

Draft NY Local Opinion Leaders Survey (LOLS) 2023 Survey Instrument

The purpose of the survey is to hear what local opinion leaders in New York State think about tobacco and other health issues such as obesity. We are asking approximately 1,300 local leaders in New York State such as yourself to participate in this survey. Your opinions on these topics are important to the State Department of Health and will help inform their efforts to improve the public’s health in New York.

The survey should take approximately 10 minutes to complete. If you decide to participate, your responses will be confidential. That is, your answers will be included as part of an “average” score.

Your participation is entirely voluntary. You can skip any question you do not want to answer, and you can stop the survey at any time.

If you have any questions about the study, please contact the [REDACTED]. To learn more about the New York State Department of Health, visit www.health.state.ny.us. To speak directly with someone at the New York State Department of Health, please call [REDACTED], mention this study’s name, “Local Opinion Leaders Survey,” and ask to speak to [REDACTED].

Do you agree to participate in the survey at this time? Yes___ No___

[IF YES: continue with survey]

[IF NO:] Thank you for your time. **[close]**

A1. Could you please verify the information we have about you? Are you located in **[COUNTY/CITY]** and currently serve as **[POSITION TITLE]** in **[ORGANIZATION NAME: Legislature OR Board of Health]**?

0	No – GO TO A2
1	Yes – GO TO Q1

A2. Are you a designated delegate for the current **[POSITION TITLE (or NAME?)]** in **[ORGANIZATION NAME]**?

0	No – GO TO A3
1	Yes – GO TO A4

A3. What is your current title?

[text box]

Our records suggest that your organization, [ORGANIZATION NAME: Legislature OR Board of Health], is located in [COUNTY/CITY]. Please provide updated information if needed.

A3a. Where is your organization located?

[Text Box + "County" or "City" or drop down list]

A3b. What is your organization name?

[Text Box]

[GO TO A4 IF A2 = 1; ELSE GO TO Q1]

A4. Our records suggest that your organization, [ORGANIZATION NAME: Legislature OR Board of Health], is located in [COUNTY/CITY] and that you currently serve as [POSITION TITLE]. Please provide updated information for the following fields as needed:

A4a. What is your organization name?

[Text Box]

A4b. Where is your organization located?

[Text Box + "County" or "City" or drop down list]

A4c. What is your organization name?

[Text Box]

A4d. What is your current title?

[text box]

A4e. How long have you been in this position?

__years __months

We are going to start by asking about some beliefs you hold about health issues and your community.

1. We're going to ask about some health issues facing people today, and how serious a problem each issue is for people in your community. For each issue, indicate if you think it is not a problem at all, a somewhat serious problem, or a very serious problem. Would you say ...

A. Tobacco use	0	Not a problem at all
	1	Somewhat serious problem
	2	A very serious problem
	8	Don't know
	7	Prefer not to answer
B. Vaping nicotine among youth	0	Not a problem at all
	1	Somewhat serious problem
	2	A very serious problem
	8	Don't know
	7	Prefer not to answer
C. Cannabis (or marijuana/THC) use	0	Not a problem at all
	1	Somewhat serious problem
	2	A very serious problem
	8	Don't know
	7	Prefer not to answer
D. Overweight and obesity	0	Not a problem at all
	1	Somewhat serious problem
	2	A very serious problem
	8	Don't know
	7	Prefer not to answer
E. Opioid use	0	Not a problem at all
	1	Somewhat serious problem
	2	A very serious problem
	8	Don't know
	7	Prefer not to answer

2. Do you believe that local government, such as your county or city, should be actively involved in creating a healthy community environment? By community environment we mean things like having sidewalks and streetlights, convenience stores that sell fresh fruit, or pharmacies that don't sell tobacco products.

0	No
1	Yes
8	Don't know
7	Prefer not to answer

3. How much of an effect do you think a community's environment has on people's health-related behaviors? Would you say that a community's environment...

2	Strongly affects people's health-related behaviors
1	Somewhat affects people's health-related behaviors
0	Does not affect people's health-related behaviors
8	Don't know
7	Prefer not to answer

4. How much do you think tobacco product marketing in retail stores influences youth tobacco use? Would you say it makes youth ...

2	Much more likely to use tobacco
1	Somewhat more likely to use tobacco
0	Does not influence whether youth use tobacco
8	Don't know
7	Prefer not to answer

In the next set of questions, I'd like your opinion about policies that could be introduced or may have already been implemented in some New York communities.

5. What is your opinion about a policy that would ban the sale of menthol cigarettes? Would you be...

5	Strongly in favor
4	Somewhat in favor
3	Neither in favor nor against
2	Somewhat against
1	Strongly against
7	Prefer not to answer

6. You said that you would be [IF Q5=4 OR 5: "in favor", IF Q5 = 1 OR 2: "against", IF Q5 =3: "neither in favor nor against"] a policy that would ban the sale of menthol cigarettes. Could you tell us why you gave this answer? [Include a soft prompt if this text box is left blank]

7. What is your opinion about a policy that would ban the sale of flavored tobacco products like flavored cigars, little cigars, smokeless tobacco, and hookah? Would you be...

5	Strongly in favor
4	Somewhat in favor
3	Neither in favor nor against
2	Somewhat against
1	Strongly against
7	Prefer not to answer

8. You said that you would be **[IF Q7=4 OR 5: “in favor”, IF Q7 = 1 OR 2: “against”, IF Q7 =3: “neither in favor nor against”]** a policy that would ban the sale of flavored tobacco products like flavored cigars, little cigars, smokeless tobacco, and hookah. Could you tell us why you gave this answer? **[Include a soft prompt if this text box is left blank]**

9. What is your opinion about a policy that would put a cap (or a maximum) on the number of retailers that could sell tobacco products in a community? Would you be...

