Concerns “drink less” campaigns that focus on behavior modification and/or policy support

Note: Articles that had a race or ethnicity emphasis were identified and reviewed individually. These articles were included if they addressed a communications campaign that influenced knowledge, attitude, beliefs, opinions and/or perceptions of alcohol behavior and/or policy.

Secondary criteria

- Concerns U.S.-based communications campaigns
- Aligns with Health Promotion and Chronic Disease Prevention (HPCDP) Alcohol objectives and policy priorities (2017-2025 HPCDP Strategic Plan)
- Addresses brief interventions (e.g., “Talk to your doctor”)
- Addresses social norms messaging (e.g., “Most kids in your class are not drinking”)
- Includes clinical guidelines on messages for patients (can these be generalized for population)

Exclusion criteria

- Campaigns focused on educating servers

- Campaigns focused on harm reduction like “safe partying” or “drink less”
- Parental education campaigns, such as creating “safe homes” (social hosting)
- Campaign only addresses the evidence base for policy priorities

Key findings

Note: These findings are based on the 20 articles reviewed and, while not representative of the entire field of alcohol consumption policy and communications research, reflect the articles that most adhere to OHA-PHD's interests based on the screening criteria. These findings and recommendations should be considered in conjunction with more comprehensive evidence summaries, meta-analyses, and reviews of other campaigns.

Effectiveness of general alcohol reduction media campaigns

- Evidence is mixed as to whether media campaigns are effective in reducing alcohol consumption in the general population.
- Messages linking alcohol consumption to long-term health effects such as cancer are particularly effective for changing attitudes, although some evidence suggests that youth audiences might be more convinced by information on short-term health effects.
- Demographic variables do not appear to strongly affect what specific advertising messages and strategies people find most effective.

Effectiveness of social norms campaigns in college settings

- Evidence is mixed as to whether social norms campaigns are effective in reducing alcohol consumption in college settings.
- Students are more influenced by their friends' drinking behavior than by the general student population's drinking behavior.
- Students are more influenced by what their peers think about drinking (injunctive norms) than how much their peers actually drink (descriptive norms).
- Effectiveness of social norms campaigns in a college setting appears to be mediated by environmental factors such as the amount of alcohol marketing on campus and density of local alcohol outlets. Evidence suggests when alcohol is moresalient and more accessible, social norms campaigns become less effective.

- Social norms campaigns are generally more persuasive to women and to lighter drinkers.

Factors affecting policy support

- People tend to be most supportive of alcohol control policies that are the least intrusive, such as labeling requirements or advertising restrictions. However, these are often the least effective at curbing consumption.
- Women and lighter drinkers tend to be more supportive of alcohol control policies than other demographic groups.

Role of news media coverage

- News stories linking alcohol overuse and abuse to immediate negative outcomes such as car crashes lead people to rate drinking as more harmful and to support alcohol control measures more strongly.*

*None of the articles included in this review examine the relationship between policy support and exposure to news coverage about chronic health outcomes.

Considerations regarding key demographic groups

- Health programs to reduce alcohol consumption among Indigenous populations are more successful when they directly involve community members and incorporate Indigenous culture.
- Youth are not necessarily opposed to all alcohol control policy measures, but they tend not to view themselves as the people engaging in problematic behaviors. They favor policies that do not restrict their personal freedom to make choices about their own alcohol consumption.

Detailed findings

Effectiveness of general alcohol reduction media campaigns

Researchers evaluated the effectiveness of alcohol reduction media campaigns and examined possible factors impacting the effectiveness of specific campaigns.

Findings are mixed as to the effectiveness of media campaigns. Some evidence suggests media campaigns result in a small but measurable effect on alcohol consumption behavior overall (Snyder, et al., 2004), while other research has failed to find evidence that media campaigns are effective (Ontario Agency for Health Protection and Promotion, 2015; Yadav & Kobayashi, 2015).

- Demographic variables do not appear to strongly affect what advertising messages and strategies people rate as most motivating (Wakefield, et al., 2017).
- The following messages and strategies were found to be more effective:
 - Linking alcohol to long-term health risks, particularly cancer (Buykx, Gilligan, Ward, Kippen & Chapman, 2015; Wakefield, et al., 2017).
 - Definitions of alcohol poisoning and safe drinking guidelines (Middlesex-London Health Unit, 2001; Wakefield, et al., 2017).
 - Focusing on short-term health risks for a youth audience (Middlesex-London Health Unit, 2001).
 - Eye-catching images (Middlesex-London Health Unit, 2001).
 - Shocking statements (Middlesex-London Health Unit, 2001).
 - Explaining why it is important to change behavior (Wakefield, et al., 2017).
 - Web-based interventions (Ontario Agency for Health Protection and Promotion, 2015).
 - Personalized feedback (Ontario Agency for Health Protection and Promotion, 2015).
 - Including an enforcement component along with a media campaign (Snyder, et al., 2004).
 - Negative tone (Wakefield, et al., 2017).

- Explicit portrayal of drinking (Wakefield, et al., 2017).
- Culturally neutral when trying to appeal to a broad population (Wakefield, et al., 2017).
- Studies also identified ineffective messages and strategies:
 - Unrealistic scenarios (Middlesex-London Health Unit, 2001).
 - Inadvertently appealing scenarios (Middlesex-London Health Unit, 2001).
 - Inappropriate tone, e.g., using a sarcastic tone for a serious topic (Middlesex- London Health Unit, 2001).
 - Confusing messages (Russell, Clapp & DeJong, 2005).

Effectiveness of social norms campaigns in college settings

Social norms campaigns are based on the idea that individual behavior is influenced by perceptions about the behavior of other people. These campaigns aim to change behavior by correcting misperceptions about the behavior of peers and have been used in college settings to reduce unsafe consumption of alcohol. Ten of the 20 studies included in this review examined the influence of social norms and the effectiveness of social norms campaigns on alcohol consumption behavior. Note that all ten of these studies focused on college students, with campaign tactics, including phone-call-based interventions, posters in dorms and campus events, so these results do not necessarily generalize to the broader adult population.

- Studies validate that individual behavior is indeed related to perceptions of others' drinking behavior and attitudes towards drinking, with interesting qualifications (Paek & Hove, 2012; Polonec, Major & Atwood, 2006).
 - Friends' drinking behavior is a stronger influence than what they think of as "most other" students' drinking behavior. Evidence also suggests that students use the behavior of their friends to estimate the behavior of their broader peer group (Polonec, Major & Atwood, 2006).
 - Individual drinking behavior is more strongly predicted by perceptions of peers' disapproval of heavy drinking than by perceptions of peers' drinking behavior (Paek & Hove, 2012).
- Some studies show conditional evidence that social norm campaigns affect behavior (DeJong, et al., 2006; Paek & Hove, 2012; Scribner, et al., 2011; Turner, Perkins & Bauerle, 2008).

- Other studies show no evidence that social norms campaigns affect behavior (Ontario Agency for Health Protection and Promotion, 2015; Thombs, Dotterer, Olds, Sharp & Raub, 2004; Wechsler, et al., 2003; Werch, et al., 2000).
 - Even if social norms campaigns are successful in changing perceptions of norms, this does not necessarily translate into actual behavior change (Ontario Agency for Health Protection and Promotion, 2015).
- Students often do not find social norms campaign statistics about how much their peers drink to be credible or align with their own experiences, which can lead them to disregard the campaigns (DeJong, et al., 2006; Polonec, Major & Atwood, 2006; Russell, Clapp & DeJong, 2005; Thombs, Dotterer, Olds, Sharp & Raub, 2004).
- Other factors can mediate the effectiveness of social norms campaigns:
 - Amount of alcohol marketing and promotions on campus; campaigns perform better on campuses with less alcohol marketing and promotions (Paek & Hove, 2012).
 - On-premise alcohol outlet density; campaigns perform better on campuses with lower outlet density (Scribner, et al., 2011).
 - Gender; campaigns perform better among females than males (Polonec, Major & Atwood, 2006; Russell, Clapp & DeJong, 2005; Thombs, Dotterer, Olds, Sharp & Raub, 2004).
 - Personal alcohol consumption habits; campaigns perform better among lighter drinkers (Polonec, Major & Atwood, 2006; Thombs, Dotterer, Olds, Sharp & Raub, 2004; Werch, et al., 2000).
 - Race; campaigns perform better among white students than Latinx students (Russell, Clapp & DeJong, 2005).
 - Class year; campaigns perform better among freshmen than seniors (Thombs, Dotterer, Olds, Sharp & Raub, 2004).

Factors affecting policy support

Two studies investigated what factors affect support for various alcohol control policies. Both individual characteristics (of the research participants) and characteristics of the policies themselves were shown to have an impact.

- Levels of popular support for particular policies to reduce alcohol consumption do not necessarily correlate with the effectiveness of those policies. Support is often highest for less intrusive policies with limited effectiveness, such as labeling regulations (Lancaster, Ritter & Matthew-Simmons, 2013).
- More popular policies:
 - Adults (Buykx, Gilligan, Ward, Kippen & Chapman, 2015):
 - Advertising or labeling regulations
 - Youth (Lancaster, Ritter & Matthew-Simmons, 2013):
 - Severe penalties for drinking and driving
 - Enforcement of laws against service to drunk patrons
 - Labeling regulations
- Less popular policies:
 - Adults (Buykx, Gilligan, Ward, Kippen & Chapman, 2015):
 - Pricing regulation
 - Increased taxation
 - Availability restrictions
 - Youth (Lancaster, Ritter & Matthew-Simmons, 2013):
 - Raising legal drinking age
 - Increasing price of alcohol
 - Reducing hours of operation for pubs and clubs
 - Reducing number of outlets that sell alcohol

- Several individual characteristics were associated with higher support for alcohol control policies:
 - Female (Buykx, Gilligan, Ward, Kippen & Chapman, 2015; Lancaster, Ritter & Matthew-Simmons, 2013).
 - Lower personal alcohol consumption (Buykx, Gilligan, Ward, Kippen & Chapman, 2015; Lancaster, Ritter & Matthew-Simmons, 2013).
 - Older adults (Buykx, Gilligan, Ward, Kippen & Chapman, 2015).
 - Below drinking age (Lancaster, Ritter & Matthew-Simmons, 2013).
 - College-educated (Buykx, Gilligan, Ward, Kippen & Chapman, 2015).
 - Non-smoking (Buykx, Gilligan, Ward, Kippen & Chapman, 2015).
 - Less positive attitudes towards the consumption of alcohol (Lancaster, Ritter & Matthew-Simmons, 2013).
 - Live in rural area (Lancaster, Ritter & Matthew-Simmons, 2013).

Role of news media coverage

Several studies analyzed the state of news coverage of alcohol issues and alcohol control policies and the role of such news coverage in influencing attitudes. The media stories discussed in these studies primarily concerned the negative consequences of individual overuse and abuse, rather than the costs associated with widespread moderate drinking at the population level.

- In media appearances, neither advocates nor critics of policy-level prevention discussed alcohol as a problem at the population level.
 - Advocates for pricing regulations typically did not frame the alcohol problem in terms of over-consumption at the population level, and critics presented the problem as created by specific groups and attitudes rather than structural issues (Hilton, Wood, Patterson & Katikireddi, 2014).
 - Critics' primary arguments against pricing regulations were that they would be ineffective, punish responsible drinkers, punish the poor, harm businesses, lead to illicit alcohol trading and be illegal in and of themselves (Hilton, Wood, Patterson & Katikireddi, 2014).

- Increased news coverage of binge drinking was shown to be associated with increases in the introduction of anti-binge-drinking legislation, but it is inconclusive whether the news coverage and/or introduced legislation cause people to perceive binge drinking as more harmful (Yanovitsky & Stryker, 2001).
- Media coverage specifically of drunk driving was associated with greater perceived harmfulness of binge drinking (Yanovitsky & Stryker, 2001).
- Relatedly, reading news stories that mentioned alcohol's role in a violent crime, crash or other injury made readers more supportive of enforcing existing alcohol control policies, although it did not make them more supportive of creating new laws (Slater, Hayes, Goodall & Ewoldsen, 2012).

Considerations regarding key demographic groups

Some research specifically focused on at-risk demographic groups.

Indigenous populations

- Evidence suggests that public health projects can be effective at increasing awareness and reducing alcohol consumption among Indigenous populations when these projects are designed and conducted in collaboration with the Native or Indigenous populations they are meant to serve (Jainabulladeen, et al., 2015) or incorporate Indigenous cultural values (Ontario Agency for Health Protection and Promotion, 2015).
- One study found no statistically significant differences in behaviors or attitudes between Aboriginal respondents and the non-Aboriginal survey sample, though this is likely due to the small number of Aboriginal respondents (n = 50) (Lancaster, Ritter & Matthew-Simmons, 2013).

Youth

- Youth are not necessarily opposed to alcohol control policy measures, but they do not view themselves as engaging in problematic behaviors. One survey showed they support measures to penalize the behavior of “others” who might cause trouble, but they often do not see their own behavior as requiring restrictions (Lancaster, Ritter & Matthew-Simmons, 2013).
- In another study, focus group participants did not identify with the term “binge drinking” because it had connotations of extreme, problematic behavior, which was not how they viewed themselves (Middlesex-London Health Unit, 2001).
- Youth are more supportive of measures providing facts and guidelines (e.g., labeling regulations) rather than regulatory measures (e.g., raising the legal drinking age) and value personal freedom to make their own choices (Lancaster, Ritter & Matthew-Simmons, 2013).
- Among youth, preexisting attitudes may be more predictive of support for alcohol policies than actual levels of personal consumption (Lancaster, Ritter & Matthew-Simmons, 2013).
- Youth want to participate in policy conversations and have a voice in decisions (Lancaster, Ritter & Matthew-Simmons, 2013).
- Youth are motivated by information on short-term health risks (Middlesex-London Health Unit, 2001), which contrasts with the finding that the general adult population is more motivated by long-term health risks (Buykx, Gilligan, Ward, Kippen & Chapman, 2015).
- Youth are motivated by information on short-term health risks (Middlesex-London Health Unit, 2001), which contrasts with the finding that the general adult population is more motivated by long-term health risks (Buykx, Gilligan, Ward, Kippen & Chapman, 2015).

Recommendations

Recommended next steps

1. Test which alcohol control policies, of those that are proven to effectively reduce consumption, are perceived as non-intrusive or the least intrusive. These are the "low hanging fruit" and should be considered for implementation.
2. Test messages for adults that focus on long-term health effects (such as cancer) comparing efficacy against messages about short-term health effects.
3. Test whether long-term health impacts could motivate young people or if campaigns focused at younger populations should focus on short-term health effects.
4. Test messages for youth that focus on their friends' attitudes towards drinking rather than on the drinking behavior and/or attitudes of the broader student population.
5. Test scare tactics and other ways of linking drinking to negative outcomes.
6. Test messages that allow people (especially youth) to recognize their own drinking behavior as sometimes unhealthy, rather than more extreme messages that can lead people to view themselves as not engaging in problematic drinking behaviors.
7. Confirm that social norms messaging is less persuasive to men than women.
8. Confirm that, for youth and adults, the more that someone drinks, the less persuaded they are by social norms messaging.

Considerations for future campaign and messaging development

1. Media campaigns alone should not be relied on to effectively reduce alcohol consumption. Media campaigns work best in conjunction with community outreach and interventions, which also provide a means to involve the public in demanding policy or environmental change.

2. While PRR was only approved to review three articles containing policy support as a dependent variable (including only one with an experimental design), several findings led us to extrapolate that people may be more supportive of policies when they understand the harms of alcohol:
 - Knowledge of the link between alcohol and cancer was correlated with policy support.
 - People are more supportive of less invasive policies (e.g., labeling and advertising restrictions).
 - Reading articles about catastrophic, short-term consequences of alcohol (e.g., crime and car crashes) leads people to be more supportive of enforcing alcohol control policies but does not lead them to be more supportive of instating new alcohol control policies.

Considerations for possible further research

1. Test what makes social norms marketing campaigns more or less effective in college settings.
2. Test ways of appealing to or influencing what peers think about drinking (injunctive norms), rather than how much peers drink (descriptive norms).
3. Validate that the effectiveness of messages does not vary based on demographic variables.
4. Test whether knowledge of alcohol-related harms (especially cancer and catastrophic car crashes) lead to increased policy support.
5. Test how policy-related messaging can help the public put invasiveness in perspective. For example, messaging could focus on less invasive policies in order to garner support and/or discuss how the benefit of a proposed policy far outweighs any minor inconvenience.

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Campaign Review

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Introduction

Background

Alcohol use is the third-leading cause of preventable deaths among people in Oregon. Excessive alcohol use—which includes binge drinking, heavy drinking and alcohol use by people who are under 21 or pregnant—can cause or exacerbate heart disease, diabetes, cancer, suicide, substance use disorders and violence. Excessive alcohol use costs the Oregon economy \$3.5 billion per year in lost workplace productivity, early mortality, health care expenses, criminal justice costs, and motor vehicle crashes.

In 2017, the Oregon Health Authority – Public Health Division (OHA-PHD) launched a formative audience assessment to better understand Oregonians’ attitudes, beliefs and behaviors around excessive alcohol use. OHA-PHD used the assessment to develop message concepts to educate the public about the harms of excessive alcohol use and to increase support for evidence-based strategies that reduce the harms of excessive alcohol use in Oregon. A message concept serves as a broad guide for the tone, style, and development of a mass-media campaign developed to reach different audience segments. Together, the assessment and message concepts will support OHA-PHD’s communications strategy as part of a statewide, comprehensive approach to reduce and prevent excessive alcohol consumption in the state, which will likely include a statewide mass-media campaign.

OHA-PHD hired PRR, a full-service communications firm, to conduct the assessment and create message concepts.

Purpose

The campaign review established understanding of existing communication campaigns to reduce or prevent excessive drinking. Findings served as a foundation for subsequent steps in the project, namely:

- Informing the creation of survey questions and the qualitative online assessment’s activities and questions.
- Informing the analysis plan for the data collected through the survey and In-the-Moment questions.
- Informing the creation of initial messages for audience testing.

Approach

The campaign review was part of a multi-phase approach (see Exhibit B1).

Exhibit B1: Campaign review timeline



For the campaign review, PRR searched Google for campaigns focused on *prevention*, rather than *treatment* of excessive alcohol consumption. PRR tried to find a mix of:

- Geographies: various city or statewide campaigns around the U.S., national campaigns and examples from other countries
- Campaigns attempting to reach diverse and traditionally underserved audiences
- Campaigns reaching a variety of age ranges (underage youth, parents of underage youth, young adults and general adult population)

PRR also hoped to find campaigns that connected individual prevention to a larger need for policy change or environmental change to support prevention. However, very few campaigns addressed the latter, even if the agency running the campaign also worked on policy.

OHA-PHD simultaneously conducted their own search, by sourcing ideas for campaigns to review from county and Tribal prevention partners. From the initial pool of 27 campaigns, OHA-PHD selected 16 campaigns to review, including nine selections for in-

depth interviews. Of the approved interviewees, six participated in telephone interviews, two directed PRR to written information but did not participate by telephone, and one responded initially but did not schedule an interview.

See Appendix B, pages 49-126 for details about individual campaigns appear on Appendix B,.

Campaign Screening Criteria

PPR sought national and international mass-media campaigns related to excessive alcohol use prevention and behavior change with a focus on the following criteria:

- Campaign purpose such as: Policy, Systems and Environmental (PSE) Change; Health Education; Harm Reduction; Consequences; other)
- Audience research conducted, of what scale/quality, including consumer opinion research
- Key messages and message concepts
- Key terms
- Tone
- Target audience
- Advertising mediums and other social marketing and health communications mediums
- Evaluation results (near-term and long-term, if available)
- Lessons learned
- Campaign assets

Exhibit B2: List of campaigns included in the review

Campaigns

<p><u>Oregon mORe Project</u> https://chsculture.org/mou_projects/reducing-underage-drinking-by-fostering-change-and-transformation-in-oregon/</p>	<p><u>Choose Your Vibe – Arrive Alive</u> https://www.facebook.com/YourVibeVA/</p>
<p><u>up2u</u> https://studenthealth.oregonstate.edu/paw-workshops</p>	<p><u>Be a Jerk Project</u> http://www.beajerk.org/sites/default/files/Be a Jerk campaign guidebook.pdf</p>
<p><u>I Strengthen My Nation</u> http://www.wernative.org/blog-posts/i-strengthen-my-nation?A=WebApp&CCID=37422&Page=5&Items=1</p>	<p><u>Alcohol. Think Again. Campaigns</u> https://alcoholthinkagain.com.au/</p>
<p><u>Talk. They Hear You.</u> https://www.samhsa.gov/underage-drinking</p>	<p><u>Drinking Nightmare</u> https://www.health.gov.au/health-topics/alcohol?utm_source=drinkingnightmare.gov.au&utm_medium=redirect&utm_campaign=digital_transformation</p>
<p><u>Above the Influence</u> https://abovetheinfluence.com/</p>	<p><u>Communities Mobilizing for Change on Alcohol</u> https://kcpreventioncoalition.org/projects/communities-mobilizing-change-alcohol/</p>
<p><u>Initiative 1183 (“The Costco Initiative”)</u> (No website available)</p>	<p><u>Parents Empowered</u> https://parentsempowered.org/</p>
<p><u>Be the Parents</u> https://bethetheparents.org/</p>	<p><u>Power of Parents</u> https://www.madd.org/the-solution/power-of-parents/</p>
<p><u>Check Yourself</u> https://checkyourselfvt.com/</p>	<p><u>Parents Who Host Lose the Most</u> https://preventionactionalliance.org/about/programs/parents-who-host-lose-the-most/</p>

Campaigns excluded from the review

Based on the screening criteria above, PRR excluded the following campaigns from the review.

Exhibit B3: List of campaigns excluded from the review

1. Respect the Neighborhood
2. Responsible Hospitality Toolkit
3. Hello Sunday Morning
4. Club Soda
5. Kick Binge Drinking
6. Party Safe Homes
7. Party with a Plan
8. Celebrate Safe and Well
9. The Safe Party Initiative
10. Better Drinking Culture
11. Share Your Shout

Key findings

Overall, campaigns benefit from connecting advertising and social marketing to community interventions, with environmental prevention strategies relating to community norms, access and availability, media messaging, and policy and enforcement.

General adult audience (approximately aged 25-54):

- Evidence suggests drinking patterns change at age 25, when many adults no longer live on a college or university campus.
- Adults tend to drink in an after-work setting (at home, a restaurant or bar, or evening events) as opposed to binge drinking at parties.
- Long-term health consequences, such as cancer, resonate with many but not all adults.
- Some adults tune out long-term consequences, however, and need to know their excessive drinking may have immediate consequences.
- Adults tend to assume prevention messages are intended for someone else who they consider an addict.
- Positive framing does not work well for adult drinkers, i.e., “every drink you don’t have reduces your risk.”
- Adults want specific tips on how to reduce their drinking after they internalize the message.

Parent audience (approximately aged 25-54):

- Strengths-based messaging assures parents their teen wants to hear from them about alcohol and encourages them to promote alternative activities to drinking that foster a sense of purpose.
- Typically, campaigns using strengths-based messaging offer tips on bonding, boundary-setting and monitoring.
- Harms related messaging focuses most on the developing brain.

- Parenting styles and practices differ widely by culture: Parents from some faiths incorrectly assume their child does not drink because their religion prohibits it. Others assume only very strict parents care about drinking at home (social hosting), since there is no danger of drunk driving.
- Most parents do not want to be judged by others on their quality of parenting.

Youth audience (under legal drinking age, approximately aged 14-20):

- Fear-based messaging does not work for teens.
- Fear-based messaging may even prompt some trial from teens who are risk takers or curious about the pharmacological effects described.
- Strengths-based approaches emphasize the student’s passion as an alternative activity to drinking, such as dancing, school sports, ice skating and cycling.

Young adult audience (approximately aged 21-25, primarily college campus setting):

- Online self-assessments and peer-led presentations on college campuses may help students decide to reduce their own alcohol consumption.
- Evidence suggests it is beneficial to focus on harm reduction, rather than complete elimination of college drinking.
- Young adult “partier” culture tends to have high rates of binge drinking coupled with a gross underestimation of the standard definition of “binge drinking.”
- Partier culture members vastly prefer responsible drinking tips and messages over abstinence-focused messages, similar to the larger campus population.
- Messages about common consequences, such as getting sick or embarrassing yourself, resonate more than extreme consequences.
- In short, this audience wants to know how to go out and have fun while not getting so drunk that they lose control and do regrettable things.

Detailed findings

General adult audience (approximately aged 25-54):

PRR suggests spending some time viewing the *Alcohol. Think Again.* campaign from the Government of Western Australia.

- The campaign evolved over eight years. It included high-level creativity and evidence-based strategy, and it continually revised approaches based on evaluations. Please see the summary of *Alcohol. Think Again.* at the end of this section for descriptions and links to campaign samples, a discussion of the campaign's evolution and data from campaign evaluations.

Age range considerations:

- Drinking patterns often change at age 25, as many adults leave the campus setting and – as campaign staff admittedly generalize – often settle down, marry and work a full-time job. As a result, general adult campaigns address an after-work drinking pattern as opposed to binge drinking at college or university parties (*Alcohol. Think Again.*).
- Campaigns cap audiences at age 54 because chronic diseases are still preventable, compared to the risk of disease that emerges at age 55+ (*Alcohol. Think Again.*).

Messaging the consequences:

- While long-term health consequences, such as cancer, resonate with many adults, other adults tune this out (“You tell me everything causes cancer!”) and need to know that their choice to drink excessively may have immediate consequences (*Alcohol. Think Again.*).
- Public health campaigns have the power to be prescriptive. The alcohol industry is intentionally vague about boundaries, but public health campaigns can specify exactly how many drinks per day is excessive and harmful (*Alcohol. Think Again.*).

- Campaigns work hard to prevent adults from rationalizing the message is for someone else. Adults tend to assume prevention messages are for an addict. Campaigns mitigate against these rationalizations in several ways (*Alcohol. Think Again.*, *Costco Initiative*).
- They make it clear through visuals that “we’re talking to you.” For example, they choose settings that look like the typical audience member’s home.
- Also, they avoid focus on conditions, such as liver disease, that viewers rationalize only alcoholics get.
- Positive framing does *not* work well for adult drinkers, i.e., “every drink you don’t have reduces your risk” (*Alcohol. Think Again.*).

Messaging the solutions:

- Adults want specific tips on how to reduce their drinking after they internalize the message, such as how to decline a drink in a social situation (*Alcohol. Think Again.*).

Choices on terminology, visuals and tone:

- Campaigns talk about “harm” and “harmful drinking,” not “risky drinking.” (*Alcohol. Think Again.*).
- Campaigns never show a beer bottle or other alcohol visual, even negatively, as it unintentionally glamorizes drinking to some audiences (*Alcohol. Think Again.*).

Exhibit B4: Sample messages for the general adult audience

“Alcohol causes damage. Regularly drinking more than two standard drinks increases your risk of alcohol caused disease including stroke, cancer and heart attack.” (*Alcohol. Think Again.*)

“Reducing your drinking (number of drinking occasions and/or quantity at each drinking occasion) will reduce your risks.” (*Alcohol. Think Again.*)

“To reduce your risk of alcohol-caused disease, have no more than two standard drinks on any day.” (*Alcohol. Think Again.*)

For some audiences, the accumulation message works: “Alcohol’s effects add up over time, even if you’re not an alcoholic.” (*Alcohol. Think Again.*)

For other audiences, near-term harms are important: “Alcohol is toxic. Regularly drinking more than two standard drinks causes damage to your fragile body (now) and can lead to cancer (later).” (*Alcohol. Think Again.*)

Parent audience (approximately aged 25-54):

The parent audience varied slightly by campaign.

- *Be the Parents* and *MADD* reached ages 25-54, with children in middle school or high school. *Parents Empowered* targeted parents of children ages 10-16. Each cited these as the ages where parents have the greatest ability to influence teens.
- Meanwhile, *Parents Who Host Lose the Most* targeted parents of underage youth 12-20 because of SAMHSA data showing the alcohol trial and binge drinking activity for this age range as well as parents’ social hosting as a leading factor. SAMHSA’s own *Talk. They Hear You.* campaign reaches parents of children aged 9-15.

Parents Empowered is perhaps the best example to review in detail, due to its number of years in the field and outcome evaluations.

- Interestingly, it views its approach as strengths-based, but it offers one of the more significant discussions of harms.
- PRR views it as a hopeful and optimistic view of parents’ ability to prevent serious harms, which they do not avoid discussing.

Strengths-based messaging:

- Many campaigns use strengths-based messaging, particularly applying the model of Dr. Jeffrey Linkenbach of the Montana Institute to parents of teens (*Be the Parents, Parents Empowered*).

- In fact, *Be the Parents* significantly rebranded their campaign in order to move from scare tactics to strengths-based messaging.
- Strengths-based campaigns tend to:
 - Offer encouragement to parents with a message that their teen really does want to hear from them about alcohol (*Drinking Nightmare, Talk. They Hear You., Power of Parents*).
 - Give specific tips to parents on how to bond, establish boundaries and monitor their teen. Parents who understand they should have the conversation also need practical guidance on how to engage. Tips include strengthening the family unit – for instance, eating dinner together as a family – as well as how to have “the talk” about alcohol (*Be the Parents, Parents Empowered, Talk. They Hear You., Power of Parents*).
 - Encourage parents to help teens find their passion, as teens who have a purpose are less likely to drink. Note that passions will vary with urban and rural audiences, so it is necessary to show a multitude (*Be the Parents*).
 - Help parents know when to pay attention. Seasonality is important: prom, summer vacations and start of the school year when new peer groups form (*Be the Parents, Parents Who Host Lose the Most*).

Exhibit B5: Sample messages for the parent audience

“Does your kid have a passion? Learn how having a purpose keeps Idaho teens on a positive path. 1 out of 3 Idaho kids who have been drunk say their parents have no idea. Would you know? Learn the signs of underage drinking.” (*Be the Parents*)

“I want our children to know they’re our next generation, and by not drinking, they’re going to take our nation to the next level.” (*I Strengthen My Nation*)

“Parents and caregivers have a role in educating their teenage children about the possible consequences of excessive drinking and in setting clear behavioral boundaries.” (*Drinking Nightmare*)

“Teenagers generally look to parents and caregivers for support and direction.”
(*Drinking Nightmare*)

“Engage. They want more.” (*mORe Campaign*)

“mORe Oregon teens choose not to drink.” (*mORe Campaign*)

Harms-related messaging:

- Harms-related messaging focuses primarily on the developing brain, with a variety of secondary messaging.
 - Harms-related messaging focuses most on the developing brain (*Parents Empowered, Talk. They Hear You.*).
 - Secondary harms-related messaging includes: death, health problems/injury, risky sexual behavior, violence and assault, arrest, suicide, homicide, memory problems, use of other drugs and social problems including the breakdown of relationships (*Drinking Nightmare, Talk. They Hear You.*).

Exhibit B6: Sample messages for the parent audience

“Teen drinkers are far more likely than adults to become addicted.” (*Parents Empowered*)

“The earlier your child starts drinking alcohol, the greater the likelihood of later addiction. It’s a lifelong issue.” (*Parents Empowered*)

“Underage drinking can cause long-term damage to a teen’s developing brain, impairing memory, learning, judgment, and impulse control.” (*Parents Empowered*)

“It’s only a matter of time before your kids will be offered alcohol under the legal age of 21.” (*Parents Empowered*)

“Every kid will face the decision to try alcohol underage, so parents need to plan for the worst as well as the best. When parents set clear expectations and boundaries, kids are prepared when the moment arrives.” (*Parents Empowered*)

“For teen brains to grow, alcohol is a no.” (*Parents Empowered*)

“Underage drinkers are 4X more likely to suffer from depression. Set clear rules against underage drinking.” (*Parents Empowered*)

“No one wants to be a jerk. But there are times when a problem calls for it, and that's definitely true of underage drinking. We need people to stand up and say, ‘If it takes a jerk to help keep kids away from alcohol, then I'm proud to be a jerk.’” (*Be a Jerk*)

“And by the way, by ‘kids’ we mean anyone under 21. It's the kind of distinction a jerk would make - and it's an important one.” (*Be a Jerk*)

“Why do kids need jerks? Because kids and alcohol just don't mix. Why not? Drinking alcohol while brains are still developing can lead to permanent damage. Plus, underage drinking costs Hawai'i taxpayers hundreds of millions of dollars and kills more kids than all other drugs (including tobacco) COMBINED!” (*Be a Jerk*)

“The vast majority of Hawai'i teenagers say that alcohol is easy for them to get. Which means we need to do more than just say no. We need to change the way we as a society think about underage drinking.” (*Be a Jerk*)

“Teenager's brains aren't fully developed yet. The teen years are an important time when the parts of the brain involved in self-control, emotions, and high-level thinking are growing and maturing. Because of the toxic effects of alcohol on the brain, heavy drinking in adolescence can change how the brain grows and can affect mental processes for the rest of a teen's life.” (*Communities Mobilizing for Change on Alcohol*)

“The risks increase the younger someone is when he or she starts drinking.” (*Communities Mobilizing for Change on Alcohol*)

“Teens are wired to seek risks and act impulsively without considering how their actions today will affect their future.” (*Communities Mobilizing for Change on Alcohol*)

“Don’t be a party to underage drinking. It’s against the law.” (*Parents Who Host Lose the Most*)

Community Norms:

- Parenting styles and practices differ widely by culture. Campaigns stress the need to plan for a variety of parental attitudes and backgrounds.
 - Parents who have a “not my kid” knee-jerk response: For instance, parents from some faiths incorrectly assume that their child does not drink because their religion prohibits it (*Parents Empowered*).
 - Parents who assume that only very strict parents care about drinking at home (social hosting): Since there is no danger of drunk driving, these parents view drinking at home as a harmless and inevitable rite of passage. They are only thinking about the immediate safety concern that social hosting remedies, rather than developmental concerns that impact the rest of the child’s life (*Parents Empowered, Be a Jerk, Parents Who Host Lose the Most*).
- Regardless of strengths or harms focus, campaigns need to address various standpoints that parents have at the start of the campaign (*Parents Empowered*).
- Nevertheless, campaigns understand they need to be respectful of the parent and speak with sensitivity. Most parents do not want to be judged by others on their quality of parenting.
- Campaigns must tell parents they can and need to do an even better job. But, campaigns need to deliver this directive in a way that avoids being moralistic, judgmental, manipulative or dictatorial. Otherwise, parents may be more likely to tune the message out (*I Strengthen My Nation, Parents Empowered, Be a Jerk*).

Choices on terminology, visuals and tone:

- Campaigns refer to people under the age of 21 as “your child” when talking to parents – to draw on their emotions and to reiterate that teens are not adults. (*Parents Empowered, I Strengthen My Nation, mORe Campaign*).
- Campaigns avoid referring to teens who drink as addicts, abusers or alcoholics; it may not be true, and the person/family will not likely self-identify as such in any case (*Be the Parents*).

- Campaigns never show a beer bottle or other alcohol visual, even negatively, as it unintentionally glamorizes drinking to some audiences (*Be the Parents*).
- Campaigns tap local cultural references, such as “kuleana” (personal responsibility) in Hawai’i or freedom to buy craft beverages from local purveyors who would suffer under privatization in Oregon (*Be a Jerk, Costco Initiative*).

Community outreach and interventions (outside of traditional and digital media):

- Campaigns recommend choosing community partners carefully:
 - Many campaign staff feel that media campaigns need to be coupled with boots-on-the-ground outreach from prevention partners.
 - However, they have experienced disappointment working with non-profits who could not sustain their proposed activities (*Be the Parents, Be a Jerk*).
- Campaigns benefit from connecting advertising and social marketing mediums to community interventions with environmental prevention strategies:
 - Every day, teens are exposed to messages from media and their communities that influence their opinions about alcohol. Seeing a liquor store on the way to school, weakly enforced underage drinking laws, invitations to parties with alcohol and other environmental cues make alcohol more appealing (*Communities Mobilizing for Change on Alcohol*).
- Community-based environmental prevention works because it:
 - Combines multiple, evidence-based alcohol prevention strategies to create changes at the community level (*Communities Mobilizing for Change on Alcohol*).
 - Goes beyond scaring teens into avoiding alcohol (which does not work well) by changing the environment that makes drinking alcohol easy. (*Communities Mobilizing for Change on Alcohol*).
 - Gives community organizers a great deal of latitude in selecting goals, messages and methods. (*Communities Mobilizing for Change on Alcohol*).
 - Targets social hosting, driving under the influence (DUI) checkpoints, compliance checks and administrative penalties for merchants, hot-spot policing and public support through media coverage (*Communities Mobilizing for Change on Alcohol*).

- Alternatively, features four similar environmental prevention strategies: community norms, access and availability, media messaging, and policy and enforcement (*Parents Who Host Lose the Most*).

Youth audience (under legal drinking age, approximately aged 14-20):

- For this audience, campaigns usually refer to teens as teens, not children. Campaigns employ hashtag strategies to promote social sharing (*Above the Influence, Choose Your Vibe – Arrive Alive*).
- Fear-based messaging does not work for teens. It may even prompt some trial from teens who are risk-takers or curious about the pharmacological effects described (*Communities Mobilizing for Change on Alcohol*).
 - Nevertheless, some campaigns talk about drunk driving, pressure to have sex, dropping out of school, arrest and poor academic performance (*Choose Your Vibe – Arrive Alive*).
- Strengths-based approaches emphasize the student’s passion, such as dancing, school sports, ice skating and cycling, as an alternative activity to drinking; this is similar to the approach taken with teens’ parents (*Choose Your Vibe – Arrive Alive, Be the Parents*).
- For Native American youth, messaging and visuals illustrate that teens positively influence the other teens in their community when they choose not to drink.
 - A teen is never shown alone; the teen is always being watched by friends (*I Strengthen My Nation*).

Exhibit B7: Sample messages for the youth audience

“Whatever your vibe is, it’s better without alcohol.” #MyVibeVA (*Choose Your Vibe – Arrive Alive*)

“Drive safely, sober, with no distractions.” #ArriveAlive (*Choose Your Vibe – Arrive Alive*)

“Don’t turn a night out into a nightmare.” (*Drinking Nightmare*)

"Drinking to intoxication can lead to socially unacceptable behavior and consequences that are regrettable." (*Drinking Nightmare*)

"Avoiding drinking to intoxication can have a range of social and health benefits." (*Drinking Nightmare*)

"You affect other people, even if you don't think you do. People notice your actions. You have influence. Think about it. What someone sees you do... can change their life. That one choice strengthens you, strengthens others, and strengthens your Nation." (*I Strengthen My Nation*)

"Most Native teens do not use drugs and alcohol. Native American teens are actually the group that abstains from drinking the most." (*I Strengthen My Nation*)

"It's ok to talk to your parents. It's ok to say no to alcohol." (*I Strengthen My Nation*)

"By standing up to pressure, you can strengthen yourself, influence your friends, and strengthen your nation." (*I Strengthen My Nation*)

"I choose not to drink, because I want more." (*mORe Campaign*)

"I love Oregon because kids make positive choices." (*mORe Campaign*)

"Every teen's life is filled with pressure. Some of it good, some of it bad. The more aware you are of the influences around you, the better prepared you will be to face them, including the pressure to use drugs and alcohol. We're not telling you how to live your life, but we are giving you another perspective and the latest facts. You need to make your own smart decisions." (*Above the Influence*)

"With all the hype around drugs and alcohol, you may not realize that most high school students choose not to use." (*Above the Influence*)

"There is a complicated list of reasons why people try, or abuse drugs and alcohol. Some people do it to change the way they feel; but by drinking or using drugs, they haven't changed the situation. They've only distorted it for a little while. And since many of these substances are depressants, the 'escape' isn't necessarily happy, and can be more unpleasant than not. People who have gone through recovery for substance problems often say drugs and alcohol ended up isolating them from friends and family and made them feel more alone." (*Above the Influence*)

“Remember, no one ‘plans’ to become addicted, and every one of the millions of people with a drug or alcohol dependency started out thinking they had it ‘under control.’” (*Above the Influence*)

“Fact is that while you’re a teen (and even into your early 20s!), you’re still growing and developing, and drug abuse during these years in particular can have a lasting impact. Another fact to consider: the brain is much more vulnerable to addiction during these years. 90% of Americans with a substance abuse problem started smoking, drinking or using other drugs before age 18.” (*Above the Influence*)

“More people die from overdose – including alcohol poisoning – than car accidents or gun violence. Everyone knows drinking and drug use can get real dangerous, but not everyone recognizes when a friend needs real help. That, plus the fear of getting in trouble, prevents too many young people from getting the emergency medical attention that could save a life.” (*Above the Influence*)

Young adult audience (approximately aged 21-25):

General college campus audience:

- Campaigns attempt to empower students to make healthier choices by providing them with tools and information, such as online self-assessment and peer-led presentations (*up2u*).
- Campaigns focus on harm reduction rather than complete elimination of college drinking – they avoid abstinence messaging such as “just say no.”
- Campaigns help students resolve ambivalence about changing their behaviors.
- Campaigns help students understand the neurological, psychological and physiological effects of alcohol. Many students lack a thorough understanding of alcohol, blood alcohol levels, gender differences, tolerance, the size of a standard drink and other relevant topics.
- Campaigns establish social norms by promoting accurate data about college drinking in conjunction with healthy and protective behavior. Many students only hear the provocative stories of college drinking and do not realize these are outliers.

- Campus campaigns may also reach underage students without distinguishing them as such. No discussion of underage students appears in the campaigns, despite the presence of underage students on campus.
- Other campaigns may well focus on other types of young adult communities or specific types of campuses outside of the campaigns approved for review.

“Partier” culture:

- To reduce binge drinking by young adults, campaigns target high-risk, young adult “partier” culture (*Check Yourself*).
- “Partier” culture tends to have high rates of binge drinking coupled with a gross underestimation of the standard definition of “binge drinking” (*Check Yourself*).
- This audience is receptive to:
 - Common consequences such as getting sick or embarrassing oneself, rather than extreme consequences that are not relatable.
 - Responsible drinking tips and messages, not abstinence-focused messages.
 - In short, they want to know how to go out and have fun while not getting so drunk that they lose control and do regrettable things.

Exhibit B8: Sample messages for the young adult audience

“Abstinence from alcohol is the safest option but not always the most acceptable choice to students.” (*up2u*)

“Check Yourself is all about partying without going overboard.” (*Check Yourself*)

“Check Yourself with water. Find yourself wobbling around like a cross-eyed penguin? That’s because alcohol dehydrates your brain. Keep your night fun, not dumb. Take it slow and drink water.” (*Check Yourself*)

“Check Yourself to avoid a blackout. Piecing together clues from last night? Because alcohol is a depressant, it can prevent your brain from creating long-term memories. Add water between drinks to help you avoid blacking out.”
(Check Yourself)

“Check Yourself and eat. DRUNK YOU goes crazy without food. Eating slows the absorption of booze, giving you more time to enjoy the night's fun. Foods that are super high in protein are the best. Just make sure you eat them BEFORE you start drinking.” *(Check Yourself)*

“Check Yourself and go easy. When you're sick, you're often dehydrated, so alcohol can have a stronger effect. So if you choose to go out when sick, keep it light and drink extra water.” *(Check Yourself)*

Recommendations

Considerations for OHA-PHD's audience assessment next steps

Audience segmentation:

1. Focus on adults aged 25-54.

Why prioritize this segment? Adults in the general population who are aged 25- 54 reflect:

- The age of parents of middle and high schoolers
- The most effective adult age range to influence with adult-oriented, self-care prevention messages (according to campaign interviews)
- Residents who may support policy, environmental and systems change in Oregon

Why not prioritize the other segments? Direct communication to youth is not effective, according to campaign interviews (though messaging to parents and other caregiving adults *about* youth is important). Additionally, young adults in college settings are a specialized audience, and a campaign intended for the campus setting will have a hard time resonating across Oregon more broadly.

Considerations for future campaign and messaging development

Messaging approaches to test in the qualitative online assessment stage:

Messaging recommendations for general adult audience

1. **Address an after-work evening drinking pattern**, as opposed to binge drinking at parties.
2. **Emphasize both short- and long-term health consequences.**
 - For short-term consequences, include alcohol's effect on physical appearance, such as weight gain (from calories in alcoholic beverages) and skin quality.
 - For long-term consequences, include a variety of specific disease states. If the audience feels message fatigue relating to heart disease and cancer, they may be more receptive to discussion of other diseases

such as diabetes and Alzheimer's or they may rationalize that these are not diseases that they are likely to get. Assess which diseases Oregon residents ascribe only to others and which diseases they view as "equal opportunity."

3. **Provide specific tips on how to reduce drinking.** Once adults establish a routine, habits are hard to interrupt, and peer pressure exerts an influence on adults as well as youth. Share practical tips to curtail adult drinking at home and in social situations with friends, coworkers and clients.
4. **Be prescriptive;** state exactly how many drinks per day is excessive and harmful. The alcohol industry is intentionally vague.
5. **Adjust messaging for older adults from prevention to health management.** While we recommend capping the audience at age 54 because chronic diseases are still preventable, compared to the risk of disease that emerges after age 55, PPR noted that it may be necessary to include older adults. In this case, PPR suggested a focus on health management rather than prevention, which positions alcohol reduction as a way to "take charge of your health."

Messaging recommendations for parents

1. **Encourage parents to say they do not want their teen to drink alcohol.** Reassure parents their teen wants to hear from them about alcohol consumption.
2. **Encourage parents to help teens find their passion,** as an alternative to drinking. Teens who have a purpose are less likely to drink.
3. **Provide specific tips to parents** on how to bond, establish boundaries and monitor their teen's activities.
4. **Create a sense of urgency with seasonal tips.** Help parents identify when underage drinking behaviors form and spike.
5. **Say "your child"** when talking to a parent of a teen, following the interviewees' cautions on word and image choice.
6. **Be clear but don't be judgmental.** Parents will tune the message out if they feel OHA-PHD is being moralistic, judgmental, manipulative or dictatorial.
7. **Frame underage drinking prevention as a joint responsibility** between parents and the broader community.

8. **Provide specific tips for parents who drink themselves.** Motivate parents to make the connection between the fact that many Oregonians would step out of the room to smoke at a party but do not face social pressure to leave the room while having a drink when children are present. Provide messages on how to handle the social pressures of what a recent *New York Times* article called “mommy wine culture.”

Messaging recommendations for youth

1. **Do not message directly to underage youth.**

Messaging recommendations for young adults

2. **Empower college students to make healthier choices** by providing tools and information, such as online self-assessment and peer-led presentations.
3. **Avoid abstinence-focused messages.** Focus on harm reduction rather than complete elimination of college drinking.
4. **Help students resolve ambivalence** about changing their behaviors.
5. **Help students understand the effects of alcohol:** neurological, psychological and physiological.
6. **Establish social norms** by promoting accurate data about college drinking in conjunction with healthy and protective behavior.
7. **Target high-risk, young adult “partier” culture** to reduce binge drinking.
8. **Provide “responsible drinking tips”** to “partier” culture members on how to go out and have fun while not getting so drunk as to lose control and do regrettable things.
9. **Emphasize common, immediate consequences** (such as getting sick or embarrassing yourself), rather than cancer risk or other long-term consequences.

Other recommendations for messaging testing (for multiple audience segments)

10. **Test a variety of samples:** Show messages and creative samples from the campaign review. Have participants rate the examples and provide qualitative feedback about what they like or do not like about the examples. What works in one community in one point in time may not work for all communities.

11. **Test strengths- vs. harms-based messaging:** Use sample messages customized for an Oregon audience.
12. Within harms-based messages, **assess options for tone:** Test the impact of delivering the harms-based message with positivity. Clearly describe the serious consequences of alcohol consumption while remaining positive that the resident can implement the prevention guideline.

Recommendations for testing messages regarding policy, systems and environmental change:

13. **Test Oregon residents’ opinions on policy to limit excessive drinking,** including:
 - Which limitations are most acceptable to them
 - Whether this can be included convincingly in creative or needs to be a separate conversation

The campaign review did not uncover many campaigns that made the pivot from individual prevention to policy-, systems- or environmental-level prevention (and those who did work on policy change did not participate in interviews). In some cases, the interviewer confirmed they omitted policy from the campaign because of restrictions from the legislature. In other cases, it is not possible to say why the campaign does not discuss policy when the same organization is simultaneously driving policy change outside of the campaign.

14. **Investigate whether Oregon residents will respond to individual and policy-level prevention messages in the same campaign,** especially in the short amount of time that campaign messaging can hold a consumer attention span.
15. **Investigate whether the target audience is amenable to a pivot message** along the lines of: “Drinking too much alcohol is harmful to your health and your child’s health. That’s why Oregon is working hard to create a place where excessive alcohol consumption is rare.”
16. **Explore parents’ response to the idea of joint responsibility** between parents and the larger community to protect youth. Policy, systems and environmental change are not a substitute for parenting but may play a supportive role. Test whether policy explanations can feel comforting to parents.

17. **Explore whether craft beer culture can be used as a point of pride in Oregon to resist privatization.**
18. **Test reaction to the Washington state experience**, in which privatization actually increased the price of alcohol to consumers, while also being associated with increased emergency department visits, vehicle crashes and crime.

Considerations for possible further assessment

19. Test audience preferences for specific methods for consuming future creative concepts, such as traditional media (paid and earned), digital/social media and boots-on-the-ground community outreach efforts.
 - In this summary of findings, the highly-funded campaigns purchased more paid media and had the means to perform campaign evaluations; meanwhile, lower-budget campaigns tended to rely on community toolkits and non-paid digital media and did not perform evaluations. Therefore, tactical selection correlated more to funding level than audience response.
20. PRR noted that depending on the final approved audience segmentation plan, some of the considerations for future campaign and messaging would no longer be applicable to the qualitative online assessment phase and would move into this section.

Campaign interviews

Be the Parents

Idaho Office for Drug Policy

<http://betheparents.org/>

Advice from the campaign

- Use community partners with well-established connections. The liquor board was a good resource for them, whereas some community groups had good intentions but not the resources to follow through. Look for groups who can “carry water.”
- Use digital media for rural areas with little traditional media. In a statewide campaign, it is important to remember that not everyone has the same access to media and to resources. Pandora and web advertising were beneficial.
- Be very careful to appeal to both rural and urban youth. When they showed positive examples of “finding your passion” instead of drinking, they found these were not universals across Idaho – for example, road biking.

Goals

Idaho Office for Drug Policy created *Be the Parents* in 2010, with significant rebranding in 2015 including the relaunch of its entire website. A goal of the rebranding was to move away from scare tactics (i.e., what alcohol does to the developing adolescent brain) to positive, strengths-based messaging parents can use with their children.

The message is to help kids find their passion, and that helps them avoid negative behaviors such as drinking and drugs. The campaign seeks to provide parents with tools – not just a directive to bond with their teen, but also specific strategies on how to have conversations.

Campaign goals:

1. Showcase local teens finding their passion, rather than drinking.
2. Provide tips for parents on how to build connection and conversation with teens.

Audiences

Target audience is females aged 25-54, who are parents of middle school or early high school students. Past findings showed that this is the decision-maker for the family (source unknown).

Regarding the audience's values regarding alcohol, some Idaho parents think of alcohol as a rite of passage, but they generally do not support underage drinking or excessive drinking. A survey tested the campaign, and it resonated with the target audience.

Messages

Campaign staff took a training on social norming with Jeff Linkenbach, director and chief scientist of the [Montana Institute](#),¹ which seeks to “change norms and transform cultures to create healthier, safer communities.” Idaho Office for Drug Policy found Dr. Linkenbach through a referral from Montana's anti-tobacco program. The Montana Institute uses strengths-based messaging. For example:

- A recent direct mailer from the campaign reads, “Does your kid have a passion? Learn how having a purpose keeps Idaho teens on a positive path. Visit [BeTheParents.org/today](#).”
- Accompanying images depict a Native American dancer and a bicyclist.
- The reverse side reads, “1 out of 3 Idaho kids who have been drunk say their parents have no idea. Would you know? Learn the signs of underage drinking at [BeTheParents.org/today](#).”
- Accompanying images show three teens of diverse ethnicities, two smiling and one not. (The same images are at the top and bottom of the website homepage).

The website's messaging falls into two main categories:

- Be aware ([know the signs](#)² and [learn the risks](#)³ of underage drinking).

¹ <http://www.montanainstitute.com/>

² <http://bethereparents.org/know-the-signs/>

³ <http://bethereparents.org/learn-the-risks/>

- Be engaged ([start talking](#),⁴ [stay talking](#),⁵ [check in](#)⁶ and [find their passion](#)⁷).

Teen profiles on the website show passions including acting, baking, volunteering, cycling, music, and Native American dancing and crafts.

The messaging creates a sense of urgency with parents around times when underage drinking may be more likely. For example: prom season and summer vacations (“Parents, pay attention *now*...”). They feel that parents appreciate this tip.

Messaging stresses that sober kids learn best, while substance use keeps kids from being their best. To create a social norm that underage drinking is not a rite of passage, they are careful to never make teen drinking sound funny, cool or OK in any way. Because of state control of liquor, campaign staff aligns campaign’s messaging with the liquor board. However, they are careful not to put a liquor board logo on the campaign website/materials since that would be “uncool” to teens.

They did not use distinct messaging for specific sub-audiences.

Consequences

Idaho Office for Drug Policy ran a secondary campaign, Sticker Shock, which focused on the consequences of adults buying alcohol for minors – a misdemeanor. (Source was the law). *Be the Parents*, however, mostly steered away from consequences in favor of strengths-based messaging. Nevertheless, they include a few mentions of harms. While it’s lower in the hierarchy than the positive parenting advice, they do mention that “social hosting is illegal” and “the earlier your child starts drinking, the more likely they are to become alcohol-dependent.”

Terminology

- They did not feel they have been incredibly discerning about word choice in terms of how they generally discuss alcohol consumption.
- However, they are careful not to refer to drinkers as addicts, abusers or having a disorder. Most people who drink do not self-identify in this category.

⁴ <http://betheparents.org/start-talking/>

⁵ <http://betheparents.org/stay-involved/>

⁶ <http://betheparents.org/check-in/>

⁷ <http://betheparents.org/find-their-passion/>

- They are cautious about imagery. They don't ever show a beer bottle, for example, as it unintentionally glamorizes what they do not want teens to do, even if they put the bottle in a red circle with a line through it.

Advertising/social marketing

- Parents' resources include [conversation cards](#)⁸ (formatted like a deck of playing cards) distributed at Back to School nights, PTA meetings and coalition members' events.
- They have used TV, radio, web with video, and billboards. The 0:30 PSA ("[Aspen](#)"⁹) for TV and other video uploads are available [here](#).¹⁰
- Next, they will start a 30-Day Challenge with activities for parents to do and track.
 - They intend to move away from giving parents passive reading material, towards inspiring them to take active steps such as having dinner with their teens.
- They will also give mini grants to coalition members to implement in their communities.
- Schools are a new focus for distribution.
 - They are producing window clings for schools, e.g., inspirational messages about finding your passion, which students will find on a school bathroom mirror.
 - Idaho Office for Drug Policy is offering to provide participating schools with outcome data and guidance. For example, a school that participates will receive data about drinking behavior among students at that specific school as well as a guide with specific tips such as hosting a lunch-and-learn with parents to help them.

Other Campaigns

Idaho Office for Drug Policy recommends *Parents Empowered* in Utah, and *Be the Parents* links to *Parents Empowered* in the resources on their site. They praised Utah's multimedia approach, including "amazing" PSAs for TV and radio, and noted *Parents*

⁸ <http://betheparents.org/news/betheparents-convo-cards/>

⁹ https://www.youtube.com/watch?v=IF3-LCII_Mw

¹⁰ <https://www.youtube.com/user/IdahoODP>

Empowered uses strengths-based and actionable messages (“Here’s something good you can do for your kids...”). *Be the Parents* also links to several pieces of material from Partnership for Drug-Free Kids.

Outcome Statistics

Because *Be the Parents* gets annual funding through the state legislature to prevent underage drinking, Idaho Office for Drug Policy wants to show they are spending the funding well.

The Idaho Office of Drug Policy shared the following outcome statistics.

- According to media analytics, *Be the Parents* reached 72% of the target audience (females aged 25 to 54).
- In April 2017, the campaign recruited 320 Idahoans aged 25 to 62, with at least one child between the ages of 8 and 20, through Facebook to take a survey to measure outcomes. Under 13% of respondents reported seeing the campaign.

The campaign also received a statewide evaluation of the media campaign via the Idaho Parent Survey. The survey assessed Idaho parents’ attitudes toward youth alcohol use, attitudes toward the activities and behaviors related to preventing youth alcohol use promoted by *Be the Parents*, and whether they followed through with those behaviors. The findings showed:

- No statistically significant differences between respondents exposed and not exposed to *Be the Parents*.
- Results do suggest a campaign effect on the primary campaign message: “Children who participate in activities they are passionate about are less likely to drink.”
- More adults exposed to the campaign agreed with the message than those not exposed (90% vs. 72%).

Parents reporting campaign exposure overwhelmingly agreed the parenting practices promoted by the campaign were effective in preventing youth alcohol use. The evaluators observed a ceiling effect:

- Parents not exposed to the campaign agreed the parenting practices are effective with nearly the same very high frequency as exposed parents.

- For all of the parenting practices, a large portion of parents agreed the practice was effective in preventing children from using alcohol.
- Less parents reported *actually* engaging in the parenting practice with their own children in the past 6 months.

The evaluation noticed a pronounced disparity between parents doing activities that directly and indirectly address youth alcohol use.

- Direct: setting clear rules about not drinking or discussing risks of use with children
- Indirect: involving children in extracurricular activities or asking children about their day

Given these findings, the evaluation recommended campaign leaders consider providing parents with practical strategies to encourage them to take action on the activities and behaviors promoted by the campaign, particularly those that directly address their children’s use of alcohol.

The survey also asked respondents what they thought *Be the Parents* was trying to say.

- Of the 30 respondents who answered the question, 19 (63%) reported the campaign’s message is “parents should be involved and set boundaries for children.”
- Respondents also said the campaign’s message is “parents should take to/teach their children about alcohol,” “youth should not use alcohol,” “parents should deter alcohol use” and “involving children in other activities deters use.”

The survey asked respondents whether they had performed a series of activities considered to be good parenting practices with their children aged 8-20 in the past 6 months. Overall:

- Parents reported doing activities that directly addressed their children’s alcohol use less frequently than practices that indirectly prevent their children from using alcohol.
- For example, across both the exposed and not exposed groups, only 51% and 58% reported talking with their children about what to do if offered alcohol or the risks of alcohol use, respectively.

- In contrast, almost all parents from both groups reported doing the activities that indirectly prevent alcohol use, such as knowing the location of their children after school and encouraging their children to discover activities that interest them.
 - The evaluation did not find significant differences on any of these parenting practices between parents who were exposed to the campaign and those who were not. However, the small sample size of the exposed group might limit the ability to detect differences in the groups.
- Although not significant, the data trends toward exposed parents more frequently reporting the direct activities than non-exposed parents.
- For example, 74% of exposed parents reported having set clear rules with their children about not drinking while underage, compared to 64% of non-exposed parents.

As for other campaigns with outcome statistics, Idaho Office for Drug Policy recommended *Parents Empowered* as another campaign with good evaluation; they have seen it presented at conferences before.

Because of naysayers in the legislature, they pull statistics that generally show that media campaigns have an impact on social issues (for example, the *Truth Initiative's* success is helpful, even though it is not alcohol-related), and they show the legislature that they do test the campaign with their target audience.

Alcohol. Think Again.

<http://alcoholthinkagain.com.au/>

Government of Western Australia

Managed by the Drug, Alcohol and Prevention Services Division, Mental Health Commission (MHC)

Advice from the campaign

- Focus on what alcohol can harm now, not just long-term health effects. Some adults need to hear about short-term harms and the fragility of their body today. Others need to hear about long-term harms such as stroke, heart attack and cancer.
- Make it very clear that the campaign isn't talking to someone else. Creative shows the home environment as a visual cue that "we're speaking to you." The target audience should recognize the setting.
- Use paid media. A media spend is necessary to compete with alcohol brands.
- Test messaging and creative concepts rigorously. Facebook analytics show surprises in which creative concepts interest the target audience: "Concept testing is key. People will surprise you."

Goals

As background, this campaign evolved significantly over the years, and includes a variety of very different creative concepts. Each of the hyperlinked pages below gives detailed explanation of campaign objectives, target audiences, messages, sample creative including TV spots and, in some cases, evaluation.

Campaign staff discussed many of the campaigns during the *Alcohol. Think Again.* interview, since each campaign's evaluation informed the next, so PRR recommends viewing the campaigns online for context.

