

“The Outer Circle”: The Importance of Nonorganized Advocacy Coalitions to the Passage of Smoke-Free Policy

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Introduction

Public health and public administration literature speak to the fact that smoke-free policy has been steadily diffusing within and between states for the last decade. The literature suggests common strengths and challenges associated with advocacy efforts in tobacco control. These similarities suggest that policy activity in this area fits with the policymaking theory of the advocacy coalition framework (ACF).

After reviewing relevant literature regarding tobacco control advocacy and theories of policymaking, this study discusses a grounded theory qualitative analysis of focus group data to examine to what degree the themes and grounded theory derived from the data conform to the advocacy coalition framework. Potential modifications to the ACF to make it more applicable to tobacco control will also be discussed.

This study concludes by looking at an emerging issue in tobacco control, regulating the use of electronic cigarettes and how the modified version of the advocacy coalition framework could be applied. The following research is intended as an exploratory qualitative study to investigate the applicability of the ACF to previous tobacco control efforts and how the experiences of tobacco control advocates could serve to modify the ACF to make it more applicable to future policy efforts, such as regulation of electronic cigarettes.

Review of the Literature on Tobacco Control Policy Advocacy

Opposition from the Tobacco and Gambling Industry

A significant portion of the research in tobacco control focuses on opposition from the tobacco industry and related interests. This speaks to the fact that the policy debate regarding tobacco control has been framed as a contest between economic interests and public health interests for over a century (Cairney, Studlar, and Mamudu 2012). Morley, Cummings, Hyland, Giovino, and Horan (2002) found evidence that the Tobacco Institute, an industry lobbying group, spent more where tobacco control activity was stronger, cigarette taxes were on the rise, and there was movement on smoke-free legislation.

The association between lobbying expenditures and statewide indoor smoking restrictions was not significant. The authors suggest this may have been due to industry support for third party groups. Mandel and Glantz (2004) found that the tobacco industry works through front groups

and public relations groups to promote favorable policy positions. One persuasive argument that the tobacco industry employed to gain support from the hospitality industry, particularly the gambling industry, was that smoke-free laws would harm profits for such establishments.

Macy and Hernandez (2011), in their research on the effect of smoke-free policy on wagering at off-track betting facilities in Indiana, found that, while wagering did decrease during the 2002–2009 period at the OTB facilities, there was no difference found in the analysis between facilities that went smoke-free and those that did not. There is evidence that more people are becoming aware of such evidence and changing their views on smoke-free policy. Tang, Cowling, Stevens, and Lloyd (2004) found a significantly higher percentage of bar employees preferred a smoke-free environment and expressed concerns about the effects of second-hand smoke on their health after a California smoke-free law had been in place for a number of years.

Campaign contributions from the tobacco industry continue to be a force in smoke-free policy. According to Rosenbaum, Barnes and Glantz (2011), between 1994 and 2008, the tobacco industry contributed \$560,000 to political campaigns in Indiana. Many of those receiving contributions held leadership positions, and those contributions were found to be associated with legislative behavior favoring the tobacco industry. Between 2000 and 2009, the tobacco industry spent \$4,029,262 on lobbying, while prevention and cessation groups spent \$490,626 on advocacy during the same period (keep in mind that state tobacco cessation and prevention coordinators are prohibited from lobbying under the law) (Rosenbaum, Barnes, and Glantz 2011). The influence of campaign donations on political activity may be why, as Cairney, Studlar, and Mamudu (2012) suggest, tobacco control has stronger support in civil society, including community coalitions, than political institutions.

Media Opposition and Opportunities

Tobacco control advocates have commonly worked to counter the tobacco industry's political influence and cultivation of relationships within the hospitality industry through media advocacy. Brandt (2007) described how the economic benefits of tobacco promoted the creation of a smoking culture that was advanced through newspapers, film, and other media (cited in Cairney, Studlar, and Mamudu 2012). Public health advocates used the media to disseminate scientific evidence to the public (Cairney, Studlar, and Mamudu 2012), but antismoking media efforts only began to succeed after evidence of tobacco's negative health effects began to accumulate in 1950s and scientific evidence was joined with moral and public health arguments to promote antismoking policies (Brandt and Rozin 1997; Katz 1997, as cited in Cairney, Studlar, and Mamudu 2012).

Niederdeppe, Farrelly, and Wenter (2007) found that media advocacy by tobacco control supporters was successful in generating coverage, and counties with more coverage saw more ordinances passed. Media can also be used as a potent tool against tobacco control efforts. Schneider and Glantz (2008) reviewed the long history of the use of the rhetoric of Nazism and health fascism against tobacco control advocates, both directly and through the use of front groups, to oppose the passage of smoking or tobacco restrictions.

Clegg Smith, Wakefield, and Edsall (2006) recommended tobacco control advocates emphasize media advocacy in their work, include print media in efforts, and focus more media attention on tobacco issues. Harris, Shelton, Moreland-Russell, and Luke (2010) found that the majority of the media coverage of a failed Missouri initiative to raise the tobacco excise tax was in favor of the initiative throughout most of the year, but there was a surge in stories negative toward the

initiative during the month prior to the election. Their recommendations included tracking community sentiment through letters to the editor to best address it throughout the campaign.

Policy-Driven Interventions

Francis, Abramsohn, and Park (2010) use Proposition 99, California's comprehensive tobacco control program, as a case study in the implementation of policy-driven tobacco control. Based on the experience in California, they argue that stronger local policies lead to stronger state policies. Based on the California example, they note that once exemptions are in place they are difficult to fix. Goldstein, Grant, McCullough, Cairns, and Kurian (2010) found that key factors in the success of the North Carolina Coalition for Fire-Safe Cigarettes included building momentum at the national level to advocate for state legislation, increasing attention in the state to the problem of smoking-related fires, leadership by state public health figures, taking an opportunity to approach tobacco control in a manner that has broad appeal, and having strong commitment from the fire service.

The coalition also succeeded by localizing resources at the national level to the situation in North Carolina and taking advantage of strong shared leadership from the tobacco control and public health burn community. Montini and Bero (2001) note that advocacy for workplace smoking regulations was successful where efforts were made to highlight the science that supports smoke-free policy, present credible witnesses to support that science, and pay attention to extra scientific factors that affect the making of policy.

