

Tobacco Industry Allegations of “Illegal Lobbying” and State Tobacco Control

ABSTRACT

Objectives. This study assessed the perceived effect of tobacco industry allegations of “illegal lobbying” by public health professionals on policy interventions for tobacco control.

Methods. Structured interviews were conducted with state health department project managers in all 17 National Cancer Institute–funded American Stop Smoking Intervention Study (ASSIST) states. Documentation and media records related to ASSIST from the National Cancer Institute, health advocates, and the tobacco industry were analyzed.

Results. The tobacco industry filed formal complaints of illegal lobbying activities against 4 ASSIST states. These complaints had a temporary chilling effect on tobacco control policy interventions in those states. ASSIST states not targeted by the tobacco industry developed an increased awareness of the industry’s tactics and worked to prepare for such allegations to minimize disruption of their activities. Some self-reported self-censorship in policy activity occurred in 11 of the 17 states (65%).

Conclusions. Public health professionals need to educate themselves and the public about the laws that regulate lobbying activities and develop their strategies, including their policy activities, accordingly. (*Am J Public Health*. 2001;91:62–67)

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In 1988, the Institute of Medicine¹ identified policy development as one of public health’s core functions and emphasized the need for public health practitioners to be more politically involved in developing and implementing policy changes to improve the public’s health. Public health professionals have shown the value of public policy interventions to reduce tobacco use, including clean indoor air laws^{2–7} and tobacco tax increases.^{8–13}

Policy interventions were at the center of 2 large-scale government tobacco control efforts: California’s Proposition 99 Tobacco Control Program,¹⁴ started in 1989, and the National Cancer Institute’s (NCI’s) American Stop Smoking Intervention Study (ASSIST), started in 1991. ASSIST was a 7-year, 17-state, federally funded comprehensive tobacco control project, in partnership with the American Cancer Society (ACS), state health departments, and public and private organizations, that emphasized the policy dimension in tobacco control.¹⁵

Both the California program and ASSIST required formation of tobacco control coalitions of health, business, and education groups. These coalitions work with, but are not part of, the health departments. Both programs significantly accelerated the decline in tobacco consumption. In the early years of the California program, the rate of decline in tobacco consumption tripled compared with historical rates,⁸ and prevalence declined 1.9 times faster than in the rest of the United States.^{16–18} Per capita cigarette consumption in ASSIST states was significantly lower than consumption in non-ASSIST states; by 1996, this difference reached 7%.¹⁹

The tobacco industry understood the potential effectiveness of these policy-based public health interventions and decided to take action against these programs.^{20,21} A Philip Morris internal memorandum written around 1991, as ASSIST was starting, observed: “In California our biggest challenge has not been the anti-smoking advertising. . . . Rather it has been the creation of an anti-smoking infrastructure, right

down to the local level. . . . ASSIST will hit us in our most vulnerable areas—in the localities and in the private workplace. It has the potential to peel away from the industry many of its historic allies.”²² By 1992, Philip Morris identified the strategy of claiming that federal funds were being used for “illegal lobbying” as a way to forestall the development and implementation of tobacco control policies. Philip Morris’ “Counter Assist Plan” included

- 1) Congressional Investigation: . . . A more thorough investigation should be launched, particularly in terms of the NCI/ACS relationship and the use of federal funds for state and local lobbying purposes. With the current budget debate in Washington, this would be a good time to launch an investigation. Various tax and fiscally-responsible organizations could get involved. This should be coordinated with the Washington office.
- 2) Legal Challenges: Washington Legal Foundation/other groups could at the same time launch concurrent injunctive challenges in ASSIST states to stop dispersal of funds while the Congressional investigation is going on as well as to determine whether the program violates Federal or state ethics/Lobbying laws.²³

Groups linked with the tobacco industry, such as the American Smokers Alliance, have been key to implementation of this strategy. Consistent with earlier industry strategies,²⁰ a 1995 American Smokers Alliance newsletter urged readers to use the Freedom of Information Act to collect information to make allegations of misuse of taxpayers’ funds and provided guidelines for “concerned citizens” to

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discover and stop “illegal lobbying activities” by tobacco control advocates.²⁴

Lobbying with public funds is restricted in all states and the federal government; each has adopted a definition of lobbying that reflects different purposes and different federal, state, and local influences. (To describe all of the federal, state, and local laws addressing lobbying is beyond the scope of this paper.) These restrictions on lobbying do not mean that public health officials cannot do policy work but rather that rules exist for what they can do and how they can do it. Indeed, several laws regulating lobbying by public employees provide exceptions for public employees communicating with government officials and others in the conduct of their official duties.