The current campaign is [*Glassbody*](#)¹¹ in which the human skeleton is depicted in thin glass tubes with the effects of alcohol on organs visible inside. Previous campaigns part of *Alcohol. Think Again.* include:

¹¹ <http://alcoholthinkagain.com.au/Campaigns/Campaign/ArtMID/475/ArticleID/15/Alcohol-and-Health-Glassbody>

- [**What You Can't See**](#)¹² with anatomical paintings (2010-2014)
- [**Could Happen to You**](#)¹³ focusing on cancer (2012-2014)
- [**Spread**](#) and [**Stains**](#)¹⁴ depicting cancer's link to drinking more than two glasses of alcohol per day (2010-2012) by showing red wine spills turning into cancer cells
- [**No Alcohol During Pregnancy is the Safest Choice**](#) (2012-), and [**Strong Spirit Strong Future**](#)¹⁵ for aboriginal women who are pregnant (2010-2014)

Underage drinking: A sub-campaign against adults buying alcohol for minors began in 2007.

- Underage drinking spiked in Australia when ready-made mixed drinks entered the market and became an “overnight problem.”
- MHC responded by asking teens what harms they experienced when drinking, e.g., fighting, vomiting, injuries and bullying, and then shared that specific information with parents, along with stressing the effect on the developing brain.
- This was new information to parents, who had previously viewed denying their teen a drink at home as a matter of strictness in parenting vs. medical and social harm to their child.
- However, focus groups did not think the campaign gave enough proof of harm. Therefore, MHC convened a panel of experts – pediatricians, EMTs, school psychologists, etc. – who spoke to the diverse harms they witnessed from bullying to school attendance.
- This commercial tested well, with respondents viewing the experts as “believable.” They ran the campaign for four years until March 2017 and will run it again with a refresh later this year.

Glassbody launched in 2016 to reduce excessive drinking (defined as more than two drinks per day) by making the target audience realize that it is toxic today.

This evolves the conversation based on learnings from previous campaigns, especially *What You Can't See*. Using their behavior change model, the campaign staff recognized that some people make changes earlier than others. While previous campaigns focused

¹² <http://alcoholthinkagain.com.au/Campaigns/Campaign/ArtMID/475/ArticleID/12/What-You-Cant-See>

¹³ <http://alcoholthinkagain.com.au/Campaigns/Campaign/ArtMID/475/ArticleID/4/Alcohol-and-Cancer-Could-Happen-to-You>

¹⁴ <http://alcoholthinkagain.com.au/Campaigns/Campaign/ArtMID/475/ArticleID/8/Alcohol-and-Cancer-Spread-and-Stains>

¹⁵ <http://alcoholthinkagain.com.au/Campaigns/Campaign/ArtMID/475/ArticleID/9/Strong-Spirit-Strong-Future>

on long-term effects such as heart disease and stroke, *Glassbody's* proposition is to consider what alcohol can harm *now*, not 20 years from now.

It is worth noting the previous *Alcohol. Think Again.* campaigns on long-term health effects achieved success in their own right (see Outcomes section), and *Glassbody* is intended to build on that success by shoring up outreach to the part of the adult population who needed to hear something else.

Campaign objectives:

1. Increase awareness of the National Health and Medical Research Council (NHMRC) long-term harm guideline. The lifetime risk of harm from drinking alcohol increases with the amount consumed, so the NHMRC stipulate for healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.
2. Understand that alcohol is damaging and that regularly drinking above the guideline can place you at risk of serious alcohol-caused disease over your lifetime.
3. Increase feeling personally at being at risk of being diagnosed with alcohol-caused conditions.

Audiences

Adults aged 25-54.

- Drinking patterns change a lot at age 25, as many adults settle down, marry and work a full-time job. (This is a generalization made by campaign staff).
- *Alcohol. Think Again.* addresses an after-work evening drinking pattern rather than binge drinking at university.
- They cap the audience at age 54 because chronic diseases are still preventable, compared to the risk of disease that emerges at age 55.
- Originally, the target group was women only, but they revised to men and women aged 25 to 54 after reviewing consumption data.
- Binge drinkers are not a target audience; once they start, they are unlikely to stop because of a campaign. Therefore, the focus is downstream on prevention.

Additionally, very few people self-identify as binge drinkers, so it is easy for them to dismiss a binge drinking campaign

Messages

The campaign based its key messages on the NHMRC guidelines on low-risk drinking levels, with the assistance of multiple medical experts. The campaign focuses on the damaging effects of alcohol and emphasizes how the body is fragile and reducing alcohol consumption can reduce a person's risk of alcohol-caused disease such as a stroke, heart attack and cancer.

The campaign encourages people to reduce their risk by having no more than two standard drinks on any day in accordance with the NHMRC guideline for reducing the risk of alcohol-related harm over a lifetime.¹

Key messages:

- Alcohol causes damage. Regularly drinking more than two standard drinks increases your risk of alcohol-caused disease including stroke, cancer and heart attack.
- Reducing your drinking (number of drinking occasions and/or quantity at each drinking occasion) will reduce your risks.
- To reduce your risk of alcohol-caused disease, have no more than two standard drinks on any day.

MHC reviewed attitudinal data gathered every November and mapped messages to life stages. Disease message testing showed that some people focus on the accumulation message (i.e., “alcohol’s effects add up over time, even if you’re not an alcoholic”), but positive framing did *not* work well (i.e., “every drink you don’t have reduces your risk”).

Others tune out long-term harms messaging. Because the campaign covered long-term effects so well previously, *Glassbody* focused on immediate vulnerability to speak to the part of the audience who had not yet resonated with *Alcohol. Think Again.* campaigns. (Please see the Consequences section, for the progression of harms-related messaging and responses from 2010-2018.)

They uncovered lifestyle and appearance as motivators for reduced alcohol consumption among the target audience – including managing weight and having healthier looking

skin. Focus groups tested messages with representative samples of ages and socioeconomic groups in Western Australia.

As for sub-audiences, a sub-campaign targeted adults who serve or buy for minors. Previous efforts directed at pregnant women are included in the links above but were not discussed during the interview.

Though they conduct testing on attitudes towards policy, they are not allowed to message about legislative change as a government entity; they must have an NGO partner do advocacy work.

Consequences

MHC evolved their approach to consequences over the progression of *Alcohol. Think Again.* campaigns:

- For *Spreads* and *Stains*, the visual and message of red wine turning into cancer cells was very simple and easy for the audience to understand.
- However, the backlash was that, “You (health professionals) tell me everything causes cancer.”
- This is why *What You Can’t See* expanded beyond cancer. It is meant to look like an anatomy book, showing all the potential areas for damage.
 - However, respondents rationalized that harms such as liver disease are only for alcoholics, not them (even if they consumed alcohol daily). People did not think they have a problem and assumed it must be someone else the campaign is trying to reach.
- As a result, *Glassbody* focuses on present-day vulnerability of the human body rather than chronic diseases that may appear decades into the future.
- For *Glassbody*, they are now in the process of adding more tips, having received initial feedback that 4 in 10 drinkers want specific tips in how to reduce their consumption (such as how to decline a drink in a social situation).
 - They were surprised by the level of practical tips that people want in order to change their behavior.

Terminology

Language is consistent with NHMRC guidelines. They speak about “harm” and “harmful drinking” rather than “risky drinking.” Also, they do not ever show alcohol when they are talking about avoiding it, as it can unintentionally look appealing to the viewer.

Australia’s liquor industry uses a similar message to “please drink responsibly.” There, it is “Drinking: Do it properly.” The accompanying visual is a Don Draper-like character, from the Mad Men era. MHC never repeats those words or images. The industry is deliberately vague in what drinking properly means; MHC tries to be prescriptive in specifying no more than two standard drinks per day.

Advertising/social marketing

The campaign uses TV, radio, social media (paid and unpaid), PR to reach parents and web:

- Specific mediums vary depending on budget and time of year. Health campaigns are effective during the New Year’s resolutions time period. Youth campaigns for parents do well at spring break.
- TV is more affordable in Australia because they do not have cable, so they can effectively reach a large audience by buying on just a few channels.
- Apple TV pre-rolls, YouTube and Facebook video are really effective digital media for getting spots to younger viewers.

Other campaigns

MHC looked at evidence from tobacco campaigns because it was hard to find published articles on alcohol prevention other than college-age binge drinking. Victoria, Australia did a thorough review that was helpful.

Outcome statistics

MHC tests *Alcohol. Think Again.* campaigns during concepting and evaluation. In testing *Glassbody*, respondents said they thought about toxicity while drinking (in the moment).

- Because 98% understood the campaign’s messages, MHC is “very confident” in the campaign approach.

As mentioned above, *Glassbody* follows previous attempts to speak about long-term health effects, in order to reach adult audiences who may tune them out. That does not mean long-term health effects have no impact on adult drinkers. For example, outcome statistics were available for *Could Happen to You*.

- The vast majority of the community derives the correct message from the ad, with 91% recalling the message, “There is a link between drinking alcohol and getting cancer” as being part of the advertisement.
- A significantly higher proportion mentioned two standard drinks as the guideline to minimize long-term health risk compared to previous evaluations.
- Three-quarters of the community now know the guideline for reducing the risk of long-term alcohol-related harm is drinking no more than two standard drinks on any day.
- Approximately 20% of drinkers have recently taken steps to reduce their alcohol intake.

I Strengthen My Nation

<https://www.wernative.org/blog-posts/i-strengthen-my-nation>

(Note: We R Native updated its focus to teen dating and healthy relationships in February. *I Strengthen My Nation* content was more prominent on the site at the time of the interview.)

Northwest Portland Area Indian Health Board (NPAIHB)

Advice from the campaign

- To make the most of limited funds, consider an approach that does not require frequent updates. A side benefit to using a positive approach and uplifting message is that the campaign retains universality and does not become outdated as the audience's concerns change. Because they avoid using a lot of statistics, even the fact sheets do not require frequent updates. The campaign is one of the longest-running and still looks relevant. It does not look five years old.
- Depict teens watching each other. To visually emphasize that other teens see positive choices, teens are always shown in relation to each other, never alone.

Goals

Campaign started in 2013 to empower youth to make healthy decisions regarding alcohol and drugs and resist the pressure to consume alcohol. NPAIHB used a social marketing planning process to develop the campaign.

Audiences

Native American youth, intentionally avoiding focus on specific tribal affiliations.

- There are 43 tribes in the Oregon, Washington and Idaho area, so any regional campaign would already need to factor in diverse experiences from tribe to tribe.
- However, the audience is not exclusive to the region.
 - NPAIHB received a grant from an individual donor who tasked them with creating a nationwide campaign.
 - The campaign was careful to avoid Pacific Northwest imagery or specific local tribes.

- They made sure to feature a variety of settings where Native American youth live: urban, rural, suburban and on the reservation.

Messages

NPAIHB brainstormed a variety of slogans, and then took them to conferences and tested them in surveys. *I Strengthen My Nation* is a result of that workshopping approach. This was in lieu of more formal testing of a campaign name.

Pre-campaign surveys showed that youth influence friends on alcohol and drug consumption. Therefore, the campaign stresses teens' positive influence on other teens in the community when they decline to drink. Data also showed teens are influenced by parents and other adults.

- “You affect other people, even if you don’t think you do. People notice your actions. You have influence. Think about it. What someone sees you do... can change their life. That one choice strengthens you, strengthens others, and strengthens your Nation.”
- “Most Native teens do not use drugs and alcohol. Native American teens are actually the group that abstains from drinking the most.”
- “It’s ok to talk to your parents. It’s ok to say no to alcohol.”
- “By standing up to pressure, you can strengthen yourself, influence your friends, and strengthen your Nation.”

Educators and parents also wanted a message for how to help youth avoid drinking. For example, teachers wanted to know what to say to a parent who thinks it is acceptable for their teen to drink in their basement because there is no risk of drunk driving if the consumption happens in the home.

It was important to create a message that is respectful of the parent:

- “I want our children to know they’re our next generation, and by not drinking, they’re going to take our Nation to the next level.”

Consequences

Individual harms were not the point of the campaign. Other than a few facts on the fact sheet, consequences were not mentioned.

Terminology

The wording is “people are watching you” as opposed to “do the right thing.”

- Emphasis is on the effect of individual behavior on the greater community’s health, rather than harms to one’s own health.
- While the message that one’s behavior affects others’ lives could be scary, the campaign worked hard to keep it hopeful.

They always use the word “child” not “teen” or “adolescent” when talking to adults about youth drinking.

- The words “your child” appeals to the parents’ emotions and pulls at the heartstrings.
- Also, the wording reiterates that people under the age of 21 are not legal adult drinker – because they are not adults.
- Since the audience is underage, they can be emphatic in saying do not drink at all, as opposed to talking about what amount is excessive.

In terms of visuals, they never show a teen solo.

- They always depict teens watching each other in a group; friends see the choices teens make regarding drinking.

Advertising/social marketing

Methods included print materials (three brochures and fact sheets) for teens and parents, 0:30 radio and video **PSAs**¹⁶ (including one starring Chaske Spencer, an actor from the Twilight saga), posters, lanyards, very popular t-shirts with the feather image from the *I Strengthen My Nation* logo, partner toolkit, social media, pop-up banner and PowerPoint for events, and window clings.

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<https://www.youtube.com/watch?v=oLoovbxaoFE&list=UUIxRTVKkCkedeQr6WA8sWlQ&index=10&feature=plcp>

To promote youth engagement, they used a fill in the blank placard reading, “I _____
_____ to strengthen my nation.”

- Teens would fill in the blank with a positive activity, such as skateboarding, rather than a negative activity, such as drinking.
- Teens sent NPAIHB photos of themselves holding their signs at events.
- This happened prior to the hashtag era, which would have made it easier to track how many teens posted these photos on social media.

Other campaigns

They are inspired by *Above the Influence* and the *Truth Initiative*. They also noted that Australia leads on alcohol prevention campaigns and remembered seeing an Australian campaign about parents as influencers. Locally, they like the *mORe* campaign and related to Positive Community Norms’ training from the Montana Institute. NPAIHB also referenced their own staff’s experience from previous work with teens on other issues from HIV to bullying.

Outcome statistics

The donor who funded the campaign did not give funding for evaluation, and the campaign did not track results. The directive was to spend the funds on implementation.

The campaign disseminated materials widely, often through partners, so they do not track the tools’ use or behavior change. For instance, they gave hundreds of posters to various partner groups to distribute and would have to go back to each partner to ask for feedback. Nevertheless, they have a lot of anecdotal responses that parents and teens expressed excitement about the positive messaging and resources.

Parents Empowered

<http://parentsempowered.org/>

Utah Department of Alcoholic Beverage Control (ABC)

Advice from the Campaign

- Speak with sensitivity. Most parents believe they are doing a good job of parenting. The campaign must tell them they can and need to do an even better job. But, it needs to do it in a way that avoids being moralistic, judgmental, manipulative or dictatorial, or parents are more likely to tune the message out.
- Parenting styles and practices differ widely by culture. Attention to these differences should be factored into campaign strategies.
- While a lecture will not work, the campaign cannot be “all fluff.” Once parents are listening, the campaign must pivot to the follow-up message on bonding, boundaries and monitoring.
- Children age into adolescence every day, so there are always new parents of teens to reach. The work is never done.

Goals

Parents Empowered is a media and education campaign funded by the Utah Legislature. ABC staff and stakeholders designed the campaign to prevent and reduce underage drinking in Utah, by providing parents and guardians with information about the harmful effects of alcohol on the developing teen brain along with proven skills for preventing underage alcohol use.

- When the campaign founders and stakeholders had their first discussions in 2006, marketing was new to a large part of the prevention community in Utah and people laughed out loud when ABC staff said they wanted to do ads.
- Nevertheless, the ultimate goal of “eliminate underage drinking in Utah, period” was powerful enough to break from their usual methods and silos.
- With underage drinking trending up while the national average was trending down in 2006, they agreed to work around reshaping a no-underage-drinking social norm.

- At the time of the campaign review, student Health and Risk Prevention (SHARP) Statewide Survey data showed underage drinking percentages were dramatically down.

The 2017 communications objectives (latest available at the time of this campaign review) include:

1. Increase perception that underage drinking is a dangerous problem and not a harmless rite of passage.
 2. Motivate and empower parents to keep their children alcohol-free by adopting specific monitoring behaviors.
 3. Change the “not my kid” mindset many parents have. According to the Centers for Disease Control and Prevention, the parental behaviors that empirically have the greatest effect on raising drug- and alcohol-free kids are:
 - Involvement in children’s lives and their activities
 - Use of positive reinforcement – praise, rewards, and rewarding positive activities
 - Effective limit-setting with clear rules and consequences for rule violation
- Parental monitoring of children’s activities, including knowing all their friends and being involved with their schoolwork

In other words, **bonding, boundaries and monitoring**:¹⁷ the three pillars of the *Parents Empowered* campaign.

Audience

Parents and guardians of children aged 10-16.

- This is the age range in which parents can make an impact.
- Past assessments showed that starting younger was not effective.
- After age 16, kids make their own decisions and have established peer groups.

¹⁷ <http://parentsempowered.org/how/>

ABC staff looked at *Strengthening Families* to identify which parenting skills to stress. This is the origin of their focus on bonding, boundaries and monitoring. Parents often feel intimidated by the prospect of facing underage drinking alone and need support to establish and enforce rules about alcohol as well as understand the dangers that make it necessary.

Next, ABC considered what parents need to hear in order to actively use these skills. They conducted surveys and learned that talking about the developing brain was key. Parents need to worry about more than their teen surviving drunk driving one night; they need to consider the effect of that night's drink on their child's health for the rest of their life.

Parents Empowered is different from other strengths based campaigns in that it balances **positive parenting skills**¹⁸ with **clear discussion of harms**.¹⁹ ABC staff felt that, "We know the solution. We needed a way to get it out there." Thus, they selected a mass market campaign for broad distribution.

Sub-audiences:

- Adult influencers comprise a secondary audience – the faith leaders, community leaders, doctors, entertainment industry, business leaders, etc. who can support parents and generate media attention.
- Children and teens are not targeted themselves.
- Targeting parents is more effective – both for preventing underage drinking and increasing youth perceptions of the danger of alcohol use (Office of National Drug Control Policy).
- However, the campaign does focus its resources towards parts of the state with the highest rates of underage drinking based on SHARP data.
- For diverse audiences, website visitors can toggle from English to Spanish, and some TV spots have a Spanish translation.
- However, they put greater importance on giving mini grants to local community partners who can reach diverse audiences, isolated rural audiences and ski resort areas. The 12 mini grant recipients primarily do work on the county level.

¹⁸ <http://parentsempowered.org/how/>

¹⁹ <http://parentsempowered.org/why/>

Messages

Message development factored in diverse parenting styles in Utah.

- A sizeable religious community in Utah views drinking alcohol as morally wrong. This group needs little convincing that underage drinking is harmful but may experience a “not my kid” perception.
- Others in Utah generally disapprove of underage drinking (and always disapprove of drunk driving) but may view underage drinking as a somewhat harmless rite of passage.
 - In Utah, approximately 30% of the underage drinkers get their alcohol from home with their parent’s permission.
 - This group needs to understand that underage drinking is not an inevitable rite of passage, and it is more than simply a safety matter that can be solved by preventing drunk driving. Underage drinking is a health/developmental concern and increases the potential to negatively affect the health and course of a young person’s life.

For both sets of parenting attitudes, ABC needed to change the norm and get parents to take underage drinking in their family seriously. Therefore, *Parents Empowered* often leads with a message that it is not a matter of “if” – it is a matter of “when” – someone offers the viewer’s kids (under the legal age of 21) alcohol and shows teens from all walks of life including religious communities. Then, they talk about the reasons why this matters.

As for harms, the two *most* resonant messages with Utah parents are:

- “Teen drinkers are far more likely than adults to become addicted.”
- “Underage drinking can cause long-term damage to a teen’s developing brain, impairing memory, learning, judgment, and impulse control.”

Consequences

The two *most* resonant consequence-related messages, which tested well with Utah parents are:

- To put the early addiction curve into consumer terms, “The earlier your child starts drinking alcohol, the greater the likelihood of later addiction. It’s a lifelong issue.”

- “Underage drinking can cause long-term damage to a teen’s developing brain, impairing memory, learning, judgment, and impulse control.”

Additional consequence-related messages that tested well included:

- Underage drinking is a gateway to drug abuse
- Underage drinking leads to bad decisions
- Underage drinking prevents your child from reaching their full potential

Terminology

Wording emphasizes nothing good can come of underage drinking. The campaign uses no “be smart” about drinking buzz words, because they see no middle ground.

Advertising/social marketing

Traditional media

Parents Empowered uses paid traditional media – not a PSA. ABC decided early not to air PSAs because they wanted primetime viewership rather than a 3 a.m. airing. They use TV, radio, print and outdoor advertising. In 2016-2017, the TV spots included the following.

- *Countdown* builds a sense of urgency among parents about preparing their child to say no to underage drinking by starting with the premise that it is only a matter of time before someone offers their kids alcohol while they are under the legal age of 21. The spot shows kids from all walks of life will face this decision, helping parents have a moment of introspection. The spot was cast and filmed with producing a Spanish version in mind.
- *Not Every Kid* is a touching example of how life can work out differently than how kids planned, but parents can lovingly support their kids in every situation. And, while not every kid will do everything they hoped, every kid will face the decision to try alcohol underage. Parents need to plan for the worst as well as the best. When parents set clear expectations and boundaries, kids feel prepared when the moment arrives.
- *Magic Marker* shows even “good” kids need help when it comes to underage drinking. It is haunting as it shows immediate harms (poor academic performance, violence and promiscuity) and long-term harms (developing brains

at greater risk for addiction and depression later in life). It is also hopeful as it shows parents watching at home and realizing they still have time to teach their kids about underage drinking.

ABC purchased media on network TV (KSL, KUTV, KTVX and KSTU), cable TV (Comcast), Hispanic TV (KUTH, Comcast/Galavision), cinema-based advertising in rural areas with less media space (attached to major movie releases) and radio (general market and rural radio).

- The campaign flights media seasonally to focus on key times when youth use alcohol, such as spring break, graduation, summer vacation, holidays, at the start of the school year when new friendships are formed and Mother's Day/Father's Day when adults reflect on their role as parents.

They noticed that scare tactics are ineffective. Humor helps *Parents Empowered* ease into a conversation with parents about the need to step up their parenting behavior followed by some teachable tips.

- For example, the *Expand the Talk* billboard shows a bird, a bee and a beer glass.
- Another billboard reads, "Some parents believe their kids won't be offered alcohol... and in unicorns."
- The radio spot *Dad Jokes* narrates kids cringing at their parents' corny jokes but definitely listening.
- *Weird Holidays* involves a mom going so far as to invent a national holiday to spend quality time with her son.

The point is the listener need not go to such great lengths, but should work on simple and consistent bonding to help prevent underage drinking. These radio spots, and some new TV spots, are available to view [here](http://parentsempowered.org/about/campaigns/).²⁰

Digital and social media

ABC used a variety of digital media including interactive banner ads, social media and Pandora. They kept *Parents Empowered* concepts simple here given the limited space:

- "For teen brains to grow, alcohol is a no."

²⁰ <http://parentsempowered.org/about/campaigns/>

- “Underage drinkers are 4X more likely to suffer from depression. Set clear rules against underage drinking.”
- “Teens today drink at an earlier age and drink more in one sitting.”

Social media strategies included:

- Using real families’ positive stories about setting boundaries to resist peer pressure
- Videotaping focus group attendees for social media content
- Using hard-hitting facts

In 2017, ABC increased the reach of *Parents Empowered* on Facebook by 89% and the fan base by 40%.

As a result, ABC plans to capture more video for Facebook in the future, featuring parents’ challenges, triumphs and experiences dealing with underage drinking in a testimonial style. They also plan to partner with the U.S. Ski and Snowboard team and leverage the athletes’ fan base on social media.

Non-traditional media

Additionally, ABC uses novel approaches to cut through the clutter:

- For instance, they created *Parents Empowered eNOjis*²¹ to help parents set boundaries and say no to requests they receive overtext message.
- Additionally, they were first to wrap Utah’s garbage trucks with creative, and cities donated the truck ad space for free. The garbage trucks travel past 18 million homes per year with messages reading:
 - “Utah is the driest state in the nation. Let’s keep it that way.” (Image of desert landscape).
 - “Teen brains are melting at an alarming rate. Set clear rules against underage drinking.” (Image of brain made out of snow, in polaricecap setting.)

²¹ <http://parentsempowered.org/about/tools/>

- “Alcohol endangers teens. Set clear rules against underage drinking.” (Image of teen caught in six-pack rings, like an ocean animal.)

Other notes on media:

- PR is used to promote newsworthy events.
- The website is foundational, but traditional/digital advertising and community partners are what really get the message out to the masses.
- They also decided not to make *Parents Empowered* about branding ABC’s name and “checked their ego at the door.” They are appropriately disclosed as the manager of the program, but this is not prominent.

Other campaigns

Rather than study other campaigns, they reviewed the science on reducing underage drinking and building collective responsibility, particularly the National Academy of Sciences report to Congress.

Outcome statistics

Parents Empowered goes through yearly evaluations in order to be accountable to the state legislature. In addition to SHARP data, ABC’s vendor has conducted 20 waves of surveys since 2006.

Results from the 2017 SHARP survey show:

- Lifetime use of alcohol (youth who have ever tried alcohol) continues to decline overall among all grades, dropping from 18.8% to 18.1%, with the largest drop among tenth-graders.
- However, some areas of the state are experiencing a modest increase in underage drinking, highlighting the need for continued vigilance.

Additionally, in 2015, ABC undertook a 10-year review of *Parents Empowered* and concluded:

- The outcomes are positive. The 2015 SHARP survey highlights that youth lifetime, 30-day use, and binge drinking percentages show statistically significant decreases since 2005. From 2005 to 2015, alcohol use rates are down in all measured categories:

- Lifetime (ever drank alcohol in your lifetime more than a few sips) = down 33%
- Past 30 days = down 45%
- Binge drinking (5 or more drinks in a row in past 2 weeks) = down 45%
- Utah's underage drinking rates are lower and decreasing faster than the national average.
- Underage drinking in Utah has decreased every year since the *Parents Empowered* campaign launched in 2006.

Compared with the 2009 Utah State SHARP survey, the 2015 SHARP survey indicated:

- 13,056 fewer Utah children that have ever reported trying alcohol in their lifetimes
- 9,139 fewer teens used alcohol in the past 30 days; and
- 6,201 fewer kids engaged in binge or heavy drinking.

Despite great progress, much remains to be done. Approximately 500,000 kids (K-12) are currently enrolled in Utah schools. An additional 13,000 new kids will enter school each year. Thus, the potential number of underage drinkers (and their parents) increases each year. This growth creates an opportunity to provide valuable knowledge and parenting skills to help communities understand the seriousness of underage drinking for generations to come.

Initiative 1183 (The “Costco Initiative”)

Spoke with the Protect our Communities who ran the *No on I-1183* campaign

After the interview, OHA-PHD and PRR also received communication from the former principal investigator for a Robert Wood Johnson grant to study the impact of I-1183 in Washington, now on staff at OHA-PHD. Her data and analysis are summarized on the following page, following the *No on I-1183* campaign’s interview, and largely support the campaign’s hypotheses and suggestions.

Advice from the No on I-1183 Campaign

- Address any failure to offset effect on public safety through taxation. Before I-1183 passed, Costco introduced a previous attempt, which failed because of the high cost to state and local government to maintain public safety. This made it easy to defeat the initiative. For I-1183, Costco pivoted and added a giant tax on private alcohol sales to cover public safety.
 - If Costco tries to privatize alcohol sales in Oregon without taxation, talk about the effect on public safety and enforcement.
 - Assuming they build in this tax, go after the facts in your response. Make a case against the initiative or demand a better policy. Costco may win eventually, so the pragmatic approach may be to fight for a higher level of taxation.
- Share Washington as a cautionary tale. “Everything you were warned about up there came true. Don’t let it happen here.” Costco will make promises that no harms will increase, but Oregon will be able to pull statistics from Washington’s example. State stores were better at underage enforcement. “If we were to take them on now, our message would be: We told you so.”
- Focus on public health harms. Look for increased rates of consumption, DUIs, underage drinking, binge drinking private liquor stores near schools, worse enforcement, loss to public coffers and alcohol-related theft (for example, Safeway started locking up its alcohol after losing thousands of bottles of alcohol in the first month, probably to teens – which offers good imagery for depicting the dangers to underage audiences as well as a new hassle for legal purchasers to find a clerk).
- Highlight broken promises on consumer benefits. While alcohol is available in more locations, the prices did not go down as promised, and most large retailers

do not offer a greater variety of choices. The retail experience is underwhelming. “You got some convenience – but at what cost?”

- Use the consumer choice message. Many members of the public do not like that large food retailers dictate their food selections and favor big brands over local choices. This can extend to alcohol. There’s no reason to believe that supermarkets would offer shelf space to Oregon’s craft distillers and brewers over national brands.

Goal of the No on I-1183 Campaign

Defeat the privatization initiative and maintain state control of liquor.

Audience

The audience is registered voters in Washington, aged 18 and older. Within this audience, *Yes on I-1183* found several target segments:

- Some Washington residents do not support government control of anything and value individual liberty.
- More residents simply do not think of themselves as alcoholics or substance abusers, so they feel inconvenienced without perceiving a benefit from the state’s protections.
 - This group assumes the safeguards of state-run liquor are meant for someone else who has a real drinking problem.
 - Meanwhile, the limited hours and locations are inconvenient for them.
 - The mindset was there for Costco to tap: “Why do I have deal with this level of oversight and go to the state liquor store when I don’t have a drinking problem and just want to buy one bottle to bring over to by buddy’s poker game?”

In Washington, an initiative just needs to win King County, including its suburban cities as well as Seattle, in order to win.

- *Yes on I-1183* and *No on I-1183* used direct mail throughout King County rather than hyper-target specific sub-audiences with particular values throughout the state.

Suburban voters spend a lot of time in Costco and forget Costco has corporate interests.

- They do not trust industry organizations in the abstract, such as trade associations, and they do not like mini marts (an Achilles heel). But, Costco is trusted and beloved.
- Members view Costco as a “hometown hero” as opposed to a large corporation and they receive Costco’s messages throughout their shopping trip.

Messaging

Costco led with a message promising:

- More convenience
- Lower price for alcohol

Advertising/Social Marketing

- The *Yes on I-1183* campaign, largely funded by Costco, spent more than \$20 million on the campaign (\$20,094,891).
- Costco itself placed Initiative 1183 messaging in-store, as well as advertising on TV and direct mail.
- This was before the era of sophisticated digital advertising and social media presence, so digital choices would be different today. Costco flooded everything that they could at the time.
- A snapshot of *Yes on I-1183* campaign spending is online [here](#),²² and PRR can provide a detailed breakdown of one of their larger buys via PDF attachment. PRR also has copies of the direct mail pieces used by *No on I-1183* from Protect Our Communities.

²² https://www.pdc.wa.gov/reports/expenditures_download?filer_id=YES1183109&selection_year=2011

“Impact of Washington State Initiative 1183”

Robert Wood Johnson Foundation-funded review, including the following publications:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4608622/>

<http://europepmc.org/articles/pmc4987069>

When I-1183 passed in 2011 by nearly 59%, it promised more tax revenue, greater convenience and tight restrictions to protect youth, despite critical concerns about increase in liquor availability and increase in negative public health concerns.

Two years after implementation, this study reviewed the change in regulatory environment and consumption to analyze the benefits and costs to residents.

Findings include the following, with the most salient points in bold:

- Availability and sales increased.
 - Spirits retailers: 328 to 1400+
 - Potential maximum hours of sale: 73 to 140
 - \$31 million net gain in spirits revenue: “extra” \$45 million for off-premise sales partially offset by loss of \$14 million in on-premise sales
 - Resources for enforcement did not increase (number of State Liquor Control Board officers)
 - Retailer “compliance” with law did not change (90%+ refuse sales to underage operatives)
- Youth alcohol use and binge drinking continued to decline.
 - On-trend with U.S. trends
 - Some predictors of future youth drinking initially increased but diminished over time (perceived easier access at retail, as in the Safeway example above)
- Adult drinking increased modestly.
 - Includes “any” alcohol drinking and spirits-specific drinking
- Sales of liquor increased.
 - About 1.8 million “extra” liters of spirits sold in Washington by off- premise retailers

- 3-4% increase overall by volume
- Alcohol-related emergency department visits increased significantly, with thousands of extra visits.
 - Statistically significant increases in visits for minors (14% in King County; 25% for youth on Medicaid)
 - Statistically significant increases in visits for adults ages 40+ (14% increase in King County)
 - Effect stronger for males than females
 - No change for adults aged 21-39
 - “Bump” effect: initial large increase that later declined
- Vehicle crashes increased significantly for young drivers, with about 700 extra crashes.
 - Among drivers under the age of 21, there was a 35% increase among males and 30% increase among females
 - Estimated 700 excess crashes among young drivers in two-year post-law period
 - “Bump” effect for first six months, but overall rate remains higher than pre-law
 - No significant effect for older driver groups
 - DUI arrests declined – this is unclear but strains on law enforcement may impact this, due to less ability to identify DUIs
- Addiction treatment admissions increased for certain groups, including underage drinkers.
 - Readmissions for adults significantly increased (however, adult alcohol dependence treatment did not change overall)
 - Youth treatment for alcohol as the primary substance increased 5-6%
 - Together, these groups reflect 2,000+ “extra” treatment units
- Crime increased during the post-law period, by more than 10,000 incidents.
 - 10,000+ “extra” crime incidents in Washington state police jurisdictions
 - Significant increase (about 5% each) for burglary, larceny (shoplifting) and stolen property (receiving/buying/selling)

- Broken promise: Voters were told privatization would decrease cost, but it actually increased.
 - Liquor prices increased substantially in Washington
 - The same level of increase was not seen in bordering states of Oregon and Idaho (it's not part of a larger phenomenon)
 - 750 ml size increased by 15.5% in Washington
 - 1.75 liter size increased by 4.7% in Washington
- Voter attitudes changed against I-1183 after it passed, and it likely would not pass today.
 - 20% of people who voted "Yes" would now vote "No," while only 4% of people who voted "No" would now vote "Yes"
 - This is enough to alter the election results, since I-1183 passed in 2011 by 58.7% to 41.3%
 - Women are more likely to want to change their votes
 - Those who feel I-1183 was not a success are more likely to report that the number of liquor stores should be decreased, suggesting the abundance of stores selling alcohol post-privatization was underestimated by some voters
 - Opinions on taxation were not relevant (neither to wanting to change one's vote nor to viewing I-1183 as a success)
 - Older age, higher education and being a spirits buyer/drinker were significantly associated with voting vs. not voting on I-1183 at all
 - Hispanic ethnicity and being a spirits buyer/drinker were the only significant indicators for voting "Yes" rather than "No" on I-1183
 - Spirits buyers/drinkers' voting behavior may have anticipated more variety and decreased cost with privatization, but they likely now face disappointment with the continued price increases; communicating accurate price predictions may help decrease support for privatization

Be a Jerk

<http://www.beajerk.org/>

City and County of Honolulu

Advice from the campaign

- Choose partners carefully, considering their ability to sustain a program long-term. “Don’t give away your grant money to non-profits. They never have a sustainability plan for how they’ll continue the program when your money goes away, and they just stop working on the issue.”
- Hire a passionate staff person to talk to businesses, community partners, and the public. *Be a Jerk* stalled for a while before they realized they needed to hire a high-energy community organizer too.

Goals

Be a Jerk seeks to decrease the rate of underage drinking in Honolulu by getting parents and other adult influencers to help keep kids away from alcohol. The project began with a \$2 million SAMHSA grant, which they largely gave to non-profits for direct services, evidence-based programs in communities and coalitions to support the campaign.

Audiences

Adults who interact with teens, not teens themselves.

- Parents: A large percentage of the parent population has no problem with a 19-year-old drinking, for instance. They need to feel at ease in order to engage on the topic rather than perceive an accusation of being a bad parent.
- Adult influencers: In addition to parents, the adult influencers targeted by *Be a Jerk* include employers in the three major industries in Honolulu – military, tourism/hospitality and government.
 - The campaign wanted these employers to talk to young soldiers, train bartenders and wait staff not to serve underage drinkers, and understand the impact of drinking on staff’s absenteeism, respectively.

Be a Jerk includes and somewhat conflates youth and young adults.

Messages

Be a Jerk talks about the impact of underage drinking on families when adults allow teens to drink on their properties.

They provide parents with tips on ways teens disguise their alcohol and give advice on how to engage teens in conversations that lead to family bonding. The tone is informal, non-academic and non-accusatory:

- “No one wants to be a jerk. But there are times when a problem calls for it, and that's definitely true of underage drinking. We need people to stand up and say, ‘If it takes a jerk to help keep kids away from alcohol, then I'm proud to be a jerk.’”
- “Here are a few things jerks do:
 - Help people realize it's not okay for kids to drink.
 - Make it harder for kids to get alcohol.
 - Help reduce alcohol advertising that targets kids.
 - Help create laws and policies that keep alcohol away from kids.”
- “And here are a few things jerks don't do:
 - Give alcohol to kids.
 - Buy alcohol for kids.
 - Sell alcohol to kids.
 - Allow kids to drink alcohol in their homes... or anywhere.”
- “And by the way, by ‘kids’ we mean anyone under 21. It's the kind of distinction a jerk would make - and it's an important one.”
- “Why do kids need jerks? Because kids and alcohol just don't mix. Why not? Drinking alcohol while brains are still developing can lead to permanent damage. Plus, underage drinking costs Hawai'i taxpayers hundreds of millions of dollars and kills more kids than all other drugs (including tobacco) COMBINED!”
- “The vast majority of Hawai'i teenagers say that alcohol is easy for them to get. Which means we need to do more than just say no. We need to change the way we as a society think about underage drinking.”
- “Who are all these jerks? There are thousands of us. We're parents, we're aunties and uncles, older brothers and sisters, and friends. We're also

shopkeepers, restaurant owners and bartenders. All tackling the problem of underage drinking on a personal level, on a neighborhood level and on a community level. And we're getting things done.”

For parents and caregivers:

- “As a parent, you have the power to help shape the world in which your kids are raised - at home, in their schools and in the community. Here are just a few things you can do:
 - Work with your kids to create and enforce your family's rules about alcohol.
 - Make sure your home is a safe place where kids and adults are confident that minors cannot get their hands-on alcohol.
 - Partner with other parents in your child's network to make sure that parties and other social events do not expose kids to drinking in any way.
 - Support and reward the decision by young people NOT to drink. Working with other parents and parent groups, you can make changes on a school- wide and community-wide level.
 - Be a positive role model by not drinking excessively, by avoiding alcohol in high-risk situations (e.g., when driving a motor vehicle, while boating, and while operating machinery), and by seeking professional help for alcohol- related problems.”

Consequences

- For Youth: *Be a Jerk* highlights consequences including truancy, arrests, overdose and death, pointing out local cases.
- For parents and adult influencers: Harms for adults include the idea that “your child drinking is a sign that there’s a breakdown in the family.” A key concept is the impact on the larger group when a young person drinks, whether that is the family unit or the work culture.
- For elected officials: *Be a Jerk* campaign staff provide data for the specific community the official represents to show that this is a problem affecting their constituents. This speaks to them both personally and professionally.

Terminology

The campaign creator intended *Be a Jerk* to be a bold, catchy conversation starter and household name.

- The goal is for people ask what it means, rather than immediately disclose that it is an alcohol prevention program.
- The provocative name plays on adults' fear of the teen response to refusing to buy/serve them alcohol. "Be proud to be called a jerk. Own it!"

The campaign also applies the concept of host culture, which they believe resonates for both Native and Western populations in Hawai'i. The term "kuleana" is used extensively in *Be a Jerk's* messages.

- "Kuleana" is loosely translated as "personal responsibility," but it has a reciprocal quality.
- For example, Hawaiian people have "kuleana" to the land and when they care for and respect the land; the land has "kuleana" to feed, shelter and clothe the Hawaiian people.
- Similarly, parents have "kuleana" to make their child successful in school and prevent underage drinking as a means to achieve that outcome. In turn, a child who is supported in resisting peer pressure and excelling in school is a child who contributes to the wellbeing of the family unit.

Advertising/social marketing

Be a Jerk uses Facebook, Twitter, Instagram, [pledges](#),²³ promotional items, [videos](#),²⁴ a partnership with a local band, and a mascot for parades and events (though it is often too hot to use).

Campaign staff review the data for the most compelling and shocking statistics, such as "Hawaii's youngest drinker is only 7 years old" and put those facts on social media.

They have not been able to afford TV, and they have a website that they feel is outdated and hope to obtain funding to improve. Despite challenges expressed above, coalition partners are important.

²³ <http://www.beajerk.org/pledge>

²⁴ <http://www.beajerk.org/library/videos>

Other campaigns

They based their model on *Communities Mobilizing for Change on Alcohol* (CMCA), working through CMCA's intervention guide and then creating their own.

Outcome statistics

At the end of the SAMHSA grant, they did an evaluation that did not show a correlation between their program and a reduction of underage drinking.

They are undeterred knowing that it takes time, in terms of behavior change, social norms and policy. For instance, they know it took a decade to win anti-tobacco policies that now prevent smoking on the beach. However, they no longer have a funding mechanism to track any long-term improvement.

Drinking Nightmare

<http://www.drinkingnightmare.gov.au/internet/DrinkingNightmare/publishing.nsf>

Department of Health, Australia

(Note: Interview declined, but directed PRR to some written information).

Goals

Drinking Nightmare is the name of the social marketing campaign associated with the National Binge Drinking Strategy, a response to high levels of binge drinking among young Australians. At the time, alcohol-related harm caused around 3,000 deaths, 65,000 hospitalizations and \$15.3 billion in cost of alcohol-related social problems to the Australian community annually. In its first two years of funding, *Drinking Nightmare* was a \$20 million social marketing campaign as part of the \$53.5 million strategy.

Campaign objective

Contribute, along with the range of existing education, policy and regulatory initiatives, to a reduction in harm associated with drinking to intoxication amongst young Australians.

Strategic approach

Focus on short-term (acute) harms, as these are the most relevant to episodes of intoxicated drinking, to:

1. Raise awareness of the harms and costs associated with drinking to intoxication, for example:
 - Road accidents (and death/severe injury)
 - Alcohol-related violence (as a perpetrator, victim or witness)
 - Trauma-related admissions to hospital emergency departments
 - Unsafe sex and risk of a sexually transmitted infection (STI) and/or unwanted pregnancy
 - Social and personal consequences such as impact on families and social embarrassment

2. Increase, among young people and their parents, perceptions of the possibility of personally experiencing these potentially negative outcomes from intoxication, as well as increasing personal perceptions of the seriousness of these outcomes.
3. Deliver personally relevant messages to encourage, motivate and support the primary target groups to:
 - Reconsider the acceptability of the harms and costs associated with drinking to intoxication
 - Assess their own drinking behavior
 - Make changes to their own behaviors where necessary
4. Deliver personally relevant messages to encourage, motivate and support the secondary target group to:
 - Examine their own attitudes and behavior around alcohol consumption (including the way they talk about drinking to intoxication)
 - Talk to their children about alcohol use, misuse and the consequences of drinking to intoxication
 - Model appropriate behavior for their children around alcohol use

Audience

The campaign primarily targets teenagers aged 15-17 and young adults aged 18-25.

- Evidence shows that a high proportion of the alcohol consumed by both adolescent and young adult drinkers is at risky and high-risk levels. For these reasons, 15- to 17-year-olds and 18- to 25-year-olds represent important target audiences for a campaign targeting the harms associated with binge drinking.
- The secondary target audience consists of parents of 13- to 17-year-olds. While many parents believe they cannot influence their teenagers' drinking, teenagers look to their parents to provide guidance and set boundaries of acceptable behavior with respect to drinking alcohol.

Messages

The campaign and key tagline, "Don't turn a night out into a nightmare," intend to encourage teenagers and young adults to think about the choices they make about

drinking and particularly the possible negative consequences of excessive alcohol consumption. Excessive drinking can lead to alcohol-related harm. Specifically, the campaign messages per age group include:

- For teenagers aged 15-17 and young adults aged 18-25:
 - Drinking to intoxication can lead to socially unacceptable behavior and consequences that are regrettable; and
 - Avoiding drinking to intoxication can have a range of social and health benefits.
- For parents of 13- to 17-year-olds:
 - Parents and caregivers have a role in educating their teenage children about the possible consequences of excessive drinking and in setting clear behavioral boundaries; and
 - Teenagers generally look to parents and caregivers for support and direction.

Consequences

Harms included health problems, injury, violence and social problems such as the breakdown of relationships.

Advertising/social marketing

Drinking Nightmare included advertising in all media types (TV, radio, print, online, cinema and outdoor) and an online interactive [game](#).²⁵

Other parts of the National Binge Drinking Strategy included grants-based programs for community partners, sports club partnerships, and early intervention/diversion programs.

Outcome statistics

Drinking Nightmare experienced high levels of awareness of its:

- Advertising

²⁵ <http://www.drinkingnightmare.gov.au/internet/drinkingnightmare/publishing.nsf/Content/game>

- Message on negative effects of drinking
- Message associating drinking with violence and crime

Additionally, *Drinking Nightmare* was particularly successful in reducing behaviors such as:

- Last occasion drinking
- Supply of alcohol by friends and acquaintances
- Intended use of certain controlled drinking strategies
- Current and intended drinking to get drunk
- Frequency of certain negative alcohol-related experiences
- Increasing parents' reporting of discussions prompted by advertising

However, none of these improvements were found in more than two of the three age categories for measures that applied to 15- to 25-year-olds or to more than two of the four categories for measures that applied to 15- to 25-year-olds plus parents.

Furthermore, behaviors deteriorated in regard to three indicators during the campaign:

- Risk level of the highest drinking occasion in the last three months
- Current and intended use of some controlled drinking strategies
- Incidence of discussions about alcohol

Similarly, evaluators noted mixed results in regard to changes in awareness of alcohol-related harms.

Evaluators concluded:

- “The results provide preliminary evidence that the campaign has had a positive, though modest, impact on the primary and secondary audience.”
- They suggested reviewing the effect of time of year on drinking behaviors in subsequent waves of advertising and evaluation.

Communities Mobilizing for Change on Alcohol

Multiple locations, including trial with the Cherokee Nation in northeastern Oklahoma and 20+ Midwestern U.S. communities

(Note: Interview declined but directed PRR to written information).

Advice from the intervention

What does not work:

- Fear-based and information-only programs. Programs attempting to persuade students not to use alcohol by scaring them do not work to change behavior. Emphasizing the dangers of alcohol may even attract those who tend to be risk-takers. Programs providing information about the pharmacological effects of alcohol may arouse curiosity and lead to drinking.
- School zero-tolerance policies. Zero-tolerance policies automatically punish students who bring alcohol or drugs on school property or to school events without exception. The objective is to scare students so they will not break the rules, but these policies can lead to unreasonable punishments, for example, students being expelled for possessing “drugs” such as cough drops or mouthwash. These policies also discourage students from reporting dangerous behaviors in order to protect their peers from extreme punishments. Zero-tolerance is also associated with poorer grades and higher rates of dropout and expulsion.
- Media-only campaigns. *Communities Mobilizing for Change on Alcohol* (CMCA) stresses that media campaigns are ineffective when they operate without interventions to address the structural, policy and related conditions that facilitate/encourage drinking or directly provide alcohol to teens.

Goals

CMCA uses a community organizing process to make changes in communities, local institutions and families. These changes include reducing underage access to alcohol in social circles, stores and the community.

Instead of focusing on changing behavior of certain individuals, CMCA uses a public health approach to reduce risks for all teens in a community by changing the things in their environment that put them at risk. CMCA appears on the SAMHSA National Registry of Evidence-Based Programs and Practices.

CMCA gives community organizers a great deal of latitude in selecting goals, messages and methods. However, CMCA states that goals for reducing underage drinking *should* include:

- Create awareness about the problems associated with underage drinking.
- Create awareness about commercial and social sources of alcohol to youth.
- Mobilize community members to take public action on remedies that reduce the exposure of alcohol to teens.
- Educate people about evidence-based formal and informal alcohol prevention measures, including policies, practices, and family rules.
- Increase active enforcement of alcohol regulations at city/county, institutional/organizational and family levels.
- Change community norms regarding underage alcohol use.

CMCA literature says its methods work because CMCA combines multiple, evidence-based alcohol prevention strategies to create changes at the community level in an environmental prevention strategy. Every day, teens are exposed to messages from media and from their communities that influence their opinions about alcohol. Seeing a liquor store on the way to school, weakly enforced underage drinking laws, invitations to parties with alcohol and other environmental cues make alcohol use more appealing. Environmental prevention goes beyond scaring teens into avoiding alcohol (which does not work well) by changing the environment that makes drinking alcohol easy. They focus on:

- Norms: the rules of acceptable behavior in a group or community.
 - Teenagers learn norms by observing the people around them and learning what kind of drinking behaviors are normal and accepted in their family, their community and among their friends.
- Media messaging: the beliefs and expectations about alcohol that teens see through the internet, magazines, billboards, movies and TV.

- Some kinds of messages, like funny beer commercials, are obvious, but even product placements on a TV show or lyrics in a song can influence teenagers' ideas about drinking.
- Laws, rules, and policies: different levels of governance, such as city and county councils, or administrations of businesses and schools can determine and enforce rules about alcohol use and availability.
 - Examples of these kinds of policies include: limiting where and when alcohol can be purchased, limiting areas where people are allowed to drink, how schools handle alcohol-related disciplinary issues, how local police departments enforce liquor licensing laws, age of sale laws, etc..
- Accessibility: how easy it is to obtain alcohol.
 - Accessibility issues influencing teen drinking include: how many stores selling alcohol are in the area, how cheap alcohol is, the presence of alcohol in the home or workplace, etc..

Environmental prevention strategies include:

- Social hosting: targeting adults who provide alcohol to underage teens and getting them to stop.
- DUI checkpoints: setting up DUI checkpoints to prevent drunk driving.
- Merchants:
 - Performing compliance checks to make sure stores are not selling alcohol to minors.
 - Enforcing administrative penalties on businesses that violate alcohol sales laws.
- Hot-spot policing: encouraging law enforcement to conduct policing in places where teens are known to gather and drink.
- Public support for environmental change: gaining support from the public and policymakers through news media coverage.

Audiences

CMCA reaches adults about preventing underage drinking. Much of its work is within the Cherokee Nation in Oklahoma for the following reasons:

- Native American teenagers drink at similar rates to the broader population but experience disproportional rates of damaging health and social consequences. Moreover, Native American and rural audiences are underrepresented in health intervention trials.
- The Cherokee Nation is the largest Native American tribe with 347,880 citizens, about half of whom live within the 14-county jurisdictional service area in northeastern Oklahoma.
- The Cherokee Nation is not a reservation. Cherokee citizens comprise a significant proportion of the population in this region, but these are multi-ethnic, rural communities with mainly Native American (10-44%) and white (44-79%) populations.

A “SAMHSA model programs” report notes that other communities can use the CMCA model broadly. It is appropriate to curb underage drinking for youth ages 13-20, diverse racial/ethnic groups, and male and female youth in rural, urban, and suburban settings.

Messages

As stated above, CMCA gives community organizers a great deal of latitude in selecting goals, messages and mediums. However, the following harms-related messages appear in their invention guide:

- “Teenager’s brains aren’t fully developed yet. The teen years are an important time when the parts of the brain involved in self-control, emotions, and high-level thinking are growing and maturing. Because of the toxic effects of alcohol on the brain, heavy drinking in adolescence can change how the brain grows and can affect mental processes for the rest of a teen’s life.”
- “The risks increase the younger someone is when he or she starts drinking.”
- “Teens are wired to seek risks and act impulsively without considering how their actions today will affect their future.”

Advertising/social marketing

CMCA does not centrally produce advertising, and much of the intervention work is the boots-on-the-ground effort of community outreach. However, it does recommend the following media-related tactics to community organizers:

- Use Facebook, newspaper articles, newsletters and Twitter to educate the community on alcohol prevention and build support for your cause.
- Spread marketing on signs, websites and bulletins.
- Provide letters of support, editorials and speeches.
- Be physically present at important meetings and events.
- Distribute fliers and marketing materials, such as the CMCA Community Factsheets.
- Help create marketing materials, newsletters and press releases.

We inquired whether CMCA provided any content for community organizers to send to media or if they needed to create their own media materials.

- While we did not receive a direct answer, CMCA provided several examples where residents (volunteering as community organizers) self-selected how to use local media strategically to advance their objectives in changing policies and standard operating procedures in their communities.
- Based on the mention of CMCA Community Factsheets, some pre-fabricated materials may also be available.
- Actual examples of decentralized, self-created media relations activities include sharing the following instances with media:
 - If the resident finds police are lenient or engaging in improper behaviors
 - If the school board is preventing a needed action from happening
 - If the high school coach is hosting teen drinking parties, providing alcohol to minors, flirting with students who are under the influence, etc..
 - If the prosecutor is making deals relating to teen alcohol infractions
 - If a teacher or police chief needs to be terminated because of behaviors supporting underage drinking, or if they just need to be put on notice to correct their behavior

These examples are typical, not far-fetched. Local action teams of residents may go through these activities hundreds of times, creating a relationship with the media and feeding them information and perspectives when the time is right. The residents create the pressure for change, and work through the media to apply that pressure.

Outcome statistics

CMCA's initial study evaluated CMCA in a randomized trial across 15 communities.

- Data collection included:
 - In-school surveys of ninth- and twelfth-graders
 - Telephone surveys of 18- to 20- year-olds and alcohol merchants
 - Direct testing of the likelihood of alcohol sales to youth (using underage-looking youth to attempt purchases)
 - Monitoring changes in relevant practices of community institutions
- Because the study communities were randomly selected, they did not request the introduction of CMCA and were not necessarily ready to address the issue of underage drinking.
- Results showed:
 - Alcohol merchants checked IDs more often and were less likely to sell to minors.
 - 18- to 20-year-olds were less likely to provide alcohol to other teens and were less likely to try to buy alcohol, drink in a bar or consume alcohol.
 - Arrests of 18- to 20-year-olds for driving under the influence decreased.

In the Cherokee Nation in 2015, a prevention trial was conducted in northeastern Oklahoma within the 14-county Cherokee Nation jurisdictional service area.

- The trial involved two distinct interventions randomly assigned across six communities. Several communities received a community organizer to initiate the CMCA intervention. Each CMCA chapter chose a specific focus.
- Focus areas included:
 - Conducting alcohol outlet compliance checks
 - Improving local alcohol control ordinances
 - Working with law enforcement to increase social host enforcement
 - Policing efforts

- Interventions included enforcement checks at retail, hot-spot policing, and paid and earned media. (Examples of media materials were not included.)
- Results showed:
 - High school students were less likely to drink alcohol and drink heavily (five drinks in a row).
 - High school students reported fewer alcohol-related consequences.
 - Reductions in alcohol use varied over time and were most pronounced when the CMCA chapters were most active.

A 2017 multilevel prevention trial also found:

- Reductions took place in current use (13%), heavy episodic drinking (12%) and alcohol-related consequences (8%).
 - The degree of effect varied over time, averaging at numbers stated above but leveling off over time.
 - These results amounted to 22-25% reductions in outcomes relative to the control condition.
- Differences between Native American and white students were not statistically significant.
- The authors noted the community members performing the interventions may have an impact because they are fellow residents, rather than an organization or institution.

A 2018 paper provided further analysis of a randomized controlled trial showing effects of a community organizing on alcohol acquisition by youth situated in the Cherokee Nation in northeastern Oklahoma (50% male, 45% Native American).

- The study design included student surveys (four times per year over three years ending in 2017, among 1,399 high school students) and 31 waves of alcohol purchase attempts at 113 stores licensed to sell alcohol in the survey communities.
- During this time, community organizers continued to advance policies, procedures and practices of local institutions in ways to reduce youth access to alcohol and foster community norms opposed to teen drinking.
- The study found:

- Alcohol purchases by young-appearing buyers declined significantly (18 reduction over the intervention period).
- Student survey results show statistically significant differences in the trajectory of perceived police enforcement, increasing 7%; alcohol acquisition from parents, decreasing 4%; acquisition from adults aged 21 and over, decreasing 6%; acquisition from underage peers, decreasing 8%; and acquisition from stores, decreasing 5%.
- The authors concluded CMCA is effective in reducing the availability of alcohol to underage youth in the United States.
- Furthermore, results indicate that the previously reported significant effects of CMCA on teen drinking operate, at least in part, through effects on alcohol access.

Additional campaigns reviewed

mORe

<http://www.oregonmore.org>

Oregon Health Authority and Center for Health and Safety Culture (Montana State University)

Goals

The *mORe* project's goal is to reveal concern and hope about underage drinking in Oregon, in order to promote meaningful change and transformation. Its series of communication campaigns intend to guide conversations about underage drinking and correct misperceptions.

The campaign balances two goals:

1. Confront the seriousness of underage drinking
2. Build hope that communities can work together to reduce risk and create positive change

Audiences

- Parents of teens
- Teens themselves
- Influencers including law enforcement, merchants and policymakers

Messages

The campaign uses strengths-based messaging.

- While more than 170,000 underage drinking episodes occur monthly among Oregon high school students (according to 2010 data), the majority of Oregon teens choose *not* to drink alcohol (according to 2012 data).

The tagline of “mORe Oregon teens choose not to drink” appears in posters, photos and videos. The tagline reflects the dedication of Oregon prevention leaders to support and nurture this positive norm throughout the state. The tagline, “mORe Oregon teens choose not to drink,” supports each of the messages below.

- High school student to peers: “I choose not to drink, because I want more.”
- Supporting parent involvement: “Engage. They want more.”
- Adult social norm: “Most Oregon adults disapprove of underage drinking.”
- Adult social norm: “Most Oregon adults agree that parents should NOT let their underage children drink alcohol.”
- Supporting provider intervention: “I love Oregon because health care providers motivate us to make healthy changes.”
- Supporting policing: “I love Oregon because law enforcement officers protect our communities.”
- Supporting policy change: “I love Oregon because elected officials step up to make their communities better.”
- Supporting retailer checkpoints: “I love Oregon because alcohol retailers promote responsible behavior.”
- Supporting child: “I love Oregon because kids make positive choices.”

Materials directed at students add social norming statistics such as:

- 74% do not drink alcohol in a typical month.
- 86% do not ride in a vehicle with someone who has been drinking.

Materials directed at parents add statistics on bonding, boundaries and monitoring:

- 87% agree that parents should not let their underage children drink at home.
- 86% usually/always require their child to check in or call when they are out.

Consequences

No consequences, such as health or social harms, appear in materials.

Terminology

The campaign always refers to a teenager as an “underage child.”

Materials do not describe alcohol in detail (no further than in the messages above).

Advertising/social marketing

- Distribution of the *mORe* campaign happens through community toolkits segmented by adults, students, parents, school leaders and staff, law enforcement officers, healthcare providers, alcohol retailers, and community-wide and state-level organizations (key leaders).
- Local outreach once occurred at county and tribe levels, but the *mORe* website deactivated community coordinator links at some point.
- The website continues to house posters, photos, and PSA-style videos.²⁶

Outcome Statistics

None stated.

²⁶ <http://www.oregonmore.org/#media>

Check Yourself

<http://checkyourselfvt.com/>

Vermont Department of Health

Goals

Check Yourself focuses on reducing binge drinking by young adults. The campaign serves as a high-risk drinking prevention campaign targeting young adult “partier” culture.

Audiences

College-aged young adults in Vermont.

- As of 2016 SAMHSA data, the rate of binge drinking among Vermont young adults (49.5%) is much higher than the national rate (39.7%).
- Based on these estimates, Vermont has the 7th-highest rate of young adult binge drinking in the U.S.

The Rescue Social Change Group in San Diego performed formative assessments with this audience. They conducted two phases, in January 2014 and June 2015, prior to campaign development.

In Phase I, they recruited 20 young adults from bars and clubs to participate in two focus group discussions (eight participants each) and four individual interviews about their knowledge, values and beliefs surrounding alcohol consumption and binge drinking. They also examined whether specific segments of young adults were more likely at-risk for binge drinking and tested a variety of prevention ads for message and creative receptivity.

Key findings indicated:

- Higher rates of binge drinking behavior among the “partier” culture
- A gross underestimation of the standard definition for “binge drinking”

Feedback on other prevention campaigns indicated ads should be realistic and not exaggerated.

- Audience members showed more receptivity to common consequences such as getting sick or embarrassing yourself, rather than extreme, seemingly unrelatable consequences.
- The audience vastly preferred responsible drinking tips and messages over abstinence-focused messages.