Steger et al. (2010) reviewed successes in cancer control policy, recommending that policy activity be carefully planned and coalition members agree on how to prioritize policy activities they wish to undertake as well as the timing of those activities. Policy workgroups could be used to engage individuals at the local level and determine what interventions are appropriate for the area. Pawson, Owen, and Wong (2010) presented a framework for reviewing the overall efficacy of legislative interventions in the area of public health, which calls legislators and advocates to consider issues such as whether the policy is (a) correctly identified; (b) likely to result in the toughening of pursuit of illegal behavior; (c) likely to result in a transition to other types of risky behavior; (d) likely to face organized opposition; (e) likely to face implementation problems due to lack of popularity; (f) or result in the illusion of compliance as opposed to actual compliance; (g) unlikely to be enforced; and (h) lacking proper resources for enforcement.

Importance of Coalition Building

A number of studies have previously examined the role and efficacy of organized advocacy. McCarthy and Wolfson (1996) looked at the influence of effort, strategy, organizational structure and national affiliation on the ability of local organizations to mobilize resources to reduce drunk driving. They found that organizations that work harder and are better organized are more successful in mobilizing resources for their goals. Ellis, Hobart, and Reed (1996) in a case study of the passage of a smoke-free workplace ordinance in Contra Costa County, California, highlighted the importance of creating a broad-based coalition that includes both natural and potential allies and forming local networks to include those who might otherwise be left out.

They recommended guarding against attempts to oppose local ordinances by introducing preemptive legislation in the state legislature. In regard to successful interventions on college campuses, Lee et al. (2010) tracked the process and policy outcomes of a multilevel intervention to increase the diffusion of smoke-free institutions of higher education. The Tobacco-Free Cam-

pus Initiative, funded by the North Carolina Health and Wellness Trust Fund, was successful in reducing campus smoking by tailoring funded programs to the unique campus environment, while adhering to best practices.

Mathew, Goldstein, and Hampton (2008) profiled another successful initiative, the Survivors and Victims of Tobacco Empowerment (SAVE) program in North Carolina. They noted that the technique of using survivors as advocates is supported by the literature, which notes survivors' deeply personal message, modeling of health consequences, and ability to produce negative emotional responses toward smoking. Like many such groups, SAVE regularly confronted the problem of regular and sustainable funding, as well as recruiting and maintaining a diverse coalition (Mathew, Goldstein, and Hampton 2008).

Arnott, Dockrell, Sandford, and Willmore (2007), based on the experience of tobacco control advocates in England, recommended overcoming challenges by building coalitions around key messages, splitting opposition forces (such as the tobacco and hospitality industries), cultivating good media contacts and political champions, and promoting a sense of inevitable success. Advocacy has been recognized as an increasingly important role for public health professionals, and efforts have been made to better incorporate it into the public health curriculum (see Hearne, 2008).

A study by Carver, Reinert, Range, Campbell, and Boyd (2003) concluded that tobacco control programs are best implemented through collaborations between government agencies and nonprofit organizations. Ransom and Shelley (2006) found through a study of community organizations in New York City that there was strong consensus around combatting youth smoking, but less on how to place restrictions on public areas, which could potentially complicate collaboration. Agreement on the need to combat youth smoking speaks to the success of the strategy to change perception of smoking from an individual choice issue to a need to protect innocent individuals who might be harmed (Nathanson 1999, as cited in Cairney, Studlar, and Mamudu 2012).

Despite some areas of disagreement, community organizations should not be neglected as a resource as they can provide innovative ideas. Studies have shown that important social institutions making the choice to go smoke-free can also change public perceptions of smoke-free policy. Williams et al. (2009) noted that the trend toward smoke-free hospitals, which began in the early 1990s when the Joint Commission, a major healthcare accreditation body, required the banning of all indoor smoking in accredited hospitals.

Role of Those Advocates Outside of Organized Efforts

It is important to recognize the efforts of people who are not part of organized tobacco control efforts, but nevertheless contribute to the advancement of those efforts. Richmond, Burns, and Cummings (2004) cited the work of airline flight attendants to collect evidence on the effects of their exposure to cigarette smoke on their health, present it to Congress, and then continue to advocate consistently, thus bringing about the ban on smoking on airline flights, as an example of the power of individual action.

Vardavas et al. (2011) studied the willingness of nonsmokers in Greece to assist with enforcing compliance with smoke-free air laws. The study found that 74.3 percent of those surveyed indicated they would report violators of the smoke-free air law in some manner. Kiser and Boschert (2001) noted, based on a study of the California BREATH initiative, that committed community members who will tell their public officials they support smoke-free air laws and want them enforced is a more powerful force than media or advertising campaigns. They also

found that shortcomings related to funding can be overcome through grassroots advocacy and a committed network of volunteer community stakeholders.

The literature on the policy advocacy in support of smoke-free air laws suggests that the manner in which this policy is adopted and diffused fits well into the advocacy coalition framework theory of policymaking (Sabatier 1988). This theory, as well as other applicable policymaking literature, will be discussed in the next section.

The Advocacy Coalition Framework

Previous literature in the area of public policymaking has investigated the diffusion and adoption of smoke-free policy. Shipan and Volden (2006) conducted a study of antismoking measures and investigated to what degree policy diffusion occurred from the bottom up in regard to these policies, while taking into account possible state-to-state or national-to-state effects. They found evidence in their results that some antismoking laws, like restrictions on smoking in government buildings, diffused upward from city to state governments. Cairney, Studlar, and Mamudu (2012) noted that the bottom-up approach to smoke-free policy has been exported to other countries, while the U.S. borrows smoke-free policies as well.

There are many theories regarding how policy is made in areas like tobacco control, including Kingdon's theory of policy streams (2003) and the work of Baumgartner and Jones on punctuated equilibrium (1993). In light of information from the review of the literature, the theory of public policymaking known as the Advocacy Coalition Framework (ACF) seems most applicable. Sabatier (1988) defines advocacy coalitions as people from a variety of areas who share a common belief system and engage in a significant amount of coordinated activity.

In an article describing the framework, Sabatier (1988) noted that the ACF builds on the work of Hechler (1974) in that it approaches policy change as a product of social, economic, and political factors and the interaction between actors in the policy community. The literature previously discussed highlighted these issues through the discussion of confronting opposing coalitions, changing public perception, overcoming resource and funding constraints, utilizing available resources, and expanding the coalition.

Cairney, Studlar, and Mamudu (2012) note that, according to literature regarding the Advocacy Coalition Framework, policy core beliefs of coalitions are difficult to change without a major shock, whereas secondary beliefs are more susceptible to change based on new evidence from policy implementation or policy analysts. They add that information can rarely overcome a dominant coalition, as it is more common for information to be assimilated selectively in order to bolster their position. Established ideas often hinder the acceptance of new information.