To assess the perceived effect of tobacco industry claims of “illegal lobbying” on tobacco control activities, we examined the ASSIST states. (This study was meant not to assess the legitimacy of the claims or the value of the laws restricting lobbying behavior but merely to acquire a better understanding of public health officials’ perceptions and responses to claims of “illegal lobbying.”) We found that the tobacco industry’s strategy of accusing public health professionals of “illegal lobbying” has had a self-reported chilling effect on some activities to implement tobacco control policies.

Methods

We identified the 4 ASSIST states—Colorado, Washington, Minnesota, and Maine—where formal complaints about the use of taxpayers’ funds for allegedly illegal activities were filed. (New Jersey had a formal investigation by the inspector general against one of the ASSIST grantees, but we could not trace it to the tobacco industry. ASSIST was found innocent of any misuse of federal funds.) We collected documentation of these charges, formal responses, newspaper and other media reports, and information about these incidents from the NCI.

To test whether these 4 incidents had a broader effect on the ASSIST project, we conducted structured interviews with the state health department’s project director or project manager in all 17 ASSIST states (Colorado, Indiana, Massachusetts, Maine, Michigan, Minnesota, Missouri, North Carolina, New Jersey, New Mexico, New York, Rhode Island, South Carolina, Virginia, Washington, Wisconsin, West Virginia), with assurances that individual responses would be kept confidential and anonymous. The interview contained 17 questions and an opportunity for interviewee comments. The interview questionnaire was designed to elicit the knowledge and perception of the interviewee without disclosing the underlying hypothesis of the research. The inter-

view focused on 3 different themes: (1) the individual’s knowledge of the laws restricting various lobbying activities; (2) the individual’s assessment as to whether the laws themselves affect public health behavior; and (3) the individual’s assessment as to whether third-party claims of illegal lobbying, either formal or informal, affected public health behavior. We also reviewed NCI written records related to ASSIST and conducted a limited review of the tobacco industry documents from the Minnesota Tobacco Document Depository and available on the Internet at Web sites maintained by the tobacco industry. This review was to confirm the hypothesis that the tobacco industry considered allegations of illegal lobbying as a strategy against tax-funded state and local tobacco control efforts.

Our results represent a view into the interaction between public health behavior and the lobbying laws in the area of tobacco control as self-reported by selected members of the ASSIST states. Results are based on self-report. Others who were involved in the process, including representatives of the tobacco industry, may have had a different perspective on these events.

Document data collection was limited to documents necessary to confirm or clarify a point made in the interviews and were mostly obtained from the NCI files. Many more documents relevant to ASSIST likely exist, but a complete search of these documents was beyond the scope of this paper.

Results

Colorado

In the early 1990s, 5 complaints were filed against tobacco control professionals and volunteers and the Colorado Department of Health, alleging the misuse of public funds and misconduct of government employees, allegedly for illegitimate political purposes. Although the cases did not all address the specific issue of illegal lobbying, claims of illegal lobbying were part of a campaign to disrupt public health activities. During this time, tobacco control advocates were attempting to develop and pass a \$0.50 per pack tobacco tax increase initiative; some of the revenues would be used to fund antitobacco education programs. (The initiative was defeated in November 1994, 61% to 39%.²⁵) The 5 complaints were as follows:

1. In March 1994, the Colorado Department of Health began to receive requests for public records based on Colorado’s Open Records Law and the US Freedom of Information Act. These requests came from the Hays, Hays and Wilson, Inc, lobbying/law firm,

which represented the Tobacco Institute, and included requests for records of the Coalition for a Tobacco Free Colorado, which were stored at the Colorado Department of Health. To protect the privacy of Coalition for a Tobacco Free Colorado records, a Coalition for a Tobacco Free Colorado officer removed them from the Colorado Department of Health after the request was filed.

