Lessons Learned Globally: Tobacco Control Digital Media Campaigns

Suggested Citation

Listings of Case Studies
Two lists of case studies are provided for more convenient review based on readers’ interests.

The Table of Contents presents the case studies section in alphabetical order by country, then province or state (if applicable), and then in chronological order. It also lists the other parts of the document, such as the Executive Summary, Methodology, Lessons Learned, etc.

The List of Campaigns by Goal found after the Table of Contents focuses only on the case studies, organizing them by the main tobacco control goal of each campaign. Campaigns are grouped according to whether they sought to:
1. Prevent initiation of tobacco use
2. Reduce tobacco use via assisting tobacco users in quitting
3. Reduce exposure to secondhand smoke

The List of Campaigns by Goal may be helpful to those who are seeking insights from campaigns that have a common tobacco control goal. On the following page, there is a grid detailing the digital elements used in each campaign which may be helpful to those who are seeking information about effective use of particular digital vehicles/approaches.

Table of Contents

List of Campaigns by Goal 3
Grid of Digital Elements used in Each Campaign 4
I. Executive Summary 5
II. Introduction 8
   Acknowledgements 8
   Purpose of This Document 8
   Methods 9
   Limitations 11
   Additional Campaign Information 12
III. Key Lessons Learned 13
IV. Case Studies 25
   Australia (New South Wales (NSW)) — 2009-present iCanQuit Website 26
   Australia (Western Australia) — 1996-present Smarter than Smoking Campaign 32
   Canada (British Columbia) — 2009-2010 QuitNow & WIN Campaign 39
<table>
<thead>
<tr>
<th>Country</th>
<th>Start-End Year</th>
<th>Campaign Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada (Ontario)</td>
<td>2008-2009</td>
<td>Campaign for a Smoke-free Ride</td>
<td>44</td>
</tr>
<tr>
<td>Canada (Ontario)</td>
<td>2010</td>
<td>The Driven to Quit Challenge</td>
<td>49</td>
</tr>
<tr>
<td>Denmark</td>
<td>2004-present</td>
<td>Xhale.dk Campaign</td>
<td>58</td>
</tr>
<tr>
<td>England</td>
<td>2009</td>
<td>AOL Beauty Campaign</td>
<td>64</td>
</tr>
<tr>
<td>England</td>
<td>2008-2010</td>
<td>Smokefree MSN Campaign</td>
<td>68</td>
</tr>
<tr>
<td>England</td>
<td>2009</td>
<td>Smokefree United Campaign</td>
<td>72</td>
</tr>
<tr>
<td>England</td>
<td>2008-2009</td>
<td>&quot;Stub it out together&quot; Yahoo Forum Campaign</td>
<td>76</td>
</tr>
<tr>
<td>England (South West)</td>
<td>2009-2010</td>
<td>One-Way Street to Success Campaign</td>
<td>79</td>
</tr>
<tr>
<td>European Union</td>
<td>2005-2011</td>
<td>Help Campaign</td>
<td>86</td>
</tr>
<tr>
<td>Germany</td>
<td>2005-present</td>
<td>Smoke-free Campaign</td>
<td>97</td>
</tr>
<tr>
<td>Israel</td>
<td>2007-2008</td>
<td>Sigi Tabak Campaign</td>
<td>103</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>2005-2006</td>
<td>Smoke Alert Campaign</td>
<td>107</td>
</tr>
<tr>
<td>New Zealand</td>
<td>2008</td>
<td>Quit Website</td>
<td>113</td>
</tr>
<tr>
<td>New Zealand</td>
<td>2008-2009</td>
<td>Txt2Quit Service</td>
<td>117</td>
</tr>
<tr>
<td>Norway</td>
<td>2003-2005</td>
<td>Happy Ending Campaign</td>
<td>124</td>
</tr>
<tr>
<td>Singapore</td>
<td>2009</td>
<td>Kids Watch. Kids Learn. Campaign</td>
<td>132</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>2007-2008</td>
<td>Breathe Campaign</td>
<td>139</td>
</tr>
<tr>
<td>United States</td>
<td>2008-2010</td>
<td>Become an EX Campaign</td>
<td>144</td>
</tr>
<tr>
<td>United States (Arizona)</td>
<td>2009-2010</td>
<td>Venomocity Campaign</td>
<td>152</td>
</tr>
<tr>
<td>United States (Minnesota)</td>
<td>2010</td>
<td>The QuitCash Challenge</td>
<td>157</td>
</tr>
<tr>
<td>United States (Minnesota, Dakota County)</td>
<td>2008-2009</td>
<td>Respect my Ride Campaign</td>
<td>169</td>
</tr>
<tr>
<td>United States (Nebraska)</td>
<td>2009-present</td>
<td>IMReady Campaign</td>
<td>178</td>
</tr>
<tr>
<td>United States (Wisconsin)</td>
<td>2008</td>
<td>My SmokeFree Story Campaign</td>
<td>184</td>
</tr>
</tbody>
</table>

Appendix A – Glossary 189
Appendix B – Email message sent to campaign contacts to solicit campaign data 194
Appendix C – Questionnaire Used to Solicit Campaign Data 195
Appendix D – Contributing Individuals and Organizations and International Review Panel 197
List of Campaigns by Goal

Youth Prevention & Cessation
Australia Smarter than Smoking
Denmark Xhale.dk
European Union Help
Germany Smoke-free
The Netherlands Smoke Alert
United Kingdom Breathe
United States Venomocity

Adult Cessation
Australia iCanQuit
Canada QuitNow & WIN
Canada The Driven to Quit Challenge
Denmark Xhale.dk
England AOL Beauty
England Smokefree MSN
England Smokefree United
England One-Way Street to Success
England Stub it out together Yahoo Forum
European Union Help
Germany Smoke-free
Israel Sigi Tabak
New Zealand Quit Website
New Zealand Txt2Quit Service
Norway Happy Ending
Singapore Kids Watch. Kids Learn.
United States Become an EX
United States The QuitCash Challenge
United States IMReady

Reducing Exposure to Secondhand Smoke
Canada Campaign for a Smoke-free Ride
European Union Help
United States Respect my Ride
United States My SmokeFree Story
## Digital Media Used in each Campaign

<table>
<thead>
<tr>
<th>Country &amp; Campaign or Program Name</th>
<th>Websites/ Micro-sites</th>
<th>Online Ads, Banners, Buttons</th>
<th>Social Media</th>
<th>Mobile texting/ messaging</th>
<th>Email msgs.</th>
<th>IM, chats, blogs</th>
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<td>Canada Quit Now and Win</td>
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<td>United Kingdom Breathe</td>
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<td>United States Become an EX</td>
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<td>United States Venomocity</td>
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<tr>
<td>United States The QuitCash Challenge</td>
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<td>X X X</td>
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<tr>
<td>United States Respect My Ride</td>
<td>X X</td>
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<tr>
<td>United States IMReady</td>
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<td>United States My Smokefree Story</td>
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Executive Summary

Reducing tobacco use and exposure to secondhand smoke have become public health priorities for many countries because of the compelling facts regarding their harms: Tobacco kills nearly six million people each year, of whom more than five million are users and ex-users and more than 600,000 are nonsmokers exposed to secondhand smoke. Unless urgent action is taken, the annual death toll could rise to more than eight million by 2030. To assist countries in establishing comprehensive tobacco control programs and putting in place effective tobacco control policies, the World Health Organization (WHO) facilitated establishment of the Framework Convention on Tobacco Control (FCTC) in 2003. This international treaty includes education, communication, training and public awareness as one of the obligations that ratifying Parties have to meet (see Article 12 of the Convention), and in addition, the WHO MPOWER statement lists “Warn about the dangers of tobacco” as one of its six recommended tobacco control policies.

The FCTC Article 12 guidelines state that, “Parties should use all available means to raise awareness, provide enabling environments and facilitate behavioural and social change through sustained education, communication and training” and later states that Parties should, “Identify the most appropriate media to reach the intended audience, based on reach and relevance to the target groups. The opportunities and potential risks of using new and innovative communication and marketing vehicles, as well as new technologies, should be investigated and applied or avoided accordingly. Clearly, one of the key emerging means for communicating with individuals is through digital media and yet there is little information about how this channel is being used or its effectiveness in reducing tobacco use or exposure to secondhand smoke.

Because of the important role that public education campaigns play in the success of efforts to reduce tobacco use and exposure to secondhand smoke and yet the dearth of analysis regarding digital media’s role in this context, this review has been conducted to summarize experiences around the globe and to try to draw conclusions about lessons learned that cross national and regional boundaries. The authors hope to provide campaign managers and researchers with helpful direction as they plan, implement and evaluate their tobacco control digital media campaigns. While effectiveness and impact data regarding these digital campaigns are limited to date, some patterns emerged upon reviewing the diverse campaign data collected, providing insights regarding the processes followed and the content included in various campaigns.

The authors feel fortunate to have been able to work with knowledgeable individuals on 26 campaign case studies from 11 countries and the European Union, as well as with a diverse review panel representing five countries, whose members provided valuable input and direction on the draft document. Among the case studies is one or more from each of the following jurisdictions: Australia, Canada, Denmark, England, Germany, Israel, New Zealand, the Netherlands, Norway, Singapore, the United Kingdom and the United States. In addition, one campaign case study is from the European Union.

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3 WHO, Tobacco Fact Sheet N°339.
4 As mentioned in the Introduction, in this document the term “digital media” refers to those vehicles/channels that are accessed through the Internet or through mobile technology, such as websites, blogs, social media (Facebook, Twitter, etc.), email messages, and text messaging.
5 As mentioned in the Introduction, in this document the term “campaign” refers to the strategic use of mass media (including digital media) to build awareness and knowledge, and to change beliefs, attitudes, behaviors and community norms.
It is important to note that digital media campaigns should not be conducted in isolation or to the exclusion of other key tobacco control interventions; they should be part of multi-faceted, comprehensive tobacco control programs. Available evidence suggests that digital media interventions can have the greatest impact when combined with traditional mass media interventions as well as other tobacco control policy and program interventions.

Finding campaigns to review was relatively easy. Digital campaigns have become very popular in tobacco control, ranging from just having a website, to maintaining an interactive quitting program online to conducting social media campaigns through Facebook and Twitter to holding quitting contests that engage people online and through mobile technology. International contacts were more than willing to share their experiences and campaign materials which was much appreciated. However, many of the campaigns accessed, lacked thorough research and evaluation (R&E) from which strong conclusions could be drawn. This became one of the main key lessons learned—specifically that thorough research and evaluation are necessary in order to draw conclusions about campaigns, understand what went well, and determine what needs to be improved going forward.

Nevertheless, with the limited data available, the authors and reviewers were able to compile a variety of lessons learned that should not be considered absolutes but rather considerations for future campaign development.

**Summary of Lessons Learned**

**Research & Evaluation**

1. Target audience research and pre-campaign evaluation of materials improve the likelihood of campaign success.
2. In order to fully develop and evaluate digital campaigns and compare their results to those of traditional media campaigns, significant resources must be invested (time, staffing, funds, etc.).
3. Outcome evaluation of campaigns is critical to assess their impact and improve them for the future, and such evaluation should focus on determining whether the campaign’s interventions changed the target audience’s relevant attitudes and behaviors.
4. Digital campaigns can be very inexpensive, but reach is limited and, thus, measurement is critical.

**Effectiveness**

5. Digital media can effectively reach and influence diverse audiences.
6. People want to be engaged digitally—to give and get input.
7. Digital stop smoking programs (products and services) have helped smokers to quit.
8. Digital campaigns can benefit from integration with traditional media

**Planning Considerations**

9. A variety of digital vehicles can increase participants’ involvement and can engage multiple audiences.
10. The Internet opens your program to everyone in the world which has benefits and drawbacks.

In addition to the more detailed Lessons Learned section of the document (see pages 13 to 24), review of the individual case studies will interest readers working in a certain region or working to achieve a specific tobacco control goal. To this end, the case studies are organized alphabetically by country in the table of contents and organized by campaign objective in the chart of campaigns by tobacco control goal. The chart also specifies the variety of digital interventions each campaign used.

Please note that since some of the terminology in this document may be new to some readers, Appendix A provides a glossary of terms used throughout this review.
Introduction

This is the first international review conducted to summarize lessons learned from tobacco control digital media campaigns. Tobacco control staff in several countries have extensive experience conducting such campaigns, but not until recently have there been campaigns conducted and evaluated in a sufficient range of countries to conduct a thorough review. Throughout this document, the term “digital media” will refer to those vehicles/channels that are accessed through the Internet or through mobile technology, such as websites, blogs, social media (Facebook, Twitter, etc.), email messages, and text messaging. The term “traditional media,” by contrast, will refer to vehicles such as television, radio, print and outdoor. The term “campaign” will refer to the strategic use of mass media (including digital media) to build awareness and knowledge, and to change beliefs, attitudes, behaviors and community norms.

This document was produced by Global Dialogue for Effective Stop-Smoking Campaigns (Global Dialogue), a collaborative initiative between public, non-profit, and private partner organizations focused on increasing the impact of mass media, public education campaigns to reduce tobacco use and exposure to secondhand smoke. Current partner organizations include:

- American Cancer Society
- American Legacy Foundation
- Campaign for Tobacco-Free Kids
- Clarity Coverdale Advertising
- Department of Health England
- Health Canada
- Health Sponsorship Council (New Zealand)
- InterAmerican Heart Foundation
- International Non-Governmental Coalition Against Tobacco
- Institute for Global Tobacco Control at Johns Hopkins Bloomberg School of Public Health
- Johnson & Johnson
- Pfizer
- VicHealth Centre for Tobacco Control (Australia)
- World Lung Foundation

Global Dialogue’s campaign resources include lessons learned on a variety of campaign topics, a website, a campaign development tool kit, training workshops, and individual campaign consultation. For more information about Global Dialogue, please visit www.stopsmokingcampaigns.org.

Acknowledgements

This document could not have been produced without funding from several Global Dialogue partner organizations: primary funding and staff time came from New Zealand’s Health Sponsorship Council, with supplemental funding from Pfizer and Johnson & Johnson.

Purpose of This Document

This document has been created to provide guidance and examples to tobacco control advocates, as well as to the media planning, advertising, public relations and research professionals who work with them. Its contents can provide insights into the development of effective digital media campaigns designed to reduce tobacco use and exposure to secondhand smoke, both in terms of the process of campaign development and the most promising approaches for digital campaigns. The work represented here comes from campaigns conducted across the globe from 2003-2011, with the majority of campaigns conducted during the 2008-2011 period. These campaigns focused on different aspects of the tobacco control issue,
such as motivating smokers to quit; encouraging youth to reject tobacco; influencing smoking behaviors in homes and cars; gaining support for policy initiatives such as smoke-free public place laws; encouraging compliance with existing smoke-free policies; and building awareness and knowledge about the health implications of secondhand smoke to create a more supportive environment for future policy initiatives.

This is not a meta-analysis or a comprehensive review of the scientific literature on media campaigns in tobacco control. Rather, it is a review of existing digital media campaign information provided by researchers and practitioners in tobacco control programs who responded to a request for information or were identified through the authors’ efforts to find those involved in digital media campaigns in various countries.

Some of the terminology in this document may be new to some readers. Please refer to Appendix A for a glossary of terms used throughout this review.

Methods

In September 2009, the principal author/editor (Karen Gutierrez, Director of Global Dialogue for Effective Stop-Smoking Campaigns) sent an e-mail request for materials and data related to tobacco control digital media campaigns to more than 800 individuals worldwide on the Global Dialogue database, most representing tobacco control NGOs and ministries of health. The request was for data to be used in a presentation about digital media for an upcoming campaign development workshop. Fifteen individuals responded, providing information on 19 digital campaigns. After the workshop, on a Global Dialogue conference call with partner organizations, the partners discussed the data compiled to date and determined that a comprehensive review should be undertaken on tobacco control digital media campaigns based on the potential value to international tobacco control practitioners and researchers. New Zealand’s Health Sponsorship Council offered to contribute funds as well as provide some staff time. Rhiannon Newcombe (Principal Advisor, Tobacco Control Research Unit, Health Sponsorship Council) became the co-author/co-editor of the digital campaign review.

In early March 2010, a second email message with an attached questionnaire was sent to the Global Dialogue database requesting information and materials from digital media campaigns (see Appendix B for message and Appendix C for questionnaire). In addition, a similar message was sent to approximately 30 campaign managers whom the authors knew had done campaigns involving digital media in their countries. From these requests, 30 individuals responded, providing information on 35 campaigns (including some overlap from the first set of campaign data compiled in 2009).

In the request for information, the authors asked for published and unpublished data from campaigns (including formative target audience research and pre-testing of campaign materials conducted as the campaign was being developed, and process and outcome evaluation data collected after campaign implementation), as well as for specific advertisements and other campaign materials. Only campaigns conducted during the last 10 years (2001-2011) were considered for this review, with a preference for more recent campaign data, since digital technologies have evolved so much over the last decade.

The campaign information received was thoroughly reviewed by the authors to determine relevance and whether the data provided met the criteria for inclusion in the campaign review. The criteria were that the campaigns had to meet at least one, although preferably more, of the following:

1) Target audience research data, pre-testing data and/or outcome evaluation data robust enough to draw conclusions
2) Indications that the campaign itself had caused changes in the population versus other efforts going on at the same time
3) Outcome measures specifically on changes to knowledge, beliefs, attitudes and/or behaviors

Nine campaigns submitted were not included in the campaign review because they did not meet the criteria, or because the campaign planners were not able to devote enough time to helping develop the case studies. Twenty-six case studies were included in the review.

Campaign data were compiled through June 2011 and analyzed from April 2010 through September 2011. From this analysis, key insights from each campaign experience were captured and overall lessons learned
across campaigns were developed. Insights and lessons learned in this report are based on the following four types of data: 1) target audience research, 2) pre-campaign testing of draft materials, 3) process evaluation and 4) outcome evaluation. The use of these four categories is supported by documents published by the U.S. Centers for Disease Control and Prevention and Global Dialogue for Effective Stop-Smoking Campaigns. For perspective, every campaign in the review had at least two of the types of research and evaluation data. All had process evaluation data, and almost all had outcome evaluation data. The vast majority had some type of primary or secondary audience insight research data, and the least used was pre-evaluation (pre-testing) of campaign materials (only about half had such evaluation data). Only ten of the case studies benefited from all four types of research and evaluation, and the quality of the research and evaluation varied greatly across case studies, influenced greatly by funding and timing constraints.

Types of research and evaluation used to assess campaigns:

1. **Target Audience Research**
   Target audience research (sometimes referred to as formative research) is used to develop a better understanding of the target audience and the context of audience members’ current behaviors, attitudes, knowledge, beliefs, and opinions in order to plan campaign activities and messages that will bring about the desired changes outlined in the campaign’s objectives. In some cases, this research can also help better define the target audience.

   Target audience research helps to answer questions such as:
   - How is the target audience behaving now?
   - What are the (perceived) barriers to, and drivers for, behavior change?
   - What can help overcome the barriers and/or appeal to the drivers?
   - How does the target audience communicate and learn about new information, ideas, and behaviors?

   Target audience research may include qualitative, quasi-quantitative (non-representative sampling of 100-300 respondents) and quantitative methods (representative sampling of 300 or more respondents)—including in-depth interviews, focus group discussions and surveys—to gain insight into these questions. The result should be a documented strategy that guides campaign development and implementation.

2. **Pre-Campaign Testing of Draft Communications Materials**
   Pre-campaign testing (sometimes referred to as formative evaluation) is used to test advertising concepts or draft materials that are developed or selected based on findings from target audience research. Pre-campaign evaluation helps to determine whether the campaign materials are communicating the intended messages clearly and persuasively, and may include qualitative, quasi-quantitative and quantitative methods.

   Pre-campaign evaluation helps to answer questions such as:
   - How well designed is each component of our campaign?
   - How likely is each component to make an impact?
   - What changes do we need to make to campaign components to optimize them before airing/placing/sending them?

3. **Process Evaluation**

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Process evaluation examines how a campaign is working while it is being implemented and helps determine whether the campaign is being conducted as originally designed. This type of evaluation might include assessments of whether an advertisement was placed in the proposed vehicle and whether the target group was exposed to the message as often as planned, or how many people visited a website or a certain page on the site. Unforeseen obstacles might be recorded during this evaluation, as well as other influencing events that could be used to help interpret the outcome evaluation findings.

Process evaluation helps you to answer questions such as:
• Are we implementing the campaign as planned, and is it on schedule?
• What are we doing that was not in our original plan?
• What else may be influencing the impact of our campaign?

4. Outcome Evaluation
Outcome evaluation can determine whether expected or anticipated changes with the target audience(s) are being realized and whether the expected short-term, intermediate, and long-term outcomes are being achieved. For example, in an advertising campaign, the outcome evaluation can show whether there is any change in the target audience's awareness and recall of the message, and tobacco-related knowledge, attitudes, beliefs, and behavior.

Outcome evaluation helps to answer questions such as:
• What effect is the campaign having?
• What unexpected outcomes arose?
• Is the campaign making progress toward the campaign goal and objective(s)?

Note that in some countries, “impact evaluation” is differentiated from “outcome evaluation” as measuring shorter-term effects. For simplicity, this document combines impact and outcome evaluation under the heading of outcome evaluation.

Information and Insights from Campaign Staff

In addition to the four main types of data collected from campaign staff for this digital campaign review, information and insights were gathered through interviews with campaign managers and researchers to ensure that key learnings from each campaign experience were captured.

Process for Organization of Document
Each campaign is summarized in a case study. Key findings from the individual campaigns were synthesized and overall lessons learned for the review were developed based on findings that were common to several campaigns. The Lessons Learned section precedes the Case Studies section.

Drafts of each case study were sent to the relevant campaign and/or agency staff to review, edit and approve. A draft of the full document was sent to an international review panel (comprised of experienced campaign managers in Scotland, England, United States, Canada and New Zealand) for their comments. For a list of the contributing campaign and agency staff and a list of the review panel members, see Appendix D. Input from these rounds of review was incorporated into the text.

Because the methods and rigor of the campaign evaluations varied widely, the lessons learned should be regarded as the perspectives of the authors, based on careful review of available information and with input from campaign staff. The lessons learned are intended to provide campaign managers and researchers with practical guidance for planning, implementing, and evaluating future digital media campaigns rather than representing absolute truths or firm recommendations.

Limitations
The authors would like to highlight for readers the following limitations observed in compiling, analyzing, and summarizing campaign data represented in this document.
Reliance on campaign data/information provided voluntarily by international contacts.
The authors recognize that there may be useful campaign data in various countries that were not provided, either because the authors were unaware of those campaigns and, thus, did not request the data or because the campaign practitioners and researchers did not provide them after being asked for campaign information. Likewise, some campaign case studies lack complete information. In particular, the authors found, consistent with their previous experience, that some campaign managers are reluctant to share results that are not positive, even if the lessons learned were important and could be valuable to others; thus, the vast majority of the case studies mention only neutral or positive results from campaigns.

Lack of thorough audience research and evaluation (R&E) of draft materials during campaign development and/or lack of thorough evaluation after campaign implementation.
Many campaign planners did not use the full range of research and evaluation steps in order to increase the likelihood that their campaigns would be effective and in order to measure their outcomes. While the reasons for the limited research and evaluation are numerous, the leading reasons seem to be lack of R&E funds, lack of knowledge on how to adequately conduct research and evaluate campaigns, and lack of time. Many campaigns to which the authors were directed had done very little or no target audience research, pre-campaign testing of materials, process evaluation, or outcome evaluation including a baseline survey (the four key types of research and evaluation), and thus the authors were not able to include those campaigns as case studies because findings could not be compiled. This lack of thorough data made it challenging to determine the impact of each campaign against its goals.

General outcome data that made it difficult to draw conclusions about specific campaign impacts.
Somewhat related to the above point, there were few campaigns for which the evaluation data provided tied closely to the campaigns in a way that the authors could draw confident conclusions about each campaign’s impact on the outcomes versus the impact of other factors, such as traditional mass media advertising or policy initiatives occurring at the same time. Lack of robust outcome evaluation data is a key limitation of work being done on digital media tobacco control campaigns internationally.

Stated attitudes and behaviors that may not accurately represent actual attitudes and behaviors.
Most of the campaign surveys provided relied on respondents to state their attitudes and beliefs and their intended or actual behaviors, and very few of the campaigns used clinical verification of smoking status, such as analyzing saliva or urine samples or using CO monitors (only in the “Quit and Win” type programs, such as Canada’s Quit Now and Win, Canada’s Driven to Quit Challenge and United States The QuitCash Challenge where such testing was used to prove that the winners were indeed smoke free). Some survey respondents might provide responses that they believe are the most “socially acceptable,” regardless of whether the responses are accurate, and we lack objective verification of actual impact. Note, however, that this is an issue with evaluation of any campaign—it is not unique to digital campaigns.

Very limited campaign data from low and middle income countries.
Despite Global Dialogue contacts in many regions and countries, almost all of the campaigns for which the authors received campaign data were from high-income countries in Oceania, North America, and Western Europe.

Additional Campaign Information
At the time this document was finalized in December 2011, numerous digital campaigns were being conducted across the globe, for which results were not yet available. In addition, many campaigns were in the early stages of development. As you conduct your own tobacco control digital media campaigns or come across campaigns that are not listed here, please forward data and contact information related to these campaigns to Global Dialogue for Effective Stop-Smoking Campaigns (global@stopsmokingcampaigns.org). Ongoing collection of this information will be extremely helpful in the development and dissemination of future campaign review documents and will help improve tobacco control public education and awareness initiatives worldwide. In addition, feel free to contact Global Dialogue if you have questions about this document or need additional information.
Key Lessons Learned

This section synthesizes findings from the individual case studies and provides overall conclusions that cross various campaigns’ or countries’ efforts. Each key lesson learned is described in summary format, with reference to examples of case studies that support it. Further information on each campaign can be found in Section IV where the campaign case studies are organized alphabetically by country name, then province or state (if appropriate), and then in chronological order.

Many factors can impact the effectiveness of digital media campaigns. Most of them relate to either **process**—aspects that are involved in how a campaign is developed and implemented—or **content**—aspects involved with what a campaign is comprised of, what messages are communicated, etc. In this campaign review, the authors focused on **process** lessons learned since the content has been covered under other reviews of youth tobacco use prevention campaigns, stop-smoking campaigns, and secondhand smoke campaigns.  

Note that the lessons learned apply most directly to the specific countries, states and provinces in which they occurred, based on the unique aspects of those geographies and each one’s tobacco control environment at the given time. Applying any of these lessons directly to another location or situation without some research to ensure compatibility may be inappropriate. However, taken together, we believe these lessons learned which have been synthesized from multiple case studies may help campaign planners and tobacco control advocates to learn from the experiences of others internationally and give them a solid foundation from which they can do their own digital campaign planning and research.

**Lessons Learned about Tobacco Control Digital Media Campaigns:**

At its best, digital media can be used strategically to drive transformative levels of personalization, interaction and engagement on the part of participants and, as part of comprehensive, multi-faceted campaigns, can cause changes in attitudes, beliefs and behaviors related to tobacco use and exposure to secondhand smoke. The potential for innovative work in this area to achieve significant progress in tobacco control is very high, and yet more organizations need to evaluate their campaigns so that practitioners globally can learn from each other and advance digital campaign effectiveness. For optimal results, digital media should not be employed in isolation but should take advantage of strengths and contributions of traditional media and other campaign and program components.

Below are the specific lessons learned under three organizational categories: 1) Research and Evaluation, 2) Effectiveness, and 3) Planning Considerations. They are not in order of importance—we see all of the lessons learned as critical to optimizing the impact of tobacco control digital media campaigns. Likewise, the examples used under each Lesson are in no particular order and are not meant to represent the only illustrations of each point. They are simply examples that do a good job of illustrating the particular Lesson Learned.

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1. **Target audience insight research and pre-campaign evaluation of materials improve the likelihood of campaign success.** Due to budget and timing constraints, it is not always possible to invest fully in target audience research and evaluation of concepts and materials prior to launching a campaign. However, similar to findings from non-digital campaigns, research and evaluation used in the formation of a campaign contribute significantly toward success. Target audience research done before campaign concepts are developed results in a better understanding and definition of the audience, what motivates and influences them, and obstacles to changing their behaviors. Then, pre-campaign evaluation of draft materials provides audience reactions to messages, advertising concepts and other campaign approaches before significant funds are invested in implementing the campaign interventions. The funds required to conduct audience research and pre-campaign evaluation of materials are usually a fraction of those required to place advertisements and could be considered an insurance against wasting precious funds on airing/placing sub-optimal material. When developing a campaign that includes digital media, the need for audience research and pre-testing of materials may be even greater since most health departments and NGOs have had less experience with digital media campaigns than traditional media campaigns and since audience engagement is more important in digital than traditional campaigns.

A number of the case studies presented here show the impact that target audience research can have. The Health Promotion Board in Singapore used a combination of quantitative and quasi-quantitative research to determine how to best reach their goal of reducing youth smoking. Singapore’s 2006 Student Health Survey among 13- to 16-year-olds revealed that parents played a role in impacting youth when it came to smoking – a larger proportion of current youth smokers (59%) than nonsmokers (34%) had at least one parent who smoked. Parents, therefore, were identified as a key target audience for intervention in youth prevention efforts. The campaign planners then conducted a survey among smoking parents. Its results indicated that they were aware of the ill effects of their habit on their children’s health, but they lacked information on how their smoking habit influenced their children to experiment with smoking. Though information about quitting smoking was available via a national telephone counseling service, the QuitLine, and the Health Promotion Board website, the target audience cited busy schedules, addiction to nicotine and lack of social support as reasons for not wanting to quit smoking. The Health Promotion Board used this information to develop a campaign that educated smoking parents about how their smoking influenced their children’s decisions to smoke, and that provided parents with online and other resources to help them quit.

For a campaign focused on encouraging smokers to seek National Health Service (NHS) support for their quit attempts, Smokefree South West in England conducted focus groups among their target audience of smokers and former smokers who had routine and manual occupations, and they found strong preference for one of the two advertising concepts over the other. One concept called *What will suit you?* was viewed as uninteresting and just a literal depiction of the quitting services available to smokers, while the second concept, called *One-Way Street to Success*, was perceived as motivational and hopeful, providing smokers with a confident direction to take. Interestingly, the respondents cared much less about the details of the quitting resources available than about the promise that there was something out there that could help them quit if they contacted their local NHS Stop Smoking Service. Without these audience insights about the proposed advertising concepts, campaign managers would not have had such clear direction regarding which message to use to motivate the target to try to quit by using the NHS service.

While Australia (New South Wales)’s Cancer Institute NSW was not able to fund pre-testing of draft campaign materials for the *iCanQuit* program, they did do extensive research among the target audience throughout the development of the quitting program and its website. They felt that the close alignment between the *iCanQuit* program’s desired target audience and the website’s actual users was likely attributed to following a research-informed user-centered approach. In addition, despite

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very limited resources, campaign planners continued to solicit feedback from the site’s users in order to improve the program and better meet their needs.

Note that if a digital media effort is part of a larger multi-media campaign and the digital channels are being used mainly as passive carriers of the campaign’s key messages, one would expect that audience insight research and pre-campaign evaluation of draft materials would be done for all of the broad campaign elements, and the digital media elements would benefit from the broad findings. However, if digital campaign elements are being developed uniquely versus the traditional campaign elements and need to play different roles in order to gain the engagement and interaction required to change attitudes and behaviors, then separate audience insight research and pre-campaign evaluation of materials must be conducted (or accessed) specifically relevant to the digital pieces. For example, before developing digital campaign elements and making decisions about placement, it would be important to know where, when and how the audience is engaging with the available digital platforms online. In terms of the online space, the United States, ClearWay Minnesota found that smokers were significantly more likely than nonsmokers to play online games; this information led them to place The QuitCash Challenge ads in GameStop stores which sold computer games. As another example, before finalizing materials for online placement, it would be important to know whether the materials engaged and involved the audience as desired. In Germany, the Smokefree campaign staff measured usability, comprehension and overall acceptance of the draft website among the audience of high-school students, and input from the students helped campaign planners refine and finalize the site; and in the European Union, understanding and viral potential of the Nicomarket online campaign were assessed in qualitative research, as was the user-friendliness of the proposed mini-site.

2. In order to fully develop and evaluate digital campaigns and compare their results to those of traditional media campaigns, significant resources must be invested (time, staffing, funds, etc.). Because it can be relatively easy to set up a Facebook page or a Twitter account, some campaign planners take action in the digital arena without carefully planning or strategy development. To optimize results and to be able to show stakeholders that digital activities have had an impact, campaign staff must go through a strategic planning process in order to clarify what the goal of the effort is, who the target audience is, which vehicles/channels have the highest likelihood of reaching the target audience, which messages have the highest likelihood of influencing the audience, how audience members will be engaged over time, and how efforts and attainment of objectives will be measured. If this planning is not done in advance, interventions may be haphazard, not strategically focused, and furthermore, may not be able to be evaluated. Such focus on strategic planning, careful implementation and thorough evaluation require time, staffing and funds, so these must be considered up front, before campaign work begins.

For example, for England (SouthWest)’s One-Way Street to Success campaign (which used nationally developed creative), campaign planners carefully thought through which vehicles would best help meet the goal of motivating smokers to quit through NHS services. They believed that digital advertising could complement the more traditional “above-the-line” media and drive response more cost effectively than other media tools. Thus, specific digital creative was developed and a themed landing page was produced. Two stages of activity were planned with the first focused on testing a combination of display formats and a range of types of sites. Based on successful outcomes from the first stage, campaign staff decided to 1) re-use those sites offering best return on investment; 2) test use of search and social network sites (Google and Facebook); and 3) increase spending on the digital plan in line with the increased spend in other media.

Another example of a campaign thoughtfully planned and evaluated is the Become an EX campaign developed by Legacy in the United States. In the first stage of planning, Legacy and its research partners conducted extensive audience insight research (focus groups, individual interviews and a segmentation study) among smokers who wanted to quit and used that information overlapped with the Transtheoretical Model of Change to guide campaign development—they decided to focus tightly on smokers who had reached the Contemplation stage so that the campaign could intervene and help them as they went through the critical Preparation stage. Next, campaign planners conducted extensive pre-testing of draft campaign materials among the target audience, but they also tested ad
concepts and draft materials among those outside of the target, such as younger smokers and smokers in the Pre-Contemplation stage, to make sure that the ads would not cause any unintended negative consequences. They then piloted the campaign in four cities, and conducted process and outcome evaluations to gauge progress towards goals and to help optimize the campaign for national expansion. Following the national campaign launch, process evaluation (i.e., number of website visitors, blog posts, wall posts, EX Quit Plan registrations) and outcome evaluation (primarily via a longitudinal study) were conducted, and results indicated that smokers aware of the campaign were 60% more likely than smokers unaware of the campaign to have increased their level of agreement on a cessation-related cognitions index and 24% more likely to have made a quit attempt from baseline to follow-up.

3. Outcome evaluation of campaigns is critical to assess their impact and improve them for the future, and such evaluation should focus on determining whether the campaign’s interventions changed the target audience’s relevant behaviors. Ideally, the target audience’s awareness, knowledge, attitudes and behavior would be measured prior to the start of the campaign and then measured again after the campaign is conducted (sometimes in several waves) to determine progress on the various measures over time. This is typically how tobacco control campaigns using traditional media have been evaluated. However, this type of evaluation is challenging for digital campaigns because they typically don’t reach a significant percentage of the whole target audience (i.e., parents of young children, 18-25-year-old smokers, or smokers with COPD), and thus, the campaign would not be expected to influence enough of them to show up in a pre- versus post-evaluation of that audience if research participants are recruited from among the general population. Thus, for digital campaigns, outcome measures can include the number of people who registered for a stop-smoking program or Quit & Win competition, the number of people who signed an online petition supporting smoke-free public places, or the number of teens who pledged to keep their cars smoke-free.

In the case of Dakota County, Minnesota in the United States, campaign staff measured outcomes in several ways. They conducted pre- and post-surveys of the target audience (15- to 18-year-olds) in intervention schools to determine campaign awareness before and after the campaign and found that awareness was significantly higher after the campaign. While this is more of a process than outcome measure, it still provides one piece of feedback about the campaign’s influence on the target audience. Also, on the post-survey, campaign staff included statements about whether or not the campaign influenced respondents to not allow smoking in their cars or continue to not allow smoking in their cars and found that the campaign was affirming—some students began not allowing smoking in their cars and those who had already made their cars smoke-free, felt affirmed and supported in their decision. Campaign staff conducted an online post-survey and found that 75% of respondents felt that the campaign’s Facebook page was important in changing or impacting their knowledge, attitudes, and/or behavior about smoking in cars. Finally, outcomes were measured by tracking the number of students who signed pledges to make (or keep) their cars smoke-free. The goal was 1500 pledges, and the campaign helped achieve 5244.

For the Department of Health in England’s (DH’s) four digital campaigns (AOL Beauty Hub, Smokefree MSN, Smokefree United, Yahoo! ‘Stub it Out’ Forum), various evaluation tools were used to measure responses to the digital campaign elements, including numbers of smokers registering for help in quitting; and/or the cost per smoker recruited versus typical costs using traditional media. Key tracking of outcomes included:

--online surveys of those who had participated in the digital programs to determine whether they felt the digital programs had helped them in their quit attempts, whether they were motivated to quit as a result, whether they had tried to quit, whether they had NHS assistance in quitting, etc.
--tracking of numbers of people who requested assistance in quitting via the website
--tracking of numbers of people who searched on the website for local NHS stop-smoking services
--tracking of numbers of people who requested more information on quitting
--tracking of numbers of people who engaged in online chats with stop-smoking advisors
--tracking of number of motivational messages shared through the site’s forum
The outcome measures gave DH the data they needed to determine whether to continue these digital programs or to make changes to future programs. For example, the audience attracted to the AOL hub turned out to be older than the desired target audience, having implications for choosing a future portal for a program. As another example, the popularity of instant advisor chats in the Smokefree MSN program led DH to offer instant chats on its main website.

With Denmark’s Xhale.dk program, a pre- versus post-test versus control format was used for the quasi-quantitative research. The test group was comprised of 15- to 25-year-old smokers who signed up for the Xhale.dk online cessation program, and the control group was 15- to 25-year-old smokers who did not sign up for the program. The outcome evaluation revealed that 12.6% of the participants were still smoke-free one year after signing up for Xhale.dk (i.e., they had not smoked during the previous month), while only 4.0% of the control group was smoke-free at that time. Similarly, with Germany’s Smokefree campaign, a randomized controlled trial was carried out which found that four weeks after the stop-smoking day (“day X”), there was a seven-day abstinence period in 53% of the intervention group, compared to an abstinence of 8.7% over the same period in the control group.

Note that although engagement and involvement are valid performance measures for digital media campaigns, they are process measures, not outcomes—they provide feedback regarding whether the offering is attractive and was communicated clearly and with enough exposure, but they do not provide data on whether the campaign has changed behaviors. Digital campaign staff must continue to look for ways to measure stated or actual behavior changes, which can be challenging but is possible, as shown by the Xhale.dk and Smokefree examples above.

4. **Digital campaigns can be inexpensive, but reach is limited and, thus, measurement is critical.** Campaigns with a variety of digital elements often can be appealing to campaign planners because out-of-pocket costs can seem low to simply set up a Facebook page or a Twitter account, or to set up a basic website. However, strong digital campaigns that will reach millions or hundreds of thousands rather than just hundreds or thousands require significant resources—time, staffing and funds. In order to gain the active engagement with an audience that is needed to influence attitudes and behaviors, campaigns must invest heavily in staff time so that they can facilitate discussions, forums and blogs; respond to participants’ questions and requests; monitor discussions for inappropriate comments; seed fresh content; etc.

Thus, with such significant resources invested (or even if limited resources are invested), it is important to measure the digital campaign’s reach as well as outcomes such as changes in attitudes and behaviors in order to determine whether it can contribute to helping achieve the overall tobacco control program’s goals. For example, while the total cost of the United States (Nebraska)’s IMREADY campaign was quite low (less than $28,000 USD), responses to the campaign were also very limited. Only 253 people texted in to respond to the three different offers publicized (free t-shirt, free quit smoking kit, free quit spit kit), which made it virtually impossible for the campaign to have a population-wide impact.

Another example of the relatively limited reach of some digital campaigns comes from England’s Smokefree United campaign. While the percentage of participants who tried to quit was high (84%) among those who replied to the post-competition survey, and the campaign generated strong levels of engagement with 26,548 people visiting the site, the absolute number of smokers who registered online to participate in the full Smokefree United campaign was relatively modest (2,004). The campaign manager concluded, “The challenge for any future activity would be to increase participation to drive down the cost per quit. This might require greater media budget and using other platforms such as Facebook to engage smokers.”
However, other digital campaigns appear to have been more cost-efficient. For example, campaign staff from England’s Yahoo Forum campaign determined that the campaign was very cost-efficient versus previously run traditional campaigns: For each smoker who pledged to quit via the Forum, the NHS would have spent three times as much on its typical TV campaigns to achieve each such pledge from a smoker, although campaign staff acknowledged that a solely digital campaign might not achieve the same reach and volume of responses that a TV campaign might achieve.

It is also important to consider which measurements are most important in assessing a campaign’s effectiveness. In England (South West)’s One-Way Street campaign, digital advertising was proven to be a very cost-effective tool, as part of a multi media campaign, for helping smokers to access NHS support for their quit attempts. The campaign delivered a high absolute number of respondents and was extremely cost effective compared to other media in achieving active response from smokers interested in quitting. However, Smokefree South West staff noted that the digital advertising was not associated with changes in other key campaign measures such as saliency, attitude shifts and claimed behavior change in the ongoing campaign tracking study while traditional elements such as radio and TV did show an association with changes in these key measures. This indicates that the digital elements did not reach and influence a significant percentage of the entire smoking population, but that among the more limited number reached by the digital elements, a significant percentage were influenced to try to quit and to register to get NHS assistance.