In Phase II, testing during campaign development focused on potential brand names, designs and video ad concepts via two focus groups with eight participants each.

- Based on the formative assessments, one big idea drives this campaign: the audience wants to go out and have fun while not getting so drunk that they lose control and do regrettable things.
- The resulting *Check Yourself* campaign focuses on three types of education:
 - Basics of alcohol and drinking
 - Dispelling common myths about drinking
 - Simple and easy-to-remember tips to drink “better”
- By developing a mix of lifestyle and messaging content and disseminating it using a targeted paid digital media strategy, the campaign creators strived to develop a credible brand that delivered drinking tips in a way that was believable, memorable, and clear.

Messages

- “*Check Yourself* is all about partying without going overboard.”
- “*Check Yourself* with water. Find yourself wobbling around like a cross-eyed penguin? That’s because alcohol dehydrates your brain. Keep your night fun, not dumb. Take it slow and drink water.”
- “*Check Yourself* to avoid a blackout. Piecing together clues from last night? Because alcohol is a depressant, it can prevent your brain from creating long-term memories. Add water between drinks to help you avoid blacking out.”
- “*Check Yourself* and eat. DRUNK YOU goes crazy without food. Eating slows the absorption of booze, giving you more time to enjoy the night's fun. Foods that are super high in protein are the best. Just make sure you eat them BEFORE you start drinking.”

- “*Check Yourself* and go easy. When you’re sick, you’re often dehydrated, so alcohol can have a stronger effect. So if you choose to go out when sick, keep it light and drink extra water.”

More messages are available [here](#).²⁷

Consequences

As mentioned above, the campaign focuses on immediate harms such as a blackout or embarrassing oneself in front of one’s friends, rather than long-term harms such as cancer.

The campaign appears quite permissive, almost defining how to “drink responsibly.”

- Possibly, an audience member who follows *Check Yourself’s* guidance to drink water between each drink of alcohol thereby halves their alcohol intake over the course of an evening, so an alcohol reduction benefit may exist.
- However, the campaign never explicitly states alcohol reduction as an instruction to the audience because of the long-term harms of binge drinking. This is likely intentional in order not to alienate “partier” culture young adults.

Terminology

Language is frank, idiomatic, humorous and provocative to pique attention of young adults engaging in high-risk behavior. Some is unprintable in this summary of findings.

Advertising/social marketing

- Campaign is digital-only: web, Instagram, Facebook and Youtube. Nearly all of *Check Yourself’s* social media followers are on Facebook.
- Website includes a [quiz](#)²⁸ on how to avoid a blackout, hangover prevention tips including eating and hydration, tips on how to “go easy” and animated video for many of the tips. Videos are all archived [here](#).²⁹

²⁷ <http://checkyourselfvt.com/>

²⁸ <http://checkyourselfvt.com/blackout-quiz/>

²⁹ <https://www.youtube.com/channel/UC7CgVYQfejAAz6S4b6DIJRQ>

Outcome statistics

None listed. The “evaluation” results provided online are actually audience formative assessments for understanding how to communicate to the young adult binge drinker. We understand that a lot of planning and assessment went into the campaign and it is now under evaluation, but it will be some time before results are available.

Above the Influence

[http://abovetheinfluence.com/ Partnership for Drug-Free Kids](http://abovetheinfluence.com/Partnership for Drug-Free Kids)

Partnership for Drug-Free Kids

Goals

Above the Influence's goal is to help teens stand up to negative pressures, including the pressure to drink.

As background, *Above the Influence* moved in March 2014 from its original home at the National Youth Anti-Drug Media Campaign, a program of the Office of National Drug Control Policy, to the [Partnership for Drug-Free Kids](#)³⁰ – and thus from federal oversight to a non-profit campaign.

In both locations, the campaign derives inspiration from what teens say about their lives and how they deal with the influences that shape their decisions.

(Note: The National Youth Anti-Drug Media Campaign (the original home of *Above the Influence*) is also the creator of the *My Anti Drug* campaign. In 2006, the Government Accountability Office concluded a five-year evaluation finding *My Anti Drug* ineffective and likely counterproductive. Evaluators associated greater exposure to *My Anti Drug* with weaker anti-drug norms and increases in the perceptions that other youth use marijuana. This may at least partially explain the transfer of *Above the Influence* to a new home and the focus of *Above the Influence* on a teen's desire for self-sufficiency).

Audiences

Teens themselves, not parents or caregivers, nationwide.

Messages

General pressure:

- “When you reach the moment where you have to ask yourself, who am I really? Press pause. Hit reset. And remember, you're *Above the Influence*.”
- “Every teen's life is filled with pressure. Some of it good, some of it bad. The more aware you are of the influences around you, the better prepared you will be

³⁰ <http://www.drugfree.org/>

to face them, including the pressure to use drugs and alcohol. We're not telling you how to live your life, but we are giving you another perspective and the latest facts. You need to make your own smart decisions."

- "We know how smart you are when it comes to the messages you see and hear."
- "We hope that this site helps you to be more aware of the influences around you, and that you carefully consider the risks when you're faced with tough decisions."

Pressure to use alcohol and drugs:

- "There's a lot of 'information' floating around, and even some misinformation. The movies, music, and other media don't always portray the risks accurately either. With all the hype around drugs and alcohol, you may not realize that most high school students choose not to use."
- "There is a complicated list of reasons why people try, or abuse drugs and alcohol. Some people do it to change the way they feel; but by drinking or using drugs, they haven't changed the situation. They've only distorted it for a little while. And since many of these substances are depressants, the 'escape' isn't necessarily happy, and can be more unpleasant than not. People who have gone through recovery for substance problems, often say drugs and alcohol ended up isolating them from friends and family, and made them feel more alone."
- "Remember, no one 'plans' to become addicted, and every one of the millions of people with a drug or alcohol dependency started out thinking they had it 'under control.'"
- "Fact is that while you're a teen (and even into your early 20s!), you're still growing and developing, and drug abuse during these years in particular can have a lasting impact. Another fact to consider: the brain is much more vulnerable to addiction during these years. 90% of Americans with a substance abuse problem started smoking, drinking or using other drugs before age 18."
- "More people die from overdose – including alcohol poisoning – than car accidents or gun violence. Everyone knows drinking and drug use can get real dangerous, but not everyone recognizes when a friend needs real help. That, plus the fear of getting in trouble, prevents too many young people from getting the emergency medical attention that could save a life."

Consequences

The #GotYourBack sub-campaign focuses on helping teens identify when a friend is in immediate physical danger from excessive drinking, including whether to let them sleep or call 911.

More broadly, *Above the Influence* emphasizes the emotional challenges of pressure.

Terminology

The focus is on pressure. Teens are referred to as teens, not children.

Advertising/social marketing

- Campaign assets include: website, Facebook, YouTube, Instagram, Twitter and Tumblr.
 - Nearly 1.5 million people follow the Facebook page.
- The #GotYourBack sub-campaign encourages teens to get the facts and make a pact together before they go out.
 - Recognizing that it is better to risk getting grounded than risking a friend's life, the pact asks teens to promise to get help if a friend shows signs of alcohol poisoning or overdose.

Outcome statistics

None listed.

Parents Who Host Lose the Most

<https://preventionactionalliance.org/about/programs/parents-who-host-lose-the-most/>

Prevention Action Alliance

Goals

Parents Who Host Lose the Most is a public awareness program implemented in all 50 states, Canada, the Virgin Islands, Puerto Rico and Japan. It addresses social hosting, by parents and other adults, as one of the leading factors behind underage and binge drinking. *Parents Who Host Lose the Most* educates parents about the health and safety risks of providing alcohol to teenagers and increases awareness of and compliance with underage drinking laws.

The campaign's operator, Prevention Action Alliance, is a non-profit based in Ohio with sponsors including Verizon underwriting their work. *Parents Who Host Lose the Most* features four environmental prevention strategies: community norms, access and availability, media messaging, and policy and enforcement. More detail about these strategies follows:

- Change community norms so high risk and illegal use of alcohol, tobacco and other drugs is not acceptable.
 - *Parents Who Host Lose the Most* strives to create consistent parental and community norms that underage drinking is not only illegal, but is unsafe, unhealthy and unacceptable.
- Decrease access and availability of alcohol, tobacco and other drugs.
 - By increasing parental awareness and understanding of the health, safety and legal consequences of allowing underage drinking, *Parents Who Host Lose the Most* reduces the number of parents who allow underage drinking on their premises and property, which decreases underage access to alcohol.
- Address the community's media messages about alcohol, tobacco and other drugs.
 - *Parents Who Host Lose the Most* provides clear, consistent and unified messages that are easy for every sector of the community to communicate.

- The program kit contains many customizable materials to distribute to media, businesses, parent groups, churches, schools, law enforcement and other community sectors.
- In addition, the campaign encourages organizations to blanket their community with the message through outdoor advertising such as yard signs, banners and billboards.
- Address policy and enforcement.
 - It is important for communities to consistently review the appropriateness and sufficiency of existing laws and policies related to alcohol, tobacco and other drugs.
 - Ohio has a social host law; [Ohio Revised Code 4301.69](#).³¹ However, policies are only effective when consistently enforced.
 - *Parents Who Host Lose the Most* improves enforcement consistency by offering suggestions to help communities improve local enforcement of underage drinking laws.
 - The program provides many opportunities for law enforcement to partner with community leaders to communicate clear community standards related to underage drinking.

Audiences

Parents of underage youth (12-20 years old):

- According to a 2013 SAMHSA report, 8.7 million youth aged 12-20 had recently drunk alcohol, and 5.4 million of them were binge drinkers.

Messages

“Don’t be a party to underage drinking. It’s against the law.”

Consequences

The focus is the legal consequence of social hosting.

³¹ <http://codes.ohio.gov/orc/4301.69>

Terminology

Unclear without paid access to member-only site.

Advertising/social marketing

Parents Who Host Lose the Most strives to be universal, easy to implement and user-friendly. The campaign intends to offer a turn-key program for community mobilization.

- After registering at the Member Center, which involves paying a fee, communities can download 30+ educational materials, community engagement strategies and planning tools that can help parents and community members mobilize, partner and share the message that teenage alcohol consumption is unacceptable and serving to minors has serious consequences. Banners, pledge cards and other bulk materials carry an additional fee.
- In terms of seasonality, *Parents Who Host Lose the Most* targets celebratory times for youth, such as homecoming, holidays, prom and graduation.
- Similar to CMCA, *Parents Who Host Lose the Most* suggests media strategies (run a story, write an editorial, promote the program through interviews, place the logo in articles, etc.). but does not make media messages and materials readily available. They may be housed in the Member Center.

Outcome statistics

None listed.

Talk: They Hear You

<https://www.samhsa.gov/underage-drinking>

Substance Abuse and Mental Health Services Administration (SAMHSA)

Goals

The federal agency, SAMHSA, seeks to reduce underage drinking in the *Talk: They Hear You* campaign, by helping parents and caregivers start talking to their children early about the dangers of alcohol. The goals are:

1. Increase parents' awareness of the prevalence and risk of underage drinking
2. Equip parents with the knowledge, skills, and confidence to prevent underage drinking
3. Increase parents' actions to prevent underage drinking

Audiences

U.S. parents and caregivers of children aged 9-15.

Messages

Parents and caregivers: you are the leading influence in your child's decision not to drink.

Tip-oriented messaging:

- “Show you disapprove of underage drinking. More than 80% of young people ages 10-18 say their parents are the leading influence on their decision to drink or not drink. So they really are listening, and it's important that you send a clear and strong message.”
- “Show you care about your child's happiness and well-being. Young people are more likely to listen when they know you're on their side. Try to reinforce why you don't want your child to drink—not just because you say so, but because you want your child to be happy and safe. The conversation will go a lot better if you're working with, and not against, your child.”
- “Show you're a good source of information about alcohol. You want your child to be making informed decisions about drinking, with reliable information about its

dangers. You don't want your child to be learning about alcohol from friends, the internet, or the media—you want to establish yourself as a trustworthy source of information.”

- “Show you're paying attention and you'll notice if your child drinks. You want to show you're keeping an eye on your child, because young people are more likely to drink if they think no one will notice. There are many subtle ways to do this without prying.”
- “Build your child's skills and strategies for avoiding underage drinking. Even if your child doesn't want to drink, peer pressure is a powerful thing. It could be tempting to drink just to avoid looking uncool. To prepare your child to resist peer pressure, you'll need to build skills and practice them.”

Terminology

The campaign uses the #WeTalked hashtag for parents to share that they initiated a conversation on underage drinking and create a social norm.

They use #TalkTheyHearYou for broader conversation.

Advertising/social marketing

- PSAs are archived [here](#),³² including print, radio, TV and Spanish translation.
- Web banners/buttons and posters are also available on the website.
- A mobile [app](#)³³ helps parents practice having the conversation (“the talk”) through interactive simulations that help parents learn the do's and don'ts of talking to kids about underage drinking.

Outcome statistics

- None listed for the *Talk: They Hear You* campaign.
- A 2012 report on related town hall meetings is available [here](#).³⁴

³² <https://www.samhsa.gov/underage-drinking/partner-resources/psas>

³³ <https://www.samhsa.gov/underage-drinking/mobile-application>

³⁴ <https://store.samhsa.gov/shin/content/SMA14-4838/SMA14-4838.pdf>

Power of Parents

<https://www.madd.org/the-solution/power-of-parents/>

Mothers Against Drunk Driving (MADD)

Goals

Power of Parents is MADD's campaign to help parents have ongoing, intentional conversations about the dangers and consequences of underage drinking.

Audiences

Parents of middle school and high school students.

Messages

- “Three out of four teens say their parents are the leading influence on their decisions about drinking. Start the conversation now.”
- “As a parent, you have power to equip your child to make smarter, safer choices and to help prevent tragedies.”

Consequences

Power of Parents cites studies showing young people who drink are a danger to themselves, their friends and others.

- For more than 20 years, hundreds of high-quality clinical studies in the United States and Europe have shown that the earlier in life young people drink, the more frequent and severe the problems they face in the short- and long-term.
- Science shows that a child's brain works differently from an adult's brain. It is important to realize that no matter how mature young people act they are not simply small versions of adults. Young peoples' brains are still in a critical period of development well into their 20s. Alcohol interferes with both how brains and bodies grow.
- The campaign addresses alcohol's impact to the developing brain, including becoming more susceptible to alcohol's harms later in life.

- For instance, youth who start drinking before the age of 15 are five times more likely to develop alcohol dependency in their lifetime.
- Other physical harms mentioned are death, injury involving the ER, risky sexual behavior, arrest, assault, suicide, homicide, memory problems and use of other drugs.
- Campaign creative shows social consequences such as not being able to play in the basketball game after being discovered drinking.
 - In the creative, the consequence is established by the parent setting strong boundaries and disciplining the child.

Terminology

- Terminology is direct/factual. While encouraging parents that they can stop underage drinking, the campaign never strays from harms. For example, the campaign does not talk about encouraging teens' dreams.
- *Power of Parents* leverages the MADD brand: "Kids who start drinking young are seven times more likely to be in an alcohol-related crash. MADD knows that by preventing underage drinking today, we can end drunk driving tomorrow."

Advertising/social marketing

- PowerTalk 21 (April 21) is the national day for parents to talk with their kids about alcohol, supported with a national press event in Washington, D.C., and a hashtag strategy.
- The website includes resources such as:
 - A [quiz](#)³⁵ to determine if the viewer's teen has a drinking problem
 - A [quiz](#)³⁶ to determine their parenting style and how it impacts teen decisions regarding alcohol
 - [Alcohol alternative strategies](#)³⁷ to practice with the teen before a peer offers them alcohol (including alternatives to celebrate, lower stress, express feelings, go along with friends, lift mood and fit in)

³⁵ <https://www.madd.org/the-solution/teen-drinking-prevention/does-your-teen-have-a-drinking-problem/>

³⁶ <https://www.madd.org/the-solution/teen-drinking-prevention/whats-your-parenting-style/>

³⁷ <https://www.madd.org/the-solution/teen-drinking-prevention/alternative-activities-and-strategies/>

- A detailed *Power of Parents handbook*³⁸ in English and Spanish

Outcome statistics

None listed.

³⁸ <https://online.flippingbook.com/view/74375/>

up2u

<http://studenthealth.oregonstate.edu/prevention-center/up2u>

Oregon State University (OSU)

Goals

up2u empowers students to make healthier choices by providing them with effective tools and information.

The *up2u* program is an education-based campus prevention effort that focuses on the reduction of high-risk alcohol use and other drugs.

Audiences

OSU students.

Messages

Abstinence from alcohol is the safest option but not always the most acceptable choice to students. Therefore, *up2u* focuses on harm reduction rather than complete elimination of college drinking.

“Choosing to drink, and how much you drink, is always up to you. However, if you choose to drink, it’s important to know the role of alcohol in your life. We want to provide useful information to help you make healthy choices about alcohol.”

About the user assessment

The eCHECKUP TO GO (eCHUG) is designed to provide you with personalized information and feedback regarding your alcohol use and how it might affect your health, your relationships, and your career and life goals.

Presentations may include messaging on the following topics:

- Why do we drink?
- What is a standard drink?
- High-risk behaviors identification
- Pouring demonstration

- Alcohol 101
- Social norms clarification
- Blood alcohol content
- Biphasic effects of alcohol
- Drug interactions with alcohol
- Marijuana
- Sexual consent
- Strategies for lowering risk
- Alcohol and academics
- Bar lab experiment
- Alcohol and performance
- Cost of high-risk alcohol use – financially, academically, physically and personally
- Alcohol-induced blackout
- Alcohol myopia
- Addiction and dependency
- Alcohol poisoning symptoms and detox
- How to help a friend
- Alcohol and performance

Consequences

Students can use [e-CHUG](http://interwork.sdsu.edu/echug2/oregonstate)³⁹ (alcohol) and [e-TOKE](http://interwork.sdsu.edu/echeckup/usa/mj/coll/oregonstate)⁴⁰ (marijuana) to receive anonymous information about their own use. These free online tools provide students with

³⁹ <http://interwork.sdsu.edu/echug2/oregonstate>

⁴⁰ <http://interwork.sdsu.edu/echeckup/usa/mj/coll/oregonstate>

information in a meaningful way by comparing their use to campus data, calculating cost spent and calories consumed, and providing specific risk factors.

Terminology

Unavailable without access to *up2u* presentation.

Advertising/social marketing

up2u is a voluntary program, and presentations are available upon request by faculty, staff, coaches, student organizations and the Greek community. Students can also meet with *up2u* staff to ask questions or receive information. Presenters engage with students in the following ways in a fun, interactive, positive and intellectually stimulating manner:

- B.A.S.I.C.S.
 - Brief Alcohol Screening and Intervention for College Students is a nationally recognized and empirically validated program for helping students reduce high-risk alcohol behaviors. It focuses on helping students identify negative and harmful consequences of their use.
 - It acknowledges that abstinence from alcohol is the safest option but not always the most acceptable choice for students. Thus, the program focuses on harm reduction as opposed to a “just say no” approach.
- Motivational interviewing
 - Motivational interviewing has gained widespread acceptance in chemical abuse treatment and college counseling. It is a focused and goal-directed approach to working with college students. It attempts to meet students where they are in terms of change.
 - In this context, the ultimate goal is to help students explore and resolve their ambivalence to changing behaviors around alcohol use.
- Social norms
 - Social norms approaches assume that students may have inaccurate perceptions about the quantity and frequency of alcohol use of their fellow college students. Often students hear the most provocative and salacious stories about other students. They rarely hear what usually happens as it makes for less outrageous stories.

- Thus, social norms seek to gather accurate use data and then promote the accurate data in conjunction with healthy and protective behaviors.
- Education and skills building
 - Many students lack a thorough understanding about many aspects of alcohol and its effects. *up2u* helps students understand the neurological, psychological and physiological effects of alcohol, blood alcohol levels, gender differences, tolerance, the size of a standard drink and other relevant topics.
 - *up2u* participants receive a customized blood alcohol card to understand the effects of alcohol specific to their weight and gender. Presenters also link the negative academic effects of high-risk alcohol use using current campus data.
- Use assessment
 - In order for students to make safer choices, students must have an understanding of their current use. This includes quantity of alcohol consumed, frequency of consumption, type of alcohol, peak use and typical use.
 - The *up2u* program enlisted e-CHUG, an online tool, to assess alcohol use, incorporate social norms data, and provide students with interesting feedback such as, “How many cheeseburgers you drank last month” and “How long would you have to run to burn off what you drank last month.”

Outcome statistics

Since 2000, OSU’s Student Health Services has participated biennially in the National College Health Assessment (NCHA, revised in 2010 to become NCHA II). The following data (Exhibits B9-13) come from the 2012 and 2014 administration of NCHA at OSU as well as a comparison to national data on blood alcohol level (BAL) and estimated number of drinks consumed. In 2014, OSU achieved a 93.1% student response rate with 1,796 respondents.

Exhibit B9: Frequency of use

	OSU 2012 (%)	OSU 2014 (%)	National 2014 (%)
Never used alcohol	17.3	19.1	20.6
Used, but not in the last 30 days	11.3	10.8	13.4
30-day prevalence (1-9 times)	46.5	49.5	50.7
30-day prevalence (10+ days)	24.9	20.6	15.3

Exhibit B10 High-risk alcohol use among those who consume alcohol

High-risk use is defined as five or more drinks in a single sitting over the past two weeks.

	OSU 2012 (%)	OSU 2014 (%)	National 2014 (%)
High-risk - men	50.4	47.3	44.0
High-risk - women	38.9	35.3	31.0
High-risk - total	45.0	40.0	36.1

Exhibit B11: Blood alcohol level among those who consume alcohol

	OSU 2012	OSU 2014	National 2014
Avg. # of drinks "last time partied"- men	7.01	6.98	6.48
Avg. # of drinks "last time partied" - women	4.92	4.51	4.26
Avg. # of drinks "last time partied" - total	6.00	5.58	5.01
Blood alcohol level	0.08	.08	0.08

- men			
Blood alcohol level - women	0.10	.08	0.08
Blood alcohol level - total	0.09	0.08	0.08

Exhibit B12: Frequency of negative consequences among students who consumed alcohol in the last 12 months

	OSU 2012 (%)	OSU 2014 (%)	National 2014 (%)
Doing something later regretted	43.8	40.3	38.2
Forgetting where they were/what done (black-out)	42.8	36.7	34.5
Physically injured yourself	20.9	18.6	16.3
Unprotected sex	25.2	21.9	21.3
Physically injured another person	3.6	2.0	2.0
Someone had sex with you without getting your consent	2.8	2.0	2.4
Had sex with someone without getting their consent	1.1	0.4	0.6
Got in trouble with the police	7.1	3.8	3.3
Seriously considered suicide	2.2	1.3	2.7

In addition, OSU determined the level at which students engaged in behaviors that may reduce or limit the risks and harms of excessive alcohol use. Information on harm reduction behaviors (Exhibit B11) provides a way to determine areas needing more education and whether OSU students use any means of protecting themselves from possible alcohol-related harm.

Exhibit B2: Harm reduction behavior among those who consume alcohol

	OSU 2012 (%)	OSU 2014 (%)	National 2014 (%)
Alternate non-alcoholic with alcoholic beverages	26.4	31.0	31.6
Determine in advance not to exceed a set number of drinks	32.3	36.0	38.8
Choose not to drink alcohol	18.8	19.6	23.2
Use a designated driver	77.6	81.4	86.0
Eat before and/or during drinking	76.8	79.6	79.3
Have a friend let you know when you have had enough	32.8	35.9	37.1
Keep track of how many drinks being consumed	56.0	60.0	64.6
Pace drinks to one or fewer an hour	21.8	24.4	27.2
Avoid drinking games	22.5	26.1	32.4
Stay with same group of friends the entire time drinking	78.1	81.7	83.4
Stick with only one kind of alcohol when drinking	38.9	39.8	45.8
Reported one or more of the above strategies	95.5	96.7	97.5

More than 96% of OSU students who drink report using at least one harm reduction strategy to stay safer if they choose to drink.

Choose Your Vibe – Arrive Alive

<http://www.vahperd.org/>

Virginia Association for Health, Physical Education, Recreation, and Dance (VAHPERD)

Goals

VAHPERD's *Choose Your Vibe – Arrive Alive* campaign is a social media campaign to promote healthy, alcohol-free lifestyles and the avoidance of consequences to health and wellness, academic and career achievement that results from engaging in illegal underage drinking and drinking and driving.

Audiences

High school juniors and seniors in Virginia, their parents and their schools.

Messages

- The campaign encourages high school juniors and seniors to drive safely, sober and with no distractions.
- The origin of the #MyVibeVA hashtag is messaging about finding your passion (artist, ice skater, student athlete, scholar, etc.) rather than drinking. Whatever your vibe is, it is better without alcohol.

Consequences

- The #ArriveAlive hashtag refers to the dangers of drunk driving as the most immediate harm.
- However, a variety of text cards include brief mentions of pressure to have sex, dropping out of school, arrest and poor academic performance.

Terminology

The primary hashtags, #MyVibeVA and #ArriveAlive, are augmented with other messages such as:

- Buckle Up. Phone down. #ArriveAlive.

Advertising/social marketing

- #MyVibeVA #ArriveAlive social media ambassadors are teens who apply to be a role model, earn money (\$400), support peers and celebrate alcohol-free lifestyles via their social media accounts.
- *Choose Your Vibe – Arrive Alive* is a digital campaign on Facebook, Twitter and Instagram.

Outcome statistics

None listed

Baseline and Evaluation Surveys

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Introduction

Background

Alcohol use is the third-leading cause of preventable deaths among people in Oregon. Excessive alcohol use—which includes binge drinking, heavy drinking and alcohol use by people who are under 21 or pregnant—can cause or exacerbate heart disease, diabetes, cancer, suicide, substance use disorders and violence. Excessive alcohol use costs the Oregon economy \$3.5 billion per year in lost workplace productivity, early mortality, health care expenses, criminal justice costs, and motor vehicle crashes.

In 2017, the Oregon Health Authority – Public Health Division (OHA-PHD) launched a formative audience assessment to better understand Oregonians’ attitudes, beliefs and behaviors around excessive alcohol use. OHA-PHD used the assessment to develop message concepts to educate the public about the harms of excessive alcohol use and to increase support for evidence-based strategies that reduce the harms of excessive alcohol use in Oregon. A message concept serves as a broad guide for the tone, style, and development of a mass-media campaign developed to reach different audience segments. Together, the assessment and message concepts will support OHA-PHD’s communications strategy as part of a statewide, comprehensive approach to reduce and prevent excessive alcohol consumption in the state, which will likely include a statewide mass-media campaign.

OHA-PHD hired PRR, a full-service communications firm, to conduct the assessment and create message concepts.

Purpose

After analyzing the literature and campaign reviews, PRR conducted surveys using an experimental design to measure the effect of message concepts on attitudes, values and support for evidence-based strategies to reduce excessive alcohol use. PRR administered the surveys as pre- and post-tests of message concept effectiveness.

The surveys met the following objectives:

- Understand attitudes, beliefs and behaviors around excessive alcohol use
- Measure baseline support for evidence-based strategies to reduce excessive alcohol use

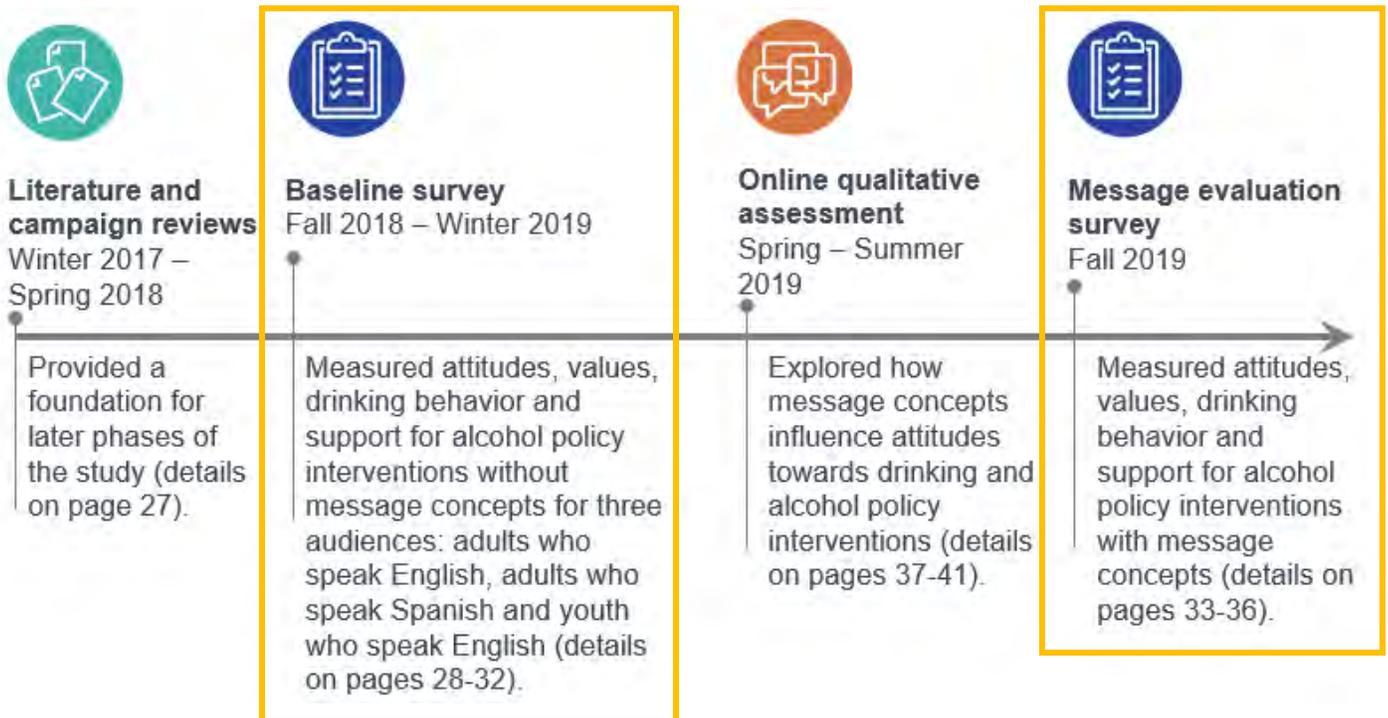
- Understand the influence of message concepts on support for evidence-based strategies that reduce and prevent the harms of excessive alcohol use.
- Identify the most effective message to increase support for such policies
- Understand the joint effect of receiving message concepts and thinking about drinking behavior habits on support for such policies
- Recruit for online qualitative assessment

Approach

The surveys were part of a multi-phase approach (see Exhibit C1 below). PRR compared baseline and message evaluation survey results to measure the effectiveness of message concepts on support for alcohol policy interventions and assess factors that influenced this support.

The surveys targeted two audiences: adult Oregon residents who primarily speak English or Spanish. PRR attempted to field the survey among Oregon teens but could not complete implementation due to a new Facebook policy (see Appendix E, pages 4-5 for details).

Exhibit C1: Survey timeline



PRR conducted the adult survey in English in multiple waves between November 2018 and December 2019. PRR fielded the adult baseline and message evaluation surveys in English by mail, online and call-in phone options. PRR sent each mailing to a different random sample of households across the state (see Report pages 26-27 for details).

The initial baseline survey mailing included a cover letter translated into Spanish but saw a low response rate among Spanish speakers. OHA-PHD therefore turned to an online panel to recruit Spanish speakers (see Report page 28 for details).

Details on fielding the youth survey in English are available in Appendix E, page 4.

Statement on transparency and confidentiality

OHA-PHD has high standards for transparency. All survey invitations and survey materials included an OHA-PHD logo and the OHA-PHD project manager's phone number for invitees to call if they had questions and/or concerns.

PRR received Project Review Team (PRT) approval to before fielding the baseline and message evaluation surveys. The project did not require a full PRT review because the primary intent was to identify or control a public health problem and the intended benefits are primarily for the Oregon public.

PRR maintained high standards to protect participant data:

- Participants received a unique access code to log in to the online survey, meaning participant responses were confidential but not anonymous.
- The baseline and message evaluation surveys had a confidentiality statement at the beginning and consent was implicit by participating.
- Winners of the survey participant sweepstakes (chosen with email addresses provided optionally through a separate survey link, not linked to the dataset) were asked to provide their name to receive their e-gift card. If they preferred to receive a mailed gift card, they provided a mailing address. This contact information was not stored in or with the survey respondent dataset.
- PRR collected informed consent for the online qualitative assessment. PRR invited people to the Focus Vision Revelation platform with the "Obscure Personally Identifying Information" options turned on. Participants were assigned usernames unique to this study, and PRR had a file that linked their usernames and email addresses.
- Online qualitative assessment participants were paid using a gift card. They provided a name in order to receive this payment. They also provided an email or

mailing address, depending on whether they opted to receive an electronic or physical giftcard.

- The paper surveys (which possibly contained email addresses) were mailed to PRR by respondents and then mailed in boxes to the survey scanning vendor. The vendor returned the paper surveys to PRR, where the copies were stored in a locked file cabinet. The paper surveys were destroyed after the project was complete.
- PRR stored all data on a secure server and kept files with personally identifying information in a locked folder.

Recruitment materials

Adult baseline and evaluation surveys in English

PRR fielded the adult baseline and message evaluation surveys in English by mail, online and call-in phone options. PRR sent each mailing to a different random sample of households across the state, addressed to “Current Resident.”

PRR used the same recruitment materials for mailings #1 and #2. Each mailing included a cover letter and a paper survey instrument that people could complete and return the survey by mail. The baseline survey mailing had two versions of the survey, Version A and Version B, which presented Moral Foundations Theory questions in reverse order. Analysis showed the order of Moral Foundations Theory questions did not produce a statistically significant difference in responses, so PRR did not reverse the order in the evaluation survey.

Exhibit C2: Survey invitation cover letter



PUBLIC HEALTH DIVISION
Office of the State Public Health Director

Kate Brown, Governor



800 NE Oregon Street
Portland, Oregon 97232
Voice: 971-673-0984
<http://www.oregon.gov/OHA>

Dear Oregon Resident,

The Oregon Health Authority invites an **adult (age 18+)** in your household to take a 10-minute survey about alcohol by December 1, 2019.

We are contacting people who live in Oregon to learn more about your thoughts on alcohol use and policies about alcohol. The survey asks about drinking behavior, opinions, and values. The goal of the project is to learn how to talk to Oregon residents about alcohol, heavy drinking and binge drinking.

The future of our communities and our state depends on the next generation. But, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. That's bad not just for them, but for all of us.

Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

How to take the survey:

- Mail back the enclosed survey by **December 1, 2019**.
- Take the survey online at this link: <http://bit.ly/OHASurvey2>
 - If you complete the survey online, you will be asked to enter this Access Code **BNX842**
- Call 206-957-2965 to take the survey by phone.

Why take the survey:

- Your survey responses will help us learn how to talk about the risks of alcohol and excessive drinking.
- After the survey, you can share your email address for a **chance to win one of ten \$100 gift cards**. (This is a thank you for completing the survey.)

If you have any questions or comments about the survey, please contact the Project Manager Megan Gerdes at megan.e.gerdes@state.or.us or by phone at 971-673-0984.

Thank you,

Tom L. Jeanne, MD, MPH
Deputy State Health Officer & Epidemiologist
Oregon Health Authority
Public Health Division
Office of the State Public Health Director

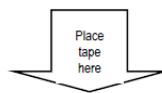
Exhibit C3: Survey instrument cover panel (part of the survey mailing materials)

OREGON HEALTH AUTHORITY SURVEY

Thank you for participating in this Oregon Health Authority study! Your address was randomly selected to participate in this survey to ensure a representative sample. Your answers are confidential and reported only in combination with other respondents. After answering the questions, simply fold so that the return address to PRR, Inc. (the independent firm hired to conduct the research) shows. Please secure with one small piece of tape and drop in the mail. No postage is required. Please mail no later than **December 1st, 2019**.

If you prefer, you can complete the survey online at the following address: <http://bit.ly/OHASurvey2>

If you have any questions about the survey, please contact: megan.e.gerdes@state.or.us



FOR OFFICE USE ONLY

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Exhibit C4: Sweepstakes rules (part of the survey mailing materials)

OHA Sweepstakes Rules

- No purchase is necessary to enter the sweepstake.
- This sweepstake is being offered by the Oregon Health Authority, 800 NE Oregon Street, Portland, Oregon 97232.
- In order to enter you must:
 - Complete the Oregon Health Authority Alcohol Survey.
 - Indicate your interest in entering the sweepstake by providing your name and email address.
- You are eligible to enter if:
 - You are 18 years of age or older and
 - You complete the survey by December 1, 2019.
- The ten \$100 gift cards (winner's choice type of gift card, including a Visa gift card option) will be awarded by the end of December 2019.
- One person in your household can enter the sweepstake. Only one entry per household.
- The odds of winning are based on the number of eligible sweepstake entries.
- This sweepstake is valid for all persons 18 years of age or older.
- Winners will be chosen within one week of the survey closing and will be notified via email within two weeks of the survey closing.
- The ten winners will be selected through a random drawing from among all eligible sweepstake entrants.
- Winners do not have to be present for the drawing.
- Winners' names will not be used in any publicity or promotional materials.
- Winners will need to report the cash value of the prize to the Internal Revenue Service as part of their earnings.

Exhibit C5: Survey instrument, questions 1-7

Please indicate your choices like this:

Please read this before beginning the survey:

The future of our communities and our state depends on the next generation. But, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. That's bad not just for them, but for all of us.

Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

1. How much do you agree or disagree with the above statements?

Strongly disagree Moderately disagree Slightly disagree Slightly agree Moderately agree Strongly agree

For these questions, think of one "drink" as a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

2. In the past year, have you consumed alcohol? This includes beer, wine or liquor. Yes No (Skip to Question 6)

3. Think about the past 30 days. How many days did you have at least one alcoholic drink?

(Write a number between 0 and 30) If you have not had an alcoholic drink in the past 30 days, write "0" and skip to Question 6

4. Think about the past 30 days. On the days that you drank, how many alcoholic drinks did you drink on average?

(Write the average number of drinks you had)

5. Think about the past 30 days. How many times did you have 5 or more drinks at one event?

0 times 1 time 2-4 times 5 or more times

Remember, "alcohol" refers to beer, wine, and liquor. One "drink" equals a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

6. How much do you agree or disagree with the following statements?

	Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree
❖ It's never OK for anyone to have an alcoholic drink	<input type="checkbox"/>					
❖ I choose not to drink. But, it is OK if other people have alcohol	<input type="checkbox"/>					
❖ It's OK for me to have an alcoholic drink every day.....	<input type="checkbox"/>					
❖ It's OK for me to have two alcoholic drinks every day	<input type="checkbox"/>					
❖ It's OK for me to drink too much alcohol sometimes, if it's not every day.....	<input type="checkbox"/>					

7. How much do you think people risk harming themselves in the short term (ex. car crashes, injuries, risky sexual behavior) if they:

	No risk at all	Minor risk	Moderate risk	High risk
❖ Have one or two alcoholic drinks every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ Have five or more alcoholic drinks at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How much do you think people risk harming themselves in the long term (ex. cancer, liver disease) if they:

	No risk at all	Minor risk	Moderate risk	High risk
❖ Have one or two alcoholic drinks every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ Have five or more alcoholic drinks at a time, but only once or twice a month.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How much do you agree or disagree with the following statements?

	Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree
❖ Drinking too much alcohol causes problems in society	<input type="checkbox"/>					
❖ Binge drinking is a problem in Oregon (Binge drinking means having four or more drinks for women and five or more drinks for men in a two-hour period).....	<input type="checkbox"/>					
❖ Heavy alcohol use is a problem in Oregon (Heavy drinking means having one drink every day for women and two or more drinks every day for men)	<input type="checkbox"/>					
❖ Underage drinking is a problem in Oregon	<input type="checkbox"/>					
❖ If you're not harming other people, I don't see a problem with drinking too much ...	<input type="checkbox"/>					

10. Do you support or oppose the right of states to set their own laws and rules for selling alcohol?

	Strongly oppose	Moderately oppose	Slightly oppose	Slightly support	Moderately support	Strongly support
	<input type="checkbox"/>					

Exhibit C6: Survey instrument, questions 11-22

11. There are different ways to restrict alcohol marketing and promotion. How much do you support or oppose the following options?

	Strongly oppose	Moderately oppose	Slightly oppose	Slightly support	Moderately support	Strongly support
❖ Ban alcohol advertising at college or university events (such as sporting events and fairs)	<input type="checkbox"/>					
❖ Ban alcohol companies from sponsoring college or university events	<input type="checkbox"/>					
❖ Restrict discounts on alcohol such as happy hour pricing	<input type="checkbox"/>					

12. How much do you support or oppose the following rules? These rules apply to the sale of alcohol that people buy and consume elsewhere. For example, people might buy alcohol at a store and then drink it at home or at a friend's place.

	Strongly oppose	Moderately oppose	Slightly oppose	Slightly support	Moderately support	Strongly support
❖ Ban alcohol sales on certain days of the week, such as Sunday	<input type="checkbox"/>					
❖ Ban alcohol sales during certain hours, such as before noon or after 8 p.m.	<input type="checkbox"/>					
❖ Restrict the number of stores within a given area that can sell alcohol	<input type="checkbox"/>					

13. Alcohol prevention programs can keep communities safe, by reducing excessive drinking and risky behaviors. Increasing the price of alcohol is one way to fund these programs. How much would you support or oppose increasing the price of alcohol by 20 cents per drink to support alcohol prevention programs in Oregon?

Strongly oppose	Moderately oppose	Slightly oppose	Slightly support	Moderately support	Strongly support
<input type="checkbox"/>					

The next questions try to understand the core values of people who live in Oregon. There are no right or wrong answers.

14. Please read the following sentences, and indicate your agreement or disagreement.

For each statement, select how much you disagree or agree.

	Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree
❖ Compassion for those who are suffering is the most crucial virtue	<input type="checkbox"/>					
❖ When the government makes laws, the number one principle should be ensuring that everyone is treated fairly	<input type="checkbox"/>					
❖ I am proud of my country's history	<input type="checkbox"/>					
❖ Respect for authority is something all children need to learn	<input type="checkbox"/>					
❖ People should not do things that are disgusting, even if no one is harmed	<input type="checkbox"/>					
❖ It is better to do good than to do bad	<input type="checkbox"/>					
❖ One of the worst things a person could do is hurt a defenseless animal	<input type="checkbox"/>					
❖ Justice is the most important requirement for a society	<input type="checkbox"/>					
❖ People should be loyal to their family members, even when they have done something wrong	<input type="checkbox"/>					
❖ Men and women each have different roles to play in society	<input type="checkbox"/>					
❖ I would call some acts wrong on the grounds that they are unnatural	<input type="checkbox"/>					

We'd like to ask you a few demographic questions. These questions help us ensure that we're hearing from a representative group of people. Your answers to all the survey questions, including the following demographic questions, are confidential and will be grouped with the answers of other respondents to identify trends and patterns.

15. How old are you? 18-20 21-24 25-34 35-44 45-54 55-64 65+

16. How do you identify? Male Female Gender(s) not listed here

17. What is your sexual orientation? Bisexual Gay or Lesbian Heterosexual (Straight) Sexual orientation not listed here

18. What is the highest grade or year of school you completed?

Never attended school or only attended kindergarten	<input type="checkbox"/>	GED	<input type="checkbox"/>
Grades 1 through 11	<input type="checkbox"/>	College 1 year to 3 years (Some college or technical school)	<input type="checkbox"/>
Grade 12 (High school graduate)	<input type="checkbox"/>	College 4 years or more (College graduate)	<input type="checkbox"/>

19. Are you of Hispanic, Latino/a, Latinx or Spanish origin? Yes No

20. How do you identify? (Please select all that apply)

American Indian or Alaska Native	<input type="checkbox"/>	Pacific Islander or Native Hawaiian	<input type="checkbox"/>
Asian or Asian American	<input type="checkbox"/>	White	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Race(s) not listed here (please specify):	<input type="checkbox"/>

21. What was your 2018 household income from all sources?

Less than \$25,000	<input type="checkbox"/>	\$35,000 to \$49,999	<input type="checkbox"/>	\$100,000 to \$149,999	<input type="checkbox"/>
\$25,000 to \$34,999	<input type="checkbox"/>	\$50,000 to \$74,999	<input type="checkbox"/>	\$150,000 to \$199,999	<input type="checkbox"/>
		\$75,000 to \$99,999	<input type="checkbox"/>	More than \$200,000	<input type="checkbox"/>

22. If you are interested in participating in the sweepstakes for one of ten \$100 gift cards, please provide your email address. Please know that if you provide an email address your survey responses will remain confidential. Email address: _____

If you or someone you know is struggling with alcohol or drugs and needs assistance, please call 800-923-4357. You can also text "RecoveryNow" to 839863.

Learn more about Lines for Life's 24/7, free, confidential and anonymous services at <https://www.linesforlife.org/get-help-now/>

Exhibit C7: Survey reminder post card



PUBLIC HEALTH DIVISION
Office of the State Public Health Director
Kate Brown, Governor



The Oregon Health Authority (OHA) wants to learn more about your opinions on alcohol use and policies about alcohol. Last week we invited an adult (age 18+) in your household to take a **10-minute survey** by **December 1, 2019**. If you already took the survey, thank you! If not, here's how you can share your thoughts:

- Take the survey online at this link: <http://bit.ly/OHASurvey2>
 - Enter this **Access Code: BNX842**
- Call 206-957-2965 to take the survey by phone.

Your answers will help us learn how to talk to Oregon residents about alcohol, heavy drinking and binge drinking. After the survey, you can share your email address for **a chance to win one of ten \$100 Visa gift cards**.

Thank you!



Oregon Health Authority
800 NE Oregon Street
Portland, Oregon 97232

2 / 1-1-2

PRESORTED
FIRST CLASS
MAIL
US POSTAGE
PAID
AFTS

CURRENT RESIDENT
1548 SW 175TH AVE
BEAVERTON OR 97003-7609



Message evaluation survey random assignment

The message evaluation survey randomly assigned respondents to treatment groups. PRR assigned a random number and version to each address received from the list vendor (see Exhibit 8). In addition, PRR assigned each address an access code to ensure one survey entry per household. Access codes were organized by survey version and consisted of 3 letters and 3 numbers in the same format: XXX### (see Exhibit 9). For example, access codes ANY364 and PCE764 were version C, but KYU487 was version E and QXJ432 was version A.

Exhibit C8: Survey version assignment

Survey ID number	Survey version
1 – 5,000	A
5,001 – 10,000	B
10,001 – 15,000	C
15,001 – 20,000	D
20,001 – 25,000	E
25,001 – 30,000	F

Exhibit C9: Survey access code assignment

Last digit in access code	Survey version	Number of surveys
2	A	5000
3	B	5000
4	C	5000
6	D	5000
7	E	5000
8	F	5000

Adult baseline and evaluation surveys in Spanish

PRR worked with online panel companies Lara Media Services and Dynata to recruit respondents for the adult survey in Spanish. PRR conducted the baseline and message evaluation surveys in Spanish simultaneously (November 22 – December 11, 2019).

The survey platform randomly assigned respondents to one of eight groups.

Exhibit C10: Treatment group assignment

Message Group		Behavior Question Order	
		First	Last
A.	Next Generation	T1	T4
B.	Next Generation + Misleading Industry	T2	T5
C.	Next Generation + Protecting Kids	T3	T6
	None - Baseline group	C1	C2

Note: “T” stands for treatment group where the survey included a message concept, and “C” stands for control group, where the survey did not include a message group.

Exhibit C11: Survey instrument for adults who speak Spanish

Encuesta de la Autoridad de Salud de Oregón (Oregon Health Authority)

Gracias por participar en la encuesta de Oregon Health Authority. Demorará aproximadamente 10 minutos para completar.

Al oprimir el botón para pasar a la página siguiente, acepta participar. Sus respuestas son seguras y confidenciales.

Al final de esta encuesta, le preguntaremos si desea unirse a un estudio en línea pagado por Oregon Health Authority sobre el alcohol. Si está de acuerdo, le pediremos su dirección de correo electrónico. De esa manera, podemos contactarlo más tarde si cumple los requisitos para participar en el proyecto futuro.

Después de completar la encuesta, puede participar en el sorteo para ganar una de diez tarjetas de regalo Visa de \$100. Se le pedirá que ingrese nuevamente el código de acceso de su invitación a la encuesta para participar en este sorteo.

Envíe sus preguntas a Delia Hernández de Oregon Health Authority a delia.hernandez@state.or.us. También puede llamar al 503-422-7179."

Por favor ingrese el código de acceso provisto en su invitación de encuesta para comenzar la encuesta. El código de acceso distingue entre mayúsculas y minúsculas.

1. Código de acceso: [OPEN TEXT BOX]

2. ¿Cuántos años tiene usted?

- Menor de 14 años
- 14-17
- 18-20
- 21-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

Para las siguientes preguntas, considere una "bebida" como una cerveza de 12 onzas, un vaso de vino de 5 onzas o 1.5 onzas de licor destilado.

3. En el último año , ¿ha consumido alcohol? Esto incluye cerveza, vino o licor.

- Sí
- No

4. Piense en los últimos 30 días. ¿Cuántos días tomó usted al menos una bebida alcohólica?

5. Ingrese 0 si no tomó una bebida alcohólica en los últimos 30 días.

6. Piense en los últimos 30 días. En los días que bebió, ¿cuántas bebidas alcohólicas tomó en promedio?

7. Piense en los últimos 30 días. ¿Cuántas veces consumió usted 5 o más bebidas en un evento?

- 0 veces

- 1 vez
- 2-4 veces
- 5 o mas veces

Recuerde, "alcohol" se refiere a la cerveza, vino y licor. Una "bebida" equivale a una cerveza de 12 onzas, un vaso de vino de 5 onzas o una bebida con 1.5 onzas de licor destilado.

- ¿En qué medida está de acuerdo o en desacuerdo con las siguientes afirmaciones? [muy en desacuerdo, moderadamente en desacuerdo, ligeramente en desacuerdo, ligeramente de acuerdo, moderadamente de acuerdo, muy de acuerdo, no aplica]
- Nunca está bien que alguien tome una bebida alcohólica.
- Elijo no beber, pero está bien si otras personas consumen alcohol.
- Está bien que tome una bebida alcohólica todos los días.
- Está bien que tome dos bebidas alcohólicas todos los días.
- Está bien si bebo demasiado alcohol a veces, si no ocurre todos los días.
- ¿En qué medida está de acuerdo o en desacuerdo con las siguientes afirmaciones? [muy en desacuerdo, moderadamente en desacuerdo, ligeramente en desacuerdo, ligeramente de acuerdo, moderadamente de acuerdo, muy de acuerdo]

 - Nunca está bien que alguien tome una bebida alcohólica.
 - Elijo no beber, pero está bien si otras personas consumen alcohol.
 - Está bien que tome una bebida alcohólica todos los días.
 - Está bien que tome dos bebidas alcohólicas todos los días.
 - Está bien si bebo demasiado alcohol a veces, si no ocurre todos los días.

- ¿Cuánto riesgo cree que corren las personas de hacerse daño a sí mismas a corto plazo (por ejemplo, accidentes automovilísticos, lesiones, comportamiento sexual arriesgado) si : [Sin riesgo alguno, Riesgo menor, Riesgo moderado, Alto riesgo]

 - ¿Consume una o dos bebidas alcohólicas al día?
 - ¿Consume cinco o más bebidas alcohólicas a la vez?

16. ¿Cuánto riesgo cree que corren las personas de hacerse daño a sí mismas a largo plazo (por ejemplo, cáncer, enfermedad hepática) si: [Sin riesgo alguno, Riesgo menor, Riesgo moderado, Alto riesgo]
- ¿Consume una o dos bebidas alcohólicas al día?
 - ¿Consume cinco o más bebidas alcohólicas a la vez, pero solo una o dos veces al mes?
17. ¿En qué medida está de acuerdo o en desacuerdo con las siguientes afirmaciones? [muy en desacuerdo, moderadamente en desacuerdo, ligeramente en desacuerdo, ligeramente de acuerdo, moderadamente de acuerdo, muy de acuerdo]
- Beber demasiado alcohol causa problemas en la sociedad.
 - Beber en exceso es un problema en Oregón. (El consumo excesivo de alcohol significa tomar cuatro o más tragos para mujeres y cinco o más tragos para hombres en un periodo de dos horas).
 - El consumo prolongado de alcohol es un problema en Oregón. (El consumo prolongado significa tomar una bebida todos los días para las mujeres y dos o más bebidas todos los días para los hombres).
 - El consumo de alcohol entre menores es un problema en Oregón.
 - Si no está haciendo daño a otras personas, no veo un problema con beber demasiado.
18. ¿Apoya o se opone al derecho de los estados a establecer sus propias leyes y reglas para vender alcohol? [oponerse firmemente, oponerse moderadamente, ligeramente opuesto, un poco de apoyo, apoyo moderadamente, apoyo firmemente]
19. Hay diferentes maneras de restringir la comercialización y promoción del alcohol. ¿Cuánto apoya o se opone a las siguientes opciones? [oponerse firmemente, oponerse moderadamente, ligeramente opuesto, un poco de apoyo, apoyo moderadamente, apoyo firmemente]
- Prohibir la publicidad del alcohol en eventos universitarios (como eventos deportivos y ferias).
 - Prohibir a las compañías de alcohol patrocinar eventos de la universidad.
 - Restringir los descuentos en el alcohol, como los precios de la hora feliz (happy hour).

20. ¿Cuánto apoya o se opone a las siguientes reglas? Estas reglas se aplican a la venta de alcohol que las personas compran y consumen en otros lugares. Por ejemplo, las personas pueden comprar alcohol en una tienda y luego beberlo en casa o en casa de un amigo. [oponerse firmemente, oponerse moderadamente, ligeramente opuesto, un poco de apoyo, apoyo moderadamente, apoyo firmemente]

- Prohibir las ventas de alcohol en ciertos días de la semana, como el domingo.
- Prohibir la venta de alcohol durante ciertas horas, como antes del mediodía o después de las 8 p.m.
- Restringir el número de tiendas dentro de una área determinada que pueden vender alcohol.

21. Los programas de prevención del alcohol pueden mantener a las comunidades seguras, al reducir el consumo excesivo de alcohol y los comportamientos arriesgados. Aumentar el precio del alcohol es una forma de financiar estos programas. ¿Cuánto apoyaría o se opondría a aumentar el precio del alcohol 20 centavos por bebida para apoyar los programas de prevención del alcohol en Oregón?

- oponerse firmemente
- oponerse moderadamente
- ligeramente opuesto
- un poco de apoyo
- apoyo moderadamente
- apoyo firmemente

Las siguientes preguntas intentan comprender los valores fundamentales de las personas que viven en Oregón. No hay respuestas correctas o incorrectas.

22. Lea las siguientes oraciones e indique estar de acuerdo o en desacuerdo. Para cada declaración, seleccione cuánto está en desacuerdo o de acuerdo. [oponerse firmemente, oponerse moderadamente, ligeramente opuesto, un poco de apoyo, apoyo moderadamente, apoyo firmemente]

- Compasión por aquellos que están sufriendo, es la virtud más crucial.
- Cuando el gobierno promulga leyes, el principio fundamental debería ser asegurar que todos reciban un trato justo.
- Estoy orgulloso de la historia de mi nación.

- El respeto por la autoridad es algo que todos los niños necesitan aprender.
- La gente no debería hacer cosas que son repugnantes, aunque nadie sea herido por ello.
- Es mejor hacer el bien que hacer el mal.
- Lea las siguientes oraciones e indique estar de acuerdo o en desacuerdo. Para cada declaración, seleccione cuánto está en desacuerdo o de acuerdo.
- Una de las peores cosas que una persona puede hacer es herir un animal indefenso.
- La justicia es el requisito más importante para una sociedad.
- Las personas deben ser leales a los miembros de su familia, aunque ellos hayan hecho algo malo.
- Cada uno, los hombres y las mujeres, tienen diferentes funciones en la sociedad.
- Yo condenaría algunos actos basado en que no son naturales.

Nos gustaría hacerle algunas preguntas demográficas. Estas preguntas nos ayudan a garantizar que escuchamos a un grupo representativo de personas. Sus respuestas a todas las preguntas de la encuesta, incluyendo las siguientes preguntas demográficas, son confidenciales y se agruparán con las respuestas de otros encuestados para identificar tendencias y patrones.

1. ¿Cómo se identifica usted?

- Hombre
- Mujer
- Género(s) que no figuran en esta lista aquí

2. ¿Cuál es su orientación sexual?

- Bisexual
- Gay o lesbiana
- Heterosexual (recto)
- Orientación sexual no listada aquí.

3. ¿Cuál es el grado o año escolar más alto que completó usted?

- Nunca asistí a la escuela o solo asistí a kínder/jardín infantil

- Grados 1 a 11
 - Grado 12 (graduado de preparatoria)
 - GED
 - Universidad de 1 año a 3 años (alguna universidad o escuela técnica)
 - Universidad de 4 años o más (graduado universitario)
4. ¿Eres de origen hispano, latino/a, latinx o español?
- Sí
 - No
5. ¿Cómo te identificas? Por favor seleccione todas las respuestas que correspondan.
- Indio americano o nativo de Alaska
 - Asiático o asiático americano
 - Negro o afroamericano
 - Isleño del Pacífico o hawaiano nativo
 - Blanco
 - Raza(s) que no figuran en esta lista (por favor especifique)
6. ¿Cuál fue su ingreso familiar de todas las fuentes para el 2017?
- Menos de \$25,000
 - \$25,000 a \$34,999
 - \$35,000 a \$49,999
 - \$50,000 a \$74,999
 - \$75,000 a \$99,999
 - \$100,000 a \$149,999
 - \$150,000 a \$199,999
 - Más de \$200,000
7. ¿Está interesado en participar en futuras investigaciones pagadas sobre el alcohol? En caso afirmativo, proporcione su dirección de correo electrónico. Tenga en cuenta que si proporciona una dirección de correo electrónico, sus respuestas de esta encuesta seguirán siendo confidenciales.

8. Como agradecimiento por participar en esta encuesta, puede participar en un sorteo para ganar una de las diez tarjetas de regalo Visa de \$100. Está usted interesado en participar en este sorteo? En caso afirmativo, se le redirigirá a una nueva página con la información del sorteo. Ahora usted será redirigido a la página de sorteos, donde se le solicitará que ingrese nuevamente su código de acceso. Esto evita entradas duplicadas al sorteo.

Gracias por tomar nuestra encuesta.

Si usted o alguien que conoce tiene problemas con el alcohol o las drogas y necesita ayuda, llame al 800-923-4357. Oprima “1” y dígame a la persona que conteste el teléfono que usted desea solicitar un intérprete. Los intérpretes están disponibles las 24 horas del día, los 7 días de la semana.

Exhibit C12: Sweepstakes rules (part of the survey mailing materials) for adults who speak Spanish

1. ¿Desea participar en el sorteo para ganar una de las diez tarjetas de regalo Visa de \$100?
 - Sí
 - No

Reglas del sorteo OHA AFAA:

- No es necesario realizar ninguna compra para ingresar al sorteo.
- Este sorteo lo ofrece la Autoridad de Salud de Oregon (Oregon Health Authority), 800 NE Oregon Street, Portland, Oregon 97232.
- Para entrar debe:
 - Completar la encuesta de alcohol de la Autoridad de Salud de Oregon
 - Indicar su interés en participar en el sorteo proporcionando su nombre y dirección de correo electrónico.
- Usted es elegible para ingresar si:
 - Tiene 18 años de edad o más y
 - Usted o un adolescente en su hogar (con su consentimiento) completa la encuesta antes del 24 de febrero de 2019
- Las diez tarjetas de regalo de \$100 (elección del ganador del tipo de tarjeta de regalo) se entregarán a fines de marzo de 2019.

- Una persona en su hogar puede ingresar al sorteo. Solamente una entrada por familia.
- Las probabilidades de ganar se basan en el número de entradas elegibles para el sorteo.
- Este sorteo es válido para todas las personas de 18 años o más.
- Los ganadores serán seleccionados dentro de una semana del cierre de la encuesta y serán notificados dentro de las dos semanas posteriores al cierre de la encuesta.
- Los diez ganadores serán seleccionados a través de un sorteo al azar entre todos los participantes elegibles para el sorteo.
- Los ganadores no tienen que estar presentes en el sorteo.
- Los nombres de los ganadores no se utilizarán en ningún material publicitario o promocional.
- Los ganadores deberán informar el valor en efectivo del premio al Servicio de Impuestos Internos (Internal Revenue Service) como parte de sus ganancias.