5	Strongly in favor
4	Somewhat in favor
3	Neither in favor nor against
2	Somewhat against
1	Strongly against
7	Prefer not to answer

10. What is your opinion about a policy that would ban the sale of tobacco products in stores near schools? Would you be...

5	Strongly in favor
4	Somewhat in favor
3	Neither in favor nor against
2	Somewhat against
1	Strongly against
7	Prefer not to answer

In the next set of questions, I'd like your opinion about policies that affect where people are allowed to smoke. These policies could be introduced or may have already been implemented in some New York communities.

11. There is a policy in New York State that bans smoking in outdoor public places such as beaches and parks. What is your opinion on a policy that would ban vaping in these outdoor public places? Would you be...

5	Strongly in favor
4	Somewhat in favor
3	Neither in favor nor against
2	Somewhat against
1	Strongly against
7	Prefer not to answer

12. What is your opinion of a policy that would ban smoking in the entranceways of public buildings and of workplaces? Would you be ...

5	Strongly in favor
4	Somewhat in favor
3	Neither in favor nor against
2	Somewhat against
1	Strongly against
7	Prefer not to answer

13. What is your opinion about a policy that would ban smoking in public common areas, private balconies and patios in apartment buildings, condominiums, and other multi-unit complexes? Would you be...

5	Strongly in favor
4	Somewhat in favor
3	Neither in favor nor against
2	Somewhat against
1	Strongly against
7	Prefer not to answer

14. What is your opinion about a policy that would also ban smoking inside private living units of apartment buildings, condominiums, and other multi-unit complexes? Would you be...

5	Strongly in favor
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4	Somewhat in favor
3	Neither in favor nor against
2	Somewhat against
1	Strongly against
7	Prefer not to answer

Next, we want to hear how you feel about a few other potential policies.

15. What is your opinion about a policy that would end the sale of all tobacco products in New York within 10 years? Would you be...

5	Strongly in favor
4	Somewhat in favor
3	Neither in favor nor against
2	Somewhat against
1	Strongly against
7	Prefer not to answer

16. What is your opinion about a policy that would ban the sale of all tobacco products to those born after a certain date? For example, those born in the year 2010 or later would never be sold tobacco products. Would you be...

5	Strongly in favor
4	Somewhat in favor
3	Neither in favor nor against
2	Somewhat against
1	Strongly against
7	Prefer not to answer

17. What is your opinion about a policy that would ban the sale of vaping products with high nicotine levels? Would you be...

5	Strongly in favor
4	Somewhat in favor
3	Neither in favor nor against
2	Somewhat against
1	Strongly against
7	Prefer not to answer

Next, we want to hear how you feel about a few other issues.

18. Are you aware of a policy in New York State that bans the sale of flavored vaping products? This policy allows only tobacco-flavored vaping products or unflavored vaping products to be sold.

0	No
1	Yes
8	Don't know
7	Prefer not to answer

19. Do you feel that agencies responsible for local enforcement have too much, too little, or about the right amount of resources to monitor stores for compliance and enforce this policy?

0	Too little
1	About the right amount
2	Too much
8	Don't know
7	Prefer not to answer

Next, we would like to hear your opinion about another topic.

20. How harmful to the environment are discarded cigarette butts and filters?

0	Not at all harmful
1	Somewhat harmful
2	Very harmful
8	Don't know
7	Prefer not to answer

21. How harmful to the environment are discarded vaping products (like pods, cartridges, batteries, and e-liquid containers)?

0	Not at all harmful
1	Somewhat harmful
2	Very harmful
8	Don't know
7	Prefer not to answer

[NOTE: THE FOLLOWING QUESTION ASKS WHETHER PARTICIPANT IS INTERESTED IN BEING CONTACTED FOR THE IN-DEPTH INTERVIEW STUDY]

22. We would like to speak with some survey participants to hear more about your opinions about tobacco control policies and other related topics. The interview would be about 30 minutes by phone or web, and it can be scheduled at a time that works for you. Are you interested in being contacted for a separate interview?

1	Yes, I would like to be contacted about an interview
0	No, I do not want to be contacted about an interview
7	Prefer not to answer

[IF YES] We appreciate your willingness to speak with us! The study team will contact you to schedule an interview. We are conducting a limited number of interviews so we may not be able to speak with everyone who expresses interest. Thank you again for your interest. We will follow up with you soon.

DEMOGRAPHICS

Before we finish, we have a few questions about yourself.

23. Which of the following age categories do you fall into?

1	Under 25
2	26–35
3	36–49
4	50–65
5	Over 65
7	Prefer not to answer

24. How do you describe your gender identity? Do you identify as...

1	A woman
2	A man
3	A transgender woman
4	A transgender man
5	Genderqueer, genderfluid, or nonbinary
6	Questioning
7	An identity not listed here
99	Prefer not to answer

[If Q24=7] Please specify your gender identity _____

25. How would you describe your overall political philosophy? Would you describe yourself as...

1	Very conservative
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2	Somewhat conservative
3	Moderate—neither liberal nor conservative
4	Somewhat liberal
5	Very liberal
9	None of the above
7	Prefer not to answer

26. Have you smoked at least 100 cigarettes in your entire life?

1	Yes
0	No
7	Prefer not to answer

IF YES, then ask Q29; IF NO, skip to Q30.

27. Do you now smoke cigarettes ...

2	Every day
1	Some days
0	Not at all
7	Prefer not to answer

28. Do you now vape nicotine...

3	Every day
2	Some days
1	Rarely
0	Not at all
7	Prefer not to answer

[END] Thank you very much for your time. You've finished the survey.