### Effectiveness

5. **Digital media can effectively reach and influence diverse audiences.** In the past, digital interventions were thought to efficiently reach only youth and people of high socio-economic backgrounds, however, the breadth of campaign experiences exhibited in this document’s 26 case studies indicate that a diverse mix of audiences can be reached through digital interventions. Some examples include the following:

- Singapore: Smoking parents with small children
- New Zealand: Māori and Pacific smokers
- England: Male smokers with Routine & Manual occupations who were also sports fans
- United States (Nebraska): Smoking college students who might be ready to quit
- England: Young adult female smokers who cared about their appearance
- Canada (Ontario): Female smokers who drove and had children under age 16
- United States (Minnesota, Dakota County): Teenage drivers

Increasingly, campaign planners are finding that carefully selected digital interventions can reach any or all of the key populations targeted for youth prevention, adult cessation and secondhand smoke campaigns. For example, because of Singapore’s target audience, they chose parenting blogs and workplace direct e-mails as their vehicles. For England’s campaign targeting young adult women, they chose the AOL web portal because of its popularity with this group. For New Zealand’s Txt2Quit campaign, cell phone texting was used to communicate motivational and informational quit messages, and results indicated higher quit rates among Māori (the indigenous people of New Zealand) and Pacific individuals than occurred with previous traditional quitting programs/campaigns.

6. **People want to be engaged digitally—to give and get input.** One of the key benefits of digital media versus traditional media is that it is interactive, allowing people to both get information or services that can help them and give assistance to others. As the case studies indicate, both of these aspects appear to be valuable to digital media participants. In the United States (Minnesota), during The QuitCash Challenge, people found support not only in friends and family, NRT and through QUITPLAN Services, but they also found support with other quitters on Facebook and kept motivated with tips in the campaign’s weekly emails and text messages -- smokers trying to quit appreciated the support they received through digital interaction with others confronting similar challenges, as well as through advice and tips offered by campaign staff through emails and texts. In the New South Wales, Australia’s iCanQuit program, the very popular ‘stories and experiences’ section
demonstrated that there was a desire among smokers to connect with people in a similar stage of quitting.

After running the Canadian (British Columbia) Quit Now and Win contest for several years, program staff concluded that the greatest lesson from the 2009-2010 contest was the value of using social media for both promotion of the contest and support for contestants trying to quit smoking. Facebook was heavily used by registrants to get help and advice throughout the quitting process. Program staff continued to use it as an efficient and effective way to connect to and engage smokers trying to quit over time. More than 1400 people became members of Facebook and liked the Facebook page publicized by the campaign (quitnowbc).

In England’s Smokefree MSN campaign, the adviser page (where visitors could engage in an online chat with quitting counselors) received more than 100,000 visits over the course of the campaign. As a result of this, the Department of Health began to offer an interactive chat function on the Smokefree website (https://data.gosmokefree.co.uk/askanexpert.aspx), as well as interaction with advisers and peers through the Smokefree Facebook page. Also in England, the Yahoo Forum campaign staff concluded that the campaign was a very effective way to engage Routine and Manual smokers in their own quitting process as well as to help others. In just three months 300,000 people visited the site and 39,000 of these visits were for more than five minutes (very high versus industry average). In addition, users posted more than 1,000 motivational messages to other smokers trying to quit on the Forum, and over 3900 smokers pledged to quit smoking.

People are busy and have many stimuli vying for their attention, so digital programs must be supported with ongoing publicity about their offerings.

Another reason why individuals like to interact digitally is because the interaction can be both anonymous and personalized. Not everyone feels comfortable publicizing their desire for information or support, and yet many want assistance that is tailored to their unique situations — for many people, digital programs fill these needs. For example, a smoker doesn’t need to make public the fact that he has registered for help in quitting, nor do website visitors need to provide their personal information unless they want to; however, if interested, smokers can take advantage of a whole range of online tools that can be tailored to help them in their quitting efforts. Some of these customizable, and yet private, tools include calculators of the financial savings a smoker can expect once he quits; searches of nearby quitting services; and surveys from which replies are used to send tailored motivational messages and information. Personal yet private tools can also be found on sites dedicated to reducing exposure to secondhand smoke, for example by providing links to local organizations advocating for smoke-free policies or allowing visitors to privately sign petitions in support of smoke-free policies.

For the Denmark Xhale.dk campaign, qualitative and quantitative evaluation surveys indicated that xhale.dk reached young smokers who typically did not use conventional smoking cessation support such as telephone advice and courses. That the program was “anonymous while also being personal” was one of the aspects of xhale.dk cited as most valuable by respondents. They also liked that it focused on the target group’s primary needs for support and help in connection with smoking cessation, and that users decided themselves how much support they needed/wanted.
7. Digital stop-smoking programs (products and services) have effectively helped smokers to quit. Although some digital media interventions have been used to prevent initiation of youth tobacco use and to build support for secondhand smoke policies, most of the digital interventions analyzed in this review focused on helping smokers quit, and many had strong, or at a minimum promising, outcomes.

For example, as mentioned earlier, Denmark’s Xhale.dk campaign and the Netherlands Smoke Alert campaign had strong evidence to prove their effectiveness. For Xhale.dk, the quasi-quantitative evaluation survey indicated that 12.6% of the program participants aged 15 to 25 were still smoke-free one year after signing up for xhale.dk, versus only 4.0% of the control group. In terms of the role that the website-based program played in their quit attempts, 50% of the users felt that to some extent the support from xhale.dk was important for their smoking cessation, just over 30% felt that xhale.dk made their smoking-cessation attempt easier than previous attempts, and 60% stated that they would recommend the program to others. For the Netherlands Smoke Alert campaign, almost 500 students completed both baseline and follow-up measurements, and at the six-month follow-up, 17.2% of the baseline smokers in the Control condition had stopped smoking, while the quit rate in the Internet condition was significantly higher, at 26.8%. Not only did the Smoke Alert digital intervention have a positive influence on the quit rates of participants, it also had a positive effect on smoking-related cognitions. Among students in the Internet condition, significantly fewer negative social norms regarding quitting were found when compared to the Control group, while at baseline there was no difference regarding this item between the two groups.

Several Canadian digital programs achieved promising outcomes. After the Quit & WIN campaign and contest in British Columbia, Canada, a web-based follow-up survey provided to contest participants via a link in an email message revealed that over two-thirds of respondents reported that they had not smoked in the previous seven days, almost three-quarters reported that they had remained smoke-free throughout the contest duration, and six of ten had been quit and remained quit since the contest start. In Ontario, Canada, The Driven to Quit Challenge motivated over 28,000 tobacco users to make a pledge to quit for the Challenge month in 2010 (the highest participation level since the contest began in 2006), and the inclusion of digital media, particularly social media, was credited
with contributing to the high participation level. There was a 70% increase in visits to the website (2010 vs. 2009) during the registration period, a 53% increase in the number of visitors to the site from Facebook, and almost 9,000 additional clicks to site generated by the new Google AdWords campaign in 2010. Furthermore, in a post-campaign survey conducted among current smokers and ex-smokers, 81% of tobacco users and 92% of respondents who successfully quit as a result of The Challenge indicated that they would recommend The Driven to Quit Challenge to someone who wants to quit using tobacco; and among those who had taken part in The Driven to Quit Challenge, 87% of those who successfully quit indicated that The Challenge was important in encouraging them to try to quit.

There were a number of stop-smoking campaigns in England that achieved promising outcomes. For example, digital advertising in the South West region of England was proven to be a very cost-effective tool, as part of a multi media campaign, for helping smokers to access NHS support for their quit attempts. The digital advertising components delivered a high absolute number of respondents and was extremely cost effective compared to other media in achieving active response from smokers interested in quitting. England’s ‘Stub it out together’ Yahoo forum campaign achieved over 3900 pledges from smokers to try to quit, and over 1000 motivational messages were shared online between smokers trying to quit. Among respondents to a post-campaign evaluation survey about England’s Smokefree United campaign, 75% of respondents found the campaign helpful in motivating them to quit, 84% made a quit attempt, and 62% of those quit attempts were still successful at the time of the research, two months after the competition closed. One caution in interpreting the Smokefree United data is that the response rate to the survey was very low (6.8%), and people who had had a positive experience with the program may have been more likely to respond.

For clients active in New Zealand’s Txt2Quit program, the self-reported quit-rates (using the conservative intention-to-treat approach) were 33% at 4 weeks, 21% at 12 weeks, and 16% at 22 weeks after their quit date (assumed to be 24-hour point prevalence). Among the priority groups of 16- to 24-year-old, Maori and Pacific populations, quit rates were lower among these groups than among the total population at most time intervals, however the rates were still encouraging, ranging from 28% and 29% for the Maori and Pacific populations, respectively, at 4 weeks, to 12% and 9% among the 16-24-year-old and Pacific populations at 22 weeks.

For Norway’s Happy Ending program, which combined email, website, instant messages and interactive voice responses, a randomized controlled trial was conducted to evaluate two intervention conditions (the digital cessation program with and without a free supply of Nicotine Replacement Therapy) versus their respective Control conditions. Researchers found that repeated point abstinence was significantly higher in both treatment groups versus the control conditions. Likewise, for Germany’s Smokefree campaign, a randomized controlled trial was carried out that found that four weeks after the stop-smoking day (“day X”), there was a seven-day abstinence period in 53% of the intervention group, compared to an abstinence of 8.7% over the same period in the control group.

Finally, in the United States, The 2010 QuitCash Challenge achieved a 64% increase in registrants over the previous year (highest to date), a 111% increase in quitplan.com online registrations, and a 32% increase in QUITPLAN call volumes during the Challenge. A follow-up survey emailed to all Challenge participants who opted-in was completed by 20% of recipients, and key findings included: 63% said they stayed quit for at least the 1-month contest period; 35% stated that signing up for the Challenge made them encourage others to quit; 38% used QUITPLAN Services to help them quit; and participants found help in a variety of ways (55% used friends or family, 37% used Challenge emails, 17% used Facebook and 29% used quitplan.com).

8. **Digital campaigns can benefit from integration with traditional media.** The high levels of exposure of ads typically achieved through well-funded TV, radio, outdoor and print campaigns can help publicize digital campaigns, and, together, the efforts can cause population-level changes. For example, in England (South West)’s One-Way Street campaign, it seems that digital and traditional media played different roles that complemented each other. Digital media achieved very cost-efficient rates of active response (i.e., individuals requesting further action related to quitting), however, digital was not mentioned when general population smokers were asked where they heard about the One-Way
Street campaign, and the digital elements were not associated with changes in attitudes and claimed behaviors. The traditional media vehicles (TV, radio, billboards) had much greater recall among smokers and were associated with changes in attitudes and claimed behaviors, however, they did not as efficiently prompt smokers to sign up for quitting assistance as did the digital elements. This suggests that the traditional media elements helped change how the broad population felt and perhaps made the smokers among them more interested in, or open to, quitting, while the digital elements efficiently “made the sell” by getting those who visited the website to request more information or other quitting assistance.

Likewise, in England’s Smokefree United campaign, digital and traditional media helped each other. The campaign was publicized via a partnership with the radio station talkSPORT, at face-to-face events, and along with press, outdoor and online display advertising which helped direct interested smokers to the website where they could sign up to be part of a quitting community. The Smokefree United campaign was also promoted through football clubs and at professional football matches.

In the United States (Arizona)’s Venomocity campaign, traditional paid advertising and grassroots efforts helped drive youth to the Venomocity website. Due to a “soft” media marketing around the time of the campaign, planners were able to greatly increase the frequency of the audience’s exposure to the campaign ads, generating more than 28.3 million total impressions to Arizona teens. In addition, the grassroots events were a great way to engage teens in Venomocity, with a spike in Web traffic occurring statewide following each event. As a result of the TV ads and grassroots events, more than 220,000 visitors visited www.venomocity.com during an 8-month period, and the average visitor stayed on the site almost six minutes, far exceeding the campaign’s engagement goals.

Campaign staff for the United States (Minnesota, Dakota County) Respect my Ride campaign, concluded that the campaign was effective because it relied on an integrated communications strategy that capitalized on both in-person and online engagement. Students stated that they would not have known about the online channels without first hearing about them through in-school activities. Campaign planners felt that online communication alone is not sufficient but, rather, an important component of any youth engagement or public awareness campaign. The Respect My Ride online channels were used not only for educating students about the issues, but for keeping them engaged through the YouTube contests and announcing school visits on Facebook. Having an integrated communications plan that capitalized on both in-person and online engagement caused the campaign to have great reach among students and kept the audience engaged and informed, as evidenced by students’ survey responses and the number of hits/fans on the campaign’s social media sites.

Planning Considerations

9. A variety of digital vehicles can increase participants’ involvement and can engage multiple audiences. As seen in the above examples, different people respond to different stimuli, so offering several options can help attract more participants. Those options can include offering communications via different vehicles, such as motivational messages sent via text, email, or voice-mail, or offering different kinds of tools for quitting smoking, advocating for smoke-free air or staying tobacco-free, based on the campaign’s goal. In Canada (Ontario)’s The Driven to Quit Challenge, an increase in points of contact with the target audience through digital platforms in 2010 (compared to in 2009) may have helped increase campaign awareness and conversions. There was a 70% increase in number of unique visits to website during campaign registration period, a 53% increase in number of visitors to the site from Facebook during campaign registration period, and an additional 8,743 clicks to site generated by new Google AdWords campaign.

In Denmark’s Xhale.dk campaign, as well as United States (Minnesota)’s The QuitCash Challenge, an interactive website was combined with options to receive motivational and information email messages and/or mobile phone text messages so that there would be many ways that participants could get, and stay, involved. Minnesota’s campaign also included a dedicated Facebook page which became a very popular way among registrants to get online support. The Denmark campaign motivated more than 14,000 people to register and attempt to quit smoking with the help of xhale.dk,
and while 70% of registrants were in the target age range of 15- to 25-year-olds, 27% were over 26 years old, and less than 3% were younger than 15 years old, indicating that the campaign appealed to people outside of the target group as well. The Minnesota campaign motivated 3,122 people to register and quit during the contest period, a 64% increase versus the previous year when fewer digital elements were used. In addition, there was also a substantial increase in usage of QUITPLAN Services in comparison to monthly averages: an increase of 117% in quitplan.com online registrants and a 32% increase in call volumes during the Challenge.

England’s Smokefree United campaign included a wide variety of digital content, such as a message wall hosted by a radio host where quitters could share their experiences; a Smokefree United league that tallied the number of fans from each club to have signed up and encouraged competition among fans; a local NHS Stop-Smoking Services locator; a cost calculator; a ‘your body’ tool so smokers could see the harms of smoking on their health; and a humorous member-get-member recruitment device where smokers could nominate their friends to be on the bench until they signed up. Upon registering, smokers entered a four-week customer relationship management (CRM) journey, consisting of weekly motivational messaging and calls to action. They could access National Health Service quitting support by either SMS or email, and there were incentives to respond to all messages. After 4 weeks, participants were given the opportunity to migrate into the national smoking CRM program. An outcome evaluation survey sent to participants two months after the competition ended indicated that 75% of respondents found Smokefree United helpful in motivating them to quit, 84% of respondents made a quit attempt, and 62% of those quit attempts were still successful at the time of the research.

Another campaign which used a variety of digital channels for engagement was Israel’s Sigi Tabak, where digital elements included videos seeded throughout the web, a campaign mini-site, and ring tone downloads for cellular phones. The campaign staff attributed having a wide range of channels as leading to the large uptake of the campaign (over the course of 2 months following the launch of the initiative, there were 237,138 views of the video, 63,244 entries to Sigi’s site, and 1,023 people downloaded content to their cell phones). Although the initiative was implemented for two months, people showed interest in the quitting workshops and the campaign content long after. No other activities were going on at the time that would help explain the increased interest in quitting smoking.

Campaign staff for Norway’s Happy Ending campaign concluded that the combination of email, website, SMS and IVR exploited the unique characteristics of each channel (e.g., text versus voice recordings, push/pull, short/long texts, availability, etc.) and allowed participants to have exposure to a variety of channels, some which they may have preferred more than others. Communicating on a broad spectrum may have increased pervasiveness and persuasiveness of the messages.

10. The Internet opens your program to everyone in the world which has benefits and drawbacks.

While attracting a wide audience might be beneficial in some cases by allowing the program to reach a significant enough percentage of the population to potentially make a difference, the wide reach also allows those who are not in your target audience (for whom you don’t get credit for influencing but on whom your resources get spent) to participate. In other cases, outsiders who are not part of your target audience might actually disrupt or counter the messages you are trying to communicate. For these reasons, the open reach of the Internet needs to be considered as digital campaign strategies are planned.

One example is from United States (Wisconsin)’s My Smokefree Story campaign—its call for stories led not only to people sharing their smoke-free stories but also to people submitting stories against smoke-free air. Campaign planners managed this via the story submission tool which included a disclaimer that not all stories would be posted on the site and that others may be edited for clarity, however, it is a watch-out for all digital campaigns because sometimes the content cannot be so easily screened and edited.

In Germany’s Smoke-Free campaign, campaign staff found that it was impossible to keep those outside of the target audience of smokers under age 18 from using the program, and it was challenging to
attract enough members of the target audience to use the program. Despite the fact that individuals under 18 years old were especially targeted by embedding the program in the teen website (www.rauch-frei.info) and via its promotion in teenage media, those under 18 years old represented only a small percentage of total Smoke-Free program users. Young adults represented the main group of users, and the average age was 24 years.

In the case of Singapore’s Kids Watch. Kids Learn. Campaign, it was to campaign staff’s advantage that the advertising and website were available to everyone because they attracted an influential audience that they hadn’t thought about targeting when planning the campaign. While the campaign’s primary target audience was parents who smoked, the campaign appears to have been more effective in encouraging non-smoker parents to assist their smoker partners to quit. This shows a potential advantage of reaching a broader audience than that intended. A post-campaign survey found that about 40% of nonsmoking parents with a partner who smoked recalled the campaign (a higher percentage than smoking parents), and all of them claimed to have spoken to their smoking spouses about quitting smoking.

In some cases, specifying the geography in which participants need to reside allows for greater control over those who will actually be able to participate. For example, in the United States (Nebraska)’s IMREADY campaign, the text-messaging service was promoted on the website (www.QuitNow.ne.gov), but when smokers signed up for the service and identified themselves as wanting to quit smoking or chewing tobacco, the Quit Kit submission form limited the Kits to those who lived in the state of Nebraska.

Another example is that for United States (Minnesota)’s The QuitCash Challenge, Canada (Ontario)’s The Driven to Quit Challenge and Canada (British Columbia)’s Quit Now & WIN competition, only residents of those states or provinces were eligible to register for the programs. Others from outside those geographies could take advantage of the cessation assistance information offered on the website but could not compete for the prizes.
Digital Campaign Case Studies

This section provides key details for each digital campaign that was reviewed for this report, along with the main research and evaluation findings of each campaign. In some cases, rather than reviewing an entire campaign, the case study reviews a program, service or website, or one aspect of a larger campaign. In those cases, this is because only one element was provided to the authors, or because only one element was researched or evaluated. The breadth and depth of information available for review varied significantly by campaign. Therefore, not all sections or categories of information have been completed for each case study.

The campaign case studies are organized alphabetically by country, then state or other geographical area (if applicable), then in chronological order (by year of campaign launch). Note that the scope of each campaign is the entire country or state/province in the title line, unless otherwise specified.

Some campaign staff did not conduct each of the four earlier-described types of research and evaluation. Also, in some cases, campaign staff provided recall and awareness data as part of their process evaluation, while others provided them as preliminary measures in the campaign’s outcome evaluation. While it is not necessarily important how such data is categorized, it is important to understand the different conclusions that can be drawn from the data, and the implications of doing so. For example, research indicating the level of an audience’s recall or their awareness of an advertisement or campaign can relate to both process evaluation (i.e., was the media placement sufficient for the campaign to reach enough of its intended audience and enough times?) and to outcome evaluation (i.e., were the campaign materials interesting, engaging, and clear enough to attract and keep the attention of the intended audience such that they recalled them later?). In short, it is important to consider how recall and awareness data reflect on a campaign’s process and its outcomes in order to draw appropriate and actionable conclusions.

Each case study closes with relevant overall learnings and insights, based on all of the research and evaluation conducted as well as the expert opinions of those involved with the campaign’s development, implementation and/or evaluation.
Australia (New South Wales (NSW)) –2009-present *iCanQuit* Website

**Organization**
Cancer Institute NSW

**Campaign Dates**
Website development process:
Stage 1 – Project defined (November 2009 – February 2010)
Stage 2 – Site structure developed (February 2010 – June 2010)
Stage 3 – Visual interface designed (July 2010 – August 2010)
Stage 4 – Site built and integrated (September 2010 – December 2010)
Stage 5 – Site launched (December 2010)

The website is ongoing but this case study captures what occurred through March 2011.

**Objective**
To develop a quit support hub for smokers who wanted to quit and ex-smokers who wanted to remain tobacco-free by adopting a user-centered approach in the redesign of the 13QUIT website (originally launched 2007).

**Target Audience(s)**
Primary: Smokers aged 25-44 years and smokers aged 18-24 years, with a low socio-economic skew.
Secondary: Recent quitters

Key stakeholders who work in tobacco control, such as NSW Quitline, NSW Health, Cancer Council NSW, SmokeCheck, Local Health Districts, and NSW Multicultural Health Communication Service

**Media**
Websites

**Media Presence**
Promoted via the Willpower campaign television commercial (December 2010) and Google paid search.

**Campaign Budget (in USD)**
$390,000 (website development through launch)

**Advertising Agency or Public Relations Firm**
Folk/Readify (visual design and website development agency)

**Research Firm**
Stamford Interactive (a user-centered design agency)
Zumio (strategic consultant agency)

**Language(s)**
English

**Target Audience Research**
Stage 1: The desired outcomes of this phase were to understand the users and the development of the website strategy.

Various methods were used to help gain a better understanding of the website’s potential users and their behavior online, including:

- Stakeholder interviews – in-depth interviews with key stakeholders (mix of government and non-government agencies dedicated to tobacco control). These stakeholders became part of an iCanQuit reference group.
- Focus groups – discussions with groups of 6-8 participants.
- Contextual interviews – similar to in-depth interviews but carried out in the respondents’ natural environments. For example, at their homes or workplaces.

Stage 2: Various methods were used to determine the site structure of the website and content development plan.

- Content audit to identify content gaps and modifiable content.
- Card sorting to identify how users categorize and label information.
- Usability testing to assess the wireframes of the website.

Stage 3: User testing was conducted to assess the proposed visual designs.

Stage 4: Usability testing was conducted throughout this stage to identify any problems or user issues.

Recruitment criteria for above target audience research:

- Focus groups/contextual interviews/card sorting/usability testing - NSW smokers aged 18-44 years (daily smokers who wanted to quit during the next 6 months) with medium to high Internet usage and a low socio-economic skew.
- Cancer Institute NSW staff and members of iCanQuit reference group conducted usability testing pre-launch.

Pre-Campaign Evaluation of Draft Materials
None conducted.

Campaign Description
In May 2007, the Cancer Institute NSW launched the 13QUIT website. The content of the website was based on the Quit Kit, providing information on the steps to quitting.

A 2008 review of existing international quit smoking websites suggested that there was a shift towards more interactive and tailored support. The static, purely informational design of the 13QUIT website was out of date and not in keeping with online trends, particularly with the growth of web 2.0.

Key stages in the development of the website:
- Stage 1: Define the project
- Stage 2: Develop site structure
- Stage 3: Design visual interface
- Stage 4: Build and integrate
- Stage 5: Launch and beyond
A website strategy was developed after conducting formative research with users in Stage 1. It represented the overlap where users’ needs and business requirements would be satisfied:

- Build a relationship with users that inspires and motivates them into the action of stopping smoking by providing them with the information and tools to personalize their quit journeys and to interact and connect with like-minded users.
- Acknowledge that users’ needs may be different depending on their stages of quitting, nicotine dependence levels and motivation to quit for good. They may have different support preferences, from quitting unassisted to using products. The site would need to deepen user engagement by educating, guiding, and inspiring the user to create a personal quit environment conducive to success.

The website was designed to revolve around three core elements:

1. General information—Inform and educate smokers and/or be a source of information for health professionals. General content may include information on NRT, strategies to cope with cravings, benefits of quitting, etc.

2. Personal content and tools – This is the ‘My Journey’ section of the website that provides tailored content that is relevant to registered users’ needs. This is in the form of tracking tools so that users can track their progress (e.g., number of cigarettes, money saved) or in the form of publishing content that corresponds to their profile (e.g., selected method(s) to quit, reason(s) to quit).
3. Communal networking – This is the ‘Stories and experiences’ section of the website that pulls on the support of a community of quitters to share their stories, inspire and emphasize that they are not alone in their journeys to quit.

Process Evaluation
The iCanQuit website was evaluated through the collection of user statistics. The user statistics were collected through server logs managed by the Cancer Institute. When a user registered as part of the ‘My Journey’ function of the website, data was collected on age (year of birth), gender, location (postcode), smoking status, average cigarettes smoked per day and nicotine dependence. In addition, information was collected on reasons for quitting and methods used to quit. General website usage statistics were also collected through Google Analytics.

For the first four months after the website launched (December 2010 through March 2011), the following data were compiled:

Website statistics:
- 19,447 total visits; of the overall visits, 80% were from NSW visitors (15,536)
- 16,982 unique visits
- 1,127 average weekly total visits
- 4,862 average monthly total visits
User (My Journey) statistics:
- 896 registered users of ‘My Journey’
- Most users were female (66%)
- Over half (58%) were aged 25-44 years
- Nearly two-fifths (37%) of users were from low socio-economic backgrounds
- Most users were current smokers (81%)
- Health, money and fitness were the top three reasons given for quitting
- Cold turkey, patches and cutting down were the most common methods used to quit

Outcome Evaluation
None conducted as of publication date (program evaluation planned for early 2012).

Learnings and Insights from Campaign

1. Conducting research with potential users throughout all stages of the development process is optimal to deliver an online support service that meets users’ needs. The close alignment between the iCanQuit program’s desired target audience and the website’s actual users may be attributed to following a user-centered approach. In addition, despite very limited resources, campaign planners continued to solicit feedback from the site’s users in order to improve the program and better meet their needs.

2. There is continued interest in quit smoking information online. The site continued to attract visits over time, despite minimal advertising (online and offline). Ongoing research would be valuable to determine how best to encourage repeat visitation and continual use of website features.

3. Social media has influenced how people communicate with each other. The uptake of the ‘stories and experiences’ section demonstrated that there was a desire among smokers to connect with people in a similar stage of quitting. Social media can be integrated within a quit smoking website to enable these connections.

4. Digital technologies and platforms are continually evolving so campaign planners should not get fixated on what is considered “cutting edge” at any one time. Campaign planners should not be led by technology; rather, it should simply enable them to achieve their objectives.

Sources of Additional Information
www.icanquit.com.au

Mayanne Lafontaine (Program Manager, Tobacco Control)
mayanne.lafontaine@cancerinstitute.org.au

Alecia Wales (Project Officer, Tobacco Control)
Alecia.wales@cancerinstitute.org.au
You can quit and stay quit. We’ll show you how. Free, confidential advice, resources and support.

- Set your goals and keep motivated using the My Journey tools.
- Track your savings and reward yourself with the Savings Calculator.
- Share your quitting tips and stories. Help other smokers on their journey.

Get started today iCanQuit.com.au

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Been having a massively stressful day, and I slipped. I do feel bad about having it, but knowing how bad it tasted has given me some power to not have one next time.

Don’t let it bring you down! Giving up smoking is a hard thing to do. I have been smoking for a long time and I promise it gets better. Chin up, girl!

Thank you. It’s really nice to share our stories about giving up smoking. Well, I feel better today. I do hope it does get easier.
Australia (Western Australia) – 1996 -present *Smarter than Smoking* Project

**Organization**
National Heart Foundation (Western Australia Division) with funds from the Western Australian Health Promotion Foundation, Healthway

**Campaign Dates**
1996-present (however case study focuses primarily on 2010 campaign)

**Objectives**
To reduce smoking prevalence among children and teenagers in Western Australia (WA) (10-15 years) by increasing:

1. The proportion of young people who perceive smoking to be socially unacceptable and undesirable (i.e. de-normalize smoking).
2. The proportion of young people who associate smoking with negative short-term and immediate effects (i.e. reinforce consequences).
3. Young people’s capacity to resist a cigarette if offered (i.e. increase self-efficacy).

**Target Audience(s)**
10- to 15-year-olds in Western Australia (since smoking uptake historically doubled during these years)

**Media Vehicles**
- Television (metropolitan and regional)
- Radio (metropolitan and regional)
- Cinema (metropolitan and regional areas with a skew to low socio-economic status areas)
- Online: MRECS (medium rectangle banners) preferred as outperformed leader boards, with links to competitions; website

**Media Presence**
The burst of media evaluated in this case study went to air on television, radio, cinema and online from August 1-22, 2010. Cinema advertising commenced on July 1, 2010 for 4 weeks to take advantage of the school holiday period.

**Campaign Budget (in USD)**
Overall Budget: Approximately $135,000 AUD (approximately $140,000 USD), including scheduling of existing media materials, some development of online materials and media agency fees.

Development Budget for digital communications pieces/tools: Less than $20,000 AUD (approximately $21,000 USD)

**Advertising Agency or Public Relations Firm**
Gatecrasher Advertising

**Research Firm**
Painted Dog Research

**Language(s)**
**Target Audience Research (Formative Research)**

Qualitative research is an ongoing priority for the project. Qualitative research was conducted with the target audience in 2004 (among 92 boys and girls aged 13-15 years). Further research was conducted in 2010. Based on the findings, campaign planners chose to concept testing the following four communication approaches:

- **Short-term effects of smoking** - communicating ‘tried and true’ negative short-term and immediate effects of smoking on relationships, fitness, skin and finances.
- **Shifting norms** – reinforcing the shift away from smoking as an acceptable social behavior and its association with being, or trying to be cool.
- **Addiction** – focusing more on what it is like to be addicted (as opposed to what it takes to be addicted). Campaign planners felt that an addiction concept could act as a deterrent to trial, as well as discouraging continuation so as to avoid the onset of addiction. As a secondary outcome, an addiction concept could engender some young people to encourage and support those close to them to quit.
- **Disgust** – extending the preliminary research into the efficacy of the disgust concepts already piloted and shown to have potential with this target group. Campaign planners felt that a disgust concept could operate primarily on preventing trial, with some positive fall-out for preventing continuation and encouraging cessation by challenging the desirability and social acceptability of smoking behavior.

In terms of execution, qualitative research suggested that new media materials should:

- Be fast moving, attention grabbing, visually engaging and quirky
- Be cautious, in terms of not trying too hard to appeal to teenagers, but rather, just depicting what matters to them
- Reinvent scenarios and settings to regenerate attention and impact.
- Not lecture young people, bearing in mind their belief that ‘smoking is an individual choice’
- Be inclusive of priority groups, especially Aboriginal and low socioeconomic status groups. and/or scenarios portrayed.
- Avoid use of the term ‘cool’ (the link between smoking and coolness is not strong among young people, as this is a complex area and many things determine a person’s ‘coolness.’)
- Be contemporary (in terms of words, clothes, actors)

The involvement of young people in creative development, concept and execution testing was essential, and the Smarter than Smoking Youth Management Committee was involved in the development process.

**Pre-Campaign Evaluation of Draft Materials**

Prior to production, concepts for advertising materials were tested with the target group in 2008 by an external research agency. Based on the research findings, it was determined that media materials would:

- Reinforce the negative, short term and immediate effects of smoking
- Challenge the point of smoking
- Reinforce that smoking is not the ‘norm’

**Campaign Description**
The Smarter than Smoking (STS) Project is a comprehensive, multi-strategy intervention that aims to reduce smoking prevalence among 10- to 15-year-olds in Western Australia (WA) by preventing the uptake of smoking rather than focusing on smoking cessation. The Project is Australia’s only ongoing, comprehensive youth smoking prevention initiative.

The Project draws on the expertise of an Executive Committee and an Advisory Group comprised of representatives from leading health agencies and groups working in the area of tobacco control in Western Australia.

Strategies are based on the Project’s evaluations and consideration of best practice evidence and research. The Project is committed to regular and ongoing evaluation of campaign strategies, messages and resources and qualitative research with young people, to continue to communicate current and relevant messages that resonate with the target group.

STS implements a range of youth-focused, youth-orientated strategies to communicate key messages to young people. Key Project strategies include:

• mass media (TV, radio, cinema, online)
• school education resources/programs and school grants to implement smoking prevention activities
• sponsorship of sport, arts and racing organizations/events to ensure smoke-free venues for youth and promote the STS message through signage, clothing, public announcements, verbal acknowledgement, merchandise, competitions, etc.
• provision of publications and merchandise to students, parents, schools
• a dedicated youth web site www.OxyGen.org.au
• ongoing research and annual evaluation
• advocacy to reduce tobacco promotion and the availability and affordability of tobacco products for young people

Mass media advertising is the main strategy implemented by the STS Project. Two media bursts were typically scheduled each year in school Term 1 (March/April) and school Term 3 (July/August).

The most recent 2008-2010 campaign, ‘Burnt/Miss Out’, communicated to young people, ‘What’s the point in smoking, when all it does is cost you’ in terms of the:

• Short-term health effects of smoking (e.g., hindering fitness to play football)
• Social consequences and social acceptability (e.g., missing out on events, not being able to go to fun places)
• Affordability/waste of money (e.g., not being able to buy clothes)

Activities from the most recent media campaign that ran in Term 3 2010 (July/August) are outlined below:

Television advertising: 1 – 22 August (3 weeks)
A suite of three existing 15 second ‘Burnt/Miss Out’ ads were scheduled on metropolitan and regional stations.

Cinema advertising: 1 July –8 August (6 weeks)
Cinema advertising was scheduled earlier than the main campaign to take advantage of the school holiday period when more young people would be attending the cinema. The advertisements followed two films likely to be popular among the target audience (The Twilight Saga: Eclipse and The
Karate Kid). The 15-second TV ads were screened at 21 selected metropolitan and regional cinemas with a focus on low socioeconomic and regional areas.

Radio advertising: 1 - 22 August (3 weeks)
Existing 30-second radio advertisements were scheduled on Perth’s most popular radio station in the metropolitan area. All paid activity (42 spots) fell in the ‘drive and evening’ period from 4-10pm when the target group was most likely to be listening to the radio. The station offered 100% bonus bookings that were run of station but only 26% fell in ‘drive and evening’. Advertising on regional stations included a total of 10 paid spots and 6 bonus spots per week on all regional stations. Placement of ads in drive and afternoon were during Hit Music Programs and 10-second no charge sponsorships were also.

92.9Fm Radio ‘Click n Win’ Online Competition: 16 – 22 August 2010 (1 week)
An on line competition on the 92.9 website offered young listeners the opportunity to win double passes to the Smoke Free Perth Royal Show – the state’s largest smoke-free event. Over the week of the competition, 92.9FM offered 25 recorded promotional spots on the station.

Student Edge Engagement Activity: 1-22 August (3 weeks)
ST3 collaborated with Student Edge (Western Australia’s largest student organization with over 200,000 WA members) to reach the Project’s target group:

- Ten school visits were conducted by Student Edge, coinciding with media campaign; Student Edge targeted schools in low socioeconomic areas and those most likely to have significant Aboriginal student populations.
  - Class visits conducted at nine schools—spent up to 50 minutes discussing smoking and showed Critics Choice 2010 DVD of anti-smoking ads voted on by students.
  - ST3 signage erected, teachers received ST3 resources and selected students were given ST3 merchandise including caps and shirts signed by Aboriginal sports stars; David Wirrpanda and Josie Janz.
- The Student Edge team attended Country Week (sporting-focused annual event) and promoted Smarter than Smoking through signage, public announcements and the distribution of merchandise to raise awareness of ST3 and promote the OxyGen website to young people.
- A moderated blog was featured on the ‘Your Say’ page of the Student Edge website www.studentedge.com.au. The theme for the ‘Your Say’ question was ‘smoking in movies’ as was an influence on young people to start smoking.
- An article promoting the above blog and associated competition was sent out to subscribers of the Student Edge e-news.
- An onsite medium rectangle (MREC) banner advertisement was created and displayed on the Student Edge website and linked to the Smoke Free Royal Show competition.
- A second Student Edge e-news item promoting the Smoke Free Perth Royal Show competition was sent to subscribers.

Online Activity: 1-22 August 2010 (3 weeks)

- A medium rectangle (MREC) banner ad was developed with the text ‘Click to win passes to the Smoke Free Perth Royal Show’. The MREC was placed on various websites. All placements were location-targeted to WA only or Perth metro and had frequency caps where possible to ensure that the maximum number of individuals was reached.
- Based on the success of previous NineMSN Messenger Text Link activity, four text links were developed for Windows Live messenger that publicized the Click and WIN competition. The text links appeared at the base of chat windows on Windows Live Messenger and were served to 13 to 17-year-old users in WA only.
Process Evaluation

Television:
- Total tarps achieved for the campaign were 494 versus 472 planned and overall buy delivered planned versus achieved within the 10% allowance.
- It’s estimated that the campaign reached 66.9% of the target group and that those in the target group viewed the TVC’s an average of 7.2 times over the three week period.
- Overall net spend was valued at $50,745 across the television stations with the media agency’s negotiated added value and the stations’ filler value estimated at an additional $8,152, a total added value of 16.1%.

Cinema:
- For the four week period, the total admissions figure relating to the Smarter than Smoking schedule was approximately 276,405 including adults and youth.
- Overall net spend was $14,720 (128 screenings), however the cinema activity achieved was valued at $65,880 as it included 116 screenings of the advertisement at no cost.

Radio:
- 100% bonus placements, but only 26% during ideal time period
- Overall net spend was $12,360, however estimated total value was $37,830

‘Click n Win’ Radio Contest:
- Over 2,500 entries were received.
- The online form encouraged entrants to tick a box to receive more information in regard to young people and smoking from the STS Project via email. Over 300 entrants opted to receive more information from STS and their details were recorded for future use by the Project.

Student Edge Engagement Activity:
- Over 790 students exposed to STS messages in 10 schools
- Approximately 3,000 regional secondary students reached during Country Week
- Over 170 comments received in response to a moderated blog
- The first e-newsletter reached over 95,000 recipients, and the second reached over 160,000 recipients.
- The banner ad achieved a click through rate (CTR) of 0.40% CTR (compared to the industry average of 0.05% CTR).
- Over 1,800 entries were received for the competition, and of these entries, 904 chose to be a part of the STS database by opting in to receive more information from the Project (typical conversion would be less than 30%)

Online Activity:
- The campaign had an excellent average click through rate of 0.25%.
- The Student Edge MREC banner had the highest click through rate of the campaign at 0.4%.
- The Messenger text links achieved the highest number of clicks at 2,794 (0.31% CTR, on average for the four different links/messages).

Outcome Evaluation
Evaluation was conducted after the ‘Burnt/Miss Out’ campaign went to air in Term 3 2010. A total of 982 students from 21 schools participated in the self-administered school-based survey. Results
included that non-smoking was continuing to become more prevalent among 12-16 year olds, with 84% claiming to have never smoked in their life -- a significant rise from 2007 (73%) and from the 1996 benchmark survey (40%).

The ‘Burnt/Miss Out’ 2010 campaign recorded the highest level of correct message take out and internalization. Spontaneous awareness of the television advertisements was 36%. The ‘Burnt/Miss Out’ campaign was the most efficient campaign ever for STS, with a Spontaneous Awareness index of 7.29 (spontaneous awareness by TARPS achieved). Prompted awareness remained extremely high at 84%.

The key message of ‘Burnt/Missing Out” was conveyed as clearly and strongly as in previous years. The consequences of ‘Burnt/Missing Out’ remained the strongest message (56%), particularly that smoking takes over your life/affects it/ruins it, and that you miss out on things you enjoy/can’t do everything.

In relation to prompted message take-out, the top three messages communicated most strongly by the ads were: smoking affects your fitness (95%), smoking is a waste of money (96%) and smoking is bad for your health (96%).

The proportion of young people indicating that they “definitely won’t smoke in the future” increased to its highest level since the STS Project began.

In 2010, 94% of the 12- to 16-year-olds surveyed said they wouldn’t want to end up a smoker and 87% said they wouldn’t smoke at all, ever (significantly higher than 82% in 2007 and 75% in 2004).

The health and cosmetic consequences of smoking were well engrained in the target audience. There continued to be extremely high levels of agreement (98% or above) with attitudinal statements such as “smoking is bad for your health,” “cigarettes make you smell” and “smoking wastes money.”

Learnings and Insights from Campaign

1. Results from the Smarter than Smoking Project suggest that a comprehensive, integrated, carefully designed, adequately funded, sustained program can make a positive difference to smoking prevalence. In WA, a decline in adult smoking prevalence and environmental changes such as legislation, public policy and tobacco advertising bans undoubtedly contributed to the decline in smoking among young people, however the fact that Western Australia had the lowest youth smoking prevalence in Australia following the campaign suggested that STS made a positive contribution to this decline. As a further indication of its effectiveness, “Burnt/Miss Out” was the most efficient advertising campaign for STS to date, and STS continued to see positive shifts in youth attitudes, intentions and behaviors toward smoking.

2. Audience response to the Term 3 2010 “Burnt/Miss Out” campaign materials was positive. However, the program planned to continue conducting regular qualitative research to ensure the media materials and strategies ‘keep pace’ with this very rapidly moving market segment. Program planners felt that STS needed to evolve to always reflect current attitudes which would resonate strongly with the target audience. A new campaign, had been implemented every three years, informed by qualitative research and post-campaign evaluation results, and within each three-year campaign flexibility existed to modify and introduce new strategies. While the focus of impact evaluation had been the mass media campaign, qualitative and process evaluations were based
around the program’s comprehensive strategy mix. A key feature of STS was its integration of mass media, online, advocacy, schools programs and other strategies.

Sources of Additional Information
www.smarterthansmoking.org.au

Youth smoking prevention website www.OxyGen.org.au

Trevor Shilton, Director, Cardiovascular Health.
Trevor.Shilton@heartfoundation.org.au
Canada (British Columbia)—2009-2010 QuitNow & WIN Campaign

Organization
British Columbia Lung Association, supported by grant funding from the Ministry of Health and prizes supported by McNeill Consumer Healthcare

Campaign Dates
November 2009 – February 2010

Objectives
Primary: To actively engage smokers to participate initially in QuitNow & WIN 2010 Contest
Secondary: To provide a mechanism for smokers to further engage with each other on Facebook and Twitter (facebook.com/quitnowbc; twitter.com/quitnowbc)

Target Audience(s)
Individuals over 19 years old who had smoked for at least one year prior to the start of the contest or who had quit as of May 1, 2009

Media Vehicles
Provincial television; targeted print media; Internet banner and sidebar ads; presence on TV media home page; Internet social media (Facebook page, Twitter page, YouTube page, blogger outreach); stakeholders’ home pages

Campaign Budget (in USD)
Not available

Advertising Agency or Public Relations Firm
Muze Creative (using advertisements created 2008/2009)
Campaign planners worked directly with a TV station to purchase the media placements

Research Firms
Context Limited; Muze Creative; 6S Marketing

Language(s)
English

Target Audience Research
The initial QuitNow & WIN campaign was developed in 2008-09, with informal focus group testing. Campaign planners developed pricing based on research about incentive-based campaigns. Following the 2008-09 initiative, they developed a more robust campaign for 2009-10 and expanded the ways that they reached the target audience. They reduced the size of the grand prize value from approximately $9,666 USD to $4,833 USD and increased the number of prizes based on feedback from the 2008-09 registrants. In 2008-09 only geographically-based prizes were awarded; in 2009-10, age-based prizes were awarded as well. Program planners developed 5,000 QuitKits and distributed them through more than 70 pharmacies across British Columbia where registrants could pick them up.