A lawsuit was filed by the tobacco industry to obtain the Coalition for a Tobacco Free Colorado records after they had been removed from the Colorado Department of Health. Tobacco industry attorneys argued that because these records were at the Colorado Department of Health, they were public, and the Colorado District Court determined that because state employees had access to the records, they were public and had to be disclosed. The information obtained was used by the tobacco industry to discredit a pending media campaign in the press and to discourage potential bidders for the campaign (S.L. Temko, Covington & Burling, written communication to Edward Robbins, The Robert Wood Johnson Foundation, July 12, 1994; F.L. Hayes III, Hays, Hays & Wilson Inc, written communication, July 15, 1994). Nonetheless, the Colorado Department of Health received 2 bids and ran the media campaign (S. Young, MD, oral communication, February 1999).

2. The tobacco industry-funded group Citizens Against Tax Abuse and Government Waste filed a complaint with the secretary of state against ACS volunteers.^{25–27} The complaint alleged that ACS volunteers were bribing voters to sign a petition for the 1994 tobacco tax initiative because they were collecting signatures at the same place where a Denver, Colo, radio station, KOA, was sponsoring a non-smoking campaign. The ACS made the complaint public, and KOA publicized it. The plaintiff then dropped the complaint.^{26,27}

3. The American Constitutional Law Foundation filed a complaint in July 1994 with the Colorado secretary of state that alleged that the Pueblo City and County Health Departments, Colorado Department of Health, and Snip Young, then director of the Colorado Department of Health Division of Prevention Programs, had helped to plan the tobacco tax initiative that was going to be on the November 1994 ballot.²⁸ (The American Constitutional Law Foundation received \$60 000 in 1995 from the Tobacco Institute.²⁹) The secretary of state rejected most of the allegations, except for 3 violations.³⁰ One of the violations related to the publishing of factual information about the initiative in an ASSIST newsletter before the campaign had formally begun but after the initiative received a title, which was inappropriate.³¹ The other 2 violations referred to Young’s efforts to promote the initiative.

4. In September 1994, Citizens Against Tax Abuse filed a fourth complaint with the secretary of state against the Fair Share for Health Committee, the nonprofit organization that was created to pass the tobacco tax initiative, and its chairman, Arnold Levinson, alleging that the campaign had not disclosed 63 in-kind contributions that the Colorado Department of Health had made to the tax campaign.^{26,32} On March 16, 1995, the secretary of state determined that 3 items should have been reported, and the Fair Share for Health Committee amended its campaign contribution reports as required.

5. The American Constitutional Law Foundation and Colorado Smokers' Alliance filed a federal civil suit with the Denver Federal District Court in September 1994 against the Colorado Department of Health and the Boulder County Health Department and specific staff, charging them with interfering with the petition process, using "government funds, resources and facilities to promote private and/or agency agendas," and violating several federal constitutional guarantees.³³ The suit was dismissed in February 14, 1995, because of lack of evidence; it was appealed and dismissed again on May 4, 1995, in response to the motion to dismiss.

Tobacco control advocates in Colorado contacted the media to denounce these allegations as a tobacco industry strategy to disrupt tobacco control activities and to create controversy around the tobacco tax initiative by questioning its propriety. However, most of the media reports focused on the accusations of illegal activities by government employees and questioned how much involvement in an initiative campaign was appropriate.^{26,34}

The series of allegations made tobacco control advocates temporarily wary about conducting more aggressive policy work, but since then, activities have resumed as planned (S. Young, MD, oral communication, February 1999).²⁵

Washington State

Between March and October 1995, the Washington State Health Department received 3 letters containing a total of 49 requests for ASSIST-related documents under the state Freedom of Information Act.³⁵ The law firm Byrnes and Keller sent the letters on behalf of Stuart Cloud, owner of a chain of smoke shops (stores selling smoking paraphernalia) in Seattle, Wash.³⁶ Although the local smoke shop owner was the client and presented himself as a "concerned citizen," the Tobacco Institute paid the legal bills. (Washington Health Department staff discovered that the Tobacco Institute was

paying the law firm when they noticed that the courier service slip that accompanied the request for documents listed the Tobacco Institute as the law firm's client.³⁵) In the letters, requests were made not only for documents related to the activities of the Tobacco Free Washington Coalition, which is partly funded by ASSIST, but also for documents related to the activities and funding details of individual coalition members. After Cloud received the documents, he filed a 425-page complaint with the Washington Public Disclosure Commission in November 1995, charging Project ASSIST with illegally using taxpayer funds to conduct lobbying activities through the coalition.^{37,38}