Gracias por participar en nuestro sorteo.

Por favor ingrese el código de acceso provisto en su invitación de encuesta para comenzar la encuesta. El código de acceso distingue entre mayúsculas y minúsculas. Este código de acceso garantiza que solo haya una entrada por hogar para los sorteos.
[OPEN TEXT BOX]

Proporcione su dirección de correo electrónico para que pueda ser contactado si es un ganador. Esta información es necesaria y se utilizará únicamente para este propósito.
[OPEN TEXT BOX]

Gracias por tomar nuestra encuesta.

Si usted o alguien que conoce tiene problemas con el alcohol o las drogas y necesita ayuda, llame al 800-923-4357 . También puede enviar el texto "RecoveryNow" a 839863 . Obtenga más información sobre Lines for Life y sus servicios 24/7, gratuitos, confidenciales y anónimos en <https://www.linesforlife.org/get-help-now/>.

También puede obtener más información sobre Central City Concern y sus servicios en <http://www.centralcityconcern.org/services/health-recovery/puentes/>

Youth baseline and evaluation surveys in English

In 2018, PRR attempted to conduct the baseline survey for youth who speak English simultaneously to the baseline adult survey in English, but the low response rate led PRR to change recruitment methods. Ultimately, PRR conducted the baseline and message evaluation survey for youth who speak English simultaneously in winter 2019/2020 (see Appendix E, page 4 for details).

2018 baseline survey

Note: This process was part of Mailing #1 for the adult survey in English

The initial youth baseline survey in 2018 required parental consent and teen assent for teens to participate. There were four possible “paths” to obtain parental consent and teen assent based on whether the parent/guardian and teen were together while completing the process (see exhibits C11-15 for details):

Parent/guardian and teen are together for the process:

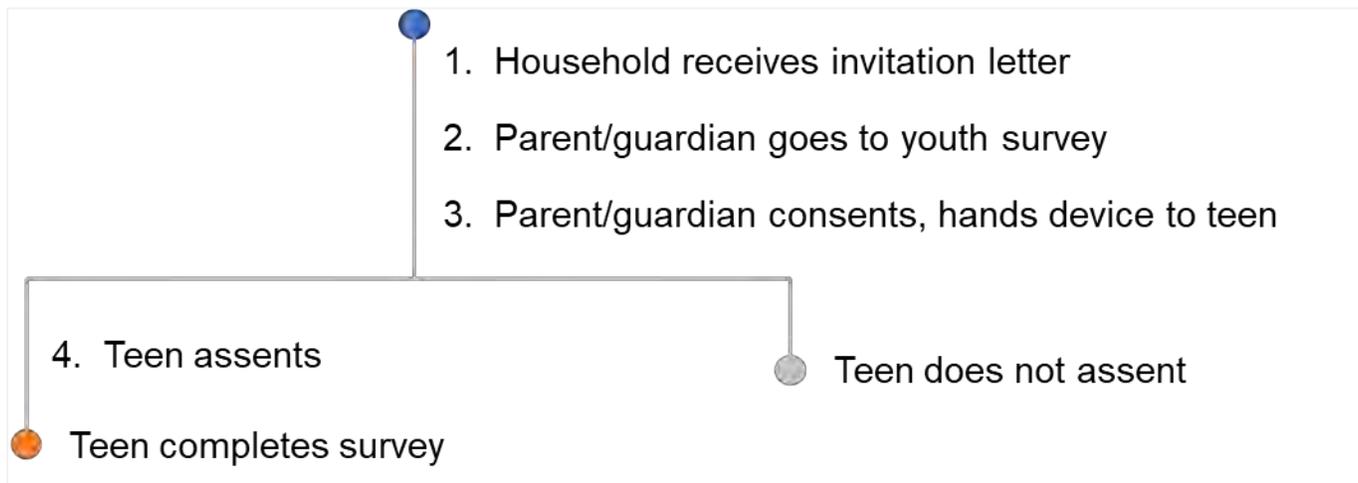
1. Parent/guardian consents via online survey, hands device to the teen for assent.
2. Teen assents via online survey, PRR emails parent/guardian for consent, parent/guardian consents, hands device to teen.

Parent/guardian and teen are NOT together for the process:

3. Parent/guardian consents via online survey, PRR emails teen for assent.
4. Teen assents via online survey, PRR emails parent/guardian for consent, PRR emails teen to complete survey.

Exhibit C13: Path 1 – Parent/guardian consents via online survey, hands device to the teen for assent

Process overview



Recruitment materials

1 Household receives invitation letter

Invitation to youth survey

Audience: Teens Parents/guardians **Medium:** Paper Online

This content appeared in the adult survey invitation, see pages 133 for the complete survey invitation.

Also, OHA invites teens (age 14-17) in your home to take a teen version of this survey. The Youth survey in English asks about drinking behavior, opinions, and values. Your teens information will be secure and confidential.

If you have a teen who would like to participate, please find more information about the Youth survey in English and read the consent form at: [LINK]

This survey is for adults age 18+. If you are a teen age 14-17, we invite you to go to this link ([LINK]) to take the teen version of this survey. Please know you will need your parent/guardian's consent in order to access the teen survey.

1 Household receives invitation letter

2 Parent/guardian goes to youth survey

Youth survey landing page

Audience: Teens Parents/guardians **Medium:** Paper Online

Thank you for your interest in this survey from the Oregon Health Authority.

Before getting started, please tell us if you are a teen or the parent/guardian of a teen.

- I am under age 14
- I am a teen (age 14-17)
- I am the parent/guardian of a teen (age 14-17)**
- None of these apply to me

1 Household receives invitation letter

2 Parent/guardian goes to youth survey

3 Parent/guardian consents, hands device to teen

Youth survey consent form

Audience: Teens Parents/guardians **Medium:** Paper Online

Dear parent or guardian,

The Oregon Health Authority invites your teen (age 14-17) to answer an online survey about alcohol. We ask about drinking behavior, opinions, and values.

The survey takes 10 minutes.

The goal is to learn how to talk to young people about alcohol, heavy drinking, and binge drinking.

Here are a few details:

- Participation is voluntary. Your teen can quit the survey at any time.

-
- Your teen's information will be secure and confidential.
 - We will not share their responses with anyone outside the project, including you.
 - Your teen can volunteer for a paid online study on alcohol prevention.
 - If your teen shares their email address, we will store it with their survey responses. This way, we can see if they qualify for the study.
 - We will not share their email with anyone outside the project. We will delete their email address at the end.
 - We do not see any risk in participating.

If your teen completes the survey, you (as the parent/guardian) are eligible to enter into a sweepstakes to win one of ten \$100 Visa gift cards. You can indicate interest in the sweepstakes on the following page and once your teen has completed the survey, you will be automatically entered in the sweepstake.

Please send any questions to Megan Gerdes at the Oregon Health Authority at megan.e.gerdes@state.or.us. You can also call 971-673-0984.

If you agree your teen may join in this project, please sign below. By signing, you confirm you understand the details and your teen has your consent to participate.

- I consent to my teen taking this survey.
- I do not want my teen to take this survey.

[DOES NOT CONSENT] This is a confirmation that you have declined consent for your teen's participation in this survey. We will not contact you or your teen about this survey again. Thank you.

Signature: Signature: [SIGNATURE BOX]

Email: [TEXT BOX]

Do you want to enter the sweepstakes to win one of ten \$100 Visa gift cards if your teen completes the survey?

- Yes
- No

Here are the Sweepstakes Rules:

- No purchase is necessary to enter the sweepstake.
- This sweepstake is being offered by the Oregon Health Authority, 800 NE Oregon Street, Portland, Oregon 97232.
- In order to enter you must:
 - Complete the Oregon Health Authority Alcohol Survey
 - Indicate your interest in entering the sweepstake by providing your email address.
- You are eligible to enter if:
 - You are 18 years of age or older and
 - A teen in your household (with your consent) completes the survey by November 23, 2018
- The ten \$100 gift cards (winner's choice of type of gift card) will be awarded by the end of December 2018.
- One person in your household can enter the sweepstake. Only one entry per household.
- The odds of winning are based on the number of eligible sweepstake entries.
- This sweepstake is valid for all persons, 18 years of age or older.
- Winners will be chosen within one week of the survey closing and will be notified within two weeks of the survey closing.
- The ten winners will be selected through a random drawing from among all eligible sweepstake entrants.
- Winners do not have to be present for the drawing.
- Winners' names will not be used in any publicity or promotional materials.
- Winners will need to report the cash value of the prize to the Internal Revenue Service as part of their earnings.

Thank you for entering our sweepstake.

Thank you for giving your consent for your teen to participate.

Your teen has two options for completing the survey. They can:

- X **1) Take the survey now. You can hand the device to them and they can go to the next page and agree to participate in the survey.**
- 2) Take the survey later. Please provide your teen’s email address. We’ll email them within one business day with a link to take the 10-minute survey. The survey will be due by November 23, 2018. [TEXT BOX]

1 Household receives invitation letter

2 Parent/guardian goes to youth survey

3 Parent/guardian consents

4 Teen assents

Assent form for youth survey

Audience: Teens Parents/guardians | **Medium:** Paper Online

Dear Teen,

The Oregon Health Authority invites you to answer an online survey. We ask about drinking behavior, opinions, and values.

You can take the survey online at any time. It takes 10 minutes.

The goal is to learn how to talk to young people about alcohol, heavy drinking, and binge drinking.

Here are a few details:

- Participation is your choice. You can quit the survey at any time.
- Your information will be secure and confidential.
- We will not share your responses with anyone outside the project, not even your parent or guardian.

-
- You can also volunteer for a paid online study on alcohol prevention.
 - If you share your email, we will keep it with your survey responses, so we can contact you about the paid project.
 - We will not share your email with anyone outside the project. We will delete your email address at the end.
 - We do not see any risk in participating.

You can email me back at research@prrbiz.com if you have questions.

You can also contact Megan Gerdes at the Oregon Health Authority at megan.e.gerdes@state.or.us or 971-673-0984.

At the end of this survey, we ask you to join a paid online study for the Oregon Health Authority about alcohol. If you agree, we ask for your email address. That way, we can contact you later if you qualify to participate in the future project.

If you want to participate, please sign below. By signing, you confirm you understand the details and you want to take the survey.

- I want to take this survey.
- I do not want to participate. Please do not contact me or my parent/guardian.

Signature: Signature: [SIGNATURE BOX]

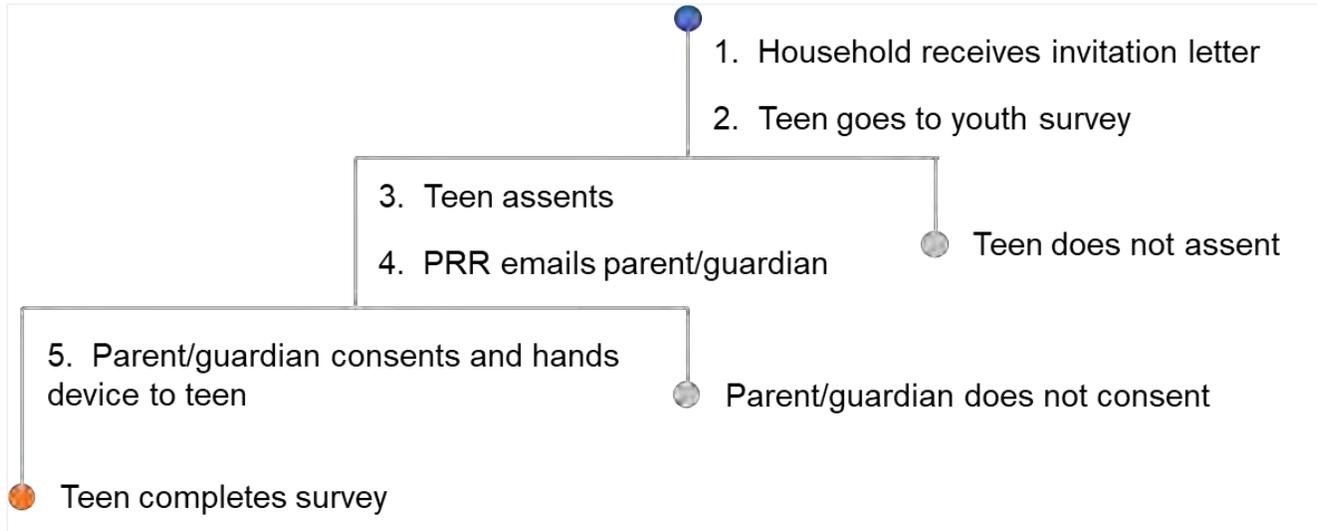
[DOES NOT CONSENT] This is a confirmation that you are not interested in participating in this survey. We will not contact you or your parent/guardian about this survey again. Thank you.

-
- 1 Household receives invitation letter
 - 2 Parent/guardian goes to youth survey
 - 3 Parent/guardian consents
 - 4 Teen assents

→ **Teen takes the survey**

Exhibit C14: Path 2 – Teen assents via online survey, PRR emails parent/guardian for consent, parent/guardian consents, hands device to teen

Process overview



Recruitment materials

1 Household receives invitation letter

Invitation to youth survey

Audience: Teens Parents/guardians **Medium:** Paper Online

See pages 149.

1 Household receives invitation letter

2 Teen goes to youth survey

Youth survey landing page

Audience: Teens Parents/guardians **Medium:** Paper Online

Thank you for your interest in this survey from the Oregon Health Authority.

Before getting started, please tell us if you are a teen or the parent/guardian of a teen.

- I am under age 14
- X I am a teen (age 14-17)**
- I am the parent/guardian of a teen (age 14-17)
- None of these apply to me

1 Household receives invitation letter

2 Teen goes to youth survey

3 Teen assents

Assent language for youth survey

Audience: Teens Parents/guardians | **Medium:** Paper Online

See pages 153.

1 Household receives invitation letter

2 Teen goes to youth survey

3 Teen assents

4 PRR emails parent/guardian

Email to parent/guardian requesting consent

Audience: Teens Parents/guardians | **Medium:** Paper Online

Subject: Online Teen Survey for Oregon Health Authority

Dear parent or guardian,

The Oregon Health Authority invites your teen (age 14-17) to answer an online

survey about alcohol. The survey asks about drinking behavior, opinions, and values.

The survey is online from November 6, 2018, through November 23, 2018. It takes 10 minutes. The goal is to learn how to talk to young people about alcohol, heavy drinking, and binge drinking.

Here are a few details:

- Participation is voluntary. Your teen can quit the survey at any time.
- Your teen's information will be secure and confidential.
- We will not share their responses with anyone outside the project, including you.
- If your teen completes the survey, you (as the parent/guardian) are eligible to enter into a sweepstakes to win one of ten \$100 Visa gift cards.
- Your teen can volunteer for a paid online study on alcohol prevention.
- If your teen shares their email address, we will store it with their survey responses. This way, we can see if they qualify for the study.
- We will not share their email with anyone outside the project. We will delete it at the end.
- We do not see any risks in participating.

Please send any questions to Megan Gerdes at the Oregon Health Authority at megan.e.gerdes@state.or.us. You can also call 971-673-0984.

You can provide your consent here: [LINK]

Thank you,

1 Household receives invitation letter

2 Teen goes to youth survey

3 Teen assents

4 PRR emails parent/guardian

5 Parent/guardian consents and hands device to teen

Youth survey consent form

Audience: Teens Parents/guardians

Medium: Paper Online

See pages 150.

1 Household receives invitation letter

2 Teen goes to youth survey

3 Teen assents

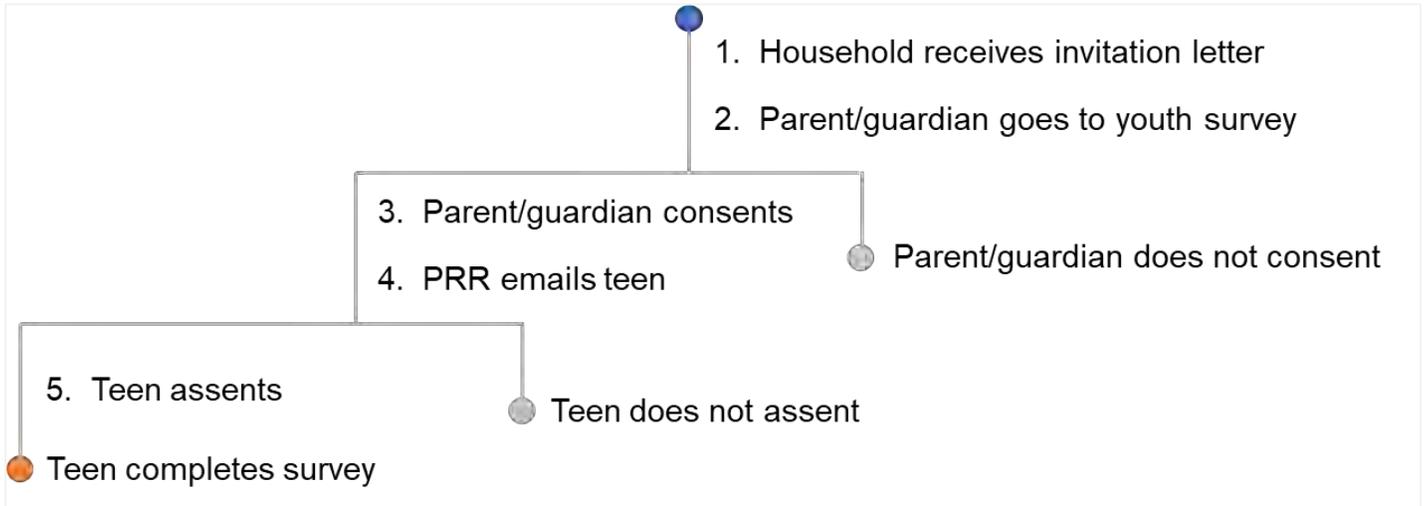
4 PRR emails parent/guardian

5 Parent/guardian consents

→ Teen takes the survey

Exhibit C15: Path 3 – Parent/guardian consents via online survey, PRR emails teen for assent

Process overview



Recruitment materials

1 Household receives invitation letter

Invitation to youth survey

Audience: Teens Parents/guardians **Medium:** Paper Online

See pages 149.

1 Household receives invitation letter

2 Parent/guardian goes to youth survey

Youth survey landing page

Audience: Teens Parents/guardians **Medium:** Paper Online

See pages 150.

- 1 Household receives invitation letter
- 2 Parent/guardian goes to youth survey

3 Parent/guardian consents

Consent form for youth survey

Audience: Teens Parents/guardians | **Medium:** Paper Online

See pages 150 for the complete form. The final paragraph is different for Path 3, shown below.

Your teen has two options for completing the survey. They can:

- 1) Take the survey now. You can hand the device to them and they can go to the next page and agree to participate in the survey.
- 2) Take the survey later. Please provide your teen’s email address. We’ll email them within one business day with a link to take the 10-minute survey. The survey will be due by November 23, 2018. [TEXT BOX]**

[AFTER ENTERING IN YOUTH RESPONDENT’S EMAIL] Thank you! We'll send your teen a link to take the 10-minute survey within one business day.

- 1 Household receives invitation letter
- 2 Parent/guardian goes to youth survey
- 3 Parent/guardian consents

4 PRR emails teen

Confirmation consent obtained

Audience: Teens Parents/guardians | **Medium:** Paper Online

Subject: Online Youth survey in English about alcohol opinions

Hi,

Your parent/guardian agreed it is ok for you to participate in the Oregon Health Authority's online alcohol opinion survey.

Click here to take the survey: [LINK]

You can email me back at research@prrbiz.com if you have questions. You can also contact Megan Gerdes at the Oregon Health Authority at megan.e.gerdes@state.or.us or 971-673-0984.

Thanks,

- 1 Household receives invitation letter
- 2 Parent/guardian goes to youth survey
- 3 Parent/guardian consents
- 4 PRR emails teen

5 Teen assents

Assent language for youth survey

Audience: <input checked="" type="checkbox"/> Teens <input type="checkbox"/> Parents/guardians	Medium: <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Online
---	--

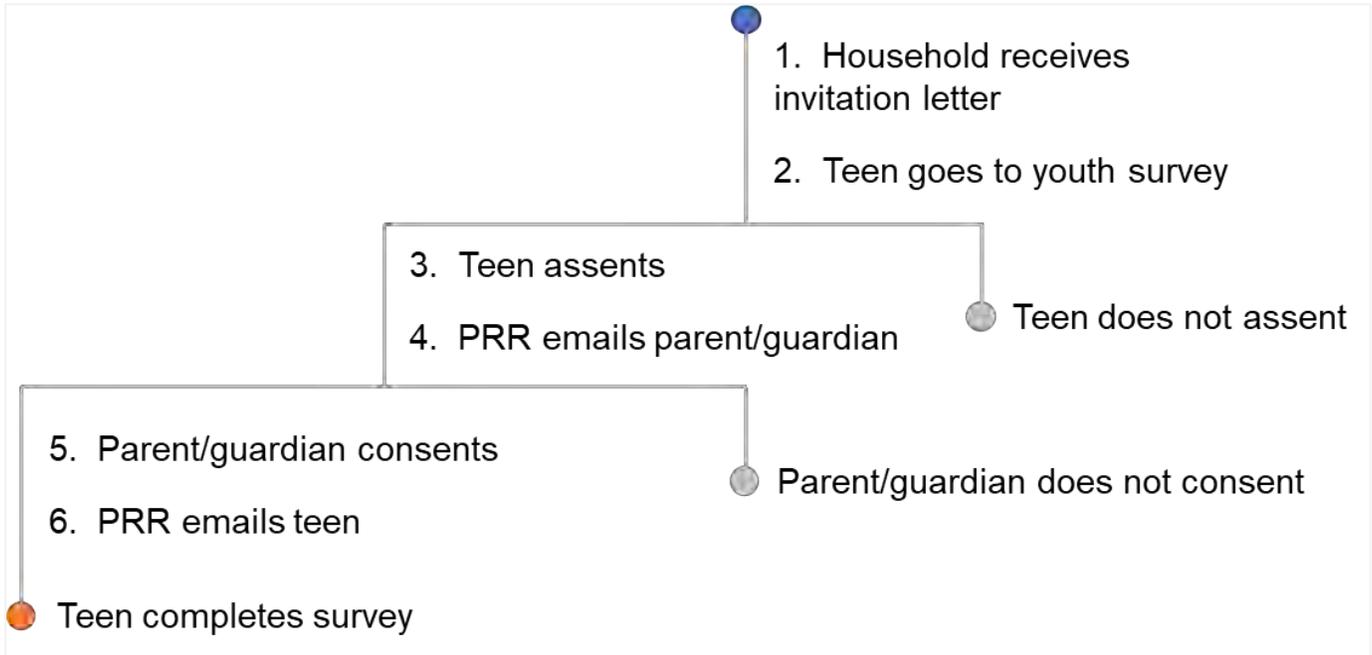
See pages 153.

- 1 Household receives invitation letter
- 2 Parent/guardian goes to youth survey
- 3 Parent/guardian consents
- 4 PRR emails teen
- 5 Teen assents

→ **Teen takes the survey**

Exhibit C16: Path 4 – Teen assents via online survey, PRR emails parent/guardian for consent, PRR emails teen to complete survey

Process overview



Recruitment materials

1 Household receives invitation letter

Invitation to youth survey

Audience: Teens Parents/guardians **Medium:** Paper Online

See pages 149.

1 Household receives invitation letter

2 Teen goes to youth survey

Youth survey landing page

Audience: Teens Parents/guardians **Medium:** Paper Online

See pages 155.

1 Household receives invitation letter

2 Teen goes to youth survey

3 Teen assents

Assent language for youth survey

Audience: Teens Parents/guardians **Medium:** Paper Online

See pages 153.

1 Household receives invitation letter

2 Teen goes to youth survey

3 Teen assents

4 PRR emails parent/guardian

Email to parent/guardian requesting consent

Audience: Teens Parents/guardians **Medium:** Paper Online

See pages 156.

1 Household receives invitation letter

2 Teen goes to youth survey

3 Teen assents

4 PRR emails parent/guardian

5 Parent/guardian consents

Consent form for youth survey

Audience: Teens Parents/guardians

Medium: Paper Online

See pages 150 for the complete form. The final paragraph is different for Path 3, shown below.

Thank you for giving your consent for your teen to participate. Your teen has two options for completing the survey. They can:

- 1) Take the survey now. You can hand the device to them and they can go to the next page and agree to participate in the survey.
- 2) Take the survey later. Please provide your teen's email address. We'll email them within one business day with a link to take the 10-minute survey. The survey will be due by November 23, 2018. [TEXT BOX]**

[AFTER ENTERING IN YOUTH RESPONDENT'S EMAIL] Thank you! We'll send your teen a link to take the 10-minute survey within one business day.

1 Household receives invitation letter

2 Teen goes to youth survey

3 Teen assents

4 PRR emails parent/guardian

5 Parent/guardian consents

6 PRR emails teen

Confirmation consent obtained

Audience: Teens Parents/guardians | **Medium:** Paper Online

Subject: Online teen survey about alcohol opinions

Hi,

Your parent/guardian agreed it is ok for you to participate in the Oregon Health Authority's online alcohol opinion survey.

Click here to take the survey: [LINK]

You can email me back at research@prrbiz.com if you have questions. You can also contact Megan Gerdes at the Oregon Health Authority at megan.e.gerdes@state.or.us or 971-673-0984.

Thanks,

1 Household receives invitation letter

2 Teen goes to youth survey

3 Teen assents

4 PRR emails parent/guardian

5 Parent/guardian consents

6 PRR emails teen

→ **Teen takes the survey**

Exhibit C17: Survey instrument for youth who speak English

The survey instrument included a link for a friend code so that respondents could share the survey with friends.

1. How old are you?

- Under 14 [Disqualify]
- 14-17
- 18+ [Redirect to adult survey]

The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, flavored beverages such as Mike's Hard Lemonade and liquor ("shots") such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

2. How old were you when you had your first drink of alcohol? (Don't count times when you had a few sips of someone else's drink).

- I have never had a drink of alcohol other than a few sips [*Skip to question 6*]
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old

- 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
3. In the past year, have you consumed alcohol? This includes beer, wine, or liquor.
- Yes
 - No [*Skip to question 6*]
4. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
5. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- 0 days
 - 1 days
 - 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 or more days

Remember, “alcohol” refers to beer, wine, and liquor. One “drink” equals a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

6. How much do you agree or disagree with the following statements? *[Options: strongly disagree, moderately disagree, slightly disagree, slightly agree, moderately agree, strongly agree]*
- It's never OK for anyone to have an alcoholic drink.
 - It's OK for people to have an alcoholic drink every day.
 - It's OK for people to have two alcoholic drinks every day.
 - It's OK for people to drink too much alcohol sometimes, if it's not every day.
7. How much do you think people risk harming themselves in the short term (ex: car crashes, injuries, risky sexual behavior) if they: *[Options: high risk, moderate risk, minor risk, no risk at all]*
- Have one or two alcoholic drinks every day?
 - Have five or more alcoholic drinks at a time?
8. How much do you think people risk harming themselves in the long term (ex: cancer, liver disease) if they: *[Options: high risk, moderate risk, minor risk, no risk at all]*
- Have one or two alcoholic drinks every day?
 - Have five or more alcoholic drinks at a time, but only once or twice a month?
9. How much do you agree or disagree with the following statements? *[Options: strongly disagree, moderately disagree, slightly disagree, slightly agree, moderately agree, strongly agree]*
- Drinking too much alcohol causes problems in society.
 - Binge drinking is a problem in Oregon.
(Binge drinking means having four or more drinks for women and five or more drinks for men in a two-hour period).
 - Heavy alcohol use is a problem in Oregon.
(Heavy drinking means having one drink every day for women and two or more drinks every day for men).
 - Underage drinking is a problem in Oregon.
 - If you're not harming other people, I don't see a problem with drinking too much.

The next questions try to understand the core values of people who live in Oregon. There are no right or wrong answers.

10. Please read the following sentences. For each statement, select how much you disagree or agree. [strongly disagree, moderately disagree, slightly disagree, slightly agree, moderately agree, strongly agree]

- Compassion for those who are suffering is the most crucial virtue.
- When the government makes laws, the number one principle should be ensuring that everyone is treated fairly.
- I am proud of my country's history.
- Respect for authority is something all children need to learn.
- People should not do things that are disgusting, even if no one is harmed.
- It is better to do good than to do bad.
- One of the worst things a person could do is hurt a defenseless animal.
- Justice is the most important requirement for a society.
- People should be loyal to their family members, even when they have done something wrong.
- Men and women each have different roles to play in society.
- I would call some acts wrong on the grounds that they are unnatural.

11. How do you identify?

- Male
- Female
- Gender(s) not listed here

12. What is your sexual orientation?

- Bisexual
- Gay or Lesbian
- Heterosexual (Straight)
- Sexual orientation not listed here
- Unsure, undecided, or don't know

13. Are you of Hispanic, Latino/a, Latinx or Spanish origin?

- Yes
- No

14. How do you identify? Please select all that apply.

- White
- Black or African American
- American Indian or Alaska Native
- Asian or Asian American
- Pacific Islander or Native Hawaiian
- Race(s) not listed here (please specify): [OPEN TEXT BOX]

15. Please select all of the items that apply to you:

- I receive free or reduced price lunches at school
- In the past year, there was a time when I ate less than I should because there wasn't enough money
- I don't have access to a computer at home
- None of these

If you or someone you know is struggling with alcohol or drugs and needs assistance, please contact YouthLine by **texting “teen2teen” to 839863**. You can also call **877-968-8491**. YouthLine is a free, confidential teen-to-teen crisis and help line. Learn more online at <https://oregonyouthline.org/>.

Message concepts

Through the online qualitative assessment, PRR tested over 40 message concepts aimed to educate the public about the harms of alcohol and to increase support for policies that reduce the harms of alcohol in Oregon. Here are the top performing message concepts, in ranked order, by target audience.

Adult evaluation survey in English

- A. The future of our communities and our state depends on the next generation. But, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. That's bad not just for them, but for all of us. Working together, we can make changes that protect us and our communities from the harm caused by alcohol.
- B. The future of our communities and our state depends on the next generation. But, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. Truth is, one drink every day can do real harm to your body and your relationships. But the alcohol industry is trying to cover up the damage that alcohol can do. That's bad not just for the next generation, but for all of us. Working together, we can make changes that protect us and our communities from the harm caused by alcohol.
- C. The future of our communities and our state depends on the next generation. It's hard enough to keep kids safe without the alcohol industry doing everything it can to convince kids that drinking is cool. This can lead to risky behaviors like drunk driving and lifelong health problems like addiction, cancer, and even dementia. That's bad not just for them, but for all of us. Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

Adult evaluation survey in Spanish

- A. Nuestro trabajo como adultos es cuidar a los niños. Pero, la industria del alcohol se dirige a los jóvenes para hacer que el consumo excesivo de alcohol parezca normal y divertido. Esto puede resultar en comportamientos riesgosos como conducir ebrio. Y, cuanto antes comiencen a beber, mayor será el riesgo de daños a sus cerebros en desarrollo y problemas de salud de por vida como la adicción y el cáncer.

Trabajando juntos, podemos hacer cambios que nos protejan a nosotros, a nuestros hijos y a nuestras comunidades de los daños causados por el alcohol.

- B. Nuestro trabajo como adultos es cuidar a los niños. Usted merece saber la verdad y los riesgos a sus hijos. Pero la industria del alcohol está tratando de ocultar los daños muy reales causados por el alcohol. Se dirige a los jóvenes para hacer que el consumo excesivo de alcohol parezca normal y divertido. La verdad es que incluso un trago todos los días puede causar daños reales a su cuerpo y sus relaciones. Eso es malo no solo para los niños, sino para todos nosotros. Nuestro trabajo como adultos es cuidar a los niños. Trabajando juntos, podemos hacer cambios que nos protejan a nosotros, a nuestros hijos y a nuestras comunidades de los daños causados por el alcohol.
- C. La próxima generación representa el futuro de nuestras comunidades y nuestro estado. Pero la industria del alcohol está tratando de ocultar los daños muy reales causados por el alcohol. Se dirige a los jóvenes para hacer que el consumo excesivo de alcohol parezca normal y divertido. La verdad es que incluso un trago todos los días puede causar daños reales a su cuerpo y sus relaciones. Eso es malo no solo para los niños, sino para todos nosotros. Trabajando juntos, podemos hacer cambios que nos protejan a nosotros, a nuestros hijos y a nuestras comunidades de los daños causados por el alcohol.

Youth evaluation survey in English

- A. Like most people your age, you know alcohol is bad for you. In fact, alcohol can cause cancer and mess with your developing brain. It's more harmful than you might think. Having just one drink every day can do real harm. Oregon has made great progress in protecting us from the harms caused by legal but dangerous products like tobacco. We can – and should – do the same thing to protect ourselves and our communities from the harms caused by alcohol.
- B. You make your own decisions and you deserve the facts. Yet the alcohol industry is trying to trick young people and mislead them about unsafe products. Tobacco companies spend millions trying to convince us that their products are safe. Now the alcohol industry is trying the same thing. The truth is, alcohol companies are here to make money and their products are harmful. Oregon has made great progress in protecting us from the harms caused by legal but dangerous products like tobacco. We can – and should – do the same thing to protect ourselves and our communities from the harms caused by alcohol.

C. It's no secret that the alcohol industry is working hard to target young people and certain neighborhoods more than others. Let's work together as a community to push back and tell the alcohol industry that enough is enough! Oregon has made great progress in protecting us from the harms caused by legal but dangerous products like tobacco. We can – and should – do the same thing to protect ourselves and our communities from the harms caused by alcohol.

Analysis

Data cleaning

PRR cleaned the data following the procedure in Exhibit C18.

Exhibit C18: Survey data cleaning plan summary

Goals	Approach	Relevant questions
Enforce survey logic	<ul style="list-style-type: none"> Reviewed responses where skip logic ignored (where non-drinkers answered questions for drinkers). Dropped or recoded these cases, as needed. 	All
Ensure comparability to the population and across surveys	<ul style="list-style-type: none"> Weighted the data using raking by age, gender and education to match 2018 American Community Survey (Census) data 	All
Look at geography of respondents	<ul style="list-style-type: none"> Created an urban, rural or frontier variable based on zip code. This became a demographic variable. 	Survey login code
Identify categories with very low response rates	<ul style="list-style-type: none"> Created a new variable that dropped or collapsed low-response items into an “other” category as needed for use in regression models. 	All

Goals	Approach	Relevant questions
Identify reporting errors for open-response	<ul style="list-style-type: none"> Where respondents were asked to report a specific number of days, confirmed that the number is less than 30. Where they were asked to report a specific number of drinks, checked for outliers. Dropped or recoded these cases, as needed. 	Consumption Behavior
Identify binge drinking	<ul style="list-style-type: none"> Created a binary variable, “Binge drinker,” that takes the value “1” for any respondent who selected a non-zero option for Question 5. 	Question 5
Identify heavy drinking	<ul style="list-style-type: none"> Created a binary variable, “Heavy drinker,” based on calculations with the response to Question 3 (number of days they drank in the past 30 days). First, calculated an average “drink occasions per day” by dividing the number of days in Q4 by 30. Then, calculated “average drinks per week” by multiplying “drink occasions per day” by average number of drinks consumed in Q4 and multiplying that by 7. For males and non-binary respondents, if average drinks per week is greater than 14, then coded as heavy drinker. For female respondents, if average drinks per week is greater than 7, then coded as heavy drinker. 	Question 3

Goals	Approach	Relevant questions
Recode MF20 questions	<ul style="list-style-type: none"> Assigned numeric values 0-5 to Question 14 responses (Strongly Disagree to Strongly Agree). Used the Moral Foundations scoring tool (see below) to calculate MF20 scores for each respondent. This produced scores for each moral foundation and an overall score. These were continuous variables. 	Question 14

Moral Foundations Theory scoring tool

For each respondent, PRR calculated an overall score by summing the individual foundations' scores (range 0-50).

- Harm/Care score: summed the values of responses for the following questions:
 - Compassion for those who are suffering is the most crucial virtue.
 - One of the worst things a person could do is hurt a defenseless animal.
- Fairness/Reciprocity score: summed the values of responses for the following questions:
 - When the government makes laws, the number one principle should be ensuring that everyone is treated fairly.
 - Justice is the most important requirement for a society.
- In-group/Loyalty score: summed the values of responses for the following questions:
 - I am proud of my country's history.
 - People should be loyal to their family members, even when they have done something wrong.
- Authority/Respect score: summed the values of responses for the following questions:
 - Respect for authority is something all children need to learn.

- Men and women each have different roles to play in society.
- Purity/Sanctity score: Summed the values of responses for the following questions:
 - People should not do things that are disgusting, even if no one is harmed.
 - I would call some acts wrong on the grounds that they are unnatural.
- Attention question: The following question was just used to catch people who were not paying attention. It did not count toward the scoring.
 - It is better to do good than to do bad.

Audience segmentation

OHA-PHD sought to reach a diversity of Oregonians and expected up to a 20% response rate to the baseline and evaluation surveys. PRR anticipated respondents from priority audiences as described below, assuming a representative sample (unless otherwise noted).

Exhibit C19: Audience segmentation

Priority audiences	Survey 1 and 2 combined count	Survey 1 and 2 percent of sample	Pre-survey estimated count
Urban	1,438	84%	1,621–3,242
Rural	232	13%	331–662
Men	635	37%	980–1,960
Adults aged 21–44	380	22%	643–1,286
People with household incomes > \$50,000	676	39%	1,062–2,124
LGBTQ	164	10%	98–196

Asian, Native Hawaiian, or Other Pacific Islander	92	5%	88–166
Underage youth aged 14–20 (did not survey youth under 18 years of age)	19	1%	43–86
African American	24	1%	38–76
American Indian or Alaska Native	57	3%	22–44
Spanish language	444	10%	2–12

In-depth analysis

PRR summarized all responses to the baseline and message evaluation surveys with descriptive statistics.

PRR used regression analysis to estimate how likely a respondent’s characteristics (e.g., demographics) influenced their survey responses (e.g., a “No” rather than a “Yes”), and to identify factors influencing consumption behavior, attitudes/perceptions and policy support. Exhibit C20 summarizes the regression models.

Exhibit C20: Survey regression model summary

Model Information	Series 1	Series 2	Series 3
Outcome of interest	Support for alcohol control policy	Support for the collectivist perspective	Excessive consumption
Measure & level	Agreement with more restrictive alcohol policy interventions	Agreement with collectivist vs. individual perspective or health harms of excessive drinking (averaged responses to several questions)	Excessive drinking behavior
	Binary	Continuous	Binary
Model type	Logit	Ordinary Least Squares (OLS)	Logit

Recommendations for fielding future surveys

1. Avoid fielding during holidays or major events

The window between Thanksgiving and the New Year has several holidays and school closures. It is harder to hear from groups that are more likely to have small children at home or be caught up in holiday activities during this time.

Other events that potentially reduce response rates to surveys include the beginning or end of the academic school year, elections, or emergency situations (natural disasters, public health crises, etc.).

2. Send reminders

There was a bump in responses after each reminder post card mailing.

3. Simplify instructions

The baseline survey mailing #1 attempted to randomly select individuals within households by asking the person age 18+ with the next birthday to complete the survey. The baseline survey mailing #2 and the message evaluation survey invitation did not attempt to randomly select individuals within households. These two mailings had a better response rate than mailing #1.

The baseline survey mailing #1 invited youth to participate, which involved a multi-step process to obtain parental consent and youth assent. There was such a low response rate to the youth survey mailing #1 that PRR changed recruitment tactics to reach this population.

4. Use recruitment tactics tailored to your audience

The baseline survey mailing #1 response rate showed that a paper survey mailed to households is not an effective method to hear from Oregonians under 26 years old. Instead, an online survey and social media recruitment is a more effective way to reach young people. However, it is important to be aware of social media company policies around content served to minors. New policies at Facebook meant to increase user privacy protections limited delivery of survey ads to youth and ended the youth survey fielding before PRR achieved the target sample size.

The baseline survey mailing #1 included the cover letter in both English and Spanish and yet the response rate for people who speak Spanish was very low. PRR worked with a panel recruiter to field the baseline and message evaluation surveys with Oregonians who speak Spanish and achieved the target sample size. Panel recruiters are a more effective way to engage hard-to-reach groups or populations that speak languages other than English. When targeting populations that speak languages other than English, it is helpful to work with a recruiter that can recruit and support participants in their preferred language.

Online Qualitative Assessment

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Introduction

Background

Alcohol use is the third-leading cause of preventable deaths among people in Oregon. Excessive alcohol use—which includes binge drinking, heavy drinking and alcohol use by people who are under 21 or pregnant—can cause or exacerbate heart disease, diabetes, cancer, suicide, substance use disorders and violence. Excessive alcohol use costs the Oregon economy \$3.5 billion per year in lost workplace productivity, early mortality, health care expenses, criminal justice costs, and motor vehicle crashes.

In 2017, the Oregon Health Authority – Public Health Division (OHA-PHD) launched a formative audience assessment to better understand Oregonians’ attitudes, beliefs and behaviors around excessive alcohol use. OHA-PHD used the assessment to develop message concepts to educate the public about the harms of excessive alcohol use and to increase support for evidence-based strategies that reduce the harms of excessive alcohol use in Oregon. A message concept serves as a broad guide for the tone, style, and development of a mass-media campaign developed to reach different audience segments. Together, the assessment and message concepts will support OHA-PHD’s communications strategy as part of a statewide, comprehensive approach to reduce and prevent excessive alcohol consumption in the state, which will likely include a statewide mass-media campaign.

OHA-PHD hired PRR, a full-service communications firm, to conduct the assessment and create message concepts.

Purpose

PRR used the online qualitative assessment to refine message concepts and calls to action for use in the message evaluation survey (see pages Appendix D, 268 and 303 for testing materials).

Approach

The online qualitative assessment was part of a multi-phase approach (see Exhibit D1 below). PRR used the Focus Vision Revelation online software to collect qualitative data from participants over an extended period of time (January to September 2019).

Exhibit D1: Online qualitative assessment timeline



The online qualitative assessment took place in three steps, each of which built upon insights from the previous step (see Exhibit D2). Activities were modified based on responses to the survey and earlier activities. PRR probed throughout the research fielding whenever a participant's response was unclear or when a participant's response prompted further questions.

Exhibit D2: Steps in the online qualitative assessment

Step	Purpose	Participants*
Step 1 (Jan. – May 2019)	Assess beliefs, attitudes and behavior	165
Step 2 (May – July 2019)	Assess message concepts	100 new 110 from Step 1
Step 3 (Aug. – Sept. 2019)	Assess refined message concepts	159 from Steps 1 and 2

The online qualitative assessment targeted adult Oregon residents who primarily speak English or Spanish and Oregon teens aged 14-17. Within each of these broad audiences, PRR oversampled priority groups that may be harder to reach while ensuring we still heard from a diverse pool of respondents.

A total of 264 participants (a minimum of eight people from each of the 33 priority audiences) participated in the qualitative assessment. Of those 264 participants, 165 people (a minimum of five people from each of the 33 priority audiences) were invited to participate in all three steps of the assessment. An additional 99 participants (a minimum of three people from each of the 33 priority audiences) were invited to participate in Steps 2 and 3 to assess the messaging. Spanish-language participants responded to translated versions of all activities.

Priority audiences

Adults who speak English

- Lesbian/gay/homosexual/bisexual (18–24)
- Transgender/genderqueer/gender-other (18–24)
- Lesbian/gay/homosexual/bisexual (25+)
- Transgender/genderqueer/gender-other (25+)

- Pregnant/breastfeeding (21+)
- African American (18–24)
- African American (25–44)
- African American (45–64)
- African American (65+)
- American Indian or Alaska Native (18–24)
- American Indian or Alaska Native (25–44)
- American Indian or Alaska Native (45–64)
- American Indian or Alaska Native (65+)
- Asian/Hawaiian/Pacific Islander (18–24)
- Asian/Hawaiian/Pacific Islander (25–44)
- Asian/Hawaiian/Pacific Islander (45–64)
- Asian/Hawaiian/Pacific Islander (65+)
- White (18–24)
- White (25–44)
- White (45–64)
- White (65+)
- Latinx (18–24)
- Latinx (25–44)

Adults who speak Spanish

- Spanish language men (25–44)
- Spanish language women (25–44)
- Spanish language (45+)

Youth who speak English

- Lesbian/gay/homosexual/bisexual (14–17)
- Transgender/genderqueer/gender-other (14–17)

- African American (14–17)
- American Indian or Alaska Native (14–17)
- Asian/Hawaiian/Pacific Islander (14–17)
- White (14–17)
- Latinx (14–17)

Step 1: Assess attitudes

In Step 1, PRR collected baseline information about participants' beliefs, attitudes and behavior.

Note: Internal communication between OHA-PHD and PRR referred to “Steps” in the online qualitative assessment. In participant communications, PRR used the more familiar term “phase.” The materials below are replicas of participant communications and use the term “phase” instead of “step.”

Recruitment materials

Recruitment materials for adult participants who speak English

Invitation

Participants received this message through the online qualitative assessment platform.

Subject: Welcome to Oregon Health Authority (OHA) Alcohol Study

Revelation

Hi [REDACTED]

You have been invited to participate in the following project:

Oregon Health Authority (OHA) Alcohol Study

Getting started on your computer

Sign in using your email address and the temporary password below:

1199226e

Once you sign in for the first time, you will be able to create a new password.

Getting started on your mobile device

First, you will need to download and install the FV Revelation app for iOS or Android.

iPhone users click here:  Android users click here: 

Sign in using your email address and the temporary password below:

1199226e

Once you sign in for the first time, you will be able to create a new password.

Getting Help

If you have any questions or concerns, please email me at oha_alcohol@studyspace.net.

For technical support, email re-support@focusvision.com

Thanks,
Jordan
Oregon Health Authority (OHA) Alcohol Study Project Moderator

Onboarding

Participants received this message through the online qualitative assessment platform.

Subject: Hello and welcome to the project!

Before we start the activities, please go to [LINK] to review and sign the consent form. Please let us know if you have any questions or concerns.

Thanks!

Jordan and the Research team

Consent form

Participants completed this form through the online survey platform.

You are qualified to participate in a project for the Oregon Health Authority. The project will be from 1/11/19 to 2/10/19, from 3/15/19 to 3/31/19, and from 5/3/19 to 5/19/19. The time commitment is roughly one hour per week during the time that the project is active. If you participate, you will be asked to respond to online questions twice a week during times that are convenient for you.

The goal of this project is to learn what health messages the Oregon Health Authority should use when communicating with Oregon residents about discouraging excessive alcohol use, especially heavy drinking and binge drinking. If you participate, we will ask what you think about alcohol and various prevention messages.

Here are a few more details about the project:

- Participation is voluntary, and you can quit the project at any time.
- Your information will be kept secure and confidential. We will not share your responses with anyone outside of the project.
- You will be paid \$12.50 for each activity you complete, at the rate of two activities per week, for a total of up to \$100 per month.
- Payment will be sent monthly through e-gift cards.
- You can choose to receive e-gift cards from one of several stores, or a Visa e- gift card.

We do not expect any risks to participating in this project.

If you have questions, please email Jordan at research@prrbiz.com or call Kate at 206-957-2925.

If you have questions about the Oregon Health Authority project, please contact the Project Manager, Megan Gerdes, at megan.e.gerdes@state.or.us or 971-673-0984.

If you want to participate, please sign to confirm that you understand the details and you want to be part of this project.

- I want to participate
- I decided that I do not want to participate, please do not contact me

Signature: [SIGNATURE BOX]

Email: [TEXT BOX]

[AFTER CONSENT COMPLETE] Thank you for your participation! You will receive an email soon with the link to the project.

Consent form reminder

Participants received this email from PRR staff.

Subject: Next steps with OHA study

Hello,

Thank you for agreeing to participate in the OHA Alcohol study! We're excited for you to get started, but first we need to have you confirm your participation.

When you can, please go to [LINK] to review and sign the consent form.

If you have any questions or are no longer interested, please let me know. We are closing out enrollment soon and want to make sure everyone has the opportunity to join.

Thanks,

Jordan and the Research team

Consent form completed

Participants received this message through the online qualitative assessment platform.

Hello,

Thank you for agreeing to participate in the OHA Alcohol study! We have received your consent form and are excited for you to get started. You should find your first set of activities within the platform (found at [LINK]).

We will release an activity a day for the next week on the platform. There will be 8 activities in total for this first phase.

If you have any questions or are no longer interested, please let me know.

Thanks,

Jordan and the Research team

Welcome message

Participants received this message through the online qualitative assessment platform.

Our names are _____, and we work for a research company hired by the Oregon Health Authority. We are the moderators for this study. That means we will ask you questions, monitor this site daily and communicate with you on an ongoing basis.

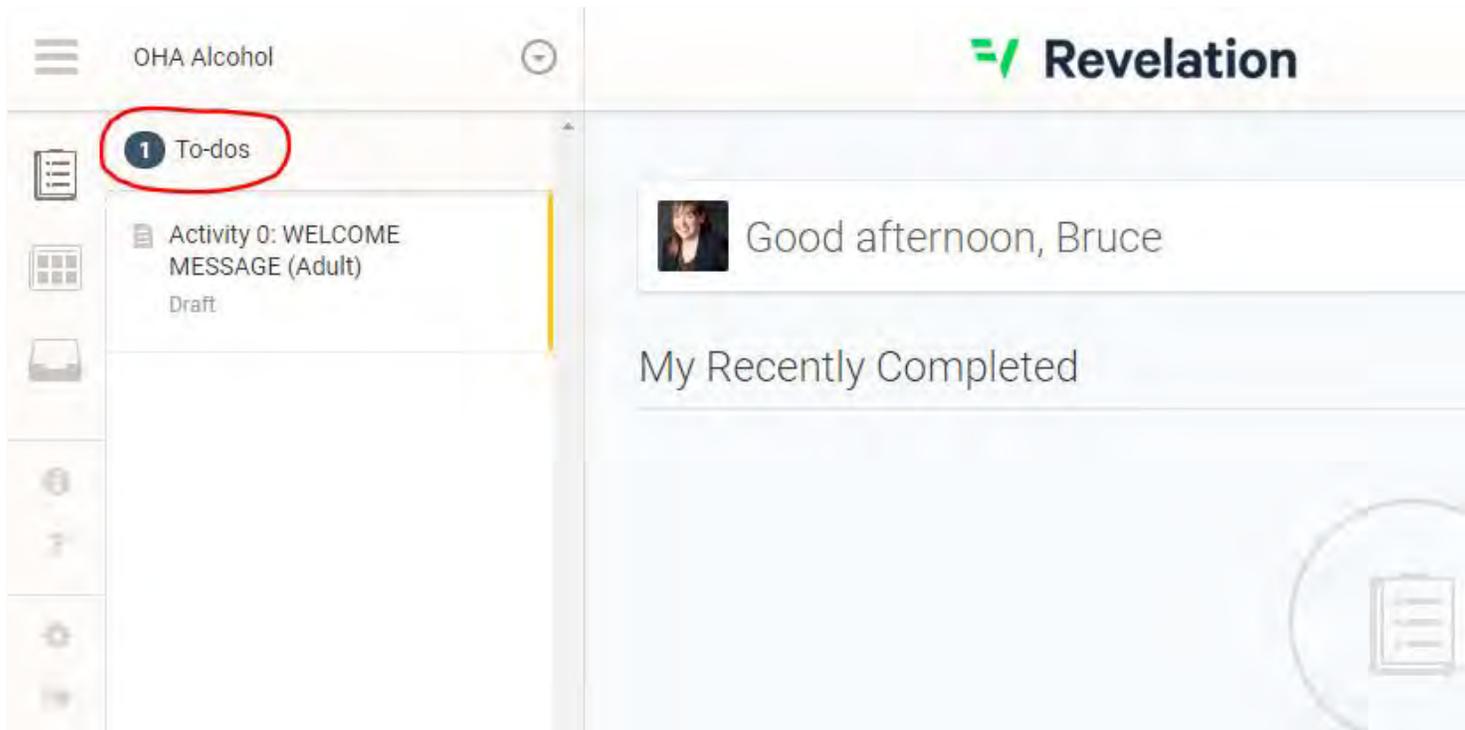
We want to learn more about your thoughts on alcohol use and marketing tactics used by alcohol companies. The goal of this research is to learn how to talk to Oregon residents about alcohol, heavy drinking and binge drinking.

We have some fun activities planned for you over the next few weeks! There are three phases to this study. Here's what you can expect: The first phase is four weeks long with two activities each week (that's eight activities total). It will run from January 11 to February 10. The activities in this phase will help us learn more about you, your experiences and your thoughts.

After this phase, we'll take a break and then return for phases two beginning in mid-March with new questions and activities that build on what we learned from you in this first phase.

Instructions:

- Please log in several times each week that the study is active to complete the activities on your “To Do List.”



- All the activities can be completed using the free Revelation mobile app. You can download the app here:
 - For an iPhone: <https://itunes.apple.com/us/app/revelation-next/id592934352?mt=8>
 - For an Android: <https://play.google.com/store/apps/details?id=com.revelationglobal.revenex&hl=en>
- You can also complete all activities by accessing www.studyspace.net on your computer, tablet or mobile device.

Here are a few more details about the project:

- Participation is voluntary, and you can quit the project at any time.
- Your information will be kept secure and confidential. We will not share your responses with anyone outside of the project (YOUTH: and we will not share your responses with your parent or guardian).
- You will be paid \$12.50 for each activity you complete, at the rate of two activities per week, for a total of up to \$100 per month.

- Payment will be sent (ADULTS: monthly) / (YOUTH: every two weeks) through e- gift cards.
- You can choose to receive e-gift cards from one of several stores, or a Visa e-gift card.
- We do not expect any risks to participating in this project.

Have questions?

For questions about the activities, you can contact us by clicking the “messages” button at the top of the page.

If you need technical support, click "Get technical support" in your platform menu.

You can then submit a message with a description of the issue and our team will reach out to you directly to resolve the issue. Please click on the first set of questions in your “To Do List” to get started!

Study timeline update

Participants received this email from PRR staff.

Subject: Thank you for your participation in the Oregon Health Authority study!

Hello,

Thank you for taking part in the OHA alcohol study. We have learned a lot from you, and we hope you are enjoying participating!

I wanted to give you a heads up that the study will be closing at the end of the day on Thursday, 2/14. We will start the payment process then. Your final payment will be calculated based on the number of activities you complete before the study closes.

All 8 activities are posted now. Make sure to complete all the activities by the close of the study in order to receive full payment. If you have already completed all 8 activities and are all caught up, thank you and keep it up!

Have a great rest of your day and, as always, let me know if you have any questions.

Thanks,

Jordan and the Research team

Reminder for participants who started in February

Participants received this email from PRR staff.

PRR added participants to the study on a rolling basis, but activities for the online qualitative assessment were programmed according to a set schedule. When participants who started in February or later logged onto the platform for the first time, they erroneously received notifications that activities were overdue. PRR sent the following emails to affected participants to clarify that the overdue notifications did not apply to them.

Subject: OHA Alcohol Study Timeline Update

Hello,

Thank you again for agreeing to participate in this study!

We've heard that some participants are confused about the timeline for the study, so we're reaching out to provide some clarity about the project timing.

This study has 3 phases: 1/11 to 2/18, from 3/15 to 3/31, and from 5/3 to 5/19. You may have originally been asked to only participate in the 2nd and 3rd phases, starting in mid-March.

However, you were invited earlier than expected to replace a participant who was unable to participate in phase 1. This means that you are now invited to participate in all three phases.

Please go ahead and get started on your Phase 1 activities. You can access those activities here: [LINK]. If you have not logged on yet, you can use the temporary password: [PASSWORD]

Since you were invited to join after the 1/11 start date, we are posting 1 new activity for you each day, rather than at the pace of 2 activities per week that we planned for. However, we want to give you a bit more time to get the activities done. Please complete all 8 activities by Monday 2/18.

We will submit gift card purchases for all activities submitted by the end of day on 2/18.

Then there will be a short break, and we will reach out for you to start Phase 2 on 3/15.

Thank you again and please let us know if you have any questions.

Thanks!

Jordan and the research team

Closing Step 1

Participants received this email from PRR staff.

Subject: Phase 1 complete!

Hello!

Thank you so much for your participation in the Oregon Health Authority Alcohol study. Phase 1 is now complete, and we will be in touch again when Phase 2 begins on Friday 3/15.

We will initiate the payment process for Phase 1 today. It can take a week or two from when we initiate the process for you to receive the gift card email and we appreciate your patience. You will receive an e-gift card proportional to the number of activities you completed. If you completed everything (Activities 1-8), you will receive a \$100 gift card.

Within two weeks, you will receive an email asking you to choose if you want an e-gift card or mailed gift card, and for which store, including a Visa gift card option. Please respond to that email to select your gift card.

Please let us know if you have questions by responding to this message or emailing us at research@prrbiz.com. It's been a pleasure learning from you, and we're looking forward to learning more in Phase 2.

Thank you!

Recruitment materials for adult participants who speak Spanish

Invitation

Participants received this message through the online qualitative assessment platform.

Subject: Bienvenido a La Encuesta de Alcohol de la Oregon Health Authority



Onboarding

Participants received this message through the online qualitative assessment platform.

Subject: ¡Hola y bienvenido al proyecto!

Antes de comenzar con las actividades, visite [LINK] para revisar y firmar el formulario de consentimiento. Por favor háganos saber si tiene alguna pregunta o inquietud.

¡Gracias!

Jordan y el equipo de investigación

Consent form

Participants completed this form through the online survey platform.

Usted está calificado para participar en un proyecto para la Autoridad de Salud de Oregón (Oregon Health Authority). El proyecto será del 11 de enero de 2019 al 10 de febrero de 2019, del 15 de marzo de 2019 al 31 de marzo de 2019, y del 3 de mayo de 2019 al 19 de mayo de 2019. El compromiso de tiempo es aproximadamente una hora por semana durante el tiempo que el proyecto está activo. Si participa, se le pedirá que responda a las preguntas en línea dos veces cada semana en los horarios que le convengan.

El objetivo de este proyecto es entender cuales mensajes de salud debe usar la Autoridad de Salud de Oregón cuando se comunique con los residentes de Oregón sobre cómo evitar el consumo excesivo de alcohol, especialmente el consumo prolongado de alcohol y el atracón de alcohol. Si participa, le preguntaremos qué piensa usted sobre el alcohol y diversos mensajes de prevención.

Aquí hay algunos detalles más sobre el proyecto:

- La participación es voluntaria, y usted puede abandonar el proyecto en cualquier momento.
- Su información se mantendrá segura y confidencial. No compartiremos sus respuestas con nadie fuera del proyecto.
- Se le pagará \$12.50 por cada actividad que complete, a razón de dos actividades por semana, por un total de hasta \$100 por mes.
- El pago se enviará mensualmente / cada dos semanas a través de tarjetas de regalo electrónicas.

- Puede elegir recibir tarjetas de regalo electrónicas de una de varias tiendas o una tarjeta de regalo electrónica Visa.

No esperamos que haya ningún riesgo al participar en este proyecto.

Si tiene preguntas, por favor envíe un correo electrónico a Shaun research@prrbiz.com o llame a 206-462- 6371.

Si quiere participar, por favor firme para verificar que entiende los detalles y que usted desea participar en este proyecto.

- Sí, yo quiero participar.
- Decidí que no quiero participar. Por favor no me contacte.

Signature: [SIGNATURE BOX]

Email: [TEXT BOX]

Consent form reminder

Participants received this email from PRR staff.

Subject: Siguiente paso: Firmar la hoja de consentimiento

Hola,

¡Gracias por aceptar participar en el estudio sobre alcohol de OHA! Estamos emocionados de que comience, pero primero necesitamos que confirme su participación.

Cuando pueda, vaya a [LINK] para revisar y firmar la hoja de consentimiento.

Si tiene alguna pregunta o ya no está interesado, hágamelo saber. Estamos cerrando la inscripción pronto y queremos asegurarnos de que todos tengan la oportunidad de participar.

¡Gracias!

Jordan y el equipo de investigación

Consent form completed

Participants received this message through the online qualitative assessment platform.

Hola,

¡Gracias por aceptar participar en el estudio sobre alcohol de OHA! Hemos recibido su formulario de consentimiento y estamos emocionados de que comience. Debe encontrar su primer conjunto de actividades dentro de la plataforma (que se encuentra en [LINK]).

Lanzaremos una actividad por día durante la próxima semana en la plataforma. Habrá 8 actividades en total para esta primera fase.

Si tiene alguna pregunta o si ya no está interesado, hágamelo saber.

¡Gracias!