Pre-Campaign Evaluation of Draft Materials:
Informal focus groups were conducted, during which smokers in the Greater Victoria, British Columbia area were asked to review the draft materials for the 2009-10 campaign. Respondents’ feedback indicated that they appreciated a message that was positive, upbeat and inspiring.

**Campaign Description**

The promotional period for the 2009-10 contest ran from November 20, 2009 through January 4, 2010. Registration was available online, by fax, telephone, or mail, with the majority of registrations occurring online (approximately 96% of registrants). The promotion required registrants to have an email address to participate, and campaign staff would create email accounts for those who did not have one if necessary.

Registrants must have quit on or after May 1, 2009 and remained tobacco-free from January 5, 2010 through February 3, 2010 (contest period) to be eligible for prizes. Early bird registration prizes were awarded for registering before mid-December, 2009. Referral prizes were given to those whose referrals resulted in other people’s registrations.

The grand prize winner received a cruise for two to Alaska plus $2,500 CAD (approximately $2,400 USD) cash, for a total value of $5,000 CAD (approximately $4,833 USD). In addition, smaller value prizes were awarded by regions, in five age categories, for support buddies, for referrals and for early bird registrations. The grand prize, regional prize, and age-category winners confirmed their non-smoking status verbally and via urine and carbon monoxide testing. All winners were selected at random and were able to select their gift cards from a list of businesses.

The campaign used digital elements in a number of ways. First, digital media was used to advertise the campaign (through online promotion of the campaign). Second, the target audience was engaged through social media to promote the campaign. Finally, a campaign website was developed, which enabled people to register with the campaign online.

**Process Evaluation:**

- Key statistics were monitored throughout the contest using Google Analytics, including:
  - Conversion rate: campaign staff tracked which online advertising mechanism was the most efficient at converting into registrations. Facebook proved the most effective.
  - Campaign staff adjusted online promotion of the campaign as a result of tracking conversion rates.
- Feedback from contestants was monitored and replied to on Facebook, Twitter and email.
- Contest team members participated in a debriefing exercise:
  - Teams that implemented the campaign had a face-to-face debrief and developed a ‘lessons learned’ document to inform future campaign planning. For example, they concluded that engagement through social media needed to increase following the campaign period.
- Data about participants was collected via *Quit Now & Win* contest intake forms:

**Outcome Evaluation**

A web-based follow-up survey was conducted between five and eight weeks after the contest ended (March 9-30 2010). Contest participants were emailed a link to the survey by an independent evaluator.
At follow-up, two thirds (68.7%) of Quit Now & WIN participants who completed the evaluation reported that they had not smoked in the previous seven days, almost three quarters (73.7%) reported that they had remained smoke-free throughout the contest duration, and six out of ten (60.6%) had been quit and remained quit since the contest start. These quit rates are significantly higher than those reported in 2009 for seven day (49.6%) and contest duration (53.9%) and only slightly lower than the percentage who claimed to have not smoked since the contest start (64.1%).

**Learnings and Insights from Campaign**

1. More than 1% of total smokers over age 19 in British Columbia registered for the 2009-2010 QuitNow & WIN Contest and conversions to quitting services increased significantly. More than 5,700 smokers registered for the contest, versus 7,100 for the 2008-09 contest. While there was a reduction in the number who registered, there was a 20% increase in conversions to QuitNow by Phone registration and a 61% increase in conversions to QuitNow Online registration during the contest period (versus the previous year). Both of these services were also run by the British Columbia Lung Association. Increases in registrations to the QuitNow by Phone and Online services were desirable as they ensured that long-term quitting support would be provided to smokers after the competition ended.

2. Many people who had not heard of the two services previously were reached by the 2009-10 campaign. The post-contest survey revealed that 54% of survey respondents had not heard of QuitNow Online prior to the contest and 63% had not heard of QuitNow by Phone prior to the contest.

3. The greatest lesson from the 2009-10 QuitNow & WIN Contest was the value of using social media for both promotion of the contest and support for contestants trying to quit smoking. Facebook was heavily used by registrants. Program staff continued to use it as a new way to connect to smokers trying to quit over time. More than 1,400 people became members of Facebook and liked the Facebook page publicized by the campaign (quitnowbc). Campaign staff concluded that it was a positive way to engage clients as they sought ways to help them quit.

**Postscript:**
Campaign staff cited a number of lessons learned from the 2010-11 campaign (the third year of the promotion) which may be of interest, despite falling outside the case study review period.

1. The funnel rate was improved by providing greater online guidance during the registration process: The funnel rate was measured through Google Analytics and tracked people’s behavior through the registration process. The tracking in 2010-11 indicated that approximately one-third of people did not complete the full registration for the campaign. As a result of this information, campaign staff added in a pop-up box that would show up during the registration process to remind people of all the information they needed to register.

2. The social media interventions were deemed more effective when managed internally. Following lessons learned from the 2009-10 campaign, in 2010-11, campaign staff decided not to contract out the planning and implementation of the social media strategy for the campaign. They determined that the BC Lung Association needed to “own” the social media strategy for it to be successful. So, in 2010-11, they hired a student staffer to manage the social media, including driving traffic to the Facebook page, engaging bloggers, and posting comments on the campaign.
website. Blogger outreach was judged as successful by campaign staff, as it drew in and engaged non-traditional audiences.

3. Social media was able to enhance other programs, not only the quitting contest. Social media was originally used specifically for the QuitNow & WIN contest, but after that positive experience, its use was broadened to all of the QuitNow BC services.

Sources of Additional Information:
www.quitnow.ca

Jack Boomer, Director QuitNow Services
jackboomer@shaw.ca

Publicity for 2008 Campaign:

Publicity for 2009 Campaign:

Publicity for 2010 Campaign:
Canada (Ontario) – 2008-2009 Campaign for a Smoke-free Ride

Organization
Ontario Lung Association

Campaign Dates
November 2008 – March 2009

Objectives
The overall goal of the Campaign for a Smoke-free Ride was to reduce children’s exposure to second-hand smoke in motor vehicles. The specific campaign objectives were to:

- Increase awareness of the soon-to-be-enacted legislation that prohibited smoking in motor vehicles with children in them (through health protection messages, not enforcement).
- Decrease smoking in vehicles where children are present (thereby reducing children’s exposure to second-hand smoke).
- Encourage health care providers to be more proactive with patients in addressing the dangers of secondhand smoke for children.
- Encourage smokers to refrain from smoking in motor vehicles around children under 16 years old.

The Campaign, funded by the Government of Ontario, was to focus on health protection messages and not proactively address the legislation or its enforcement.

Target Audience(s)
Primary: female smokers with children under the age of 16 and who own, or have use of, a motor vehicle.
Secondary:
--Health care providers
--Male smokers with children under the age of 16 and who own, or have use of, a motor vehicle

Media Vehicles/Channels
Radio, print, waiting room and hospital brochures, video (paid placements), mall displays, community events, direct mail, Internet (web buttons and Web site)

Media Presence
See Process Evaluation section for estimated reach of each media vehicle.

Campaign Budget (in USD)
Overall Budget: Unavailable
Development Budget for Digital Communications Tools/Elements: Unavailable

Advertising Agency or Public Relations Firm
Edelman Public Relations

Research Firm
Target audience research/insights coordinated through Edelman Public Relations. Process and outcome evaluation conducted by the Alder Group.

Language(s)
English and French (some, but not all, elements were translated to French)
**Target Audience Research**
This primary audience was chosen based on a number of key insights gleaned from focus groups and other research, as well as inherent behaviors that suggested a higher likelihood of positive behavior change:

- Mothers love their children and make numerous choices to protect them
- Not smoking in a vehicle with a child connects to protective behaviors parents already undertake, such as placing a child in a car seat, using a seatbelt, wearing a bike helmet
- Women tend to be lighter smokers and more risk adverse
- Women make health care decisions for the family
- Mothers more often drive children to school, daycare, sporting events, appointments, etc.

The Campaign also recognized health care providers as key influencers (based on Agency data) and, as such, identified them as a secondary audience, with the aim to encourage them to be more proactive in communicating the dangers of children’s SHS exposure to their patients, and providing them with tools to do so. Materials were also developed for fathers of children less than 16 years old, as an additional secondary audience.

**Pre-Campaign Evaluation of Draft Materials**
Due to timing and funding constraints, the draft campaign creative was not tested, however messages were tested during focus groups with the target audience. Various messages were tested, and the “Thanks Mom” concept was received the most positively, in terms of respondents indicating the message would motivate them to not smoke nor allow smoking in their cars.

**Campaign Description**
The campaign, funded by the Government of Ontario, sought to influence parents not to smoke in cars and build support for legislation prohibiting smoking in cars where children are present.

**Process Evaluation**
As one key process measure, the campaign staff measured the estimated reach of the various media vehicles: See chart on following page.
## Estimated Reach of Media Vehicles

<table>
<thead>
<tr>
<th>Activity</th>
<th>Detail</th>
<th>Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ontario Lung Association Assets</strong></td>
<td>Existing Platforms and Networks</td>
<td>141,287</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(included 2100 visitors generating more than 11,000 page views of website)</td>
</tr>
<tr>
<td><strong>Community Partner Engagement</strong></td>
<td>Incl. known TCAN/PHU activities, community partners and asthma mailing response fulfillment</td>
<td>28,063,524</td>
</tr>
<tr>
<td><strong>Paid advertising</strong></td>
<td>Paid Radio</td>
<td>17,948,100</td>
</tr>
<tr>
<td></td>
<td>Paid Print</td>
<td>12,981,451</td>
</tr>
<tr>
<td></td>
<td>Waiting Room and Hospital print distribution</td>
<td>7,321,420</td>
</tr>
<tr>
<td></td>
<td>Paid Video</td>
<td>6,751,420</td>
</tr>
<tr>
<td></td>
<td>Estimated reach achieved from bonus media placements*</td>
<td>6,749,264</td>
</tr>
<tr>
<td><strong>Earned Media</strong></td>
<td>Ongoing media relations</td>
<td>16,034,855</td>
</tr>
<tr>
<td><strong>Community Events</strong></td>
<td>Mall Displays</td>
<td>3,328</td>
</tr>
<tr>
<td></td>
<td>Community/Special Events</td>
<td>95,816</td>
</tr>
<tr>
<td><strong>TOTAL CAMPAIGN REACH</strong></td>
<td></td>
<td><strong>96,090,469</strong></td>
</tr>
</tbody>
</table>

In addition, a quantitative survey of parents was conducted by the Alder Group to determine exposure to the campaign as well as changes in attitudes and behaviors. The survey found that 86% of parents surveyed reported being exposed to the Campaign.

### Outcome Evaluation

Outcome measures from the survey mentioned above included the following:

- ‘Smoking in cars with children is illegal’ was the most commonly recalled message, even though it was not a featured Campaign message. This was attributed to extensive media coverage, as well as to activities of partners.
- Among parents who recalled the Campaign, 61% reported that the ads grabbed their attention ‘quite a bit’ or ‘very much,’ while 53% felt that the ads ‘gave good reasons not to smoke in cars with children.’
Those who recalled the Campaign were in significantly greater disagreement with the statement ‘Smoking in cars with children won’t harm children inside the car as long as you leave the windows open’ than those who didn’t recall campaign (smoking in cars with windows open was addressed in one radio ad).

Those who recalled the Campaign messages were significantly less likely to report smoking in cars with children.

**Learnings and Insights from Campaign**

1. **Digital media were used effectively to raise awareness of the upcoming implementation of a smoke-free law and to build compliance with the law.** The website was able to share more in-depth content than the TV and radio ads could, helping to more fully educate people about the law and help build their support in complying with the law.

2. **The digital media (website and web buttons) worked together with traditional media to provide a pervasive presence of the campaign messages, resulting in high recall of the campaign among the target audience.** A full 86% of parents in a post-campaign survey were aware of the campaign, and based on past experience, this level would likely not have been achieved through traditional media alone.

**Sources of Additional Information**

[http://www.smokefreeride.ca/](http://www.smokefreeride.ca/)

Sherry Zarins
416-864-9911 ext. 267
szarins@on.lung.ca
Protect your kids by not smoking in the car. They’ll thank you for it.

Campaign for a Smoke-free Ride is designed to give parents across Ontario the information and support they need to stay smoke-free when their kids are in the car.

For tips and information call 1-888-344-LUNG (5864) or visit smokofreeontario.ca
Canada (Ontario) – 2010 *The Driven to Quit Challenge* Campaign

**Organization**
Canadian Cancer Society, Ontario Division

**Campaign Dates**
January 4, 2010-April 19, 2010
(Qutting period was full month of March; promotion was done before and during; prizes were awarded after)

**Objectives**
1) Encourage adult Ontarian smokers to make a quit attempt
   - Register for *The Driven to Quit Challenge*

2) Provide support for participants
   - Integrate *Smokers’ Helpline* and *Smokers’ Helpline Online* into *The Driven to Quit Challenge*
   and elevate awareness of other cessation supports.

**Target Audience(s)**
Primary: Ontario daily and occasional tobacco users aged 19+
Secondary: Friends/Family of target audience, health care professionals, media

**Media Vehicles**
*The Driven to Quit Challenge* was accompanied by a robust promotional plan that encompassed many media:

Non-digital vehicles included:
- Paid advertising in television, radio, the Internet, and stores
- Earned media via video b-roll, media releases, advertorials, PSA and two local celebrity spokespeople (host of Entertainment Television Canada and global TV host)
- Events such as 7 launches across the province and a provincial prize presentation
- Other promotional tactics, such as posters, work with healthcare professionals, guerilla marketing, prize vendor cross-promotion and pharmacy promotion
- Partner integration through Public Health Units and NGOs

Digital vehicles included:
- Paid advertising campaign, using Search Engine Marketing, Online ads, Facebook ads and Subscriber e-mails
- Social media, including Facebook, Twitter, YouTube
- Website

**Media Presence**
See Process Evaluation section.

**Campaign Budget (in USD)**
Overall Budget: Not available
Development Budget for communications pieces/tools: Not available

**Advertising Agency or Public Relations Firm**
Creative – Armstrong Partnership
Target Audience Research
Secondary research was used to determine online behaviors of target audience, such as the following basic information:
  - 17% of Ontarians are current tobacco users (Canadian Tobacco Use Monitoring Survey 2008)
  - 48% of target audience spends 2+ hours daily online (OK&D Marketing data)
  - Online activities of audience range (OK&D Marketing Data)

Pre-Campaign Evaluation of Draft Materials
No focus group testing or market research was conducted.

Campaign Description
In 2010, the Canadian Cancer Society, Ontario Division, through Smokers’ Helpline, hosted the fifth annual Driven to Quit Challenge, a provincial health promotion campaign which encourages adult tobacco users to make a quit attempt for the month of March. The purpose of The Driven to Quit Challenge was to encourage Ontario adult smokers and tobacco users to quit smoking or quit using tobacco for an uninterrupted period (one month—March 2010) with the help of a support buddy, and, if desired, the Smokers’ Helpline and Smokers’ Helpline Online, a quitline and online program offering support, advice and information about quitting smoking and tobacco use, funded by the Ministry of Health Promotion and Sport.

The Driven to Quit Challenge was open to individuals who met the following criteria:

- 19 years of age or older
- a current tobacco user who smoked for at least one year (cigarettes, cigars, pipes, SNUS, chewing tobacco) prior to January 1, 2010
- an Ontario resident
- quit on or after January 1, 2010
- signed up with a support buddy (required to be an Ontario resident over the age of 19)

At the completion of the campaign period, all eligible entrants were entered into a draw for a new car (grand prize), one of two $5,000 vacation getaways and one of seven regional prizes, a $2,000 gift card. An early bird prize, a $1,000 gift card, was also offered for the first time in 2010 for anyone who registered during the month of January. Support buddies of winners also received a $200 MasterCard gift card in recognition of the tremendous support they provided throughout The Challenge. Potential winners who met the eligibility requirements and remained tobacco-free (confirmed by both the winner and the buddy) underwent a urine test for confirmation of tobacco-free status.
Process Evaluation

Non-digital paid campaign elements (in market January 4, 2010 to February 28, 2010):

- A “dollar for dollar” value was achieved for Global Television PSA spots in addition to the paid media buy
- PSAs, produced by Global Television featuring personality Susan Hay, ran with delivery in news properties and prime time programming
- Television campaign: estimated adult Ontario audience: 47,083,800
- Print advertorials: total combined readership: 653,700
- Radio campaign: 10,109 gross rating points (GRPs) achieved
- Chill/The Beer Store program: 1.2 million magazine readers, 350,000 online impressions, 200 stores featuring point of sale display
- In total, the paid media campaign generated over 159,000,000 impressions

Non-digital earned media components (January 4, 2010 to April 19, 2010):

- 67 radio interviews and mentions (235% increase over 2009).
- 36 television news stories (112% increase over 2009).
- 302 print articles (51% increase over 2009).
- 120 Internet mentions.

Digital campaign components (January 4, 2010 to April 19, 2010):

- All sites geo-targeted to Ontario and monitored weekly for performance deliveries
- Total adult Ontario impressions for online campaign: 158,451,543
- Drove web users to www.driventoquit.ca for registration
- Click Thru’s to campaign site from paid digital ads: 38,786

Summary of Online Placements and Number of Impressions: See following page.
IMP = number of media impressions (EST IMP = estimated number of impressions)
CTR = click through rate; the percentage of people who click through to the next page.

Search engine marketing (SEM) campaign:
- 55,814 impressions
- 8,743 clicks
- 15.66% click-thru rate (33.9% in final week)

Website: [www.driventoquit.ca](http://www.driventoquit.ca)
- 107,210 unique web visits during campaign period (December 14 2009 to April 19 2010)
- 69% increase in unique web visits in 2009/10 campaign compared with 2008/09 campaign.
- 336,288 page views

Over 1,650 Driven to Quit Challenge followers on Facebook and Twitter with positive engagement and interaction on both platforms. Participants helped messaging to go viral as they began their own video and written blogs, Re-tweeted content, sent messaging to their network and engaged with The Driven to Quit Challenge platforms.

In total, 47,364,561 earned media impressions were tracked relating to the 2010 Driven to Quit Challenge campaign.

Those who registered for The Driven to Quit Challenge were also provided with the opportunity to answer a few additional questions to also be registered for Smokers' Helpline Online. Smokers' Helpline Online registrations reached 6,230 and showed a 102% increase compared to the same time period in 2009.
As part of registration, each participant was given the opportunity to opt-in to being contacted by Smokers’ Helpline by e-mail during The Challenge. E-mails were prepared by Smokers’ Helpline that provided information about The Challenge, encouragement and cessation advice relevant to the quitting process. A total of eleven e-mail blasts were sent at key times during the quit period. Approximately 80% of the 2010 Driven to Quit Challenge registrants (~23,070) requested to receive supportive e-mails.

Outcome Evaluation
The 2010 Driven to Quit Challenge achieved 28,835 program entrants, the highest number of entrants ever. This represented a 29% increase in registrations over 2009.

An evaluation of the 2010 Driven to Quit Challenge was conducted in March 2010 to gain insight into registration and awareness of The Challenge among Ontario tobacco users and former tobacco users. A population-based survey of adult Ontarian (19 years and over) smokers took place in a similar format to the 2009 evaluation for comparative purposes. The Ontario Tobacco Research Unit (OTRU) and the Ministry of Health Promotion were consulted in development of the questionnaire.

Before completing the questionnaire, potential respondents were asked a series of screening questions in order to ensure that they qualified for the evaluation study. All participating respondents met the following criteria:

1. 19 years of age or older
2. A resident of Ontario
3. Have used tobacco daily or almost every day and at least 100 times in his or her life or had participated in a Driven to Quit Challenge and quit successfully as a result of this participation.

Eleven individuals who participated in the 2010 Driven to Quit Challenge evaluation were obtained through Leger Marketing’s online panel. In total, 800 people completed an online questionnaire (743 current tobacco users and 47 former tobacco users who had quit as a result of their participation in a prior Driven to Quit Challenge during 2006-2009).

Qualified respondents completed the 30-item, online questionnaire. Key outcomes from the evaluation included the following:

- More than one-half (55%) of all individuals participating in the evaluation (including past participants in The Challenge) were aware of The Driven to Quit Challenge.
- 16% of those who were aware of the Challenge had subsequently registered in the Challenge.
- One-third of respondents who were aware of The Challenge agreed that information they had heard about The Challenge had influenced their decision to quit (their decision to make an actual quit attempt).
- Though awareness of The Driven to Quit Challenge remained consistent over time, reported enrollment significantly increased.
- Among those who successfully quit as a result of The Driven to Quit Challenge, participation was highest in 2010.
- 81% of tobacco users and 92% of respondents who successfully quit as a result of The Challenge indicated that they would recommend The Driven to Quit Challenge to someone who wants to quit using tobacco.
Among those who had ever taken part in The Driven to Quit Challenge, 87% of those who successfully quit indicated that The Challenge was important in encouraging them to try to quit.

Three-quarters of tobacco users who participated in The Challenge (75%) indicated it was important in encouraging them to try to quit.

46% of tobacco users aware of The Challenge talked about it with their friends and family members. Up directionally but not significantly from 39% in 2009.

Learned experiences and recommendations from previous years were incorporated and many unique promotional initiatives were implemented, such as a strong social media presence, Search Engine Marketing, increased public relations, outreach to diverse communities and strong internal and external communication.

In closing, the objectives of The Driven to Quit Challenge were achieved in 2010. The Challenge motivated 28,835 Ontarian tobacco users to make a pledge to quit for the month of March 2010. From 2006 through 2010, more than 130,000 entrants registered to make a quit attempt.

While raising awareness about the dangers of tobacco use, the Canadian Cancer Society was able to engage Ontarians in cessation services such as Smokers' Helpline, Smokers' Helpline Online and community cessation programs and services.

Learnings and Insights from Campaign

1. The 2010 Driven to Quit Challenge campaign was successful in meeting its objectives, benefitting from several factors: in particular, the investment of the provincial media buy; the strong promotion efforts; and the partnerships with public health units and Canadian Cancer Society units via local promotions. The Canadian Cancer Society committed to build on the previous reach and awareness of The Driven to Quit Challenge across the province to help Ontarians to make quit attempts. In order to accomplish the commitment, campaign staff leveraged established relationships with the Ministry of Health Promotion and local public health units to organize the campaign with excellent results.

2. The use of digital media helped to enhance campaign reach. An increase in points of contact with the target audience through digital platforms in 2010 (compared to in 2009) may have aided in increasing campaign awareness and conversions.
   - 70% increase in number of unique visits to website during campaign registration period, specifically (95,210 vs. 55,823 from January 4 to February 28 of each year; note 2009 campaign launched January 19)
   - 53% increase in number of visitors to the site from Facebook during campaign registration period (7,675 vs. 5,006 from January 4 to February 28 of each year)
   - Additional 8,743 clicks to site generated by new Google AdWords campaign in 2010

3. The use of social media to engage with the target audience in a cessation campaign seemed to help provide a supportive community for those quitting. Consistent and active engagement on the part of the campaign planners with social media users promoted dialogue and empowered users to share campaign messaging with their networks.
Post Script:

The Driven to Quit Challenge was hosted by the Canadian Cancer Society again in 2011. Findings in relation to digital media in 2010 were applied to the planning and execution of the 2011 campaign. As well, the Society continued to explore additional digital avenues:

- Mobile version of Driven to Quit site
  - Generated 5,455 unique visitors during campaign registration period (January 4 to February 28, 2011)
- QR (Quick Response) code used on creative
  - Generated approximately 500 smart-phone scans (~10% of all traffic to mobile site)
- Text messaging (short code) campaign initiated
  - Generated 159 subscribers
- Enhanced engagement on social media channels (Facebook, Twitter, YouTube)
  - Facebook following has increased to ~2,900 (up from approximately 1,200 at the end of the 2010 campaign)

The 2011 Driven to Quit Challenge attracted 36,060 Ontario registrants, a 25% increase over the 2010 campaign.

Sources of Additional Information
www.driventoquit.ca

Krista Murray
Senior Coordinator, Canadian Cancer Society Smokers’ Helpline
Project Coordinator, The Driven to Quit Challenge
(905) 387-4322 ext. 5617
kbennett@ontario.cancer.ca
Smokers' Helpline: Keep in mind that cravings will only last a few minutes... what do you do when you feel the urge to smoke?

Angela Wall: I would give anything to have "AA" (smokers anonymous) group, just like they got for AA and NA. In my area, I conquered drugs and alcohol using these group meetings along with a medication program and have been clean and free from that addiction for 5 years now. Can someone please say a prayer for me so I can kick this habit.

See More

Yesterday at 10:07pm · Comment · Like · Report

Phil Panetta: Day 32 and feeling fantastic!

Yesterday at 1:12am · Comment · Like · Report

Smokers' Helpline: Keep in mind that cravings will only last a few minutes... what do you do when you feel the urge to smoke?

Yesterday at 9:46pm · Comment · Like · Report

Rob Tremblay: I find it actually helps to partake in smoking (i.e. smoke a phantom cigarette)...

Yesterday at 11:09pm · Delete · Report

Lizzy Mendicino: I breathe... and try really hard to relax all my muscles... and tell myself I DON'T NEED THIS!

Yesterday at 2:54am · Delete · Report

Beverley McCauley: I tell myself not to feed the monster

Yesterday at 10:12pm · Delete · Report

Michelle Reynolds: I pick up a piece of gum. Mos to be a mildly one though, those four flourishes don't do it for me at all.

Yesterday at 10:14pm · Delete · Report

Karen Simmons-Foster: I drink water through a straw, or chew gum, of course!

Yesterday at 10:13am · Delete · Report

Kathleen Klemarow: I feel an urge and then eat it. By the time you're finished making it your craving will be gone, and it's good for you!
Denmark – 2004-present *Xhale.dk* Campaign

**Organization**
Danish Cancer Society

**Campaign Dates**
From September 2004 - present

**Objectives**
For at least 15% of participants to stop smoking one year after the intervention

**Target Audience(s)**
15- to 25-year-olds

**Media Vehicles/Channels**
Website; cell phones (i.e., text messages); computers (i.e., email messages); magazines targeted to young people (i.e., ads); limited radio and television (i.e., some broadcast mentions)

**Media Presence**
Unknown

**Campaign Budget (in USD)**
Overall Budget: 500,000
Development Budget for communications pieces/tools: 350,000
Marketing budget: 150,000
Events and marketing budget from the EU campaign “Feel free to say no” and “HELP”: 100,000

**Advertising Agency or Public Relations Firm**
None used

**Research Firm**
None used

**Language(s)**
Danish

**Target Audience Research**
Campaign planners began with a review of the scientific literature related to quit smoking programs (specifically seeking which parameters are significant for changing young people’s behavior) and combined that information with their experiences from a Quit and Win competition where Internet and text messaging were used and from a previous stop-smoking program for young people.

**Pre-Campaign Evaluation of Draft Materials**
None

**Campaign Description**
*Xhale* consists principally of a website, a database, and the sending of text messages, picture messages and e-mails to users. Version 1 was used from September 2004, when the system was marketed and
implemented, to the beginning of 2007. Based on experience and the first analysis of the system, a new version (Version 2) was launched in the spring of 2007 and remains in use currently.

Version 1 was a less tailored computer program than Version 2, as the contents of the website and in the text and picture messages were mainly put together based on the answers users had given in the questionnaire when they signed up, and upon the stage of the users in the smoking-cessation process in relation to their planned quit date.

Emphasis was placed on the following learning and change goals in the system:
• Dealing with pressure from friends and social relations
• Dealing with stress, negative feelings and dependency
• Building up belief that smoking cessation is possible (self-efficacy)
• Developing the possibility and ability to set personal goals
• Getting the target group to understand the health-related consequences of smoking as being personally relevant (motivation for smoking cessation)

In Versions 1 and 2 on the website there is access to the following main areas:
• Why smoking cessation? – information about the direct advantages of smoking cessation
• The chamber of horrors – films, photographs, games, exercises
• Smoking in figures – the number of smokers in Denmark, specifically among young people
• Smoking and the body – facts about the damage to health caused by smoking
• Dependency – facts about the different forms of dependency
• Myths – putting right common misconceptions about smoking
• Questions – answers to frequently asked questions
• For and against smoking cessation – ambivalence diagram
• Smoking and weight – facts about smoking and weight, and the opportunity for personal weight calculations
• Problem page – personal online advice
• Discussion forum – opportunity to exchange experiences and advice with likeminded people
• Your diary – countdown, personal information, own experiences, exercises etc.; can be closed or open to others in the form of a blog

Two parallel systems were constructed in Version 2. The first looked partially like Version 1, with some changes mainly in relation to the results of the qualitative evaluation, and the second had much more computer tailoring. More options were built in for the user, and different answers were built into the text messages and e-mails in relation to the user’s motivation, readiness, etc. Each new user was put into one of the two parallel systems by means of a random system of distribution. This made it possible to analyze the need for tailoring in relation to effectiveness.

Xhale.dk offered different types of smoking-cessation support, partly via a personal and interactive program on the website, and partly via text-message and e-mail programs. The elements could be combined in different ways, such as selecting which information channels they wanted to use.

Xhale.dk became part of the European Union campaign, “Feel Free to Say No” and was promoted via campaign ads, events in educational institutions, a large no-smoking party, and mentions in most news media. In addition, municipalities and educational institutions marketed the program as their offer to young people, and awareness of the campaign spread through ‘word of mouth.’

**Process Evaluation**
After one year online (September 2005), over 3,000 people had signed up to xhale.dk to quit smoking. In January 2006, that number rose to over 5,000, and by August 2008 more than 14,000 people had registered and attempted to quit smoking with the help of xhale.dk (approximately 2.4% of all smokers in the primary target group). The average age of those signed up was 23 years old, and as many as 70% of users fell within the target group of 15- to 25-year-olds. Of the remaining users, 27% were over 26 years old, and less than 3% were younger than 15 years old. Approximately 52% of those who registered on xhale.dk were women, 48% were men.

Regarding the types of smokers who participated in the program, they were primarily heavy smokers (66% smoked at least 15 cigarettes per day). The average consumption among the 15-25-year-old participants was 15.3 cigarettes per day, while participants 25 years and older consumed an average of 18.5 cigarettes per day. There were very few occasional smokers in the program, which makes sense given that the program was not designed or marketing for them.

Almost three quarters of the users chose to combine the personal, interactive program on the site with the text message and/or e-mail programs. Of those who chose to use only one element, 17.2% selected e-mail. The user percentages for the website only and the text messages only were 5.5% and 4.3%, respectively. This is a general trend regardless of gender, consumption, or age. Regarding age, the most marked deviation was in the 36+ age group, where 34.6% used only e-mail.

Outcome Evaluation

A 12-month follow-up study was conducted in October/November 2005 with telephone interviews of both intervention and control groups. The intervention group consisted of daily smokers aged 15 to 25 who had signed up for smoking cessation at xhale.dk in the period of September 1 to December 1, 2004. A further requirement was that they had submitted their mobile phone numbers when they signed up. Only a few small proportion of those interested were excluded based on this because most chose to communicate via text messaging, and of those who did not use texting, most submitted a telephone number. The control group was selected from young people who had stated in the national survey of young people’s lifestyle habits (MULD 2004) that they were daily smokers and were motivated to try smoking cessation. As the collection of data for MULD took place from November 2004 to March 2005, the reporting time for MULD participants is largely identical to the signing-up time for the selected group of xhale.dk users (only a few respondents answered MULD 2004 later than January 1, 2005).

As an extra provision – to ensure that both the intervention and control groups were daily smokers one year before the telephone interviews started – all respondents had to answer whether they were daily smokers in August 2004. A total of 134 individuals qualified as participants in the intervention group and 192 qualified as participants in the control group. Both groups were matched on selected variables such as age and motivation for smoking-cessation, while gender was a possible confounder when determining a variation in effect because girls were over-represented in the MULD survey.

The effectiveness of xhale.dk was measured according to two success criteria: 12-month quit rate and smoking-cessation attempts. Based on recommendations from a CDC/SRNT panel of experts, only people who had not smoked for the last 30 days were counted as “smoke-free.” People who had not smoked for periods of 1-7 days or 8-30 days were counted as respondents who had not quit. This requirement for a relatively long quit period was because of the tendency of young people to vary their smoking patterns. In some periods they do not smoke at all, while in other periods they smoke heavily. Therefore, it was important to find a method that excluded periodic smokers, so that only those who “really” quit smoking were included when program effectiveness was being measured. In
addition, a conservative quit rate estimate was produced by counting all those who answered “do not 
wish to participate” as current smokers in the survey.

With regard to the measurement of smoking-cessation attempts, the respondents were asked if they 
had been smoke-free for a week or more, or a month or more. As with the quit rate, smoking-
cessation attempts of longer than a month were evaluated as the more realistic of the two periods. 
Participants from the intervention group were asked about their experience of, and satisfaction with, 
xhale.dk. A logistic regression analysis was used on the intervention group and the control group in 
relation to the effect variables. The results were presented as an odds ratio (OR) with 95% confidence 
intervals (CI).

Learnings and Insights from Campaign

1. *Xhale.dk* participants were more likely than the control group to be smoke-free one year after the 
baseline measurement. The quasi-quantitative evaluation survey indicated that 12.6% of the 
participants aged 15 to 25 were still smoke-free one year after signing up for *xhale.dk*. In other 
words, they had not smoked during the previous month. In comparison, only 4.0% of the control 
group was smoke-free at that time. When the control and intervention groups were matched on 
selected variables, such as age and motivation for smoking cessation, the strength of the 
calculation was too low for a significant effect. However, the trend was that the chance of 
achieving smoking cessation was more than twice as high for using of *xhale.dk* versus the control 
group. The probability of achieving lasting smoking cessation by participating in *xhale.dk* was 
similarly increased.

2. Overall, *xhale.dk* was perceived positively by participants, in terms of its efficacy and their 
willingness to recommend it to others. In total, 50% of the users felt that to some extent the 
support from *xhale.dk* was important for their smoking cessation. Just over 30% felt that *xhale.dk* 
made their smoking-cessation attempt easier than previous attempts, while 56% did not feel that 
the program made quitting easier. However, this does not mean that the majority were dissatisfied 
with *xhale.dk*. In total, 60% stated that they would recommend the program to others – only 27% 
said they would not (the remainder said they were unsure).

3. Both the content and form of communication of *xhale.dk* attracted the 15- to 25-year-old target 
audience. Qualitative and quantitative evaluation surveys indicated that *xhale.dk* reached young 
smokers who typically do not use conventional smoking-cessation support, such as telephone 
advice and courses. The aspects of the program cited as most valuable by respondents included 
(in random order):

- The program was anonymous and personal.
- It has a youthful image in its language, the layout of the site and the use of website, 
e-mails and text messages.
- It focused on the target group’s primary needs for support and help in connection with 
smoking cessation.
- The information was factual and visual.
- The users decided themselves how much support was needed.
- The information came directly to the user, with no planning required for participation.
- The program was free.

4. After gaining experience with Version 1 of *xhale.dk*, six main elements were identified as 
opportunities for strengthening the program in relation to its appeal to young people and its
effectiveness as an aid to smoking cessation, and these elements were introduced into the second version of xhale.dk:

- More information based on the user profile (i.e., greater tailoring).
- More interaction (both between the users and the program and among the users).
- More use of e-mails and text messaging (i.e., more daily text messages and weekly e-mails, which would also help build the program’s awareness via word-of-mouth).
- Option of continued contact with users who have started smoking again and are waiting to set a new quit date.
- Option of an extended period of support.
- Merchandise (to signify participation in the program) and diplomas (for completing the program).

Sources of Additional Information

www.xhale.dk

Per Kim Nielsen

pn@cancer.dk


Published study in English: http://www.bzga.de/?id=medien&sid=59:
England – 2009 AOL Beauty Campaign

Organization
England Department of Health

Campaign Dates
June 2009 – September 2009

Objectives
- Engage female routine and manual (R&M) smokers in positive ‘Life’s more beautiful smokefree’ activity
- Drive 120,000 R&M female smokers through to the destination web pages (the AOL online hub)
- Trigger quit attempts by demonstrating how stopping smoking can enhance your appearance, both in the short term (for summer) and long term (for life)
- Assess if this proposition had potential for 2010

Target Audience(s)
Female routine and manual workers who smoked, in particular those who used the Internet more than once per week.

Media Vehicles
Website (microsite within AOL site)

Media Presence
The partnership was hosted on the AOL site and included traffic driving via display advertisements

Media Budget (in USD)
Approximately $240,000 (£150,000)

Advertising Agency or Public Relations Firm
Blue Rubicon – worked with editorial team at AOL to develop content
Mediaedge: CIA
COI/i-level – media buying

Research Firm
Pre-campaign research with target audience – The Nursery
Post campaign research - AOL/Nielsen

Language(s)
English

Target Audience Research
Research\textsuperscript{10} indicated that smokers who were in Routine and Manual professions started smoking earlier, smoked more and found it more difficult to quit successfully than other adults. In 2008, smoking was more than twice as high in Routine and Manual occupations compared to managerial

\textsuperscript{10} Directions research & marketing: Routine and Manual smokers’ message bank research, consisting of 16x3 hour consumer workshops with R&M smokers, May 2006
and professional occupations. Among this group, smoking was found to be a shared social pastime. They believed smoking was the norm and they felt persecuted by messages and legislation that portrayed a contrary reality.

In 2007, ONS data showed that there were an estimated 14.9 million people in routine and manual groups in England:
- Nearly 60% were male
- 42% were aged 25-44 (compared with 35% of the general population)
- 39% had children aged 0-15 (compared with 31% of the general population)
- Approximately 4.7 million of them smoked (31% of men, 28% of women)

The ONS research showed most R&M smokers had access to the Internet and 77% owned a computer. A high proportion of these used the Internet frequently, though not every day—76% of all R&M smokers who smoked used the Internet at least once a week. This compared with 81.1% ABC1 adults who used the Internet at least once a week and 38.4% who used the Internet more than once a day.

The proposition for this activity was ‘Life’s more beautiful smokefree,’ which stems from message bank research of 16 three-hour consumer workshops with R&M smokers to test messaging, carried out through Directions Research and Marketing, that identified appearance as an area with strong potential for female R&M smokers.

Pre-Campaign Evaluation of Draft Materials
The idea of ‘Life’s more beautiful smokefree’ was creative tested by the Nursery in March 2009 with women aged 25-35 in six group discussions. The research indicated that women in the target (primarily younger R&M women who were either in the pre-family or young family life stage) were fully aware of the effect that smoking can have on beauty. However, they were more open to, and interested in, hearing about the beauty benefits of quitting than they were to more negative messages. The ‘Life’s more beautiful smokefree’ seemed to them a fresh and different way of getting the quitting message across.

Campaign Description
A microsite was created, hosted by AOL, which promoted quitting smoking as a positive beauty step. The microsite was designed in a magazine format with regularly updated content to keep visitors engaged.

Content included:
- Advice and support on stopping smoking from the NHS
- Quit tools that were already developed for the campaign, such as Quit Planner and Cost Calculator
- Beauty articles about specific topics such as hair, eyes, skin, nails, teeth, etc.
- Expert beauty tips (e.g., Ruby Hammer – Celebrity makeup artist)
- Smoke-free quiz tool
- Prize draw

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13 Directions research & marketing: Routine and Manual smokers’ message bank research, May 2006
14 The Nursery: Creative testing research, March 2009
• Celebrity gallery, showing images of non-smoking celebrities that the audience would relate to, who have great skin

This content was mixed with generic beauty messages to create a friendly and attractive hub for the right audience, in line with other lifestyle pages on AOL.

Display advertising elsewhere on the AOL site helped to drive traffic to the website.

**Process Evaluation**
Tracking tags were added to each page of the site.
130,000 unique visitors to the microsite during the campaign, exceeding the target of 120,000

Post-campaign research with 1,078 female smokers who had visited the site showed that:
• 69% of visitors were female
• 24% of users were aged 18-34, 32% were aged 35-54 and 38% were aged 55+
• 69% of those who visited the microsite were smokers who wanted to quit or cut down
• 34% of visitors said that the reason they wanted to quit was that they were concerned about the effect of smoking on their appearance (4th most cited reason after health, cost and shame of smoking)
• 70% said they were concerned about the implications of smoking on their appearance.

**Outcome Evaluation**
Key outcome measures from the post-campaign research cited above include the following:
• Smokers said the most useful sections were the advice and support pages which included information on local NHS Stop Smoking Services, followed by the Smokefree quitting planner, cost calculator tool and beauty articles
• Over 50% of the female smokers and two thirds of 18-34 year old smokers surveyed found the content useful in motivating them to quit smoking
• 58% of female smokers and 65% aged 18-34 said they were likely to give up smoking in the next 2-3 months.
• 53% said they would tell other smokers about the AOL content

**Learnings and Insights from Campaign**
1. Pre-campaign target audience research indicated that this audience would be less influenced by the mainstream Smokefree campaigns, and the campaign results suggested that the proposition was relevant. The pre-campaign research indicated that the target audience of young women was not interested in hearing negative information about the harms of smoking, but wanted to hear about positives of quitting instead. Campaign results indicated that this audience felt the AOL microsite content was valuable, as two thirds of 18- to 34-year-old female smokers who visited the site said the content was useful in motivating them to quit, and almost two thirds of 18- to 34-year-olds said they were likely to give up smoking in the next 2-3 months.

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15 Online research carried out by Nielsen for AOL with people who had visited the website.
2. In the future, similar campaigns should consider using networks that better align with the target audience demographics. While the campaign was successful, the demographic attracted by AOL tended to be slightly older than the target demographic, and this should be considered when choosing networks for similar activity in the future.