Members of the coalition and of the health department denied wrongdoing and developed a media plan to publicize the complaint, stressing that the complaint was financed by the Tobacco Institute. They successfully framed the issue as an attempt by the tobacco industry to harass and intimidate tobacco control professionals.^{38,39} Nonetheless, even though coalition members understood that restrictions on using ASSIST funds for lobbying did not preclude them from using private funds to do so, some of them became reluctant to get involved in advocacy activities that used private funds or even to talk to public officials about tobacco control because of concern that their actions would be misinterpreted as illegal lobbying.³⁵ The issue was not the legal restrictions but the tobacco industry's often frivolous allegations, which, despite being frivolous, nevertheless must be addressed.

As reported in the Public Disclosure Commission Report of the Investigation on the claims of illegal lobbying, Washington ASSIST Project Manager Kim Dalthrop linked the decision to pursue a more cautious approach to public policy-making activities directly to the presence of tobacco industry complaints.⁴⁰

In December 1999, the Washington Public Disclosure Commission issued a final order that implemented a stipulated agreement between the commission enforcement staff and the health department.⁴¹ In this agreement, the department conceded that it unintentionally violated the state statute requiring the disclosure of lobbying expenses by failing to disclose the funding of 4 separate program activities. The penalty imposed on the department was a \$2500 fine and the implementation of a departmental training program regarding compliance with the lobbying laws.⁴¹

Minnesota

Beginning in September 1993, a series of requests for documents were filed with Project ASSIST by tobacco industry allies, such as the Minnesota Grocers Association and the Min-

nesota Candy & Tobacco Association,^{42,43} (also T. Briant, Minnesota Candy and Tobacco Association Inc, written communication to Alice O'Connor, The Tobacco Institute, February 20, 1991) which led to a complaint filed by the Minnesota Grocers Association with the Minnesota Ethical Practices Board and to a letter to the state auditor alleging unlawful use of federal taxpayer dollars in October 1995.⁴⁴ The complaint accused 16 groups that were ASSIST grantees of misusing ASSIST funds by encouraging stronger tobacco control laws and of violating the state's lobbying disclosure rules. Tobacco control professionals used the media to denounce these complaints as an attempt by the tobacco industry to intimidate them.⁴⁵

The timing of the complaint coincided with the introduction of youth access legislation in the legislature. The youth access legislation was defeated. Tobacco control advocates in Minnesota believed that the complaints had a temporary chilling effect on tobacco control activities. Jeanne Weigum of the Association for Nonsmokers—Minnesota told the *Los Angeles Times*: "But the complaint still had an impact. They wanted people such as myself to be intimidated and fearful and confused—and at least to some extent they succeeded. Truly, we did almost nothing in the way of tobacco control for about three months."⁴⁵

In January 1996, the State Ethical Practices Board fully exonerated 14 of the groups from any wrongdoing and cited the other 2 for minor violations. One group had failed to report \$15 worth of staff time used in preparing an op-ed piece as a lobbying expense, and the other failed to report a \$40 expense.⁴⁵

Maine

In spring 1997, Maine was considering legislation to increase the tobacco excise tax. Jon Doyle, from the law firm Doyle & Nelson (which lobbied on behalf of the Tobacco Institute), distributed a notebook titled *Survey of DHS ASSIST Files* at the legislative hearing, which described how taxpayers' money had been wasted on tobacco control efforts in Maine. The information was presumably obtained through a large Freedom of Information Act request submitted to the Maine Department of Health in November 1996 by attorney Peter Dawson (with no known ties to the tobacco industry) (D. Mills, MD, personal communication, 1999).

This effort of derailing the tax effort failed, and the tax doubled from \$0.37 to \$0.74 per pack of cigarettes.

In April 1997, Jon Doyle sent a letter to the attorney general making 3 allegations of misuse of ASSIST money by the Maine Department of Health⁴⁶: (1) use of money for lobbying activities, (2) failure to follow state bidding procedures, and (3) inappropriate use of monies

and/or personnel to negatively influence clients of law firms representing the tobacco companies. The accusations that ASSIST money was used for illegal lobbying activities were very broad and insinuated that those activities occurred at both the state and the local level through contacts with local policymakers, efforts to pass state legislation to repeal existing laws that prevented communities from enacting tobacco control laws, and efforts to pass local tobacco control ordinances.