Factors important to the success or frustration of tobacco control efforts highlighted in the literature above align well with the Advocacy Coalition Framework model. As described by Paul Sabatier (1988), the Advocacy Coalition Framework sees the process of policy change as the interaction between *relatively stable parameters* (opposition from the tobacco industry and tobacco users), *external (system) events* (changes in public opinion influenced by new evidence), *constraints* (funding and legal restrictions) and *resources* (improved education and expertise) of *subsystem actors*, and the *policy subsystem* (tobacco control advocates, tobacco industry advocates, public health officials, restaurant and bar owners, educators, health care providers, policymakers, etc.).

In later work the model was revised to include *long-term coalition opportunity structures* (incorporating new individuals and groups into the tobacco control coalition framework). This

portion of the model considers how much public consensus is needed to enact a policy change and how open political systems are to public participation (Weible, Sabatier, and McQueen 2009). Previous research by Sato (1999) and Farquharson (2003) investigated the behavior of coalitions in tobacco control policy and tobacco surveillance and research, respectively (as cited in Weible, Sabatier, and McQueen 2009). A model of the ACF framework can be found in Figure 1.

The ACF better explains how and why elites in policy advocacy coalitions, such as those in health care and the hospitality industry, change their views over time through formal policy analysis and a process of trial-and-error. Sabatier (1988) contends that the definition of actors within policy subsystems should be broadened to encompass officials at all levels of government and journalists as well as researchers and policy analysts. The previous literature review supports the value of cultivating relationships with local politicians and members of the media, as well as consulting researcher expertise to help guide improved advocacy.

The key to successful policy change, according to the ACF, is the efficacy of “policy brokers,” whose mission, according to Sabatier (1988), is to reduce conflict through reasonable compromise. While brokers are often seen as more objective in regard to policy outcomes under the framework articulated by Sabatier and others, brokers can have a particular policy preference.

The work of policy brokers and the coalitions they mediate result in government action leading to policy outputs (new legislation or rules being put into effect) that lead to policy outcomes (meaningful change for those to whom the effects of the policy are targeted) (Sabatier 1988). Cairney, Studlar, and Mamudu (2012) wrote that the ACF is a good model to explain incremental change that has long been the pattern of smoke-free policy in the United States. They also note coalitions in the ACF seek to continuously learn and adapt, take advantage of shocks to the system that may open windows of opportunity (Kingdon and Thurber 1984), and negotiated agreement with the opposition, all of which applies to tobacco control advocacy.

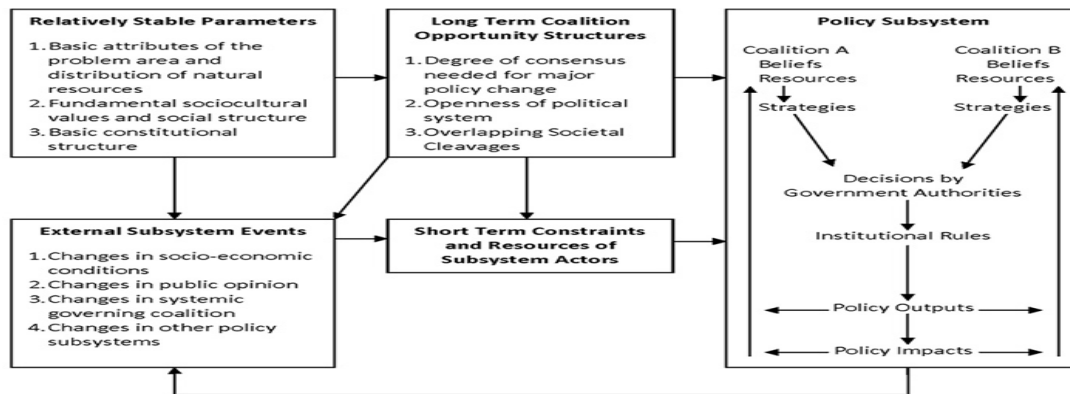
The remainder of this paper will discuss an exploratory qualitative focus group case study of tobacco advocates in Indiana and how their experiences support or conflict with using the Advocacy Coalition Framework as a model for tobacco control policy. The discussion section will examine how the findings from the study could be applied to efforts to advocate for the regulation of e-cigarettes.

Data

The primary sources of data for this study were two focus groups involving tobacco prevention and cessation coordinators in west central Indiana. These coordinators are funded through state grants to local community or health care organizations to educate the public about the dangers associated with tobacco use, provide services to help those who wish to quit, and try to prevent others from taking up the habit. The first focus group was held on February 8, 2013 and the second focus group was held on March 6, 2014. Each focus group was approximately 90 minutes in duration. The first focus groups included seven tobacco prevention and cessation leaders in west central Indiana and the second focus group included nine such leaders.

As three of the leaders participated in both focus groups, 13 total participants were involved in the research. The focus groups included representatives from eight different counties, two state-level smoke-free organizations, and one regional organization that provides a variety of services to children in 13 Indiana counties. The sample was selected due to their success in mak-

Figure 1. Diagram of the Advocacy Coalition Framework



(University of Colorado Denver web site, n.d.)

ing Terre Haute and Vigo County two of 18 communities in the state to pass an ordinance that covers workplaces, bars, and restaurants (Indiana State Department of Health n.d. (a)).

It should be noted that according to the Institute for Health Metrics and Evaluation, Vigo County’s overall smoking prevalence was 26.1 percent in 2012, the year that the comprehensive ordinance went into effect. This was above the national average of 20 percent for both sexes (Institute for Health Metrics n.d.). This speaks to the fact that these participants were operating in a difficult policy environment.

According to parameters established in the literature, such groups can range in size from as small as four people to as large as 12 people. The participants are generally unfamiliar with one another; however, because this study was focused on a relatively small community of smoke-free advocates in west central Indiana, the participants in this study did know each other (Krueger 1988 as cited in Marshall and Rossman 2011). Luton (2010) notes that focus groups can be organized based on a variety of rationales, including assembling a “network of associates” (40), which describes the group of tobacco prevention and cessation coordinators. This goes along with the criterion that the participants share a characteristic or characteristics related to the focus of the study (Luton 2010). Access to the participants in the focus group came through the Indiana Tobacco Prevention and Cessation Agency, in conjunction with other state and local organizations.

In the two focus groups, some participants were involved in both groups, and some participants were unique to each. The first focus group posed questions to gain insight into tobacco cessation and prevention coordinators’ views on the passage and implementation of smoke-free policy at various levels of government in Indiana. The primary purpose of the second focus group was to present the findings from the first focus group to the participants and use the focus group to verify the investigator’s perceptions as well as to generate additional data (Krueger 1988 as cited in Marshall and Rossman 2011).