Sources of Additional Information
Tobacco Control Marketing team
smokefree@dh.gsi.gov.uk
England– 2008-2010 Smokefree MSN Campaign

Organization
England Department of Health

Campaign Dates
April 2008 – March 2010
- Phase 1: April – June 2008
- Phase 2: December 2008 – April 2009
- Phase 3: January – March 2010

Objectives
- Encourage smokers to use their local NHS Stop Smoking Services to help them quit
- Show smokers that it really is possible to quit
- Give smokers the opportunity to speak directly to smoking advisers

Target Audience(s)
Routine and manual workers who smoked, in particular those who used the Internet more than once per week.

Media Vehicles
Online (websites, social media (Facebook), chats, blogs, videos)

Media Presence
The program was publicized on the MSN ‘gosmokefree’ portal

Media Budget (in USD)
Phase 1: £220,000 (Approximately $350,000)
Phase 2: £200,000 (Approximately $320,000)
Phase 3: £250,000 (Approximately $400,000)

Advertising Agency or Public Relations Firm
i-level

Research Firm
Directions research & marketing

Language(s)
English

Target Audience Research
Research\textsuperscript{16} indicated that smokers who were in Routine and Manual professions started smoking earlier, smoked more and found it more difficult to quit successfully than other adults. In 2008, smoking was more than twice as high in Routine and Manual occupations compared to managerial and professional occupations.\textsuperscript{17} Among this group, smoking was found to be a shared social pastime.

\textsuperscript{16} Directions research & marketing: Routine and Manual smokers’ message bank research, consisting of 16x3 hour consumer workshops with R&M smokers, May 2006

\textsuperscript{17} Opinions Survey Report 40: Smoking Related Behaviour and Attitudes 2008/9, (Office For National Statistics)
They believed smoking was the norm and they felt persecuted by messages and legislation that portrayed a contrary reality.

In 2007, ONS data\textsuperscript{18} showed that there were an estimated 14.9 million people in routine and manual groups in England:
- Nearly 60\% were male
- 42\% were aged 25-44 (compared with 35\% of the general population)
- 39\% had children aged 0-15 (compared with 31\% of the general population)
- Approximately 4.7 million of them smoked (31\% of men, 28\% of women)

The ONS research showed most R&M smokers had access to the Internet and 77\% owned a computer. A high proportion of these used the Internet frequently, though not every day-- 76\% of all R&Ms who smoked used the Internet at least once a week. This compared with 81.1\% ABC1 adults who used the Internet at least once a week and 38.4\% who used the Internet more than once a day.

Other research indicated that smokers were four times more likely to quit successfully if they used their local NHS (National Health Service) Stop Smoking Services than if they tried to quit alone. However, in the period leading up to the campaign, only around 10\% of smokers were using their local NHS Stop Smoking services to quit.

**Pre-Campaign Evaluation of Draft Materials**
None conducted.

**Campaign Description**
The campaign had three goals:
- Encourage smokers to use their local NHS Stop Smoking Services to help them quit
- Show smokers that it really is possible to quit
- Give smokers the opportunity to speak directly to smoking advisers

MSN was chosen as the portal because it was one of the most popular sites with the Routine & Manual target audience. The campaign was rolled out in three phases, and each had a different focus.

The first phase of the campaign ran for two months from April – June 2008. The partnership coincided with the Department of Health’s January 2008 campaign, ‘Getting off Cigarettes.’ The first phase of the campaign encouraged smokers to engage with the quitting stories from celebrities and real people and to speak with advisers and use a MSN mapping tool to find their local Stop Smoking Services. To encourage smokers to use their local NHS Stop Smoking Services to help them quit, the site followed two celebrities who resonated with the audience through the quitting process (and the NHS services) via video diaries. To show smokers that they could quit, video diaries of “real people” were developed in which they told their quitting stories and how they successfully gave up. In order to provide smokers with the opportunity to speak to smoking advisers, some call center advisers were trained to talk with smokers via MSN Messenger.

The second phase of the campaign ran from December 2008 – April 2009 and featured the celebrity quitters, video diaries and online chats with call center advisers. In addition to this, the campaign featured an R&M female blogger writing (with the help of a journalist) about her attempts to quit smoking. It had a more direct call to action than before, encouraging people to find their local NHS stop smoking services.

\textsuperscript{18} Office for National Statistics, General Household Survey, 2007
Stop Smoking Service or join the Together program. Smokers who joined the Together program registered their quit date and then received a series of supportive direct mail packs, text messages, emails and call backs as they reached the key stages of the giving-up process: pre-contemplation, contemplation, quitting and staying quit.

The third phase ran from January – March 2010. This phase of the campaign featured celebrity quitters, video diaries and online chat. The campaign also followed the developments of a blogger attempting to give up smoking, with twice weekly updates to encourage users that “now is the time” for them to quit. The blog also initiated the creation of a community on MSN that saw smokers and ex-smokers supporting each other through the quitting process with helpful tips and advice from based on experience. The campaign encouraged smokers to visit virtual advisers, search for local services and to find out information about the Together program.

Process Evaluation
As each phase had a different focus, the metrics used to evaluate each stage differed slightly.

Phase 1:
- The web hub was viewed over 190,000 times during the campaign
- Visitors spent average of 4:04 on site (double the time spent on advertiser hubs on MSN)
- The videos were watched over 39,000 times
- The adviser chat page was visited 77,320 times
- The search for local services was viewed 7,102 times

Phase 2:
- The web hub was viewed almost 570,000 times during the campaign
- 50% of visits lasted for over a minute, and 18% lasted for longer than five minutes
- The videos were viewed over 147,000 times
- The email was signed up to 1,789 times
- The search for local stop smoking services was used 5,272 times
- The adviser chat page was visited 17,052 times

Phase 3:
- The hub received almost 240,000 visits during the campaign
- The average time on the site was lower than before, at 1 minutes 34 seconds, however this is to be expected with the call to action taking visitors away from the hub onto the Smokefree website
- The registration form for the Together program was visited 2,710 times
- The search for local stop smoking services was visited 15,348 times
- The blog was viewed 66,806 times
- The adviser chat page was visited 9,633 times

Outcome Evaluation
None conducted.

Learnings and Insights from Campaign
1. The MSN hub was a very effective way to engage R&M smokers in their own quitting process as well as to enable them to help others. Over the course of the campaign, the hub received 1 million visits, and visitors engaged well with video and blogging content.
2. The instant chat was a popular and cost-effective way for advisers to engage with smokers. The adviser page received over 100,000 visits over the course of the campaign. As a result of this, the England DH began to offer an interactive chat function on the Smokefree website (https://data.gosmokefree.co.uk/askanexpert.aspx), as well as interaction with advisers and peers through the Smokefree Facebook page.

3. Smokers were interested in finding their local NHS Stop Smoking Services. The search for local services was visited almost 28,000 times over the course of the campaign, indicating an interest in finding conveniently-located stop smoking services.

Sources of Additional Information
Tobacco Control Marketing team
Department of Health
smokefree@dh.gsi.gov.uk
England – 2009 Smokefree United Campaign

Organization
England Department of Health

Campaign Dates
October 2009 - December 2009

Objectives
- Reinforce motivation amongst male smokers who work in routine and manual jobs to quit smoking.
- Encourage quit attempts amongst male Routine and Manual smokers.

Target Audience(s)
Male football fans who smoked

Media Vehicles
Radio (partnership with talkSPORT), national press advertising, online display advertising, face-to-face events, website, posters, big screens at football matches, ads in football match programs, and tannoy announcements (messages over the PA systems at football matches).

Media Presence
Unavailable

Media Budget (in USD)
Approximately $ 1015,000 (£637,000)

Advertising Agency or Public Relations Firm
- Kitcatt Nohr Alexander Shaw - Creative identity, press creative, radio advertorials, online display advertisements
- EMO – Face-to-face events, local partnerships
- Reading Room - Web development
- Blue Rubicon and COI News and PR – public relations
- Mediaedge:MEC – media planning
- COI – media buying
- Iris – national partnerships

Research Firm
- The Nursery - Smokefree brand research (2008)
- Directions research & marketing - Message Bank (2008)
- Reading Room - follow-up email research (2009/2010)

Language(s)
English

Target Audience Research


Research\textsuperscript{19} identified the primary audience for the ‘Reinforcing Motivation campaign’ as R&M smokers who are parents with young families, particularly men.

The research indicated that R&M smokers led busy and stressful lives, working in a wide range of jobs from lorry drivers to shop workers, carers to receptionists, plumbers to security guards. They tended to see work as tedious, and they had a correspondingly strong desire to escape from the daily grind as well as a spontaneous, short-term attitude toward life. For this audience, smoking was entrenched in their lives, which made giving up extremely difficult. They were likely to have friends and family who were smokers, and smoking was part of their ‘toolkit,’ fitting in to their routines and providing a shared and social pastime. These men were well aware of the negative health consequences of smoking, and many of them want to give up. Indeed, most had tried and failed to give up, and were wary of trying again.

Research from the Tobacco Control Marketing program’s regular tracking research showed that male smokers were traditionally less responsive to Department of Health (DH) campaigns. Many of them were passionate about football, but research showed that a straightforward message about the impact of smoking on physical fitness would exclude the vast majority of fans, the ‘armchair fans.’

**Pre-Campaign Evaluation of Draft Materials**

None conducted

**Campaign Description**

Based on findings from the research, DH created the *Smokefree United* campaign message with the message that smokers could get more out of their game/life by quitting (i.e., they could be fitter, keep up with their kids, have more money to buy season tickets). Campaign planners created a virtual football club of quitters, *Smokefree United*, where football-loving smokers could get motivation and coaching to help them quit, and could join a group of peers who were united by their decision to get more out of life. It brought the expertise of NHS quitting help to male smokers in a way that was positive, engaging and easily accessible.

*Smokefree United* was a fully integrated marketing campaign using a range of communications channels in order to achieve the campaign’s objectives. To engage male smokers and encourage quit attempts, the core media channel was a partnership with talkSPORT (a radio station that was highly credible with the target audience). TalkSPORT promoted *Smokefree United* across the station for 12 weeks, encouraging smokers to visit the website and join up through advertorials, live DJ reads, a live quitting clinic, and an interactive competition. Other activities included national press, online display, outdoor advertising, national and regional PR with clubs, partnerships with professional and amateur football clubs, and local community activation events.

Premier League endorsement and partnerships with football clubs helped give the campaign credibility with the target audience, as did the use of football legend John Barnes as a media spokesperson. Smokers were provided incentives to sign up for *Smokefree United* (e.g., football-themed prizes) to help drive traffic and engage male smokers with the *Smokefree* message.

All activity drove smokers to a bespoke (specially designed) microsite (\texttt{www.nhs.uk/smokefreeunited}). The site encouraged smokers to sign up as a first step to quitting smoking. It was designed to convert interest in quitting into action. Content included:

\textsuperscript{19} Directions research & marketing: Routine and Manual smokers’ message bank research, consisting of 16x3 hour consumer workshops with R&M smokers, May 2006
A message wall where smoking-related questions were posed by talkSPORT host Andy Townsend

A *Smokefree United* league that counted the amount of fans from each club to have signed up, and engendered competitiveness amongst fans to encourage return visits and to get their mates involved

Information and support on stopping smoking and the ability to locate the nearest local NHS Stop Smoking Service

A specially-developed ‘your wallet’ calculator tool to show smokers how much they would save by quitting

A specially-developed ‘your body’ tool to show smokers the effects of smoking on their health and fitness

‘Wrighty’s wrong’uns,’ a humorous, viral member-get-member recruitment device fronted by ex-footballer and TV celebrity Ian Wright (where smokers could nominate their friends to be on the bench until they also signed up).

Upon signing up, smokers entered a four-week customer relationship management (CRM) journey. The CRM journey consisted of weekly motivational messaging and calls to action to access NHS quitting support by either SMS or email. Those receiving emails were provided incentives to respond to all weeks’ messages, which then entered them into a monthly draw to win a football-themed prize. This aimed to keep smokers engaged with the campaign by returning to the website.

At the end of the 4-week CRM journey, participants were given the opportunity to migrate into the national smoking CRM program.

**Process Evaluation**

- The *Smokefree United* website received a total of 26,548 visitors
- 2,004 people signed up to join *Smokefree United* online and receive the emails/SMS messages over four weeks
- There were 191 posts on the *Smokefree United* message board from smokers
- There were 473 competition entries (this compared well to other talkSPORT competitions which had averaged only around 100 entries)
- 10,000 smokers were spoken to during the 32 days of face-to-face regional events, of which 4.4% actually requested help from their local NHS Stop Smoking Service
- The Tobacco Control Marketing program’s regular tracking research with routine and manual smokers showed that 18% of respondents were aware of *Smokefree United* after the campaign, rising from a base of 0%.

**Outcome Evaluation**

Reported quit attempts were measured through an email survey with people who had signed up for the competition. Two months after the close of the competition, an email survey was sent to the 2004 people who had registered for the competition. Replies were provided by 137 respondents. From the survey,

- 75% of respondents found *Smokefree United* helpful in motivating them to quit (rated it 5 and above on a scale of 1-10)
- 84% of respondents made a quit attempt
- 62% of those quit attempts were still successful at the time of the research (successful quit attempts are measured at one month, and this research was carried out two months after the competition closed.)
Learnings and Insights from Campaign

1. While the percentage of participants who tried to quit was high (84%), at least among those who replied to the post-competition survey, the absolute number of smokers who registered to participate in Smokefree United online was relatively modest (2004). The challenge for any future activity would be to increase participation to drive down the cost per quit. This might require greater media budget and using other platforms, such as Facebook, to engage smokers.

Sources of Additional Information

www.nhs.uk/smokefreeunited

Tobacco Control Marketing team

smokefree@dh.gsi.gov.uk
England– 2008-2009 *Stub it out together Yahoo Forum Campaign*

**Organization**
England Department of Health (DH)

**Campaign Dates**
December 2008-February 2009

**Objectives**
Encourage smokers to undertake a quit attempt and sign up to a group through the portal

**Target Audience(s)**
Routine and manual workers who smoked, in particular those who used the Internet more than once per week.

**Media Vehicles/Channels**
Websites, magazine, SMS, email

**Media Presence**
The program was publicized through the Yahoo! Network and an offline media partner (The Mirror)

**Media Budget (in USD)**
Approximately $560,000 (£351,000)

**Advertising Agency or Public Relations Firm**
i-level

**Research Firm**
Directions Research and Marketing

**Language(s)**
English

**Target Audience Research**
Research\(^{20}\) indicated that smokers who were in Routine and Manual professions started smoking earlier, smoked more and found it more difficult to quit successfully than other adults. In 2008, smoking was more than twice as high in Routine and Manual occupations compared to managerial and professional occupations.\(^{21}\) Among this group, smoking was found to be a shared social pastime. They believed smoking was the norm and they felt persecuted by messages and legislation that portrayed a contrary reality.

ONS data in 2007\(^{22}\) showed there were an estimated 14.9 million people in routine and manual groups in England:
- Nearly 60% were male
- 42% were aged 25-44 (compared with 35% of the general population)

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\(^{20}\) Directions research & marketing: Routine and Manual smokers’ message bank research, consisting of 16 three-hour consumer workshops with R&M smokers, May 2006

\(^{21}\) Opinions Survey Report 40: Smoking Related Behaviour and Attitudes 2008/9, (Office For National Statistics)

\(^{22}\) Office for National Statistics, General Household Survey, 2007
• 39% had children aged 0-15 (compared with 31% of the general population)
• Approximately 4.7 million of them smoked (31% of men, 28% of women)

The ONS research showed most R&M smokers had access to the Internet and 77% owned a computer. A high proportion of these used the Internet frequently, though not every day-- 76% of all R&Ms who smoked used the Internet at least once a week. This compared with 81.1% ABC1 adults who used the Internet at least once a week and 38.4% who used the Internet more than once a day.

In addition, ethnographic research was conducted by Directions Research and Marketing in summer 2007 and consisted of ten quad sessions and four “day in life” sessions with 23- to 55-year-old R&M smokers from across England. The research indicated that smokers from Routine and Manual groups were strongly influenced by their community and peer group, so DH wanted to create a new community that would allow smokers to experience, and contribute to, a positive peer network that would encourage and support quit attempts.

Pre-Campaign Evaluation of Draft Materials
None conducted.

Campaign Description
Based on the findings from the target audience research, DH worked with Yahoo! to create a portal-based community for peer-to-peer support that also offered a rich, detailed and personalized suite of tools and information to motivate smokers and move them toward National Health Service (NHS) tools and resources (which included a live messenger service when they were ready to engage). It was called the Stub it out together community. The site was promoted with a comprehensive range of traffic drivers across the Yahoo! network, and by a press media partner, The Mirror.

The Stub it Out Together community offered three types of support to its members:
1) **Peer-to-peer support**: By allowing users to build their own support groups, users could select their peers by geography, employment or interests.
2) **Community-to-smoker support**: Information was gathered about the motivations and quit dates of smokers and used to provide tailored SMS and email support messages to demonstrate they were not alone and that others shared their concerns, motivations and frustrations.
3) **NHS-to-smoker support**: Users could access direct one-to-one formal NHS help through a live messenger service when they felt ready to engage.

Process Evaluation
- Over 300,000 visitors to site during the campaign
- Over 66,000 visits of more than one minute or viewings of more than one page
- 39,000 visits of more than five minutes and more than two pages of content viewed

Outcome Evaluation
Two key measures from the online tracking indicate the impact of the campaign on participants’ behavior:
- Over 1000 motivational messages were shared through the site’s forum
- Over 3900 smokers who visited the site pledged to quit smoking

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23 Directions Ethnographic Research among Routine and Manual Smokers, 2007
Learnings and Insights from Campaign

4. The *Yahoo Forum* was a very effective way to engage R&M smokers in their own quitting process as well as to help others. In just three months 300,000 people visited the site and there were 39,000 visits of more than five minutes, very high versus industry average. In addition, users posted more than 1000 motivational messages to other smokers trying to quit on the Forum, and over 3900 smokers pledged to quit smoking.

5. The campaign was very cost effective. For each smoker who pledged to quit via the Forum, the NHS would have spent three times as much on its typical TV campaigns to achieve each such pledge from a smoker, although a solely digital campaign might not achieve the same reach and volume of responses that a TV campaign might achieve.

Sources of Additional Information
Tobacco Control Marketing Team, Department of Health
smokefree@dh.gsi.gov.uk
England (South West) –2009-2010 One-Way Street to Success Campaign

Organization
Smokefree South West

Campaign Dates
September 2009 - March 2010

Objectives
The overall goal of Smokefree South West is to reduce the prevalence of smoking faster than in the rest of the UK, from a benchmark rate of 21% in 2008. A multi-strand tobacco control strategy was developed to deliver this goal which includes use of multi-media social marketing campaigns designed to encourage smokers to use the National Health Service (NHS) Stop Smoking Service when they make a quit attempt.
The digital campaign described in this case study is part of one such multi-media campaign, and its objective was to encourage smokers to seek NHS support with their quit attempts.

Target Audience(s)
Key Audience: Routine and Manual workers who smoke (for example smokers who work in factories or in service industries). This socio-economic group now accounts for about half of all smokers in England.

Secondary Audience: all smokers

Media Vehicles/Channels
TV spots, radio spots, 6 sheet billboards and digital (website; social media such as Facebook; advertising such as on Google)

Media Presence
See Appendix I

Campaign Budget (in USD)
Stage 1: Approximately $20,000
Stage 2: Approximately $36,700

Advertising Agency or Public Relations Firm
The creative content of the campaign was developed by Partners Andrews Aldridge.
The digital elements were placed by EMO.

Research Firm
ICL

Language(s)
English

Target Audience Research
Most smokers choose to ‘go it alone’ when they make a quit attempt, however, evidence shows that those who take NHS support are up to four times more likely to be successful in stopping for good. The NHS service is free and offers a range of different types of support to smokers: behavioral
support, pharmacotherapy, phone consultation, text reminders, web-based support. The face-to-face aspect of the service can be accessed by smokers in over 1000 locations across the South West region, mainly in surgeries and pharmacies.

Only about 6% of smokers use any of the NHS services each year. This low market share is due to a lack of saliency – smokers miss the most effective way to stop because it is not top of mind.

**Pre-Campaign Evaluation of Draft Materials**

Qualitative research was conducted in August 2008 among current smokers (at least 5 cigarettes per day) or former smokers (who used to smoke at least 5 cigarettes per day). Six 2-hour groups were conducted with male and female Routine and Manual workers (6-8 respondents per group). Respondents in four of the groups were seriously thinking about giving up smoking and had tried to quit at least once in the past. Respondents in the other two groups were actively trying to quit at the time they were recruited for the research. The groups were split by gender and age (18-30 women; 35-55 men; etc.).

Respondents were asked to react to two concepts, *One-Way Street to Success* and *What will suit you best?* one of which would be used for advertising about getting help in trying to quit smoking. Overall conclusions from the research:

*One-Way Street to Success* was a new and distinctive approach to support
- Exuded confidence, optimism and positivity
- Conveyed a promise that support services would lead to successful quitting—this gave smokers a reason to get in touch (by any means)
- They cared less about the options available than whether these would work
- The animation style was new and engaging and potentially iconic and avoided issues around credibility of characters in real life executions
- And the symbolic journey meant less need to dwell on details but instead offered a confident direction for smokers to take

*What will suit you?* was not as well received, as the style and narrative were not particularly engaging and were seen as a fairly literal demonstration of the options available, rather than anything new or distinctive. This concept did not demonstrate the more motivating notion of success as *One-Way Street* was able to do.

When campaign materials were produced, campaign staff chose a partial animation execution rather than full animation as was shown in the concept research because there was another new DH campaign using a full animation approach at the time and they sought to avoid confusion between the two campaigns. No additional research was conducted once the campaign materials were produced due to very tight timing for fielding the campaign.

**Campaign Description**

**Background on Smoking in South West**

In 2009, there were approximately 800,000 people who smoked in the South West, and smoking accounted for 9,000 premature deaths a year in the region. Prevalence was the same as the national average at 21%. One third of 16- to 24- year-olds smoked which was the highest proportion in the UK. Around 31,000 young people aged 11-15 years smoked.

**Background on Smokefree South West**
Smokefree South West was launched on 30 March 2009, with the aim of reducing the negative impact of tobacco use on the lives of the people of the region. It was funded by the 14 NHS Primary Care Trusts in the region. The ‘South West’ covered a diverse geographical area where there were also vast differences in demographics of the population, including socio-economic status and age.

**Campaign Details**

The One-Way Street campaign was launched in January 2009, using TV spots, radio spots, 6-sheet billboards and digital. The overall aim of the campaign was to encourage smokers to seek NHS support with their quit attempts. It was a ‘lead generation’ campaign structured to encourage (and allow monitoring of) direct response. For example, the response phone number was held on screen for much of the TV commercial, and the phone number was spoken as well as held on screen. Effectiveness was evaluated in terms of cost per response. Each medium used a different phone number/text code so that responses could be tracked by medium.

**The Role of Digital**

For the One-Way Street campaign, it was believed that digital advertising could complement the more traditional above-the-line media and drive response more cost effectively than other media tools. To this end, specific digital creative was developed and a themed landing page was produced.

**Plan Stage 1 September 7 - October 4th 2009**

It was agreed that the digital plan should test:
- a combination of display formats: skyscrapers, MPU and LB
- a range of types of sites: local information websites plus network display.

**Plan Stage 2 February 1st - 22nd 2010**

Building on the success of Stage 1 of the campaign, Smokefree South West staff decided to:
- Re-use those sites offering best return on investment.
- Test use of search and social network sites: Google and Facebook.
- Increase spending on the digital plan in line with the increased spend in other media.

**Process Evaluation**

While process measures for the Stage 1 tests are not available, below are the process findings from Stage 2:
- 15,600 clicks were generated to the regional landing page.
- All display formats delivered similar Click-through Rates (CTR) at 0.04%.
- As expected, Google delivered the highest Click Rate (CTR) at 3.4%.
- Facebook and Google delivered the lowest Cost per Click at approximately .59 USD.

**Outcome Evaluation**

Two different sets of measures were used to evaluate the impact of the overall campaign:

1) ‘Active response’
2) Salience of the campaign and ads, attitude shifts and claimed behavior changes

The methods to track each set of measures are described in detail below.

**Method for Tracking ‘Active Response’**

Smokefree South West developed a set of standard direct response measures for all tobacco control campaigns. The key measure was ‘active response,’ meaning a respondent requested a further action.
The action could be, for example, making an appointment at an NHS Stop Smoking Service or leaving name and mailing address to receive a motivational DVD.

‘Active responses’ were considered more committed responses than ‘Views’ or ‘Click rates.’

Results Stage 1
The digital campaign delivered the lowest cost per ‘active response’ at approximately $83 USD, compared to the more traditional media.

**Stage 1 Cost per Active Response by Medium:**

<table>
<thead>
<tr>
<th>Medium</th>
<th>Total active responses</th>
<th>Approximate cost per response (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 sheet billboards</td>
<td>93</td>
<td>$667</td>
</tr>
<tr>
<td>TV</td>
<td>326</td>
<td>$302</td>
</tr>
<tr>
<td>Radio</td>
<td>649</td>
<td>$137</td>
</tr>
<tr>
<td>Digital</td>
<td>155</td>
<td>$  83</td>
</tr>
</tbody>
</table>

Results Stage 2
The digital campaign again delivered the lowest cost per ‘active response’ compared to the more traditional media. However in Stage 2 significantly more ‘active responses’ were achieved, and the cost per response was reduced significantly from Stage 1, from approximately $83 USD to $23 USD.

**Stage 2 Cost per Active Response by Medium:**

<table>
<thead>
<tr>
<th>Medium</th>
<th>Total active responses</th>
<th>Approximate cost per response (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 sheet billboards</td>
<td>90</td>
<td>$761</td>
</tr>
<tr>
<td>TV</td>
<td>825</td>
<td>$125</td>
</tr>
<tr>
<td>Radio</td>
<td>304</td>
<td>$222</td>
</tr>
<tr>
<td>Digital</td>
<td>1325</td>
<td>$23</td>
</tr>
</tbody>
</table>

In Stage 2, Google and Facebook provided the lowest costs per ‘active response’ at approximately $.56 USD and $11.67 USD, respectively. These are significantly lower costs than all other vehicles. Google provided better conversion than Facebook.

**Method for Tracking Campaign/Ad Saliency, Attitude Shifts, Claimed Behavior Changes**
A tracking study was commissioned by Smokefree South West and was developed in partnership with DH England to ensure that results were comparable (SW versus national). The first wave was in August, before fielding the One-Way Street campaign. The second wave was in December, three months after the campaign was launched, and the third wave was in March. For each wave, at least 1000 face-to-face interviews were conducted on street, and each interview lasted 7-8 minutes. Only smokers were interviewed, and there were quotas by age and socio-economic group.

Key results from the tracking study included that by March 2010:
- 36% of smokers who had seen the TV campaign claimed they had made some change in their smoking behavior.
- 25% of all respondents claimed they were more likely to contact an ‘NHS Stop Smoking Service.’

**Learnings and Insights from Campaign**

1. Digital advertising in the South West region of England was proven to be a very cost-effective tool, as part of a multi media campaign, for helping smokers to access NHS support for their quit attempts. The campaign delivered a high absolute number of respondents and was extremely cost effective compared to other media in achieving active response from smokers interested in quitting.

2. Stage 2 results were dramatically better than Stage 1 results, due to the analysis of Stage 1 data and the testing of new channels done before Stage 2 was planned. Cost per active response for Stage 1 was $83 USD, while cost per active response for Stage 2 was just $23 USD.

3. While digital activity was proven the most cost effective tool for generating active responses, Smokefree South West felt that Cost per Response should not be the only measure of media effectiveness. Key measures such as saliency, attitude shifts and claimed behavior change were also gauged via the ongoing campaign tracking study (individual interviews conducted on-street), by which campaign staff believed that the impact of more traditional media such as TV and radio is better measured. In addition, staff believed that the effectiveness of the digital campaign was positively affected by the saliency driven by these traditional (“above-the-line”) media.

**Sources of Additional Information**

[www.smokefreesouthwest.org.uk](http://www.smokefreesouthwest.org.uk)

Jane Webb at [janewebb@jwm-ltd.co.uk](mailto:janewebb@jwm-ltd.co.uk)

**Visuals from the TV spot:**
One-Way Street display advertising:

One-Way Street landing page:
## Appendix I: Media Placements

### Stage 1:

<table>
<thead>
<tr>
<th>Website</th>
<th>Impressions</th>
<th>Format</th>
<th>Size</th>
<th>Targeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network display</td>
<td>NA</td>
<td>Leaderboard</td>
<td>728x90</td>
<td>RON - Targeted to South West region &amp; C2DE adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Super sky</td>
<td>160x600</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sky</td>
<td>120x600</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MPU</td>
<td>300x250</td>
<td></td>
</tr>
<tr>
<td>TheSun.co.uk</td>
<td>250,000</td>
<td>MPU</td>
<td>300x250</td>
<td>Geo-targeted to South West. ROS – up-weighted to Sport and Bizarre (two specific pages very popular with target audience)</td>
</tr>
<tr>
<td></td>
<td>250,000</td>
<td>Leaderboard</td>
<td>728x90</td>
<td></td>
</tr>
<tr>
<td>Online local web</td>
<td>402,933</td>
<td>Multi</td>
<td>NA</td>
<td>Targeted to people with Routine and Manual jobs</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>902,933</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Stage 2:

<table>
<thead>
<tr>
<th></th>
<th>Approximate Spend (USD)</th>
<th>Impressions</th>
<th>Click-through rate</th>
<th>Clicks</th>
<th>Approximate cost per click (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Websites</td>
<td>$15,540</td>
<td>2,343,000</td>
<td>0.08%</td>
<td>1953</td>
<td>$7.95</td>
</tr>
<tr>
<td>Network display</td>
<td>$13,608</td>
<td>9,750,000</td>
<td>0.08%</td>
<td>8125</td>
<td>$1.67</td>
</tr>
<tr>
<td>Search</td>
<td>$781</td>
<td>30,303</td>
<td>3.00%</td>
<td>909</td>
<td>$.86</td>
</tr>
<tr>
<td>Facebook</td>
<td>$7810</td>
<td>n/a</td>
<td>0.05%</td>
<td>21,000</td>
<td>$.37</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$37,737</strong></td>
<td><strong>12,123,303</strong></td>
<td></td>
<td><strong>31,987</strong></td>
<td><strong>$1.19</strong></td>
</tr>
</tbody>
</table>

Organization:
European Union: Directorate General for Health & Consumers

Campaign Dates:
May 2005–November 2010

Objectives:
The Help campaign aimed to deliver a unique communication solution to reach young people across the 27 EU member States and to encourage a move towards tobacco de-normalization. The challenge was to reach the greatest number of young people (15-35 year olds), representing 122 million individuals within the EU, to raise awareness around tobacco issues. More specifically, the objectives were:

1. Prevention: encouraging young people not to start smoking
2. Cessation: helping existing smokers to quit
3. Passive smoking: raising awareness among young people about the dangers of second-hand smoke

Target Audience(s):
Primary: Youth (15- to 24-year-olds)
Secondary: Young adults (24- to 35-year-olds)

Media Vehicles:
National and pan-European TV channels (134 TV channels in total) and presence in digital media with dedicated activities on social community websites (e.g., facebook, yahoo, bebo, youtube), apps and mobile phone advertising, e-coaching.

Specific partnership with MTV throughout the campaign, both online and on television, that provided Help with the opportunity to further raise awareness and encourage debate around tobacco issues among the target audience.

Media Presence:
2010 campaign only (figures for other years unavailable):
- GRPs in national TV campaign flights: 12,290
- Number of spots on Pan-European channels (Eurosport, MTV): 3560 (Jan-Feb) + 560 (Oct) = 4120 (note that GRPs can only be measured for national TV stations; Pan–European TV stations cannot measure GRPs, hence they report number of spots).
- Number of exposures via digital presence (3 advertising waves + ads on mobile + search) = 1,500,138,268

Campaign Budget:
Overall Budget for 2005-2008: 56 million Euros
Overall Budget for 2009-2010: 32 million Euros

Development Budget for Digital Communications Tools/Elements
Not available
Advertising Agency or Public Relations Firm:
LIGARIS

Research Firm
Ipsos Insight Sante

Language(s):
The 23 languages of the 27 European Union Member States (see www.help-eu.com)

Target Audience Research
Prior to the development of the campaign, several initiatives were undertaken to learn about the target audience and their views on smoking, as well as to learn from past anti-smoking campaigns:

1. A systematic review was conducted of existing literature to ascertain the impact of mass media anti-smoking campaigns on youth smoking and society. The main conclusion of the review was that media campaigns can play a key role in building knowledge, and changing attitudes and behaviors in support of a tobacco-free society.

2. Over 200 tobacco control experts met in Rome in 2003 to consider how best to de-normalize smoking in Europe. One key conclusion was that no single message can be effective as there is no universal message; smokers smoke for different reasons. Campaign planners also concluded that campaigns targeting youth need to attach to the roots of youth culture (depicting school-based situations and extra-curricular activity. See conference link for more information: http://ec.europa.eu/health/tobacco/events/eu_20031113_en.htm

3. A qualitative research (focus group) study was conducted in 20 EU member states to explore young people’s reaction to, and understanding of, the Help campaign creative concept. Results of the focus group study, analysed by region, revealed that the theme: ‘Help: for a life without tobacco’ was most appropriate to use and communicate to youth that help is available for those who want to quit and avoid taking up smoking. The other theme tested was ‘Tobacco, you are not alone,’ which was perceived by participants as too serious or even patronizing, and in the UK, participants felt that the word “tobacco” did not seem natural. Also, the ‘you are not alone’ part of it made them think of communities of smokers smoking together which could improve the image of smokers and smoking rather than motivate people not to smoke. The line ‘for a life without tobacco’ was actually first tested as ‘for a life without smoking,’ but the focus group participants felt that ‘for a life without tobacco’ better reflected the three focuses of the campaign (prevention, cessation and secondhand smoke) and also sounded best in the various EU languages.

Pre-Campaign Evaluation of Draft Materials
Pre-testing of draft campaign materials was conducted first in 2005 and then throughout the next five years of the campaign. For the 2007-08 viral campaign, Nicomarket, understanding of the campaign was assessed as was the viral potential. In addition, the user-friendliness of the proposed mini-site was assessed. Because of the frequency of the pre-testing, there is too much data to summarize here, however, in the Help campaign summary document, there is more information about learnings from pre-testing of campaign materials as well as visuals of the final campaign materials: http://www.help-eu.com/rich-media/beevirtua/beevirtua.html#app=f

Campaign Description
Help was an integrated, participative communication campaign which included a series of television advertisements on national and pan-European channels, ads on young people’s favorite websites, press publication in national media, and news media events. The general campaign mission was to provide help
and support “for a life without tobacco” by delivering comprehensive information on health and social
issues related to tobacco consumption.

The campaign sought to empower young people to take control of their health and lifestyles, instead of
simply being objects in the eyes of the media. The campaign was web driven, aiming to draw young
people to the Help website where they could find information on the dangers of smoking, as well as
linking them to other tobacco control organizations, youth organizations and partner organizations in
their respective countries. The website was available in 23 languages, and the online presence and media
campaign were complemented by a series of European and national public and press relations events.

The Help TV campaign was present from June 2005 to November 2010, with two different creative
campaigns addressing the themes/objectives of secondhand smoke, tobacco use prevention and tobacco

For each of the two creative campaigns, there were three TV ads produced—one focused on secondhand
smoke, one focused on preventing youth tobacco use and one focused on tobacco use cessation. All of
the television commercials ended with a reference to the Help interactive website and a national quit-line
number (unique to each country) for further help and information on how to quit and remain quit as well
as avoid taking up smoking.

From 2006 to 2010, online campaigns used original creative ideas to attract the attention of web users
looking for help with tobacco issues and to draw them to the Help website. The advertisements were
featured on youth-orientated national websites, pan-European portals, mobile phone sites and social
networking sites.

Two powerful, unconventional viral campaigns were launched by Help in 2007 and 2009: Nicomarket and
Helpers. A series of viral films and mini-sites were created for both campaigns, which generated buzz
among young Europeans.

Nicomarket was launched in October 2007 when viral campaigns were a cutting-edge novelty. Eight viral
spots were produced in total, promoting the negative side effects of smoking by advertising spoof
products and guiding web users to a fake online store. The best sellers in the fake store were a facial
cream that gives you a smoker’s complexion within minutes with a claim “Just apply to age ten years,” the
Nico Breeze air freshener (the secret ingredient of successful parties) and the suppository causing
impotence in young men (Nico Calm). At the end of their interaction with the mini-website, the users
were redirected to the Help website for more information.

The second viral campaign, called Helpers, was an animated participative web series launched as an
additional initiative to raise awareness about tobacco amongst young Europeans. This web series,
broadcast on a mini site available in all of the Help campaign’s languages, showed a young character
(HELPMe) confronted with a tobacco-related issues (quitting, not starting, avoiding secondhand smoke). In
order to get help, HELPMe called on an efficient and determined trio: the Helpers: Chuck, Skinny and Loona
who successfully used absurd tips to solve the problem. At the end of the episode, the viewer could follow
the link to real anti-smoking advice given by the national experts on the Help website.

The participative element of Helpers was important: the young people got the chance to participate in the
adventure by voting for the possible end of each story and voting on the content of the next episode, thus
choosing themselves how the next month’s episode would end and which tip the Helpers would use. The
series consisted of eleven independent animated “Helpisodes” and a pilot explaining more about how the
anti-smoking crusaders came together, enabling the young people to download sound-tracks, ringtones,
etc. The scheme included an official Helpers space on Daily Motion, a dedicated Youtube channel, space on Facebook and Bebo, and spreading of the buzz via online blogs.

The overall Help campaign was an example of a unique cooperation, designed and conducted in partnership with Youth Organizations across the European Union, including: the European Medical Student Association (EMSA), the International Federation of Medical Student Association (IFSMA), the European Youth Forum, and the Youth Forum Jeunesse. It also involved communication experts such as tobacco control professionals from the European Network for Smoking Prevention (ENSP) and the European Network of Quitlines (ENQ). In addition, students from over 50 youth organizations were involved, and members of medical student organizations took part in Help events in which they offered advice to their peers.

Widespread in-the-field activities took place as part of the local implementation of Help, including Help@School, Help@Work, CO testing, Street Art, and recording of anti-smoking tips.

Process Evaluation
Process evaluation was done by measuring media delivery versus goals; the number of impressions for all digital ads, number of video views, visits to the Help websites, to the mini-sites, and to Help pages or places on other social network sites; and attendance at events. More specifically, for the websites, duration of the visits and degree of engagement (number of pages and videos clicked) were also measured.

Media delivery example for paid search in 2010:

<table>
<thead>
<tr>
<th>Achieved</th>
<th>Contractual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clicks</td>
<td>2 184 095</td>
</tr>
<tr>
<td>Impressions</td>
<td>1 120 165 301</td>
</tr>
<tr>
<td>CTR</td>
<td>0,19%</td>
</tr>
<tr>
<td>Net cost</td>
<td>1 080 066,97 €</td>
</tr>
<tr>
<td>Av. CPC</td>
<td>0,49 €</td>
</tr>
<tr>
<td>Months</td>
<td>12</td>
</tr>
</tbody>
</table>

The evolution of the Search campaign during November 2009-October 2010

A significant boost in clicks was observed on May 31, World No Tobacco Day (WNTD). The media budget for that time period had been increased in anticipation of a surge in interest on WNTD.
Note that impressions overtook clicks in June 2010, with 97% of all impressions generated from the Contents campaign.

Process evaluation results for online campaign and youth events:
- 121,000 TV advertisements broadcast from 2005 to 2010
- 14 million video views for viral campaigns (Nicomarket and Helpers)
- Specifically for MTV, 5 million Europeans (unique users) saw the MTV Smoke Screen message via video advertisement units
- Over a billion impressions were generated by the various campaign interventions.
- 8,400 articles and reports in the media
- 1,800 Help events held across Europe (off line)
- 15.6 million visits to the Help website

Outcome Evaluation
Ongoing post-evaluation of the Help advertising campaign was conducted via telephone surveys which commenced in 2005. Each wave included more than 1000 respondents—a representative sample of the national population aged 15 and over in each country (except in Malta and Cyprus where only 500 interviews were conducted). In total, the surveys interviewed over 26,300 respondents.

2010 Survey Results:
- Forty-three percent of respondents remembered seeing at least one Help advertisement in 2010, an increase of 14 percentage points over the 2005 level of 29%. The increased awareness was even more pronounced among smokers (+19 points) and people under age 25 (+19 pts).
- Eighty percent of respondents who recalled the ads in 2010 found them interesting, and 90% found their tobacco control message easy to understand (+5 and +4 pts respectively versus 2005).
- Eighty-five percent of respondents who recalled the ads in 2010 agreed that they conveyed the availability of help to face smoking problems, and 81% agreed that the campaign communicated the fact that a website and/or telephone support was available (+11 and +15 pts respectively versus 2005).
- Sixty-nine percent of smokers said the campaign was an incentive to look for information/help—an increase of 10 percentage points versus 2005.
- Thirty percent of respondents correctly identified the European Union as being behind the campaign, an increase of 11 percentage points versus 2005.

Insights and Learnings from Campaign
1. Overall, the EU Help campaign was effective in getting the attention of the target audience and motivating them to look for assistance in avoiding tobacco and secondhand smoke. As mentioned above, the campaign had solid recall among young adults and smokers, and the majority of smokers said the campaign was an incentive to seek information or help.

2. Youth across Europe have enough in common that they can be addressed in a similar manner. Given that there were no significant differences between countries in how they responded to the campaign, the Help campaign demonstrated that a target audience of “young Europeans” exists that, despite national and cultural differences and specificities, will respond similarly to messages. Thus, campaigns can be efficiently conducted by communicating an identical message across the region (with language translation as needed).
3. Social media can facilitate youth’s “owning” of a campaign and can make it more participative. At the beginning of the Help campaign’s development, working with youth organizations was not easy as they were cautious not to be “used” by a cause. Gradually they took over the message themselves, organized youth meetings in Brussels and parties in their respective member states, and they used social media to boost Help’s visibility (in terms of numbers of Facebook fans, etc.). Conducting 1800 events and achieving the participation of such high levels of youth would not have been possible if social media hadn’t been available or hadn’t been widely used.