On May 19, 1997, the Maine attorney general wrote to Doyle & Nelson and refuted all allegations of illegal or inappropriate conduct by the Maine Department of Health staff or its grantees. For example, the attorney general stated that the director of public health for the city of Portland, Me, in her professional capacity, "had a right to discuss public health issues with a state representative."⁴⁷ He also concluded that there was no wrongdoing on the part of Coalition for a Tobacco Free Maine members, who had contact with state legislators either at their request or for educational purposes. More important, in this response, the attorney general referred to the laws governing the use of ASSIST funds, such as 42 USC §284-289 and 31 USC §1352, and expressly declined to provide Doyle & Nelson a state and federal definition of lobbying. He stated the following:

I am using the term "lobbying" in the most generic, commonly-understood sense for purposes of making a point. If there appeared to be actual violations of state or federal law prohibiting "lobbying", it would then be necessary to apply the actual legal definition of lobbying under federal or state law. We have not done this, for as explained in this letter, there is not sufficient evidence to find that any "illegal" lobbying has taken place.⁴⁷

The other 2 complaints also were dismissed because no evidence substantiated the charges of violating the bidding process or engaging in other inappropriate use of ASSIST monies. With the support from the attorney general and the knowledge of public health professionals, these accusations did not lead to a disruption of the work of tobacco control professionals in Maine, except for the labor involved in responding to the Freedom of Information Act request and to Doyle's letter.

Reaction to These Events in the 17 ASSIST States

All 17 interviewees believed that public health professionals in their state had a good understanding of the limitations imposed by lobbying laws restrictions, and 5 added that to maintain this level of understanding, ongoing education on the issue of lobbying is necessary. Three respondents thought that the lobbying restrictions limited the policy accom-

plishments of ASSIST; they used words such as "curtail," "timid," "chilling," and "handstied." However, at least 12 of the states overcame these limitations by working in close partnership with coalition members not affected by lobbying restrictions and focusing on local-level policy development. These states did not perceive the lobbying restrictions as having an effect on achieving ASSIST goals. Only 3 states responded that some groups involved with ASSIST chose to focus on activities that did not involve policy changes.

Although formal complaints of improper use of taxpayer funds occurred in only 4 of the ASSIST states, tobacco control professionals in all 17 ASSIST states were aware of them. When asked if they were aware of informal complaints against ASSIST on the basis of using funds for illegal lobbying in their state, 11 of the 17 interviewees (65%) said "yes." Informal complaints were in the form of contacts with legislators, letters to the editors or articles in newspapers, and testimony at hearings or open meetings and were made by tobacco lobbyists, members of the press, members of trade associations, and individuals (often, but not always, linked to tobacco interests).

The effect of these informal complaints varied from no effect at all to strengthening the tobacco control professionals' determination. Five states felt so secure in their knowledge of the lobbying restrictions that such allegations had no effect. However, 4 states felt that the allegations created anxiety, even if unfounded, and led people to act more conservatively. The desire to avoid creating an impression of illegal lobbying often motivated states to avoid activities that were legal but that could be perceived by the public and the tobacco industry as illegal.

When asked if public health professionals were self-censoring their behavior because of fears that claims of illegal lobbying would be made against them (i.e., not doing things that they would otherwise do if there were no threat of allegations of illegal lobbying activities), 6 states said "yes," 5 states said "yes to a certain degree," and 6 states said "no." Thus, fear of allegations of illegal lobbying led public health professionals to report self-censoring their activities to some degree in 11 of the 17 states (65%). For example, the states that said "yes" or "yes to a certain degree" claimed that after allegations of illegal lobbying were made against ASSIST, people became more careful and more aware of the amount of scrutiny they were operating under, and when in doubt, they chose to err on the side of caution. They also believed that this caution was justified to avoid the administrative burden that accompanies those claims, which they feared could effectively shut down the program. In addition, not all ASSIST states felt that their attorney gen-

eral would be supportive if a claim were made against them. States also said that they became more aware of the public perception of what can be viewed as lobbying activity, thus avoiding controversy.

The states that said that there was no self-censorship claimed that public health professionals were well aware of the limitations and felt comfortable developing activities within the restrictions imposed by law. They said that professionals had an increased awareness of the limitations, although that did not affect the development of their actions. Those states also claimed that having a strong communication network helped them keep within the boundaries and develop activities with other partners who were not restricted by lobbying laws.