Jordan y el equipo de investigación

Welcome message

Participants received this message through the online qualitative assessment platform.

Mensaje de bienvenida

Nuestros nombres son ____, y trabajamos para una compañía de investigación contratada por la Autoridad de Salud de Oregón (Oregon Health Authority). Somos los moderadores de este estudio. Eso significa que le haremos preguntas, controlaremos este sitio diariamente y nos comunicaremos con usted de manera continua.

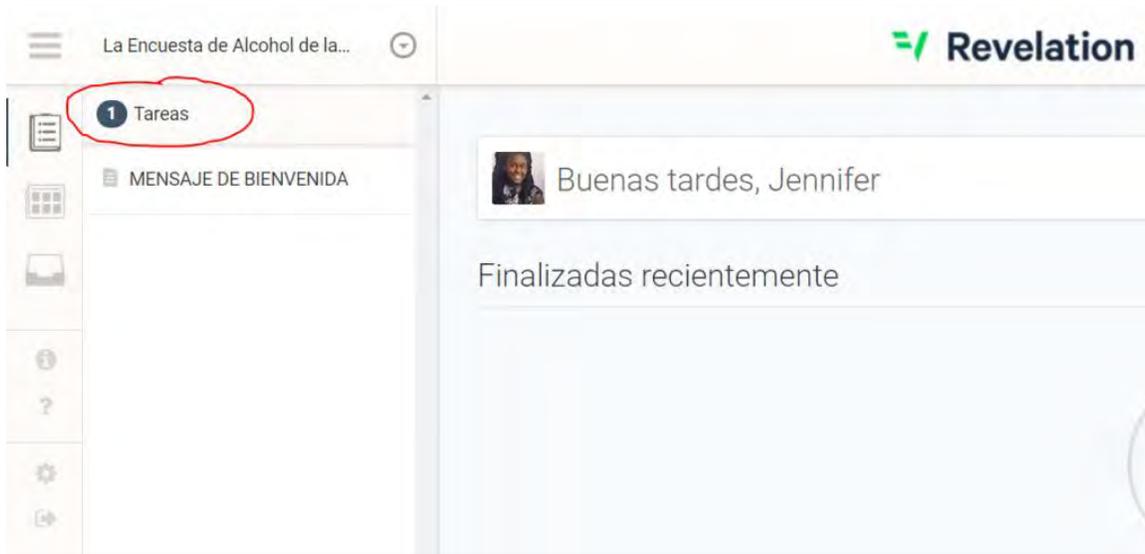
Queremos saber más de sus pensamientos sobre el uso del alcohol y las tácticas de mercadeo utilizadas por las compañías de alcohol. El objetivo de esta investigación es aprender a hablar con los residentes de Oregón sobre el alcohol, el consumo prolongado de alcohol, y el consumo excesivo de alcohol.

¡Tenemos algunas actividades divertidas planeadas para usted en las próximas semanas! Hay tres fases en este estudio. Esto es lo que puede esperar: la primera fase es de cuatro semanas con dos actividades cada semana (es decir, ocho actividades en total). Se desarrollará del 11 de enero al 10 de febrero. Las actividades en esta fase nos ayudarán a conocer más sobre usted, sus experiencias y sus pensamientos.

Después de esta fase, tomaremos un descanso y luego regresaremos para dos fases que comienzan a mediados de marzo con nuevas preguntas y actividades que se basan en lo que aprendimos de usted en esta primera fase.

Instrucciones:

Por favor regrese varias veces cada semana que el estudio está activo para completar las actividades en sus "Tareas."



Todas las actividades se pueden completar utilizando la aplicación móvil gratuita Revelation. Puede descargar la aplicación aquí:

- Para iPhone: <https://itunes.apple.com/us/app/revelation-next/id592934352?mt=8>
- Para Android: <https://play.google.com/store/apps/details?id=com.revelationglobal.revenext&hl=en>

También puede completar todas las actividades accediendo a www.studyspace.net en su computadora, tableta o dispositivo móvil.

Aquí hay algunos detalles más sobre el proyecto:

La participación es voluntaria, y usted puede abandonar el proyecto en cualquier momento.

Su información se mantendrá segura y confidencial. No compartiremos sus respuestas con nadie fuera del proyecto.

Se le pagará \$12.50 por cada actividad que complete, a razón de dos actividades por semana, por un total de hasta \$100 por mes.

El pago se enviará mensualmente a través de tarjetas de regalo electrónicas.

Puede elegir recibir tarjetas de regalo electrónicas de una de varias tiendas o una tarjeta de regalo electrónica Visa.

No anticipamos que haya ningún riesgo al participar en este proyecto.

¿Tiene preguntas?

Para preguntas sobre las actividades, puede contactarnos haciendo clic en el botón "Mensajes" en la parte superior de la página.

Si necesita asistencia técnica, haga clic en "Obtener asistencia técnica" en el menú de su plataforma.

Luego, puede enviar un mensaje con una descripción del problema y nuestro equipo lo contactará directamente para resolver el problema. Haga clic en el primer conjunto de preguntas en sus "Tareas" para comenzar.

Study timeline update

Participants received this email from PRR staff.

Subject: ¡Gracias por su participación en el estudio de la Oregon Health Authority (OHA)!

Hola,

Gracias por participar en el estudio de alcohol de OHA. Hemos aprendido mucho de usted, ¡y esperamos que disfrute participando!

Quería informarle que el estudio se cerrará al final del día el jueves, 14 de febrero. Comenzaremos el proceso de pago entonces. Su pago final se calculará en función de la cantidad de actividades que complete antes del cierre del estudio.

Las 8 actividades están publicadas ahora. Asegúrese de completar todas las actividades al cierre del estudio para recibir el pago completo. Si ya ha completado las 8 actividades y está al día, ¡gracias y continúe!

Tenga buen día y, como siempre, avíseme si tiene alguna pregunta.

Gracias,

Jordan y el equipo de investigación

Reminder for participants who started in February

Participants received this email from PRR staff.

PRR added participants to the study on a rolling basis, but activities for the online qualitative assessment were programmed according to a set schedule. When participants who started in February or later logged onto the platform for the first time, they erroneously received notifications that activities were overdue. PRR sent the following emails to affected participants to clarify that the overdue notifications did not apply to them.

Subject: Actualización de la línea de tiempo del estudio sobre alcohol de la Oregon Health Authority (OHA)

Hola,

¡Gracias de nuevo por aceptar participar en este estudio!

Hemos escuchado que algunos participantes están confundidos acerca de la línea de tiempo para el estudio, por eso estamos comunicando para proporcionar algo de claridad sobre el tiempo del proyecto.

Este estudio tiene 3 fases: 11 de enero a 18 de febrero, de 15 a 31 de marzo, y de 3 a 19 de mayo. Es posible que originalmente se le haya pedido participar solo en las fases 2 y 3, a partir de mediados de marzo. Sin embargo, fue invitado antes de lo esperado para reemplazar a un participante que no pudo participar en la fase 1. Esto significa que ahora está invitado a participar en las tres fases.

Por favor, siga adelante y comience con las actividades de la Fase 1. Puede acceder a esas actividades aquí: [LINK] Si aún no ha iniciado sesión, puede usar la contraseña temporal: [PASSWORD]

Como se le invitó a unirse después de la fecha de inicio del 11 de enero, publicamos 1 actividad nueva para usted cada día, en vez de hacerlo al ritmo de 2 actividades por semana que planeamos. Sin embargo, queremos darle un poco más de tiempo para realizar las actividades. Por favor complete las 8 actividades a más tardar el lunes 18 de febrero.

Compraremos todas las tarjetas de regalo solamente para todas las actividades enviadas al final del día 18 de febrero. Luego habrá un breve descanso y nos pondremos en contacto con usted para comenzar la Fase 2 el 15 de marzo.

Gracias de nuevo y avísenos si tiene alguna pregunta.

¡Gracias!

Jordan y el equipo de investigación

Closing Step 1

Participants received this email from PRR staff.

Subejct: ¡Fase 1 completa!

¡Hola!

Muchas gracias por su participación en el estudio de Alcohol de la Oregon Health Authority. La fase 1 ya está completa, y nos pondremos en contacto nuevamente cuando la fase 2 comience el viernes 15 de marzo.

Iniciaremos el proceso de pago para la Fase 1 hoy. Puede tardar una semana o dos desde que iniciamos el proceso para que reciba el correo electrónico con la tarjeta de regalo y le agradecemos su paciencia. Recibirá una tarjeta de regalo electrónica proporcional al número de actividades que completó. Si completó todo (Actividades 1-8), recibirá una tarjeta de regalo de \$ 100.

Dentro de dos semanas, recibirá un correo electrónico solicitándole que elija si desea una tarjeta de regalo electrónica o una tarjeta de regalo enviada por correo, y para qué tienda, incluida la opción de tarjeta de regalo Visa. Por favor, responda a ese correo electrónico para seleccionar su tarjeta de regalo.

Por favor, avísenos si tiene preguntas respondiendo a este mensaje o enviándonos un correo electrónico a research@prrbiz.com Ha sido un placer aprender de usted, y esperamos aprender más en la Fase 2.

¡Gracias

Jordan y el equipo de investigación

Recruitment materials for youth participants who speak English

Invitation

Participants received this message through the online qualitative assessment platform.

Subject: Welcome to Oregon Health Authority (OHA) Alcohol Study



Hi [REDACTED]

You have been invited to participate in the following project:

Oregon Health Authority (OHA) Alcohol Study



Getting started on your computer

Sign in using your email address and the temporary password below:

1199226e

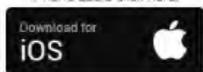
Once you sign in for the first time, you will be able to create a new password.



Getting started on your mobile device

First, you will need to download and install the FV Revelation app for iOS or Android.

iPhone users click here:



Android users click here:



Sign in using your email address and the temporary password below:

1199226e

Once you sign in for the first time, you will be able to create a new password.



Getting Help

If you have any questions or concerns, please email me at oha_alcohol@studyspace.net.

For technical support, email re-support@focusvision.com

Thanks,

Jordan

Oregon Health Authority (OHA) Alcohol Study Project Moderator

Onboarding

Participants received this message through the online qualitative assessment platform.

Subject: Hello and welcome to the project!

Before we start the activities, please go to [consent form link] to review and confirm that you want to participate.

If you are under 18, we also need your parent or guardian's consent for you to participate in the project. Please reply back with their email address (or phone number if they don't use email) so that we can contact them to get their consent.

Please let us know if you have any questions or concerns.

Thanks!

Jordan and the Research team

Consent form

Participants completed this form through the online survey platform.

Teen assent form

We want to understand the best ways to communicate with young people about alcohol use, especially heavy drinking and binge drinking. If you participate, we will ask what you think about alcohol, various alcohol prevention messages and alcohol prevention ads. We will not ask about your drinking behavior or the drinking behavior of your friends or family.

The project will be from 1/11/19 to 2/10/19, from 3/15/19 to 3/31/19, and from 5/3/19 to 5/19/19. The time commitment is roughly one hour per week during the time that the project is active. If you participate, you will be asked to respond to online questions twice a week.

Here are a few more details about the project:

- Participation is your choice, and you can quit the project at any time.
- Your information will be kept secure and confidential. We will not share your responses with anyone outside of the project, and we will not share your responses with your parent or guardian.
- You will be paid \$12.50 for each activity you complete, at the rate of two activities per week, for a total of up to \$100 per month.

- You will be paid every two weeks through e-gift cards for each completed activity.
- You can choose to receive the e-gift cards from one of several stores, or a Visa e-gift card.
- We do not expect any risks to participating in this project.

If you have questions about the Oregon Health Authority project, please contact the Project Manager, Megan Gerdes, at megan.e.gerdes@state.or.us or 971-673-0984

If all of this sounds good to you, please sign to confirm that you understand the details and want to participate.

- I want to participate
- I decided that I do not want to participate, please do not contact me

Signature: [SIGNATURE BOX]

Email: [TEXT BOX]

If you are under 18, we also need your parent or guardian's consent for you to participate in the project. Please provide their email and phone number so we can reach out to confirm parent permission.

Email: [EMAIL]

Phone number: [PHONE NUMBER]

If you are under 18, we also need your parent or guardian's consent for you to participate in the project. I will send them an email, or you can ask them to email me back at research@prrbiz.com or call me at 206-462-6358.

Thanks!

Jordan and the Research team

Email requesting parent/guardian consent

Subject: Seeking consent for your teenager to participate in a project for the Oregon Health Authority

Hello,

Your teenager, with the email address [EMAIL ADDRESS], has expressed interest in participating in an online project about alcohol for the Oregon Health Authority.

The goal of this project is to learn what health messages the Oregon Health Authority should use when communicating with Oregon residents about discouraging excessive alcohol use, especially heavy drinking and binge drinking. If your teenager participates, we will ask what they think about alcohol and get their opinion on various prevention messages. We will not ask about their drinking behavior or the drinking behavior of their friends or family.

The project will happen for two weeks starting in April 2019, and two weeks starting in June 2019. The time commitment is roughly one hour per week during the time that the project is active. During the project, participating teens will be asked to respond to online questions twice a week during times that are convenient for them.

Here are few more details about the survey:

Participation is voluntary, and your teen can quit the project at any time.

- Your teen's information and responses will be kept secure and confidential. We will not share their responses with anyone outside of the project and we will not share their responses with you.
- Participants will be paid \$12.50 for each activity they complete, at the rate of two activities per week, for a total of up to \$100
- Payment will be sent through e-gift cards after two weeks. Participants can choose to receive their e-gift cards from one of several stores, or a Visa e-gift card.
- If your teen chooses to participate, we will ask for their name so that we can send them the e-gift cards as payment.
- We do not expect any risks to participating in this project.

Since your teen is under 18, we would like your consent for them to participate in the project. Please email me at research@prrbiz.com or call me at 206-462-6358 to let me know if your teen has your consent to participate.

If you have questions about the Oregon Health Authority project, please contact the Project Manager, Megan Gerdes, at megan.e.gerdes@state.or.us or 971-673-0984.

Thanks,

Jordan and the Research team

Parent/guardian consent form

Your teenager has expressed interest in participating in an online project about alcohol for the Oregon Health Authority.

The goal of this project is to learn what health messages the Oregon Health Authority should use when communicating with Oregon residents about discouraging excessive alcohol use, especially heavy drinking and binge drinking. If your teenager participates, we will ask what they think about alcohol and get their opinion on various prevention messages. We will not ask about their drinking behavior or the drinking behavior of their friends or family.

The project will be from 1/11/19 to 2/10/19, from 3/15/19 to 3/31/19, and from 5/3/19 to 5/19/19. The time commitment is roughly one hour per week during the time that the project is active. During the project, participating teens will be asked to respond to online questions twice a week during times that are convenient for them.

Here are few more details about the survey:

- Participation is voluntary, and your teen can quit the project at any time.
- Your teen's information and responses will be kept secure and confidential. We will not share their responses with anyone outside of the project and we will not share their responses with you.
- Participants will be paid \$12.50 for each activity they complete, at the rate of two activities per week, for a total of up to \$100 per month.
- Payment will be sent through e-gift cards every two weeks. Participants can choose to receive their e-gift cards from one of several stores, or a Visa e-gift card.
- If your teen chooses to participate, we will ask for their name so that we can send them the e-gift cards as payment.
- We do not expect any risks to participating in this project.

Since your teen is under 18, we would like your consent for them to participate in the project.

If you have questions about the Oregon Health Authority project, please contact the Project Manager, Megan Gerdes, at megan.e.gerdes@state.or.us or 971-673-0984.

I want to participate

Signature: Signature: [SIGNATURE BOX]

Email: [TEXT BOX]

Thank you for your participation!

Consent form reminder

Participants received this email from PRR staff.

Subject: Next steps with OHA study

Hello,

Thank you for agreeing to participate in the OHA Alcohol study! We're excited for you to get started, but first we need to complete the on-boarding forms. We're required to have a both teen and parent submit a consent form in order to participate in the study. When you can, please follow the below steps to get started!

- Confirm your participation at: [LINK]
- Email/message back with your parent or guardian's email address (or phone number, if they prefer) so we can contact them for their consent.

We need to get the consent forms signed soon so that you can participate, so we are sending this message via email as well as on the platform. You only need to respond to one.

Let me know if you have any questions.

Best,

Jordan and the Research team

Consent form completed

Participants received this message through the online qualitative assessment platform.

Hello,

Thank you for agreeing to participate in the OHA Alcohol study! We have received your consent form and are excited for you to get started. You should find your first set of activities within the platform (found at [LINK]).

We will release an activity a day for the next week on the platform. There will be 8 activities in total for this first phase.

If you have any questions or are no longer interested, please let me know.

Thanks,

Jordan and the Research team

Welcome message

Participants received this message through the online qualitative assessment platform.

Our names are _____, and we work for a research company hired by the Oregon Health Authority. We are the moderators for this study. That means we will ask you questions, monitor this site daily and communicate with you on an ongoing basis.

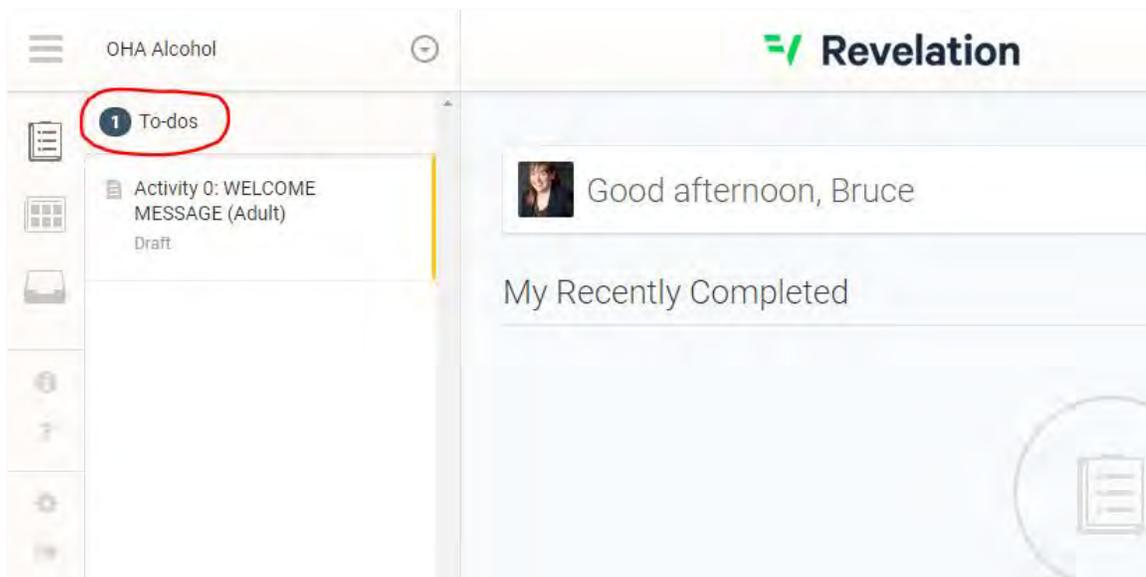
We want to learn more about your thoughts on alcohol use and marketing tactics used by alcohol companies. The goal of this research is to learn how to talk to Oregon residents about alcohol, heavy drinking and binge drinking.

We have some fun activities planned for you over the next few weeks! There are three phases to this study. Here's what you can expect: The first phase is four weeks long with two activities each week (that's eight activities total). It will run from January 11 to February 10. The activities in this phase will help us learn more about you, your experiences and your thoughts.

After this phase, we'll take a break and then return for phases two beginning in mid-March with new questions and activities that build on what we learned from you in this first phase.

Instructions:

- Please log in several times each week that the study is active to complete the activities on your "To Do List."



- All the activities can be completed using the free Revelation mobile app. You can download the app here:
 - For an iPhone: <https://itunes.apple.com/us/app/revelation-next/id592934352?mt=8>
 - For an Android: <https://play.google.com/store/apps/details?id=com.revelationglobal.revenex&t&hl=en>
- You can also complete all activities by accessing www.studyspace.net on your computer, tablet or mobile device.

Here are a few more details about the project:

Participation is voluntary, and you can quit the project at any time.

Your information will be kept secure and confidential. We will not share your responses with anyone outside of the project (YOUTH: and we will not share your responses with your parent or guardian).

You will be paid \$12.50 for each activity you complete, at the rate of two activities per week, for a total of up to \$100 per month.

Payment will be sent (ADULTS: monthly) / (YOUTH: every two weeks) through e-gift cards.

You can choose to receive e-gift cards from one of several stores, or a Visa e-gift card.

We do not expect any risks to participating in this project.

Have questions?

For questions about the activities, you can contact us by clicking the “messages” button at the top of the page.

If you need technical support, click "Get technical support" in your platform menu.

You can then submit a message with a description of the issue and our team will reach out to you directly to resolve the issue. Please click on the first set of questions in your “To Do List” to get started!

Study timeline update

Participants received this email from PRR staff.

Subject: Thank you for your participation in the Oregon Health Authority study!

Hello,

Thank you for taking part in the OHA alcohol study. We have learned a lot from you, and we hope you are enjoying participating!

I wanted to give you a heads up that the study will be closing at the end of the day on Thursday, 2/14. We will start the payment process then. Your final payment will be calculated based on the number of activities you complete before the study closes.

All 8 activities are posted now. Make sure to complete all the activities by the close of the study in order to receive full payment. If you have already completed all 8 activities and are all caught up, thank you and keep it up!

Have a great rest of your day and, as always, let me know if you have any questions.

Thanks,

Jordan and the Research team

Reminder for participants who started in February

Participants received this email from PRR staff.

PRR added participants to the study on a rolling basis, but activities for the online qualitative assessment were programmed according to a set schedule. When participants who started in February or later logged onto the platform for the first time, they erroneously received notifications that activities were overdue. PRR sent

the following emails to affected participants to clarify that the overdue notifications did not apply to them.

Subject: OHA Alcohol Study Timeline Update

Hello,

Thank you again for agreeing to participate in this study!

We've heard that some participants are confused about the timeline for the study, so we're reaching out to provide some clarity about the project timing.

This study has 3 phases: 1/11 to 2/18, from 3/15 to 3/31, and from 5/3 to 5/19. You may have originally been asked to only participate in the 2nd and 3rd phases, starting in mid-March.

However, you were invited earlier than expected to replace a participant who was unable to participate in phase 1. This means that you are now invited to participate in all three phases.

Please go ahead and get started on your Phase 1 activities. You can access those activities here: [LINK]. If you have not logged on yet, you can use the temporary password: [PASSWORD]

Since you were invited to join after the 1/11 start date, we are posting 1 new activity for you each day, rather than at the pace of 2 activities per week that we planned for. However, we want to give you a bit more time to get the activities done. Please complete all 8 activities by Monday 2/18.

We will submit gift card purchases for all activities submitted by the end of day on 2/18.

Then there will be a short break, and we will reach out for you to start Phase 2 on 3/15.

Thank you again and please let us know if you have any questions.

Thanks!

Jordan and the research team

Closing Step 1

Participants received this email from PRR staff.

Subject: Phase 1 complete!

Hello!

Thank you so much for your participation in the Oregon Health Authority Alcohol study. Phase 1 is now complete, and we will be in touch again when Phase 2 begins on Friday 3/15.

We will initiate the payment process for Phase 1 today. It can take a week or two from when we initiate the process for you to receive the gift card email and we appreciate your patience. You will receive an e-gift card proportional to the number of activities you completed. If you completed everything (Activities 1-8), you will receive a \$100 gift card.

Within two weeks, you will receive an email asking you to choose if you want an e-gift card or mailed gift card, and for which store, including a Visa gift card option. Please respond to that email to select your gift card.

Please let us know if you have questions by responding to this message or emailing us at research@prrbiz.com. It's been a pleasure learning from you, and we're looking forward to learning more in Phase 2.

Thank you!

Jordan and the Research team

Activity questions

Participants completed a series of activities in Step 1, and the questions are presented below.

Adults or youth who speak English

Differences by age segment noted as "ADULTS" or "YOUTH."

Activity 1: Welcome and get to know you

Objective: Learn more about the participants and their drinking habits (how much, how often, when, where, with whom).

Let's start by talking a bit about you.

1. Please tell me a bit about yourself and what is important to you.
2. How long have you lived in Oregon?
3. ADULTS: How often do you drink alcohol? If you *don't* drink, please say a bit more about why you don't drink.

4. ADULTS: If you drink, how many drinks do you typically have when you drink?

We're interested in how people think about alcohol and the settings where they typically drink.

5. What were you taught about alcohol as you were growing up?
6. Tell us about a moment that involved alcohol or drinking that really had an impact on you, something either good or bad that really stuck with you.
7. In what ways did parents, guardians or other caregivers shape your perception of drinking?
8. What effects, good or bad, does alcohol have on a person's health?
9. What effects, good or bad, does alcohol have on a person's life in general?

Activity 2: Drinking culture

Objectives: Understand how participants view their personal drinking habits. Learn whether people see themselves as part of a drinking culture. Understand how participants view the drinking culture in Oregon. Learn what they think would change the drinking culture.

The following questions ask about drinking behavior. In these questions, a drink can be any type of alcohol.

1. YOUTH: Describe some of the places where you've seen adults 21+ drinking in the last month (for example: your home, a friend's home, a restaurant, a sports event, etc.). Who was there? What was the occasion, if any?
2. ADULTS: If you drink, describe some of the places where you've had a drink in the last month (your home, a friend's home, a bar, a sports event, etc.). Who were you with, if anyone? What was the occasion, if any?
3. ADULTS: How much and how often, if at all, do the people you hang out with drink when you're together?
4. ADULTS: What time of day do you and the people you hang out with typically drink when you're together?
5. ADULTS: People have different views on what drinking "too much" looks like. What is "too much" for you, in your opinion? To what extent does it depend on the situation? How do you know when you've had too much to drink?

6. ADULTS: Where would you draw the line between “tipsy” and “drunk”? Where do you draw the line between “drunk” and “drinking too much”?
7. ADULTS: When, where and with whom is it okay to get tipsy? How many times per week is it okay to get tipsy?
8. ADULTS: When, where and with whom is it okay to get drunk? How many times per week is it okay to get drunk?
9. ADULTS: Do you drink different things or different amounts based on the situation (for example: where you are, who you’re with, or if it’s an event)? If yes, how so? Why do you drink differently in different situations?
10. Where and how have you seen drinking portrayed? What do you think about how it’s portrayed?
11. Generally speaking, what types of events usually involve drinking? Where is it acceptable to drink? Where is not acceptable to drink?
12. Do people drink different things or different amounts based on the situation (for example: where they are, who they’re with, or if it’s an event)? If yes, how so? Why do people drink differently in different situations?
13. How would you describe Oregon’s drinking culture?
14. What do you think about Oregon’s drinking culture, good or bad?
15. What, if anything, would you like to see changed about Oregon’s drinking culture?
16. How do you think Oregon’s drinking culture could be changed?

Activity 3: Advertising and marketing, part 1

Objectives: Understand perceptions of industry tactics.

1. Think about all the places near your home where someone 21+ can buy alcohol. List what these places are and how many there are. Here’s an example:
 - 1 grocery store
 - 1 convenience store
 - 2 restaurants
 - 3 bars
 - 1 wine shop

How do you feel about the number of places where people can buy alcohol near your home?

Think about where you see alcohol advertising and promotions.

2. What kinds of advertising and promotions do you see in your community?
3. ADULTS: How often do you take advantage of these kinds of promotions such as special pricing for buying in bulk or happy hour discounts?
4. Who do you think is influenced by alcohol advertising and promotions? How much are they influenced?
5. What effect do you think alcohol advertising and promotions have on your community? How do you feel about this effect?
6. How have you seen alcohol companies use holidays to encourage drinking?
7. How have you seen alcohol companies use cultural symbols or traditions to encourage drinking?
8. What do you think about alcohol companies using holidays like Mardi Gras, St. Patrick's Day and Cinco de Mayo to encourage drinking?
9. Do alcohol companies ever go too far with advertising and promotions? In your opinion, what would cross the line?

Activity 4: Advertising and marketing, part 2

Objectives: Understand perceptions of advertising and marketing. Understand perceptions of home-grown industry — meaning and value of “local.”

This activity involves going out and taking pictures and/or videos of alcohol advertisements in your community. Before you answer the questions, please go take pictures or videos of alcohol advertisements in your community. Please also take some pictures or videos of advertisements by local alcohol companies. Please do not include people or passersby in the images.

Once you have taken the photos, come back to this activity to upload the photos and answer some questions.

Looking at the pictures or videos that you just shared...

1. What kinds of advertisements for alcohol did you see?
2. What images or themes appear in these advertisements?

3. How would you describe the overall tone?
4. Do these advertisements appeal to you? Why or why not?

Looking at the pictures or videos of local advertisements that you just shared...

1. Do alcohol companies use “local” as a selling point? If so, how?
2. What themes and values appear in these advertisements?
3. Do these advertisements appeal to you? Why or why not?
4. What are the overall effects of local alcohol companies in your community?
5. ADULTS: If you drink alcohol, do you prefer to drink “local” over national beverages? Why or why not?
6. Do you think it is helpful when alcohol advertisements use taglines like “Drink responsibly”? Why or why not?
7. Is there anywhere you’d like to see fewer alcohol advertisements? If yes, where and why?
8. What effect do you think alcohol advertising has on kids?

Activity 5: Community environment

Objectives: Understand perceptions of place, density, access, and local control.

1. Please describe what you know about how the government regulates alcohol sales in your community.
2. Why do you think the government regulates alcohol sales in these ways?
3. What are the benefits of regulating alcohol sales? What are the downsides?
4. What problems do you see as a result of excessive alcohol use in your community?

In Oregon, liquor sales are regulated to only allow people to buy liquor in state-licensed stores.

5. ADULTS: Do you support this regulation or would you support being able to purchase liquor anywhere you buy beer or wine? Why or why not?
6. YOUTH: Would you support adults 21+ being able to purchase liquor anywhere they buy beer or wine?

Here are some additional ways to regulate the sale of alcohol that people buy and consume elsewhere (this does not include restaurants or bars):

- Restrict alcohol sales on certain days of the week, such as Sunday
- Restrict alcohol sales during certain hours, such as before noon or after 8:00 p.m.
- Restrict the number of stores within a given area that can sell alcohol

7. Which of these regulations do you support? Why?

8. Which of these regulations do you oppose? Why?

Here are some ways to regulate the sale of alcohol through pricing:

- Set a minimum price for alcohol so that you can't sell it for anything less than a certain amount
- Set serving size limits at bars or restaurants so that businesses can't sell one person over a certain number of drinks
- Increase the price of alcohol by raising alcohol taxes
- Ban special pricing for bulk purchases or discounts like happy hours

9. Which of these pricing regulations do you support? Why?

10. Which of these pricing regulations do you oppose? Why?

11. Would you support or oppose increasing the price of alcohol by 20 cents per drink to support alcohol prevention programs in Oregon? Why?

12. What changes, if any, would you want to see around alcohol regulations?

13. Overall, if it became easier to buy alcohol in your area (for example: more stores, lower prices, etc.), do you think your community would be better or worse off? How would this affect adults? How would this affect kids?

Activity 6: Health

Objectives: Gauge perceptions of alcohol's effect on health. Compare perceptions about different diseases, short-term v. long-term effects.

1. Please list all the negative effects you've heard alcohol can have on your health.

2. Now, list any positive effects you've heard alcohol can have on your health.
3. Overall, does alcohol have a positive or negative effect on your health?

Research shows drinking regularly is associated with an increased risk of developing the following conditions. How much does each of these conditions motivate you to not drink (ADULTS: or to drink less)? (highly motivating, motivating, a little motivating, not motivating)

4. Alzheimer's disease
5. Cancer
6. Diabetes
7. Dementia
8. Fetal alcohol syndrome
9. Heart attack
10. Liver disease
11. Skin imperfections
12. Sexually transmitted diseases
13. Stroke
14. Weight gain
15. For the conditions that motivate you, why?
16. For the conditions that don't motivate you, why not?
17. Do you think people would be healthier or live longer if they drank less in general? If so, how would health improve? If not, why not?

According to the Centers for Disease Control and Prevention (CDC), excessive drinking includes *binge drinking* (four or more drinks for women and five or more drinks for men on one occasion).

18. Do you think alcohol companies do enough to warn people about the risks of binge drinking? Why or why not?
19. Do you think alcohol bottles should have warnings about health effects? Why or why not?

Activity 7: Societal harms

Objectives: Understand awareness and beliefs about social harms of alcohol use.

1. What problems in society do you think are connected to drinking too much alcohol?
2. Do you think binge drinking is a problem in Oregon? Why or why not? (According to the Centers for Disease Control and Prevention (CDC), binge drinking means having four or more drinks for women and five or more drinks for men on one occasion).
3. Do you think heavy drinking is a problem in Oregon? Why or why not? (According to the Centers for Disease Control and Prevention (CDC), heavy drinking means having, on average, more than one drink every day for women and having, on average, more than two drinks every day for men).

Research shows that excessive alcohol use can negatively affect an entire community in many ways. The following questions ask you to consider several harms connected to excessive alcohol use.

Please select how much each of these harms motivates you to support regulations on alcohol sales in your community. (highly motivating, motivating, a little motivating, not motivating)

1. Alcohol dependency or addiction
2. Drunk driving
3. Healthcare costs
4. Burden on public safety officers
5. Domestic violence
6. Sexual assault
7. Theft
8. Vandalism
9. Violent crimes
10. For the harms that motivate you, why?
11. For the harms that don't motivate you, why not?
12. Do you see alcohol causing any of these problems in your own community? If yes, how so?

13. Do you think these problems would be improved if people drank less in general?
If yes, how so?

Activity 8: Reflection

Objectives: Hear what participants thought about their experience participating in this study. Learn whether their opinions and attitudes have changed over the course of the study and what messages stuck with them.

Congratulations! You've made it to the final activity in phase one. We'd like to hear about your experience so far.

1. What, if anything, was memorable about this research experience?
2. Have you talked to anyone about this research experience? If yes, who have you talked to, and what did you talk about?
3. Did anything in this research experience impact your behavior or how you think about drinking?
4. What's the best reason for people to cut back on how much they drink? What's the best reason not to?
5. What's the best reason to restrict when and where people can purchase alcohol to consume elsewhere? What's the best reason not to?
6. What's the best reason to restrict where alcohol companies can advertise? What's the best reason not to?
7. Do you think the government has a role to play in encouraging people to drink less? If so, how? If not, why not?
8. Do you think the government has a role to play in supporting parents by limiting kids' access to alcohol?
9. What do you think are the best ways for the Oregon Health Authority to share information about alcohol policies with people in Oregon? (Videos, websites, online games, flyers, etc.).
10. Please share any additional thoughts about the best ways to communicate with the public about drinking.

Thank you for completing phase one of this study! Stay tuned for more information in March about phase two.

Adults who speak Spanish

Everyone who participated in Spanish was 18 years or older.

Actividad 1: Bienvenidos y a conocerlos

Objetivo: Obtener más información sobre los participantes y sus hábitos de consumo (cuánto, con qué frecuencia, cuándo, dónde, con quién).

Vamos a comenzar hablando un poco de usted.

1. Por favor, cuénteme un poco sobre usted y lo que es importante para usted.
2. ¿Cuánto tiempo ha vivido en Oregon?
3. ¿Con qué frecuencia toma alcohol? Si no toma, diga un poco más acerca de por qué no.
4. Si toma, ¿cuántas bebidas suele tomar cuando toma?

Nos interesa la manera que las personas piensan sobre el alcohol y los lugares donde suelen tomar.

5. ¿Qué le enseñaron sobre el alcohol a medida que iba creciendo?
6. Cuéntenos acerca de un momento que involucró alcohol o el consumo de alcohol y que realmente le haya impactado; algo bueno o malo que realmente le afectó.
7. ¿De qué manera determinaron su percepción de la bebida los padres, tutores u otros cuidadores?
8. ¿De qué manera han influido los amigos en cuando y donde toma usted?
9. ¿Qué efectos, buenos o malos, tiene el alcohol en la salud de una persona?
10. ¿Qué efectos, buenos o malos, tiene el alcohol en la vida de una persona en general?

Actividad 2: Cultura de la bebida

Objetivos:

- *Comprender cómo los participantes ven sus hábitos personales de bebida.*
- *Entender si las personas se ven a sí mismas como parte de una cultura de la bebida.*

- *Comprender cómo los participantes ven la cultura de la bebida en Oregón.*
- *Entender qué creen que cambiaría la cultura de la bebida.*

Las siguientes preguntas se refieren a la conducta de tomar. En estas preguntas, una bebida puede ser cualquier tipo de alcohol.

1. Si usted toma, describa algunos de los lugares donde tomó un trago en el último mes (su casa, la casa de un amigo, un bar, un evento deportivo, etc.). ¿Con quién estaba? ¿Cuál fue la ocasión, si la hubo?
2. ¿Cuánto y con qué frecuencia toman las personas con quienes anda usted, si es que lo hacen?
3. ¿A qué hora del día toman usted y las personas con quienes anda cuando están juntos?
4. Las personas tienen diferentes puntos de vista sobre lo que significa tomar "demasiado." ¿Qué es "demasiado" para usted, en su opinión? ¿En qué medida depende de la situación? ¿Cómo sabe usted cuando ha bebido demasiado?
5. Aquí hay algunas palabras que la gente usa cuando alguien está entre estar sobrio y borracho. En inglés, algunas personas dicen "tipsy." ¿Qué palabra usa usted? ¿Achispado? ¿Poco tomado? ¿Medio tomado? Por favor, escriba cuales palabras usa usted.
6. ¿Dónde marca el límite entre "achispado" y "borracho"? ¿Dónde marca el límite entre "borracho" y "tomar demasiado"?
7. ¿Cuándo, dónde y con quién está bien emborracharse? ¿Cuántas veces a la semana está bien emborracharse?
8. ¿Toma usted bebidas diferentes o cantidades diferentes según la situación? Por ejemplo: ¿dependiendo en dónde está, con quién está o si es un evento? Si es así, ¿cómo? ¿Por qué toma de manera diferente en diferentes situaciones?
9. ¿Dónde y cómo ha visto representado el tomar? ¿Qué piensa de cómo se representa?
10. ¿Cuándo, dónde y con quién está bien ponerse achispado? ¿Cuántas veces a la semana está bien ponerse achispado?
11. En términos generales, ¿qué tipo de eventos generalmente involucran tomar? ¿Dónde es aceptable tomar? ¿Dónde no es aceptable tomar?
12. ¿Las personas toman bebidas diferentes o cantidades diferentes según la situación? Por ejemplo, ¿dependiendo en dónde están, con quién están o si es

un evento)? Si es así, ¿cómo? ¿Por qué las personas toman de manera diferente en diferentes situaciones?

13. ¿Cómo describiría la cultura de la bebida de Oregón?
14. ¿Qué piensa de la cultura de la bebida de Oregón, buena o mala?
15. ¿Qué le gustaría ver cambiado sobre la cultura de la bebida de Oregón?
16. ¿Cómo cree usted que se podría cambiar la cultura de la bebida de Oregón?

Actividad 3: Publicidad y mercadeo, Parte 1

Objetivo: Entender las percepciones de las tácticas de la industria.

1. Piense en todos los lugares cerca de su casa donde alguien mayor de 21 años puede comprar alcohol. Haga una lista de estos lugares y cuántos hay. Por ejemplo:

- 1 tienda de comestibles
- 1 tienda de conveniencia
- 2 restaurantes
- 3 bares
- 1 tienda de vinos

2. ¿Qué piensa de la cantidad de lugares donde alguien puede comprar alcohol cerca de su casa?

Piense en dónde ve publicidad y promociones de alcohol.

3. ¿Qué tipo de publicidad y promociones ve en su comunidad?
4. ¿Con qué frecuencia aprovecha este tipo de promociones, como los precios especiales para la compra por mayor o descuentos de hora feliz?
5. ¿Quién cree que es influido por la publicidad y las promociones del alcohol? ¿Qué tanto son influidos?
6. ¿Qué efecto cree usted que tienen las publicidades y promociones sobre el alcohol en su comunidad? ¿Cómo se siente acerca de este efecto?
7. ¿De qué forma ha visto que las compañías de bebidas alcohólicas usen los días festivos para fomentar el consumo de alcohol?
8. ¿De qué forma ha visto que las compañías de alcohol usen símbolos culturales o tradiciones para fomentar el consumo de alcohol?

9. ¿Cual es su opinión acerca de que las compañías de alcohol utilicen los días festivos como Mardi Gras, el Día de San Patricio y el Cinco de Mayo para fomentar el consumo de alcohol?
10. ¿Piensa que las compañías de bebidas alcohólicas hacen más de lo debido con la publicidad y las promociones? En su opinión, ¿Cuál es el límite de lo no debido?

Actividad 4: Publicidad y mercadeo, Parte 2

Objetivos:

- *Comprender las percepciones de la publicidad y el mercadeo.*
- *Comprender las percepciones de la industria local: significado y valor de "local."*

Esta actividad consiste en salir a tomar fotos y / o videos de anuncios de alcohol en su comunidad. Antes de responder a las preguntas, por favor, tome fotos o videos de anuncios de alcohol en su comunidad. Por favor, también tome algunas fotos o videos de anuncios de empresas locales de alcohol. Por favor no incluya personas o transeúntes en las imágenes.

Una vez que haya tomado las fotos, vuelva a esta actividad para subirlas y responder a algunas preguntas.

Mirando las fotos o videos que acaba de compartir ...

1. ¿Qué tipo de anuncios de alcohol vio?
2. ¿Qué imágenes o temas aparecen en estos anuncios?
3. ¿Cómo describiría el tono general?
4. ¿Estos anuncios le atraen a usted? ¿Por qué o por qué no?

Mirando las fotos o videos de anuncios locales que acaba de compartir...

5. ¿Las compañías de bebidas alcohólicas usan la idea de lo "local" para atraer ventas? Si es así, ¿en qué forma?
6. ¿Qué temas y valores aparecen en estos anuncios?
7. ¿Estos anuncios le atraen a usted? ¿Por qué o por qué no?
8. ¿Cuáles son los efectos generales de las compañías locales de alcohol en su comunidad?

9. Si usted toma alcohol, ¿prefiere tomar bebidas "locales" en lugar de nacionales?
¿Por qué sí, o por qué no?
10. ¿Cree usted que es útil cuando los anuncios de bebidas alcohólicas usan lemas como "Tomar responsablemente"? ¿Por qué sí, o por qué no?
11. ¿Hay algún lugar donde le gustaría ver menos anuncios de alcohol? Si es así, ¿dónde y por qué?
12. ¿Qué efecto cree usted que los anuncios de alcohol tienen en los niños?

Actividad 5: Ambiente comunitario

Objetivo: Comprender las percepciones de lugar, densidad, acceso y control local.

1. Por favor, describa lo que usted sabe acerca de cómo el gobierno regula las ventas de alcohol en su comunidad.
2. ¿Por qué cree que el gobierno regula las ventas de alcohol de esta manera?
3. ¿Cuáles son los beneficios de regular las ventas de alcohol? ¿Cuáles son las desventajas?
4. ¿Qué problemas ven como resultado del consume excesivo en su comunidad?

En Oregón, las ventas de licor están reguladas para que las personas solo puedan comprar licor en tiendas que cuentan con licencia del estado.

5. ¿Apoya usted este reglamento o apoyaría poder comprar licor en cualquier lugar donde compre cerveza o vino? ¿Por qué sí, o por qué no?
6. Aquí hay algunas formas adicionales de regular la venta de alcohol que la gente compra y consume en otros lugares (esto no incluye los restaurantes ni los bares):
7. Restringir las ventas de alcohol en ciertos días de la semana, como el domingo.
8. Restringir las ventas de alcohol durante ciertas horas, como antes del mediodía o después de las 8 de la noche.
9. Restringir el número de tiendas dentro de un área determinada que pueden vender alcohol.
10. ¿Cuál de estas regulaciones apoya usted? ¿Por qué?
11. ¿A cuál de estas regulaciones se opone? ¿Por qué?

Aquí hay algunas maneras de regular la venta de alcohol a través de precios:

12. Establecer un precio mínimo para el alcohol para que no pueda venderlo por menos de una cierta cantidad.
13. Establecer límites de servicio en bares o restaurantes para que los negocios no le puedan vender a una persona más de un número determinado de bebidas.
14. Aumentar el precio del alcohol incrementando los impuestos al alcohol.
15. Prohibir los precios especiales para la compra al mayoreo o descuentos como la hora feliz.
16. ¿Cuál de estas regulaciones de precios apoya? ¿Por qué?
17. ¿A cuál de estas regulaciones de precios se opone? ¿Por qué?
18. ¿Apoyaría o se opondría a aumentar el precio del alcohol en 20 centavos por bebida para apoyar los programas de prevención del alcohol en Oregon? ¿Por qué?
19. ¿Qué cambios, en su caso, querría ver acerca de las regulaciones sobre el alcohol?
20. En general, si fuera más fácil comprar alcohol en su área (por ejemplo, más tiendas, precios más bajos, etc.), ¿cree que su comunidad estaría mejor o peor? ¿Cómo afectaría esto a los adultos? ¿Cómo afectaría a los niños?

Actividad 6: La salud

Objetivos:

- *Medir las percepciones del efecto del alcohol en la salud.*
- *Comparar las percepciones sobre diferentes enfermedades, efectos a corto plazo versus efectos a largo plazo.*

1. Por favor, enumere todos los efectos negativos que ha escuchado que el alcohol puede tener en su salud.
2. Ahora, enumere cualquier efecto positivo que haya escuchado que el alcohol pueda tener en su salud.
3. En general, ¿tiene el alcohol un efecto positivo o negativo en su salud?

Las investigaciones muestran que tomar regularmente está asociado con un mayor riesgo de desarrollar las siguientes condiciones. ¿Cuánto le motiva a usted cada una

de estas condiciones a no tomar o tomar menos? (altamente motivador, motivador, un poco motivador, no motivador)

- Alzheimer
- Cáncer
- La diabetes
- Demencia
- Síndrome del alcoholismo fetal
- Ataque del corazón
- Enfermedad del hígado
- Imperfecciones de la piel
- Enfermedades de transmisión sexual
- Derrame cerebral
- Aumento de peso

4. Por las condiciones que le motivan, ¿por qué?

5. Por las condiciones que no le motivan, ¿por qué no?

6. ¿Cree usted que las personas serían más saludables o vivirían más si tomaran menos en general? Si es así, ¿cómo mejoraría la salud? ¿Si no, por qué no?

7. Aquí hay algunas frases que la gente usa cuando alguien bebe alcohol muy rápido. Se dice "binge drinking" en inglés. ¿Qué palabra o frase usa usted para describir esto? ¿El atracón de alcohol? ¿Emborracharse? Por favor, escriba cuales frases usa usted. *Note: this question does not appear in the English version. PRR wanted to know which phrases people use to describe binge drinking in Spanish. The CDC language may not be accessible to all the people who take the survey. The English translation appears for review purposes only.*

Según los Centros para el Control y Prevención de Enfermedades (CDC), consumir alcohol en exceso incluye el atracón de alcohol (cuatro o más bebidas para mujeres y cinco o más bebidas para hombres en una ocasión).

8. ¿Cree usted que las compañías de alcohol hacen lo suficiente para advertir a las personas sobre los riesgos del atracón de alcohol? ¿Por qué sí, o por qué no?

9. ¿Cree usted que las botellas de alcohol deberían tener advertencias sobre los efectos en la salud? ¿Por qué sí, o por qué no?

Actividad 7: Daños sociales

Objetivos: Comprender la conciencia y las creencias sobre los daños sociales del consumo de alcohol.

1. ¿Qué problemas en la sociedad cree que están relacionados con el consumo excesivo de alcohol?
2. ¿Cree usted que el atracón de alcohol es un problema en Oregón? ¿Por qué sí, o por qué no? (De acuerdo con los Centros para el Control y la Prevención de Enfermedades (CDC), el atracón de alcohol significa tomar cuatro o más bebidas para mujeres y cinco o más bebidas para hombres en una ocasión)
3. ¿Cree usted que beber alcohol en exceso es un problema en Oregón? ¿Por qué sí, o por qué no? (De acuerdo con los Centros para el Control y la Prevención de Enfermedades (CDC), el consumo excesivo de alcohol significa tomar, en promedio, más de una bebida por día para las mujeres y, en promedio, tomar más de dos bebidas por día para los hombres)

Las investigaciones demuestran que el consume excesivo de alcohol puede afectar negativamente a una comunidad entera de muchas maneras. Las siguientes preguntas le piden que considere varios daños relacionados con el consume excesivo de alcohol.

4. Seleccione cuánto le motiva a usted cada uno de estos daños para que apoye las regulaciones sobre la venta de alcohol en su comunidad. (altamente motivador, motivador, un poco motivador, no motivador)
 - Dependencia o adicción al alcohol.
 - Conducir ebrio
 - Costos de salud
 - Ser un peso para los oficiales de seguridad pública
 - Violencia doméstica
 - Agresión sexual
 - Robo
 - Vandalismo
 - Crímenes violentos
5. Para los daños que le motivan a usted, ¿por qué?
6. Para los daños que no le motivan, ¿por qué no?

7. ¿Ve usted que el alcohol causa alguno de estos problemas en su propia comunidad? Si es así, ¿en qué forma?
8. ¿Cree que estos problemas mejorarían si las personas tomaran menos alcohol en general? Si es así, ¿en qué forma?

Actividad 8: Reflexión

Objetivos: Escuchar lo que los participantes pensaron sobre su experiencia al participar en este estudio.

Averiguar si sus opiniones y actitudes han cambiado a lo largo del estudio y qué mensajes se quedaron con ellos.

¡Felicidades! Ha llegado a la actividad final en la fase uno. Nos gustaría conocer su experiencia hasta ahora.

1. ¿Qué fue, si es que algo, memorable sobre esta experiencia de investigación?
2. ¿Ha hablado usted con alguien sobre esta experiencia de investigación? En caso afirmativo, ¿con quién ha hablado y de qué hablaron?
3. ¿Hubo algo en esta experiencia de investigación que afectó su comportamiento o de cómo ve el consumo de alcohol?
4. ¿Cuál es la mejor razón para que las personas reduzcan su consumo de alcohol? ¿Cuál es la mejor razón para no hacerlo?
5. ¿Cuál es la mejor razón para restringir cuándo y dónde las personas pueden comprar alcohol para consumir en otro lugar? ¿Cuál es la mejor razón para no hacerlo?
6. ¿Cuál es la mejor razón para restringir dónde las compañías de bebidas alcohólicas pueden anunciarse? ¿Cuál es la mejor razón para no hacerlo?
7. ¿Cree usted que el gobierno tiene un papel que desempeñar para animar a la gente a tomar menos? Si es así, ¿cómo? Si no, ¿por qué no?
8. ¿Cree usted que el gobierno tiene un papel que desempeñar para apoyar a los padres al limitar el acceso de alcohol a los niños?
9. ¿Cuáles son las mejores maneras en que la Autoridad de Salud de Oregón (Oregon Health Authority) puede compartir información sobre las políticas de alcohol con las personas en Oregón? (Videos, sitios web, juegos en línea, folletos, etc.).
10. Por favor, comparta cualquier idea adicional sobre las mejores maneras de comunicarse con el público sobre el consumo de alcohol.

¡Gracias por completar la primera fase de este estudio! Estén atentos para más información en marzo sobre la fase dos.

Analysis

In-depth analysis

PRR used thematic analysis to analyze qualitative data and explore what worked and did not work in message concepts.

Example themes:

- How respondents perceived the harms of alcohol (whether they expressed more collectivist vs. individual perspective) and potential ways to regulate alcohol
- Perceptions of social norms around alcohol, drinking culture in Oregon, advertising tactics used by the alcohol industry, etc.
 - Values participants held regarding alcohol and excessive drinking
 - How respondents perceived the scale and urgency of the problem
- Attitudes regarding the impact of alcohol on vulnerable populations (youth, communities of color, those who identify as LGBTQIA+, etc.)
- Attitudes regarding the underlying factors contributing to excessive drinking

Step 2: Assess concepts

In Step 2, PRR tested preliminary message concepts.

Recruitment materials

Recruitment materials for adult participants who speak English

Update on timeline (Step 1 returning participants)

Participants received this email from PRR staff.

Subject: Update on OHA Alcohol Study Phase 2 Timing

Hello,

Thank you again for participating in Phase 1 of the Oregon Health Authority Alcohol study! We have been busy re-reading and analyzing everyone's responses, and are transforming what we learned into the content we will test in Phase 2. This process is taking longer than we expected. Rather than rush into Phase 2, we are going to delay the start date to make sure we get ask the right questions based on what you all have told us so far.

Thus, rather than beginning this week, **the next phase of the study will begin sometime in April.**

We will email you once we know the new start date and will email you again when Phase 2 begins. Please email or message us if you have any questions or concerns in the meantime.

Thank you for your patience. We're looking forward to starting Phase 2 and learning more from you.

Thanks!

Jordan and the Research team

Update on timeline (new participants)

Participants received this email from PRR staff.

Subject: Welcome to the Oregon Health Authority Alcohol Study!

Hello and welcome to the Oregon Health Authority Alcohol study!

We're excited to get started, however the process of creating the content for this phase of the study is taking longer than we expected. Rather than beginning this week, the next phase of the study will begin sometime in April.

In the meantime, please click on this link to review and sign the consent form: [\[LINK\]](#)
You will need to sign the consent form to participate in the study.

We will email you once we know the new start date and will email you again when Phase 2 begins.

Please email back if you have any questions or concerns. Additionally, if you no longer wish to participate, please let us know and we will stop contacting you.

Thank you for your patience!

Jordan and the Research team

Onboarding (Step 1 returning participants)

Participants received this email from PRR staff.

Subject: New Phase of Oregon Health Authority Alcohol Study Launches 5/3/19

Thank you for participating in the first phase of the Oregon Health Authority Alcohol study! We're excited to get started on the second phase.

Phase 2 will begin on: Friday, May 3rd, 2019. The day-of the launch you can access the first activity at the same website for Phase 1: [\[LINK\]](#). Once logged on to the website, you will see the first activity for this phase and can get started!

In this phase of the study there will be 4 activities for you to complete by May 20, 2019. After that, we will process your payment and update you on next steps for the final phase.

Please email back if you have any questions or concerns.

Thank you for your patience. We look forward to hearing your thoughts!

Best,

Jordan and the Research team

Invitation (new participants)

Participants received this message through the online qualitative assessment platform.

Subject: Welcome to Oregon Health Authority (OHA) Alcohol Study



Hi [REDACTED]

You have been invited to participate in the following project:

Oregon Health Authority (OHA) Alcohol Study



Getting started on your computer

Sign in using your email address and the temporary password below:

1199226e

Once you sign in for the first time, you will be able to create a new password.



Getting started on your mobile device

First, you will need to download and install the FV Revelation app for iOS or Android.

iPhone users click here:



Android users click here:



Sign in using your email address and the temporary password below:

1199226e

Once you sign in for the first time, you will be able to create a new password.



Getting Help

If you have any questions or concerns, please email me at oha_alcohol@studyspace.net.

For technical support, email re-support@focusvision.com

Thanks,

Jordan

Oregon Health Authority (OHA) Alcohol Study Project Moderator

Onboarding (new participants)

Participants received this email from PRR staff.

Subject: [Action required] Oregon Health Authority Alcohol Study Launches 5/3/19

Hello from the Oregon Health Authority Alcohol study!

The study will begin on: **Friday, May 3rd, 2019**. However, before you can begin, you need to review and sign the consent form: [LINK]

The consent form is very quick and takes less than 1 minute to complete. We will continue to reach out to you to encourage you to sign the consent form before May 3.

If at any point you decide you no longer wish to participate in the study, please let us know and we will stop contacting you.

Please email back if you have any questions or concerns.

Thank you for your patience, we're looking forward to beginning the study soon!

Best,

Jordan and the Research team

Consent form

Participants completed this form through the online survey platform.

You are qualified to participate in a project for the Oregon Health Authority. The project will happen for two weeks starting May 3, and two weeks starting in July 2019. The time commitment is roughly one hour per week during the time that the project is active. If you participate, you will be asked to respond to online questions twice a week during times that are convenient for you.

The goal of this project is to learn what health messages the Oregon Health Authority should use when communicating with Oregon residents about discouraging excessive alcohol use, especially heavy drinking and binge drinking. If you participate, we will ask what you think about alcohol and various prevention messages.

Here are a few more details about the project:

- Participation is voluntary, and you can quit the project at any time.
- Your information will be kept secure and confidential. We will not share your responses with anyone outside of the project.

- You will be paid \$12.50 for each activity you complete, at the rate of two activities per week, for a total of up to \$100.
- Payment will be sent monthly through e-gift cards.
- You can choose to receive e-gift cards from one of several stores, or a Visa e-gift card.
- We do not expect any risks to participating in this project.

If you have questions, please email Jordan at research@prrbiz.com or call Kate at 206-957-2925.

If you have questions about the Oregon Health Authority project, please contact the Project Manager, Megan Gerdes, at megan.e.gerdes@state.or.us or 971-673-0984.

- I want to participate
- I decided that I do not want to participate, please do not contact me

Signature: Signature: [SIGNATURE BOX]

Email: [TEXT BOX]

[CONSENT COMPLETE] Thank you for your participation! You will receive an email soon with the link to the project.

Thanks,

Jordan and the Research team

Consent form reminder

Participants received this email from PRR staff.

Subject: [action required] Oregon Health Authority Alcohol study opening soon!

Hope you're having a good week! We're excited to start the Oregon Health Authority Alcohol study this Friday.

However, before we begin, we do need record of your participation. If you are receiving this email, it means we have yet to receive your consent form to be able to participate in the study. **At your earliest convenience, please review and sign the following consent form:** [\[LINK\]](#)

Once you sign the consent form, you will be directed to a page with instructions on how to access the study website and get started!

We want to make sure everyone who wants to participate is able to do so. Unless we hear otherwise, we will continue to reach out to those registered for the study with Justin Steele. **If you no longer wish to participate in the study, please let us know and we will stop contacting you.**

Please email back if you have any questions or concerns.

Thanks,

Jordan and the Research team

Consent form completed

Participants received this email from PRR staff.

Subject: Oregon Health Authority Alcohol Study Launches 5/3/19

Thank you for completing the consent process for the Oregon Health Authority Alcohol study! We're excited to get started.

The study will begin on: **Friday, May 3rd, 2019**. On that day, you will receive an email from [\[LINK\]](#) with a link to access the study website.

Once you log on to the website, you will see the first activity for the study and can get started!

In this phase of the study there will be 4 activities for you to complete by May 20, 2019. After that, we will process your payment and update you on next steps for the final phase.

Please email back if you have any questions or concerns.

Thank you for your patience. We look forward to hearing your thoughts!

Best,

Jordan and the Research team

Reminder to complete study

Participants received this email from PRR staff.

Subject: [action required] Oregon Health Authority Alcohol is live!

Hello again from the Oregon Health Authority Alcohol study!

If you are receiving this email, it means we do not have record of you starting on the study yet.

To access the study website, please follow the below instructions:

1. Go to the study website at: [\[LINK\]](#)
2. Log in with your email (make sure to use the same email address we have been messaging you at). Password is: [\[PASSWORD\]](#)
 - Remember to select 'accept cookies' on the bottom of the screen
3. Complete the initial account set-up and read through the terms & conditions.
4. Read the instructions on navigating the website.
5. Go to the study homepage and complete activity 1 in your to-do list!

We want to make sure everyone who wants to participate is able to do so. Unless we hear otherwise, we will continue to reach out to those registered for the study with Justin Steele. If you are no longer wish to participate in the study, please let us know and we will stop contacting you.

Please email back if you have any questions or concerns.

Thanks,

Jordan and the Research team

Notice that Step 2 is closing

Participants received this email from PRR staff.

Subject: Study Closing and Payment Information

Hello,

Thank you for taking part in the OHA Alcohol study. We have learned a lot from you, and we hope you are enjoying participating!

I wanted to give you a heads up that this phase of the study will be closing tomorrow morning (5/21). After closing, we will tally the number of activities completed and start the payment process. Your final payment will be calculated based on the number of activities you complete. Each activity completed is \$12.50, so completing all activities for this phase is equal to a payment of \$50.

Unfortunately, the process for submitting payments can take up to 2 weeks. We expect you will receive your payment by June 3rd but will alert all participants through email when the payment is finalized and ready for you.

All 4 activities are posted now. Make sure to complete all the activities by the close of the study in order to receive full payment. If you have already completed all 4 activities and are all caught up, thank you and keep it up!

We look forward to hearing more from you during the final phase of the study, which will be starting in July. We will keep you updated through email as we get closer to the launch.

Have a great rest of your day and, as always, let me know if you have any questions.