One benefit of using a focus group as opposed to an individual interview is that the opinions of others may spark thoughts in participants that would not have occurred to them otherwise. Often the questions presented are relatively basic, and that, in conjunction with a relaxed environment, is meant to make the participants feel safe to speak their mind (Marshall and Rossman

Figure 2. Stages in Grounded Theory Research

Stage 1: Identify a topic of interest and select the grounded theory research approach
Stage 2: Determine purpose(s) for the research
Stage 3: Select a group or sample to study
Stage 4: Collect data
Stage 5: Open (preliminary) coding of data as it is collected
Stage 6: Theoretical coding for theory development
Stage 7: Develop theory

(McNabb 2008).

2011). Focus group data was supplemented with information from peer-reviewed literature, media accounts, and government and nonprofit organization reports in order to better meet the standard of theoretical saturation.

Methods

This research utilized the grounded theory approach as described by Glaser and Strauss (1967) and summarized in Figure 2:

The first focus group utilized a semistructured approach using predetermined questions with the opportunity to ask follow-up questions as the primary investigator deemed appropriate. Tobacco prevention and cessation coordinators were asked to reflect on their work as advocates to win passage of smoke-free policies at the city, county, and state level in Indiana. The questions posed had a particular focus on the interrelationships between the passages of these efforts. The second focus group involved a presentation of the primary investigator's findings from the first focus group and asked the coordinators involved, some of whom participated in the first group, to reflect upon those findings, with no specific questions posed. The research was conducted at the office of a nonprofit community organization that acts as host for one of the tobacco prevention and cessation coalitions. During the course of both discussions the primary investigator took notes as well as using a digital recorder. The digital recordings were transcribed by the primary investigator and analyzed using the Grounded Theory approach described by Glaser and Strauss (1967).

After the transcription was complete, the primary investigator used open coding to identify key concepts emerging from the data and linking them together under themes. During the process, the investigator assigned the themes that emerged from the data to broader categories, called core categories, which highlighted the relationships between the themes (Lee 1999). These core categories were then used to create yet broader categories in order to facilitate theory development, after being ranked in terms of importance (Lee 1999).

Open Coding and Core Categories

Numerous recurring themes emerged from the data through the open coding process. These themes are listed below, in Table 1, based on themes derived from the literature.

Table 1.

Open Codes-Tobacco Industry Response to Tobacco Control Advocacy

- The tobacco industry has significant resources to advertise their product and lobby against new laws and regulations.
- The gaming industry is a powerful opponent of smoke-free legislation.
- Money has more influence at the state level than at the local level because of campaign contributions.
- It is important to be willing to do research to challenge information presented by the opposition as fact. This can lead to policymakers viewing advocates as subject matter experts as opposed to just one side of the argument.

Open Codes-Comprehensive vs. Non-Comprehensive Policies

- Non-comprehensive policies proved to be inadequate policies. Policies with exemptions and loopholes fail and can ultimately feed efforts to promote comprehensive policies.
- Tobacco control advocacy is not effective from the top down, but must come from the bottom up. Nevertheless, advocates must struggle with the argument that they should wait for action at a higher level of government.
- Comprehensive policies are preferable because it cuts down on the level of uncertainty and politics involved in the implementation of the smoke-free policy.

Open Codes-Interrelationship of Policy Interventions at Different Levels of Government

- State policy was so full of exemptions that it was difficult to implement because those responsible for implementing the policy were not entirely sure what the law actually said.
- With an effort involving changing social and cultural attitudes, it is important not to try to go too quickly. Get to know all the key political players and take time to educate them.
- “Higher” levels of government may take action in order not to be outdone by “lower” levels of government and to avoid businesses in the same area being regulated under different laws (such as a county following the lead of a city).
- Actions at lower levels of government can be used to bolster policy action and provide lessons for implementation at higher levels.
- Indiana was influenced by the process of interstate policy diffusion due to being surrounded by states with smoke-free policies.

Open Codes-Importance of Organized Coalitions

- Smoke-free advocates provided support, training, information and technical assistance to help coalitions to form and organized conference calls, meetings, and visits to keep up the momentum.
- When considering the political dimensions of promoting public health policies, it is important to remember all key figures.
- Smoke free policy benefitted from activism by state-level organizations, but just as important, if not more so, was the grassroots smoke-free efforts by hospitals and schools.
- Advocates need to have people like veterans, who will stand up in a meeting and say that they support smoke-free policy.
- Advocates must bring together different populations of the community and organizations within the community to promote approaches to modeling good health behaviors.
- It is important to find people within groups that typically oppose smoke-free policy (bar patrons, veterans, etc.) and encourage them to speak out in favor of smoke free policy.

- It can also be valuable to assemble special resources to lobby politically powerful groups (such as veterans).

Open Codes-Importance of Involvement from those Outside of the Organized Coalitions

- People in the “outer circle” are necessary because policymakers may discount organization members and professional advocates.
 - Just as important as the coalition members who come to all the meetings and are actively involved throughout are the people in the “outer circle” who may only attend meetings sporadically and may only be involved in the outskirts of the effort, but contribute to the movement by talking to people on the street, who then talk to their friends, and contribute to the effort in that way.
 - People in the outer circle include those who speak out about non-smoking policy being followed in their club or organization, and will be important to implementation.
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A review of the information derived from opening coding suggests the following core categories, as described in Table 2:

Table 2. Core Categories

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- **Coalition Building:** Coding related to the development of a diverse network of stakeholders and concerned citizens in a community.
 - **Comprehensive vs. Non-comprehensive Policy:** Coding related to passing/proposing 100% smoke-free policy for particular venues in a community or passing/proposing something more limited as an incremental measure.
 - **Opposition from the Tobacco and Gambling Industry:** Coding related to different techniques employed by the tobacco or gambling industries to prevent the proposal/passage of smoke-free policy.
 - **Shifting Public Opinion:** Coding referring to changes within the general public regarding attitudes toward smoke-free policy.
 - **Top-Down vs. Bottom-up Policy:** Coding referring to the direction in which smoke-free policy diffuses; either from the state level down to municipal level or vice versa.
 - **Use of Information:** Coding referring to the ways that tobacco control advocates, as well as their allies and opponents, employ scientific information in debates regarding smoke-free policy.
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Theoretical Coding

The next step in the development of grounded theory is combining the core categories into a smaller number of theoretical categories. These are discussed in the order in which they are ranked. The first theoretical category is the *Outer Circle*, created by combining two core categories: *Use of Information* and *Coalition Building*. The categories were combined because, in reading the reflections of the focus group participants, it seemed clear that developing a strong body

of valid and reliable research with which to educate the public and making connections with a diverse array of citizens and groups was essential to growing support for smoke-free policy. While some of those supporters did get involved in organized activities, just as important were those who were persuaded but advocated in their neighborhoods and among their circle of friends.