Sources of Additional Information
www.help-eu.com
http://www.help-eu.com/rich-media/beevirtua/beevirtua.html#app=f

Gerard Hastings
gerard.hastings@stir.ac.uk

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Online Campaigns 2009-2010
Innovative online display campaigns boosted traffic to help-eu.com
Online campaign 2010

Flight 1: E-coaching  15th Jan-9th March:

- Over 21 million unique Europeans (18- to 34-year-olds) were exposed to this campaign

Flight 2: Contextual 31st May -31st July

- Over 18 million unique Europeans (15- to 24-year-olds) were exposed to the campaign

Flight 3: Teens  15th Sept- 31st October

- To date (missing 2 weeks) , over 198 million impressions delivered

Online campaign 2009

Flight 1: 31st May – 31st August

- Over 149 million impressions /569, 738 clicks
Flight 2: 1st July-15th September

- 223 million impressions / 240,923 clicks

Flight 3: 23rd Sept- 7th November

- Over 275 million impressions / 226,813 clicks

MTV smokescreen and mini-series *Helpers*

- *MTV SMOKESCREEN* (23rd September - 23rd November 2009)
  - Co-branded mini web site created by MTV [www.mtv-smokescreen.com](http://www.mtv-smokescreen.com) in collaboration with *Help*
    - 43 million video-based impressions
- 110,000 videos watched by the audience
- 226,000 visits to the MTV smokescreen site

- **Helpers**: animated series produced every month
- 15th October launch of a 1:30 teaser video followed each month by one new episode

**Visuals from TV spots**

![TV films](image)

![Youth](image)
Mobile Campaign

- 47.1 million impressions were delivered in total (+496% versus goal) and 264,000 clicks (+278% versus goal).
Mobile Campaign

Actions with the brand overtime vs. campaign visibility...

This campaign delivered a staggering number of interactions. The vast majority of these interactions were visits to the mobile site triggered by superior CTRs on our banners which ran until week 7.

Search also drove traffic to the mobile site.

Visibility for the campaign (all impressions considered) fell steeply after week 5 so as not to over saturate the audience.

Downloads and the creation of helpmes remained constant throughout the campaign although downloads suffered as visibility diminished with fewer impressions served towards the tail end of the campaign.
Germany— 2005-present Smoke-free²⁴ Campaign

Organization
Federal Centre for Health Education (FCHE)

Campaign Dates
March 2005-present

Objectives
To motivate young people to quit smoking and to assist them in their efforts

Target Audience(s)
Primary: Smokers under age 18
Secondary: Any smokers interested in quitting

Media Vehicles/Channels
Internet (website, online ads, banners, buttons, email messages, forum); cinemas (paid ads); teen magazines (paid ads)

Campaign Budget (in USD)
Overall Budget: Not available
Development Budget for digital communications pieces/tools: Not available

Advertising Agency or Public Relations Firm
None used

Research Firm
Evaluation: the Delphi Corporation

Language(s)
German

Target Audience Research
None conducted

Pre-Campaign Evaluation of Draft Materials
Before going online, drafts of the website design were evaluated with a sample of 73 high-school students (mean age 15 years). After analysis of quantitative and qualitative feedback, the design was modified to match the aesthetic demands of the target population for the program.

In another pretest, the usability, comprehension and overall acceptance of the website were measured among a sample of 50 high-school students (mean age 17 years). As the feedback was mainly positive, only some technical details of the website were modified.

The drafts of the print ads were not pre-tested, but the cinema ads were pre-tested. Information about that pre-testing is available in German only at: http://www.bzga.de/?id=Seite1948.

²⁴ See Campaign Description section for clarification on this youth-focused campaign versus an adult-focused cessation campaign with the same name.
Campaign Description

Background
The Federal Centre for Health Education (FCHE) carries out two Smoke-free Campaigns addressing different target groups: The teen Smoke-free Campaign addresses youth aged 12 to 17 years (www.rauch-frei.info), and the adult Smoke-free Campaign addresses adults (www.rauchfrei-info.de), with a focus on pregnant women and parents. In addition to using mass media (such as TV ads), brochures, flyers and personal communications, both campaigns include a website with information on smoking and smoking cessation. The campaign websites each include a smoking cessation program that is based on theories of behavioral change and motivational interviewing. This case study focuses on the cessation program for teens.

The cessation program of the teen Smoke-free campaign has been developed as an online tool for motivating and helping young people to quit smoking. The fully automated cessation program is divided into three phases:

Phase I: Engagement. Each participant creates a “smoking profile” in which various questions about his/her behaviors and situation are asked. Based on this profile, individualized feedback is generated to encourage participants to reflect on their smoking behaviors and engage in the program. Those who want to quit smoking within the next 30 days can register for the program, define their goal of either cessation or reduction, and select their start date. Success stories can be found on the homepage, so prospective participants can learn more about the program and see how others have successfully quit. Over time, successful quitters have been sent email messages asking them to document their “success stories” with the help of a questionnaire. Each story is shown with a photo of the author imbedded on the homepage as a “teaser.” Each time the homepage opens, a different story is randomly shown. Each full-length success story can be opened with the click of the mouse.

Phase II: Preparation. Participants prepare for Day X, the day they will stop smoking or reduce their consumption. The preparation phase includes a guided tour of the site, in which various aspects of quitting or reducing are explained and useful advice was given. Here the participants are asked to select a friend as a “buddy.” The “buddies” are automatically sent an e-mail from the program, in which they are informed about what they could do to support their friends with quitting or reducing smoking. One of the most important elements of the preparatory phase is the “risk situations” in which participants are asked to develop coping strategies for the personal risk situations identified in their smoking profiles. To stimulate their reflection and help them generate ideas, participants are presented with examples for each risk situation, developed based on real strategies from other participants. With a click of the mouse these can be added to the personal list and adapted to suit the individual. To further support the use of the single components of the program, a “browser start page” was established in 2007. Participants can open this page via a link and set it up as the start page for their browser (e.g., Internet Explorer). In this way, the participants can be reminded of Smoke-free each time they go online and can easily access the program components. In 2008 the browser start page was re-launched as “my smoke-free” (German: “mein rauchfrei”). It can be used as a personalized entry into the program. In addition to the fully automated help with stopping smoking, the program contains an online forum in which all participants can discuss and share ideas with each other. Users of www.rauch-frei.info who are not registered in the program can also take part in the forum. The forum is monitored through a daily control of the postings, but there is no moderation.
Phase III: Action. The action phase begins with day X and lasts four weeks. Every week users are sent an e-mail inviting them to visit the website, where they are asked to complete a short questionnaire on their current consumption. During these “check-ups” participants are also asked to state in which situations they relapsed or had smoked more than intended (goal reduction). Based on the updated non-smoker or “relapse” profile, the users then receive individual feedback that affirms their previous success or encourages them to try again to quit or reduce smoking. Information and tips on how they can cope with their individual risk situations are also given here.

Additional information: The cessation program Smoke-free is part of the main page www.rauchfrei.info which is part of an extensive campaign comprising also commercials in cinemas, ads in teenager magazines, brochures etc. The cessation program is free and its use is unrestricted. As mentioned above, the cessation program is a “tailored intervention” that includes various consumption-related variables, such as the number of cigarettes or the type of risk situation on which differentiated feedback is based. Gender and age are other variables that influence the choice of wording and content. For example, users under 16 are given the advice to quit with the additional information that at their age it is easier to quit than it is for older people.

Process Evaluation
The Smoke-free program has been continually monitored, with a focus during the first three years (2005-2008) on acceptance among users and usability of the program.

Participants were recruited from the Smoke-free program to comprise the Intervention Group, and participants were recruited from the website www.drugcom.de to comprise the Control Group. This website is an information and advice portal on legal and illegal drugs for teenagers and young adults. All the participants smoked at the time of the first assessment. All individuals who reported having used other cessation aids, such as self-help books, nicotine replacements, medication, cessation courses or other Internet sites, at the post- and follow-up assessments were removed from the analysis.

Program usage: From the online start on March 23, 2005 to the end of November, 2008 a total of 6399 people had registered with the program, and later, new registrations averaged 160 per month. Mean age of participants was 24 years, with an almost equalized gender ratio (53% males). 81% were smoking on a daily basis with an average of 15 cigarettes per day. Nine out of ten users (93%) decided to quit smoking, while the rest of them aimed at reducing their cigarette consumption by at least 50%. All registered participants completed the smoking profile and, after confirmation of their e-mail addresses, were taken on a preparation tour in which they were shown important aspects of smoking cessation.

Eighty-two percent of all users started the preparation tour, and 59% “clicked” at least once on each element of the tour. Overall, the intervention group used, on average, six of the eight elements of the preparation tour.

After “day X,” 42% of the Smoke-free participants took part in the first check-up one week later, when participants received individualized feedback regarding their actual smoking status. Over the following weeks, the percentage of participants using the check-up sank continually. Only 19% of the Smoke-free participants of the RCT study used the program fully and took part in the fourth check-up.

Outcome Evaluation
Between March 2007 and August 2008 a randomized controlled trial (RCT) on the effectiveness of the *Smoke-free* program was carried out. The main outcome measure, abstinence from smoking, was defined as smoking neither cigarettes nor other tobacco products like cigars, cigarillos or water pipes for a seven-day period. Users who chose to reduce their cigarette smoking were excluded from the trial.

Intervention effects: Four weeks after the stop smoking day (“day X”) there was a seven-day abstinence period in 53% of the intervention group (IG), compared to an abstinence of 8.7% over the same period in the control group (CG) (see Figure 6). This difference is statistically significant even after controlling for age. At the follow-up assessment at three months, the abstinence rate was down to 30.6% in the intervention group and up to 16.4% in the control group. This difference is not statistically significant in the analyses of variance, perhaps due to small sample sizes. According to an intention-to-treat (ITT) analysis in which all the people who did not participate in the assessment were classified as smokers, the abstinence rate in the intervention group was 14.6% after three weeks and 7.6% after three months. In the control group, the ITT abstinence was 3.1% after four weeks and 4.7% after three months. Looking at the participants who were abstinent at both post- and follow-up assessments, the seven-day abstinence was 39.1% (ITT: 6.3%) in the intervention group and 2.1% (ITT: 0.5%) in the control group. This difference reached statistical significance.

Predictors of abstinence
Given the substantial program effects after four weeks, the question arises as to which person or program variables mediate successful abstinence for smoking. However, the results show that only age was significantly related to seven-day abstinence. This could be understood as implying that whether a person quits smoking or not is unrelated to both the intensity of consumption and use of the program. However, it should be noted that the post- and follow-up samples contain many participants who had successfully completed the program and were already abstinent one week after stopping smoking (i.e., there was a selection of people whose smoking behavior appears to be relatively independent of the factors studied). Abstinence was probably related to other factors that were not studied here, such as motivation or self-efficacy of the users to be able to attain one’s goal. It should also be noted that the lack of any mediating effects might have been due to the relatively small sample size.

Learnings and Insights from Campaign
1. The results indicate that the fully automated Internet-based smoking-cessation program *Smoke-free* can be an effective support for young people who want to stop smoking. As it was free of charge and could be freely accessed on the Internet, it could reach and thus potentially benefit a great number of individuals. Nevertheless, research of Internet-based smoking-cessation programs is still in its infancy and more research needs to be undertaken.

2. The *Smoke-free* cessation program was only rarely used by teenagers. Despite the fact that young people under 18 were especially targeted by embedding the program in the teen website ([www.rauch-frei.info](http://www.rauch-frei.info)) and via its promotion in teenage media, those under 18 years old represented only a small percentage of total users. Young adults represented the main group of users, and the average age was 24 years. User gender was fairly balanced with only a slightly higher percentage of male users (52.6%). It can be assumed that there is little interest in professional cessation programs among teenagers, and in fact, studies have shown that most teenage smokers prefer to try and stop smoking on their own.
3. *Smoke-free* cessation program participants had higher tobacco abstinence rates than those in the control group. At the 4-week post-assessment, the cessation rate was significantly higher in the intervention group than in the control group. The abstinence rate for the participants who took part in the post-assessment was 55.3% in the intervention group and 8.7% in the control group. The intention-to-treat analysis, which classified all participants who did not take part in the post-assessment as smokers, revealed an abstinence rate of 14.6% in the intervention group and 3.1% in the control group after four weeks. After three months, the abstinence rate was also higher in the intervention group than in the control group. At the follow-up assessment the abstinence rate in the intervention group was 30.6% and thus almost twice as high as the abstinence rate of 16.4% in the control group. However, this difference did not reach significance, which may be due to the small sample size in this study (<50).

4. A comparison with other evaluated Internet-based programs revealed that the 3-month cessation rate of the *Smoke-free* cessation program was relatively small; however, other programs allowed participants who are using other cessation aids at the same time (while the evaluation of the *Smoke-free* cessation program excluded those using other aids). The most important difference versus other programs was the fact that both in the *Smoke-free* cessation program and in the evaluation of the program, all use of further supportive measures such as nicotine replacements (NRT) or medication was excluded. It is commonplace that Internet-based smoking-cessation programs targeted towards adults recommend NRT or other supportive medication. This aspect is important as there are substantial effects for pharmacological supportive measures.

**Sources of Additional Information**

[www.rauch-frei.info](http://www.rauch-frei.info)

Michaela Goecke
michaela.goecke@bzga.de

Peter Lang
peter.lang@bzga.de

Israel – 2007-2008 *Sigi Tabak Campaign*

**Organization**
Clalit Health Services: National Department of Health Education and Promotion + National Department of Marketing Communication

**Campaign Dates**
November 2007-January 2008

**Objectives**
- To increase smoking cessation awareness and the possibilities to quit, such as smoking cessation workshops, especially among young people who are in the pre-contemplation and contemplation stages (according to the Stages of Change Model by Prochaska and DiClemente)
- To develop a new approach using a tool which is accessible, in wide use by the target audience and which is relatively low-cost as compared to mass-media campaigns.

**Target Audience(s)**
Young smokers, mainly 18-35 years old

**Media Vehicles/Channels**
- Internet video clip, distributed virally (forums, blogs, Facebook, etc.)
- Mini-website
- Postcards in coffee houses and bars
- National telephone service center for providing further information

**Media Presence**
The online placements and news media coverage (TV and regional radio) were not measured.

**Campaign Budget (in USD)**
$25,000 USD
  - Production: $ 18,000 (videos, mini-site, song, etc.)
  - Social media: $ 7,000 (distributed virally, promoting the video clip in content sites etc.)

**Advertising Agency or Public Relations Firm**
McCann Erickson

**Research Firm**
None

**Language(s)**
Hebrew

**Target Audience Research**
None conducted

**Pre-Campaign Evaluation of Draft Materials**
A focus group was conducted by the Research and Evaluation Department of Clalit. The participants were of a range of ages and professions. Most of them liked the campaign; some mentioned the possibility that it would be more suitable for a specific group in the population than for others.

**Campaign Description**

The challenge was to create awareness about smoking cessation, in an interesting manner, based on a limited budget. A "buzz" campaign, was created, based mainly on the Internet. An image was created in the form of a singer by the name of Sigí Tabak ("Sigí" is a common name in Israel and "tabak" is the name for “tobacco” in Hebrew).

Sigí released a song and a video-clip, which was a parody of very popular Israeli "depression" music. The song hit the radio stations who were not aware that it was actually a campaign, and the clip was released virally on the Internet. The song introduced Sigí, a cigarette which was "dumped" by a smoker. She describes her suffering and longing for her smoker, who left her for the sake of a smoking cessation workshop. The clip ends with a headline: Come hear the sad song of Sigí Tabak, directing to a link to the campaign mini-site.

A special mini-site was designed with a variety of Sigí images, such as pictures from her life, a place to write "talkbacks" and downloading the song and the clip. The site also enabled people to register for smoking cessation workshops.

In addition to the Internet campaign, 100,000 special "farewell to cigarettes" post cards, with visuals of Sigí Tabak, were distributed in coffee houses and bars. The postcard encouraged the public to "make your own Sigí" by suggesting that smokers dress up their cigarettes and bid them farewell.

**Process Evaluation**

The process measures included views of the videos throughout the web, entries/visits to the campaign mini-site, ring tone downloads to cellular phones, number of telephone calls to Clalit's call center inquiring about smoking cessation workshops, and exposure in the general press. Over the course of 2 months following the launch of the initiative, there were 237,138 views of the video, 63,244 entries to Sigí's site, and 1,023 people downloaded content to their cell phones. Although the initiative was implemented for two months, people showed interest in the workshops and the campaign content long after. No other activities were going on at the time that would help explain the increased interest in quitting smoking.

The media took interest in the campaign, and it was covered in newspapers and on the radio and television, although these placements were not measured.

The Sigí Tabak campaign won first prize in the Israeli Advertising Contest in the internet category and reached the finals in an international contest "The Golden Drum."

**Outcome Evaluation**

There was a 29% increase, from 279 to 394, in the number of people who inquired about smoking cessation workshops, from 3 months before the campaign to 3 months after the campaign (unique callers were recorded at the call center). Approximately 50% of participants in the smoking cessation workshops refrained from smoking one year subsequent to the end of the workshop.

**Learnings and Insights from Campaign**
1. A “buzz” can be created in the relatively new and evolving marketing segment called "conversation marketing" by developing interesting content that attracts the target audience in an enjoyable and memorable way. This campaign proved that even without a media placement budget, awareness and conversation about smoking cessation could be generated via primarily digital content.

2. It is feasible to receive high exposure with low costs through an innovative approach such as this one; however, there is a need to develop fresh messages in order to continue to engage the interest of the target audience. One way to keep the audience engaged in the campaign might be to extend and deepen the intervention to stages of change, such as preparation and action (according to the Stages of Change Model by Prochaska and Diclemente).

Sources of Additional Information
http://www.mccanndigital.co.il/Cannes08/Clalit_Cigi/index.html

Sigi Tabak mini-site:
www.sigitabak.co.il

Shosh Gan-Noy
Clalit Health Services
Department of Health Education and Promotion
shoshga@clalit.org.il
The Netherlands –2005-2006 Smoke Alert Campaign

Organization
Department of Health Education and Health Promotion, Maastricht University

Campaign Dates
April 2005 – April 2006

Objectives
Motivate adolescents to quit smoking.

Target Audience(s)
15- to 18-year-old smokers

Media Vehicles/Channels
Internet (website)

Media Presence
None

Campaign Budget (in USD)
Not available

Advertising Agency or Public Relations Firm
None used

Research Firm
Department of Health Promotion and Health Education, Maastricht University

Language(s)
Dutch

Target Audience Research
None conducted, however the program’s development was guided by the I-Change Model regarding what is necessary to affect behavior change (see below under Campaign Description).

Pre-Campaign Evaluation of Draft Materials
None conducted

Campaign Description
The Smoke Alert program was based on the I-Change Model\textsuperscript{25} which incorporates concepts from several cognitive models (i.e., Trans-theoretical Model\textsuperscript{26} and Theory of Planned Behavior\textsuperscript{27}). The I-

Change Model is a phase model and assumes that at least three phases in the behavioral change process can be distinguished: 1) awareness 2) motivation and 3) action.

The Smoke Alert program was a computer-tailored smoking-cessation intervention delivered in schools via computers in which adolescents received three personal pieces of advice over a period of six months. During regular class hours, students went to a computer room supervised by a teacher and filled in a questionnaire on the Smoke Alert website about smoking behavior and smoking-related cognitions (e.g. attitude, social influence, self-efficacy). The following items were either measured by the questionnaire or were provided as feedback/advice:

1. **Smoking Behavior.** Students were asked to pick a statement that best described them out of nine smoking-related statements and were then categorized as daily, weekly, or occasional (smoking less than 1 cigarette per week) smokers. Nicotine dependence was measured using the modified Fagerström nicotine dependence scale with scores ranging from 0 to 10 and a score of six or higher indicating nicotine dependence.

2. **Smoking-related cognitions.** Three social cognitive concepts were measured according to the I-Change Model: 1) attitude towards smoking and quitting (26 items); 2) self-efficacy not to smoke (13 items); and 3) perceived social influence, consisting of social pressure, social modeling and social norms (24 items).

3. **Intention to quit.** To measure intention to quit smoking, participating students who smoked were asked to select a statement that best described their situation with options ranging from “I want to quit within a month” to “I have no intention at all to quit.”

4. **Action Plans.** Daily, weekly and occasional smokers were asked to indicate to what extent they planned on using certain strategies when quitting smoking. For instance: the use of nicotine replacements, reading information on quitting, informing friends about their quitting attempts etc. Other factors that were assessed were age, sex, ethnicity, religion, and educational level. After filling out the questionnaire, respondents received personal advice in the general outline described below.

5. **Feedback on smoking status.** The web-generated feedback started with a personal greeting that contained the name of the respondent. The smoking status of the respondent was confirmed as well as the possible intention of the respondent to quit smoking (e.g. “Dear John, you have been a smoker for four years now, but you say you want to quit smoking within the next month”).

6. **Attitude.** After giving feedback on smoking status and intention, some paragraphs were dedicated to the smoker’s beliefs about smoking and smoking cessation. This had the general intention of countering beliefs about the positive effects of smoking (e.g. smoking makes me more attractive, smoking makes me popular) and to strengthen beliefs about the negative effects of smoking and the positive effects of smoking cessation.


7. **Social influence.** Questions and feedback about social influence were divided into three categories: social pressure, social modeling, and social norms. The respondents had answered questions in the questionnaire about perceived social pressure from people in their environment. Depending on the amount of pressure perceived, skills were taught to deal with social pressure to smoke. Regarding social norms and social modeling, the number of people in the respondent’s environment who smoke was calculated. It was made clear to the respondent how many people in the environment were smokers and how this could affect his/her smoking behavior. Also, the respondent was taught how he/she could ask for support from friends and family when attempting to quit.

8. **Self-efficacy.** When filling out the online questionnaire, the respondent answered questions about his or her self-confidence to refrain from smoking in certain situations (stressful, situational and social). For situations where the respondent expected difficulties in refraining from cigarettes, strategies were offered to help the respondent to get through them without relapsing.

9. **Action plans.** Respondents had to indicate to what extent they intended to use certain action plans before a quit attempt (e.g., removing all smoking materials from the home, asking friends for support, setting a quit date.). The respondent was advised to use action plans and was given four examples of plans that could be useful for him/her. The main message regarding action plans was that the more carefully one prepares for a quit attempt, the better he/she will be able to anticipate any possible difficulties and the more likely that quitting will be achieved.

The first personal advice participants received contained about four pages of text. After this initial piece, two more pieces of advice were given during the six-month intervention period, based on answers to the first questionnaire. The second piece of advice had a stronger focus on the influence of the (social) environment on smoking behavior. Respondents became more aware of the influence of friends on their (smoking) behavior, but also the influence of media was discussed. The third piece of advice had a stronger focus on relapse and relapse prevention. The main message was that having a lapse is not as bad and does not mean that the quit attempt has been totally unsuccessful. Advice was given on how to deal with lapses. In both the second and third pieces of advice, further attitudes on smoking and cessation were discussed, as well as more information on dealing with pressure to smoke.

**Process Evaluation**

To assess the effects of the *Smoke Alert* intervention, a randomized controlled trial\^{28} was carried out in schools. In the autumn of 2004, 192 school head teachers were invited to participate in the *Smoke Alert* study. The 27 schools that participated were randomly assigned to the Internet condition, the Letter condition or the Control condition. Schools in all three conditions received an explanatory letter and informed-consent forms to be distributed to students and their parents. After students filled out the baseline questionnaire, those in schools in the Internet condition and in the Letter condition received the intervention respectively through the Internet or by letter. Six months after the baseline measurement, all students were invited to complete the follow-up questionnaire, consisting of the same items as the baseline questionnaire.

Over a period of three months, the *Smoke Alert* baseline questionnaire was filled out by 979 daily, weekly and occasional smokers aged between 15 and 18 years of age, from 27 schools. The mean age of the participants was 16.7 years. Approximately 58% of the participants were girls and 88% were Dutch nationals. Regarding smoking behavior, the mean number of cigarettes smoked per day was eight. The mean age at which respondents had smoked their first cigarette was 13.9 years. Mean nicotine dependence, measured with the Fagerström questionnaire was 1.9. Attrition, from baseline to follow-up, at student level was approximately 50%.

**Outcome Evaluation**

Analyses on the effects of the intervention were conducted on complete cases. In total 496 students completed both baseline and follow-up measurements. At follow-up after 6 months, 17.2% of the baseline smokers in the Control condition had stopped smoking. Quit rates in the Internet condition and Letter condition were higher: 26.8% and 19.2%, respectively. Among the conditions, the only significant difference was between the Internet and Control conditions, based on limited base sizes.

When examining only the experimental conditions, quit rates were the same for boys as for girls. Of the occasional smokers at baseline, 42% were considered non-smokers at follow-up (defined as not having smoked in past month). The quit rate among weekly smokers was 35%, whereas the quit rate among daily smokers was 12.5%. This may be explained by the higher nicotine dependence score of the daily smokers (3.0 versus 0.16 for occasional and 0.00 for weekly smokers).

Of all smokers at baseline, 29% had the intention of quitting smoking within six months. Of these smokers intending to quit, 35% (n=31) had actually quit smoking after six months. Just as many smokers (n=36) who did not intend to quit at baseline had given up smoking at follow-up. All daily smokers that had quit smoking at follow-up had the intention of quitting at baseline, whereas only 34% of the occasional smokers who quit had the intention of quitting.

Not only did the *Smoke Alert* intervention have a positive influence on the quit rates of participants, it also had a positive effect on smoking-related cognitions. Among students in the Internet condition, significantly (p< .05) fewer negative social norms as regards quitting were found when compared to the Control group. At baseline there was no difference regarding this item between the two groups. Students in the Internet condition also claimed that their parents were smoking significantly less than the participants in the Control condition claimed. The increase in self-efficacy to not smoke in difficult situations was significantly larger in the Internet condition, compared to the Control condition.

**Learnings and Insights from Campaign**

1. *Smoke Alert* was an effective way to help adolescents quit smoking. The intervention tested two ways of delivering personal advice to participants: through the Internet and by letter. Results indicated that giving personal feedback in a letter did not result in higher quit rates than giving no personal information at all. On the other hand, significantly higher quit rates were seen in participants who had received their advice via their computer screen.

2. The Internet intervention may have been more effective than the Letter intervention because the interaction with participants was more timely and, thus, may have been more relevant. Since just as many participants in the Letter condition reported having read the advice they received as participants in the Internet condition, reading rates cannot explain the difference in the quitting outcomes. However, in the Internet condition, students received their advice immediately after filling out the questionnaire, and thus, filling out the questionnaire had already made them think
about their smoking behavior. Perhaps the personal advice they received fit closely with their thoughts and opinions at that moment and may have provided more motivation to quit smoking. Participants in the Letter condition received their advice up to three weeks after filling out the questionnaire. It is conceivable that they had forgotten what they had answered to the questionnaire and possibly even changed their opinion about smoking and smoking cessation.

3. **Using schools to recruit participants assisted in attracting only youth from the desired target audience.** The target population of the *Smoke Alert* program was 15- to 18-year-old smokers. Since the program was carried out in schools, it was relatively easy to attract the target population by selecting only those classes with students in the desired age range. Whether or not this group would have been reached just as well if the study population had been recruited through a freely available intervention on a website cannot be concluded from this study.

4. **The program could be improved by providing closer follow-up of quitters to assist them when they are most vulnerable during quit attempts.** While *Smoke Alert* is very easy to implement in schools, requiring only one class hour to fill in the online questionnaire, after which participants receive personal advice via the computer (website) or by e-mail, this format does not allow for very interactive communication with the smoker/quitter which might be helpful in early detection of relapses. A possible improvement to the program would be the closer follow-up of quitters to provide them with more support at times when they need it during their quit attempts. It is also known that adolescents experience withdrawal symptoms and difficult times in social situations during their quit attempts. *Smoke Alert* could be improved by offering quitters Internet-based and/or in-vivo counseling during their quit attempts. This could still be done in an automated procedure, with computer tailoring as the method of giving advice.

**Sources of Additional Information**

Website – no longer available

Froukje Dijk
froukjad@hotmail.com

**Postscript:**
After a time of effect analyses, looking for grants to continue this successful intervention and adapting the intervention for freely accessible use (meaning, shorter, more attractive to the target population – which was less important when using *Smoke Alert* as an intervention carried out in school/class), the *Smoke Alert* intervention was recently made publically available at: [http://www.smokealert.nl/](http://www.smokealert.nl/) (Dutch only)
**SMOKE ALERT**

### Roken (NIET) VOOR JOU?

**Waarom roken?**
In Californië werd een study georganiseerd om te kijken of roken bij jongeren wel of nietEgyptisch was. De deelnemers moesten een paar vragen beantwoorden, waaronder hoeveel rook ze per dag hadden.

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**Gezondheidsrisico's**
Het roken is niet alleen slecht voor jouw gezondheid, maar ook voor het milieu.

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### Opportuniters

**KAPPEN OF KAPPEN?**
De cijfers over roken, meer of minder...

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**Ik heb roken waarschijnlijk uitgeprobeerd, maar ik rook nu niet meer.**

---

**Weer een test?**
Een test is een essentieel onderdeel van een verantwoordreaction op een test.

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**SMOKE ALERT >> FIGURES**

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**SMOKE ALERT >> TESTPAGINA**

**Voor- en nadelen van roken**

1. Ik rook als... (oorsprong)
   - Ik wil niet opgeven
   - Ik wil gewicht verliezen
   - Ik wil minder stress oplopen
   - Ik wil veel vaten
   - Ik wil meer ruimte

2. Ik ervaar... (gevolgen)
   - Ik heb een rookdruk op mijn borst
   - Ik krijg makerpijn
   - Ik krijg meer cancer
   - Ik krijg meer kramp
   - Ik krijg minder ademhaling

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**112**
New Zealand –2008 Quit Website

Organization
The Quit Group

Campaign Dates
July-December 2008 (campaign started in 2007 and lasted beyond 2008, however this case study focuses on a 6-month period)

Objective
To reduce the number of New Zealanders who smoke

Target Audience(s)
All smokers who would like to quit smoking

Media Vehicles/Channels
Website (tobacco use cessation program, as well as online advertising on other websites popular among target audience, such as yahoo, auction website, newspaper website) and television (advertising for the Quit website in the end frame of some cessation-focused campaigns aired by The Quit Group)

Media Presence (TRPs or other measure of exposure)
Media presence not available, but there were selected screenings during the time period of ‘Health Warnings,’ ‘Video Diaries’ and continuous ad placement on Māori TV.

Media Budget (in USD)
Not available

Advertising Agency or Public Relations Firm
GSL Limited

Research Firm
The Quit Group research team

Language(s)
English

Target Audience Research
None conducted

Pre-Campaign Evaluation of Draft Materials
None conducted

Campaign Description
The website served a number of purposes, with the primary purpose to support smokers who wanted to quit. The website included a ‘Quitting Smoking’ section that provided educational information on
smoking harms and the benefits of quitting, as well as practical tips on ways to cope with cravings for smoking and how to develop and maintain a smoke-free lifestyle.

The New Zealand government provided heavily subsidized nicotine replacement therapy (NRT) in the forms of nicotine patches, gum and lozenges (discounted more than 95%) through a number of avenues, one of which was The Quit Group website. People who completed an online order form would receive an exchange card to take to a participating pharmacy to redeem prescribed NRT products.

Some interactive features were added during the website re-development in 2007 that included a ‘Quit Calculator,’ ‘QuitTips,’ and ‘Quit Blogs.’ The Quit calculator allowed smokers to calculate the amount of money saved from not buying tobacco for a week, a month and a whole year, by entering the number of cigarettes they usually smoked per day, the number of cigarettes contained per packet and the cost per packet. QuitTips were automated emails that were sent to registered clients at regular intervals. The content of the emails was linked to each participant’s quit date. The ‘Quit Blogs’ allowed members to share their quit journeys, ask questions, and gain support from, or provide support to, their peers.

**Process Evaluation**
Registration and service usage were monitored monthly. During the six-month period between July and December 2008:

- 2,745 smokers registered with the website (averaged at 458 per month)
- 3,575 Quit Blogs were posted (averaged at 429 per month)
- 29,482 page views of the Quit Calculator (averaged at 4,914 per month)
- 21,845 unique views of the Quit Calculator (averaged at 3,641 per month).

In comparison, the Quitline and Txt2Quit (a mobile phone-based service where people receive automated text messages to support their quitting) also run by the Quit Group received an average of 1,856 and 317 registrations each month during this time period.

- Characteristics of Web clients were monitored:
  - There were significantly more younger clients (aged under 25 years) registered with the website than the Quitline (27% versus 21%). The amount of missing cases in the ethnicity (22%) and gender (14%) of web clients precluded further statistical comparisons against Quitline clients.

- Client satisfaction surveys were carried out with a sample of registered members in 2008. Findings included the following:
  - 70% of clients redeemed their exchange cards for nicotine replacement therapy product. Among these, 94% had used at least some of the products and 26% had used all of them.
  - A large majority of people found nicotine patches and/or gum very useful in their quitting attempt.
  - Along with NRT Online, some people also used other services to help with their quitting in the six months prior to the survey. One third had called the Quitline and an additional 19% had used the online Quit blog.
  - Ratings of the online NRT ordering form were positive but some believed the instructions could be clearer.
• A total of 78% indicated they would definitely use NRT Online again when/if they needed it in the future. Furthermore, 60% of participants indicated they had recommended NRT Online to someone and a further 37% said they would recommend it.

• Using patches and/or gum ordered online increased peoples chance of quitting (65% of those who used patches and/or gum were quit versus 21% of those who had not used patches and/or gum). People were said to be quit if they had smoked no more than five cigarettes in the previous seven days.

• The survey highlighted changes needed to the NRT exchange card delivery process to ensure orders were handled promptly and were tracked to ensure complete processing.

Outcome Evaluation
None conducted

Learnings and Insights from Campaign
1. The website continued to grow and generate more quit attempts due in part to a more client-focused approach. To attract a higher number of clients wanting to quit, The Quit Group needed to ensure that the website remained relevant and useful for people using the website as a resource to assist them with their quitting. This meant transitioning the website from a largely corporate face of The Quit Group to a client-focused website.

2. The website could be accessed by anyone in the world; thus, processes had to be put in place to ensure that only New Zealand residents could take advantage of the greatly-reduced-price NRT. While The Quit Group did not stop overseas users from accessing the website, careful checking of NRT orders ensured that the NRT was only ordered by residents living in New Zealand.

3. The Quit Group blogs were a dynamic tool used by clients to support each other in quit attempts. Clients used the blogs sponsored by The Quit Group to record their daily battles in giving up smoking and their successes, as well as to talk about what worked or didn’t work. Other users posted comments of support and encouragement. Occasionally Quitline Advisors posted comments to support and encourage quitters and to provide accurate information. The Quit Group moderated their blogs against offensive language, spam and advertisers, however, the actual posts of clients were not amended.

Sources of Additional Information
www.Quit.org.nz
quit@quit.org.nz
Blogs

My blog

Public Blogs

Calculators - quitting stats

Quit Calculator

Quitting Smoking

My Stats

Congratulations! You are now 31 days smoke free!

Cost per packet ($) 26

Number of packs 372

Money saved $2,044.6

Now that you know how much you could save by quitting smoking.
New Zealand – 2008-2009 Txt2Quit Service

Organization
The Quit Group

Campaign Dates
June 2008-June 2009 (campaign lasted beyond 2009, however this case study focuses on first year)

Objectives
To motivate groups with high rates of smoking (e.g., young adult, Māori and Pacific populations) to try to quit

Target Audience(s)
All smokers, with a particular focus on 16- to 24-year-old Māori and Pacific smokers

Media Vehicles/Channels
Internet (website)
Mobile phones (text messages)

Campaign Budget (in USD)
Overall Budget: Unknown
Development Budget for communications pieces/tools: Unknown

Advertising Agency or Public Relations Firm
GSL Limited

Research Firm
The Quit Group Research Team

Language(s)
English, some use of common Māori words

Target Audience Research
Research conducted prior to the development of Txt2quit formed the basis of the target audience research. The Clinical Trials Research Unit (CTRU) at the University of Auckland conducted a large, randomized trial of a new smoking cessation service using mobile phone text messaging - STOP smoking by Mobile Phone, or STOMP. The trial, which was conducted between July 2002 and November 2003, involved 1,705 current smokers from throughout New Zealand who wanted to quit, were aged over 15 years, and owned a mobile phone (Rodgers et al 2005). Participants were allocated to an intervention group that received regular, personalized text messages providing smoking cessation advice, support and distraction, or a control group that received generic health messages. After six weeks, the proportion of participants in the intervention group who had quit was twice that of the control group (28% cf. 13%). Further, Māori in the intervention group were more likely to report being quit at six weeks than Māori in the control group (26% cf. 11%) (Bramley et al 2005).

Following positive outcomes from the STOMP trial and a similar UK study, the New Zealand Ministry of Health contracted The Quit Group to develop and provide the STOMP service throughout New Zealand as a three-year pilot called Txt2quit.
Pre-Campaign Evaluation of Draft Materials
None conducted

Service Description
The Quit Group was contracted by New Zealand’s Ministry of Health to develop and provide a mobile phone smoking cessation service available to all smokers with an emphasis on 16- to 24-year-old Māori and Pacific populations. A three-year pilot of Txt2Quit, the mobile phone cessation service, was launched by The Quit Group in mid-June 2008. This case study summarizes the first year of The Quit Group’sTxt2Quit program and its one-year evaluation.

The service was free and integrated with the Quitline and Txt2Quit website. The Txt2Quit program ran for 26 weeks and comprised four stages: Pre-quit (up to two weeks), Quit Day, Intensive stage (four weeks), and Maintenance stage (20 weeks) Throughout the program, the client received regular stage-specific texts (e.g. texts in pre-quit stage focused on preparing and getting ready before the quit day) from Txt2Quit providing cessation advice and support and the client could text for support when they experienced cravings, slip-up or relapse. They could also request Quit Cards that could be exchanged at a pharmacy for four weeks’ worth of heavily subsidized nicotine replacement therapy (nicotine patches, gum and/or lozenges) to assist them in their quit attempts. There wasn’t a limit the number of Quit Cards requested.

Features of the Txt2Quit service included:
1. The ability for clients to text the short-code, 3111, for additional support. Clients could text:
   - “Crave” if they are craving a cigarette; they will receive suggestions for how to get through the craving. The “Crave” request can be general or specific (e.g. “Crave alcohol”, “Crave stress”, “Crave bored”).
   - “Slip-up” if they had one or two cigarettes but did not fully relapse. The Txt2Quit response to “Slip-up” normalizes this process and supports the client to get back on track with their quit attempt.
   - “Relapse” if they resumed smoking within the 26-week period and wanted to make another quit attempt. They would receive tailored relapse messaging for a period of four weeks before re-entering the program.
   - Each client could send up to 50 “Crave” and “Slip-up” texts.
2. The ability for clients to text “Stop” to 3111 if they wished to stop participating in Txt2Quit before the end of the program. All message delivery would cease immediately.
3. Fortnightly polls – these were used as a means of engaging and distracting clients, as well as directing traffic to the quitting community on the Txt2Quit website.
4. Black-outs – clients could specify a period of up to two hours of the day, within the message schedule window of 7am to 10pm, when they would not be sent texts.
5. Monitoring of quit status – all active clients received a text at four weeks, 12 weeks and 26 weeks, asking if they had quit.

Clients could also contact the Quitline with questions, or access the Txt2Quit website, which provided access to the online quitting community, a list of Frequently Asked Questions, and poll results. On
registration, clients were posted a *Txt2Quit* pack, which includes a letter, wallet guide, phone sticker, *Txt2Quit* guide, and quitting materials.

There was a very small advertising budget. The service was promoted primarily through Quitline Advisors offering *Txt2Quit* to clients in the target audience for the service (16 to 24-year-old Māori and Pacific). A small amount of online and cinema advertising was purchased. The main avenue of promotion was via an arrangement between The Quit Group and Health Sponsorship Council. The HSC agreed to add *Txt2Quit* endframes on the end of their ‘Smoking Not *Our* Future’ television commercials for no cost. Therefore, potential clients would have found out about *Txt2Quit* either via the promotional activities or from Quitline Advisors.

Following either an enquiry to 3111 or registration via the Quitline or registration via the *Txt2Quit* website, clients are sent an opt-in message. Once clients had registered to quit they were sent an ‘opt-in’ message from *Txt2Quit*. A reply to this message activated the start of their program.

**Process Evaluation**

**Registrations and enquiries**

- During the first 12 months, the *Txt2Quit* service received 4,154 registrations. More than nine out of ten (94.0%) people who registered went on to opt-in to the program, resulting in 3,905 clients for the 2008-09 year. There were a further 20,397 enquiries that did not convert to registrations. The majority of these enquiries were received following the screening of the ‘Smoking Not *Our* Future’ television commercials.
- The large number of enquiries that did not convert to registrations suggests people’s limited understanding of what *Txt2Quit* was, limited understanding of what would happen when they made an enquiry, and the effort required to register for the service (additional to the initial enquiry text).
- Most *Txt2Quit* registrations (76.0%) were undertaken via the Quitline, with 16 to 24-year-olds, Māori and Pacific registrants were particularly likely to register via the Quitline.
- Feedback on both methods of registration, Quitline and the website, was generally positive. Website registration, in particular, was viewed as quick and efficient. There was some suggestion that the registration via the Quitline took too long.

**How people heard about *Txt2Quit***

- Most people (63.1%) heard about *Txt2Quit* via Quit Advisors from the Quitline, however, a significant proportion heard about the service through television advertising (13.3%). *Txt2Quit* end-frames on ‘Smoking Not *Our* Future’ television advertisements were particularly effective at generating enquiries and registrations.

**Characteristics of *Txt2Quit* clients**

- The priority population groups were well-represented among *Txt2Quit* clients in 2008-09. Clients aged 16 to 24 years old represented two-thirds (66.8%) of people who opted-in to the program. Māori (30.4%) and Pacific smokers (8.3%), when combined, represented nearly two-fifths (38.7%) of clients. Three-fifths (61.7%) of *Txt2Quit* clients were female; the over-representation of females was parallel to other Quit Group services.

**Outcome Evaluation**

The evaluation incorporated information from a number of different sources, including small-scale telephone surveys of *Txt2Quit* clients, small-scale analytical studies using information from *Txt2Quit*
databases, larger-scale client research projects, monitoring information from Txt2Quit databases, and feedback from key informants.

**Completion of, and withdrawals from, Txt2Quit**
- At the end of the 2008-09 year, 592 people who registered for Txt2Quit (14.2%) had completed the program and 960 people (23.1%) were either awaiting opt-in or were in the active stages of the program. Nearly two-thirds (62.6%) of people who registered for Txt2Quit had withdrawn.
- Reasons for withdrawing from the program include relapse, clients not being ready to quit, clients disliking aspects of the program, and clients no longer needing the program because they had stopped smoking.