Discussion

The tobacco industry has used various strategies in an attempt to disrupt tobacco control efforts by administratively burdening public health agencies and groups. For example, as has been discussed earlier in this paper, the tobacco industry routinely uses the Freedom of Information Act as a tool to slow the implementation of tobacco control programs^{20,45} and has systematically requested ASSIST states to provide program-related documents. The tobacco industry, through different representatives (lawyers, front groups, local businesses), has requested many documents from state and local health departments. At first, health department employees were not prepared to respond to such demands, and, as a consequence, their work was disrupted. As employees became better versed in the requirements involved in responding to Freedom of Information Act requests, the industry demands became less disruptive.^{20,45} Indeed, some public health professionals turned this strategy against the tobacco industry by focusing public attention on it.

Internal tobacco industry documents show that the industry considered a similar strategy to disrupt administrative actions by making claims that public health professionals were violating various lobbying laws.²³ Based on the paucity of formal complaints filed and their limited success in derailing tobacco control, one would not have thought that making claims of illegal lobbying and filing lawsuits would have been an effective strategy to protect the interests of the tobacco industry. Our interviews with the health department officials responsible for ASSIST in the 17 states, however, suggested that the industry achieved some success. Eleven of the 17 states (65%) reported an increase in the level of self-censorship as a result of concerns about accusations of illegal lobbying. Most often, this self-censorship was triggered by a desire to avoid the costs and ad-

ministrative work that can be associated with refuting the tobacco industry's claims, which in many cases could lead to a complete halt of other program activities. These actions did not imply the cessation of policy work but rather the avoidance of activities that could be perceived as lobbying by the public, even if legal under lobbying restrictions.

Several states have sought the support of their department legal counsel or attorney general, but not all were successful in obtaining such support. In some states, the legal advice was to keep a lower profile on the lobbying issues because it was not worth the cost and the legal and administrative problems to deal with allegations, if any were made. Thus, the net effect of the industry strategy was an increase in the "cost of doing business" in tobacco control, to the level that some states may be more conservative than the law would warrant.

Understanding of the role of lobbying laws in restricting public policy activities is evolving. Historically, many of the laws prohibiting the use of public funds for lobbying purposes were enacted to prevent the government's power and resources from being used to promote private gain or to affect the outcome of an election. These first laws were not designed to restrict the involvement of government officials and programs in the public policy process.

Understanding the proper application of either the original laws or the more modern versions has been challenging. One problem is that reading the lobbying laws too broadly will render an interpretation that will inevitably come into conflict with the modern conception of public health. As noted by the Institute of Medicine,¹ participation of public health advocates in public policy-making is a crucial element of their activities. By its very nature, public health involves public policy-making. To accept an overly broad construction of what constitutes "illegal lobbying," such as that alleged in the complaints against tobacco control professionals in the 4 states in this study, would be to abandon one of public health's most effective tools for promoting health: public policy change.⁴⁸

If public health professionals act too conservatively, assuming that the laws will be interpreted broadly, the result could compromise the ability of public agencies to promote public health. Such an interpretation could restrict communications with policymakers or the public during the times that public health policy is the subject of serious debate. As the Institute of Medicine report states:

[P]ublic health agency leaders [should] develop relationships with and educate legislators and other public officials on community health needs, on public health issues, and on the rationale for strategies advocated and

pursued by the health department. These relationships should be cultivated on an ongoing basis rather than being neglected until a crisis develops.^{1(p154)}

Thus, to avoid problems with either violating the lobbying laws or becoming too conservative, public health practitioners must not wait for the solutions and guidance to come to them but must actively interpret the laws and policies they are presented with and conduct their activities accordingly. They must develop the political sophistication to understand how the laws are currently being interpreted and how they are likely to be changed. Public health practitioners should be proactive and should actively seek guidance from appropriate legal and political bodies while moving forward with their public health agenda. Furthermore, public health advocates should work to ensure that lobbying laws do not restrict the legitimate involvement of government workers in developing and implementing public policies to control tobacco and conduct other public health activities. □

Contributors

S. A. Bialous, B. J. Fox, and S. A. Glantz participated in the design of the study, the analysis of the data, and the preparation and revision of the paper. S. A. Bialous and B. J. Fox conducted the interviews.

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