The second theoretical category developed from the themes was *Obstacles*, created by combining the core categories of *Shifting Public Support* and *Opposition from the Tobacco and Gambling Industries*. These two categories were combined as it was clear from analysis of the discussions among the smoke-free advocates that a major challenge in that policy arena was convincing people, whether politicians or average citizens, to take an unpopular stand. Part of this stemmed from information and political influence promulgated by the tobacco and gambling industry, which could either cause one to knowingly go against one's own judgment or at least question it.

The final theoretical category developed from the open coding themes was *Policy Dimensions*, created by combining the themes of *Top-Down vs. Bottom-Up Policy* and *Comprehensive vs. Non-Comprehensive Policy*. These themes were combined as they are issues that all smoke-free advocates must wrestle with: at what level of government to pursue change, whether to pursue incremental or comprehensive change, and how to adjust to new challenges in the policy arena. Making the correct choices could be determinative of policy success.

Generation of Grounded Theory

The theory produced through this process of open coding, generating core categories, and using theoretical coding is as follows: The "outer circle" is highly important to the passage and enactment of public health regulatory policy because of obstacles in the political arena, deeply-rooted sociocultural attitudes, and the need to adjust to various and changing policy dimensions. This theory meets all three of the criteria as outlined by Locke (1996): it closely fits with the political science/public policy discipline, the theory is understandable and potentially useful for smoke-free policy advocates and researchers, and, because the theory is applicable to public health policy in general, it can account for many different situations.

While this theory could be applied in other areas of public health policy, such as obesity reduction, it is clearly applicable to smoke-free policy. Due to strong political opposition from tobacco companies and natural inclinations to avoid conflict, people may be less inclined to align themselves with organized advocacy efforts regarding smoking, as suggested by the information from the focus groups. They may feel more comfortable broaching the issue in more private settings among family, friends, and/or co-workers.

Therefore it is important to disseminate valid and reliable information on the dangers of smoking to as wide of an audience as possible to reach not only those who are most publicly active, but those who may work behind the scenes to generate support. Such supporters are especially important because political actors may change based on circumstances and the nature of policies pursued may change.

However, once advocates are successful in bringing someone into the "outer circle" such support will provide a foundation for action regardless of the nature of the policy or the venue. The findings of this research and whether it fits into the structure of the Advocacy Coalition Framework (ACF) is discussed below. Information from the focus groups is supported by evidence from local media, peer-reviewed literature, and other sources.

Discussion

Relatively Stable Parameters: Basic Attributes of the Problem Area

Opposition of the Tobacco and Gambling Industries

The strength of the tobacco and gambling industry in the state of Indiana to oppose the passage of smoke-free air policy was frequently referenced throughout the focus group discussions. There was significant discussion within the group regarding the disparity in resources between the tobacco industry and smoke-free coalitions. The coalitions are often hampered by the fact they are already widely outspent by the tobacco industry, but that gulf could become even wider with further cuts to budget allocations from the state. One coordinator cited the figure that the tobacco industry spends \$271 million in the state of Indiana annually on marketing, and the U.S. Centers for Disease Control and Prevention recommends that the state government allocate \$75 million on tobacco control in Indiana. Indiana, at the time, was spending \$5 million on tobacco control.¹ Some frustration was expressed that the federal government is consistently calling for state-level tobacco control advocates to devote more funding to advocacy, which they do not have.

Focus group participants spoke to the fact that money from both industries was more influential at the state level than the local level due to a greater need for campaign funding. However, Common Cause has noted that the tobacco industry can assist local candidates indirectly through the use of Politician 527 organizations (Common Cause 2007). In addition to campaign contributions, the tobacco industry can also use their financial resources to advertise directly to the public and employ lobbyists, including former legislators, to communicate with legislators and administrators in opposition to smoke-free policy.

Gambling interests are known to oppose smoke-free legislation within a 100-mile radius of a casino, as that is the radius from which they draw their clientele. Kindt (2004) supports this contention, indicating that any analysis of the socioeconomic impacts of gambling should encompass a 35-mile radius or 100-mile radius, as this area provides the customers for casinos and other gambling institutions.

Relatively Stable Parameters: Fundamental Sociocultural Values and Social Structure

Sabatier (1988) noted the role of sociocultural values and social structures in affecting policy change in a state. According to Elazar's typology (as cited by Mead 2004), Indiana is classified as an individualistic state. Such states are characterized as having governments that tend to serve more specific interests, with strong parties representing advantage-seeking coalitions, and a bureaucracy that is well-developed but less enterprising than other states (Mead 2004). Barone and Cohen (2008) describe the state as culturally and politically conservative overall, although it has demonstrated some degree of innovativeness through efforts to privatize aspects of government

¹ The Center for Tobacco-Free Kids corroborates the coordinator's statement, indicating that the tobacco industry spends an estimated \$271.7 million on marketing in Indiana (Campaign for Tobacco-Free Kids 2014). The Centers for Disease Control and Prevention's recommendation for state spending on tobacco control in Indiana for FY 2014 was \$78.8 million. According to data from the American Lung Association's "State of Tobacco Control" web site, in FY 2014, the total funding for tobacco control in the state of Indiana was approximately \$7.8 million dollars (approximately \$5.8 million from state funding and approximately \$2 million from federal funding) (State of Tobacco Control, n.d.).

and the promotion of health science innovations through the Ely Lilly Foundation. The state trends Republican overall, and the partisan divides between Republican and Democratic areas of the state remain largely consistent. The state's cultural make-up speaks to a state that is slow to adapt to change, but is capable of embracing innovation if the case can be made that the innovation will be to the people's social and economic benefit. This aptly describes the manner in which the state has adopted smoke-free policy.

Basic Constitutional Structure

Comprehensive vs. Non-comprehensive Policy

Like the U.S. federal system, Indiana has a hierarchical system of government with multiple layers: state, county, and city governments, as well as other governing districts. This system created a challenge to the passage of smoke-free policy by exacerbating a rift between those smoke-free advocates who were willing to accept a noncomprehensive policy and those who were not. According to participants and the literature (Rosenbaum, Barnes, and Glantz 2011), this type of debate contributed to the failure of a previous smoke-free bill in Indiana in 2009, when smoke-free advocates came out in opposition of it because the bill contained exemptions. Non-comprehensive bills have a history of lacking support from smoke-free advocates because they are viewed as inadequate policies. However, tobacco control coordinators participating in this study spoke to the idea of noncomprehensive policies acting as a "foot-in-the-door" for later comprehensive policies.