**Text messages**
- Feedback on the Txt2Quit text messages was extensive and varied. Overall, most clients who participated in research agreed that the texts were relevant, timely, motivating, supportive and easy to read. However, there was also some criticism that there were too many texts, particularly in the intensive stage of the program, that the texts were repetitive, that the texts assumed clients had slipped-up or relapsed, that the style was often ‘cheesy’, that they were too impersonal, and that they weren’t timed to arrive during the most ‘at-risk’ periods. Some clients did not like the use of text language.
- Most clients had used at least one of the feature texts (“Crave,” “Crave stress,” “Crave alcohol,” “Crave bored,” “Slip-up,” “Relapse,” “Stop”). The crave texts were the most commonly used. Crave texts and “Slip-up” were used, on average, one to three times per client and feedback on the Txt2Quit responses to “Crave” and “Slip-up” was positive.
- Around one in seven clients (14.2%) had texted “Relapse” and a small number tried to text “Relapse” a subsequent time, even though the system only allows one “Relapse” per client. Feedback on Txt2Quit responses to “Relapse” was positive.
- Consistent with the high proportion of clients who withdrew from the program in the 2008-09 year, nearly two-thirds (62.4%) of clients texted “Stop” to withdraw from Txt2Quit and most did so in the Intensive or Maintenance stages.

**Polls and black-out periods**
- Around half (55.2%) of 2008-09 clients who were sent polls, responded to them. Feedback on polls was mixed, with some clients saying that they seemed irrelevant.
- A small proportion of Txt2Quit clients had an active black-out period at the end of the 2008-09 year. Most had requested a two-hour period in the morning. There were no reported problems with this feature, although the low usage suggests many clients may not have been aware of this option or may not have found it useful.

**Txt2Quit support**
- **Information pack**: Around half (52%) ofTxt2Quit clients who participated in research had read all of the information in the Txt2Quit information pack. Among those who had read at least some of the pack, the information was viewed as useful and providing everything they needed to know about Txt2Quit. However, clients aged 16 to 24 years old were less likely to have read all of the information and this was reflected in their less positive feedback about the resources. This age group was positive about the information relating to nicotine patches, gum and lozenges, but there was a strong suggestion that there was too much material in the Txt2Quit pack.
- **Website**: Around half (53%) of Txt2Quit clients who participated in research had visited the Txt2Quit website and, among those who had, feedback was positive.
Technical support: More requests for technical support in 2008-09 were directed to the Quitline than to the Txt2Quit website. However, the majority of clients who participated in research did not seek technical support at all. Of those who did, most were satisfied with the response they received.

Nicotine patches, gum and lozenges
- The availability of nicotine patches, gum and/or lozenges was a highly popular component of the Txt2Quit service. Nearly three-quarters (72.8%) of Txt2Quit clients requested Quit Cards to be exchanged for heavily subsidized nicotine patches, gum and/or lozenges and, according to the client survey, nearly three-quarters of those who requested Quit Cards (71%) went on to exchange at least one.
- Around one-third (34%) of surveyed clients who exchanged at least one Quit Card used all of the nicotine products they received.

Satisfaction with the Txt2Quit service
- Txt2Quit met the expectations of most clients who participated in research, most were satisfied with the service, most would consider using the service again in the future, and many had already, or would in the future, recommend Txt2Quit to others.

Quit outcomes
- The self-reported quit-rates (using the conservative intention-to-treat approach) for clients who were active in the Txt2Quit program were 33% at 4 weeks, 21% at 12 weeks, and 16% at 22 weeks after their quit date (assumed to be 24-hour point prevalence).
- Among the priority groups of 16-24-year-old, Māori and Pacific populations, quit rates were lower among these groups than among the total population at most time intervals, however the rates were still encouraging, ranging from 28% and 29% for the Māori and Pacific populations, respectively, at 4 weeks to 12% and 9% among the 16-24-year-old and Pacific populations at 22 weeks.

Learnings and Insights from Campaign
1. The campaign attracted a younger audience to Quitline, although Txt2Quit was used by a range of clients. The campaign complemented the 'traditional' quitting services offered by The Quit Group to increase the client base of the service. Future plans included integrating Txt2Quit with TheQuit Group's range of services, allowing contact with Quitline Advisors for quitting assistance when needed, and online access to cessation support.

2. Once set up, the program was generally inexpensive to run and required low full-time staffing to monitor and support service usage. However, any changes that needed to be made to the STOMP program required additional costs to The Quit Group due to the licensing arrangements, which sometimes meant that changes The Quit Group wanted to make were not made.

Sources of Additional Information
www.Quit.org.nz
quit@quit.org.nz
Ready to quit smoking?
Get quitting tips and support sent straight to your mobile!

TXTing and quitting smoking is a logical match. How common is it to see someone outside smoking and TXTing? Heaps of people do that and almost everyone has a mobile, so TXT2Quit is a way to help you quit smoking using your mobile. Sending TXT messages can help keep your motivation up and give you advice and support as you quit.

Sign up for TXT2Quit and we’ll send you free TXTs to support you while you are quitting. TXT2Quit runs for 26 weeks and is ideally suited to 16 – 24 year-olds, but anyone can use it. This service is only available to people living in New Zealand, and global roaming charges may also apply if you travel outside the country.

So have a think about TXT2Quit, check out the Quitter blogs, then sign up for TXT2Quit and TXT your way to being smokefree.

Want more details about TXT2Quit? Try these links:
- How do I stop TXT2Quit?
- How many messages will I get sent each day?
- Order particles and letters
- Quit smoking calculator
- Report technical problems

Call Quitline 0800 778 778

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123
Norway – 2003-2005 *Happy Ending* Campaign

**Organization**
Private initiative with funding from Norwegian Directorate for Health and Social Affairs

**Campaign Dates**
October, 2003 – December, 2008

**Objectives**
To assist people in stopping smoking in an economically sustainable way (by commercializing the smoking cessation service).

**Target Audience(s)**
Smokers (all age groups) who were motivated to quit smoking

**Media Vehicles/Channels**
E-mail, website, SMS, and IVR (interactive voice response) were used to deliver the program content.

Television ads, Google ads, a dedicated website, newspapers, and corporations’ internal communications channels were used to market/publicize the program.

**Media Presence**
Not available

**Campaign Budget (in USD)**
Overall Budget: Not available
Development Budget for Digital Communications Tools/Elements: Not available

**Advertising Agency or Public Relations Firm**
None used.

**Research Firm**
University of Oslo with funding from Norwegian Research Council.

**Language(s)**
Norwegian

**Target Audience Research**
None conducted

**Pre-Campaign Evaluation of Draft Materials**
An expert panel consisting of psychologists, a smoking cessation specialist, and a copy writer gave feedback on the material throughout the design process. Unstructured and informal interviews were conducted with test users who were members of the target audience (no written reports were made).

**Campaign Description**
*Happy Ending (HE)* was developed over a three-year period and launched on the Norwegian market in 2003. Developing the intervention was largely a private initiative, with main architects of the program being Professor Pål Kraft (tobacco control researcher) and Harald Schjelderup-Lund (digital media
copywriter). The Norwegian Directorate for Health and Social Affairs, however, contributed some funding at an early stage, and the Norwegian Research Council provided the funding for a research project to be conducted at the University of Oslo.

Participants were charged for their participation in the intervention (except for participants in the research studies who were not charged). There were no restrictions as to who could use the program -- it was open to all.

The most important theoretical concepts that formed the basis of HE included tunneling and relapse prevention. These concepts, and a description of the structure of the program, are briefly described below.

One of the most striking features of HE was that the intervention was tunneled (i.e. the intervention was organized as a “guided tour” through a predefined sequence of content, where each piece of information was available to the client for a restricted period of time. Over a period of six weeks the client received an e-mail with a link to a webpage, which was unique to that day and was only available for 72 hours. The link was also unique to the user, so program staff could accurately trace which of the web pages each user accessed. All users received the same content, and in the same sequence (i.e., HE was not a tailored intervention). (However, one could consider the smoking craving helpline and the relapse prevention as forms of tailoring.) During the six first weeks of the program, the client received 2-3 text messages (SMS) on his/her mobile phone each day. After this, the number of text messages was reduced to less than one per week. The content of the text messages typically underlined the main message from the webpage of that day, or it reminded the client about using the other features of the program.

HE was composed of three distinct phases:
1) a two-week preparation phase during which time the client smoked as usual
2) a four-week highly intensive active quitting phase
3) an eleven-month follow-up phase

During the last phase, the number of contact points was gradually reduced to only one call every Sunday afternoon and one SMS during the week.

On the following page is a chart that provides a visual overview of the stimuli that each participant was exposed to over the course of the 54-week program.
### Table 1. Potential contact points between program and user

<table>
<thead>
<tr>
<th>Component</th>
<th>Wks 1–2</th>
<th>Wks 3–6</th>
<th>Wks 7–8</th>
<th>Wks 9–10</th>
<th>Wks 11–15</th>
<th>Weeks 16–54</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Web page</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Text msg.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Log-on call</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Log-off call</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
</table>

*Note.* The table shows all daily contact points during six sample weeks. The sample weeks are repeated to form the entire 54-week intervention period. Each cell represents one intended contact, with the exception of text messages where one dash may represent one, two, or three messages depending on week number (i.e., weeks 1–2: two messages; weeks 3–6: three messages; during weeks 7–8 the number of messages was gradually reduced from three to one each day; in weeks 9–54 one dash represents just one text message). Emails, text messages and the log-off calls are proactive (i.e., programme initiated), while opening the web pages and the log-on calls are reactive (i.e., user initiated).
A central focus in HE was relapse prevention. The approach applied in HE was based on Marlatt’s cognitive-behavioral model and self-regulation theory. HE addressed lapse prevention by educating the user about potentially challenging situations; installing coping plans and boosting self-efficacy before a lapse actually occurs; and by providing a smoking craving helpline the user can call whenever he or she is tempted to smoke.

A crucial ingredient of HE was the education of the participants about the cognitive, affective, and behavioral reactions that smokers usually experience if a slip occurs. In HE, participants were told that the administrators expected that most of them would experience one or a number of slips. Participants were told that it was not critical whether they experienced a slip, but rather, how they reacted emotionally and behaviorally to slips. By being prepared for these reactions, being able to recognize them when they occurred, and having specific skills and support systems to master such setbacks, it was envisaged that the probability was greater that participants could manage lapses and prevent relapses.

Additionally, the relapse-prevention system continuously monitored the smoking status of participants. For two months post-cessation, the quitters were called each night and asked whether they smoked that day. Then, brief encouragements were provided to abstainers, and therapy to lapsers. The purpose of the relapse therapy was to induce the participant to attribute the slip to situational factors (i.e. an external and unstable cause) as opposed to willpower (i.e. an internal and stable cause), thereby preventing negative emotions and a full-blown relapse. Furthermore, an important element was to make the quitter accept that if he or she relapsed and started smoking again, it was part of a deliberate decision and not something that the person was powerless to prevent.

The last component of HE was the morning call. This call was performed by the client and took place every morning for two months, starting on the second day of the active quit phase. If the client did not call HE, the client would receive up to three reminders by phone (one Interactive Voice Response (IVR) call and then two text messages). Upon calling, the client heard a brief pre-recorded message that pointed out a positive short-term consequence of quitting, for example: “today your blood pressure is reduced to that of a non-smoker”. This information resembled a type of biofeedback, and the topic was further elaborated on via the web page of the day. This was done to counteract the motivational conflict experienced by many smokers during the first smoke-free days. Along with the temptation and impulse to smoke, this motivational conflict implied that the effect of the expected consequences of smoking versus not smoking tends to change. In short, the positive short-term consequences of smoking (e.g. feeling more relaxed, less irritable) tend to be inflated, while the value of the long-term negative consequences of smoking (e.g. health) seem to be deflated during the first days and weeks of a quit attempt.

Each component and each contact point, including the smoking craving helpline and the relapse-prevention system, were 100% automated. The smoking craving helpline and the relapse-prevention system were based on IVR (i.e., the client heard pre-recorded messages upon calling and responded to questions by pressing a button on his/her mobile phone). Each day of the active quit phase of the intervention consists of multiple contact points that were spread out from morning to evening. After getting up, the client called the intervention and listened to a positive health message. When the client logged on to the webpage for that day, he or she read it and completed the daily assignment in the web diary. Throughout the day, the client received three SMS text messages. Finally, the client was called and asked whether he or she smoked that day. Additionally, the client may have called the smoking craving...
helpline upon experiencing a grave episode of craving a cigarette. Usually the different information provided in these various contact points relates to each other, or to the information from the previous or the next day. HE is an intense intervention during the first 2-3 months, but particularly during the 4-week active quit phase. It should be noted that for most of the one-year period of the intervention, the number of contact points was restricted to two per week.

Process Evaluation
A small-scale evaluation (n=5) was conducted, involving a set of qualitative interviews. The sample was a convenience sample (all male, two in twenties, three in fifties), and provided some interim insights about the Happy Ending user experience, including that 1) the older subjects were generally more positive about the intervention than the younger subjects, and 2) both young men raised several critical comments regarding what they saw as “artificial communication” throughout the intervention while the older subjects did not raise such concerns.

Outcome Evaluation
The efficacy of HE was evaluated in two randomized controlled trials (RCT) (see citations at end of document). In both trials a treatment group receiving HE was compared to a control group receiving a printed self-help booklet. Subjects were recruited by means of banner advertisements in Internet newspapers. Candidates for inclusion in the study were daily smokers aged 18 or older who were willing to make an attempt to quit smoking in the immediate future and had daily access to the Internet, e-mail and a mobile phone. The restriction regarding age was due to ethical requirements and practical considerations (i.e., participation of younger persons would have required consent from their parents, and hence made the recruitment procedure significantly more complicated). Across the trials, subjects on average smoked 18 cigarettes a day, and had an average FTND score around five. Half of the subjects were male, and 45% possessed a college degree.

In trial one, both the treatment group and the control group received free supply of nicotine replacement therapy (NRT), but NRT use was not a prerequisite for participation. In trial two, NRT was not provided to any of the groups. Seven-day point abstinence was measured at one, three, six, and twelve months after quitting: intent-to-treat principles were applied and the main outcome was repeated point abstinence (RPA) at all these four time points.

The main finding, from Trial One (with NRT), was that repeated point abstinence was significantly higher in the treatment group (22.3%) compared with the control condition (13.1%) 12 months after the intervention. The main finding from Trial Two (without NRT) was that repeated point abstinence was significantly higher in the treatment group (20.1%) compared with the control condition (6.8%).

Due to low number of young subjects, the two trials (n=686) are broken down in the following analysis. Of the total number of subjects, 76 were 25-years-old or younger, and 29 were 21-years-old or younger. Thus, there was not suitable data to draw conclusions with regard to these younger age groups. The tendency in the data was that higher age predicted abstinence (non-significant): this was true for both experimental conditions. There was also a tendency towards higher treatment effects (i.e. odds ratios) for younger age but it was non-significant. Moreover, there was no significant difference in drop-out rate from survey follow-up between the age groups.
What was statistically significant, however, was the adherence to the intervention. The younger clients (18 to 21-years-old) utilized HE to a much lesser degree than older clients: younger clients logged on to the webpage on average 17 times, while older clients logged on 29 times on average. Similar results were found for the other components of the intervention as well (except for the smoking craving helpline, where no difference was found).

**Learnings and Insights from Campaign**

1. *HE* was the first automated digital smoking-cessation intervention reported in peer-reviewed literature to achieve a clear treatment effect over a year (restricting the comparison to volitional interventions and to RCTs applying ITT, or Intention to Treat). As mentioned above, both Trial One (the program administered with the option of receiving nicotine replacement therapy (NRT)) and Trial Two (the program administered without providing NRT) showed significantly higher repeated point abstinence for the treatment group versus the control group.

2. The novel design of the intervention (i.e., the combination of email, website, SMS and IVR) exploited the unique characteristics of each channel (e.g. text versus voice recordings, push/pull, short/long texts, availability, etc.) and allowed participants to have exposure to a variety of channels, some which they may have preferred more than others. Communicating on a broad spectrum may have increased pervasiveness and persuasiveness.

3. Overall, participants tended to rate the telephone components (IVR & SMS) of the intervention as slightly more useful than the Web components. Hence, IVR and SMS seem to be valuable supplements/extensions of Internet-based interventions.

4. The dissemination of the intervention was challenging due to the advertisement costs being higher than the incremental cost of delivering the intervention. There were not enough smokers in Norway who were motivated to quit and willing to pay for a web-based service to cover the running expenses (e.g., hosting of the web pages and the telephone services). Hence, the business model had to be re-evaluated. It could be that a small private company does not provide a good basis for dissemination, particularly in such a small market (i.e., a small country with a unique language). The optimal solution from a public health perspective might be that HE be disseminated by a large NGO or a national Health Department because they likely would already have an organizational infrastructure better suited to the large-scale distribution of such interventions.

5. Younger participants (18- to 21-year-olds) were less engaged in the HE program than older participants. As an example, the younger participants logged onto the HE website an average of 17 times, versus an average of 29 times for older participants, and for most of the other program components similar differences were seen. It is difficult to tell whether younger participants participated less actively because they didn’t think they needed as much help in quitting, because they weren’t as dedicated to quitting, because they didn’t find the online tools helpful, or because of other reasons. It is also difficult to determine whether lower participation on the part of the young adults led to lower cessation rates because the base sizes of the young adult participants were too low to draw conclusions from.
6. Possible improvements to the program might include tailoring of content to individual users’ situations and improving the level of interactivity of the intervention (appropriate balance of push and pull). A hierarchical website as a stand-alone intervention is not likely to be effective; rather, cessation programs should try to mimic relevant aspects of human-to-human relations; make the intervention rewarding to follow; include “push” factors; extend the web intervention by use of mobile phones; and finally, consider tunneling and just-in-time therapy, particularly for volitional interventions.

Sources of Additional Information
http://folk.uio.no/haavabre/

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havar.brendryen@medisin.uio.no

Brendryen, Kraft & Schaalma (2010). Looking Inside the Black Box: Using Intervention Mapping to Describe the Development of the Automated Smoking Cessation Intervention ‘Happy Ending’. Journal of Smoking Cessation; 5(1), 29-56. [This article includes many of the website, SMS and IVR messages in it].


Postscript: In 2006, HE was licensed to the pharmaceutical industry. Today several interventions based on HE are available on the commercial market internationally. These versions are similar but not identical to HE (for example, some of the telephone components have been removed), and they are marketed as an adjunct to medication products, under brand names such as Get Quit, Life Rewards, and Active Stop. This case study focuses only on the original Norwegian version – the only one called Happy Ending. As of 2009, this version was still being run by the developers, and was commercially available on the Norwegian market. Between 2003 and 2009, approximately 3600 people utilized the intervention.
Å glippe er slett ikke å sprekkje

Dette er kanske den viktigste regelen. Happy Ending Regel 4: "Du slutter igjen neste dag etter en glipp."

Tenk deg at du har sluppet å røyke i fire dager. Så skjer det noe som gjør at du tar en røyk eller fem om kvelden. Hva tenker du neste morgen?


Dette er den store misforståelsen når det gjelder å slappe å røyke. SELV OM DU TAR EN RøyK ELLER FLERE, HAR DET IKKE SKJEDD NOEN KATASTROFE!

**Hvorfor ??**


Dette var den siste av Happy Ending Reglene. Se neste side hvis du vil ha en repetisjon av alle fire reglene.
Singapore—2009 *Kids Watch. Kids Learn.* Campaign

**Organization**
Health Promotion Board (HPB)

**Campaign Dates**
July 23, 2009—August 10, 2009

**Objectives**
Encourage parents not to smoke by highlighting the importance of positive role modeling and how their smoking affects not just the health and development of their child but also has an influence on their child picking up the habit.

**Target Audience(s)**
Parents with children aged less than 12 years

**Media Vehicles/Channels**
TV, radio and print (advertisements) and E-direct mailings, Internet, mobile phones (push messages sent to cell phones), blogs

**Media Presence (TRPs or other measures of exposure)**
Not available

**Campaign Budget (in USD)**
Overall budget: Not available
Budget for development of digital elements/tools: Not available

**Advertising Agency or Public Relations Firm**
Creative content: Ogilvy Advertising
Media placement: MindShare Pte Ltd.

**Research Firm**
None used

**Language(s)**
English, Malay, Chinese and Tamil

**Target Audience Research**
Singapore’s 2006 Student Health Survey (SHS) among 13- to 16-year-olds revealed that parents played a role in impacting youth when it came to smoking—a larger proportion of current youth smokers (59%) than nonsmokers (34%) had at least one parent who smoked. Parents, therefore, were identified as a key target audience for youth prevention efforts.

A pre-campaign survey highlighted that parents who smoked were aware of the ill effects of their habit on their children’s health, but they lacked information on how their smoking habit influenced their
children to experiment with smoking. Though information about quitting smoking was available via a national telephone counseling service, QuitLine, and via the Health Promotion Board website, the target audience cited busy schedules, addiction to nicotine and lack of social support as reasons for not wanting to quit smoking.

**Pre-Campaign Evaluation of Draft Materials**

The creative concept was pre-tested with twenty parents. Over 5 days, parents with children under 12 years of age attending the Student Health Centre of the Health Promotion Board were randomly selected to participate in the pre-testing. In a one-to-one setting, parents were shown the print and television creative for *Kids Watch, Kids Learn*. Parents, regardless of their smoking status, were asked the following questions:

- Who are the advertisements targeted at?
- What do you think the advertisements are trying to tell you?
- Are you / is your spouse a smoker?
- (To smokers) Does the advertisement prompt you to encourage your spouse to quit smoking or to quit smoking yourself?
- (To non-smokers) Would the advertisement prompt smokers to quit smoking?

Of the participating parents, 5 reported to be smokers and 8 reported that their spouse (usually the husband) smoked. All 20 parents exhibited a clear grasp of the creative concept. When the 13 smokers and spouses of smokers were asked if the concept encouraged them to quit smoking or would encourage their spouses to quit smoking, all reported that it did.

**Campaign Description**

The campaign was conducted for nineteen days in July-August 2009 to impress upon smoking parents of children aged less than 12 years that they are their children’s role models and to encourage them to quit smoking.

The campaign included various elements:

- TV, radio, print advertisements
- TV ad uploaded to YouTube with calls to action:
  
  To quit, SMS “Quit” to 78008 (toll-free), call 1 800 438 2000 or visit www.hpb.gov.sg/kidslearn

For the *Kids Watch, Kids Learn* campaign, it was believed that digit media could complement the traditional media and drive response. To this end, specific digital creative was developed. For the first time in a Health Promotion Board anti-smoking campaign, Twitter and Push messages about the campaign were sent to mobile phones. There was also a media conference held among parents who blogged. There, they were presented with insights into child psychology and were encouraged to write about the campaign.

**Process Evaluation**

- 30% increase in Quit Line calls during the campaign period compared with 3 weeks prior to campaign (i.e. 1 – 22 July 2009).
• 160 SMS responses (104 from TV viewers)
• Over $82,000 in earned media (news coverage)
• More than 10,000 eyeballs on Twitter, including 7644 followers of first message regarding Dartmouth study about influence of parents’ smoking on children’s smoking behavior
• 350 online page views (275 unique), including 111 views of TV ad and 81 views of radio ad with print still
• 121 cell phone followers agreed to have quitting materials sent to them via their phones

In addition, three of the four bloggers, with an average of 50 followers each, posted blog entries regarding Kids Watch. Kids Learn. Though campaign staff were unable to track page views, a total of 20 comments were received from the bloggers’ readers. Eighty percent of the comments agreed with HPB’s approach to impress upon parents that they are ‘their children’s biggest heroes’ and urged parents who smoke to quit smoking. About 10 parents who left comments requested that HPB share information on how they could go about quitting smoking.

See Appendix I for process evaluation data related to media placements/exposure and calls to quitline.

Outcome Evaluation
On an annual basis, HPB conducts in-home surveys regarding its past year’s campaigns. Each year, about 300 households are randomly picked from all over Singapore for this survey. Interviewers arrange with the home owners to visit them on a particular day for the interview. Each interview lasts no more than 30 minutes and a token of appreciation (a $10 supermarket voucher) is given to each respondent.

Measures to evaluate the effectiveness of the Kids Watch. Kids Learn campaign were included in the annual survey conducted in January 2010. Approximately 40% of parents with spouses who smoked and with children less than 12 years old recalled the Kids Watch. Kids Learn campaign creative. All of them claimed to have spoken to their smoking spouse and encouraged them to quit smoking to prevent their young children from emulating their undesirable behavior.

Learnings and Insights from Campaign
1. While the campaign’s primary target audience was parents who smoked, the campaign appears to have been more effective in encouraging non-smoker parents to assist their smoker partners to quit. As mentioned above, in a quantitative survey conducted six months after the campaign ended, about 40% of nonsmoking parents with a partner who smoked recalled the campaign, and all of them claimed to have spoken to their smoking spouse about quitting smoking.

2. The call to action was not clear enough, and thus not easy to act upon. Qualitative feedback regarding the television ad included complaints that the last screen/frame was too cluttered for viewers to take note of call to action. Few people responded to the ad via SMS, but it is difficult to determine what factors caused the lack of responses.

3. This was the Health Promotion Board’s first experience with use of influential bloggers, and overall the experience was positive. As mentioned above, three of the four bloggers who were approached regarding the campaign then wrote about it on their blogs. Twenty comments were received from followers of these blogs, and 16 of the comments indicated agreement with the approach of the
campaign. Ten readers posted comments requesting information about quitting or help in quitting. Perhaps engagement sessions might be improved by involving bloggers with similar causes to create deeper conversations and stronger relevance.

Sources of Additional Information
www.hpb.gov.sg/kidslearn

TV ad: http://www.youtube.com/watch?v=BVmCG-LMAYw

Radio ad with print ad as view: http://www.youtube.com/watch?v=ZqiYToLvsaU

Print Ads:

E-direct mailing sent to workplace based Health Promotion Facilitators:
## Appendix I

*Kids Watch. Kids Learn. Campaign Projected TV Performance:*

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>GRPs</strong></td>
<td>239</td>
<td>691</td>
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</tr>
<tr>
<td><strong>1+ Reach</strong></td>
<td>50%</td>
<td>80%</td>
<td>35%</td>
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<tr>
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<td>65%</td>
<td>25%</td>
<td>50%</td>
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<tr>
<td><strong>Average Frequency</strong></td>
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### Singapore’s QuitLine Summary (January – July 2009)

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<tr>
<th>Month</th>
<th>Total Number of Calls</th>
<th>New Case</th>
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<tr>
<td></td>
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<td>Smoker</td>
</tr>
<tr>
<td>Jan</td>
<td>156</td>
<td>123</td>
</tr>
<tr>
<td>Feb</td>
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<td>131</td>
</tr>
<tr>
<td>Mar</td>
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<tr>
<td>Apr</td>
<td>189</td>
<td>120</td>
</tr>
<tr>
<td>May</td>
<td>235</td>
<td>158</td>
</tr>
<tr>
<td>Jun</td>
<td>166</td>
<td>100</td>
</tr>
<tr>
<td>Jul</td>
<td>232</td>
<td>146</td>
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</table>
## Calls to QuitLine before and after *Kids Watch. Kids Learn.* Campaign

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<tr>
<th>Date</th>
<th>Number of calls</th>
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</tr>
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<td>12.08.2009</td>
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</tr>
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Between 1 – 22 Jul 2009 (ie. before *Kids Watch. Kids Learn.* campaign started) QuitLine received 77 calls

Compared to period before campaign, number of calls to QuitLine increased by 30% during *Kids Watch. Kids Learn.* campaign (23 Jul – 12 Aug)
News Media Coverage for *Kids Watch. Kids Learn.* Campaign and Approximate Value:

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<thead>
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<th>DATE</th>
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<tbody>
<tr>
<td>23-Jul-09</td>
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<td>938LIVE</td>
<td>676</td>
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<td></td>
<td>Channel News Asia Online</td>
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<td>InSing.com</td>
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<td>The Straits Times, Pg C9</td>
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<td>The AsianParent.com.sg</td>
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<td>25-Jul-09</td>
<td>Janewon.blogspot.com</td>
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<td>BaiBoo</td>
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<td>The New Paper</td>
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<td><strong>TOTAL</strong></td>
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United Kingdom – 2007-2008 *Breathe* Campaign

**Organization**
Cancer Research UK (CR-UK)

**Campaign Dates**
Film making competition: November – December 2007  
Seeding and cinema screening of winning film: July 2008

**Objectives**
Motivate young people to not start or continue smoking by:
- Actively engaging young people in developing messages about not smoking (peer-to-peer)
- Prompting the development and submission of at least 500 video competition entries from young people
- Distributing resulting videos online via youth networks

**Target Audience(s)**
Male and female 13- to 18-year-olds from across England, of diverse ethnicities and from C2DE households (low and middle income)

**Media Vehicles/Channels**
To publicize competition:
- Direct mail to schools: lesson packs to Channel 4 schools’ database to publicize contest
- Social networking sites/youth partners’ sites
- On-street: postcard distribution
- Banners: on CR-UK and Channel 4 sites

To publicize winning videos:
- Youth online networks: distribution of final videos via online seeding
- Cinema: distribution of winning video—shown on cinema screens in NW England (because only NW England DH had funds for cinema placements)

**Media Presence (TRPs)**
Not available

**Campaign Budget (in USD)**
Overall Budget: £125,000 (approximately $200,000 US)

Development Budget for Digital Communications Tools/Elements:
- £60,000 (approximately $100,000 US) for film production (4 videos), competition website, winners’ workshops, schools’ newsletter
- £3,000 (approximately $5,000 US) for online seeding via youth networks

**Advertising Agency or Public Relations Firm**
Competition done in house by Channel 4 (C4)
Public Relations done in house by Cancer Research UK
Film production by Maverick Media (two videos) and independent film maker M Hoad-Robson (two videos)
Seeding network managed by Maverick Media

Research Firm
Cragg Ross Dawson

Language(s)
English

Target Audience Research
Although no research was conducted for this campaign, campaign planners used information from a 2004 literature review conducted by the Institute of Social Marketing in Stirling, Scotland. The literature review concluded about message themes that, “The available evidence suggests that messages need to be able to evoke emotional arousal among young people to be effective. However, the evidence regarding specific message themes is much more mixed…Messages which emphasise that young people have a choice have consistently been shown to be least effective….The strongest evidence (generally from controlled studies) provides support for messages addressing industry manipulation and social norms. There is also some evidence, although of a lesser quality, for messages depicting the negative health consequences of smoking. There are suggestions that interventions should employ a mix of message themes and, overall, should seek to denormalise tobacco use within the community.”

Pre-Campaign Evaluation of Draft Materials
Campaign staff selected ten concepts out of the hundreds of video entries produced by young adults. These ten youth finalists were invited to a film-making workshop, where they created video concepts in storyboard format based on their ideas. Six of these concepts were then selected and tested qualitatively to find out which concepts motivated youth to stop smoking and encouraged viewers to forward the videos to friends (to help spread the campaign virally). Nine group discussions were conducted over two days in London, Birmingham and Leeds (areas with high percentages of deprived youth). Each group lasted one hour, and included 5 or 6 respondents. Groups were split out by age (13-15 or 16-18, by gender and by smoking status).

Findings included the following:
1. Three of the six tested routes appeared to have potential as viral films because they had a clear, relevant and potentially motivating message about smoking and they had a hook which was sufficiently strong to mean that they will be forwarded to other people. The concepts selected as most promising were “In the bedroom,” “Coughing up lungs,” and “Morphing face” (aka “Party Fag Hag”).

“In the Bedroom” featured a young couple kissing, smoking and removing items of clothing in a student bedroom. The guy undoes his pants and a giant cigarette leaps out which then turns to ash and drops to the floor. This film was not released under the CRUK brand due to internal concern over negative impact on brand with our traditional supporters. It was seeded on the Internet with no brand.
“Coughing up Lung” takes place after a party as a young woman literally coughs her guts up all over the kitchen floor following a drag on a cigarette.

“Morphing face” takes place during a party when a guy is flirting with a girl. She looks over, drags a cigarette and her face morphs into an old, wrinkled ‘hag.’

A fourth concept, “Slaughterhouse,” which was added by the panel, used horror but addressed industry tactics, something that panel members were keen to explore. The ‘queuing teenagers’ idea submitted by one of the youth was the basis for the concept, and research recommendations included making the message clearer and creating visceral appeal.

2. The three that emerged as most successful were in a sense the least sophisticated, and had the simplest messages and least ambiguous ‘storylines.’ They relied less on the quality of the direction and more on the ‘action,’ and they raised few issues from respondents or suggestions for improvement.

Ten concepts were judged by an expert panel of media, youth, academic and cancer experts and six were tested in focus groups. Four winning films were then produced – the three that tested well in research, and one that was based on the ‘queuing teenagers’ route but adapted to include an attack on tobacco industry tactics, at the request of the panel and based on insight from the United States (Florida) Truth campaign. This became the “Slaughterhouse” film.

Campaign Description
A film-making competition was developed, working in partnership with a credible youth media brand (Channel 4). The video competition was distributed via lesson packs to Channel 4 schools’ database (7,500), youth partners/social networking sites, PR/celebrity endorsement (DJ Spoony), on-street postcard distribution, and banners on CR-UK and C4 sites.

Four winning films (“Slaughterhouse,” “Morphing Face,” “Coughing up Lung,” “In the bedroom”) were produced and three of these (“Slaughterhouse,” “Morphing Face,” “Coughing up Lung”) were distributed online via seeding networks. The lead film (“Slaughterhouse,” based on ‘queuing teenagers’) was screened in cinemas in NW England to support existing regional youth anti-smoking activity (local funding allowed for placement of the film in cinemas). This activity was run in preparation for a new law making it illegal for 16-17 year-olds to buy cigarettes.

Process Evaluation
- 1,500 competition entries were received versus a target of 500
- The combined reach of all websites involved in the video seeding network amounted to over 4,000,000 unique visitors per month. There were 108,280 views of “Slaughterhouse,” “Morphing Face” and “Coughing up Lung” across video sharing sites and seeding network. “In the bedroom” was not officially seeded by CR-UK due to its illicit content and concerns about impact on CRUK brand with traditional supporters.
- 83,991 views came from seeding network
  - Approximately 70% of those were for “Slaughterhouse,” which is around 59,000 views
  - The remaining 25,000 views were split equally between “Morphing Face” and “Coughing up Lung”
- 45,247 of the seeding network views were from within the UK, the remaining 38,744 were from outside of the UK
- “Slaughterhouse” was the most popular film on video sharing sites with 15,529 views, followed by “Coughing up Lung” (6,206 views) and “Morphing Face” (2,654 views)

Outcome Evaluation
- After airings of “Slaughterhouse” in cinema houses, 117 15-24-year-olds were asked about film via an exit survey in the cinema foyer:
  - 79% of those who recalled film thought it was more effective than most other anti-smoking ads they had seen.
  - The film appeared to have had a strong and positive impact on non-smokers (70% said they were less likely to start smoking in the future as a result of seeing ad).
  - Only 11 respondents claimed to be smokers, so reactions among smokers were too difficult to measure.

Learnings and Insights from Campaign
1. The quantity and quality of entries was considerably higher than initially anticipated and demonstrates how the competition was interesting for young people. Thousands of youth were engaged in the campaign and felt motivated to get involved by entering the contest and taking the project seriously.

2. In addition to viewing the videos, people also felt compelled to comment on them and pass them along to others. This is another measure demonstrating the success of the campaign—the target audience interacted with the campaign and discussed health issues through digital media (example: “This vid definitely went into my nerves... glad I don't smoke.”)

Sources of Additional Information
http://info.cancerresearchuk.org/healthyliving/smokingandtobacco/breathe_competition/

Abigail Brown
Abigail.brown@cancer.org.uk

Still from “Slaughterhouse” film:
Still from “Morphing Face” film:

Still from “Coughing up Lung” film:
United States--2008-2010* Become an EX National Campaign

Organization
- The EX brand, website, marketing campaign (“Re-learn life without cigarettes”) and all related materials were developed by Legacy.
- The EX Quit Plan was developed by Legacy in collaboration with Mayo Clinic’s Nicotine Dependence Center.
- The campaign was funded in part by a coalition of state and organizational partners spearheaded by Legacy called the National Alliance for Tobacco Cessation (NATC).

Campaign Dates
- During 2008, a paid promotional campaign ran from March through September.
- During 2009 and 2010, a paid promotional campaign ran from October 2009 through February 2010. At the conclusion of the paid campaign, a donated media campaign ran in partnership with the Advertising Council through October 2010.
- Online media (paid search and display) ran continuously from the national launch through 2010.

Objectives
- To change knowledge, attitudes, beliefs and behaviors related to successful smoking cessation at the population level.
- To drive smokers trying to quit to a web-based tobacco cessation intervention (the EX Quit Plan): www.BecomeAnEX.org

Target Audience(s)
Adult smokers who want to quit

Media Vehicles/Channels
- Paid Advertising – Television, radio, online, cinema, out-of-home (ranging from branded coffee sleeves to video ads at gas stations and convenience store check-out lines to posters in Laundromats and bowling alleys) and mobile (display ads on mobile sites and text messaging outreach).
- BecomeAnEX.org – The EX website offered free evidence-based quit plans, as well as access to an online community of smokers trying to quit. The site received more than 2 million visitors and nearly half a million registered users from its launch through 2010.
- Content Integrations – EX content was incorporated into television and radio programming, including the 2009 Major League Baseball American League Championship Series and World Series and ESPN’s “Bassmasters” series.
- Public Relations – Extensive national and local earned media outreach including mentions/articles in Parents magazine, blogs and on various TV and radio programs.
- Celebrity Ambassador – EX partnered with NASCAR driver Carl Edwards for a series of behind-the-scenes videos linking the importance of preparing for a race to preparing to quit smoking.
The videos ran on the EX website and were promoted through online ads, earned media and social media.

- **Social Media** – Facebook and Twitter
- **Collateral Materials** – Brochures and wallet cards distributed by NATC partners

**Media Presence**

During the 2008 six-month national campaign period, EX advertisements aired on broadcast and cable television at 1076 gross ratings points (GRPs). Following a “burst” campaign launch strategy, 69% of total GRPs aired in the first three months of the campaign. All 2008 campaign elements resulted in a reach of 93 (effective 3+ reach was 81) with a frequency of 17.2.

Due to budget limitations, during the 2009/2010 national campaign, EX advertisements aired on broadcast and cable television at 863 GRPs. All 2009/2010 campaign elements resulted in a reach of 95 (effective 3+ reach was 86) with a frequency of 15.6

**Advertising Agency or Public Relations Firm**

Creative: GSD&M  
Media: PHD  
Website Development: Beaconfire  
Social Media: YouCast (2010 campaign only)

**Research Firm**

The pilot and outcome evaluations were performed by Legacy’s in-house Research and Evaluation team, which contracted with various vendors for data collection. Formative research for the development of the EX brand and “Re-learn” campaign was conducted by GSD&M team.

**Language(s)**

English, Spanish. (Certain Spanish-language ads and materials were also culturally tailored to ensure they resonated with a Latino audience.)

**Target Audience Research**

Formative research for the development of the EX brand and “Re-learn” campaign was conducted from 2003 through the launch of the national campaign in 2008 and consisted of 40 focus groups with more than 300 participants, 48 one-on-one interviews and a proprietary segmentation study featuring quantitative, online data collection with over 1,000 respondents. The research provided input for each stage of development, from the formulation of the EX brand through the determination of which ads to produce.

Using the Transtheoretical Model of Behavior Change as a framework for understanding the journey a smoker takes when making a quit attempt, formative research efforts revealed that for many smokers, the Preparation stage was the “make or break” stage for smokers trying to quit. It was during this stage that successful quitters had prepared themselves not only physically – for instance, by learning about Nicotine Replacement Therapy (NRT) products and other medicines – but also psychologically and emotionally. Smokers who had quit reported gaining a sense of confidence during the Preparation stage and coming to
believe that quitting was possible, that they were strong enough to do it, and that they knew what they needed to know to succeed.

EX was designed to focus on preparing people for a successful quit attempt by increasing their confidence and self-efficacy that quitting is actually possible and directing them to resources — including BecomeAnEX.org. Rather than focusing on all adult smokers, the campaign identified smokers who had at least reached the contemplated quitting and were already considering a quit attempt between the ages of 25-54. (A number of existing campaigns speak to people in the Pre-Contemplation stage and provide them with reasons to quit smoking, so care was made not to duplicate those efforts.) Specific efforts were made to add subtle cultural cues to help ensure that the campaign resonated with lower-income smokers, as well as African Americans and Latinos.

Pre-Campaign Evaluation of Draft Materials
Formative research and evaluation were conducted at all stages of campaign development, including pre-testing of TV ad concepts and communication checks on final TV advertisements. Focus groups were conducted among members of the target audience to ensure receptivity and comprehension. The campaign was also tested among smokers not in the designated target audience; ads were shown to younger smokers, as well as those in the Pre-Contemplation stage to ensure that there would be no unintended consequences (for instance, the ads would not discourage younger smokers or those not ready to quit by depicting quitting as too difficult).

A pilot campaign was conducted in four U.S. cities to assess the effectiveness of the approach. The pilot cities were chosen based on a variety of criteria including geographic region, smoking rates, local tobacco control policies and the demographic makeup of the population. To assess awareness and receptivity to the television ads, cross-sectional surveys were administered in three out of the four pilot cities. Receptivity was high among smokers in general and even higher among the designated target audience. Furthermore, the target audience identified with the brand and found it to be a trusted and empathetic source for quitting information. A longitudinal sample of smokers in the main evaluation city was established to assess pre- and post-campaign cessation-related knowledge, attitudes, beliefs, and behaviors. These data indicated that awareness of EX was associated with significant changes in some cessation- and campaign-related cognitions. These promising results provided sufficient evidence that EX could impact cessation on a national level, and findings were used to inform the national effort.

Campaign Description
The EX campaign was developed to change knowledge, attitudes, beliefs and behaviors related to successful smoking cessation at the population level and drive traffic to a web-assisted tobacco cessation intervention: www.BecomeAnEX.org. One of its primary objectives was to give voice to a national call for increasing cessation. Prior to the launch of the EX campaign, there was no national public health smoking cessation brand or service promoted in the national media other than efforts led by the tobacco and pharmaceutical industries.