Thanks,

Jordan and the research team

Payment Instructions

Participants received this email from PRR staff.

Subject: Oregon Health Authority Study - Payment Information

Thank you so much for your recent participation in the Oregon Health Authority Alcohol study!

If you completed activities since the start of the study, your payment was processed today. You should find an email from reward@virtualrewardcenter.com with a link to access your gift card by tomorrow, Saturday, September 7th. Sometimes this email message is automatically forwarded to spam/junk folders so please check there if you can't find it. Most email programs also allow you to search for emails within your inbox as well.

The e-gift card will be proportional to the number of activities you completed, with a value of \$12.50 for each activity completed. You will be able to choose between an e-gift card or mailed gift card, and for which store, including a Visa gift card option. If you decide on the mailed Visa gift card, it will prompt you to enter your address upon selection. Please be aware that shipping takes 10 – 12 business days and is not guaranteed. To prevent any issues with delivery, please list your address exactly as it appears on any formal communications. Some tips:

- If your address includes any directional (for instance NE for Northeast), be sure to include it.

- Write any abbreviations in all capitalization such as “NE”
- If your address is a unit within a building (for instance an apartment or condo), include the unit number on the Address 2 line. Do not include as part of the street address.

Any typos in the address form can result in a delay of another 2 weeks.

If you have completed more activities since we ran the payment, we will be in touch again. If there are activities you have not yet completed, you are still welcome to complete them and your payment will be included in the next round of processing.

If you run into any trouble or have any questions, please do not hesitate to let us know at research@prrbiz.com. We want to make sure everyone is paid for their time and effort.

Since we do not handle the distribution of the gift card, you can also direct any questions regarding claiming or redeeming your reward by contacting Virtual Reward Center at: 1-800-604-1815 or support@virtualrewardcenter.com.

Thanks!

Jordan and the Research team

Payment Assistance

Participants received this email from PRR staff.

Hi,

Thanks for reaching out about your payment for the Oregon Health Authority study! I'm sorry you haven't been able to access your payment. Please see below for instructions on how to access:

We sent out payments via email on 5/24/19 to the following email address: [EMAIL]

I just re-sent the link to the same address. You should receive an email from reward@virtualincentives.com with instructions on how to access the virtual gift card. Sometimes this email is automatically forwarded to spam/junk folder so please check there if you can't find it. You can also search for the email with the address in most inboxes as well.

If the email still has not arrived or if you have any questions, please do not hesitate to reach out again. You can also contact the vendor directly for concerns about accessing

the payment at the Virtual Reward Center: 1-800-604-1815 or support@virtualrewardcenter.com.

Thank you for your patience!

Best,

Jordan and the research team

Recruitment materials for adult participants who speak Spanish

Update on timeline (Step 1 returning participants)

Participants received this email from PRR staff.

Subject: Una actualización sobre la fase 2 del estudio de alcohol de OHA

Hola,

¡Gracias de nuevo por participar en la Fase 1 de la investigación sobre alcohol de la Autoridad de Salud de Oregón (Oregon Health Authority)! Hemos estado ocupados releendo y analizando las respuestas de todos, y estamos transformando lo que aprendimos en el contenido que probaremos en la Fase 2. Este proceso está tomando más tiempo de lo que esperábamos. En lugar de apresurarnos a la Fase 2, vamos a retrasar la fecha de inicio para asegurarnos de que estemos haciendo las preguntas correctas y que estén basadas en lo que todos nos han dicho hasta ahora.

Por lo tanto, en lugar de comenzar esta semana, **la siguiente fase de la investigación va a comenzar en abril.**

Le enviaremos un correo electrónico cuando sepamos la nueva fecha de inicio y le enviaremos un correo electrónico de nuevo cuando comience la Fase 2.

Mientras tanto, envíenos un correo electrónico o envíenos un mensaje si tiene alguna pregunta o inquietud.

Gracias por su paciencia. Esperamos con interés la Fase 2 y aprender más de usted.

Jordan y el equipo de investigación

Update on timeline (new participants)

Participants received this email from PRR staff.

Subject: Bienvenidos a la investigación para la Autoridad de Salud de Oregón

Subject: Bienvenidos a la investigación para la Autoridad de Salud de Oregón (Oregon Health Authority)

Hola y bienvenidos a la investigación sobre alcohol de Oregon Health Authority.

Estamos entusiasmados por comenzar, sin embargo, el proceso de creación del contenido para esta fase de la investigación está tomando más tiempo de lo que esperábamos. En lugar de comenzar esta semana, la siguiente fase de la investigación comenzará en abril.

Mientras tanto, haga clic en este enlace para revisar y firmar el formulario de consentimiento: [LINK] Necesitará firmar el formulario de consentimiento para participar en el estudio.

Le enviaremos un correo electrónico una vez que sepamos la nueva fecha de inicio y le enviaremos un correo electrónico nuevamente cuando comience la Fase 2.

Por favor envíe un correo electrónico si tiene alguna pregunta o inquietud.

Adicionalmente, si ya no desea participar, háganoslo saber y dejaremos de comunicarnos con usted.

¡Gracias por su paciencia!

Jordan y el equipo de investigación

Onboarding (Step 1 returning participants)

Participants received this email from PRR staff.

Subject: Estudio de alcohol de Oregon Health Authority comienza el 3 de mayo de 2019

¡Gracias por completar el proceso de consentimiento para el estudio sobre alcohol de la Autoridad de Salud de Oregón (Oregon Health Authority)! Estamos emocionados de empezar.

El estudio comenzará el viernes, 3 de mayo de 2019. En ese día, recibirá un correo electrónico de OHA_alcohol@studyspace.net con un enlace para acceder al sitio web

del estudio. Una vez que inicie sesión en el sitio web, verá la primera actividad para el estudio y podrá comenzar.

En esta fase del estudio, habrá 4 actividades para completar antes del 20 de mayo de 2019. Después de eso, procesaremos su pago y lo actualizaremos sobre los próximos pasos para la fase final.

Por favor envíenos un correo electrónico si tiene alguna pregunta o inquietud.

Gracias por su paciencia. Esperamos con interés escuchar sus ideas!

Sinceramente,

Jordan y el equipo de investigación

Invitation (new participants)

Participants received this message through the online qualitative assessment platform.

Subject: Bienvenido a La Encuesta de Alcohol de la Oregon Health Authority

The screenshot shows an email from FV Revelation. The header includes the logo and name 'FV Revelation'. The main body of the email is in Spanish and contains the following sections:

- Greeting:** 'Hola [redacted]'
- Introduction:** 'Usted ha recibido una invitación a participar en el siguiente proyecto:' followed by a button labeled 'La Encuesta de Alcohol de la Oregon Health Authority'.
- Computer Introduction:** 'Introducción para computadoras'. It instructs the user to log in with their email and a temporary password '1189226e'. It also notes that first-time users can create a new password.
- Mobile Introduction:** 'Introducción para dispositivos móviles'. It instructs the user to download and install the 'FV Revelation' app for iOS or Android. It provides links for 'Los requisitos de iPhone y iPad aquí' and 'Los requisitos de Android, Kindle, tablet y sin Apple aquí'. Below these are 'Download for iOS' and 'Download for Android' buttons.
- Mobile Login:** It repeats the login instructions with the same temporary password '1189226e'.
- Help Section:** 'Cómo obtener ayuda'. It provides contact information: 'Si tiene preguntas o comentarios, envíe un correo electrónico a oha_alcohol@studyspace.net' and 'Para obtener asistencia técnica, envíe un mensaje a rsupport@focusvision.com'.
- Footer:** 'Gracias, Shaun' and 'La Encuesta de Alcohol de la Oregon Health Authority'.

Onboarding (new participants)

Participants received this email from PRR staff.

¡Hola desde el estudio de alcohol de Oregon Health Authority!

El estudio comenzará el viernes, 3 de mayo de 2019. Sin embargo, antes de que pueda comenzar, debe revisar y firmar el formulario de consentimiento: [LINK]

El formulario de consentimiento es muy corto y demora menos de 1 minuto. Seguiremos comunicándonos con usted para motivarlo a firmar el formulario de consentimiento antes del 3 de mayo.

Si en algún momento decide que ya no desea participar en el estudio, háganoslo saber y dejaremos de comunicarnos con usted.

Por favor envíenos un correo electrónico si tiene alguna pregunta o inquietud.

Gracias por su paciencia. ¡Esperamos con interés escuchar sus ideas!

Sinceramente,

Jordan y el equipo de investigación

Consent form

Participants completed this form through the online survey platform.

Usted está calificado para participar en un proyecto para la Autoridad de Salud de Oregón (Oregon Health Authority). La primera parte del proyecto comienza en Abril y dura dos semanas.

En junio, el proyecto comienza de nuevo y dura dos semanas. El compromiso de tiempo es aproximadamente una hora por semana durante el tiempo que el proyecto está activo. Si participa, se le pedirá que responda a las preguntas en línea dos veces cada semana en los horarios que le convengan.

El objetivo de este proyecto es aprender cuales mensajes de salud debe usar la Autoridad de Salud de Oregón cuando se comunice con los residentes de Oregón sobre cómo evitar el consumo excesivo de alcohol, especialmente el consumo prolongado de alcohol y el atracón de alcohol. Si participa, le preguntaremos qué piensa usted sobre el alcohol y diversos mensajes de prevención.

Aquí hay algunos detalles más sobre el proyecto:

- La participación es voluntaria, y usted puede abandonar el proyecto en cualquier momento.
- Su información se mantendrá segura y confidencial. No compartiremos sus respuestas con nadie fuera del proyecto.
- Se le pagará \$ 12.50 por cada actividad que complete, a razón de dos actividades por semana, por un total de hasta \$ 100.
- El pago se enviará dos semanas después de cada fase a través de tarjetas de regalo electrónicas.
- Puede elegir recibir tarjetas de regalo electrónicas de una de varias tiendas o una tarjeta de regalo electrónica Visa.
- No esperamos ningún riesgo por participar en este proyecto.

Si tiene preguntas, por favor [CONTACT INFO FOR CONSULTANTS AND OHA PROJECT MANAGER].

Si quiere participar, por favor firme para verificar que entiende los detalles y que usted desea participar en este proyecto.

- Sí, yo quiero participar.
- Decidí que no quiero participar. Por favor no me contacte.

Signature: [SIGNATURE BOX]

Email: [TEXT BOX]

Decidí que no quiero participar, por favor no me contacte.

Email: [TEXT BOX]

¡Gracias por su participación! Pronto recibirá un correo electrónico con el enlace a la investigación.

Consent form reminder

Participants received this email from PRR staff.

Subject: ¡El estudio de alcohol de Oregon Health Authority comienza pronto!

¡Espero que esté teniendo una buena semana! Estamos entusiasmados de comenzar el estudio de alcohol de la Autoridad de Salud de Oregón (Oregon Health Authority) este viernes.

Sin embargo, antes de comenzar, necesitamos un registro de su participación. Si está recibiendo este correo electrónico, significa que aún no hemos recibido su formulario de consentimiento para participar en el estudio. **Lo más pronto posible, revise y firme el siguiente formulario de consentimiento: [LINK]**

¡Una vez que firme el formulario de consentimiento, lo dirigirá a una página con instrucciones sobre cómo acceder al sitio web del estudio y comenzar!

Queremos asegurarnos de que todos los que quieran participar puedan hacerlo. A menos que escuchemos lo contrario, continuaremos comunicándonos con los registrados por Justin Steele para el estudio. **Si ya no desea participar en el estudio, háganoslo saber y dejaremos de comunicarnos con usted.**

Envíenos un correo electrónico si tiene alguna pregunta o inquietud.

Gracias,

Jordan y el equipo de investigación

Consent form completed

Participants received this email from PRR staff.

Subject: Estudio de alcohol de Oregon Health Authority lanza 5/3/19

¡Gracias por completar el proceso de consentimiento para el estudio sobre alcohol de Oregon Health Authority! Estamos emocionados de empezar.

El estudio comenzará el viernes, 3 de mayo de 2019. En ese día, recibirá un correo electrónico de OHA_alcohol@studyspace.net con un enlace para acceder al sitio web del estudio. Una vez que inicie sesión en el sitio web, verá la primera actividad para el estudio y podrá comenzar.

En esta fase del estudio, habrá 4 actividades para completar antes del 20 de mayo de 2019. Después de eso, procesaremos su pago y lo actualizaremos sobre los próximos pasos para la fase final.

Por favor envíenos un correo electrónico si tiene alguna pregunta o inquietud.

Gracias por su paciencia. ¡Esperamos con interés escuchar sus ideas!

Sinceramente,

Jordan y el equipo de investigación

Reminder to complete study

Participants received this email from PRR staff.

Subject: ¡El estudio de alcohol de Oregon Health Authority está en marcha!

Hola de nuevo desde el estudio de alcohol de la Autoridad de Salud de Oregón (Oregon Health Authority)!

Si está recibiendo este correo electrónico, significa que todavía no tenemos confirmación de que ya comenzó el estudio.

Para acceder al sitio web del estudio, siga las siguientes instrucciones:

1. Por favor visite el sitio web de: https://www.studyspace.net/oha_alcohol
2. Ingrese su correo electrónico (asegúrese de utilizar la misma dirección de correo electrónico a la que le hemos enviado mensajes):
 - Contraseña: [PASSWORD]
 - Asegúrese de seleccionar “Accept” al fondo de la página.
3. Complete las configuraciones iniciales de la cuenta y lea los términos y condiciones.
4. Lea las instrucciones para navegar por el sitio web.
5. ¡Visite la página de inicio del estudio y complete su primera actividad para el estudio, en la sección de su Tarea!

Queremos asegurarnos de que todos los que quieran participar puedan hacerlo. A menos de que escuchemos lo contrario, continuaremos comunicándonos con los registrados por Justin Steele para el estudio. Si ya no desea participar en el estudio, háganoslo saber y dejaremos de comunicarnos con usted.

Envíenos un correo electrónico si tiene alguna pregunta o inquietud.

Gracias,

Jordan y el equipo de investigación

Notice that Step 2 is closing

Participants received this email from PRR staff.

Subject: Terminando y la información de pago

Hola,

Gracias por ser parte del estudio sobre alcohol de la Autoridad de Salud de Oregón (Oregon Health Authority). Hemos aprendido mucho de usted, ¡y esperamos que haya disfrutado participar!

Quería informarle que el estudio se cerrará mañana el 21 de mayo, por la mañana. Después de cerrar el estudio, haremos un recuento del número de actividades completadas y comenzaremos el proceso de pago. Su pago final se calculará según la cantidad de actividades que complete.

Desafortunadamente, el proceso para enviar pagos puede demorar hasta dos semanas. Esperamos que recibirá su pago antes del 3 de junio, pero vamos alertar a todos los participantes por correo electrónico cuando se finalice el pago.

Las 4 actividades están publicadas ahora. Asegúrese de completar todas las actividades antes del cierre del estudio para recibir el pago completo. Si ya completó las 4 actividades y está al corriente, ¡gracias!

Esperamos saber de usted durante la fase final del estudio, que comenzará en julio. Lo mantendremos informado por correo electrónico a medida que nos acerquemos al lanzamiento.

Que tenga un excelente resto de su día y, como siempre, avíseme si tiene alguna pregunta.

Gracias,

Jordan y el equipo de investigación

Payment Instructions

Participants received this email from PRR staff.

Subject: Información de pago – Oregon Health Authority

Muchas gracias por su reciente participación en el estudio sobre alcohol de Oregon Health Authority.

Si completó las actividades desde el inicio de esta fase, su pago se procesó el 18 de junio. Encontrará un correo electrónico de reward@virtualrewardcenter.com con un enlace para acceder a su tarjeta de regalo. A veces, este mensaje de correo electrónico se reenvía automáticamente a las carpetas de correo no deseado/spam, así que verifique si no puede encontrarlo. La mayoría de los programas de correo electrónico también le permiten buscar correos electrónicos dentro de sus recibidos (inbox) también.

La tarjeta de regalo electrónica será proporcional a la cantidad de actividades que completó con un valor de \$12.50 por cada actividad. Podrá elegir entre una tarjeta de regalo electrónica o una tarjeta de regalo enviada por correo, y para la tienda que usted le guste, incluida la opción de tarjeta de regalo Visa. Si decide recibir la tarjeta de regalo Visa enviada por correo, le solicitará que ingrese su dirección al momento de la selección. Tenga en cuenta que el envío tarda de 10 a 12 días hábiles y no está garantizado. Cualquier error en el formulario de su domicilio puede resultar en un retraso de otras 2 semanas.

Si ha completado más actividades desde que ejecutamos el pago, nos pondremos en contacto nuevamente cuando enviemos el pago a las personas que se unieron tarde o completaron las actividades después de plazo inicial. Si hay actividades que aún no ha completado, puede completarlas en cualquier momento antes de que comience la siguiente fase del estudio en julio.

Si tiene algún problema o tiene alguna pregunta, no dude en comunicárnoslo en research@prrbiz.com. Queremos asegurarnos de que todos paguen por su tiempo.

¡Gracias nuevamente por participar en esta fase del estudio de Oregon Health Authority! Ha sido un placer aprender de usted, ¡y esperamos aprender más de usted cuando comencemos la fase final en julio!

Sinceramente,

Jordan y el equipo de investigación

Payment Assistance

Participants received this email from PRR staff.

Hola,

¡Gracias por comunicarnos sobre su pago por el estudio de la Autoridad de Salud de Oregón (Oregon Health Authority)! Lamento que no haya podido acceder a su pago. Consulte a continuación las instrucciones sobre cómo accederlo:

Enviamos pagos por correo electrónico el 24 de mayo de 2019 a la siguiente dirección de correo electrónico: [EMAIL]

Acabo de reenviar el enlace al mismo correo electrónico. Debería recibir un correo electrónico de award@virtualincentives.com con instrucciones sobre cómo acceder a la tarjeta de regalo virtual. A veces, este correo electrónico se reenvía automáticamente a la carpeta de correo no deseado, así que verifique allí si todavía no puede encontrarlo. También puede buscar el correo electrónico en la mayoría de las cunetas.

Si el correo electrónico aún no ha llegado o si tiene alguna pregunta, no dude en comunicarse nuevamente. También puede comunicarse con el proveedor de tarjetas directamente por inquietudes sobre cómo acceder al pago en el Centro de Recompensas Virtual: 1-800-604-1815 o support@virtualrewardcenter.com

¡Gracias por su paciencia!

Sinceramente,

Jordan y el equipo de investigación

Recruitment materials for youth participants who speak English

Update on timeline (Step 1 returning participants)

Participants received this email from PRR staff.

Subject: Update on OHA Alcohol Study Phase 2 Timing

Hello,

Thank you again for participating in Phase 1 of the Oregon Health Authority Alcohol study! We have been busy re-reading and analyzing everyone's responses, and are transforming what we learned into the content we will test in Phase 2. This process is taking longer than we expected. Rather than rush into Phase 2, we are going to delay the start date to make sure we get ask the right questions based on what you all have told us so far.

Thus, rather than beginning this week, **the next phase of the study will begin sometime in April.**

We will email you once we know the new start date and will email you again when Phase 2 begins. Please email or message us if you have any questions or concerns in the meantime.

Thank you for your patience. We're looking forward to starting Phase 2 and learning more from you.

Best,

Jordan and the Research team

Update on timeline (new participants)

Participants received this email from PRR staff.

Confirm consent form received for youth Subject: Welcome to the Oregon Health Authority Alcohol study! Welcome to the Oregon Health Authority Alcohol study!

We're excited to get started. However the process of creating the content for this phase of the study is taking longer than we expected. Rather than beginning this week, the next phase of the study will begin sometime in April.

Before we begin, we do need official record of both teen and parental consent. To get through the consenting process before the study starts, please follow the below instruction:

- Confirm your interest by going to the following page and completing the teen consent form: [LINK]
- In the form, please enter the contact information for your parent or guardian on Question 2. We will reach out for their permission soon thereafter.

Please email back if you have any questions or concerns. Additionally, if you no longer wish to participate, please let us know and we will stop contacting you.

Thank you for your patience. We're looking forward to beginning the study soon!

Onboarding (Step 1 returning participants)

Participants received this email from PRR staff.

Subject: New Phase of Oregon Health Authority Alcohol Study Launches 5/3/19

Thank you for participating in the first phase of the Oregon Health Authority Alcohol study! We're excited to get started on the second phase.

Phase 2 will begin on: Friday, May 3rd, 2019. The day-of the launch you can access the first activity at the same website for Phase 1: [LINK]. Once logged on to the website, you will see the first activity for this phase and can get started!

In this phase of the study, there will be 4 activities for you to complete by May 20, 2019. After that, we will process your payment and update you on next steps for the final phase.

Please email back if you have any questions or concerns.

Thank you for your patience. We look forward to hearing your thoughts!

Best,

Jordan and the Research team

Invitation (new participants)

Participants received this message through the online qualitative assessment platform.

Subject: Welcome to Oregon Health Authority (OHA) Alcohol Study



Hi [REDACTED]

You have been invited to participate in the following project:

Oregon Health Authority (OHA) Alcohol Study



Getting started on your computer

Sign in using your email address and the temporary password below:

1199226e

Once you sign in for the first time, you will be able to create a new password.



Getting started on your mobile device

First, you will need to download and install the FV Revelation app for iOS or Android.

iPhone users click here:



Android users click here:



Sign in using your email address and the temporary password below:

1199226e

Once you sign in for the first time, you will be able to create a new password.



Getting Help

If you have any questions or concerns, please email me at oha_alcohol@studyspace.net.

For technical support, email re-support@focusvision.com

Thanks,

Jordan

Oregon Health Authority (OHA) Alcohol Study Project Moderator

Onboarding (new participants)

Participants received this email from PRR staff.

Subject: [Action required] Oregon Health Authority Alcohol Study Launches 5/3/19

Hello from the Oregon Health Authority Alcohol study!

The study will begin on: **Friday, May 3rd, 2019**. However, before we begin, we need both you and your parent/guardian to sign consent forms. To get through the consenting process before the study starts, please follow the below instruction:

- Confirm your interest by going to the following page and completing the teen consent form: [LINK]
- In the form, please enter the contact information for your parent or guardian on Question 2. We will contact them to get their consent.

The consent form is very quick and takes less than 1 minute to complete. We will continue to reach out to you to encourage you to sign the consent form before May 3.

If at any point you decide you no longer wish to participate in the study, please let us know and we will stop contacting you.

Please email back if you have any questions or concerns.

Thank you for your patience. We're looking forward to beginning the study soon!

Best,

Jordan and the Research team

Consent form

Participants completed this form through the online survey platform.

Teen assent form

You are qualified to participate in a project for the Oregon Health Authority.

We want to understand the best ways to communicate with young people about alcohol use, especially heavy drinking and binge drinking. If you participate, we will ask what you think about alcohol, various alcohol prevention messages and alcohol prevention ads. We will not ask about your drinking behavior or the drinking behavior of your friends or family.

The project will happen for two weeks starting May 3, and two weeks starting in July 2019. The time commitment is roughly one hour per week during the time that the project is active. If you participate, you will be asked to respond to online questions twice a week. Here are a few more details about the project:

- Participation is your choice, and you can quit the project at any time.
- Your information will be kept secure and confidential. We will not share your responses with anyone outside of the project, and we will not share your responses with your parent or guardian.
- You will be paid \$12.50 for each activity you complete, at the rate of two activities per week, for a total of up to \$100.
- You will be paid after two weeks through e-gift cards for each completed activity.
- You can choose to receive the e-gift cards from one of several stores, or a Visa e-gift card.
- We do not expect any risks to participating in this project.

If you have questions about the Oregon Health Authority project, please contact the Project Manager, Megan Gerdes, at megan.e.gerdes@state.or.us or 971-673-0984

If all of this sounds good to you, please sign to confirm that you understand the details and want to participate.

I want to participate

I decided that I do not want to participate, please do not contact me

Signature: [SIGNATURE BOX]

Email: [TEXT BOX]

If you are under 18, we also need your parent or guardian's consent for you to participate in the project. Please provide their email and phone number so we can reach out to confirm parent permission.

[EMAIL]

[PHONE NUMBER]

Thank you for your participation! Once we have both teen and parent consent, you will receive an email with the link to the project.

If you have any questions or concerns, please do not hesitate to reach out to Jordan at research@prrbiz.com.

Requesting parent/guardian consent

Subject: Seeking consent for your teenager to participate in a project for the Oregon Health Authority

Hello,

Your teenager, with the email address <>, has expressed interest in participating in an online project about alcohol for the Oregon Health Authority.

The goal of this project is to learn what health messages the Oregon Health Authority should use when communicating with Oregon residents about discouraging excessive alcohol use, especially heavy drinking and binge drinking. If your teenager participates, we will ask what they think about alcohol and get their opinion on various prevention messages. We will not ask about their drinking behavior or the drinking behavior of their friends or family.

The project will happen for two weeks starting in April 2019, and two weeks starting in June 2019. The time commitment is roughly one hour per week during the time that the project is active. During the project, participating teens will be asked to respond to online questions twice a week during times that are convenient for them.

Here are few more details about the survey:

- Participation is voluntary, and your teen can quit the project at any time.
- Your teen's information and responses will be kept secure and confidential. We will not share their responses with anyone outside of the project and we will not share their responses with you.
- Participants will be paid \$12.50 for each activity they complete, at the rate of two activities per week, for a total of up to \$100
- Payment will be sent through e-gift cards after two weeks. Participants can choose to receive their e-gift cards from one of several stores, or a Visa e-gift card.
- If your teen chooses to participate, we will ask for their name so that we can send them the e-gift cards as payment.
- We do not expect any risks to participating in this project.

Since your teen is under 18, we would like your consent for them to participate in the project. Please email me at research@prrbiz.com or call me at 206-462-6358 to let me know if your teen has your consent to participate.

If you have questions about the Oregon Health Authority project, please contact the Project Manager, Megan Gerdes, at megan.e.gerdes@state.or.us or 971-673-0984.

Parent/guardian consent form

Your teenager has expressed interest in participating in an online project about alcohol for the Oregon Health Authority.

The goal of this project is to learn what health messages the Oregon Health Authority should use when communicating with Oregon residents about discouraging excessive alcohol use, especially heavy drinking and binge drinking. If your teenager participates, we will ask what they think about alcohol and get their opinion on various prevention messages. We will not ask about their drinking behavior or the drinking behavior of their friends or family.

The project will happen for two weeks starting May 3, and two weeks starting in July 2019. The time commitment is roughly one hour per week during the time that the project is active. During the project, participating teens will be asked to respond to online questions twice a week during times that are convenient for them.

Here are few more details about the survey:

- Participation is voluntary, and your teen can quit the project at any time.
- Your teen's information and responses will be kept secure and confidential. We will not share their responses with anyone outside of the project and we will not share their responses with you.
- Participants will be paid \$12.50 for each activity they complete, at the rate of two activities per week, for a total of up to \$100.
- Payment will be sent through e-gift cards after two weeks. Participants can choose to receive their e-gift cards from one of several stores, or a Visa e-gift card.
- If your teen chooses to participate, we will ask for their name so that we can send them the e-gift cards as payment.
- We do not expect any risks to participating in this project.

Since your teen is under 18, we would like your consent for them to participate in the project.

If you have questions about the Oregon Health Authority project, please contact the Project Manager, Megan Gerdes, at megan.e.gerdes@state.or.us or 971-673-0984.

I consent for my teen to participate

Signature: Signature: [SIGNATURE BOX]

Email: [TEXT BOX]

Thank you for providing your consent!

Consent form reminder

Participants received this email from PRR staff.

Subject: Next steps with OHA study

Hello,

Thank you for agreeing to participate in the OHA Alcohol study! We're excited for you to get started, but first we need to complete the on-boarding forms. We're required to have a both teen and parent submit a consent form in order to participate in the study. When you can, please follow the below steps to get started!

- Confirm your participation at: [LINK]
- Email/message back with your parent or guardian's email address (or phone number, if they prefer) so we can contact them for their consent.

We need to get the consent forms signed soon so that you can participate, so we are sending this message via email as well as on the platform. You only need to respond to one.

Let me know if you have any questions.

Best,

Jordan and the Research team

Consent form completed

Participants received this email from PRR staff.

Subject: Oregon Health Authority Alcohol Study Launches 5/3/19

Thank you for completing the consent process for the Oregon Health Authority Alcohol study! We're excited to get started.

The study will begin on: **Friday, May 3rd, 2019**. On that day, you will receive an email from [\[LINK\]](#) with a link to access the study website.

Once you log on to the website, you will see the first activity for the study and can get started!

In this phase of the study there will be 4 activities for you to complete by May 20, 2019. After that, we will process your payment and update you on next steps for the final phase.

Please email back if you have any questions or concerns.

Thank you for your patience. We look forward to hearing your thoughts!

Best,

Reminder to complete study

Participants received this email from PRR staff.

Subject: [action required] Oregon Health Authority Alcohol is live!

Hello again from the Oregon Health Authority Alcohol study!

If you are receiving this email, it means we do not have record of you starting on the study yet.

To access the study website, please follow the below instructions:

1. Go to the study website at: [\[LINK\]](#)
2. Log in with your email (make sure to use the same email address we have been messaging you at). Password is: [\[PASSWORD\]](#)
 - Remember to select 'accept cookies' on the bottom of the screen
3. Complete the initial account set-up and read through the terms & conditions.
4. Read the instructions on navigating the website.
5. Go to the study homepage and complete activity 1 in your to-do list!

We want to make sure everyone who wants to participate is able to do so. Unless we hear otherwise, we will continue to reach out to those registered for the study with Justin Steele. If you no longer wish to participate in the study, please let us know and we will stop contacting you.

Please email back if you have any questions or concerns.

Thanks,

Jordan and the Research team

Notice that Step 2 is closing

Participants received this email from PRR staff.

Subject: Study Closing and Payment Information

Hello,

Thank you for taking part in the OHA Alcohol study. We have learned a lot from you, and we hope you are enjoying participating!

I wanted to give you a heads up that this phase of the study will be closing tomorrow morning (5/21). After closing, we will tally the number of activities completed and start the payment process. Your final payment will be calculated based on the number of activities you complete. Each activity completed is \$12.50, so completing all activities for this phase is equal to a payment of \$50.

Unfortunately, the process for submitting payments can take up to 2 weeks. We expect you will receive your payment by June 3rd but will alert all participants through email when the payment is finalized and ready for you.

All 4 activities are posted now. Make sure to complete all the activities by the close of the study in order to receive full payment. If you have already completed all 4 activities and are all caught up, thank you and keep it up!

We look forward to hearing more from you during the final phase of the study, which will be starting in July. We will keep you updated through email as we get closer to the launch.

Have a great rest of your day and, as always, let me know if you have any questions.

Thanks,

Jordan and the Research team

Payment Instructions

Participants received this email from PRR staff.

Subject: Oregon Health Authority Study - Payment Information

Thank you so much for your recent participation in the Oregon Health Authority Alcohol study!

If you completed activities since the start of the study, your payment was processed today. You should find an email from reward@virtualrewardcenter.com with a link to access your gift card by tomorrow, Saturday, September 7th. Sometimes this email message is automatically forwarded to spam/junk folders so please check there if you can't find it. Most email programs also allow you to search for emails within your inbox as well.

The e-gift card will be proportional to the number of activities you completed, with a value of \$12.50 for each activity completed. You will be able to choose between an e-gift card or mailed gift card, and for which store, including a Visa gift card option. If you decide on the mailed Visa gift card, it will prompt you to enter your address upon selection. Please be aware that shipping takes 10 – 12 business days and is not guaranteed. To prevent any issues with delivery, please list your address exactly as it appears on any formal communications. Some tips:

- If your address includes any directional (for instance NE for Northeast), be sure to include it.
- Write any abbreviations in all capitalization such as “NE”
- If your address is a unit within a building (for instance an apartment or condo), include the unit number on the Address 2 line. Do not include as part of the street address.

Any typos in the address form can result in a delay of another 2 weeks.

If you have completed more activities since we ran the payment, we will be in touch again. If there are activities you have not yet completed, you are still welcome to complete them and your payment will be included in the next round of processing.

If you run into any trouble or have any questions, please do not hesitate to let us know at research@prrbiz.com. We want to make sure everyone is paid for their time and effort.

Since we do not handle the distribution of the gift card, you can also direct any questions regarding claiming or redeeming your reward by contacting Virtual Reward Center at: 1-800-604-1815 or support@virtualrewardcenter.com.

Thanks!

Jordan and the Research team

Payment Assistance

Participants received this email from PRR staff.

Hi,

Thanks for reaching out about your payment for the Oregon Health Authority study! I'm sorry you haven't been able to access your payment. Please see below for instructions on how to access:

We sent out payments via email on 5/24/19 to the following email address: [EMAIL]

I just re-sent the link to the same address. You should receive an email from reward@virtualincentives.com with instructions on how to access the virtual gift card. Sometimes this email is automatically forwarded to spam/junk folder so please check there if you can't find it. You can also search for the email with the address in most inboxes as well.

If the email still has not arrived or if you have any questions please do not hesitate to reach out again. You can also contact the vendor directly for concerns about accessing the payment at the Virtual Reward Center: 1-800-604-1815 or support@virtualrewardcenter.com.

Thank you for your patience!

Best,

Jordan and the Research team

Messaging framework

In Step 2, PRR tested a number of different message concepts and calls to action aimed to educate the public about the harms of alcohol and to increase support for policies that reduce the harms of alcohol in Oregon. Here are the message concepts and calls to action, organized by whether the statement appeals to a collectivist (C) or individualist (I) frame of thinking, by target audience.

Adults who speak English

Exhibit D3: Messaging framework for adults who speak English

Theme	Frame	Message copy
Misleading Industry	C	After Big Tobacco spent decades misleading all of us about the dangers of tobacco, our communities and our state pushed back hard. Now, the alcohol industry is trying the same thing, covering up the very real damage that even minimal amounts of alcohol can do.
	I	You make your own decisions and you deserve the facts. But, just like Big Tobacco, the alcohol industry is trying to cover up the very real harm caused by even minimal exposure to alcohol. The truth is, even one drink a day can do real damage to your body and your relationships.
Dangerous Product	C	Just because a product is legal doesn't mean it's safe and healthy. Think about tobacco and junk food. It's the same with alcohol. It's more harmful than you might think. In fact, alcohol causes cancer just like tobacco and asbestos, and we need to take it seriously.
	I	You wouldn't know it from the marketing you see everywhere, but alcohol products are more harmful than you might think. Even one drink a day can increase your risk for seven different cancers, not to mention the car accidents and broken relationships it can cause.
Community Impact	C	We all want to live in healthy and vibrant communities. But the more places a neighborhood has that sell alcohol, the higher the rate of crime, violence and economic depression.

	I	You want to live in a community where you can be safe and lead a healthy life. But the more places there are that sell alcohol in your neighborhood the harder it is to make a living or start a small business, and the higher the rate of violent crime.
Next Generation	C	The next generation represents the future of our communities and our state. But, just like with tobacco and junk food, seeing alcohol marketing from an early age sends the message that excessive drinking is a normal part of life. That's bad not just for kids, but for all of us.
Excessive Costs	C	Alcohol takes a portion of our paychecks whether we drink or not. In fact, the harm caused by alcohol through preventable deaths, health care, the court system and more costs each of us \$835 and our state more than \$3.5 billion every year.
Targeting	C	Our communities are stronger when we look out for each other. The alcohol industry understands that, so it's working under the radar to target certain people (including our kids) and neighborhoods that are already struggling.
Protecting Kids	I	You want the best for the kids in your life. But, just like with tobacco and junk food, the alcohol industry targets youth to make excessive drinking seem normal and fun. And, the earlier they start drinking, the greater the risk of damage to their developing brains and lifelong health problems like addiction and cancer.
Living Your Best Life	I	You want to live your best life. But, just like other drugs, alcohol can get in the way of all that—damaging your health, jeopardizing your job, embarrassing you in front of friends and coworkers, and risking relationships with people you care about.
Concluding Statement		Oregon has made great progress in protecting us from the harms caused by legal but dangerous products like tobacco. We can—and should—do the same thing to protect ourselves, our kids, and our communities from the harms caused by alcohol.

		We need to work together to support changes that protect us and our kids from harmful alcohol products. We've done it before with tobacco and other addictive drugs. We can do it again.
--	--	--

Note: "C" refers to collectivist and "I" refers to individualist frame.

Exhibit D4: Calls to action for adults who speak English

Collectivist frame calls to action

1. Support restrictions on the sponsorship or sale of alcohol at family-friendly community events.
 2. Support holding businesses accountable for over-serving customers to the point of intoxication.
 3. Support your community in strengthening restrictions on the sale of alcohol to underage youth in Oregon.
 4. Support a limit on the number of stores that sell alcohol in neighborhoods across the state.
 5. Support a price increase of 20 cents per alcoholic drink to fund alcohol prevention programs.
 6. Support restrictions on the sale of alcohol within 1,000 feet of any Oregon elementary, middle or high school.
 7. Support a limit on the number of days or hours a store can sell alcohol.
 8. Join with state and local organizations to combat the dangers of alcohol to the people of Oregon.
 9. Support restrictions on the use of discounts or coupons that encourage the sale of alcohol in stores in Oregon.
-

Individualist frame calls to action

1. Talk to your child about the dangers of alcohol.
2. Talk with your children or other underage youth about the dangers of alcohol.
3. Host alcohol-free social events in your home.
4. Talk to local leaders about the dangers of alcohol in your community.
5. Talk with your friends and family about the dangers of alcohol.
6. Reduce your own consumption of alcohol.
7. Spend time with family and friends without alcohol.
8. Discourage others from drinking in front of children or underage youth.

Adults who speak Spanish

See adult messages in English for translation.

Exhibits D5: Messaging framework for adults who speak Spanish

Theme	Frame	Message copy
Misleading Industry	C	Después de que las empresas más grandes de la industria del tabaco dedicaran décadas engañándonos a todos sobre los peligros del tabaco, nuestras comunidades y nuestro estado rechazaron. Ahora, la industria del alcohol está intentando lo mismo, escondiendo el daño muy real que pueden provocar incluso cantidades mínimas de alcohol.
	I	Usted toma sus propias decisiones y se merece los hechos. Pero, al igual que las empresas más grandes de la industria del tabaco, la industria del alcohol intenta encubrir el grave daño causado por una exposición mínima al alcohol. La verdad es que incluso una bebida al día puede causar un daño real a su cuerpo y sus relaciones.

Dangerous Product	C	El hecho de que un producto sea legal no significa que sea seguro y saludable. Piense en el tabaco y la comida chatarra. Es lo mismo con el alcohol. Es más dañino de lo que piensa. De hecho, el alcohol causa cáncer al igual que el tabaco y el asbesto, y debemos tomarlo en serio.
	I	Usted no lo sabría por la comercialización que ve en todas partes, pero los productos con alcohol son más dañinos de lo que cree. Incluso una bebida al día puede aumentar su riesgo de siete cánceres diferentes, sin mencionar los accidentes automovilísticos y las relaciones rotas que puede causar.
Community Impact	C	Todos queremos vivir en comunidades sanas y vibrantes. Pero mientras más lugares tengan un vecindario que venda alcohol, mayor será la tasa de crimen, violencia y depresión económica.
	I	Usted quiere vivir en una comunidad donde puede estar seguro y llevar una vida saludable. Pero mientras más lugares haya que vendan alcohol en su vecindario, más difícil será ganarse la vida o iniciar un pequeño negocio, y mayor será la tasa de delitos violentos.
Next Generation	C	La próxima generación representa el futuro de nuestras comunidades y nuestro estado. Pero, al igual que con el tabaco y la comida chatarra, ver la comercialización del alcohol desde una edad temprana envía el mensaje de que el consumo excesivo de alcohol es una parte normal de la vida. Eso es malo no solo para los niños, sino para todos nosotros.
Excessive Costs	C	El alcohol toma una porción de nuestros salarios, aunque no lo consumamos. De hecho, el daño causado por el alcohol a través de muertes prevenibles, atención médica, el sistema judicial y más cuesta a cada uno de nosotros \$ 835 y a nuestro estado más de \$ 3.5 mil millones cada año.

Targeting	C	Nuestras comunidades son más fuertes cuando nos cuidamos mutuamente. La industria del alcohol entiende eso, por lo que está trabajando bajo el radar para dirigirse a ciertas personas (incluidos nuestros niños) y vecindarios con menos recursos.
Protecting Kids	I	Usted quiere lo mejor para los niños en tu vida. Pero, al igual que con el tabaco y la comida chatarra, la industria del alcohol se dirige a los jóvenes para que el consumo excesivo de alcohol parezca normal y divertido. Y, cuanto antes comiencen a beber, mayor será el riesgo de daños en el desarrollo de sus cerebros y problemas de salud de por vida, como la adicción y el cáncer.
Living Your Best Life	I	Usted quiere vivir su mejor vida. Pero, al igual que otras drogas, el alcohol puede interferir con todo eso: dañar su salud, poner en peligro su trabajo, avergonzarlo frente a amigos y compañeros de trabajo y poner en riesgo las relaciones con las personas que le importan.
Concluding Statement		Oregón ha hecho grandes progresos para protegernos de los daños causados por productos legales pero peligrosos como el tabaco. Podemos, y debemos, hacer lo mismo para protegernos a nosotros mismos, a nuestros niños y nuestras comunidades de los daños causados por el alcohol.
		Necesitamos trabajar juntos para apoyar los cambios que nos protegen a nosotros y a nuestros hijos de los productos dañinos del alcohol. Lo hemos hecho antes con el tabaco y otras drogas adictivas. Lo podemos hacer de nuevo.

Exhibit D6: Calls to action for adults who speak Spanish

Collectivist frame calls to action

1. Apoyar las restricciones sobre el patrocinio o la venta de alcohol en eventos comunitarios para toda la familia.
2. Apoyar el responsabilizar a las empresas por servir alcohol en exceso a clientes hasta el punto de intoxicación.
3. Ayudar a su comunidad a fortalecer las restricciones en la venta de alcohol a jóvenes menores de edad en Oregon.
4. Apoyar un límite en la cantidad de tiendas que venden alcohol en los vecindarios de todo el estado.
5. Apoyar un aumento de precio de 20 centavos por bebida alcohólica para financiar programas de prevención del alcohol.
6. Apoyar restringir la venta de alcohol a menos de 1,000 pies de cualquier escuela primaria, secundaria o preparatoria de Oregon.
7. Apoyar un límite en la cantidad de días u horas que una tienda puede vender alcohol.
8. Unirse a organizaciones estatales y locales para combatir los peligros del alcohol para la gente de Oregon.
9. Apoyar restricciones en el uso de descuentos o cupones que fomentan la venta de alcohol en tiendas en Oregon.

Individualist frame calls to action

9. Hablar con sus hijos u otros jóvenes menores de edad sobre los peligros del alcohol.
10. Realizar eventos sociales sin alcohol en su hogar.
11. Hablar con líderes locales sobre los peligros del alcohol en su comunidad.
12. Hablar con sus amigos y familiares sobre los peligros del alcohol.

13. Reducir su propio consumo de alcohol.

14. Pasar tiempo con su familia y amigos sin alcohol.

15. Desalentar a otros a beber en frente de niños o jóvenes menores de edad.

Youth who speak English

Exhibit D7: Messaging framework for youth who speak English

Theme	Frame	Message copy
Misleading Industry	C	Tobacco companies spend millions trying to convince us that its products are safe. Now, the alcohol industry is trying the same thing, covering up the very real damage that alcohol can do.
	I	You make your own decisions and you deserve the facts. But the alcohol industry is trying to convince you that its products are safe when the truth is that alcohol does real damage to your developing brain even into your 20s.
Dangerous Product	C	Most young people don't use alcohol. They know it's bad for them, and they're right. In fact, just like tobacco, alcohol can cause cancer and mess with your developing brain.
	I	Like most people your age, you know alcohol is bad for you. Even one drink a day can increase your risk for all sorts of bad stuff, including cancer, not to mention accidents and ruined friendships and relationships with people you care about.
Community Impact	C	Young people want to live in safe, friendly neighborhoods. But the more places a neighborhood has that sell alcohol, the worse the economy and the higher its rate of crime and violence.
	I	You want to live in a community where you can be safe and lead a normal life. But the more places that sell alcohol in your neighborhood the harder it is to find a job and the higher the rate of violent crime.
Next Generation	C	Young people are the future of our communities and our state. But, just like with tobacco and junk food, seeing so many ads for alcohol from an early age sends the message that drinking is a normal part of life. That's bad for all of us.
Excessive Costs	C	Young people see how much alcohol costs their communities whether they're old enough to drink or not.

		They see the fights and accidents it causes. They know the relatives who are sick, and see the police showing up, because of it.
Targeting	C	Our communities are stronger when we look out for each other. The alcohol industry understands that, so it's working under the radar to target certain people (including young people) and neighborhoods that are already struggling.
Stand Up To It	I	You're a role model for younger kids. When they see you standing up against the alcohol industry—which is trying to convince them that drinking is normal and cool—it makes a big difference.
Living Your Best Life	I	You want to live your best life. But, just like other drugs, alcohol can get in the way of all that—embarrassing you in front of friends, hurting your schoolwork or sports, and risking relationships with people you care about.
Concluding Statement		Oregon has made great progress in protecting us from the harms caused by legal but dangerous products like tobacco. We can—and should—do the same thing to protect ourselves and our communities from the harms caused by alcohol.
		We need to work together to support changes that protect ourselves from harmful alcohol products. We've done it before with tobacco and other addictive drugs. We can do it again.

Exhibit D8: Calls to action for youth who speak English

Collectivist frame calls to action

1. Support a limit on the number of days or hours a store can sell alcohol.
2. Support restrictions on the sponsorship or sale of alcohol at family-friendly community events.
3. Support your community in strengthening restrictions on the sale of alcohol to underage youth in Oregon.

4. Join with state and local organizations to combat the dangers of alcohol to the people of Oregon.

5. Support holding businesses accountable for over-serving customers to the point of intoxication.

6. Support restrictions on the sale of alcohol within 1,000 feet of any Oregon elementary, middle or high school.

7. Support a limit on the number of stores that sell alcohol in neighborhoods across the state.

8. Support a price increase of 20 cents per alcoholic drink to fund alcohol prevention programs.

Individualist frame calls to action

1. Be a role model and discourage your friends from drinking.

2. Talk with your friends and family about the dangers of alcohol.

3. Follow your family's rules about not drinking until you're old enough.

4. Plan ahead about how to protect yourself in case alcohol shows up at a party or event you attend.

5. Keep being true to yourself and stand up to peer pressure to drink.

6. Spend time doing stuff you enjoy with family and friends without alcohol.

Activity questions

Participants completed a series of activities in Step 2, and the questions are presented below.

Adults or youth who speak English

Note: Differences by age segment noted as “ADULTS” or “YOUTH.”

Activity 1: Welcome and get to know you

Objective: Collect baseline pre-message concepts attitudes, compare to answers in Step 1 for returning participants and to Step 2, Activity 4 for all participants.

1. ADULTS: Has your thinking about alcohol — or your own drinking habits — changed since you finished Phase 1 of this study? If so, please tell us how.

YOUTH: Has your thinking about alcohol changed since you finished Phase 1 of this study? If so, please tell us how.

2. Has your thinking about the role that policy at the community or state level can play in addressing the harm caused by alcohol changed since you finished Phase 1? If so, please tell us how.
3. Please tell us a bit about yourself and what is important to you.

We would like to know how much you agree or disagree with the following statements. Please rate your level of agreement on a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree.

4. Our communities have roles to play in helping to reduce exposure to products or conditions that could cause harm to people.
5. Our state has a role to play in helping to reduce exposure to products or conditions that could cause harm to people.
6. How much do you agree that excessive drinking is a problem that the community should work together to solve?
7. Please explain your answer for question [number].

We would like to know what you think about the effects of alcohol.

8. In general, what effects, good or bad, does alcohol have on your community? Why?
9. In general, what effects, good or bad, does alcohol have on a person's health?
10. In general, what effects, good or bad, does alcohol have on a person's life in general?
11. ADULTS: How often do you drink alcohol? If you drink, how many drinks do you typically have when you drink? If you don't drink, please say a bit more about why you don't drink.

We would like to know what you think about reducing the harms of alcohol.

12. Should **communities** do what they can to **reduce the harms** of alcohol? [No, Yes]
13. Should the **state of Oregon** do what it can to **reduce the harms** of alcohol? [No, Yes]
14. Should **communities** do what they can to **encourage people to drink less** alcohol? [No, Yes]
15. Should the state of Oregon do what it can to encourage people to drink less alcohol? [No, Yes]

We would like to know how much you agree or disagree with the following statements. Please rate your level of agreement on a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree.

16. In general, regulations on alcohol sales can reduce excessive drinking.
17. Oregon should do more to regulate alcohol sales.

Now we want to hear your opinion on different policies and changes that could reduce the harms of alcohol.

Please read each of the following statements. Then answer the questions that follow.

[Calls to action – see pages 268 for ADULTS and pages 276 for YOUTH]

18. Which of these actions are you already taking? Please select all that apply.
[Show list of calls to action + "None of the above" option]

19. Please explain why you're taking these actions.
20. Which of these actions are you not currently taking but you would consider taking in the future? Please select all that apply. [Show list of calls to action + "None of the above" option]
21. What would you need or want to know to start taking these actions?
22. For the actions you did not select (that you are not taking and would not consider taking), please explain why you are not taking these actions or don't support these actions.

Activity 2: Drinking culture

Objective: Test message concepts

Please read each of the following statements. Then answer the questions that follow.

[Concluding statements – see pages 268 for ADULTS and pages 276 for YOUTH]

1. Which of the following statements do you agree with? [Show list of statements + "None of the above" option]
2. For the statements you selected, what do you like about these messages?
3. For the statements you didn't select, what don't you like about these messages?
4. Which statement would be **MOST** effective in motivating you to take action to reduce alcohol use and harms? [select 1, include "None of these"]
5. Thinking about the statement you selected as **MOST** effective, which of these changes does that statement motivate you to support? Please select all that apply. [list all of the calls to action – see pages 268 for ADULTS and pages 276 for YOUTH, include "none of these"]
6. Which statement would be **LEAST** effective in motivating you to support changes to reduce alcohol use and harms? [select 1, include "None of these"]

Please read each of the following statements. Then answer the questions that follow.

[Concluding statements – see pages 268 for ADULTS and pages 276 for YOUTH, include "none of these"]

7. Which of these statements do you find more convincing? [select 1, include “None of these”]
8. Why do you find this statement more convincing?
9. Thinking about the statement you selected as more convincing, which of these changes does that statement motivate you to support? Please select all that apply. [list all of the CTAs, include “None of these”]
10. Is there anything else you might consider doing differently in your own life as a result of hearing this statement?

Activity 3: Advertising and marketing, part 1

Objective: Test message concepts

Same questions as Activity 2.

Activity 4: Advertising and marketing, part 2

Objective: Collect post-message concepts attitudes

You’ve reached the last activity of this phase of the project. Thank you for your participation so far!

1. Has your thinking about the role that policy at the community or state level can play in addressing the harm caused by alcohol changed over the course of this phase of the study? If so, please tell us how.
2. ADULTS: Has your thinking about alcohol—or your own drinking habits—changed over the course of this phase of the study? If so, please tell us how.
YOUTH: Has your thinking about alcohol changed over the course of this phase of the study? If so, please tell us how.
3. Have you talked to anyone about this research experience? If yes, who have you talked to, and what did you talk about?

Thinking about all the messages you saw in Activities 2 and 3:

4. Did any particular message(s) change your thinking about alcohol in any way? Which one(s)? How did your thinking change?

5. Of all the statements you read, which one did you like the **MOST**? Please describe it in detail based on what you remember. What did you like about this message?
6. Of all the statements you read, which one did you like the **LEAST**? Please describe it in detail based on what you remember. What didn't you like about this message?

Generally speaking,

7. Is alcohol a harmful product? [No, Unsure, Yes]
8. What effects, good or bad, does alcohol have on your community?
9. What effects, good or bad, does alcohol have on a person's health?
10. Should **communities** do what they can to **reduce the harms** of alcohol? [No, Yes]
11. Should the **state of Oregon** do what it can to **reduce the harms** of alcohol? [No, Yes]
12. Should communities do what they can to encourage people to drink less alcohol? [No, Yes]
13. Should the state of Oregon do what it can to encourage people to drink less alcohol? [No, Yes]
14. How much do you agree that excessive drinking is a problem that the community should work together to solve? [Strongly disagree, Disagree, Neither disagree nor agree, Agree, Strongly agree] Why?
15. Please explain your answer for question [number]?
16. If you wanted to convince someone you know that their community should do more to reduce the harms of alcohol, what would you say to them?
17. If you wanted to convince someone you know to drink less alcohol, what would you say to them?
18. Imagine you were given \$1,000 to support community programs that are designed to reduce death, disease, and injury in Oregon. How much money, if any, would you give to each priority?
 - a) Prevent and reduce harms associated with excessive alcohol use

- b) Prevent and reduce harms associated with cannabis use
 - c) Prevent and reduce harms associated with opioid misuse
 - d) Prevent and reduce harms associated with obesity
 - e) Prevent and reduce harms associated with tobacco use
19. For the priority you would give the **MOST** money to, please explain why.
20. For any of the priorities you would **NOT** give money to, or would give the **LEAST** amount of money to, please explain why.

Adults who speak Spanish

Actividad 1: Bienvenidos y a conocerlos

1. ¿Ha cambiado su forma de pensar sobre el alcohol, o sus propios hábitos de bebida, desde que terminó la Fase 1 de este estudio? Si es así, por favor díganos cómo.
2. ¿Ha cambiado su forma de pensar sobre el papel que puede desempeñar la política a nivel comunitario o estatal para abordar el daño causado por el alcohol desde que terminó la Fase 1? Si es así, por favor díganos cómo.
3. Por favor, cuéntenos un poco sobre usted y lo que es importante para usted.
4. Nos gustaría saber en qué medida está de acuerdo o en desacuerdo con las siguientes afirmaciones. Por favor califique su nivel de acuerdo en una escala de 1 a 5, donde 1 está totalmente en desacuerdo y 5 está totalmente de acuerdo.
 - Nuestras comunidades tienen un papel que desempeñar para ayudar a reducir la exposición a productos o condiciones que podrían causar daño a las personas.
 - Nuestro estado tiene un papel que desempeñar para ayudar a reducir la exposición a productos o condiciones que podrían causar daño a las personas.
5. ¿En qué medida está de acuerdo en que el consumo excesivo del alcohol es un problema que la comunidad debe trabajar junta para resolver?
 - Muy en desacuerdo
 - En desacuerdo
 - Ni en desacuerdo ni de acuerdo
 - De acuerdo

- Totalmente de acuerdo

6. Por favor, explique su respuesta para la pregunta [número]

Nos gustaría saber qué piensa acerca de los efectos del alcohol.

7. En general, ¿qué efectos, buenos o malos, tiene el alcohol en su comunidad? ¿Por qué?

8. En general, ¿qué efectos, buenos o malos, tiene el alcohol en la salud de una persona?

9. En general, ¿qué efectos, buenos o malos, tiene el alcohol en la vida de una persona?

10. ¿Con qué frecuencia toma alcohol? Si bebe, ¿cuántas bebidas suele tomar cuando bebe? Si no bebe, por favor diga un poco más sobre por qué no bebe

Nos gustaría saber qué piensa acerca de cómo reducir los daños del alcohol.

11. ¿Deberían las comunidades hacer lo que puedan para reducir los daños del alcohol?

13. ¿Debería el estado de Oregón hacer lo que pueda para reducir los daños del alcohol?

14. ¿Deberían las comunidades hacer lo que puedan para motivar a las personas a beber menos alcohol?

15. ¿Debería el estado de Oregón hacer todo lo posible para motivar a las personas a beber menos alcohol?

- No
- Sí

16. Nos gustaría saber en qué medida está de acuerdo o en desacuerdo con las siguientes afirmaciones. Por favor califique su nivel de acuerdo en una escala de 1 a 5, donde 1 está totalmente en desacuerdo y 5 está totalmente de acuerdo.

- En general, las regulaciones sobre la venta de alcohol pueden reducir el consumo excesivo de alcohol.
- Oregón debería hacer más para regular las ventas de alcohol.
- Ahora queremos escuchar su opinión sobre diferentes políticas y cambios que podrían reducir los daños del alcohol.

- Por favor lea cada una de las siguientes declaraciones. Luego responda las preguntas que siguen.
- Apoyar las restricciones sobre el patrocinio o la venta de alcohol en eventos comunitarios para toda la familia.
- Hablar con sus hijos u otros jóvenes menores de edad sobre los peligros del alcohol
- Apoyar el responsabilizar a las empresas por servir alcohol en exceso a clientes hasta el punto de intoxicación.
- Realizar eventos sociales sin alcohol en su hogar.
- Ayudar a su comunidad a fortalecer las restricciones en la venta de alcohol a jóvenes menores de edad en Oregón.
- Hablar con líderes locales sobre los peligros del alcohol en su comunidad.
- Hablar con sus amigos y familiares sobre los peligros del alcohol.
- Apoyar un límite en la cantidad de tiendas que venden alcohol en los vecindarios de todo el estado.
- Apoyar un aumento de precio de 20 centavos por bebida alcohólica para financiar programas de prevención del alcohol.
- Reducir su propio consumo de alcohol.
- Pasar tiempo con su familia y amigos sin alcohol.
- Apoyar restringir la venta de alcohol a menos de 1,000 pies de cualquier escuela primaria, secundaria o preparatoria de Oregón.
- Apoyar a establecer un límite en la cantidad de días u horas que una tienda puede vender alcohol.
- Desalentar a otros a beber en frente de niños o jóvenes menores de edad.
- Unirse a organizaciones estatales y locales para combatir los peligros del alcohol para la gente de Oregón.
- Apoyar restricciones en el uso de descuentos o cupones que fomentan la venta de alcohol en tiendas en Oregón.
- Ninguna de las anteriores
- Ninguna de estas

17. ¿Cuáles de estas acciones ya está adoptando? Por favor seleccione todas las respuestas que apliquen.
18. Por favor explique por qué está tomando estas acciones.
19. ¿Cuáles de estas acciones no está haciendo actualmente, pero consideraría tomar en el futuro? Por favor seleccione todas las que apliquen.
20. ¿Qué necesitaría o querría saber para comenzar a tomar estas acciones?
21. Para las acciones que no seleccionó (que no está haciendo y no consideraría hacer), explique por qué no las está haciendo, ni las apoya.

Actividad 2: Cultura de la bebida

Por favor lea cada una de las siguientes declaraciones. Luego responda las preguntas que siguen.

- [COLLECTIVE MESSAGE, see Appendix page **Error! Bookmark not defined.**]
1. ¿Con cuáles de las siguientes afirmaciones está de acuerdo? Por favor seleccione todas las respuestas que apliquen.
 - [COLLECTIVE MESSAGES, see Appendix page 271]
 - Ninguna de las anteriores
 - Ninguna de estas
 2. Para las declaraciones que seleccionó, ¿qué le gusta de estos mensajes?
 3. Para las declaraciones que no seleccionó, ¿qué no le gusta de estos mensajes?
 4. ¿Qué afirmación sería más efectiva para motivarlo a tomar medidas para reducir el uso y los daños del alcohol?
 5. Pensando en la declaración que seleccionó como la más efectiva, ¿cuáles de estos cambios le motiva a apoyar esa declaración? Por favor seleccione todas las respuestas que apliquen.
 - [CALLS TO ACTION, see Appendix page 274]
 6. ¿Qué afirmación sería menos efectiva para motivarle a apoyar cambios para reducir el uso y los daños del alcohol?
 7. Por favor lea cada una de las siguientes declaraciones. Luego responda las preguntas que siguen.

- [CONCLUDING MESSAGING STATEMENTS, see Appendix page 271]
- Ninguna de estas

8. ¿Cuál de estas afirmaciones le parece más convincente?

9. ¿Por qué encuentra esta declaración más convincente?

10. Pensando en la declaración que seleccionó como más convincente, ¿cuáles de estos cambios le motivan a apoyar esa declaración? Por favor seleccione todas las respuestas que apliquen.

11. ¿Hay algo más que podría considerar hacer diferente en su propia vida como resultado de escuchar esta declaración?

Actividad 3: Publicidad y mercadeo, Parte 1

Por favor lea cada una de las siguientes declaraciones. Luego responda las preguntas que siguen.

- [INDIVIDUAL MESSAGE, see Appendix page 271]

12. ¿Con cuáles de las siguientes afirmaciones está de acuerdo? Por favor seleccione todas las respuestas que apliquen.