In the focus groups, it was argued that, as the city of Terre Haute investigated its own comprehensive smoke-free ordinance, the confusion surrounding how to implement the noncomprehensive state policy bolstered the argument for a comprehensive one at the local level. Some coordinators argued that a pragmatic reason for passing a comprehensive policy is that it cuts down on uncertainty and political posturing when it comes time to implement the policy.

One example of the complications stemming from noncomprehensive policy was presented by the Evansville, Indiana, smoke-free ordinance, which granted an exemption to a local riverboat casino. The exemption was granted because of concerns about the effects a smoke-free ordinance applying to the casino would have on revenue and employment in the area. A number of participants noted that this policy resulted in a lawsuit over whether the smoke-free law is discriminatory because it does not apply equally to all businesses.

There was also concern that these legal challenges could spread throughout the state and be used to challenge the smoke-free law passed by the state legislature. According to one tobacco control coordinator, part of the reason for the Evansville law being struck down was that casinos in the jurisdiction were excluded because they were local revenue generators. Since the rationale for excluding bars and restaurants in the state law was similar, the same rationale that struck down the Evansville law could also be used to strike down the state law.²

² A 2014 news article by Gootee, Martin, and Wilson reports that the ordinance was struck down by a 3–2 decision by the Indiana Supreme Court. The Court held that the exemption of Tropicana Evansville was in violation of the Equal Privileges and Immunities Clause in the Indiana Constitution, which prohibits giving certain benefits or immunities to any particular individual or class of individuals. The Casino Aztar in Evansville was exempted by the city council because of its perceived importance to the economy of the city of Evansville and because it was not in competition with other local restaurants or bars. City council members were reportedly provided information indicating that the facility would lose approximately \$4.3 million in revenue if the casino was not exempted. The Court's majority described the ex-

While the example of the Evansville legal challenge may bolster the argument in favor of comprehensive policy, one participant noted it could also hinder tobacco control coordinators' ability to win support for limited local ordinances because it will feed into local governments' fears of being sued over smoke-free policy. It was argued during the discussion that the comprehensive route was easier anyway because there will be fewer questions and problems emerging in regard to implementation and enforcement.

Basic Constitutional Structure

Top-Down vs. Bottom-Up Policy

A frequent argument against pursuing smoke-free policy at the city or county level is that advocates should wait to see what action the state legislature takes on the issue. A coordinator recounted a story where she was working with a county health officer on a smoke-free policy before the state law passed, and the officer decided to wait and see what action the state decided to take. However, the experiences of the tobacco control advocates interviewed spoke to the fact that actions at lower levels of government can spur policy change at higher levels of government.

This can be seen in the example of Terre Haute passing a comprehensive smoke-free ordinance and then Vigo County following suit. The advocates also note that actions taken at lower levels of government can be looked to as case studies for the implementation of policy at higher levels. Shipan and Volden (2006) also previously found that some antismoking laws can diffuse from the local level up. Cairney, Studlar, and Mamudu (2012) note that there are a lot of opportunities to “venue shop” in the area of smoke-free policy, as local, state, and federal governments all hold relevant policy tools (see Baumgartner and Jones 1993).

Whether or not a comprehensive smoke-free policy is ever passed in the state of Indiana may depend in part on successful implementation of such policies in places like Terre Haute and Vigo County. States have demonstrated substantial policy innovation and invention through the use of tools like taxes, regulation, cessation programs, and litigation. However, hundreds of local smoke-free regulations have been successfully implemented, in part by encouraging community resistance to “outside” tobacco forces (ANRF 2011, as cited in Cairney, Studlar, and Mamudu 2012). While higher levels of government (states) are often viewed as more politically powerful than lower levels of government (cities and counties), participants in focus groups expressed the idea that higher levels of government often lack the political will to take action until they have drawn strength from actions at the lower levels.

Higher levels of government may also take action so as not to be outdone by lower levels of government. In the Terre Haute/Vigo County example, tobacco control coordinators felt that one impetus for passing the comprehensive county ban after the Terre Haute ban was to avoid businesses in close proximity to each other being regulated under different laws. In the coordinators' view, county and city governments generally prefer to keep laws consistent and to offer businesses a level playing field. This is supported by local press coverage during the debate, where a member of the Vigo County Commission told reporters that the county should be consistent with the Terre Haute ordinance (Greninger November 2, 2011).

emption for the casino as “tantamount to the government selling exemption . . . for the bonus of anticipated financial benefits.” The dissent in the case argued that the exemption was justified due to “fiscal impact on the local economy and tax revenues, and out-of-town clientele that other businesses lack” (Gootee, Martin, and Wilson 2014).

These debates over comprehensive/noncomprehensive policy and top-down vs. bottom-up policy relate to another issue raised by Sabatier: the effect of policy decisions and impacts from other subsystems. There is evidence that Indiana was influenced by the process of interstate policy diffusion being surrounded by states with smoke-free policies. As of February 2013, Illinois, Michigan, and Ohio had enacted statewide smoke-free air laws, although their laws, unlike Indiana, included bars and restaurants (NCSL 2013).

External (System) Events

Shifting Public Opinion

As more people in the state of Indiana became aware of the health care costs associated with smoking, patrons of businesses began requesting a smoke-free venue, and businesses began to voluntarily comply. For example, two popular bars in Terre Haute instituted smoke-free policies prior to the formal enactment of the law (Greninger September 1 2010; Greninger September 2, 2010). However, economic factors or an overall change in social norms will not necessarily alter the opinion of all groups. As indicated in the focus groups, smoke-free advocates worked patiently to change the views of members of groups commonly in opposition to smoke-free policy, with veterans being one example.

Participants in the focus groups noted that it is important to have patience when trying to change the views of members of these groups, noting that it is not effective to try to change their views too quickly. Going along with this, focus group members noted the importance of getting to know all the key political players and trying to educate them in favor of smoke-free policy. They cited the example of one community where advocates put a great deal of effort into cultivating the support of the city council but neglected to make contact with the mayor, who held veto power over ordinances in that community.

A coordinator noted that it is difficult to get politicians in southwest Indiana to be champions of smoke-free policy because of the high rate of smokers. As another coordinator phrased it, people who are addicted can be very defensive about their addiction. Political figures and others may be wary of incurring the outrage of these individuals.

A coordinator pointed out that this tendency does not just apply to politicians. She observed that even though coalition members and other advocates might be in complete agreement on the facts, they often are not willing to put themselves in the “line of fire” and risk offending friends and neighbors. This is why smoke-free advocates hope for allies from outside the organized effort when it is most needed.