EX creative used the tagline “Re-learn life without cigarettes” to highlight how cigarettes are deeply wedded to daily activities, but that it is possible to learn how to live without them. Different creative executions focused on specific triggers, for instance, coffee, driving and dealing with stress. Messages
highlighted these triggers and reminded smokers that they could re-learn how to cope with the trigger without a cigarette. All ads encouraged smokers to visit BecomeAnEX.org for a free quit plan.

The campaign was aired on television, radio, online, in cinema and on various non-traditional out-of-home vehicles that connected with specific smoking triggers. EX was featured on coffee sleeves distributed at local coffee shops around the country to highlight the common pairing of coffee drinking and smoking. Media channels were selected to match the media utilization patterns of the target audience. For example, EX messages were placed in contexts where the target was likely to experience a trigger or think about quitting smoking. Mobile phone promotions were included to extend the reach of EX messages, particularly since the overwhelming majority of the target audience has some type of mobile device. EX introduced a WAP page and iPhone app version of the EX Quit Plan. Bus stop posters, which included “shortcodes,” prompted smokers to receive more information on EX through the text function.

The campaign also included a variety of content integrations. Content integrations are a type of advertisement which allows messages to be included within television and radio programming in an unobtrusive way. For example, during the Major League Baseball American League Championship Series and World Series, EX was featured within elements of the game and was recommended by the on-air hosts. An EX banner also appeared behind home plate during one of the innings. The ESPN “Bassmasters” television series created twelve 3-5 minute segments detailing the real-life experiences of two professional fishermen trying to quit smoking with the EX program. These appeared weekly during the “Bassmasters” show and were accompanied by an online contest where viewers had a chance to win a fishing trip with the stars.

The campaign also conducted extensive earned media outreach, resulting in a number of public relations products. These included a multi-issue article in Parents magazine, which tracked real parents trying to quit, as well as interviews with Legacy’s Dr. Cheryl Healton and Mayo Clinic’s Dr. Richard Hurt on radio programs such as the “Michael Baisden” Show, a popular program among African Americans. Legacy also reached out to bloggers to encourage them to write about the campaign and promote it to their followers. In addition, EX Facebook and Twitter accounts were established to communicate with the EX target through social media.

EX was also featured with NASCAR driver Carl Edwards as a celebrity ambassador. Edwards filmed a series of behind-the-scenes videos that were posted on the BecomeAnEX.org site to attract the high number of NASCAR fans who smoke.

In addition to the EX Quit Plan offered on BecomeAnEX.org, an easy-read quit manual and a bilingual (Spanish/English) fotonovela were produced for low-literacy and Spanish language-only audiences.

**Campaign Launch and Timeline**

Once pilot-testing was completed in 2007, EX was launched as a national paid media campaign which ran from April through September, 2008 and again from October, 2009 through February, 2010. This phase was followed by a donated media effort through a partnership with the Ad Council from March through October, 2010. State members of the NATC also had the option of running additional EX ads tagged with a state quitline and logo via local media buys.
Process Evaluation
During the first two years of the promotonal campaign, nearly 1.5 million unique visitors came to the EX website. Over 15% of all unique visitors registered for the EX Quit Plan. Media placements were used to effectively target segments of the population with higher than average smoking rates among typically under-represented web users. There were over 22,000 blog posts, over 195,000 wall posts, almost 3,000 forum posts with over 14,000 replies, and 348,259 comments made on the community page in the first two years. Traffic to the site was highly correlated with the level of television advertising. As part of a comprehensive quality assurance effort, the BecomeAnEX.org website was regularly tested for ease of navigation and consumer satisfaction as well as continuous monitoring of patterns of utilization.

Outcome Evaluation
The impact of the campaign was measured through a comprehensive multi-component evaluation including a robust longitudinal panel of smokers. This cohort of over 5,000 smokers was surveyed to gauge awareness of, and receptivity to, EX advertising messages. More importantly, data were used to determine whether exposure to the campaign over time increased knowledge and changed attitudes, beliefs, and behaviors related to successful cessation. Data collection was conducted telephonically from a probability sample within eight Designated Market Areas (DMAs). DMAs, or media markets, are the standard geographic unit of measurement for mass media. The DMAs were selected to ensure variation with respect to several factors including demographics (age, racial/ethnic composition, income and education, etc.); tobacco control indicators such as clean indoor air legislation, tobacco taxes, and overall tobacco control expenditures; and the penetration of national EX media. The panel included an oversample of Latinos to ensure adequate sample size for subgroup analysis.

Baseline data collection (n=5,616) occurred in February and March of 2008 before the launch of the campaign. Follow-up interviews (n=4,067) occurred in August through October 2008, approximately six-months after the campaign launched. There were few differences between the respondents in the completed sample and those lost to follow-up.

Results from the follow-up survey of the campaign (data collected after the first six months):
Smokers who were aware of the EX campaign as compared to those unaware were:
• 60% more likely to increase their level of agreement on a cessation-related cognitions index developed for the study from baseline to follow up (OR=1.6, CI=1.26, 2.00; p=0.046)
• 24% more likely to make a quit attempt (i.e., having stopped smoking for 24 hours or longer between baseline and follow-up) (OR=1.24, CI=1.00, 1.54; p=.048)

There was a trend in the right direction, but no statistically significant association, between EX awareness and 30-day abstinence. Effects by race/ethnicity and education provide evidence that the national EX campaign markedly increased favorable cognitions about smoking cessation among Hispanics and quit attempts among non-Hispanic blacks. Among smokers with less than a high school education, the campaign also increased favorable cognitions about smoking cessation and quit attempts over the 6-month campaign period.

Learnings and Insights from Campaign
1. Some research shows smoking cessation media campaigns to be less effective for specific populations such as Hispanics, African-Americans, and low SES populations as compared with
others, but this was not found to be the case for the EX campaign. By targeting the “blue collar” segment, the EX brand was well-received among smokers with varying levels of educational attainment and shifted beliefs related to quitting for all smokers, regardless of socioeconomic status. In addition, the EX campaign helped to increase favorable cessation-related thoughts among Hispanics and quit attempts among non-Hispanic blacks, and it increased favorable cessation-related thoughts and quit attempts among those with less than a high school education.

2. Media placement can be effectively tailored to drive specific segments of a target audience to a cessation website. While the overall demographic profile of registered users on the BecomeAnEX.org website matched patterns observed on other websites (i.e., a skew towards women and younger users), the proportion of male users increased when specific male-focused promotion efforts were implemented.

3. Conducting a thorough analysis of the target audience’s search engine behavior before designing a website can help to determine what topics and keywords the audience is searching for online. The EX website was initially built with more emphasis on “re-learn” language (which is the focus of the brand offline) rather than “quit smoking” and its related variations. However, most smokers use “quit smoking” as a key search term, so the EX site’s placement on organic search lists was low. A site optimization effort subsequently improved organic search performance.

4. An active online community can provide interactive and tailored social support for smokers. The numerous groups that were organically created by members of the EX online community suggests that many smokers prefer to interact online with others with whom they share some common characteristic(s).

5. Online advertising, including banner advertisements, a strong branded presence on social networks, and targeted advertising on search engine and social networking sites may become one of the most cost-effective mechanisms to promote web-based cessation interventions. For the EX campaign, purchasing online media via a cost-per-acquisition pricing structure was an effective and cost-efficient strategy to increase conversions from visitor to registrant. However, offline advertising – in particular television placements – continued to be the biggest driver of online traffic, especially for adult audiences.

Sources of Additional Information
http://www.becomeanex.org/
http://www.informaworld.com/smpp/content~content=a912978464~db=all~jumptype=rss
http://ajph.aphapublications.org/cgi/content/abstract/101/2/302
http://www.ajpmonline.org/article/S0749-3797%2809%2900862-9/abstract
http://www.gvumc.edu/sphhs/departments/pch/phcm/casesjournal/volume5Summer/peer-reviewed/V5_Case1PR.cfm
http://www.legacyforhealth.org/ex.aspx
Campaign Images:
re-learn mornings.

You don’t feel sad every time you smoke. Yet you smoke every time you feel sad.

re-learn life without cigarettes at BecomeAnEX.org

re-learn feeling sad without cigarettes. Free at BecomeAnEX.org
United States (Arizona) – 2009-2010 Venomocity Campaign

**Organization**
Arizona Department of Health Services
Bureau of Tobacco and Chronic Disease

**Campaign Dates**
Year One: February 2009 - June 2009
Year Two: July 2009 – June 2010
Year Three: July 2010 – June 2011

**Objectives**
Year One: Generate awareness among Arizona youth about tobacco addiction
Long-term: Reduce tobacco use prevalence among Arizona youth

**Target Audience(s)**
Arizona youth, 12-17 years old

**Media Vehicles/Channels**
Television, cinema, radio, Internet (website, web banners, social media placements)

**Media Presence (TRPs or other measure of total exposure)**
Year One: 28,301,010 Total Impressions

**Campaign Budget (in USD)**
Year One: $1.2M
Year Two: $1.1M
Year Three: $1.1M

Development Budget for Digital Communications Tools/Elements: Year One: $860K

**Advertising Agency or Public Relations Firm**
RIESTER

**Research Firm**
Arizona Department of Health Services, Bureau of Tobacco and Chronic Disease
RIESTER

**Language(s)**
English and Spanish

**Target Audience Research**
With clear directive from the Arizona Department of Health Services, Bureau of Tobacco and Chronic Disease (former Bureau of Tobacco Education and Prevention), to embark on a youth tobacco use
prevention campaign, ad agency and health department staff began formative research, conducting focus groups with the target audience of 12-17 year olds. The research indicated that while teen respondents knew the negative health effects of smoking, they still did not believe that smoking today as teens would lead them to becoming “a smoker.” There was a distinct wall between their ability to see themselves as trying smoking now and being a smoker later in life. The research indicated that while teens understood the harmful health effects of tobacco, they did not ‘see’ tobacco's addictive qualities.

However, surveillance data have consistently shown that almost 90% of current adult smokers report starting in their teens, and historical data indicate that two thirds of current teen smokers will still be smoking when they are 19 years old.

It was determined that the strategic direction of the Campaign would be to focus on addiction. Campaign planners felt they needed to provide addiction with an identity, to give it dimensions. They sought to make addiction real and let kids “see” how addiction grows inside of them and takes control.

Based on the formative research summarized above, “Venomocity: Brought to you by addiction” was selected as the campaign slogan/theme. The goal was to increase awareness of tobacco addiction among the target audience.

**Pre-Campaign Evaluation of Draft Materials**

While there was no specific pre-testing of ads, youth were involved in the development of ads during both phases of the Campaign, through the "IK Council" or "I Know Council," a group of 12-17 year olds who were recruited to work with the campaign planners throughout the entire Campaign development process. They were able to see draft ads and concepts and provide feedback as the direction of the ads were being formed and ultimately, finalized.

**Campaign Description**

During the mid-1990s, the US state of Arizona was a leader in tobacco prevention efforts for youth. The popular and effective "Tumor Causing, Teeth Staining, Smelling Puking Habit" Campaign resonated with youth of the day, and prevalence dropped approximately 19% during the Campaign. Political and administrative changes resulted in very limited to no youth prevention campaigns from 2000 through 2007. Meanwhile prevalence rates among 12-17 year olds were on the rise, and the age of initiation (the age at which teens reported trying their first cigarette) had gone down to 11.5 years old [from 12.7].

In 2007, with new leadership at the Arizona Department of Health, the tobacco program regained focus on evidence-based solutions. In late 2007, the new Bureau of Tobacco and Chronic Disease (ADHS BTCD) embarked on a statewide strategic planning process to determine the priorities for the program. Thirty-five Community Forums were held throughout the state, in both English and Spanish, and in both urban and rural communities. In addition, 28 focus groups specific to media and marketing issues were conducted. Resoundingly, all community forums and all focus groups called for the need to raise awareness about the harms of tobacco and to do advertising to prevent youth from starting to smoke.

The Campaign consisted of three television commercials in Phase One and two additional television ads in Phase Two:

**Phase One:**
1. “First Time”
2. “Cravings”
3. “Surrender”

Phase Two:
4. “Feeding Time”
5. “Getting Owned”

The TV commercials were placed in targeted media (cable and broadcast television shows with an audience more than 50% 12-17 years old). The commercials were also placed in theaters statewide, ten minutes prior to PG-13- and R-rated movies. There were also radio advertisements, Web banner advertisements, social media outreach and grassroots events statewide in both urban and rural communities. Digital elements were created to engage users through the use of expandable rich media banner ads, designed to “take over” users’ screens. A texting campaign was also developed, allowing youth to “Addict a friend,” and forcing users to succumb to a barrage of texts sent as the voice of Venomocity.

Venomocity had his own Facebook page, MySpace page and regular posts were made through TweetDeck. Since teens today are media multi-taskers, simultaneously watching television, texting and using the Internet, the campaign’s approach was to leverage key media outlets to drive youth to the Internet site, www.venomocity.com.

Campaign planners wanted to reach youth ‘where they are.’ They sought Web/Internet engagement, social media interaction and viral/grassroots efforts as ways to illustrate engagement of youth. One goal was to see at least 10% of Arizona’s 754,000 youth engaged with Venomocity, by interacting with Venomocity.com and/or through participating in at least one grassroots community level event during the first six months of the Campaign.

In addition to the mass media campaign, a public relations effort was executed for the Campaign’s kick-off on President’s Day 2009, when schools were closed and the majority of the target audience would be at Arizona malls. That day, four simultaneous launch events were executed at four different malls throughout the Phoenix metropolitan area and garnered media coverage for the launch. After the initial launch, outreach events continued around the state to get the word out about Venomocity and Venomocity.com. Email addresses were collected from event attendees, allowing for Venomocity to stay in constant communication with the target audience. Branded merchandise was also distributed to further promote the Campaign.

Process Evaluation
A process evaluation was determined before the initial launch on the Venomocity campaign. KPIs included campaign awareness/total reach, total number of new visits to Venomocity.com and an assessment of the current prevalence rate among youth in Arizona throughout the duration of the campaign.

Regarding Venomocity.com specifically, web analytics were tracked to trend total visits to the site, total time spent on the site and an analysis of areas most visited on the site. This information was used to further guide the evolution of campaign efforts throughout the duration of the campaign.
Outcome Evaluation
In the spring of 2009, after the ads had run for three months, 8 focus groups with the target audience were conducted to gauge the impact of the messages. Much insight was gained in understanding the specific key messages where youth felt further explanation was needed. This guided new ideas and also assisted in the evolution of the Campaign’s themes and messages.

Utilizing an online surveying tool, youth ages 13-17 throughout Arizona were invited to participate in an online study to further evaluate the awareness of the message and the ads among the target audience. The survey was conducted in September 2009, to assess the current understanding and reach of the campaign, generate feedback on campaign efforts and gauge engagement from the target audience. Additionally, the survey was designed to assess the current social norm surrounding tobacco and its commercial consumption among youth in Arizona.

The results of the focus groups, online survey and other process and outcome evaluation are discussed in greater detail below.

Learnings and Insights from Campaign
1. ADHS BTEP far exceeded its initial awareness goals for *Venomocity: Brought to you by addiction*, due to the launch delay and soft media-buying market, while maintaining the strong media buy budget. Campaign planners were able to greatly increase the frequency of the audience’s exposure to the ads. With more than 28.3 million total impressions to Arizona teens, the campaign’s exposure was a success.

2. Through the online survey and focus groups, campaign planners learned that the message seemed to have been received and understood by teens. Here are some example verbatim quotes from respondents in focus groups:
   - “The ads made me think that after you smoke for the first time, you can’t stop. It made me feel surprised.”
   - “It scared me. It’s creepy to see how much hold your body/brain (even addiction) can have over you. The addiction or whatever the black thing was, it was a symbol of how controlling it is.”

3. The specific engagement goals were also exceeded. More than 220,000 visitors visited venomocity.com between February 2009 and September 2009. The average visitor to venomocity.com stayed on the site almost six minutes. Through community events statewide, including those held in both rural and urban areas, 10,000 email addresses were collected from Arizona’s youth. These youth later received emails from Venomocity to let them know what was new on [www.venomocity.com](http://www.venomocity.com) and what additional events were happening nearby.

4. In the focus groups, the TV ad *First Time* was the commercial that resonated most with youth. This commercial was the one most described by youth, and it seemed to be the one they remembered with the most detail. Two other TV ads, *Cravings* and *Surrender*, may have focused too much on very serious addiction, and did not clearly communicate to youth the ‘not once’ or ‘don’t even try it’ message that so clearly resonated in *First Time*. Overall, focus group participants felt that the website
was very engaging. Some portions of the site were considered too copy-heavy by teens, especially the “Secret Room” content, in which tobacco’s industry secrets were exposed.

5. The grassroots events were a great way to engage teens in Venomocity, with a spike in Web traffic occurring statewide following each event. Feedback gleaned by staff who attended Venomocity events statewide also indicated that youth were visiting the website, telling their friends to visit the website, and had a good understanding of the Campaign’s addiction message.

6. Stakeholder feedback, considered by campaign planners as important in the government/political environment, indicated that stakeholders were pleased with the initial success of the campaign. Key stakeholders said they would continue to make the youth prevention campaign a funding priority in the following fiscal year. In addition, Arizona’s Governor expressed satisfaction with the campaign’s early results.

Sources of Additional Information
www.venomocity.com

RIESTER Agency contact:
Talei Hornback
Thornback@reister.com
(602) 462-2273

Department of Health Services contact:
Mary Ehlert-Kleinoeeder
ehlertm@azdhs.gov
(602) 542-0886
United States (Minnesota) – 2010 *The QuitCash Challenge* Campaign

**Organization**
ClearWay Minnesota

**Campaign Dates**
August 2010-November 2010

**Objectives**
Overall goal: Motivate Minnesota tobacco users to quit with assistance from QUITPLAN Services, and in turn increase web and call volumes for QUITPLAN Services.

**Target Audience(s)**
*Primary:* Daily Minnesota tobacco users, 18 years of age or older, who are ready to quit. Those tobacco users interested in quitting were defined as “quit seekers.”
*Secondary:* Family and friends of smokers and quit seekers.

**Media Vehicles/Channels**
Radio, direct mail, Internet (online banners, website, email marketing, paid search, Facebook), restroom advertising, cell phones, retail in-store video

**Media Presence**
See Appendix A

**Campaign Budget (in USD)**
Overall Budget: Approximately $398,800
Development Budget for digital communications pieces/tools: Approximately $30,500

**Advertising Agency or Public Relations Firm**
Clarity Coverdale Fury

**Research Firm**
Clarity Coverdale Fury

**Language(s)**
English

**Target Audience Research (Formative Research)**
Research indicated that the majority of tobacco users say they want to quit, however lack of motivation and not knowing the right way to quit prevents them from quitting successfully. In 2010, the *Minnesota Adult Tobacco Survey* indicated that 54.6% of Minnesota smokers stopped smoking for one day or longer in the past 12 months because they were trying to quit smoking. Furthermore, in 2010, 20.1±4.6% of current smokers who made a quit attempt within the past year used some kind of behavioral smoking cessation counseling (such as a class or program) in their last attempt (ClearWay MinnesotaSM, Minnesota Department of Health. *Minnesota Adult Tobacco Survey: Tobacco Use in Minnesota – 1999 to 2010*. Minneapolis:
Research also indicates that tobacco users are more likely to succeed in their quit attempts with professional help. However, few actually use evidence-based cessation services.

ClearyWay MN’s efforts over time showed that smokers also looked to a wide variety of outlets for cessation support – friends and family, web-based support, Nicotine Replacement Therapy (NRT) and more. While smokers often attempted to quit cold turkey, the free, personalized plans, professional counseling and online tools offered by QUITPLAN Services had proven to yield higher quitting success rates, having helped over 18,000 Minnesotans quit smoking since 2001.

By providing cash and other prizes as motivation to quit, The QuitCash Challenge, which began in 2008, resonated with the “quit-seekers” audience, giving them another opportunity to quit. Additionally, by showing QUITPLAN Services as the better way to quit, the target audience understood that they did not have to do it alone.

In a 2009 report, smokers indicated that they trusted radio as a reliable media source (MRI Market by Market data, 2009 (7 DMAs) MRI data, 2009, Midwest). Campaign planners also knew that it was a platform to generate awareness due to its high statewide reach. Combined with the strategic direct mail program, which was delivered to zip codes with high tobacco use, both of these traditional platforms served as effective means to reach a broad smoking audience. In addition, recent audience studies illustrated that Minnesota smokers were quickly adapting to new technology as part of their daily lives. In particular, as of fall of 2009, 80% had a cell phone, 55% had used email in the past month and 52% had a high-speed Internet connection. Over half of respondents (57%) said that they were fascinated by new technology because it helped them stay organized in their daily lives (MRI Market by Market data, 2009 (7 DMAs) MRI data, 2009, Midwest). Campaign planners also researched smokers’ online habits and found that 27% of Minnesota smokers played games online. This information was used to find potential partners where the campaign’s video/digital assets could be reused to reach a gaming audience, such as in-store videos in GameStop stores. The above analytics related to digital behavior and preferences helped the ClearWay MN team determine that a strong digital media strategy along with weekly emails and text tips would be effective platforms for registrants to encourage successful quit attempts during the 2010 Challenge. Furthermore, since The QuitCash Challenge encouraged everyone to start their quit attempt at the same time, participants were able to relate to each other and help out one another on the Facebook page.

Pre-Campaign Evaluation of Draft Materials
No pre-campaign evaluation of the creative materials was conducted.

Campaign Description
Background on smoking in Minnesota:
Since most smokers wanted to quit but few were using help, and also were looking for a motivation to quit, ClearWay Minnesota decided to conduct a quit-and-win contest, during a time of the year when quit attempts were typically lower to motivate the target audience to quit, ideally through the use of QUITPLAN Services.

Background on The QuitCash Challenge
The QuitCash Challenge was launched in 2008 by ClearWay Minnesota as a way to promote quitting, ideally through QUITPLAN Services. The contest gave registrants a chance to win $5,000 in cash or other prizes if they quit tobacco for at least a month. A comprehensive multi-media strategy, including traditional and digital elements, was used to attract and engage contest registrants. This case study focuses on the third year’s program, which benefitted from the lessons learned the previous two years. With lower participation in the second year of the Challenge (2009), participation goals were set to 30% higher in the third year in hopes of regaining participation. To reach these goals, ClearWay Minnesota’s strategies were adjusted to include more digital tools to help during the quit process, a refined media mix and a change to the creative to focus more on the motivation to quit rather than the prize. Specifically, the digital tools included an easy online registration process, a Facebook community, dynamic online banners, email outreach, text messaging and humorous motivational videos, which were supported by traditional media placements of radio, direct mail and restroom advertising.

The 2010 QuitCash Challenge Campaign details:

The 2010 campaign launched at the Minnesota State Fair in August, 2010 at the QUITPLAN Services booth. The Minnesota State Fair remains one of the largest gatherings in Minnesota and it provides the chance to meet with smokers face-to-face. Creative executions centered on a “Kick Butt” theme, giving smokers a sense of empowerment and reinforcing the importance of quitting. The digital outreach kicked off with strong vehicles—an email blast and the launch of the co-branded QUITPLAN Services/QuitCash Challenge Facebook page. A strategic editorial calendar for the Facebook page included a variety of inspirational messages that encouraged people to “kick butt,” enlist the support of QUITPLAN Services and meet and converse with fellow quitters. Fans of the page received facts, tips and weekly videos, which spurred early conversation and word-of-mouth referrals to the Challenge. A mix of email marketing messages was deployed to both past participants and likely new participants. These likely new participants were found using a third-party rented email database of 179,000 Minnesotans who had stated that they were smokers. Those on the email list received multiple announcements about The QuitCash Challenge focusing primarily on recruitment. As the recruitment period continued, traditional tactics such as direct mail and radio broadened the reach to all areas of the state. The week prior to the registration deadline, heavy last-chance messaging was utilized to drive urgency.

Text tips and weekly emails were immediately deployed the first day of the quitting period and the impact of this was reflected in the enthusiasm of the fans on the Facebook page. These digital tactics were used to communicate with participants throughout the entire contest period. Within ten days of the completion of the contest, an online follow-up survey was sent to those who opted-in to receive emails. The immediacy of the survey was vital to understanding the implications of the 2010 strategic changes. The grand-prize winner was announced on the Great American Smokeout day (November 17, 2010), with an added message to use the day as a quit date, if they hadn’t had success during the Challenge.

Process Evaluation

A high percentage of registrants opted in to receive messages from QUITPLAN Services. More specifically, 80% of registrants opted in to receive weekly quit tip emails and 6.5% opted in to receive daily mobile quit tips.

In-house database emails had the following response:
  - Reminder Email “Starts Next Week” open rate: 39.5%
  - Reminder Email “Starts Tomorrow” open rate: 42.4%
  - Week 1 (QuitCash Challenge tip) open rate: 29.4%
  - Week 2 (QuitCash Challenge tip) open rate: 30%
Spikes in registration began as paid media began running, and were biggest around the direct mail drops and the launch of radio. In addition to registration increases at these times, quitcash.com website traffic spiked with each media placement. Importantly, these traffic jumps helped sustain quitplan.com website usage, as people navigated from The QuitCash Challenge sub-site to exploring the tools available on the QUITPLAN Services site. Website traffic during the recruitment period (August 16-September 30) was high, with 41,832 total page views, and spikes reflecting the strength of radio, direct mail and emails. Traffic during the quitting period (October 1-November 1) was high with 14,494 total page views, of which 75% were direct (without a search or email referral). For perspective, a typical month would yield between 8,000 and 9,000 QUITPLAN page views.

Facebook fan interaction was significant for the 2010 Challenge. The Facebook fan page had 300 fans the day before registration went live on August 16th and jumped to 685 fans by the end of the contest period (November 1) – a 128% increase – and continued to grow for months afterward. Fan growth and engagement resulted from a mix of daily status and video posts to the page. Because of a scripted editorial calendar during the registration period, campaign planners were able to engage fans early to help them realize this was another platform for support. In fact, fans took the conversation to a whole new level, interacting throughout the contest period both in response to the QUITPLAN Services’ posts and also by creating a richer dialogue between participants and an organic pattern of chatter, as seen in the examples below. It also gave campaign staff great insight into the types and quantities of posts needed in the future.

See Figure 1 on following page for examples of fan engagement on the QUITPLAN Services/QuitCash Challenge Facebook page.
Figure 1. Examples of fan engagement on the QUITPLAN Services / QuitCash Challenge Facebook page:

Andrea
I signed up for the quit plan challenge on sept 1st and haven't smoked since i smoked for 13 years and im only 25 thank you for saving my life and money!

Yesterday at 3:06pm - Like - Comment

Tara
Thanks QUITPLAN! — I was on the fence as far as a quit date then I saw your "kickstart" ad & felt motivated! I quit smoking before midnight last evening!
Thanks for providing the online support, as it keeps my fingers busy, rather than flailing around those stupid smokers! Blessings to all for encouraging words!

Yesterday at 2:27pm - Like - Comment

Khrystin
Day three, smoke FREE!!! I like that... It has a nice ring to it! I actually proud of myself that I made it this far! I never thought I could go a day without smoking but here I am. It actually seems easier as each day that passes. This is only the beginning.

We can do it!

Yesterday at 1:51pm - Like - Comment

Kevin
Day 10 — Yesterday I had an appointment with Quitplan, and I have to tell you it was worth going in. Kelly over at Quitplan, the rocks.. Came up with a great plan which works with me, walked out feeling so proud of my self.....

Friday at 9:40am - 3 people like this

Rachel
Congrats you should be proud, this quitting stuff is harder than imagined, keep up the great work!

Friday at 10:49am - 3 people like this

Nimanda
Quits rock!!!

Friday at 11:35am - 3 people like this

QUITPLAN Services
Thanks for sharing your story Kevin, we are glad QUITPLAN Services can be there for you. We'll make sure Kelly hears your message too.

Friday at 10:52am - Like - Comment

Lisa
I think I shocked myself! It's been a week! YEAH!!!

Friday at 9:03pm - 2 people like this

Robbie
Isn't that the stuff... I'm in shock too! I'm feeling really good already, the cravings aren't hurting

Friday at 10:52am - Like - Comment

Lisa
I agree, making it a week felt like I had accomplished a year I'm actually proud of myself and it has made me feel really good to hear friends and family say that they are proud of me too. Never thought I would ever really get to the day...

Friday at 11:26pm - Like - Comment

Corey
Quitplan has honestly been my only support system. Everyone else is too busy with their own lives - that includes neighbors, friends & relatives.

October 25, 2010 at 10:18pm - Like - Comment

Sandy
I hear you. My family is less than enthusiastic sometimes too. One of my clients called me and wished me luck which was so sweet.

October 25, 2010 at 11:56pm - Like - 5 people like this

Lisa
That's too bad this is your only support. But at least you do have Quitplan and the best of us to cheer each other on! Stay strong! We are doing this well!!!

October 26, 2010 at 7:48pm - Like - Comment

Timothy
Corey, I'm glad you're using this tool. Quitplan is discovering this too, it is a great support system. They can't teach that to me by treating me higher support of me. I have proved to them my quitting this addiction has failed soon...

October 26, 2010 at 11:28pm - Like - Comment

Lara
Hi Tara, I'm so sorry to hear about your bad day yesterday? That really sucks! There's nothing worse than looking to your best friend for support and getting snubbed. On the other hand, I am so very PROUD of you for staying strong and not breaking down during your bad moments. You ROCK my friend! I'm always here to listen when you need to vent!!!

October 28, 2010 at 8:12am - Like - 3 people like this

QUITPLAN Services
Hey Challengers, after three weeks of being smoke-free, have you noticed a change in your appearance or general health?

1,402 Impressions - 1.2% Feedback
October 26, 2010 at 12:02pm - Like - Comment

View all 2 comments

Lisa
I can smell just about everything...good and bad. I feel less winded. I'm not getting fatter...just fit!

October 27, 2010 at 5:00pm - Like

Corey
Sally Marie -- get yourself on Clozaril and Cipralex -- both are Rx's but, yee gods, I'm my old jelly self again and it's great medicine.

October 28, 2010 at 10:46pm - Like

Marcy
What a wrong with me? Day 25 and still want to smoke. I dont smell better, food doesn't taste better, I dont breathe easier when doing activities and the smell of someone else smoking makes my mouth water and to top it off have gained weight! Glad to hear that others are having happier times quitting and cant wait to start feeling some of the benefits of being smoke free!

October 25, 2010 at 2:18pm - Like - Comment

View all 2 comments

Cathy
Marcy, it will get better. We all know what your going through. Keep your head up, you're doing great. All that stuff will come in it just takes time.

October 25, 2010 at 2:33pm - Like - 1 person

Robin
Still some moments I would love one too. But, smoking stressed me out more... Thinking of all the people I was putting into my lungs! And all the cancer it caused! Think positive :)! 

October 25, 2010 at 3:05pm - Like - 1 person

Tara
Just checked in again, & dang, Marcy you made me laugh. You're laughin'.. Also, just last night I had a serious strong urge to grab a smoke & run outside!!! Good thing...I don't have any smokes! Thanks for your honesty! I say stop, Drank, & PRAY!!! Sure helps.

October 25, 2010 at 4:10pm - Like - 1 person

Tara
Robbie, it stressed me out when I was getting low on smoke, They owned my thought- Horrible distraction!!!

October 25, 2010 at 4:42pm - Like - 1 person

Lisa
I couldn't agree more about the cigs stressing you out more. They would stress me out when I was getting low on smokes. They owned my thoughts- Horrible distraction!!!

October 25, 2010 at 5:01pm - Like - 1 person

QUITPLAN Services
Hey Challengers, has this experience motivated you to change other bad habits in your life?

1,311 Impressions - 0.89% Feedback
October 28, 2010 at 1:08pm - Like - Comment

View all 12 comments

Sandy
I did the same thing (and of) I quit artificial sweeteners so stopped drinking diet soda and went to regular soda. Needless to say i gained a ton of weight. Now with quitting smoking I finally went back to the diet soda -- one thing at a time. I need my sodas. Good luck.

October 30, 2010 at 11:07pm - Like

Alisha
Alcohol consumption is waaahhooooooo doesn't actually tried jogging today I feel wonderful!

October 30, 2010 at 5:47pm - Like
Outcome Evaluation

The 2010 QuitCash Challenge resulted in the highest participation to date (3,122) with a 64% increase in registrants over the previous year, and 34% increase over the 2010 goal. Very importantly, there was also a substantial increase in usage of QUITPLAN Services in comparison to monthly averages: an increase of 117% in quitplan.com online registrants and a 32% increase in call volumes during the Challenge.

A follow-up survey was emailed ten days after the contest ended to all participants who opted-in (80% of all participants). Of those who were sent the survey, there was a 20% response rate resulting in 496 completions. The survey provided valuable insight into participants’ point of view on The QuitCash Challenge as a whole, why they chose to sign up and the various factors in the quitting process.

Most respondents reported a change in behavior:
- 63% said they stayed quit for at least the contest period (one month).
- 35% stated that signing up for the Challenge made them encourage others to quit.
- 38% used QUITPLAN Services to help them quit.

Of those who received emails:
- 90% read them.
- 79% found them to be motivating or helpful.

Participants found help in a variety of ways:
- 55% used friends or family.
- 37% used QCC emails.
- 17% used Facebook.
- 29% used quitplan.com.

Learnings and Insights from Campaign

1. The opportunity to win prizes motivated many smokers to take action, but also cessation resources (offered via digital and traditional media) may have contributed to participants following through with quitting. A financial incentive provides the extra push many tobacco users need to make a quit attempt. However, evidence shows that they will be more successful when using a cessation service like QUITPLAN Services.

2. The integration of digital media with traditional media was a key factor in generating the results for the 2010 QuitCash Challenge. As they signed up for the Challenge, registrants had many opportunities
and tools at their disposal. Tools ranged from the free, personalized help of QUITPLAN Services phone and web counseling to the supportive dialogue occurring on Facebook to daily motivational mobile text tips. The engaging creative elements and clear motivational message gave registrants many choices to meet their unique needs and preferences and provided them with the necessary confidence that they could successfully quit smoking.

3. The 64% increase in *The QuitCash Challenge* participation over 2009 was the result of multiple factors at work. Employing a tighter media schedule than in 2009 focused the importance on registering and making a quit attempt. The combination of digital media with traditional media proved to be very effective in reaching the quit-seekers audience. Participants demonstrated that strong social engagement not only provided a powerful base, but also opened a desired new channel of dialogue and outlet to provide and receive tips, stories and advice. Furthermore, the incentive to quit combined with cohesive and engaging messaging led people to seek assistance from QUITPLAN Services and resulted in behavior change, for at least a month.

4. What tobacco users consider “help” in their quit attempts and how campaign staff measure their actions to seek help are evolving over time. Traditionally, campaign staff gauged the number of smokers seeking quitting help by the number of calls and registrants to QUITPLAN Services. During the Challenge, people found support not only in friends and family, NRT and through QUITPLAN Services, but they also found support with other quitters on Facebook and kept motivated with tips in the campaign’s weekly emails and text messages. When asked if QUITPLAN Services helped them quit during the Challenge, participants largely responded “yes” even if they hadn’t called or registered for QUITPLAN Services because they viewed all the elements available as tools provided by QUITPLAN Services. In other words, they viewed all branded elements as keys to support their quit attempts and success.

Sources of Additional Information

www.quitcash.com

Mike Sheldon
msheldon@clearwaymn.org
952-767-1425
### Appendix A: Media Presence

#### Media Timeline

<table>
<thead>
<tr>
<th>Week (2010)</th>
<th>Red Plum Direct Mail</th>
<th>Radio</th>
<th>GameStop Video</th>
<th>TV</th>
<th>Emails</th>
<th>State Fair</th>
<th>Online Banners</th>
<th>Facebook</th>
<th>Paid Search</th>
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#### Online

Flight Dates: 9/20/2010 - 9/30/2010

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<th>Total Clicks</th>
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<td>Flash Banner</td>
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<td><strong>Recruitment blast #1</strong></td>
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<tr>
<td>9/09 Thursday</td>
<td>Final: Kick butt and you could win $5,000 in cash. The QuitCash Challenge</td>
<td>179,741</td>
<td>26,302 (14.6%)</td>
<td>3,461 (1.9%)</td>
<td>13.1%</td>
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<td></td>
<td><strong>Recruitment blast #2</strong></td>
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<tr>
<td>9/23 Thursday</td>
<td>Last chance to kick butt and you could win $5,000. Enter The QuitCash Challenge</td>
<td>179,741</td>
<td>29,636 (16.4%)</td>
<td>4,043 (2.2%)</td>
<td>13.6%</td>
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## In-House Emails

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<th>Opt-Outs</th>
<th>Opens</th>
<th>Clicks</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Recruitment period</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/20 Monday</td>
<td>The QuitCash Challenge starts next Friday. Are you ready?</td>
<td>1,385</td>
<td>44 (3.2%)</td>
<td>3 (2.4%)</td>
<td>569 (42.4%)</td>
<td>149 (26.2%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/30 Thursday</td>
<td>The QuitCash Challenge starts tomorrow.</td>
<td>2,254</td>
<td>74 (3.3%)</td>
<td>2 (0.9%)</td>
<td>862 (39.5%)</td>
<td>288 (33.4%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>During the Challenge</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10/4 Monday</td>
<td>The QuitCash Challenge week 1</td>
<td>2,501</td>
<td>86 (3.4%)</td>
<td>2 (0.8%)</td>
<td>952 (39.4%)</td>
<td>238 (25%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/11 Monday</td>
<td>The QuitCash Challenge week 2</td>
<td>2,476</td>
<td>87 (3.5%)</td>
<td>0 (0.4%)</td>
<td>716 (30.0%)</td>
<td>208 (29.1%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/18 Monday</td>
<td>The QuitCash Challenge week 3</td>
<td>2,459</td>
<td>86 (3.5%)</td>
<td>3 (1.2%)</td>
<td>598 (25.2%)</td>
<td>124 (20.7%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/25 Monday</td>
<td>The QuitCash Challenge week 4</td>
<td>2,432</td>
<td>89 (3.7%)</td>
<td>1 (0.4%)</td>
<td>552 (23.6%)</td>
<td>103 (18.7%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Post Challenge</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/01 Monday</td>
<td>You’ve completed The QuitCash Challenge</td>
<td>2,426</td>
<td>88 (3.6%)</td>
<td>2 (0.8%)</td>
<td>817 (34.9%)</td>
<td>127 (15.5%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/08 Monday</td>
<td>Take our survey for a chance to win a $100 Target gift card</td>
<td>2,399</td>
<td>92 (3.8%)</td>
<td>3 (1.2%)</td>
<td>750 (32.5%)</td>
<td>541 (72.1%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/18 Thursday</td>
<td>Winners Announced for The QuitCash Challenge</td>
<td>2,308</td>
<td>12 (0.5%)</td>
<td>1 (0.4%)</td>
<td>827 (36.0%)</td>
<td>108 (13.1%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B: Creative Executions

The QuitCash Challenge Website

Emails

Recruitment Emails

Weekly Emails

Congratulations to the winners of the 2010 QuitCash Challenge!
Facebook

QUITPLAN® Services: Hey Challengers, you're coming up on two weeks. Now that you are smoke free, do you have any new foods that you crave?

Rachel: So today I had an appointment to see the dentist and had some paper work to fill out and the question "Do you use tobacco products?" work "yes" or "no"? so first paper i ever got to mark NO it was pretty awesome!

2 hours ago | Comment | Like

Terry: WOW, am I saving MONEY!!! In addition to the $ a day for the Cigs... I am saving by not buying the 1.50 soda + whatever else I was buying during the cig step.

6 hours ago | Comment | Like

QUITPLAN® Services: More words of encouragement from Ben! Patience does pay off. Hang in there Challengers.

Mobile

QUITCash Tip: Remember that quitting smoking will save over $20,000 in 10 years by quitting. TIPS STOP to stop.
Online

300x250 flash banner

728x90 flash

Pre roll video

Direct Mail

Out of Home

Restrooms posters
United States (Minnesota, Dakota County) –2008-2009 Respect my Ride Campaign

Organization
Dakota County Public Health Department (with funding from the Minnesota Department of Health)

Campaign Dates
January 2008-December 2009

Objectives
Reduce exposure to secondhand smoke through:
- increasing awareness about the harms of secondhand smoke in cars
- communicating effectively with youth using their preferred social networking sites
- collecting at least 1,500 pledges from youth to have smoke-free cars
- engaging youth in promoting smoke-free cars and educating their peers about the harms of secondhand smoke

Target Audience(s)
All high school students of driving age (15-18 years old)

Media Vehicles/Channels
Internet (MySpace, Facebook, YouTube, Flickr, website, email), newspapers, television

Media Presence (TRPs or other measure of exposure)
TRPs are unavailable, however six newspapers and one television station had interviews with video winners, and the circulations of four of the six newspapers were:
- Star Tribune: 296,605
- St. Paul Pioneer Press: 193,549
- This Week: 66,000
- SouthWest Review: 20,000
- Viewership of MyFox9 unavailable

Campaign Budget (in USD)
Overall Budget: Year 1: $50,000; Year 2: $45,000
Development Budget for Digital Communications Tools/Elements (subset of overall Year 1 budget total): $14,000

Advertising Agency or Public Relations Firm
Tunheim Partners

Research Firm
Tunheim Partners (campaign research and evaluation)
Himle Horner, Inc. (2007 exploratory research)

Language(s)
English

**Target Audience Research**
Focus groups were conducted among target audience members regarding youth communication tools, preference, and use. They were also asked their thoughts about smoking, secondhand smoke, the key messages that moved them (and that they did not like), as well as the most effective messengers. Research indicated that traditional public health messaging was less effective than messages directly speaking to youth. Participants suggested using MySpace, Facebook, YouTube, and Flickr.

Campaign staff gave Tunheim Partners a report from June 2007 done by Himle Horner, Inc. (HHI) to identify messages and messengers that would be effective in reaching youth on the topic of secondhand smoke. In their 2007 study, an advisory committee (including youth and those working with them) was created and met twice to brainstorm possible messages and messengers related to secondhand smoke and keeping vehicles smoke-free. HHI then held two focus groups with youth to seek their reactions to potential messages and messengers. Many of the students who participated were either smokers or students who allow smoking in their vehicles. It was important to the youth participants that the actions were voluntary. They also acknowledged that it is difficult to set limits with friends. One stated: “It’s hard to confront your friends. I’ve been smoking around them for years, and they’ll wonder why all of a sudden I don’t want smoking in my car. I don’t want to feel stupid.” Another stated: “It would really take a lot of courage. You would have to take a big step out there. It really is about fitting in.” To summarize the youth input about what the communications efforts should include:

**Messages**
- Show mutual respect
- Focus on personal experiences – emotional and personal stories about how smoking and secondhand smoke have hurt family and friends

**Messengers** – Use peers and parents or trusted adults

**Methods**
- Face-to-face, at events
- Peer-to-peer
- Electronic media (websites, My Space, etc.)

Based on this information, Tunheim Partners developed the campaign messages, slogan, logo, and plan for implementation.