- [INDIVIDUAL MESSAGES, see Appendix page 271]
- Ninguna de las anteriores
- Ninguna de estas

13. Para las declaraciones que seleccionó, ¿qué le gusta de estos mensajes?

14. Para las declaraciones que no seleccionó, ¿qué no le gusta de estos mensajes?

15. ¿Qué afirmación sería más efectiva para motivarlo a tomar medidas para reducir el uso y los daños del alcohol?

16. Pensando en la declaración que seleccionó como la más efectiva, ¿cuáles de estos cambios le motiva a apoyar esa declaración? Por favor seleccione todas las respuestas que apliquen.

- [CALLS TO ACTION, see Appendix page 274]

17. ¿Qué afirmación sería menos efectiva para motivarle a apoyar cambios para reducir el uso y los daños del alcohol?

Actividad 4: Publicidad y mercadeo, Parte 2

Ha alcanzado la última actividad de esta fase del proyecto. ¡Gracias por su participación hasta ahora!

1. ¿Ha cambiado su forma de pensar sobre el papel que puede desempeñar la política a nivel comunitario o estatal para hacer frente al daño causado por el alcohol en el transcurso de esta fase del estudio? Si es así, por favor díganos cómo.
2. ¿Ha cambiado su forma de pensar sobre el alcohol, o sus propios hábitos de bebida, en el transcurso de esta fase del estudio? Si es así, por favor díganos cómo.
3. ¿Ha hablado con alguien sobre esta experiencia de investigación? En caso afirmativo, ¿con quién ha hablado y de qué habló?

Pensando en todos los mensajes que vio en las Actividades 2 y 3:

4. ¿Algún mensaje en particular cambió su forma de pensar sobre el alcohol de alguna manera? ¿Cuál o cuales mensajes? ¿Cómo cambió su forma de pensar?
5. De todas las afirmaciones que leyó, ¿cuál le gustó MÁS? Por favor descríbala en detalle basado en lo que recuerda. ¿Qué le gustó de este mensaje?
6. De todas las afirmaciones que leyó, ¿cuál le gustó MENOS? Por favor descríbala en detalle basado en lo que recuerda. ¿Qué es lo que no le gustó de este mensaje?

Hablando generalmente,

7. ¿Es el alcohol un producto dañino? [No, No estoy seguro, Sí]
8. ¿Qué efectos, buenos o malos, tiene el alcohol en su comunidad?
9. ¿Qué efectos, buenos o malos, tiene el alcohol en la salud de una persona?
10. ¿Deberían las comunidades hacer lo que puedan para reducir los daños del alcohol?
11. ¿Debería el estado de Oregón hacer lo que pueda para reducir los daños del alcohol?
12. ¿Deberían las comunidades hacer lo que puedan para motivar a las personas a beber menos alcohol?
13. ¿Debería el estado de Oregón hacer todo lo posible para motivar a las personas a beber menos alcohol?

14. ¿En qué medida está de acuerdo en que el consumo excesivo de alcohol es un problema que la comunidad debe trabajar junta para resolver?

15. Por favor, explique su respuesta para la pregunta [número]

- No
- Sí

16. Si usted quisiera convencer a alguien que conoce que su comunidad debería hacer más para reducir los daños del

17. alcohol, ¿qué les diría?

18. Si usted quisiera convencer a alguien que conoce de que beba menos alcohol, ¿qué le diría?

19. Imagínese que le dieran \$1,000 para apoyar programas comunitarios diseñados para reducir la muerte, las enfermedades y las lesiones en Oregón: ¿Cuánto dinero, incluso la cantidad más pequeña, daría por cada prioridad?

- Prevenir y reducir los daños asociados con el consumo excesivo de alcohol
- Prevenir y reducir los daños asociados con el consumo de cannabis o marihuana
- Prevenir y reducir los daños asociados con el uso indebido de opioides
- Prevenir y reducir los daños asociados con la obesidad
- Prevenir y reducir los daños asociados con el consumo de tabaco

20. Para la prioridad a la que le daría MÁS dinero, explique por qué.

21. Para cualquiera de las prioridades a las que NO le daría dinero o le daría la MENOR cantidad de dinero, explique por qué.

Analysis

Data cleaning procedures

PRR cleaned Step 2 data before beginning analysis.

Classifying underage participants

- OHA-PHD wanted to segment analysis by the legal drinking age (an under 21 group and a 21+ group), but we had different messages for 14- to 17-year-olds and participants who were 18+.
- We analyzed the 14- to 17-year-olds and the 18- to 20-year-olds together using the concepts (“Dangerous Product,” “Best Life,” etc.) and ignoring the specific messages tested within each concept.

Participants dropped out before completing the online qualitative assessment

In total, 186 people participated in Step 2 of the online qualitative assessment, but some did not complete the study. PRR analyzed characteristics of participants who dropped out to look for underlying patterns that might bias the final message ranking. PRR found no statistically significant differences between participants who completed Step 2 and those who dropped out of the study.

PRR used two strategies to handle participants who left the study before completing the online qualitative assessment.

- Strategy 1: “Drop-out” defined as participants who did not answer any questions in Activity 4 (n=36). These questions operationalize movement from the individualist to the collectivist frame. These questions were asked for both Activity 1 and Activity 4, so PRR operationalized psychographic factors as the sum of these scores. Additionally, the psychographic variable had a stronger association than our other variables of interest including race, age, gender and priming effects.
- Strategy 2: “Drop-out” defined as participants who did not answer more than one question in any activities after Activity 1 (n=11).
 - PRR used chi-square and Z-tests to determine whether differences between groups of respondents (completes vs. drop-outs) were statistically significant. The cut-off for statistical significance was set at 0.05 (95% confidence level).

Coding procedure for Activity 4, Question 18

This open-end question asked participants to allocate \$1,000 to five different public health issues. PRR identified how participants ranked each issue based on how participants allocated funds using the following rules:

- The issue that received the most money – ranked #1
- The issue that received the least amount of money – ranked #2
- Ties permitted
- Issues not allocated money – not ranked

PRR determined a score for each issue by summing individual rankings by participants (5 points assigned each time an issue ranked #1, 1 point assigned each time an issue ranked #5).

In-depth analysis

In Steps 2 and 3, PRR used thematic analysis to analyze qualitative data and explore what worked and did not work in message concepts and statistical analysis to analyze quantitative data (see summary in Exhibit D8 and details on pages 296-298).

Exhibit D9: Qualitative assessment analysis plan summary

Themes (examples below)	Patterns in qualitative responses regarding... <ul style="list-style-type: none">• Behavior, attitudes and perceptions around excessive drinking• Reactions to message concepts and calls to action
Ranking (see page 295)	Top message concepts and concepts based on... <ul style="list-style-type: none">• Increased support for policy interventions• Selected as the most effective message
Association (see pages 296-7)	Trends in responses influenced by factors such as... <ul style="list-style-type: none">• Demographics, psychographics (e.g., attitudes) and priming effects

Example themes:

- What worked well in message concepts and what did not (tone, imagery, claims, etc.)
- How respondents perceived the harms of alcohol (whether they expressed more collectivist vs. individualist perspective)
- How respondents perceived the scale and urgency of the problem
- Attitudes regarding the impact of alcohol on vulnerable populations (youth, communities of color, those who identify as LGBTQIA+, etc.)
- Attitudes regarding the underlying factors contributing to excessive drinking
- Motivations and barriers for taking action to combat the harms of alcohol (experiences, constraints, attitudes, etc.)

Ranking strategies

PRR used regression analysis to rank message concepts based on several outcomes of interest (see Exhibit 9). PRR ranked message concepts higher that had a positive association with policy support, reported effectiveness and increased support for the collectivist perspective.

Exhibit D10: Qualitative assessment regression model summary

Steps	Outcome	Measure(s)	Level
2 & 3	Increased support for policy interventions	Number of collectivist frame calls to action respondent supports	Continuous
2 & 3	Rated by participants as effective	Number of times a respondent selected this message as most motivating to take action to reduce alcohol use and harms	Continuous

2	Increased support for the collectivist perspective*	Shift in attitude that excessive drinking is a problem that the community solve together	Binary
		Increase in the number of collectivist frame statements with which they agree	

Association

Regression analysis allowed PRR to control for multiple factors at once and identify relationships between different factors and a message’s effectiveness. The regression models controlled for demographics, psychographics and survey design (see Exhibit D10).

Exhibit D11: Qualitative assessment regression variables

Steps	Factor	Measure(s)	Level
Demographics			
2 & 3	Age	Over 21 years old	Binary
2 & 3	Gender	Male, female, gender(s) not listed	Nominal, factored
2 & 3	Race/ethnicity	Person of color	Binary
2 & 3	Language	English, Spanish	Binary
Psychographics			
2	Individualist perspective	Disagree that Oregon should do more to regulate alcohol sales*	Binary
Priming			

2	Study primes respondents to support the collectivist perspective	New vs. returning participants*	Binary
2		Message concepts order (collectivist vs. individualist frame first)	Binary
3		Message concepts order (thematic order)	Nominal, factored

** Step 3 analysis did not control for these variables because they did not have a statistically significant association with outcomes of interest in Step 2 analysis.*

Step 3: Assess refined concepts

In Step 3, PRR tested refined message concepts.

Recruitment materials

Participants who speak English (adults and youth)

Note: All Step 3 participants participated in Step 2, so PRR had their consent forms on file.

Unlike in Step 1 and 2, adult and youth participants did not require different participant communication. Both adult and youth participants who speak English saw the below recruitment materials.

Updating timeline

Participants received this email from PRR staff.

Subject: Update on timing of OHA Alcohol Study

Hello,

Thank you again for participating in the Oregon Health Authority Alcohol study! We hope you are having a good summer!

We have been busy transforming what we learned into the content we will test in the final Phase. Rather than beginning this month, the next phase of the study will begin in September.

We will email you once we know the new start date and will email you again when the final Phase begins. Please email or message us if you have any questions or concerns in the meantime.

Thank you for your patience. We're looking forward learning more from you.

Best,

Jordan and the team

Updating start date

Participants received this email from PRR staff.

Subject: New Start Date for the Oregon Health Authority Alcohol Study

Hello again from the Oregon Health Authority Alcohol study!

We are excited to announce that our process is moving faster than expected! The final phase of the Oregon Health Authority Alcohol study will now launch on Friday, August 16, 2019.

On the day of launch, we will send you a reminder email. You can also access the first activity at the same website from the previous phase: [LINK] this phase on the website and can get started!

If anyone has a conflict with the new timeline, please let us know. We want to make sure everyone can participate.

Thank you again for your patience and continued participation in the study!

Best,

Jordan and the Research team

Onboarding

Participants received this email from PRR staff.

Subject: Get Started! Final Phase of the Oregon Health Authority Alcohol study is live.

Hello,

The final phase of the Oregon Health Authority Alcohol study has launched! You can access the first activity by logging on the study website at: [LINK]

In this phase of the study there will be 4 activities for you to complete by September 2, 2019. We will release activities per the following schedule:

- Friday, August 16, 2019: Activity 1 is released
- Monday, August 19, 2019: Activity 2 is released
- Friday, August 23, 2019: Activity 3 is released
- Monday, August 26, 2019: Activity 4 is released
- Monday September 2, 2019: All activities due by the end of the day
- Monday September 6, 2019: Payments are processed

If you cannot access the website or have any question or concerns regarding the study, please do not hesitate to reach out to me or any other members of the research team.

We greatly appreciate you taking the time to share your feedback with us again! We're excited to hear from you.

Best,

Jordan and the Research team

Closing Step 3

Participants received this email from PRR staff.

Thank you again for taking part in the Oregon Health Authority Alcohol study. We have learned a lot from you, and we hope you are enjoying participating!

I wanted to give you a heads up that the deadline for the first round of payments is this Monday, September 2. Your final payment will be calculated based on the number of activities you completed by this time. Any activities completed after this will be included in the next round of payments on September 9.

All 4 activities are posted now. Make sure to complete all the activities in order to receive full payment.

Please do not hesitate to reach out with any questions or concerns.

Thanks,

Jordan and the Research team

Payment instructions

Participants received this email from PRR staff.

Subject: Oregon Health Authority Study - Payment Information

Thank you so much for your recent participation in the Oregon Health Authority Alcohol study!

If you completed activities since the start of the study, your payment was processed today. You should find an email from reward@virtualrewardcenter.com with a link to access your gift card by tomorrow, Saturday, September 7th. Sometimes this email

message is automatically forwarded to spam/junk folders so please check there if you can't find it. Most email programs also allow you to search for emails within your inbox as well.

The e-gift card will be proportional to the number of activities you completed, with a value of \$12.50 for each activity completed. You will be able to choose between an e-gift card or mailed gift card, and for which store, including a Visa gift card option. If you decide on the mailed Visa gift card, it will prompt you to enter your address upon selection. Please be aware that shipping takes 10 – 12 business days and is not guaranteed. To prevent any issues with delivery, please list your address exactly as it appears on any formal communications. Some tips:

- If your address includes any directional (for instance NE for Northeast), be sure to include it.
- Write any abbreviations in all capitalization such as “NE.”
- If your address is a unit within a building (for instance an apartment or condo), include the unit number on the Address 2 line. Do not include as part of the street address.

Any typos in the address form can result in a delay of another 2 weeks.

If you have completed more activities since we ran the payment, we will be in touch again. If there are activities you have not yet completed, you are still welcome to complete them and your payment will be included in the next round of processing.

If you run into any trouble or have any questions, please do not hesitate to let us know at research@prrbiz.com. We want to make sure everyone is paid for their time and effort.

Since we do not handle the distribution of the gift card, you can also direct any questions regarding claiming or redeeming your reward by contacting Virtual Reward Center at: 1-800-604-1815 or support@virtualrewardcenter.com.

Thanks!

Jordan and the Research team

Adults who speak Spanish

Note: All Step 3 participants participated in Step 2, so PRR had their consent forms on file.

Updating timeline

Participants received this email from PRR staff.

Subject: Actualización sobre el horario de la última fase del estudio de alcohol de OHA

Hola,

¡Gracias de nuevo por participar en la investigación sobre alcohol de Oregon Health Authority! ¡Esperamos que esté disfrutando de su verano!

Hemos estado ocupados transformando lo que aprendimos en el contenido que probaremos en la fase última.

En lugar de comenzar este mes, la siguiente fase de la investigación va a comenzar en septiembre.

Le enviaremos un correo electrónico cuando sepamos la nueva fecha de inicio y le enviaremos un correo electrónico de nuevo cuando comience la última fase. Mientras tanto, envíenos un correo electrónico o envíenos un mensaje si tiene alguna pregunta o inquietud.

Gracias por su paciencia. Esperamos con interés aprender más de usted.

Jordan y el equipo de investigación

Updating start date

Participants received this email from PRR staff.

Subject: Nueva fecha de inicio para el estudio de alcohol de Oregon Health Authority

Hola nuevamente de parte del estudio de la Autoridad de Saludo de Oregón (Oregon Health Authority)

¡Nos complace anunciar que nuestro proceso avanza más rápido de lo esperado! La fase final del estudio de alcohol de Oregon Health Authority ahora se lanzará el viernes 16 de agosto de 2019.

El día del lanzamiento, le enviaremos un recordatorio por correo electrónico. También puede acceder a la primera actividad en el mismo sitio web desde la fase anterior: [LINK]. ¡El 16 de agosto, verá la primera actividad para esta fase en el sitio web, y podrá comenzar!

Si alguien tiene un conflicto con la nueva línea de tiempo, háganoslo saber. Queremos asegurarnos de que todos puedan participar.

¡Nuevamente por su paciencia y su continua participación en el estudio, gracias!

Sinceramente,

Jordan y el equipo de investigación

Onboarding

Subject: ¡A comenzar! La fase final del estudio de alcohol de Oregon Health Authority ya está accesible..

Hola,

¡La fase final del estudio de alcohol de la Autoridad de Salud de Oregón (Oregon Health Authority) ha comenzado! Puede acceder a la primera actividad iniciando la sesión en el sitio web del estudio en: [LINK]

En esta fase del estudio habrá 4 actividades para completar antes del 2 de septiembre de 2019. Lanzaremos actividades según el siguiente calendario:

- Viernes 16 de agosto de 2019: se lanza la Actividad 1
- Lunes 19 de agosto de 2019: se lanza la Actividad 2
- Viernes 23 de agosto de 2019: se lanza Actividad 3
- Lunes 26 de agosto de 2019: se lanza actividad 4
- Lunes 2 de septiembre de 2019: todas las actividades se vencen al final del día
- Lunes 6 de septiembre de 2019: se procesan los pagos

Si no puede acceder al sitio web o tiene alguna pregunta o inquietud con respecto al estudio, no dude en comunicarse conmino o con cualquier otro miembro del equipo de investigación.

¡Le agradecemos que se tome el tiempo para compartir sus comentarios con nosotros nuevamente! Estamos emocionados de saber de usted.

Sinceramente,

Jordan y el equipo de investigación

Closing Step 3

Participants received this email from PRR staff.

Gracias otra vez por participar en el estudio de Alcohol de Oregon Health Authority. ¡Hemos aprendido mucho de usted y esperamos que disfrute participando!

Quería informarle que la fecha tope para la primera ronda de pagos es este lunes el 2 de septiembre. Su pago final se calculará en función de la cantidad de actividades que haya completado en este momento. Cualquier actividad completada después de esto se incluirá en la próxima ronda de pagos el 9 de septiembre.

Las 4 actividades están publicadas ahora. Asegúrese de completar todas las actividades para recibir el pago completo.

No dude en comunicarse con cualquier pregunta o inquietud.

Gracias,

Jordan y el equipo de investigación

Payment instructions

Participants received this email from PRR staff.

Subject: Información de pago – Oregon Health Authority

Muchas gracias por su reciente participación en el estudio sobre alcohol de Oregon Health Authority.

Si completó las actividades desde el inicio de esta fase, su pago se procesó el 18 de junio. Encontrará un correo electrónico de reward@virtualrewardcenter.com con un enlace para acceder a su tarjeta de regalo. A veces, este mensaje de correo electrónico se reenvía automáticamente a las carpetas de correo no deseado/spam, así que verifique si no puede encontrarlo. La mayoría de los programas de correo electrónico también le permiten buscar correos electrónicos dentro de sus recibidos (inbox) también.

La tarjeta de regalo electrónica será proporcional a la cantidad de actividades que completó con un valor de \$12.50 por cada actividad. Podrá elegir entre una tarjeta de regalo electrónica o una tarjeta de regalo enviada por correo, y para la tienda que usted le guste, incluida la opción de tarjeta de regalo Visa. Si decide recibir la tarjeta de regalo Visa enviada por correo, le solicitará que ingrese su dirección al momento de la

selección. Tenga en cuenta que el envío tarda de 10 a 12 días hábiles y no está garantizado. Cualquier error en el formulario de su domicilio puede resultar en un retraso de otras 2 semanas.

Si ha completado más actividades desde que ejecutamos el pago, nos pondremos en contacto nuevamente cuando enviemos el pago a las personas que se unieron tarde o completaron las actividades después de plazo inicial. Si hay actividades que aún no ha completado, puede completarlas en cualquier momento antes de que comience la siguiente fase del estudio en julio.

Si tiene algún problema o tiene alguna pregunta, no dude en comunicárnoslo en research@prrbiz.com. Queremos asegurarnos de que todos paguen por su tiempo.

¡Gracias nuevamente por participar en esta fase del estudio de Oregon Health Authority! Ha sido un placer aprender de usted, ¡y esperamos aprender más de usted cuando comencemos la fase final en julio!

Sinceramente,

Jordan y el equipo de investigación

Messaging framework

In Step 3, PRR tested refined message concepts and calls to action aimed to educate the public about the harms of alcohol and to increase support for policies that reduce the harms of alcohol in Oregon. Here are the message concepts (organized by theme) and calls to action (organized by whether the statement appeals to a collectivist (C) or individualist (I) perspective).

Adults who speak English

Message concepts

Next Generation

- The next generation represents the future of our communities and our state. But, just like with tobacco and junk food, seeing alcohol marketing from an early age sends the message that excessive drinking is a normal part of life. That's bad not just for kids, but for all of us.
- The next generation represents the future of our communities and our state. But, just like with tobacco, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. That's bad not just for kids, but for all of us.
- The future of our communities and our state depends on the next generation. But, just like with tobacco and junk food, seeing alcohol marketing from an early age sends the message that drinking is a normal part of life. That's bad not just for them, but for all of us.
- The future of our communities and our state depends on the next generation. But, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. That's bad not just for them, but for all of us.
- Children represent the future of our communities and our state. But, just like with tobacco, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. That's bad not just for them, but for all of us.

Protecting Kids

- You want the best for the kids in your life. But, just like with tobacco, the alcohol industry targets youth to make excessive drinking seem normal and fun. This can lead to risky behaviors like drunk driving and lifelong health problems like addiction and even cancer.

- You want the best for the kids in your life. But, the alcohol industry targets youth to make excessive drinking seem normal and fun. It's no wonder that kids who start drinking before age 21 are at higher risk for developing an addiction as adults.
- It's our job as adults to look out for kids. But, the alcohol industry targets youth to make excessive drinking seem normal and fun. This can lead to risky behaviors like drunk driving. And, the earlier they start drinking, the greater the risk of damage to their developing brains and lifelong health problems like addiction and cancer. It's hard enough to keep kids safe without the alcohol industry doing everything it can to convince kids that drinking is cool. This can lead to risky behaviors like drunk driving. And, the earlier they start drinking, the greater the risk of damage to their developing brains and lifelong health problems like addiction and cancer.
- Oregon should help create communities that are safe for kids. One way to make our communities safer is by protecting kids from the alcohol industry's deceptions and lies. The earlier kids start drinking, the greater the risk of damage to their developing brains and lifelong health problems like addiction and cancer.

Misleading Industry

- After Big Tobacco spent decades misleading all of us about the dangers of tobacco, our communities and our state pushed back hard. Now, the alcohol industry is trying the same thing, covering up the very real harms that even minimal amounts of alcohol can cause.
- You make your own decisions and you deserve the facts. But, just like Big Tobacco, the alcohol industry is trying to cover up the very real harm caused by even minimal exposure to alcohol. The truth is, even one drink every day can do real harm to your body and your relationships.
- You make your own decisions and you deserve the facts. But the alcohol industry is trying to cover up the very real harm caused by alcohol. The truth is, even one drink every day can do real harm to your body and your relationships.
- Tobacco companies spend millions trying to convince us that their products are safe. Now, the alcohol industry is trying the same thing, covering up the very real damage that alcohol can do.
- Tobacco companies spend millions trying to convince us that its products are safe. Just like Big Tobacco, the alcohol industry is trying to cover up the very real damage that alcohol can do. The truth is, alcohol is dangerous. Regulating

alcohol in Oregon increases the chances for communities to be stronger and people to be healthier.

Dangerous Product

- Just because a product is legal doesn't mean it's safe or healthy. Think about tobacco. It's the same with alcohol. It's more harmful than you might think. In fact, alcohol causes cancer just like tobacco and asbestos, and we need to take it seriously.
- Just because a product is legal doesn't mean it's safe or healthy. Think about tobacco and junk food. It's the same with alcohol. It's more harmful than you might think. Even having one drink every day can do real harm.
- Just because a product is legal doesn't mean it's safe or healthy. Think about tobacco. It's the same with alcohol. It's more harmful than you might think. Even one drink every day can increase your risk for seven different cancers, not to mention the car crashes and broken relationships it can cause.
- Just because a product is legal doesn't mean it's safe. Think about tobacco and junk food. It's the same with alcohol. It's more harmful than you might think.
- You wouldn't know it from the marketing you see everywhere, but alcohol products are harmful. Think about tobacco. It's the same with alcohol. Even having one drink a day can do real harm.

Targeting

- It's no secret that the alcohol industry is working hard to target young people and certain neighborhoods more than others.
- It's no accident that the alcohol industry pushes its products harder in some communities than in others. They are targeting youth, people of color, and the LGBTQIA+ community.
- It's no accident that the alcohol industry pushes its products harder in some communities than in others. We're working together to push back and tell the alcohol industry that enough is enough!
- It's not hard to see that the alcohol industry is targeting our community. More advertising. More liquor stores. More bars. So, we're working together as a community to push back and tell the alcohol industry that enough is enough!
- The alcohol industry targets our young people and some neighborhoods more than others. Let's work together to tell the alcohol industry that enough is enough! Our communities are stronger when we look out for each other.

Concluding statements

- Oregon has made great progress in protecting us from the harms caused by legal but dangerous products like tobacco. We can—and should—do the same thing to protect ourselves, our kids, and our communities from the harms caused by alcohol.
- We need to work together to support changes that protect us and our kids from the harms of alcohol. We've done it before with tobacco and other addictive drugs. We can do it again.
- Working together, we can make changes that protect us, our kids and our communities from the harm caused by alcohol.

Calls to action

Collectivist frame

- Strengthen penalties on the sale of alcohol to underage youth in Oregon.
- Restrict the sale of alcohol within 1,000 feet of any Oregon elementary, middle or high school.
- Restrict the sponsorship or sale of alcohol at family-friendly community events in Oregon.
- Limit the number of stores that sell alcohol in neighborhoods across the state.
- Restrict the use of discounts or coupons that encourage the sale of alcohol in Oregon.
- Increase the price of alcohol by 20 cents per drink to fund alcohol prevention programs in Oregon.
- Increase penalties on businesses in Oregon for over-serving customers.
- Limit the number of days or hours Oregon stores can sell alcohol.

Individualist frame

- Encourage the manager of your local grocery or convenience store to eliminate alcohol advertising outside and inside their stores.
- Write a letter to the editor or opinion column in your local newspaper about how the alcohol industry, its products or its advertising hurt your community.
- Talk to your local college(s) and university(ies) about adopting alcohol-free events and restricting alcohol-company sponsorships.

- Talk to local leaders about the dangers of alcohol in your community.
- Ask your mayor, local representative or legislators to support laws that prevent alcohol use among youth and young adults under 21.
- Ask your mayor, local representative or legislators to fund alcohol prevention programs for adults and youth.
- Join other people and organizations in your community who are working together to address the harms caused by alcohol.
- (Adults only) Reduce your own consumption of alcohol.
- Talk with others (e.g., your friends, child or family) about the dangers of alcohol.
- Share on social media how the alcohol industry, its products or its advertising hurt your community.
- Visit a website to learn more.
- Read stories on a website about community members taking action in Oregon.
- Sign up to receive updates and alerts from OHA about actions you can take on alcohol issues.
- Talk to your healthcare provider about how much you drink.

Adults who speak Spanish

Message concepts

Next Generation

- La próxima generación representa el futuro de nuestras comunidades y nuestro estado. Pero, al igual que con el tabaco y la comida chatarra, ver la comercialización de alcohol desde una edad temprana envía el mensaje de que beber en exceso es una parte normal de la vida. Eso es malo no solo para los niños, sino para todos nosotros.
- La próxima generación representa el futuro de nuestras comunidades y nuestro estado. Pero, al igual que con el tabaco, ver la comercialización del alcohol desde una edad temprana envía el mensaje de que beber demasiado es una parte normal de la vida. Eso es malo no solo para los niños, sino para todos nosotros.
- El futuro de nuestras comunidades y nuestro estado depende de la próxima generación. Pero, al igual que con el tabaco y la comida chatarra, ver la

comercialización del alcohol desde una edad temprana envía el mensaje de que beber es una parte normal de la vida. Eso es malo no solo para ellos, sino para todos nosotros.

- El futuro de nuestras comunidades y nuestro estado depende de la próxima generación. Pero, ver la comercialización del alcohol desde una edad temprana envía el mensaje de que beber demasiado es una parte normal de la vida. Eso es malo no solo para ellos, sino para todos nosotros.
- Los niños representan el futuro de nuestras comunidades y nuestro estado. Pero, al igual que con el tabaco, ver la comercialización del alcohol desde una edad temprana envía el mensaje de que beber demasiado es una parte normal de la vida. Eso es malo no solo para ellos, sino para todos nosotros.

Protecting Kids

- Usted quiere lo mejor para los niños de su vida. Pero, al igual que con el tabaco, la industria del alcohol se dirige a los jóvenes para que beber en exceso parezca normal y divertido. Esto puede conducir a comportamientos riesgosos como conducir ebrio y problemas de salud de por vida como la adicción e incluso el cáncer.
- Usted quiere lo mejor para los niños de su vida. Pero, la industria del alcohol se dirige a los jóvenes para hacer que el consumo excesivo de alcohol parezca normal y divertido. No es de extrañar que los niños que comienzan a beber antes de los 21 años tengan un mayor riesgo de desarrollar una adicción cuando sean adultos.
- Nuestro trabajo como adultos es cuidar a los niños. Pero, la industria del alcohol se dirige a los jóvenes para hacer que el consumo excesivo de alcohol parezca normal y divertido. Esto puede resultar en comportamientos riesgosos como conducir ebrio. Y, cuanto antes comiencen a beber, mayor será el riesgo de daño a sus cerebros en desarrollo y problemas de salud de por vida como la adicción y el cáncer.
- Ya es bastante difícil mantener a los niños seguros sin que la industria del alcohol haga todo lo posible para convencer a los niños de que beber es bueno. Esto puede conducir a comportamientos riesgosos como conducir ebrio. Y, cuanto antes comiencen a beber, mayor será el riesgo de daño a sus cerebros en desarrollo y problemas de salud de por vida como la adicción y el cáncer.
- Oregón debería ayudar a crear comunidades que sean seguras para los niños. Una forma de hacer que nuestras comunidades sean más seguras es proteger a

los niños de los engaños y mentiras de la industria del alcohol. Cuanto antes comiencen a beber los niños, mayor será el riesgo de daño a sus cerebros en desarrollo y problemas de salud de por vida como la adicción y el cáncer.

Misleading Industry

- Después de que las compañías grandes del tabaco pasaron décadas engañándonos a todos sobre los peligros del tabaco, nuestras comunidades y nuestro estado hicieron un gran esfuerzo. Ahora, la industria del alcohol está intentando lo mismo, encubriendo los daños reales que pueden causar incluso cantidades mínimas de alcohol.
- Usted toma sus propias decisiones y merece tener los hechos. Pero, al igual que las compañías grandes del tabaco, la industria del alcohol está tratando de ocultar el daño real causado por una exposición mínima al alcohol. La verdad es que incluso un trago todos los días puede causar un daño real a su cuerpo y sus relaciones.
- Usted toma sus propias decisiones y merece tener los hechos. Pero la industria del alcohol está tratando de ocultar el daño muy real causado por el alcohol. La verdad es que incluso un trago todos los días puede causar daños reales a su cuerpo y sus relaciones.
- Las compañías tabacaleras gastan millones tratando de convencernos de que sus productos son seguros. Ahora, la industria del alcohol está intentando lo mismo, encubriendo el daño real que el alcohol puede hacer.
- Las compañías de tabaco gastan millones tratando de convencernos de que sus productos son seguros. Al igual que las compañías grandes del tabaco, la industria del alcohol está tratando de ocultar el daño real que el alcohol puede hacer. La verdad es que el alcohol es peligroso. La regulación del alcohol en Oregón aumenta las posibilidades de que las comunidades sean más fuertes y las personas sean más saludables.

Dangerous Product

- El hecho de que un producto sea legal no significa que sea seguro o saludable. Piense en el tabaco. Es lo mismo con el alcohol. Es más dañino de lo que piensa. De hecho, el alcohol causa cáncer al igual que el tabaco y el asbesto, y debemos tomarlo en serio.
- El hecho de que un producto sea legal no significa que sea seguro o saludable. Piense en el tabaco y la comida chatarra. Es lo mismo con el alcohol. Es más

dañino de lo que piensa. Incluso tomar un trago todos los días puede causar un daño real.

- El hecho de que un producto sea legal no significa que sea seguro o saludable. Piense en el tabaco. Es lo mismo con el alcohol. Es más dañino de lo que piensa. Incluso una bebida cada día puede aumentar su riesgo de contraer siete tipos diferentes de cáncer, sin mencionar los accidentes automovilísticos y las relaciones rotas que puede causar.
- El hecho de que un producto sea legal no significa que sea seguro. Piense en el tabaco y la comida chatarra. Es lo mismo con el alcohol. Es más dañino de lo que piensa.
- No lo sabría por el marketing que ve en todas partes, pero los productos alcohólicos son dañinos. Piense en el tabaco. Es lo mismo con el alcohol. Incluso tomar un trago al día puede causar un daño real.

Targeting

- No es ningún secreto que la industria del alcohol está trabajando duro para dirigirse principalmente a los jóvenes y ciertos vecindarios más que a otros.
- No es casualidad que la industria del alcohol empuja sus productos con más fuerza en algunas comunidades que en otras. Están dirigiéndose a jóvenes, personas de color y la comunidad LGBTQIA +.
- No es casualidad que la industria del alcohol empuje sus productos con más fuerza en algunas comunidades que en otras. ¡Estamos trabajando juntos para hacer que la industria del alcohol retroceda y decirle que ya basta!
- No es difícil ver que la industria del alcohol está dirigiéndose a nuestra comunidad. Más publicidad. Más tiendas de licores. Más bares. Entonces, ¡estamos trabajando juntos como comunidad para hacer retroceder y decirle a la industria del alcohol que ya es suficiente!
- La industria del alcohol se dirige a nuestros jóvenes y a algunos vecindarios más que a otros. ¡Trabajemos juntos para decirle a la industria del alcohol que ya es suficiente! Nuestras comunidades son más fuertes cuando nos cuidamos mutuamente.

Concluding statements

- Necesitamos trabajar juntos para apoyar los cambios que nos protegen a nosotros y a nuestros hijos de los daños del alcohol. Lo hemos hecho antes con tabaco y otras drogas adictivas. Lo podemos hacer de nuevo.
- Trabajando juntos, podemos hacer cambios que nos protejan a nosotros, a nuestros hijos y a nuestras comunidades del daño causado por el alcohol.
- Oregón ha hecho gran progreso en protegernos de los daños causados por productos legales pero peligrosos como el tabaco. Podemos y debemos hacerlo mismo para protegernos a nosotros mismos, a nuestros hijos y a nuestras comunidades de los daños causados por el alcohol.

Calls to action

Collectivist frame

- Aumentar las multas a las empresas en Oregón por sobre-servir a clientes.
- Aumentar el precio del alcohol a 20 centavos por bebida para financiar programas de prevención de alcohol en Oregón.
- Limitar la cantidad de tiendas que venden alcohol en vecindarios en todo el estado.
- Fortalecer las sanciones hacia la venta de alcohol a menores de edad en Oregón.
- Restringir el patrocinio o la venta de alcohol en eventos comunitarios para familias en Oregón.
- Limitar la cantidad de días u horas que las tiendas de Oregón pueden vender alcohol.
- Restringir el uso de descuentos o cupones que fomenten la venta de alcohol en Oregón.
- Restringir la venta de alcohol a menos de 1,000 pies de cualquier escuela primaria, intermedia o secundaria de Oregón.

Individualist frame

- Animar al gerente de su supermercado local o tienda de conveniencia a eliminar la publicidad de alcohol fuera y dentro de sus tiendas.
- (Adults only) Escribir una carta al editor o columna de opinión en su periódico local sobre cómo la industria del alcohol, sus productos o su publicidad perjudican a su comunidad.

- Hablar con su (s) colegio (s) y universidad (s) local (es) sobre la adopción de eventos sin alcohol y sobre la restricción de los patrocinios de las compañías de alcohol.
- Hablar con líderes locales sobre los peligros del alcohol en su comunidad.
- Pedirle a su alcalde, representante local o legisladores que apoyen leyes que previenen el consumo de alcohol entre jóvenes y adultos jóvenes menores de 21 años.
- Pedirle a su alcalde, representante local o legisladores financiar programas de prevención de alcohol para adultos y jóvenes.
- Unirse a otras personas y organizaciones en su comunidad que trabajan juntas para abordar los daños causados por el alcohol.
- (Adults only) Reducir su propio consumo de alcohol.
- Hablar con otros (por ejemplo, sus amigos, hijos o familiares) sobre los peligros del alcohol.
- Compartir en las redes sociales cómo la industria del alcohol, sus productos o su publicidad perjudican a su comunidad.
- Visitar un sitio web para obtener más información.
- Leer historias en un sitio web sobre miembros de la comunidad que toman medidas en Oregón.
- Registrarse para recibir actualizaciones y alertas de OHA sobre las acciones que puede tomar en asuntos relacionados con el alcohol.
- Hablar con su proveedor de atención médica sobre cuánto bebe.
- Seguir a OHA, y sus esfuerzos para abordar el daño causado por el alcohol, en Facebook u otras redes sociales.

Youth who speak English

Message concepts

Next Generation

- Young people are the future of our communities and our state. But, just like with tobacco and junk food, seeing so many ads for alcohol from an early age sends the message that drinking is a normal part of life. That's bad for young people and for all of us.
- Young people are the future of our communities and our state. But, seeing so many ads for alcohol from an early age sends the message that drinking is a normal part of life. That's bad for young people and for all of us.
- The next generation is already here— and already under attack from the alcohol industry. Just like with tobacco, seeing so many ads for alcohol from an early age sends the message that drinking is a normal part of life. That's bad for young people and for all of us.
- The next generation is already here—and already under attack from the alcohol industry. Just like with tobacco and junk food, seeing so many ads for alcohol from an early age sends the message that drinking is just a part of life. That's bad for young people and for all of us.
- The next generation is already here—and already under attack from the alcohol industry. Just like with tobacco, seeing so many ads for alcohol from an early age sends the message that drinking is just a part of life. That's bad for all of us.

Protecting Kids

- You're a role model for younger kids. When they see you standing up against the alcohol industry—which is trying to mislead them that drinking is normal and cool—it makes a big difference.
- Teens have influence. When younger kids see you stand up to the alcohol industry's efforts to convince kids that drinking is normal and cool, it makes a big difference.
- Younger kids look up to you. When they see you stand up to the alcohol industry's efforts to convince kids that drinking is normal and cool, it makes a big difference. It's time to tell adults we demand a change.
- You're a role model for younger kids. Just like with tobacco, the alcohol industry targets kids to make excessive drinking seem normal and fun. When young

people see you standing up against the alcohol industry—which is trying to convince them that drinking is normal and cool—it makes a big difference.

- You're a role model for younger kids. When they see you standing up against the alcohol industry—which is trying to trick them into thinking drinking is normal and cool—it makes a big difference. In addition to the dangers of drunk driving, drinking can hurt relationships, damage your growing brain, and even lead to lifelong problems like addiction and even cancer.

Misleading Industry

- You make your own decisions and you deserve the facts. But the alcohol industry is trying to convince you that its products are safe when the truth is that alcohol does real damage to your developing brain even into your 20s.
- You make your own decisions and you deserve the facts. Yet the alcohol industry is trying to trick young people and mislead them about their unsafe products.
- Tobacco companies spend millions trying to convince us that its products are safe. Now, the alcohol industry is trying the same thing, covering up the very real damage that alcohol can do.
- Tobacco companies spend millions trying to convince us that their products are safe. The alcohol industry is trying the same thing, to trick people while they are young. Truth is, alcohol companies are here to make money and their alcohol products are harmful.
- After tobacco companies spent decades misleading all of us about the dangers of tobacco, we pushed back hard. Now, the alcohol industry is trying the same thing, covering up the very real harm even minimal amounts of alcohol can do. And, it's time to stand up again.

Dangerous Product

- Most young people don't use alcohol. They know it's not healthy, and they're right. In fact, alcohol can cause cancer and mess with developing brains. It's more harmful than you might think. Even having one drink a day can do real harm.
- Most young people don't use alcohol. They know it's not healthy, and they're right. In fact, alcohol can cause cancer and mess with developing brains. It's more harmful than you might think. Drinking can do real damage. It's toxic.

- Most young people don't use alcohol. They know it's bad for them, and they're right. In fact, just like tobacco, alcohol can cause cancer and mess with developing brains.
- Like most people your age, you know alcohol is bad for you. Drinking can lead to all sorts of bad stuff, including cancer, not to mention the wrecked cars, friendships, and relationships.
- Like most people your age, you know alcohol is bad for you. In fact, alcohol can cause cancer and mess with developing brains. It's more harmful than you might think. Even having just one drink every day can do real harm.

Targeting

- It's no secret that the alcohol industry is working hard to target young people and certain neighborhoods more than others.
- It's no accident that the alcohol industry is working hard to target young people and certain neighborhoods more than others. They are targeting youth, people of color, and the LGBTQIA+ community.
- It's not hard to see that the alcohol industry is targeting our community. More advertising. More liquor stores. More bars. So, we're working together as a community to push back and tell the alcohol industry that enough is enough!
- Our communities are stronger when we look out for each other. The alcohol industry understands that, and it's trying to disconnect us from each other by targeting certain ages and neighborhoods.
- Our communities are stronger when we look out for each other. The alcohol industry understands that, and it's trying to divide us by targeting certain ages and neighborhoods. Let's work together to push back and tell the alcohol industry that enough is enough!

Concluding statements

- Oregon has made great progress in protecting us from the harms caused by legal but dangerous products like tobacco. We can—and should—do the same thing to protect ourselves and our communities from the harms caused by alcohol.
- We need to work together to support changes that protect us from the harms of alcohol. We've done it before with tobacco and other addictive drugs. We can do it again.
- Working together, we can make changes that protect us and our communities from the harm caused by alcohol.

Calls to action

Collectivist frame

1. Strengthen penalties on the sale of alcohol to underage youth in Oregon.
2. Restrict the sale of alcohol within 1,000 feet of any Oregon elementary, middle or high school.
3. Restrict the sponsorship or sale of alcohol at family-friendly community events in Oregon.
4. Limit the number of stores that sell alcohol in neighborhoods across the state.
5. Restrict the use of discounts or coupons that encourage the sale of alcohol in Oregon.
6. Increase the price of alcohol by 20 cents per drink to fund alcohol prevention programs in Oregon.
7. Increase penalties on businesses in Oregon for over-serving customers.
8. Limit the number of days or hours Oregon stores can sell alcohol.

Individualist frame

1. Talk with others (e.g., your friends, child or family) about the dangers of alcohol.
2. Read stories on a website about community members taking action in Oregon.
3. [Split test]
 - a. Don't drink underage.
 - b. Wait to decide whether to drink until you're 21.
4. Visit a website to learn more.
5. Share on social media how the alcohol industry, its products or its advertising hurt your community.
6. Sign up to receive updates and alerts from OHA about actions you can take on alcohol issues.

7. Follow OHA—and its efforts to address the harm caused by alcohol—on Facebook or other social media.
8. Talk to your healthcare provider about how much you drink.
9. Talk to local leaders about the dangers of alcohol in your community.
10. Join other people and organizations in your community who are working together to address the harms caused by alcohol.
11. Ask your mayor, local representative or legislators to support laws that prevent alcohol use among youth and young adults under 21.
12. Ask your mayor, local representative or legislators to fund alcohol prevention programs for adults and youth.
13. Write a letter to the editor or opinion column in your local or school newspaper about how the alcohol industry, its products or its advertising hurt your community.
14. Talk to your local college(s) and university(ies) about adopting alcohol-free events and restricting alcohol-company sponsorships.
15. Encourage the manager of your local grocery or convenience store to eliminate alcohol advertising outside and inside their stores.

Activity questions

Participants completed a series of activities in Step 3, and the questions are presented below.

Adults or youth who speak English

Note: Differences by age segment are noted as “ADULTS” or “YOUTH.”

Introduction

[See previous steps]

Activity 1

Goal: Test messages within groups (i.e., Next Generation, Protecting Kids, etc.). to explore how to strengthen messages that are already performing well, and to see if wording changes might help lower-scoring messages resonate more successfully.

Some of the statements you’ll see in this activity may seem familiar. That’s because we’ve revised our earlier messages and we’d like to know what you think of the changes we’ve made.

[Repeat for message group] Note: participants will see all messages for all groups here. PRR controlled for order effects by showing lists in three different orders.

1. Which statement would be **MOST** effective in motivating you to take action to reduce alcohol use and its harms? [select 1, include “None of these”]
2. Please explain why that statement would be most effective.
3. Thinking about the statement you selected as **MOST** effective, does it make you want to see any of the following happen in Oregon (select all that apply)?

[Collectivist frame calls to action]

4. Thinking about the statement you selected as **MOST** effective, does it make you *personally* want to take any of the following actions to help address the harm caused by alcohol (select all that apply)?

[Individualist frame calls to action]

Activity 2

Goal: Measure values using Moral Foundations Theory, in preparation for using this theory to understand reactions to messages by survey respondents.

We're going to take a break from alcohol messaging and do something completely different in this activity. We're interested in your reaction to the following statements.

[MF20 questions—see page 132]

Okay! Now we'll go back to questions about alcohol for the rest of this study.

Activity 3

Goal: Test messages across groups (i.e., Next Generation, Protecting Kids, etc.).

Note: All participants will see all messages for all groups through a series of randomized lists. Each list will have 1 message per group and no group represented twice. Create several versions of these lists to account for order effects. Rotate the order in which lists appear in the activity.

This activity shows a lot of familiar messages. We're asking about these messages again to get your opinions when comparing different sets of messages.

[Repeat all questions from Activity 1]

Activity 4

Goals:

- *Reflect on Step 3 experience*
- *Measure call to action opinion and participation*
- *Confirm recommended messages*

You've reached the last activity of this phase of the project. Thank you for your participation so far!

1. Over the course of this study, has your thinking changed about Oregon using policy to reduce the harms of alcohol? If yes, please tell us how your thinking has changed. Was there anything in particular that led to this change?

2. ADULTS: Has your thinking about alcohol—or your own drinking—changed over the course of this phase of the study? If yes, please tell us how.
3. YOUTH: Has your thinking about alcohol changed over the course of this phase of the study? If yes, please tell us how
4. Have you talked to anyone about this research experience? If yes, who have you talked to, and what did you talk about? If not, that's fine too!

[All calls to action]

5. Overall, which of the following steps would you like to see happen in Oregon to address the harm caused by alcohol (select all that apply)?

[Collectivist frame calls to action]

6. Overall, which of the following actions are you likely to take to help address the harm caused by alcohol (select all that apply)?

[Individualist frame calls to action]

We want to ask you a few final questions about the statements on alcohol from activities in the last couple weeks. Think about all the alcohol-related messages you saw in Activities 1 and 3. You can ignore the other statements we did when we took a break from talking about alcohol in Activity 2.

7. Did any particular message(s) change your thinking about alcohol in any way? Which one(s)? How did your thinking change?
8. Of all the statements you read, which one did you like **LEAST**? Please describe it in detail based on what you remember.
9. Please tell us what you didn't like about this message.
10. Of all the statements you read, which one did you like **MOST**? Please describe it in detail based on what you remember.
11. Please tell us what you liked about this message.

Now we'd like your feedback on a few statements that will follow the messages you've already read.

[List concluding statements]

12. Which statement would be **MOST** effective in motivating you to take action to reduce alcohol use and its harms? [select 1, include “None of these”]

13. Please explain why that statement would be most effective.

14. Thinking about the statement you selected as **MOST** effective, does it make you want to see any of the following happen in Oregon (select all that apply)?

[Collectivist frame calls to action]

15. Thinking about the statement you selected as **MOST** effective, does it make you *personally* want to take any of the following actions to help address the harm caused by alcohol (select all that apply)?

[Individualist frame calls to action]

16. Thinking about everything you’ve seen in this phase of the project, how much do you agree that excessive drinking is a problem that the community should work together to solve? [Strongly disagree to Strongly agree]

17. What else do you think OHA should consider when developing messaging about the harms and consequences of excessive drinking?

Adults who speak Spanish

Actividad 1: Bienvenidos y a conocerlos

Algunas de las declaraciones que verá en esta actividad pueden parecerle familiares. Esto se debe a que hemos revisado nuestros mensajes anteriores y nos gustaría saber qué piensa sobre los cambios que hemos realizado.

[RANDOMIZED LIST OF 5 MESSAGING CONCEPTS FROM APPENDIX PAGE 308]

1. ¿Qué declaración sería **MÁS** efectivo para motivarlo a tomar medidas para reducir el consumo de alcohol y sus daños? [seleccione 1, incluya "ninguno de estos"]

- [SAME LIST OF 5 MESSAGING CONCEPTS FROM APPENDIX PAGE 308]

2. Explique por qué esa declaración sería más efectiva.

3. Pensando en la declaración que seleccionó como **MÁS** efectiva, ¿le gustaría ver que ocurra algo de lo siguiente en Oregon (seleccione todas las que correspondan)?

- [COLLECTIVE CALLS TO ACTION FROM APPENDIZ PAGE 312]
4. Pensando en la declaración que seleccionó como MÁS efectiva, ¿le hace personalmente querer tomar alguna de las siguientes acciones para ayudar a abordar el daño causado por el alcohol (seleccione todas las opciones que correspondan)?
- [INDIVIDUAL CALLS TO ACTION FROM APPENDIZ PAGE 312]

Actividad 2: Cultura de la bebida

1. Vamos a tomar un descanso de los mensajes de alcohol y hacer algo completamente diferente en esta actividad. Nos interesan sus reacciones a las siguientes declaraciones. [oponerse firmemente, oponerse moderadamente, ligeramente opuesto, un poco de apoyo, apoyo moderadamente, apoyo firmemente]
- Compasión por aquellos que están sufriendo, es la virtud más crucial.
 - Cuando el gobierno promulga leyes, el principio fundamental debería ser asegurar que todos reciban un trato justo.
 - Estoy orgulloso de la historia de mi nación.
 - El respeto por la autoridad es algo que todos los niños necesitan aprender.
 - La gente no debería hacer cosas que son repugnantes, aunque nadie sea herido por ello.
 - Es mejor hacer el bien que hacer el mal.
 - Lea las siguientes oraciones e indique estar de acuerdo o en desacuerdo. Para cada declaración, seleccione cuánto está en desacuerdo o de acuerdo.
 - Una de las peores cosas que una persona puede hacer es herir un animal indefenso.
 - La justicia es el requisito más importante para una sociedad.
 - Las personas deben ser leales a los miembros de su familia, aunque ellos hayan hecho algo malo.
 - Cada uno, los hombres y las mujeres, tienen diferentes funciones en la sociedad.

- Yo condenaría algunos actos basado en que no son naturales.

¡Bueno! Ahora volveremos a las preguntas sobre el alcohol para el resto de este estudio.

Actividad 3: Publicidad y mercadeo, Parte 1

Esta actividad muestra muchos mensajes familiares. Estamos preguntando por estos mensajes nuevamente para obtener sus opiniones al comparar diferentes conjuntos de mensajes.

1. ¿Qué declaración sería **MÁS** efectiva para motivarlo a tomar medidas para reducir el consumo de alcohol y sus daños?
 - [RANDOMIZED LIST OF 5 MESSAGING CONCEPTS FROM APPENDIX PAGE 308]
2. Explique por qué esa declaración sería más efectiva.
3. Pensando en la declaración que seleccionó como **MÁS** efectiva, ¿le gustaría ver que ocurra algo de lo siguiente en Oregón? Seleccione todos los que correspondan.
 - [LIST OF COLLECTIVE CALL TO ACTION FROM APPENDIX PAGE 312]
4. Pensando en la declaración que seleccionó como **MÁS** efectiva, ¿le hace personalmente querer tomar alguna de las siguientes acciones para ayudar a reducir el daño causado por el alcohol? Seleccione todos los que correspondan.
 - [LIST OF INDIVIDUAL CALL TO ACTION FROM APPENDIX PAGE 312]

Actividad 4: Publicidad y mercadeo, Parte 2

Reflexión

Ha llegado a la última actividad de esta fase del proyecto. ¡Gracias por su participación hasta ahora!

1. En el transcurso de este estudio, ¿ha cambiado su forma de pensar sobre el uso de la política de Oregón para reducir los daños del alcohol? En caso afirmativo,

díganos cómo ha cambiado su pensamiento. ¿Hubo algo en particular que condujo a este cambio?

2. ¿Ha cambiado su pensamiento sobre el alcohol, o su propio uso del alcohol, en el transcurso de esta fase del estudio? En caso afirmativo, díganos cómo.
3. ¿Ha hablado con alguien sobre esta experiencia de investigación? En caso afirmativo, ¿con quién ha hablado y de qué habló? Si no, ¡también está bien!

Llamadas a la acción de apoyo

- [RANDOMIZED LIST OF ALL CALLS TO ACTION FROM APPENDIX PAGE 312]

4. En general, ¿cuál de los siguientes pasos le gustaría que ocurriera en Oregón para abordar el daño causado por el alcohol (seleccione todos los que correspondan)?

- [LIST OF COLLECTIVE CALL TO ACTION FROM APPENDIX PAGE 314]

5. En general, ¿cuál de las siguientes acciones es probable que tome para ayudar a abordar el daño causado por el alcohol (seleccione todas las que correspondan)?

- [LIST OF INDIVIDUAL CALL TO ACTION FROM APPENDIX PAGE 314]

6. Confirmar clasificación de concepto

Queremos hacerle algunas preguntas finales sobre las declaraciones sobre el alcohol de las actividades en las últimas dos semanas. Piense en todos los mensajes relacionados con el alcohol que vio en las Actividades 1 y 3. Puede ignorar las otras declaraciones que hicimos cuando tomamos un descanso de hablar sobre el alcohol en la Actividad 2.

7. ¿Algún mensaje (s) en particular cambió su forma de pensar sobre el alcohol de alguna manera? ¿Cuál(es)? ¿Cómo cambió su pensamiento?
8. De todas las declaraciones que leyó, ¿cuál le gustó MENOS? Descríbalo en detalle según lo que recuerde.
9. Díganos qué no le gustó de este mensaje.
10. De todas las declaraciones que leyó, ¿cuál le gustó MÁS? Descríbalo en detalle según lo que recuerde.
11. Cuéntanos qué le gustó de este mensaje.

Ahora nos gustaría recibir sus comentarios sobre algunas declaraciones que seguirán los mensajes que ya ha leído.

- [LIST OF “NOW WHAT” STATEMENTS]

12. ¿Cuál declaración sería MÁS efectivo para motivarlo a tomar medidas para reducir el consumo de alcohol y sus daños? [seleccione 1, incluya "ninguno de estos"]

13. Explique por qué esa declaración sería más efectiva.

14. Pensando en la declaración que seleccionó como MÁS efectiva, ¿le gustaría ver que ocurra algo de lo siguiente en Oregón (seleccione todas las que correspondan)?

- [LIST OF COLLECTIVE CALL TO ACTION FROM APPENDIX PAGE 314]

15. Pensando en la declaración que seleccionó como MÁS efectiva, ¿le gustaría ver que ocurra algo de lo siguiente en Oregón (seleccione todas las que correspondan)?

- [LIST OF INDIVIDUAL CALL TO ACTION FROM APPENDIX PAGE 314]

16. Pensando en todo lo que ha visto en esta fase del proyecto, ¿cuánto está de acuerdo en que beber en exceso es un problema que la comunidad debería trabajar en conjunto para resolver? [de totalmente en desacuerdo hasta totalmente de acuerdo]

17. ¿Qué más cree que debería considerar la OHA al desarrollar mensajes sobre los daños y las consecuencias del consumo excesivo de alcohol?

Analysis

In-depth analysis

PRR repeated analysis procedures for Steps 2 and 3 of the online qualitative assessment. See pages 291 for details.

Preliminary findings

Based on analysis of Step 3 data (see pages 326), PRR ranked message concepts and calls to action and recommended final message concepts to use in the message evaluation survey (see pages 132).

Exhibits D11 present the ranked message concepts and calls to action for each audience segment (i.e., adults who speak English, adults who speak Spanish, youth who speak English).

Exhibit D12: Ranked message concepts for adults who speak English

Rank	Message	Concept
1	It's hard enough to keep kids safe without the alcohol industry doing everything it can to convince kids that drinking is cool. This can lead to risky behaviors like drunk driving. And, the earlier they start drinking, the greater the risk of damage to their developing brains and lifelong health problems like addiction and cancer.	Protecting Kids
2	The future of our communities and our state depends on the next generation. But, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. That's bad not just for them, but for all of us.	Next Generation
3	You want the best for the kids in your life. But, just like with tobacco, the alcohol industry targets youth to make excessive drinking seem normal and fun. This can lead to risky behaviors like drunk driving and lifelong health problems like addiction and even cancer.	Protecting Kids
4	Oregon should help create communities that are safe for kids. One way to make our communities safer is by protecting kids from the alcohol industry's deceptions and lies. The earlier kids start drinking, the greater the risk of damage to their developing brains and lifelong health problems like addiction and cancer.	Protecting Kids

Rank	Message	Concept
5	Children represent the future of our communities and our state. But, just like with tobacco, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. That's bad not just for them, but for all of us.	Next Generation
6	The alcohol industry targets our young people and some neighborhoods more than others. Let's work together to tell the alcohol industry that enough is enough! Our communities are stronger when we look out for each other.	Targeting

Exhibit D13: Ranked calls to action for adults who speak English

1. Encourage the manager of your local grocery or convenience store to eliminate alcohol advertising outside and inside their stores.
2. Increase penalties on businesses in Oregon for over-serving customers.
3. Talk to your local college(s) and university(ies) about adopting alcohol-free events and restricting alcohol-company sponsorships.
4. Reduce your own consumption of alcohol.
5. Limit the number of days or hours Oregon stores can sell alcohol.
6. Share on social media how the alcohol industry, its products or its advertising hurt your community.
7. Join other people and organizations in your community who are working together to address the harms caused by alcohol.
8. Ask your mayor, local representative or legislators to fund alcohol prevention programs for adults and youth.
9. Visit a website to learn more.
10. Ask your mayor, local representative or legislators to support laws that prevent alcohol use among youth and young adults under 21/underage youth in Oregon.
11. Follow OHA—and its efforts to address the harm caused by alcohol—on Facebook or other social media.
12. Talk to your healthcare provider about how much you drink.

13. Increase the price of alcohol by 20 cents per drink to fund alcohol prevention programs in Oregon.
14. Talk with others (e.g., your friends, child or family) about the dangers of alcohol.
15. Talk to local leaders about the dangers of alcohol in your community.
16. Restrict the sale of alcohol within 1,000 feet of any Oregon elementary, middle or high school.
17. Sign up to receive updates and alerts from OHA about actions you can take on alcohol issues.
18. Restrict the sponsorship or sale of alcohol at family-friendly community events in Oregon.
19. Limit the number of stores that sell alcohol in neighborhoods across the state.
20. Restrict the use of discounts or coupons that encourage the sale of alcohol in Oregon.
21. Read stories on a website about community members taking action in Oregon.
22. Write a letter to the editor or opinion column in your local newspaper about how the alcohol industry, its products or its advertising hurt your community.
23. Strengthen penalties on the sale of alcohol to underage youth in Oregon.

Exhibit D14: Ranked message concepts for adults who speak Spanish

Rank	Message	Concept
1	It's our job as adults to look out for kids. But, the alcohol industry targets youth to make excessive drinking seem normal and fun. This can lead to risky behaviors like drunk driving. And, the earlier they start drinking, the greater the risk of damage to their developing brains and lifelong health problems like addiction and cancer.	Protecting Kids
2	You want the best for the kids in your life. But, just like with tobacco, the alcohol industry targets youth to make excessive drinking seem normal and fun. This can lead to risky behaviors like drunk driving and lifelong health problems like addiction and even cancer.	Protecting Kids

Rank	Message	Concept
3	You make your own decisions and you deserve the facts. But the alcohol industry is trying to cover up the very real harm caused by alcohol. The truth is, even one drink every day can do real harm to your body and your relationships.	Misleading Industry
4	The next generation represents the future of our communities and our state. But, just like with tobacco and junk food, seeing alcohol marketing from an early age sends the message that excessive drinking is a normal part of life. That's bad not just for kids, but for all of us.	Protecting Kids
5	The next generation represents the future of our communities and our state. But, just like with tobacco, seeing alcohol marketing from an early age sends the message that drinking too much is a normal part of life. That's bad not just for kids, but for all of us.	Next Generation

Exhibit D15: Ranked calls to action for adults who speak Spanish

1. Limit the number of days or hours Oregon stores can sell alcohol.
2. Talk to your local college(s) and university(ies) about adopting alcohol-free events and restricting alcohol-company sponsorships.
3. Encourage the manager of your local grocery or convenience store to eliminate alcohol advertising outside and inside their stores.
4. Increase the price of alcohol by 20 cents per drink to fund alcohol prevention programs in Oregon.
5. Visit a website to learn more.
6. Follow OHA—and its efforts to address the harm caused by alcohol—on Facebook or other social media.
7. Talk with others (e.g., your friends, child or family) about the dangers of alcohol.

8. Share on social media how the alcohol industry, its products or its advertising hurt your community.
9. Join other people and organizations in your community who are working together to address the harms caused by alcohol.
10. Ask your mayor, local representative or legislators to fund alcohol prevention programs for adults and youth.
11. Restrict the use of discounts or coupons that encourage the sale of alcohol in Oregon.