Past champions of smoke-free policy have tended to be politicians that have no intention of running for office again and therefore have little to lose. However, other coordinators cover counties where there is little political competition and local leaders get elected to the same positions cycle after cycle. Looking at Vigo County as an example, the 2012 defeat of a county commissioner who had voted in favor of the comprehensive county ban was attributed in part to opposition to his vote and veterans groups that opposed the law supporting his challenger (Greninger December 27, 2012).

Constraints and Resources of Subsystem Actors

Use of Information

Passage of policies in areas such as smoke-free policy, as suggested by Sabatier (1988), owes much to the resources that policy advocates and opponents have to press their case, as well as the

limitations that affect their ability to support their position. An example from the focus groups was smoke-free advocates using specialized resources to appeal to constituencies that were traditionally opposed to smoke-free policy. One particularly potent group that came up a repeatedly in conversation in this regard was veterans.

According to the focus groups, smoke-free advocates made a point of collecting and using evidence-based research in their efforts. This led to them eventually being viewed by policymakers as subject matter experts as opposed to simply one side of the argument. Weible, Sabatier, and McQueen (2009) noted extensive research describing the use of science to support preexisting beliefs in an attempt to support or oppose a policy. Efforts to generate and use scientific evidence in smoke-free policy has also led to the U.S. being viewed a world leader in research in the field (Cairney, Studlar, and Mamudu 2012).

Constraints and Resources of Subsystem Actors

The Importance of the Outer Circle

Despite efforts to establish themselves as experts, those involved in organized efforts in regard to smoke-free policy, particularly professional coordinators, were still sometimes discounted by policymakers. This creates the need to develop an “outer circle,” or outside coalitions, to counter politicians dismissing their viewpoints. A participant said that advocates that were part of the organized effort, even on a voluntary basis, were given less weight by policymakers than other community members that were not part of the organization but were proponents of smoke-free policy.

She noted an example from a telephone outreach event where volunteers would call residents in particular voting districts and ask if they would support a comprehensive smoke-free ordinance in their community. The nature of the ordinance was explained, and then they would be connected with their councilman to register their opinion. The council members believed that the callers had been misled through their interaction with the advocates and therefore did not consider those calls valid. People calling their representatives of their own volition often carry more weight.

The role of the “outer circle” in smoke-free policy speaks to the portions of the Advocacy Coalition Framework *that address the capability of the public to reach consensus and how open the system is to new policy actors*. The willingness of a significant and vocal group of citizens to participate in advocacy, as well as a growing trend of businesses and other institutions becoming nonsmoking of their own volition, speaks to a growing consensus regarding the need for change in the area of smoke-free policy. The existence of the “outer circle” in smoke-free policy also speaks to the fact that people can enter the debate on a public health issue like smoke-free policy freely and at low cost and still make a substantive contribution.

Policy Subsystem

Coalition Building

Sabatier (1998) describes the policy subsystem as consisting of policy brokers and at least two separate coalitions pursuing the same objectives, often stemming from different motivations. In the case of the comprehensive smoke-free air policy in Terre Haute and Vigo County, local public health officials were the policy brokers, working to act as an honest broker between advocates whose primary focus was smoke-free policy (public health officials often advocate for re-

duced tobacco use as well), mobilize coalitions (such as the hospital/schools coalition and the restaurant/bar coalition) and mediate between extreme positions to push for smoke-free policy.

The work of tobacco control advocates to mobilize diverse coalitions to support smoke-free policy and the work of public health officials to mediate between the coalitions and lend a sense of moderation and centrism to the effort led to the development of inside and outside supporters over time. The inside forces involved the grassroots efforts of organizations such as hospitals and schools on one side, and restaurants and bars on the other.

These groups were united by their belief in the importance of modeling good health behaviors and their ability to enforce their beliefs through rules and regulations at their facilities and the education of their clientele (whether patients, students, or customers). According to public health data, the vast majority of Indiana public school and hospital campuses are smoke-free, including all of the critical care hospitals in the state (Indiana State Department of Health n.d. (a)). Those on the restaurant and bar side were encouraged by evidence that their clientele was increasingly supportive of patronizing smoke-free establishments and that going smoke-free would not damage their business.

The concept of the “outer circle,” as discussed in the focus groups, suggests a potential modification to the way the Advocacy Coalition Framework is applied to tobacco control policy as members of the outer circle can act as a force multiplier for the efforts of organized coalitions to promote policy outputs. The outside forces consist of those who became proponents of smoke-free policy despite being members of groups traditionally unlikely to support such policy or those unlikely to get involved in policy advocacy in any sense. Participants in the focus groups characterized members of the outer circle as just as important as the coalition members that come to all the meetings and are actively involved throughout the process.

Such individuals attend meetings sporadically and may only be involved in the outskirts of the effort, but contribute to the movement by talking to people on the street, who then talk to their friends, family, neighbors, and co-workers. They tend to be motivated by the belief that smoking in public places should be eliminated to protect individual health and prevent unnecessary death. Coordinators noted it was important to identify people within the groups typically seen as being in opposition to smoke-free policy and get them to stand up in city or county council meetings and come out in favor of the policy.

Decisions by Government Authorities

Sabatier (1988) notes that successful implementation of the Advocacy Coalition Framework will result in government authorities taking action. As a result of smoke-free advocacy on the part of the inside and outside forces, a number of decisions were made in Indiana that served to build on and bolster one another. The path to a comprehensive smoke-free ordinance in Terre Haute was years in the making. The more recent history began in 2007, when the Vigo County commissioners passed a noncomprehensive smoke-free policy.

This policy contained a number of exemptions, including allowing bars to have separate smoking rooms and exempting membership clubs. They also put a five-year moratorium on the county council’s consideration of smoke-free policy. In 2011, after an organized and concerted advocacy campaign, Terre Haute passed its own ordinance banning smoking in all workplaces. The ordinance was passed unanimously as all nine members of the city council opted to delay implementation of the ordinance to give the Vigo County Council an opportunity to update their policy and make it comprehensive. With the five-year moratorium having passed, Vigo County

did opt to follow suit in 2012. This was the same year that the Indiana legislature passed a statewide, noncomprehensive smoke-free policy.

Policy Outputs and Impacts

The policy output of greatest relevance to the tobacco prevention and cessation coordinators participating in the focus groups was the elimination of smoking in public places in Vigo County and Terre Haute. A study has been done showing a measurable improvement in air quality in Indiana stemming from businesses, bars, and restaurants going smoke-free (Indiana Air Quality September 3, 2014). However, new issues in smoke-free policy, such as the prevalence of electronic cigarettes (e-cigarettes) are emerging, and policy advocates must use the lessons of previous successes to formulate strategy for the future. It means taking information gleaned from smoke-free efforts in places such as Terre Haute, Vigo County, and the state of Indiana and developing a strategy to guide future planning.