Note: Spanish-language participants did not select all available options; PRR omitted the ones they did not select from the list.

Exhibit D16: Ranked message concepts for youth who speak English

Rank	Message	Concept
1	It's no secret that the alcohol industry is working hard to target young people and certain neighborhoods more than others.	Targeting
2	It's not hard to see that the alcohol industry is targeting our community. More advertising. More liquor stores. More bars. So, we're working together as a community to push back and tell the alcohol industry that enough is enough!	Targeting
3	You make your own decisions and you deserve the facts. Yet the alcohol industry is trying to trick young people and mislead them about their unsafe products.	Misleading Industry
4	Tobacco companies spend millions trying to convince us that their products are safe. The alcohol industry is trying the same thing, to trick people while they are young. Truth is, alcohol companies are here to make money and their alcohol products are harmful.	Misleading Industry

Rank	Message	Concept
5	Like most people your age, you know alcohol is bad for you. In fact, alcohol can cause cancer and mess with developing brains. It's more harmful than you might think. Even having just one drink every day can do real harm.	Dangerous Product

Exhibit D17: Ranked calls to action for youth who speak English

1. Wait to decide whether to drink until you're 21.
2. Don't drink underage.
3. Increase penalties on businesses in Oregon for over-serving customers.
4. Limit the number of days or hours Oregon stores can sell alcohol.
5. Increase the price of alcohol by 20 cents per drink to fund alcohol prevention programs in Oregon.
6. Encourage the manager of your local grocery or convenience store to eliminate alcohol advertising outside and inside their stores.
7. Ask your mayor, local representative or legislators to fund alcohol prevention programs for adults and youth.
8. Strengthen penalties on the sale of alcohol to underage youth in Oregon.
9. Write a letter to the editor or opinion column in your local or school newspaper about how the alcohol industry, its products or its advertising hurt your community.
10. Restrict the sale of alcohol within 1,000 feet of any Oregon elementary, middle or high school.
11. Limit the number of stores that sell alcohol in neighborhoods across the state.
12. Restrict the use of discounts or coupons that encourage the sale of alcohol in Oregon.
13. Talk with others (e.g., your friends, child or family) about the dangers of alcohol.
14. Read stories on a website about community members taking action in Oregon.
15. Visit a website to learn more.
16. Share on social media how the alcohol industry, its products or its advertising hurt your community.

17. Sign up to receive updates and alerts from OHA about actions you can take on alcohol issues.
18. Join other people and organizations in your community who are working together to address the harms caused by alcohol.
19. Ask your mayor, local representative or legislators to support laws that prevent alcohol use among youth and young adults under 21.
20. Talk to your local college(s) and university(ies) about adopting alcohol-free events and restricting alcohol-company sponsorships.

Results from the Youth Survey in English

Note: Appendix E is available in a separate document.



Alcohol Formative Audience Assessment

Comprehensive Report

Appendix E

Results from the youth survey in English

April 2021



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Key terms

Centers for Disease Control and Prevention (CDC) definitions of drinking behavior

- **Excessive alcohol use:** binge drinking, heavy drinking and any alcohol use by people who are pregnant or younger than 21.
- **Binge drinking:** consuming 4 or more drinks on an occasion for a woman or 5 or more drinks on an occasion for a man.
- **Heavy drinking:** consuming 8 or more drinks per week for a woman or 15 or more drinks per week for a man.
- **Standard drink:** approximately 12 oz of beer, 8 oz of malt liquor, 5 oz of wine, 1.5 oz or a “shot” of distilled spirits or liquor.

Definitions for the Alcohol Formative Audience Assessment (AFAA)

- **Alcohol policy interventions:** evidence-based strategies to reduce or prevent excessive alcohol use. These strategies include raising the price of alcohol, limiting days and hours of sale of alcohol, prohibiting college and university co-branded alcohol advertising and sponsorships.
- **Audience or Segment:** the assembled group of people in each phase of the project (e.g., adults who speak English, adults who speak Spanish, youth who speak English).
- **Treatment groups:** group of survey respondents exposed to an intervention (e.g., a group of people exposed to one message concept or another, during the message evaluation survey).
- **Control group:** group of survey respondents who did not see a message concept (e.g., baseline survey respondents).

Definitions for recruitment via social media

- **Ad set:** a collection of ads on a platform used for the same campaign.
- **Creative:** the art (image/video) used for the ad.
- **Content sets:** creative paired with messaging (e.g., captions).
- **Clicks:** number of people who click the ad to the survey website.
- **Impressions:** number of people who saw an ad.
- **Click-through rate (CTR):** number of impressions divided by clicks.
- **Resonate:** in this campaign, resonate means ads lead to clicks.
- **Cost per click (CPC):** the money paid per click.
- **Facebook/Instagram Feeds:** list of stories including status updates, photos, videos, links, and app activity and likes from people, Pages and groups that you follow on Facebook. Appears on your Facebook/Instagram homepage.¹
- **Instagram stories:** content shown in slideshow format above the feed.²
- **Split test:** a split test (or A/B test) allows you to compare two or more different versions of an ad.
- **Boosted organic post:** an unpaid post on Facebook is “organic;” a “boosted” post is delivered to the Facebook News Feeds of target users.

Key concept

Individualist–Collectivist Spectrum:

OHA-PHD’s approach to strategic communications is based on an understanding that people filter their thoughts through an interconnected web of personal experiences, values, beliefs and perceptions about the way the world works. This filtering process also applies to how they think about harms related to excessive alcohol use.

Specifically, the interaction of factors influences where people place the responsibility for addressing harms related to alcohol. The assignment of responsibility can be conceptualized on a spectrum. (This definition continues on the next page).

One end reflects an individualist perspective where excessive alcohol use is entirely an issue of individual responsibility and the harms related to alcohol are a result of bad personal decision-making. Under this perspective, it is up to the individual to limit their alcohol consumption and take responsibility for all harms caused by excessive use.

At the other end of the spectrum lies the collectivist perspective, where alcohol-related harms are seen as a broader societal problem and require community action. Under this perspective, it is up to the community to advocate for environmental, systems and policy changes that create healthy places and reduce the harms of excessive alcohol use in the community.

The OHA-PHD goal for this assessment is to learn how to achieve balance in activating both perspectives to address the harms of excessive alcohol use. This would be achieved through motivating individual and collective actions.

This report defines the concept of an individualist–collectivist spectrum in two ways: 1) describing message frames and 2) in the context of a quantitative analysis.

- 1. Message Frames:** messages frame structure information to “frame” or cue people to think about issues in a particular way. Throughout AFAA, we tested messages that used individualist or collectivist frames to various degrees in order to better understand how these frames influenced people’s attitudes about excessive alcohol use and evidence-based strategies for preventing related harms. The assessment also tested connections between message frames and calls to action to measure whether message frames cued behavior as well as attitudes. OHA-PHD recognizes that many people default towards individualist thinking unless cued to think collectively. OHA-PHD aims to achieve a balance in activating both perspectives. Therefore, all messages tested in Survey 2 used a collectivist frame, but some also had individualist appeals about alcohol prevention.

- 2. Quantitative Analysis:** PRR measured where people fell on the individualist–collectivist spectrum by creating variables based on survey questions or qualitative assessment activity prompts. These variables captured whether a respondent leaned more individualist or collectivist in their thinking about a topic.
- Survey analysis: PRR measured where people were on the spectrum based on several survey questions that probed respondents’ perspectives on whether alcohol prevention required more individualist or collectivist action. PRR aggregated the responses these questions into quantitative variables used in statistical modeling.
 - Online qualitative assessment analysis: in this phase, OHA-PHD gathered in-depth information about reactions to different messaging frames. PRR used this information to examine how participants’ thinking about the issue of alcohol harms changed over the course of the study. For example, PRR measured a change in support for collectivist calls to action by counting the number of calls to action people supported before vs. after exposure to messaging that used a collectivist vs. individualist frame.

Introduction

Purpose

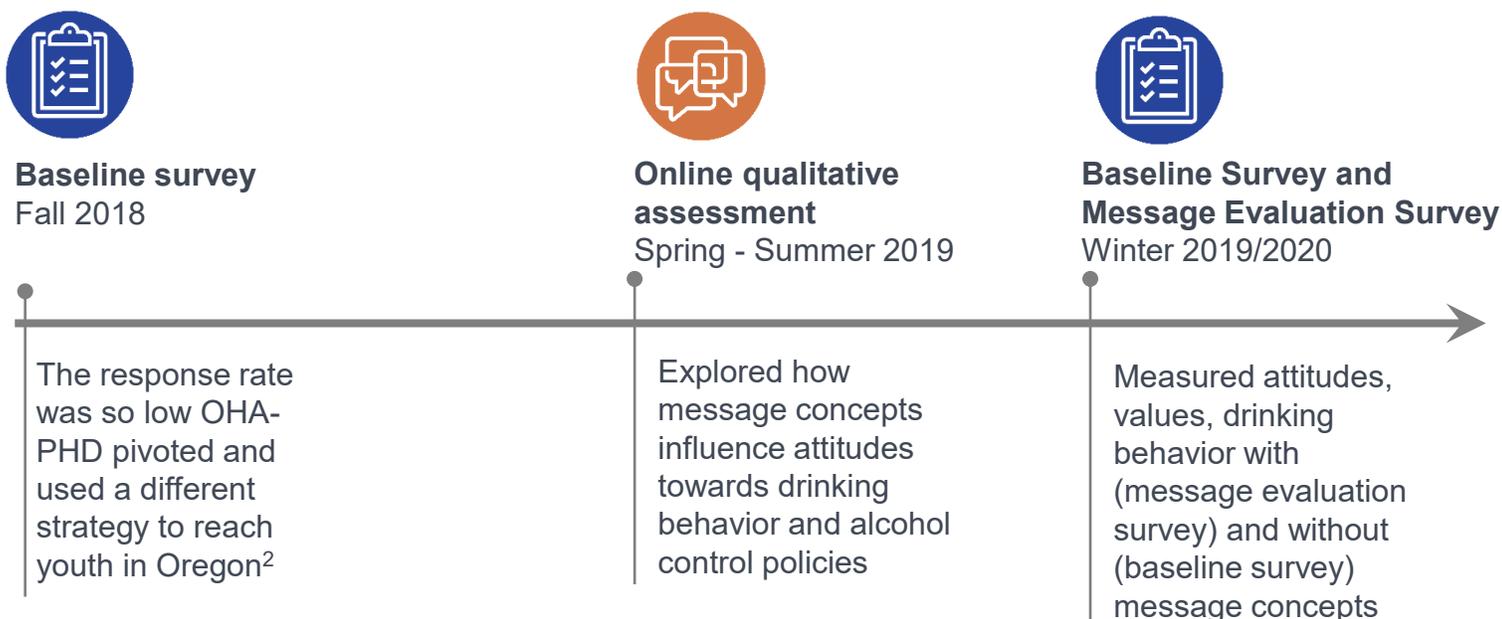
The Oregon Health Authority – Public Health Division (OHA-PHD) hired PRR to conduct a study with youth in Oregon to learn about Oregon teen attitudes and beliefs around alcohol and drinking.

The study’s primary purpose was not to develop a youth-focused message concepts, but to complement the assessment OHA-PHD conducted with adult Oregonians (see Report pages 28-29). A secondary purpose was to better understand how OHA-PHD could effectively engage with youth (15-17 years old) in the state using social media recruitment methods.

Methods

PRR tested over 40 message concepts with youth in Oregon through an online qualitative assessment¹ in Summer 2019 (see Report pages 37-40 for details) and fielded an online survey with youth in Oregon between December 13, 2019 – January 13, 2020. PRR attempted to recruit youth by mail to take an online survey in 2018 but pivoted strategies after a poor response rate.

Exhibit E1: Timeline for youth survey



¹ This phase collected qualitative data from participants in several “steps.” The phase had 265 total participants total: 185 adults who spoke English, 24 adults who spoke Spanish, and 56 youth who spoke English. Step 1 covered attitudes and perceptions about alcohol and related policies, and Step 2 and 3 tested initial and refined message concepts, respectively.

² See Appendix D, pages 182-183 for specific recommendations for fielding surveys.

For the 2019/2020 surveys, OHA-PHD used a paid digital and social media advertising campaign to invite teens to participate in the survey. PRR placed advertisements on social media platforms commonly used by teens, including Facebook and Instagram feeds, Instagram Stories and YouTube.

Moreover, PRR tested standard public sector survey recruitment ads against teen-oriented ads typically found outside of survey recruitment, i.e., the type of creative teens expect to see in advertising and social media. PRR wanted to see if this level of creative is also necessary for survey recruitment or if teens differentiate organizations' purposes for reaching out to them. For example, perhaps they would want or accept survey recruitment ads that look more formal and less creative from a governmental health agency.

OHA-PHD aimed to secure at least 1,000 clicks on the survey's website and 800 completed teen surveys in order to have enough data to compare several versions of survey ads. Respondents who completed the survey could enter for a chance to win one of ten \$100 gift cards. Respondents who completed the survey received a referral code they could share with other people. Respondents received an additional sweepstakes entry every time someone they invited with a referral code completed the survey.

The campaign ads ran on school nights and on weekends from late December to early January. Facebook disabled the ad account after announcing a new policy to combat disinformation (more at: <https://www.npr.org/2019/12/19/789609572/on-census-facebook-and-instagram-to-ban-disinformation-and-false-ads>). Facebook did not announce the policy change prior to its implementation.

The Facebook policy change caused the survey to end early on January 13, 2020. The survey website received 1,491 clicks, and participants completed 268 surveys. The low survey response rate is partly due to the shorter fielding period caused by the Facebook policy change but also due to OHA-PHD's age-restriction and residency criteria for survey eligibility. Per OHA-PHD's direction, PRR screened out potential respondents who were aged 18+, under the age of 15 or did not live in Oregon.

The policy change caused the survey to end early, but OHA-PHD nevertheless gleaned useful information about Oregon teens' attitudes and beliefs around alcohol and drinking based on the collected data. Additionally, the shortened fielding period limited hypothesis testing. For example, PRR was not able to run top-performing ads from weekends 1 & 2 at the same time to compare which performed best. However, PRR still confirmed the importance of eye-catching creative for teens not just in teen advertising, but also for the specific purpose of teen survey recruitment.

Key findings

Survey results

- Most youth respondents agreed that excessive drinking causes problems for society and believed that excessive drinking causes problems in Oregon (page 19-21).
 - Respondents knew that binge drinking was harmful, especially in the short-term. Fewer saw heavy drinking as a moderate- or high-risk in the short- or long-term (pages 23-24).
- Grasping the nuanced, long-term or diffuse harms of alcohol was more difficult (pages 19-24).
 - The full extent of harms related to excessive drinking remain abstract for many youth. More youth agreed with sweeping statements about risks or harms than with statements that pointed to specific risks or harms (pages 19-20, 22-24).
 - Most youth understood that drinking “too much” alcohol is harmful, but it was harder for many of them to fully grasp the short or long-term risks of daily, binge or heavy drinking (pages 20, 23-24).
- No one top performing message concept influenced support for a collectivist perspective more than others (page 28).

Social media advertising results

- Teen participants responded to recruitment ads with bright colors, teen-oriented copy and hashtags, and youthful cultural references (verbal and visual).
- Bright, dynamic graphics and video-loop ads performed better with youth (pages 30-32), indicating that using eye-catching creative for teens is important for survey recruitment, just as in advertising.
- PRR’s media buy placement strategy (i.e., reaching teens on school nights, weekends and part of winter break) proved successful because it focused recruitment on when teens are available and allowed to be online.
 - The survey ads yielded 444,751 impressions, with most impressions coming from Facebook and Instagram (see pages 30-32 for details).

Recommended message concepts

The Alcohol Formative Audience Assessment tested over 40 message concepts aimed to educate the public about the harms of alcohol and to increase support for policies that reduce the harms of alcohol in Oregon. Here are the top performing message concepts, in ranked order, for respondents to the youth survey in English.

1

“Dangerous Product”

Like most people your age, you know alcohol is bad for you. In fact, alcohol can cause cancer and mess with your developing brain. It’s more harmful than you might think. Having just one drink every day can do real harm. Oregon has made great progress in protecting us from the harms caused by legal but dangerous products like tobacco. We can—and should—do the same thing to protect ourselves and our communities from the harms caused by alcohol.

2

“Misleading Industry”

You make your own decisions and you deserve the facts. Yet the alcohol industry is trying to trick young people and mislead them about unsafe products. Tobacco companies spend millions trying to convince us that their products are safe. Now the alcohol industry is trying the same thing. The truth is, alcohol companies are here to make money and their products are harmful. Oregon has made great progress in protecting us from the harms caused by legal but dangerous products like tobacco. We can—and should—do the same thing to protect ourselves and our communities from the harms caused by alcohol.

3

“Targeting”

It’s no secret that the alcohol industry is working hard to target young people and certain neighborhoods more than others. Let’s work together as a community to push back and tell the alcohol industry that enough is enough! Oregon has made great progress in protecting us from the harms caused by legal but dangerous products like tobacco. We can—and should—do the same thing to protect ourselves and our communities from the harms caused by alcohol.

Recommendations for developing messages

What works well

Approach

- Focus on alcohol's harmful effects rather than the product itself.
- Offer a solution to the problem.
- Use collectivist framing; calling for protecting youth or the wider community.
- Describe industry tactics:
 - Targeting youth or vulnerable populations.
 - Concealing long-term health effects.
 - Drawing parallels to Big Tobacco.
- Resonate with personal experience or worldview.
 - Rang true for those with first-hand experience with alcohol abuse.
- Reinforce the importance of community education and prevention.

Language

- Use truthful, unambiguous and honest language.
- Use a direct, concise, talk “like a friend” style.
- Use aspirational and empowering tones; appeal to unity, past successes and informed decision-making.

What DOES NOT work

Approach

- Scare tactics.
- References to children or junk food (for some people).
- Contradictions to personal beliefs or worldview.

Language

- An exaggerated, condescending or moralistic tone.

Recommendations for youth-focused studies by OHA-PHD

Recommendations on approach

- Continue to educate youth about the short- and long-term harms of excessive alcohol use and the role state policy can have on combatting those harms.
- Embrace consistency. It takes time, repetition and patience to advance audiences towards the collectivist perspective and through the behavior change continuum.
- Use a simple process to obtain parent consent or youth assent.
- Use marketing channels that reach youth audiences, keeping in mind the fast-moving social media environment.
- Use eye-catching ads (bright, dynamic graphics and video-loops) to engage youth.
 - PRR does not recommend using Facebook or Instagram ads to reach teens given the current policies and political climate. However, boosted organic posts remain an option for accounts with a youth audience.
- Combine social media ads with in-person outreach when possible.
 - Conduct outreach at hubs for youth, including schools, organizations geared towards youth, businesses with many youth customers, etc.

Recommendations on message content

- Use a collectivist message frame when talking about the harms of excessive alcohol use and presenting solutions to prevent and reduce excessive alcohol use in Oregon.
- Use language that appeals to youth audiences.
- Use the full set of evidence-backed message concepts (pages 11), with some customization to ensure materials resonate with the target audience.

Recommendations on tactics for evaluating campaign effectiveness*

- Conduct periodic public opinion surveys to help assess when people have changed their thinking, where segments of the population are on the behavior change continuum, and how to recalibrate the messages to keep advancing the campaign.
- Use qualitative research methods to capture and unpack nuanced findings that cannot be fully surfaced in survey data.
- Tailor data collection and analysis by audience to understand how the campaign resonates for groups with different current and lived experiences.

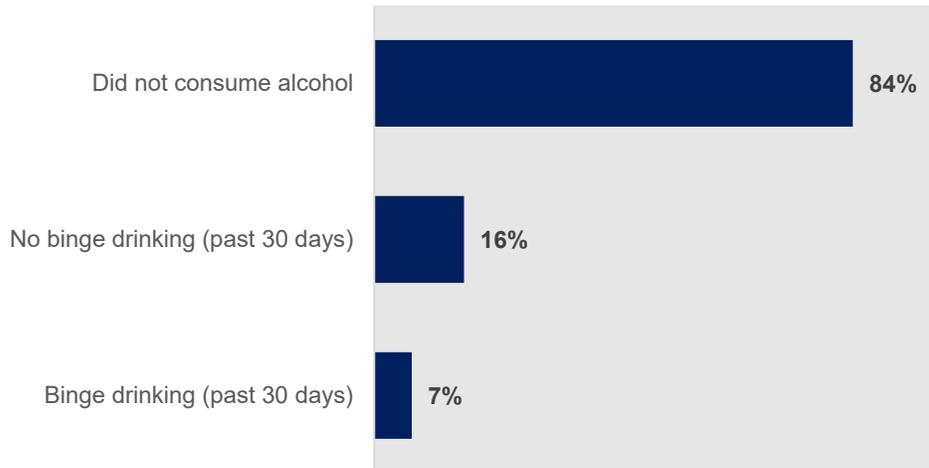
Youth survey participant profile

380 participants, all ages 15-17 years old

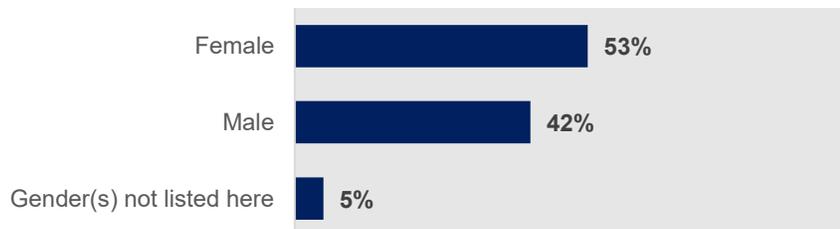
Consumed alcohol



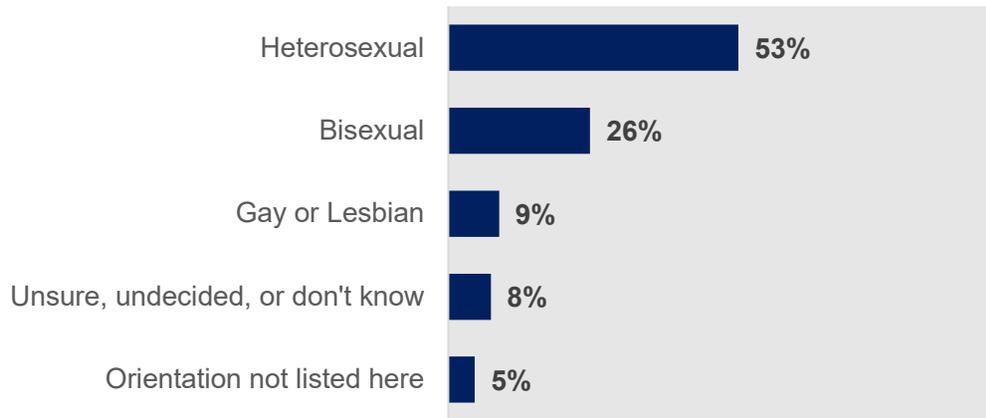
Drinking behavior in the last 30 days



Gender



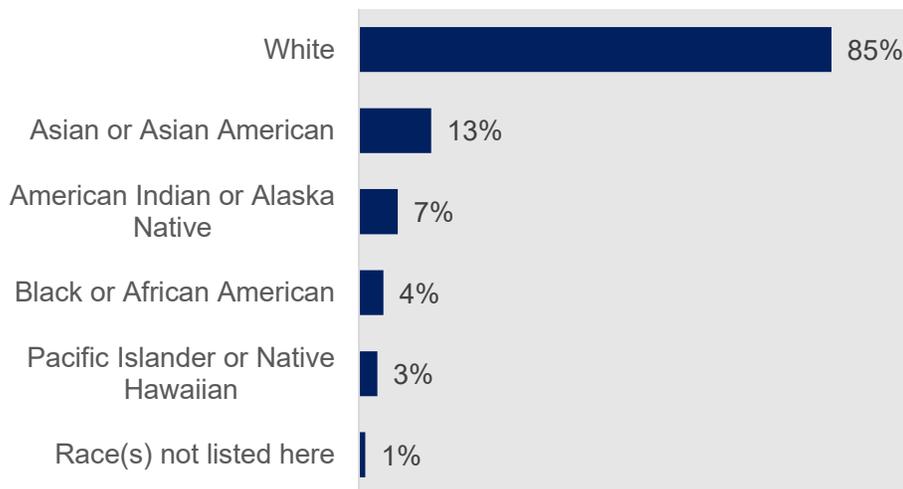
Orientation



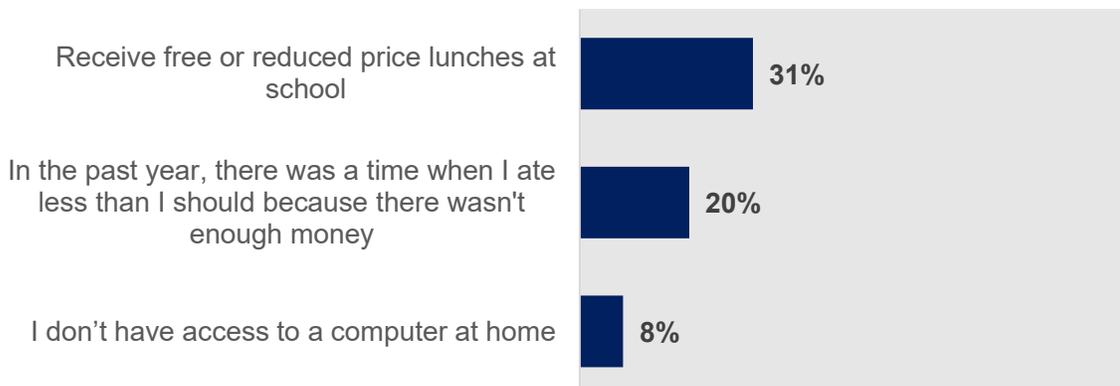
Hispanic, Latino/a, Latinx or Spanish origin*



Race(s)



Income proxy indicators



* The demographic question phrasing aligns with the U.S. Census in order to make accurate comparisons. The survey asked, "Are you of Hispanic, Latino/a, Latinx or Spanish origin?" The Census asks if someone is of "Hispanic, Latino, or Spanish origin."

Detailed findings

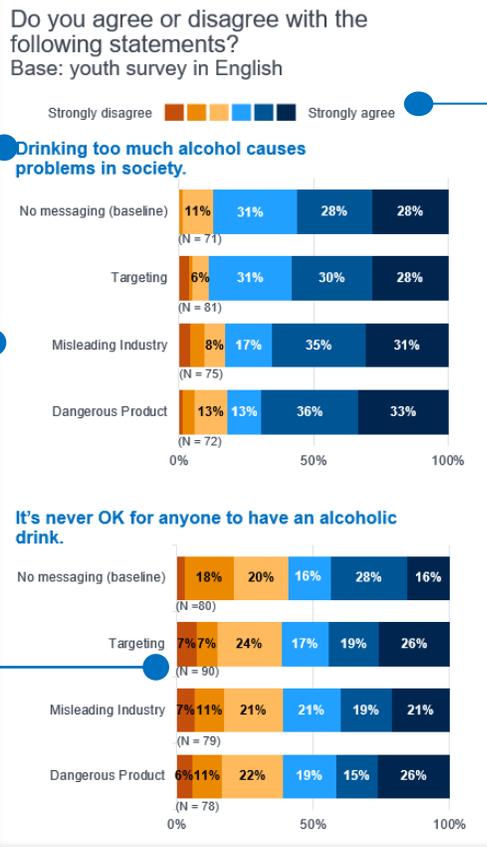
How to read pages in this report

Pages summarize results from the survey and online qualitative assessment.

Descriptive title, main takeaway

A majority of youth respondents held negative opinions about drinking alcohol. Messaging did not influence collectivist thinking.

Survey question, parts 1 & 2 (some questions had multiple parts)



In general, youth respondents were primed for collectivist thinking. Messaging did not have a statistically significant association with collectivist thinking.

Chart legend (often response options)

Most agreed that drinking alcohol causes problems in society (82-89%).

- Slightly more respondents in the "Misleading Industry" (31%) and "Dangerous Product" (33%) groups said they strongly agree, compared to the baseline (28%).

Analysis of survey results

Survey results, by treatment group

Many agreed that it is never OK for anyone to have an alcoholic drink (60-62%).

- More respondents in the "Targeting" (26%) and "Dangerous Product" (26%) groups said they strongly agree with this statement, compared to the baseline (16%).

Online qualitative assessment findings (quotes and insights)

"I think alcohol in itself is fine. But abusing it or having underage teens drinking is harmful."

- White, non-Hispanic, female, 14-17 years

Number of people who responded to this question

Percentages under 6% not shown for legibility

* Percentages under 6% not shown for legibility.

Appendix | YOUTH survey in English 18

Page number and report section

How to read heat maps in this report

Heat maps summarize regression analysis results. Regression measures association between a factor (e.g., a message concept) and an outcome of interest (e.g., support for a type of policy).

Descriptive title, main takeaway

Individualist frame thinking has a clear positive association with excessive drinking, and race has a clear negative association.

Coefficients indicate the strength of the association. Lower values indicate a more negative relationship (less association between two factors). Higher values indicate a more positive relationship (more association between two factors).



Outcomes of interest

Factors	Excessive consumption (aggregated)	Past <u>30 day</u> binge drinking
<i>Number of observations</i>	267	267
Message: Targeting		
Message: Misleading Industry		
Message: Dangerous Product		
Collectivist perspective (societal problems)		
Collectivist perspective (health harms)		
Individualist perspective Values*		
Age		
Education		
Female		
Gender(s) not listed		
Sexual orientation		
Person of color		
Urban		
Income (free or reduced lunch)		
Income (access to a home computer)		
Income (missed meals)		

* Measured using Moral Foundations (MF20) scores.

List of factors

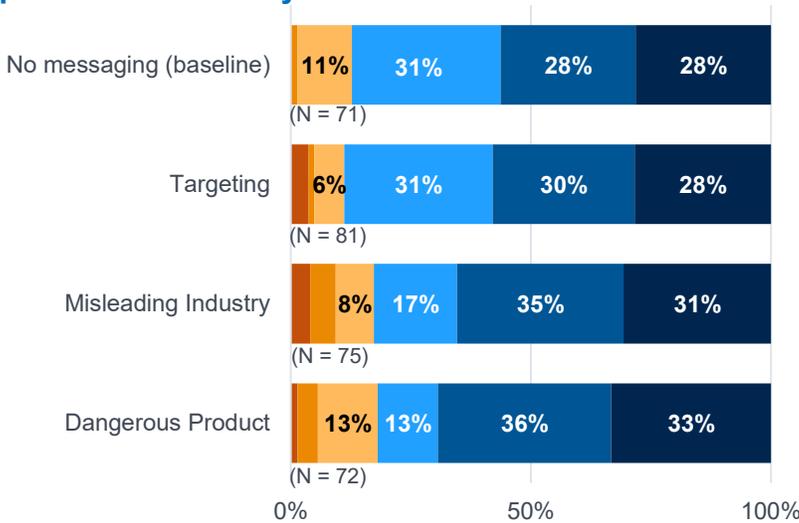
A majority of youth respondents held negative opinions about drinking alcohol. Messaging did not influence collectivist perspective.

Do you agree or disagree with the following statements?

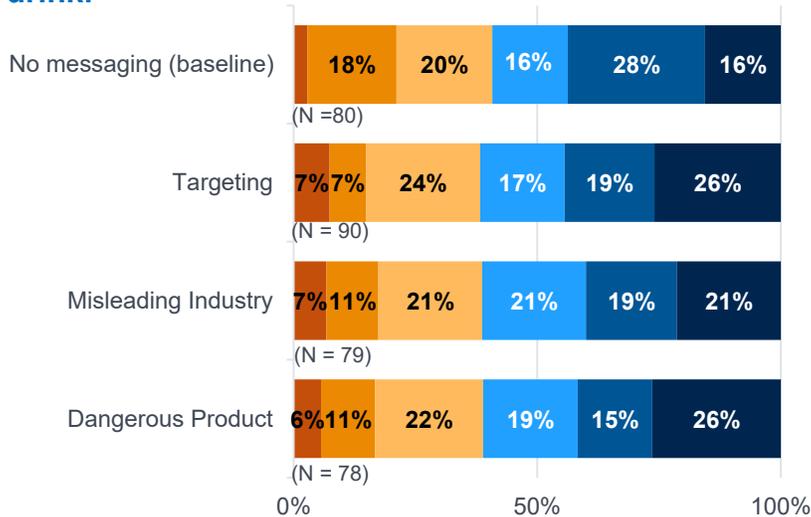
Base: youth survey in English

Strongly disagree  Strongly agree

Drinking too much alcohol causes problems in society.



It's never OK for anyone to have an alcoholic drink.



In general, youth respondents were primed for a collectivist perspective. Messaging did not have a statistically significant association with a collectivist perspective.

Most agreed that drinking alcohol causes problems in society (82-89%).

- Slightly more respondents in the “Misleading Industry” (31%) and “Dangerous Product” (33%) groups said they strongly agree, compared to the baseline (28%).

Many agreed that it is never OK for anyone to have an alcoholic drink (60-62%).

- More respondents in the “Targeting” (26%) and “Dangerous Product” (26%) groups said they strongly agree with this statement, compared to the baseline (16%).

“I think alcohol in itself is fine. But abusing it or having underage teens drinking is harmful.”

- White, non-Hispanic, female, 14-17 years

* Percentages under 6% not shown for legibility.

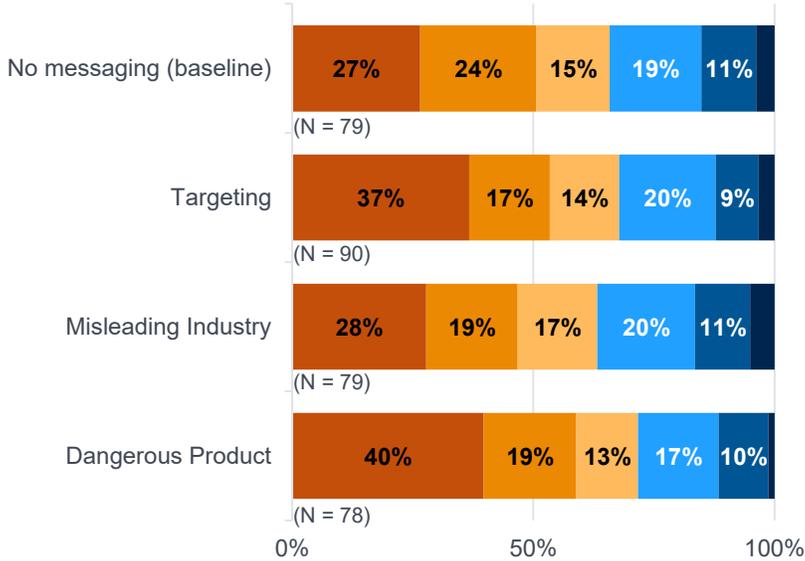


Do you agree or disagree with the following statements?

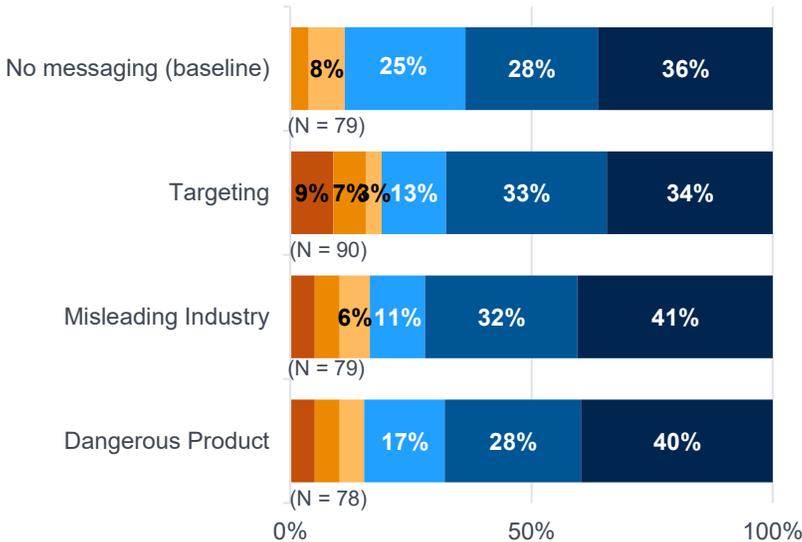
Base: youth survey in English

Strongly disagree  Strongly agree

It's OK for me to drink too much alcohol sometimes, if it's not every day.



If you're not harming other people, I don't see a problem with drinking too much.



A majority of youth respondents disagreed with the idea that it is OK to drink too much alcohol if it is not every day (64-72%).

- More people in the “Targeting” (37%) and “Dangerous Product” (40%) groups strongly disagreed, compared to the baseline (27%).

“...there are a lot of people who use alcohol for different purposes, so we can't admit that alcohol is bad. If we avoid consuming a large amount of alcohol, we can still live a happy life.”

- Asian or Asian American, non-Hispanic, female, 14-17 years

Most youth respondents did not see drinking too much as a problem so long as people drinking were not harming others (80-89%).

- More people in the baseline group agreed (89%), compared to those exposed to messaging (80-85%).

“Alcohol is not evil or inherently bad. It's based on how you use it and the frequency in which you use it that makes it a bad thing.”

- White, non-Hispanic, transgender/genderqueer/gender-other, 14-17 years

A majority of youth respondents agreed that excessive drinking is a problem in Oregon.

- More respondents agreed that underage drinking (74-88%) was a problem in Oregon, compared to general binge (72-77%) or heavy (68-78%) drinking.
- Moreover, a larger proportion of respondents across treatment groups strongly agreed (23-33%) that underage drinking was a problem in Oregon versus binge (14-17%) or heavy (10-19%) drinking.
- Overall, a larger proportion of the “Dangerous Product” group than the baseline group agreed that excessive drinking is a problem in Oregon, but the “Targeting” group had similar results, too.

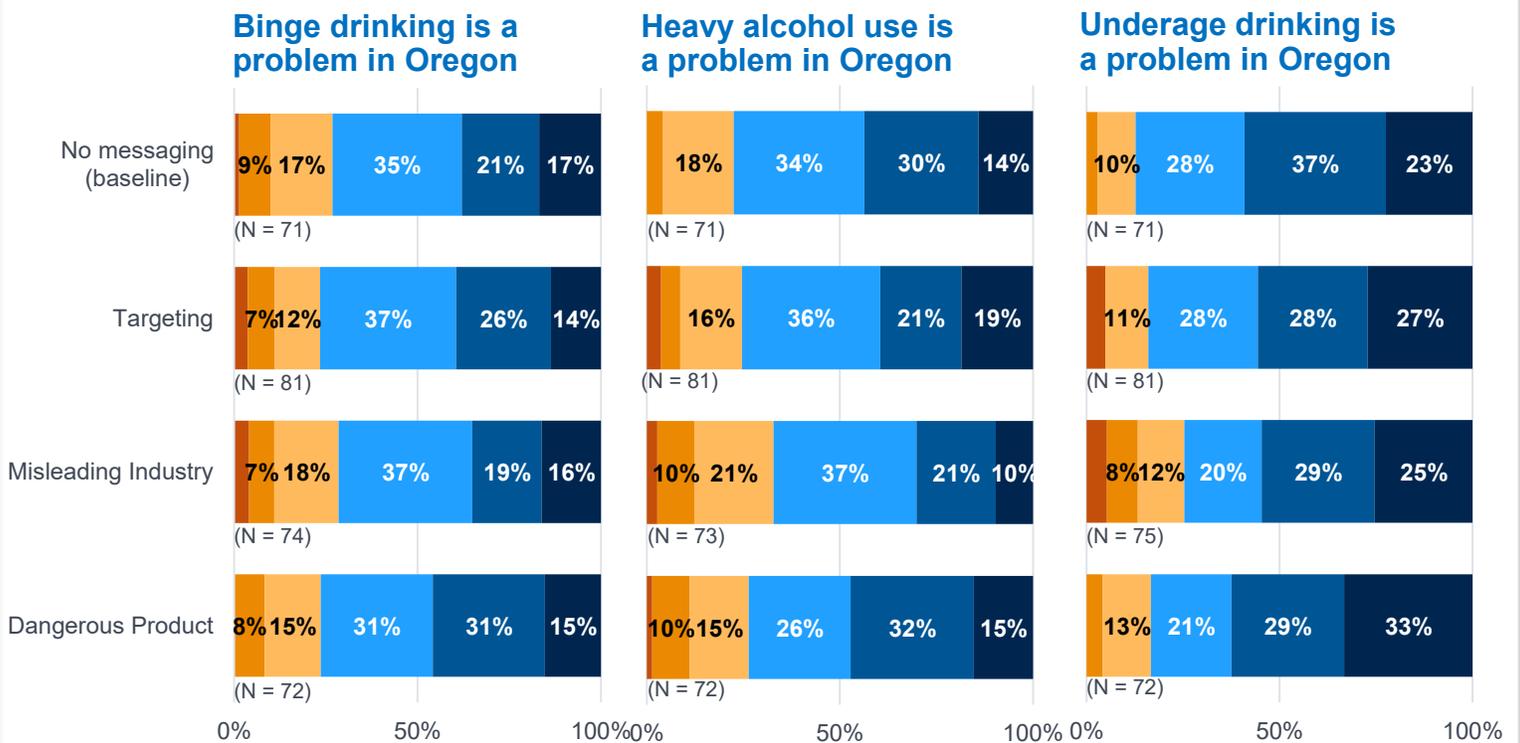
Participants had similar views on the nature of Oregon’s drinking culture (people not knowing their limits, lowered inhibitions, normalized drinking, etc). Participants also shared a perception of Oregon’s drinking culture as beer-centric, artisan-preferred and laid-back. They tended to view it negatively and favor enforcement as a solution in addition to education on the dangers of excessive drinking.

Many who were not aware of a binge or heavy drinking problem in Oregon said it was because they are not around people who do it, or if they are, it is only a single occasion.

Do you agree or disagree with the following statements?

Base: all respondents

Strongly disagree Strongly agree



Most youth respondents said it was not OK to drink alcohol every day, and they were more opposed to having two alcohol drinks versus one every day.

- Nearly half (49%) of baseline respondents said they strongly disagreed with having two drinks every day, and fewer respondents exposed to messaging (33-46%) strongly disagreed.
- Although more people in the “Targeting” group (32%) than the baseline (30%) said they strongly disagree with having one alcoholic drink a day, overall, more people in the baseline group agreed with both statements.

“I feel as though it should be portrayed for what it is, a beverage intended for people over the age of 21+ that shouldn't be consumed constantly, but is ok on occasion.”

- White, non-Hispanic, transgender/genderqueer/gender-other, 14-17 years

“Given the fact we have the most microbreweries in our state out of the country, we're very open to drinking. From what I've seen, that tends to be a bit abused and normalized in a toxic way. Underaged drinking is a commonly known and talked about thing but there aren't any legal repercussions being enforced.”

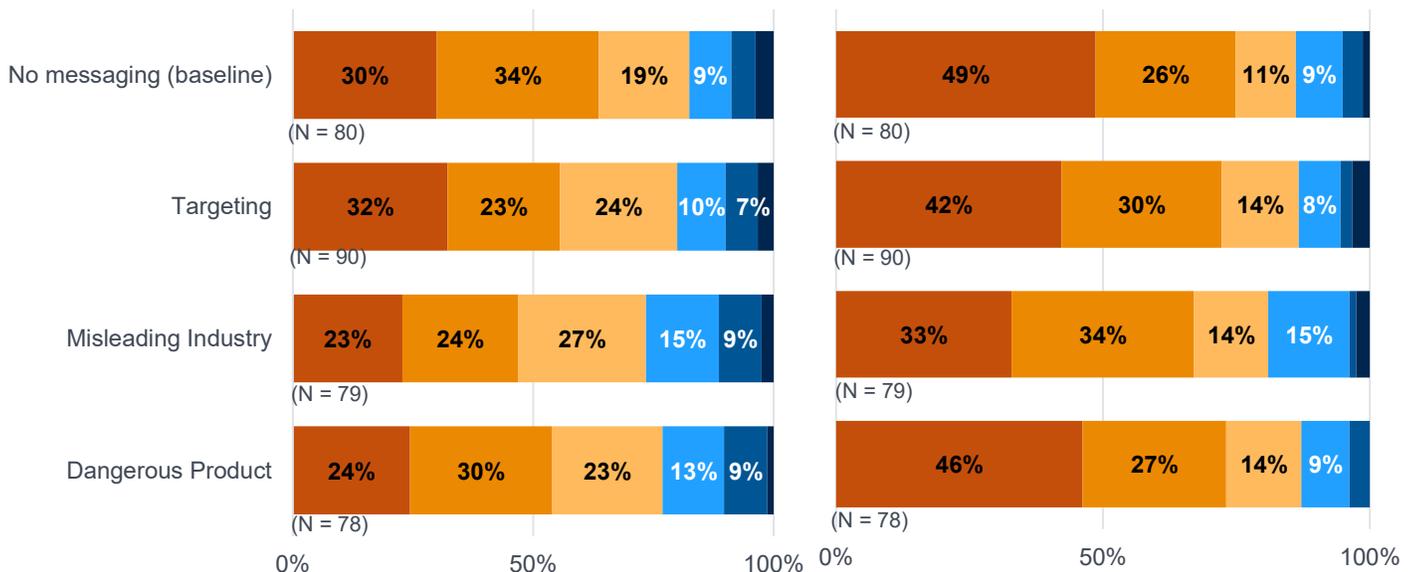
- White, non-Hispanic, transgender/genderqueer/gender-other, 14-17 years

Do you agree or disagree with the following statements?
Base: all respondents

Strongly disagree Strongly agree

It's OK for me to have an alcoholic drink every day.

It's OK for me to have two alcoholic drinks every day.



Youth respondents were more aware of the harms of binge drinking than heavy drinking.

They were more aware of the short-term risks of binge drinking and the long-term risks of heavy drinking.

Far more youth respondents believed binge drinking was high-risk than believed heavy drinking was high-risk. This finding held whether people thought about potential harm in the near or distant future (chart appears on next page).

Respondents were very aware of the short-term risks of binge drinking, but less aware of the long-term risks.

- Most respondents (78-88%) said consuming five or more alcoholic drinks at a time was high-risk, but fewer (16-38%) said binge drinking was high-risk if it happened only a few times a month.
- Perceptions of the risks of binge drinking were similar across treatment groups, but more people in the “Dangerous Product” group reported the short-term (88%) and long-term (38%) risk as “very high,” compared to the baseline (83%, 16%).

“Alcohol can come with status when it comes to partying, but because it is illegal there is also the possibility of trouble. Additionally there is drunk driving, which killed my classmate/neighbor last year.”

- White, Hispanic, female, 14-17 years

Respondents were more aware of the long-term risks of heavy drinking, but less aware of the potential for near-term harm.

- Many (18-36%) said consuming one or two alcoholic drinks every day was high-risk in the short-term.
- In contrast, 33-47% believed heavy drinking posed a high risk of harm in the long-term.
- Perceptions of the risks of heavy drinking were similar across treatment groups, but the “Dangerous Product” group had more people say heavy drinking was high-risk than the baseline group (36% vs. 29% in the short-term; 47% vs. 35% in the long-term).

“Most teens don't understand the severity that underage drinking has on them in the long term because those impacts haven't set in yet.”

- White, non-Hispanic, transgender/genderqueer/gender-other, 14-17 years

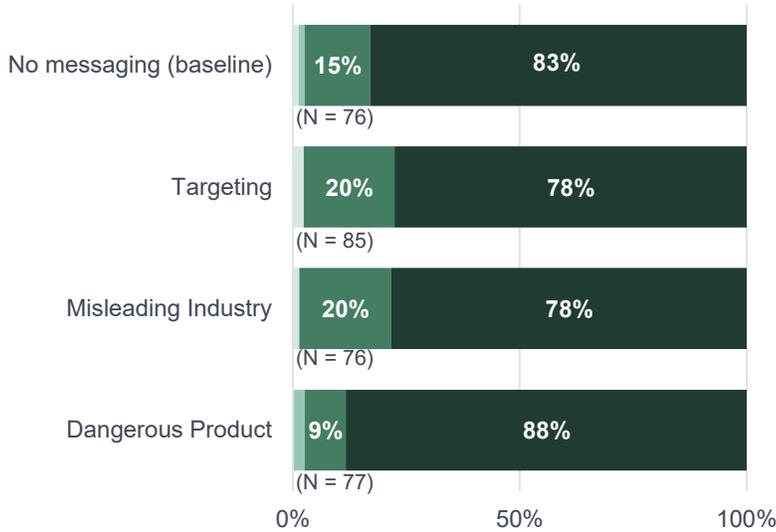
How much do you think people risk harming themselves if ...

Base: all respondents

No risk at all High risk

...they have five or more alcohol drinks at a time?

Short-term risk of harm

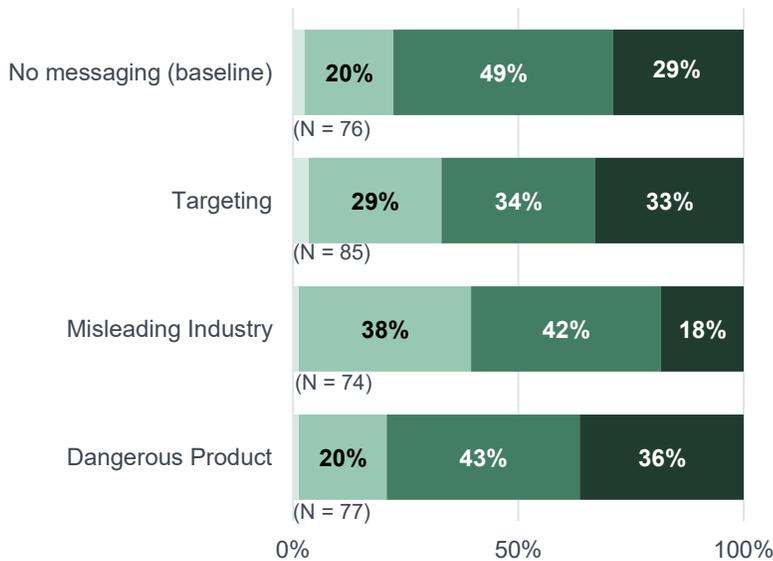


Long-term risk of harm*

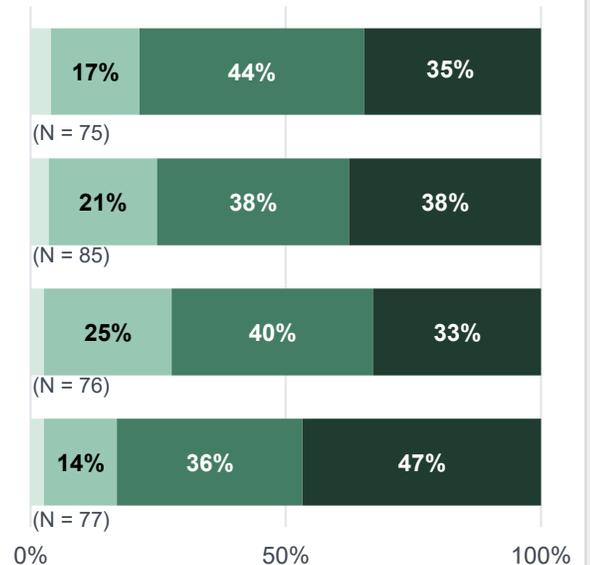


...they have one or two alcohol drinks every day?

Short-term risk of harm



Long-term risk of harm



* Original question: "...in the long-term if they have five or more alcoholic drinks at a time, but only once or twice a month."

Youth participants in the qualitative assessment supported restrictions on alcohol advertising because of its outsized impact on youth.

- The majority of participants in the qualitative assessment said that alcohol advertising had a negative effect on their community.
 - About half said the best reason to restrict where alcohol companies can advertise was to prevent influencing minors.
 - Youth respondents had a strong sense that their peers were heavily, possibly even the most, influenced by advertising and promotions.

“I live next to a college campus and I see students binge drinking and I think it's the community's responsibility to teach our current kids about the dangers and risks of that.”

- Asian or Asian American, non-Hispanic, female, 14-17 years

“Kids become very familiar with different brands and slogans. If I asked my sister to say the first beer name that came to mind, she'd be able to remember the last PBR commercial she's seen and quote parts of it. It doesn't seem right to me, having a 10-year-old be able to recall an alcohol company catch phrase.”

- White, non-Hispanic, transgender/genderqueer/gender-other, 14-17 years

- There was a consensus about advertising themes and images that crossed a line included:
 - involved children in the sales pitch
 - promoted underage drinking
 - used sexual or sexist imagery

“It shows kids that when you become an adult, you HAVE to drink.”

- White, non-Hispanic, transgender/genderqueer/gender-other, 14-17 years

- Most participants believed that alcohol advertising encourages drinking from a young age and presents what would be a personal choice as an obligation that you have to drink when you are older.
- About half of youth participants said the best reason to restrict when and where people can purchase alcohol to consume elsewhere mentioned safety (such as preventing DUIs or accidents) or curbing excessive drinking.

“It exposes children to the idea that alcohol is a fun thing that should be tested. The very positive and “cool” look that alcohol has to it makes adolescents think that they can be cool by drinking that beer and want to try it out for themselves. This can start from a very young age. Also, if there are advertisements throughout their community, it could become normalized.”

- White, non-Hispanic, female, 14-17 years

“Yes *I would because many people struggle with alcohol problems and that would be a good thing.”*

- White, non-Hispanic, male, 14-17 years

“No, *because there are already alcohol prevention programs and it is not the terrible thing that everyone is making out to be.”*

- White, Hispanic, female, 14-17 years

- Participants were split whether they wanted to increase the price of alcohol by 20 cents per drink to support alcohol prevention programs in Oregon.
 - Many (42%) supported the policy. A majority of proponents either directly or indirectly said prevention was the reason behind their support.
 - About half (47%) opposed the policy. However, many opponents were just skeptical that the money would actually be used for prevention. About half of all opponents said they would support the policy if the money were directly used for effective prevention programs.

- When asked about restricting alcohol sales, some participants said they thought education, not restrictions, is the answer.
- In general, participants were concerned that alcohol is so accessible, and there was some concern that it “gives easy access to an easy addiction” (American Indian or Alaska Native, non-Hispanic, male, 14-17 years).
- Other participants compared the geographic size of where they lived to the number of places a person could buy alcohol. They described it as disproportionate.
- Many, however, were not concerned about how easy it was to access alcohol in their community. They thought the accessibility seemed reasonable and thought the industry was well-regulated.

“I do not support the government restricting alcohol sales. Prohibition did not work. People will make their own alcohol if restricted enough. Educate don't restrict.”

- American Indian or Alaska Native, Hispanic, transgender/genderqueer/gender-other, 14-17 years

“I think grocery stores and convenience stores should not sell any alcohol. I think alcohol should only be sold at liquor stores that way if someone wants to drink they have to go out of their way to pick it up from a liquor store.”

- Black or African American, non-Hispanic, female, 14-17 years

“I live in a really small town, and the amount of places people could purchase alcohol is a little outrageous to me. And even though my town is small, people do take advantage of all the places and bars that sell alcohol.”

- Asian or Asian American, non-Hispanic, female, 14-17 years

“Before this study, I didn't really know much about policies regarding alcohol...I didn't think much about location, restrictions on hours, or taxes on alcohol at all, but now it is definitely something I will consider when advocating in my community.”

- Pacific Islander, Hispanic, female, 14-17 years

Excessive drinking behavior and income had a negative association with the collectivist perspective; gender (women) had a positive association.

KEY: regression coefficient values



Factors*	Agree with collective frame statements	Agree with harm statements	Agree with individual frame statements
<i>Number of observations</i>	267	268	268
Message: Targeting			
Message: Misleading Industry			
Message: Dangerous Product			
Excessive consumption			
Values			
Age			
Education			
Female			
Gender(s) not listed here			
Sexual orientation			
Person of color			
Urban			
Income (free or reduced lunch)			
Income (access to a home computer)			
Income (couldn't afford to eat)			

* See Report page 35 for details on regression model specification.

An individualist perspective has a clear positive association with excessive drinking, and race has a clear negative association.



Factors*	Excessive consumption (aggregated)	Past 30 day binge drinking
<i>Number of observations</i>	267	267
Message: Targeting		
Message: Misleading Industry		
Message: Dangerous Product		
Collectivist perspective (societal problems)		
Collectivist perspective (health harms)		
Individualist perspective		
Values		
Age		
Education		
Female		
Gender(s) not listed		
Sexual orientation		
Person of color		
Urban		
Income (free or reduced lunch)		
Income (access to a home computer)		
Income (missed meals)		

* See Report page 35 for details on regression model specification.

Social media campaign results

Facebook and Instagram Feeds

Target: ages 15–17, Oregon

- Ads on Facebook and Instagram Feeds delivered a total of 184,692 impressions and 555 clicks.
- Bright ads, both in video and image form, resonated with people the most.
 - Ad D returned the best results (350 clicks). This ad ran more frequently than any other ad, and the creative was bright and featured a young person. When an ad runs more frequently, it is likely to perform better than others.

Exhibit E2: Ad performance, Facebook and Instagram feeds

Ad name	Impressions	Clicks	CPC
A – "Something to say"	13,586	56	\$1.61
B – Students taking selfie stock image	15,944	38	\$2.73
C – Thinking emoji video loop	12,128	36	\$2.50
D – Girl with phone stock image	114,416	350	\$2.01
E – Youth portrait video	13,478	28	\$3.21
G – Alien	15,140	47	\$1.50
Total	184,692	555	N/A
Average	30,782	93	\$2.00

Ad D



Ad A



Instagram Stories

Target: ages 15–17, Oregon

- Ads on Instagram stories delivered a total of 142,651 impressions and 279 clicks.
- Instagram Stories are an effective strategy to reach youth audiences, although the results show some differences by gender.
- Ads on Instagram Stories received fewer clicks than Instagram Feed ads, but Instagram Stories ads reached more male teens (49%) than Instagram Feed ads (38%).
- Bright, attention-grabbing content on Instagram Stories, like moving text or animation, resonated with teens. As a video portrait, Ad E did not catch attention like the animations on the Stories platform.

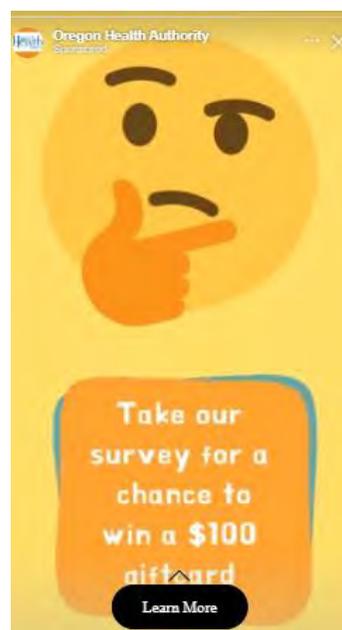
Exhibit E3: Ad performance, Instagram stories

Ad name	Impressions	Clicks	CPC
A – "Something to say" video loop	19,797	26	\$3.46
C – Thinking emoji video loop	90,836	209	\$1.81
E – Youth Portrait video	19,878	14	\$6.43
G – Alien	12,140	30	\$1.50
Total	142,651	279	N/A
Average	35,663	70	\$3.30

Ad A



Ad C



YouTube

Target: Oregon¹

- YouTube ad performance varied somewhat by age group, but on the whole Ad F produced more clicks (113 for 18-24 year olds, 239 for people of undetermined age).²
- After the Facebook policy disruption, PRR increased spending on YouTube ads. PRR finished running the YouTube ads on January 13, 2020.

Exhibit E4: Ad performance among 18-24 year-olds, YouTube

Age: 18-24 years

Ad name	Impressions	Clicks	CPC
E – Youth portrait	22,863	110	\$3.00
F – "Tell us what's on your mind"	19,282	113	\$2.19
Total	42,145	223	N/A
Average	21,073	112	\$2.53

Exhibit E5: Ad performance among respondents of undetermined age, YouTube

Age: undetermined

Ad name	Impressions	Clicks	CPC
E – Youth portrait	35,167	195	\$2.48
F – "Tell us what's on your mind"	40,096	239	\$1.67
Total	75,263	434	N/A
Average	37,632	217	\$2.08

Ad E



Ad F



1. Google Ads does not allow targeting people under the age of 17. PRR placed ads on websites and YouTube channels known for being popular with teens instead and targeted the state of Oregon.
2. Some teens reported their age as 18-24 when they signed up for a YouTube account, but others did not specify. The "undetermined" group likely includes those under 18 and people 25 years or older.