Potential Utility of “Outer Circle” Grounded Theory

The Future of Smoke-free Policy

The next major issue where the “outer circle” theory will come into play, in the view of the author, is the regulation of electronic cigarettes and other nicotine delivery devices. The tightening of regulations on these devices is likely to be met with the same type of opposition as regulation of cigarettes and cigarette smoking; in certain respects the opposition may be even more severe. A burgeoning industry has emerged from the advent of electronic cigarettes and those corporations and businesses that specialize in marketing and selling the devices will attempt to put considerable pressure on politicians to resist regulations on the use of electronic cigarettes in public, as well as regulating the manufacturing and advertising of the devices.

When Santa Rosa, California, considered a ban on smoking in attached housing, cigarette retailers sought an exemption for electronic cigarettes, which the council agreed to so long as retailers posted signs stating that those under age 18 could not purchase the devices. Signs at the meeting included slogans like “Vaping is Small Business, Not Big Tobacco,” and retailers criticized research on the dangers of e-cigarettes as unscientific or misleading (McCallum April 1, 2015). Additional opposition, both political and social, may stem from the fact that e-cigarettes are widely viewed as a healthy alternative to traditional cigarettes, as suggested in research discussed on the Cleveland Clinic web site (Cleveland Clinic Aug. 22, 2014).

Those who switched from traditional to electronic cigarettes may feel they are being regulated all over again. While it is important for tobacco control advocates to shift the opinions of e-cigarette users or potential users in order to expand restrictions, shifting the opinions of doctors may be a more important step. One recent news article noted that a major electronic cigarette manufacturer is citing that several doctors requested that the World Health Organization place electronic cigarettes on a continuum of tobacco products, on which they would be classified as considerably less harmful than cigarettes (Moretto April 13, 2015).

The federal government could take the lead, as the Food and Drug Administration has proposed strict regulations on e-cigarettes (Young 2014). However, a story in the *Columbus Dispatch* indicates that the tobacco industry is arguing that the FDA will not issue any regulations on electronic cigarettes until the results of a number of studies are available, possibly as late as 2018 (Begley July 13, 2014). Limits on where the devices can be used will also likely emerge

from the bottom-up. Employers are looking at the delay in FDA regulations as an opportunity to freely implement their own smoking rules (Davis February 10, 2015). The state of Connecticut extended existing in-door smoke-free air policies to e-cigarettes, a move seen by lawmakers as prudent until the FDA issues a more definitive policy (Altimari March 31, 2015).

While presenting opportunities to some, the lack of an FDA decision has also made it difficult for some local policymakers, such as the Mercer County Board of Health in West Virginia, to add use of electronic cigarettes to its clean indoor air regulations (Jordan May 10, 2015). In preparation for a more definitive federal policy, community members, organized or not, need to lay the groundwork to extend existing smoke-free policies or create a comprehensive policy.

For such an effort to succeed, as seen in Terre Haute and Vigo County, a diverse array of citizens must be called to action. Povich (February 12, 2015) noted evidence of the growing popularity of electronic cigarettes among youth. The Utah Department of Health found young people in the state more likely to report e-cigarette use (5.8 percent) as compared to traditional cigarette use (3.9 percent), and the Monitoring the Future study in December 2014 found an increase in e-cigarette use compared to the traditional variety. Education will be of particular importance in regard to e-cigarettes, as the devices are still relatively new and not entirely understood by the general public. The Clark County Health Department in Washington has been engaged in educating business owners regarding their rights to restrict the use of e-cigarettes in their establishments (Harshman January 20, 2015).

Those who participated in focus groups talked about shifting the cultural norm from concern about the dangers of smoking to the dangers of nicotine. Belanger (June 19, 2015) quoted an addiction treatment specialist, who indicated that he understands the health benefits of the absence of smoke, but remains concerned about continued nicotine addiction. Smoke-free policy advocates must confront the same obstacles as other policy entrepreneurs seeking to make change under the Advocacy Coalition Framework.

They confront stable parameters, which include a well-funded and politically influential opposition and sociocultural values that are slow to change. McGreevy (July 9, 2015) cites American Cancer Society Cancer Action Network figures indicating that the tobacco industry had made \$175,000 in campaign donations to California legislators in the first quarter of 2015, including members of a committee considering smoking regulations.

Our structure of government tends to favor noncomprehensive policy, even though, in the area of smoke-free policy, comprehensive policies have been shown to be more effective. In absence of action at the state level, many communities are taking incremental steps to limit the use of e-cigarettes in specific locations like public parks and city buildings (Graham August 6, 2015).

Policies passed at one level of government have important repercussions for policies passed at another level, both positive and negative. One key consideration in regard to e-cigarettes is whether they will be covered under existing smoke-free policy, or treated as unique products under a separate policy (Jordan April 9, 2015). Smoke-free advocates must lay the foundation for a change in the policy environment and then be prepared to capitalize on that change when it is advantageous. Noting concern that children would begin using e-cigarettes in the absence of FDA regulation, states like Utah have taken action to prevent e-cigarette use among those under the age of 18, while public health advocates in the state continue to question the notion that e-cigarettes are a healthier alternative (Moulton January 20, 2015).

Despite often limited time, money, personnel, and resources, smoke-free advocates, like those in Indiana, have shown that amassing reliable information can help to encourage organized volunteers, outside advocates and, eventually, policymakers, to support smoke-free policy. It is

important to note, however, that the electronic cigarette issue is one that has divided tobacco control advocates, as some support harm reduction efforts and others do not (Mamudu et al. 2011, as cited in Cairney, Studlar, and Mamudu 2012). Other proposals to compromise with the tobacco industry have created similar divisions (Cairney, Studlar, and Mamudu, 2012). Having the support of the “outer circle” will likely prove of greater importance as public health advocates seek to address more controversial issues in the future.

Future research should investigate whether nonorganized advocates in the outer circle participate in electronic cigarette regulation in the manner expected based on the data from focus groups and other sources. Citizens who participate in the outer circle of advocacy efforts could help to advance policy in the area of regulation of the use of electronic cigarettes just as they did in regard to traditional cigarettes. Outer circle participants could also help to communicate the current uncertainty about the effects of e-cigarettes, as well to promote the clear scientific facts available. They could also work to promote incremental regulatory measures in their communities and educate business owners and others about their rights in regard to e-cigarettes. Advocates in the outer circle would be expected to communicate with elected officials, as well as those they know, about including e-cigarettes under the same policy as traditional cigarettes. Regulating electronic cigarettes is still at its early phase in public health policymaking, and more research should be done in the future to explore the role of nonorganized advocates in those discussions.

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