**Pre-Campaign Evaluation of Draft Materials**
Target audience members were recruited to provide input on the campaign logo and slogan via focus groups and email input. Tunheim Partners conducted 6 focus groups (4 at high schools and 2 at a drop-in center, one of which was with Latino youth). Further feedback was received via email by two groups from different high schools. Based on focus group and email feedback, Tunheim Partners’ designer created nine logo designs. In order to select a logo that appealed to the students in Dakota County, they sent the designs to the e-mail list from the focus groups and a few other groups. Based on the votes, the
final design and logo were chosen. “Respect My Ride” was chosen as the campaign name because it was found to resonate with youth through its correlation to pop culture and use of youth terminology. In addition, youth were motivated by the fact that the slogan enabled them to make a direct statement about their stance on the issue, asking peers to respect their decision in a “cool” way.

During the research, students were excited about rolling-out the campaign in their high schools and offered a variety of ways to spread the word and engage students, including:

- Morning announcements
- Weekly assembly
- School newsletter
- Posters
- Closed-circuit TV
- Pledge table in the cafeteria
- Pledge table at sports games

**Campaign Description**

The Minnesota Department of Health provided grant funding to reduce youth tobacco use and exposure to secondhand smoke. Research showed that one-third of Minnesota students were exposed to secondhand smoke in cars.

Substantial research and statistics revealed the most targeted and cost-effective way to reach high school students is to go where they already hang out: in schools and online. To that end, a campaign was designed to reach students within their schools (where they are a large, captive audience) and then to continue the relationships with them online where they socialize and express themselves. This approach intentionally transcended the boundaries of traditional public health efforts in an attempt to truly engage this target audience in decreasing exposure to secondhand smoke by reducing smoking in cars.

To execute this groundbreaking, two-year campaign, the Dakota County Public Health Department engaged a two-pronged approach to reach the target audience: recruit student leadership in schools, and engage students online through a Web site, MySpace, Facebook, Flickr and YouTube. The campaign was built on identification of strategies and tactics that are successfully used by youth themselves and other engagement efforts – retail, tobacco, popular culture – and effectively utilize the same tactics to engage youth around the issue of secondhand smoke.

Campaign staff met with students at schools to promote the campaign and collect pledges and their email addresses (for future communications). Each student who signed a pledge received a sticker and a window cling for their car. Two contests were held to develop Public Service Announcements (PSAs) that students created and posted on YouTube.

In addition, small grants were made to student groups to engage them and to support development of promotional strategies. This increased ownership and peer-to-peer communication. The student groups made posters, held contests (car decorating, window cling sighting, t-shirt decorating, etc.), sponsored a black light dance with glow-in-the-dark decorated t-shirts, etc.
Press releases were distributed regarding various items including the PSA contest on YouTube. A local television news program, Channel 9 News, did a story on the PSA contest, including interviewing some of the students and showing a clip of the videos. In addition, Channel 9 News and several local cable TV stations aired one or more of the winning PSAs. The winning videos were shown before feature films in a local movie theatre over several weeks.

Campaign planners developed a video with students about why they thought *Respect My Ride* was important.

In addition to this smoke-free car campaign, there was also a smoke-free homes and cars campaign conducted simultaneously targeting Latino and low-income families, using traditional (non-digital) marketing interventions in the community.

**Process Evaluation**

Sixteen high schools were actively involved in the campaign. Fourteen PSAs were submitted with over 10,500 total views on YouTube. *Respect My Ride* had 350 fans on Facebook. The *Respect My Ride* campaign website received 3,504 visits and 9,714 page views. Nine grants were awarded to student groups.

**Outcome Evaluation**

Youth were surveyed online (among those who had provided email addresses) and with paper surveys in some classes in high schools.

In order to determine whether the *Respect My Ride* campaign met its objectives and its impact, Dakota County distributed the following three surveys:

- **Pre-campaign surveys (265 respondents):** These were distributed to schools prior to any formal interaction with the *Respect My Ride* campaign in order to determine a baseline of what students already knew about secondhand smoke and what behaviors they were exhibiting. The surveys were distributed in-school at three high schools, in a range of classes (e.g., Food & Consumer Science, English and Health).
- **Post-campaign surveys (591 respondents):** These were distributed to schools that participated in the campaign. The goal was to gain an understanding of how the campaign influenced youth behavior. Post-campaign surveys were distributed both in-school and through the online Survey Monkey application to 16 schools.
- **Online activity surveys (124 respondents):** These were distributed to measure students’ involvement in the campaign’s online elements (Facebook, the Web site and YouTube). The surveys were distributed to all students using the online Survey Monkey application. Surveys were distributed to youth in the campaign database (generally those who pledged or volunteered at an event). Students from eleven schools took the online survey.

Due to the varying manners in which each school participated in the campaign and subsequent survey eligibility, county-wide generalizations and direct comparison of schools could not provide an in-depth analysis of the campaign. In other words, the survey was not representative of the entire county. Rather, the anecdotal feedback collected provided general insights into the effectiveness of campaign tactics and guidance for future work.
The pre-campaign survey had a nearly equal number of males and females respond (51.9% female, 48.5% male respondents), while the post-campaign survey had a higher percentage of female respondents (57.8% female, 42.2% male respondents). On both the pre and post surveys, 10th grade had the highest participation level, followed by 11th grade, then 12th grade, with 9th grade having the lowest participation rate. Demographic data from the online survey was not available.

Key outcomes from the pre- and post-surveys included the following:

**School Participation and Campaign Awareness**

A comparison of pre- and post-survey results indicates that school participation in the *Respect My Ride* Campaign led to significant awareness of the campaign among the broader student population in these schools. Post-campaign survey findings illustrate that the efforts to raise awareness for *Respect My Ride* in these schools were successful at penetrating the student body.

- In both Burnsville and Eastview, the vast majority of students had not heard of the *Respect My Ride* campaign before it entered their school, but awareness increased significantly after campaign activities. On the pre-campaign survey, only 8.6 percent of Burnsville students and 26.4 percent of Eastview students had heard of the campaign, whereas on the post-campaign survey (after campaign activities were completed), 77.9 percent of Burnsville students and 82.2 percent of Eastview students reported hearing of the campaign.

- Farmington had a very high percentage of students who reported on the pre-campaign survey that they had heard of *Respect My Ride* (69.9 percent). This is likely due to the fact that the Farmington students took second place in the fall 2008 video contest -- before the campaign had actually been introduced to the student body through in-school events. Pre-campaign awareness likely increased because of the online and media activities surrounding the video entry.

- Although there was already awareness of the *Respect My Ride* campaign before it was formally launched at Farmington, there was still a 24.8 percentage point increase in the number of students who had heard of the campaign according to the post-campaign survey (69.9 percent to 94.7 percent).

**Impact on Attitude and Behaviors**

In the post-campaign survey conducted in three high schools, the statements on the following page were measured.
As a result of the *Respect My Ride* campaign (check all that apply):

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel affirmed and supported in my decision: I have never let people smoke in my car.</td>
<td>73.8%</td>
</tr>
<tr>
<td>I used to let others smoke in my car, and now I do not.</td>
<td>4.5%</td>
</tr>
<tr>
<td>I used to smoke in the car when others were present, and now I do not.</td>
<td>1.8%</td>
</tr>
<tr>
<td>I tagged my car with a <em>Respect My Ride</em> window cling.</td>
<td>22.3%</td>
</tr>
<tr>
<td>I have gained knowledge about the health risks of smoking in cars.</td>
<td>41.9%</td>
</tr>
<tr>
<td>The <em>Respect My Ride</em> campaign has had no effect on my decision about allowing smoking in my car.</td>
<td>19.0%</td>
</tr>
<tr>
<td>I have never heard of the <em>Respect My Ride</em> campaign.</td>
<td>9.0%</td>
</tr>
<tr>
<td>Other</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

In addition, in the online post-campaign survey, more than 75% said Facebook was important in changing or impacting their knowledge, attitudes, and/or behavior about smoking in cars. Similarly, 70.1 percent said the YouTube channel was very or somewhat important in impacting their knowledge, attitudes and/or behavior about smoking in cars.

Furthermore, 5244 pledges were collected, committing to smoke-free cars, far exceeding the goal of 1,500.

**Learnings and Insights from Campaign**

1. **The campaign was successful in meeting the following objectives set prior to the campaign launch:**
   - **It increased awareness and knowledge about the harms of secondhand smoke in cars:** Among the students who completed both the pre- and post-campaign surveys:
     - There was a significant increase in the proportion of students who agreed with the statement “smoking in a car is never acceptable.”
     - There was a significant increase in the proportion of students who disagreed that it is acceptable to smoke in a car when the windows are open.
     - There was a significant increase in the proportion of students who agreed that a car loses value because someone has smoked in it.
   - **Significant numbers of student pledges for smoke-free cars were collected,** and the schools that participated in the campaign were those where greatest awareness of the campaign was found, even aside from those students who actually signed the pledges. **The *Respect My Ride* campaign collected 5244 pledges from 16 schools.** Of post-campaign respondents, 66.8 percent had taken
the Respect My Ride pledge, compared to only 7.3 percent of pre-campaign respondents (the 7.3% can be explained by the fact that the schools began the program on different dates, and there was some limited information circulating about the campaign in some schools and online when the pre-campaign survey was conducted). A comparison of pre- and post-survey results indicated that school participation in the Respect My Ride Campaign led to significant awareness of the campaign among the broader student population in these schools. Post-campaign survey findings illustrate that the efforts to raise awareness for Respect My Ride in these schools were successful at reaching the students.

- **The campaign established a smoke-free car as a “normal” social behavior:** When students were asked how the Respect My Ride campaign affected them, 78.6 percent of the students felt “affirmed and supported” in their decision to not let others smoke in their car. While the campaign was not necessarily the deciding factor in students’ decision to not allow smoking in their car (as most already did not allow it), the campaign was effective in supporting students’ prior decisions to not allow smoking in their car. Nearly 74 percent of students reported the Respect My Ride campaign helped reinforce their earlier decision to not allow smoking in their car and 42% of students said the campaign helped them gain knowledge about the health risks of smoking in cars.

- **The campaign engaged youth in promoting smoke-free cars:** Many youth were involved in helping to promote the Respect My Ride campaign. There were 14 entries for Respect My Ride’s two video public service announcement contests, two students created posters for the marketing contest and student groups from nine schools were awarded mini-grants to develop and execute Respect My Ride activities. These were not “easy” projects for students to take on; they required a significant time commitment and passion for the issue or the project. The students who were engaged in this campaign had a significant impact on its success by helping to reach others with their work; whether through their video contest entry or through mini-grant activities. Those who participated enjoyed being part of the campaign, as evidenced by key comments from post-campaign surveys.

2. **The campaign communicated effectively with youth using their preferred social networking sites.** Respect My Ride attracted over 350 Facebook fans. The two video contests generated more than 10,500 views on YouTube and numerous news media articles. RespectMyRide.org received a total of 3,504 visits and 9,714 page views. The average amount of time spent on RespectMyRide.org was over 2 minutes. As mentioned earlier, in the post-campaign online survey, more than 75% said Facebook was important in changing or impacting their knowledge, attitudes, and/or behavior about smoking in cars, and 70.1 percent said the YouTube channel was very or somewhat important in impacting their knowledge, attitudes and/or behavior about smoking in cars.

3. **The campaign was effective because it relied on an integrated communications strategy that capitalized on both in-person and online engagement.** Students stated that they would not have known about the online channels without first hearing about them through in-school activities. Online communication alone is not sufficient but, rather, an important component of any youth engagement or public awareness campaign. The Respect My Ride online channels were used not only for educating students about the issues, but for keeping them engaged through the YouTube contests and
announcing school visits on Facebook. Having an integrated communications plan that capitalized on both in-person and online engagement caused the campaign to have great reach among students and kept the audience engaged and informed, as evidenced by students’ survey responses and the number of hits/fans on the campaign’s social media sites.

Sources of Additional Information
www.respectmyride.org

Mary Montagne
mary.montagne@co.dakota.mn.us
Take The Pledge!

I Pledge To Keep My Car Smoke-Free

Sign the Respect My Ride pledge today and get a tag that lets others know your car is smoke-free. Your friends will respect your decision to have a smoke-free car. Tag it – Declare your car smoke-free!

Required Information: is in red! Only open to Detroit County, MI, high school and college students.

First Name
Last Name
E-mail
Contact e-mail
School/College
Your address:
Friend(s) referred this

Please write from the name and school of the friend who referred you. Also include your home address, including the city and zip code. If you want it to display a window sticker for your car:

1. Pledge To Keep My Car Smoke-Free

Respect My Ride

Respect My Ride

1. Pledge To Keep My Car Smoke-Free

Respect My Ride
United States (Nebraska) — 2009-present IMReady Campaign

Organization
Nebraska Department of Health & Human Services, Division of Public Health, Tobacco Free Nebraska Program

Campaign Dates
August 2009 - Present

Objectives
Offer another form of support to people who are ready to quit smoking and/or chewing tobacco.

Target Audience(s)
August to November 2009: College students who smoked
December 2009 to present: Adult chewing tobacco users trying to quit
August 2010 to present: Adult tobacco users trying to quit
Friends and family of tobacco users trying to quit

Media Vehicles/Channels
Cell phones (text messages), newspapers and magazines (advertisements), Internet (website)

Media Presence (TRPs or other measure of exposure)
Readership of magazines and newspapers in which ads were placed: 3,234,966+ (Circulation multiplied by 2.7 = Readership/Impressions)

Campaign Budget (in USD)
Overall Budget: $27,550
Ad Budget: $26,100
Budget for Development of Digital Tools/Elements: $1,450

Advertising Agency or Public Relations Firm
Snitily Carr (layout of newspaper/magazine ads)

Research Firm
None used

Language(s)
English

Target Audience Research
None conducted.

Pre-Campaign Evaluation of Draft Materials
A focus group of 18- to 24-year-olds was held in March 2009 to gauge reactions to new print ad concepts. During the groups, participants talked about their dislike of the smell of cigarette smoke.
More specifically, participants said “I hate the smell of smoke—the ads should say ‘you reek.’ No one wants to smell like smoke.” They also discussed ways in which they like to request and receive information, stating that they would go to a website before calling a phone number. These comments helped the campaign staff refine the print ad as well as select wording for the t-shirt that would be used as an incentive during the campaign. The t-shirt messaging chosen focused on not smelling like smoke and the website address was promoted on the t-shirts instead of the Quitline phone number. The front of the t-shirt said, “I am not smelling like smoke”. The back of the t-shirt said, “R U Ready 2 Quit? QuitNow.ne.gov.”

Campaign Description

The text messaging campaign developed as a way to measure the campaign’s advertising in a college planner. In 2007 and 2008, the Tobacco Free Nebraska program placed ads for the Nebraska Tobacco Quitline in a college planner that was handed out for free on campus at the state’s largest university. When approached by the company about placing an ad in the 2009 planner, Tobacco Free Nebraska staff asked the company selling the ads to provide data on how effective the ad was in terms of readership, number of planners distributed, etc. The company was unable to do so. As brainstorming ensued on how ad effectiveness could be captured, the company mentioned that they also maintain a text messaging service. The program staff decided to re-design the college planner ad and include a text messaging component. This decision was made because text messaging was considered to be an effective way to reach college-aged adults. As people texted in, the program staff would be able to ascertain the effectiveness of the college planner ad (i.e., the more people who texted in, the more people who saw the ad and acted upon the ad’s content).

In August 2009, the college planner ad launched. To entice people to text-in, a free t-shirt was offered. Since the planner was the only vehicle for this particular ad at the time, we were able to ascertain how successful the ad placement was as a result of the number of people who texted in and requested a t-shirt. When the response to the planner ad resulted in less than 10 people texting in and requesting a shirt, the same ad was placed in college and university newspapers across the state in an attempt to increase the number of people who texted-in and requested a t-shirt. As people texted in and t-shirt requests were received, we were able to ascertain which college/university newspaper ads were the most successful in terms of capturing new phone numbers. Combined, the planner and college/university newspaper ads resulted in 136 people texting-in and 204 t-shirts being distributed.

Thinking that text messaging might be an effective way to reach other populations (beyond college-aged students) who were interested in receiving information this way, in early 2010 and again in February 2011, the campaign began offering Quit Spit Kits to chewing tobacco users who were ready to quit. In January and February 2010, “Free Quit Spit Kit” ads were placed in publications that targeted rural audiences. Ads were repeated in June 2010 and January/February 2011. Interested people texted IMREADY to 39649 and were directed to a website where they could request a Quit Spit Kit.

In June 2010, the service was enhanced when text messages began being sent out to the captured phone numbers of those who had texted in as a result of seeing the previous ads. In August 2010, the service was further refined by allowing people to self-identify into one of four groups after the initial text-in. Upon texting-in, the first message sent was:
Thanks for taking the first step. For relevant support, please tell us if you're a:
SMOKER|CHEWER|FRIEND|FAMILY|(Reply with best fit.)

Once a reply was received, the following messages were sent:

Unsub: rply STOP
FRIEND: You'll receive 1-3 text tips/month. Visit http://QuitNow.ne.gov for resources to share with your friend who's trying to quit. Unsub: rply STOP
FAMILY: You'll receive 1-3 text tips/month. Visit http://QuitNow.ne.gov for resources to share with your loved one who's trying to quit. Unsub: rply STOP

Allowing people to self-identify the group that they considered themselves part of aided in targeting messages and providing relevant support – although sometimes the same message was sent to all of the groups. Text messages can be supportive in nature and timed to certain events during the year (e.g., New Year’s Day or the start of spring). The following are examples of some of the messages that were sent out during the campaign:

- Quitting smoking or chewing tobacco isn't easy. There are lots of great resources to help. Check some out at http://bit.ly/aVdlHV.
- Time for spring cleaning! Get rid of any lingering lighters, matches & ashtrays. You don't need the reminders! More tips at http://QuitNow.ne.gov

Quit Smoking Kits were developed and made available in late 2010-early 2011. The availability of the Quit Smoking Kits was promoted via an ad placed in all weekly newspapers and most daily newspapers throughout the state. The Quit Kit Web sign-up page was updated to allow people to select which type of Quit Kit they would like to receive: smoking or spit (chewing) tobacco.

In addition, the texting campaign was promoted by a button on the QuitNow.ne.gov website as well as mentioned in a Cessation Resources factsheet that was distributed at health fairs, etc. Aside from the development time, there was no cost associated with creating the button and factsheet.

**Process Evaluation**
The college campaign resulted in 136 people texting in with 204 t-shirts distributed.

The Quit Spit Kit ads resulted in 52 people texting in and 19 kits being mailed out.

The Quit Smoking Kit ads resulted in 65 people texting in and 25 kits being distributed.
From August 2009 through February 2011, the number of captured phone numbers each month ranged from 0 to 147 and constantly fluctuated as new people signed up and others opted out.

Outcome Evaluation
While no outcome evaluation was done, responses to each new campaign intervention were tracked, and decisions about future interventions were made based on the results obtained from the monitoring.

Learnings and Insights from Campaign
1. The text messaging service provided immediate feedback that allowed campaign planners to determine the relative impact of each ad or text message and use the data to plan future interventions. As soon as each ad was placed, the ad’s effectiveness as a direct response vehicle could be gauged by the number of people who texted in. Likewise, as soon as a text message was sent out, the service captured the number of people who opted-out, giving campaign staff a sense of the perceived value of each to the target audience. This information was used to determine which of the interventions to continue.

2. Working synergistically, the variety of cost-efficient cessation-focused interventions had the potential to increase awareness of the negatives of tobacco use and the benefits of quitting. While the numbers of responses from the direct response ads and text messaging efforts were not high enough to effect population-level attitude and behavior change, the campaign staff viewed the interventions as cost-efficient enough to continue doing over time, with the assumption that they were contributing to greater community awareness of the issues related to tobacco use and the importance of quitting. The individual campaign elements provided unique ways to engage people and gave them free access to cessation tools that they might find useful. Some people preferred quitting with the help of the Quitline, others by receiving supportive texts, and others by themselves.

Sources of Additional Information
www.QuitNow.ne.gov

Monica Pribil
dbhs.tfn@nebraska.gov
College Campaign:

Chewing Tobacco Campaign:

One promoted “Through with Chew” Week and one was general.
Smokers Campaign:

Text messaging was also promoted via a button on the Nebraska Tobacco Quitline website:
United States (Wisconsin) –2008 *My SmokeFree Story* Campaign

**Organization**
Wisconsin Tobacco Prevention and Control Program

**Campaign Dates**
January 2008 - March 2008

**Objectives**
- Raise awareness on the dangers of secondhand smoke and the need for smoke-free workplaces.
- Drive traffic to [www.MySmokeFreeStory.com](http://www.MySmokeFreeStory.com) and calls to 1-866-94STORY.
- Collect stories of individuals affected by secondhand smoke.

**Target Audience(s)**
Wisconsin adults aged 25-54, politically informed, mainly females (with emphasis on moms)

**Media Vehicles/Channels**
Radio; Internet (website; e-cards; banner ads in second wave)

**Media Presence**
Placements were purchased in all Wisconsin Radio MSAs at 125 TRPS/Market/Week, and placements were also purchased on smaller market radio stations. Placements on two Hispanic radio stations were purchased.
Three 2-week flights of the paid ads were used between late January (on the day of the press conference) and the end of March, 2008. In addition, bonus PSAs aired from late January through late April, 2008.

**Campaign Budget (in USD)**
Overall Budget: $330,000
Development Budget for digital communications pieces/tools: $100,000

**Advertising Agency or Public Relations Firm**
Knupp & Watson & Wallman (KW2)

**Research Firm**
None used

**Language(s)**
English and Spanish

**Target Audience Research (Formative Research)**
The campaign was based on the Campaign for Tobacco Free Kids’ top-tested message of “Everyone has the right to breathe clean air.” Campaign participants were selected in part based on how well their stories conveyed the following points, also cited as important based on the Campaign for Tobacco Free Kids’ research:

- Secondhand smoke poses a serious health risk.
- Wisconsin’s vulnerable communities are particularly affected by secondhand smoke.
- More and more states are enacting smoke-free workplace laws.
- The only way to protect all employees from secondhand smoke is to enact comprehensive laws prohibiting smoking in all public places and workplaces.

Pre-Campaign Evaluation of Draft Materials
None conducted

Campaign Description
*My SmokeFree Story* was launched in late January 2008 and ran for two months (the campaign also ran in fall of 2008). The campaign featured nine radio ads that ran regionally throughout Wisconsin (and two radio ads that ran statewide). The ads featured real people talking about their experiences with secondhand smoke. One “storyteller” was a bar/restaurant owner who was diagnosed with cancer from his exposure to secondhand smoke on the job; another was a mother of an asthmatic child, etc. Each of the stories showed the human cost of secondhand smoke and encouraged listeners to share their own stories about secondhand smoke at [www.MySmokeFreeStory.com](http://www.MySmokeFreeStory.com).

MySmokeFreeStory.com visitors could listen to the storytellers’ radio ads, watch a video of the storytellers, send an e-card, create fact sheets, and submit their own stories for inclusion on the site.

Process Evaluation
- 5,000 unique visitors to [www.MySmokeFreeStory.com](http://www.MySmokeFreeStory.com)

Outcome Evaluation
None conducted

Learnings and Insights from Campaign
1. Digital technology was the preferred mode for providing smoke-free stories. Many more stories were submitted through the “Story Submission” tool on the website than through the hotline (866-94STORY). Given this experience, if the campaign were re-run today, social networking would be integrated to a greater degree. The storyteller videos would be posted on a YouTube page and story-sharing would be encouraged on platforms such as Facebook and Twitter in addition to the *My SmokeFree Story* site.

2. Paid media was needed to sustain visits and story submissions to the website. A clear link was evident between running the radio and banner ads and receiving website hits and story submissions.

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29 For more information on the research that generated this finding, see CTFK case study in international review of secondhand smoke campaigns at [http://www.stopsmokingcampaigns.org/shslessonslearned](http://www.stopsmokingcampaigns.org/shslessonslearned)
When ads left the air, site visits and story submissions slowed down (and in the case of the story submissions, they eventually stopped). When ads were aired during the second wave, site traffic and story submissions resumed.

3. The call for stories led not only to people sharing their smoke-free stories but also to people submitting stories against smoke-free air. Campaign planners managed this via the story submission tool which included a disclaimer that not all stories would be posted on the site and that others may be edited for clarity. Jurisdictions running similar campaigns need to be prepared for calls or submissions from those against smoke-free air policies, many of whom may be passionate or angry.

4. Individuals who submit stories should be connected to Tobacco-Free Coalitions in their community. One opportunity that may have been missed was connecting those who submitted stories on the site to the local coalitions in their areas. While a mechanism was eventually added for story submitters to indicate they were interested in knowing about their own community’s tobacco-free efforts, this feature should have been included at the beginning of the project to maximize the potential of the stories.

Sources of Additional Information

www.MySmokeFreeStory.com

Spencer Straub
Media and Communications Coordinator
Wisconsin Tobacco Prevention and Control Program
spencer.straub@wisconsin.gov
"Secondhand smoke is an equal opportunity killer.

With over 4,200 chemical compounds and at least 40 known cancer-causing agents, secondhand smoke is the third leading cause of preventable death in America. It's called an "equal opportunity" killer because it's not just an equal opportunity cancer killer. It's equally lethal for smokers and non-smokers, breathing in secondhand smoke puts you at risk.

"It's a shame when you see kids being forced to inhale and come out and you smell their hair and you smell your fingers and it makes you wonder. Just think about how much more you absorb if you're near a smoker. It's really frightening what secondhand smoke can do to your health." - Eliza Shew, Midlandated

Being around secondhand smoke is like being an undercover cop. I want more about the unhealthy effects of secondhand smoke in your own life and then tell you what you can do about it.

IN YOUR HOME | IN YOUR WORKPLACE | IN YOUR COMMUNITY

WHAT YOU CAN DO
Use your lunchtime to learn "Secondhand smoke kills" and more facts about how to protect others from exposure to secondhand smoke.

NEXT TOPIC

RESOURCES
- Who's Smoking If You're a Good Business Sense
- Secondhand Smoke: No Safe Level
- https://www.smokefree.org
- The American Cancer Society
- The American Thoracic Society
- The Environmental Tobacco Smoke (ETS) Coalition

NEXT TOPIC
After my parents quit smoking on my golden birthday, I enjoyed not breathing that smoke and being able to smell my perfume set up. Now when I go to bars, bowling alleys, or meetings, I feel healthy.

FALL STORY

We second hand store says that I began. We mostly and I am not smokers who live in a smoke city of 3 or 4. Where do other smokers travel from before? One of the clubs sold to is now would not be more...

FULL STORY

When I was younger both of my parents smoked, so I was always around it. But I never participated in the cause of tobacco until I got older, with the addition of those city of 3 smoking clubs.

FULL STORY

I made my mother quit smoking to the house before I went off to college because I was excited by the smell of the smoke. She thought about it, and did stop smoking in the house. Now only 1 can...

FULL STORY

After I am in a room with people that smoke. I can breather right and my clothes smell some people put the ashes in the ashtray, and make a mess that way. Some people put the ashes in the ashtray and smoke...
Appendix A

Digital Media Definitions
Below are definitions for digital terms that appear in this document. Where available, sources of the definitions have been provided.

Analytics
“Analytics shows you how people found your site, how they explored it, and how you can enhance their visitor experience. With this information, you can improve your website return on investment, increase conversions, and make more money on the web.” (Google Analytics Help link here)

Application/ “App”
“Popularized in the general lexicon by the iPhone, an app is simply an application that performs a specific function on your computer or handheld device. Apps run the gamut from Web browsers and games to specialized programs like digital recorders, online chat or music players.” (Socialbrite online glossary link here)

Banner Advertisement/Expandable Rich Media Banner Advertisements
A form of advertising on a website, where an image (which fits one of several specific size parameters) will provide information and, once clicked upon, will generally link through to a relevant website set by the advertiser. Expandable banner ads start with a standard size banner ad, usually done in Flash, and expand on mouse over to reveal any number of larger panels. Panels can contain interactive Flash elements and video. As the most popular Rich Media format, expandable banners are universally accepted.

Blog
“A blog is an online journal that’s updated on a regular basis with entries that appear in reverse chronological order. Blogs can be about any subject. They typically contain comments by other readers, links to other sites and permalinks.” (Socialbrite online glossary link here)

Blogger/Blogger Outreach
“A contributor to a blog or online journal.” Blogger outreach is the act of communicating with bloggers to see if they will write about a topic of interest to your organization. (Wiktionary link here)

Chat (see Instant Chat)

Chat Window
“A text window used for conferencing between two or more users.” (Encyclopedia2 link here)

Click
A click can be the act of using the mouse to open or select something on a computer’s screen. It can also refer to a way of measuring engagement with an online advertisement. In this case, it means that a person has actively clicked on an ad. The total number of clicks on an ad can be an indicator of its success.

CPC/Cost per Click
“An advertising model in which the advertiser pays a certain amount each time its ad is clicked, irrespective of how many times the ad is displayed. Also sometimes referred to as PPC (pay-per-click).” (Google Analytics Glossary link here)

CTR/Click Through Rate
“The number of times an ad is clicked on divided by the number of impressions it receives. For example, if an ad is shown 20 times and receives 3 clicks, the clickthrough rate is 3/20, or 15%.” (Google Analytics Glossary link here)

Digital media
A broad term which can refer to both the storage of data in a digital form, such as a hard drive; or to information created, viewed and used in a digital space, such as video games or the internet.

Display Advertising
“Display advertising appears on the Internet, as a form of online advertising. Display advertising appears on web pages in many forms, including web banners.” (Wikipedia link here)

Hub
“A place or thing that forms the effective center of an activity, region, or network.” (Dictionary.com link here)

Impression
“A display of a referral link or advertisement on a web page.” (Google Analytics Glossary link here)

Instant Chat/Online Chat/ Instant Messaging
“Instant Messaging (IM) is a form of real-time direct text-based chatting communication in push mode between two or more people using personal computers or other devices, along with shared clients. The user's text is conveyed over a network, such as the Internet. More advanced instant messaging software clients also allow enhanced modes of communication, such as live voice or video calling and inclusion of links to media.” (Wikipedia link here)

Interactive Voice Response
“Interactive voice response (IVR) is a technology that allows a computer to interact with humans through the use of voice and DTMF (dual-tone multi-frequency signaling) keypad inputs.” (Wikipedia link here)

Landing Page
“A web page at which a user first arrives at a website.” (Wiktionary link here)

Leader Board
“An advertisement on a Web page spanning the width of the page and shallow in height.” (Wiktionary link here)

Medium Rectangle Banner (MREC)
“A web banner (advertisement) size (w) 300 x (h) 250 (in pixels).” (Wikipedia link here)
Message Board
“A system in which users may send, read and reply to public messages; an electronic bulletin board or forum.” (Wiktionary link here)

Messenger (see Instant Chat/Instant Messenger)

Microsite
“A self-contained page or group of pages meant to supplement a larger website.” (Wiktionary link here)

New Media
Content that is in digital format and generally accessed on a digital device, which can have elements of interactivity, community formation, and shareability. For example, a website will have these aspects whereas newspaper does not, and belongs to traditional media. However, that newspaper’s website is new media.

New Visitor/New Visit
“Google Analytics records a visitor as new when any page on your site has been accessed for the first time by a web browser. This is accomplished by setting a first-party cookie on that browser. Thus, new visitors are not identified by the personal information they provide on your site, but are rather uniquely identified by the web browser they used.” (Google Analytics Glossary link here)

Pageview
A pageview is an instance of a page being loaded by a browser. (Google Analytics Glossary link here)

Paid Search/Paid Search Marketing
“Paid search marketing is the placement of paid ads for a business or service on a search engine results page. An advertiser pays the search engine if the visitor clicks on the ad (pay-per-click or PPC).” (Socialbrite online glossary link here)

Portal
“A site that functions as a point of access to information on the Internet.” (Wikipedia link here)

Push Messages/ Push Technology
“A style of Internet-based communication where the request for a given transaction is initiated by the publisher or central server. It is contrasted with pull technology, where the request for the transmission of information is initiated by the receiver or client.” (Wiktionary link here)

Seeding
Making online content more dynamic by spreading it out across the social networks, the micro-blogging tools, the forums and the blogs in order to maximize the impact of the digital effort or campaign. Using a combination of paid placements and organic seeding to build awareness of the campaign or effort.

Session
“A period of interaction between a visitor’s browser and a particular website, ending when the browser is closed or shut down, or when the user has been inactive on that site for a specified period of time.” (Google Analytics Glossary link here)
Short Code
“A short code is a mobile shortcut — a telephone number consisting of four to six digits that makes it easier for subscribers to vote, subscribe to a service, order ringtones and the like via SMS (e.g., text HAITI to 90999 in order to contribute to the Red Cross’s relief efforts).” (Socialbrite online glossary link here)

SMS
“SMS stands for Short Message Service, a system that allows the exchange of short text-based messages between mobile devices.” Synonymous with “text messaging.” (Socialbrite online glossary link here)

Social Media
“Social media are works of user-created video, audio, text or multimedia that are published and shared in a social environment, such as a blog, podcast, forum, wiki or video hosting site. More broadly, social media refers to any online technology that lets people publish, converse and share content online.” (Socialbrite online glossary link here)

Social Networking
“Social networking is the act of socializing in an online community. A typical social network such as Facebook, LinkedIn, MySpace or Bebo allows you to create a profile, add friends, communicate with other members and add your own media.” (Socialbrite online glossary link here)

Text Message
“A brief electronic message sent between mobile phones, containing text composed by the sender, usually input via a lettering system on a cell phone's numeric keypad, the content of which is often abbreviated like e by leaving out vowels or using e spellings.” See also SMS. (Wiktionary link here)

Traffic
“Web traffic is the amount of data sent and received by visitors to a web site. It is a large portion of Internet traffic. This is determined by the number of visitors and the number of pages they visit. Sites monitor the incoming and outgoing traffic to see which parts or pages of their site are popular and if there are any apparent trends, such as one specific page being viewed mostly by people in a particular country. There are many ways to monitor this traffic and the gathered data is used to help structure sites, highlight security problems or indicate a potential lack of bandwidth — not all web traffic is welcome.” (Wikipedia link here)

Unique Visitors/Absolute Unique Visitors
“Unique Visitors represents the number of unduplicated (counted only once) visitors to your website over the course of a specified time period. A Unique Visitor is determined using cookies.” (Google Analytics Glossary link here)

Unique Views
A unique view, as seen in the Top Content report, aggregates pageviews that are generated by the same user during the same session. A unique view represents the number of sessions during which that page was viewed one or more times. (Google Analytics Glossary link here)

User Profile/Profile
“A collection of personal data associated to a specific user. A profile refers therefore to the explicit digital representation of a person's identity. A user profile can also be considered as the computer representation of a user model.” (Wikipedia link here)

**Viral Campaign/ Viral marketing**

“Refers to marketing techniques that use pre-existing social networks to produce increases in brand awareness or to achieve other marketing objectives (such as product sales) through self-replicating processes, analogous to the spread of viruses or computer viruses. It can be delivered by word of mouth or enhanced by the network effects of the Internet.[1] Viral marketing may take the form of video clips, interactive Flash games, advergames, ebooks, brandable software, images, or text messages.” (Wikipedia link here)

**Visitor**

“A construct designed to come as close as possible to defining the number of actual, distinct people who visited a website. There is of course no way to know if two people are sharing a computer from the website's perspective, but a good visitor-tracking system can come close to the actual number. The most accurate visitor-tracking systems generally employ cookies to maintain tallies of distinct visitors.” (Google Analytics Glossary link here)

**Web 2.0**

“The second generation of the Web, which enables people with no specialized technical knowledge to create their own websites to self-publish, create and upload audio and video files, share photos and information and complete a variety of other tasks. In this new world, the Internet becomes a platform for self-expression, education and advocacy that “regular people” can use on their own without having to go to an expert to do it for them in contrast to the less interactive publishing sites of Web 1.0. Some of the best-known Web 2.0 websites include Wikipedia, MySpace, Digg, Flickr and YouTube.” (Socialbrite online glossary link here)
Appendix B

Message sent via Email to Tobacco Control Practitioners and Researchers

*Global Dialogue*, in collaboration with New Zealand’s *Health Sponsorship Council*, is beginning a review that will determine lessons learned internationally from tobacco control campaigns using digital media (Internet, cell phone texting, etc.), and we hope you will be able to contribute to it. Although many countries are using digital media in their campaigns, there has not been, to date, an international review of lessons learned from these campaigns. Once completed, this review will provide direction and new ideas to those planning, implementing and evaluating digital campaigns.

Our first step is to compile data and materials from public education, mass media campaigns that have used digital media, in order to synthesize the data, glean insights about how to conduct such campaigns most effectively, and summarize the lessons learned for the international tobacco control community.

Here is our request of you: If you have conducted one or more tobacco control campaigns using digital media and have conducted research and/or evaluation on the campaign(s), please send campaign materials and research & evaluation data by **Friday, March 12** to Karen Gutierrez ([karen.gutierrez@comcast.net](mailto:karen.gutierrez@comcast.net)). The more campaigns we receive information about, the better we will be able to draw conclusions about what works and what doesn’t work when using digital media for campaigns. Whether you have done a campaign at the local, state/province, national or regional level, we invite your data submissions, support documents and campaign materials. Ideally, we’d receive your information in English, but if it is only available in another language, please send it nevertheless, and we will try to get it translated.

**Note:** If you provided data on your digital campaign(s) last October or November when we requested information for a European workshop, then please simply reply to this message and confirm that. If you have information on your campaigns updated since last October/November, please send it to us—we want to make sure we have the most updated data!

Please reply with any questions. Many thanks in advance for your contributions—we will all benefit from sharing our experiences. -Karen

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Appendix C

Questionnaire Regarding Tobacco Control Campaigns using Digital Media

Conducted by Global Dialogue for Effective Stop-Smoking Campaigns
www.stopsmokingcampaigns.org

Please complete all sections of this questionnaire that you can, and/or attach relevant materials, documents and data. Please return to Karen Gutierrez, Global Dialogue Director, at karen.gutierrez@comcast.net.

1. Who is the person (name, e-mail address and phone) we can contact with any questions about the responses in this questionnaire and any attached materials?

2. What is the country of focus for this campaign? If more than one country, please list all. If the campaign was not country-wide, please clarify which state, province or other relevant geographical area was the focus.

3. What is the name of the sponsoring organization?

4. What were the beginning and end dates of the campaign?

5. What was the situation that led to the campaign? Please include any information about the market and/or environment that will give this campaign context and help us understand why the campaign was conducted.

6. What were the specific goals and objectives of the campaign?

7. Who were the target audience(s)? Why?

8. What formative research was conducted? Specifically, what was done to glean insights about the target audience and their use of various media?

9. Which communications channels were selected? Why were they selected?

10. What other marketing interventions were used? Why were they selected?

11. What digital approaches, if any, were used to gain news media coverage on the campaign topic?

12. Please provide a copy or description of the media placement plan (when and through which vehicles the communications were aired/placed).
13. What was the campaign’s **budget** (including but not limited to media placement, web design and management, research & evaluation, etc.)?

14. Was **formative evaluation** conducted among the target audience(s) to get reactions to draft communications materials (i.e., pre-testing of draft communications materials)? If pre-testing was done, please describe the process as well as what was learned.

15. What **methods** were used to evaluate this campaign? What was learned? Please address 1) measurement of reach and response; and 2) measurement of awareness builds, knowledge builds, attitude changes and behavior changes.

16. What is the **overall analysis** of the campaign and its results? What **conclusions** did you draw about the campaign?

17. Is there any **other important information** or data needed to effectively understand the campaign? For example, were there other factors in the environment that may have influenced the campaign’s outcomes? If so, please include them.

Thank you for your valuable input!

Karen Gutierrez  
Director, **Global Dialogue for Effective Stop-Smoking Campaigns**  
Karen.gutierrez@comcast.net  
651.330.5293 (U.S. phone)
Appendix D

Individuals Who Contributed Case Study Information (listed alphabetically by surname)

Ryan Adams, Department of Health (England)
Vanessa Beal, Heart Foundation (Western Australia)
Frankie Best, Ministry of Health (British Columbia, Canada)
Jack Boomer, BC Lung Association (British Columbia, Canada)
Håvar Brendryen, Norwegian Centre for Addiction Research, University of Oslo (Norway)
Abigail Brown, Cancer Research UK (United Kingdom)
Abraham Brown, University of Stirling (Scotland)
Jeff Costantino, Legacy (United States)
Laurel Curry, Legacy (United States)
Froukje Dijk, Department of Health Promotion, Maastricht University (Netherlands)
Marietta Dreher, ClearWay Minnesota (Minnesota, United States)
Helen Duggan, Department of Health (England)
Mary Ehler-Kleinoeder, Department of Health Services (Arizona, United States)
Jennie Fergusson, Department of Health (England)
Shosh Gan-Noy, Clalit Health Services (Israel)
Michaela Goecke, Federal Centre for Health Education (Germany)
Lynne Heasman, The Quit Group (New Zealand)
Talei Hornback, RIESTER Agency (Arizona, United States)
Molly Hull, Clarity Coverdale Fury Agency (Minnesota, United States)
Mayanne Lafontaine, Cancer Institute NSW (New South Wales, Australia)
Peter Lang, Federal Centre for Health Education (Germany)
Judy Li, The Quit Group (New Zealand)
Dan Metcalfe, Department of Health (England)
Mary Montagne, Dakota County Public Health Department (Minnesota, United States)
Krista Murray, Canadian Cancer Society (Ontario, Canada)
Sara Neal, Clarity Coverdale Fury Agency (Minnesota, United States)
Per Kim Nielsen, Danish Cancer Society (Denmark)
Monica Pribil, Tobacco Free Nebraska Program (Nebraska, United States)
Penny Salmon, The Quit Group (New Zealand)
Kathy Schlecht, Clarity Coverdale Fury Agency (Minnesota, United States)
Michael Sheldon, ClearWay Minnesota (Minnesota, United States)
Trevor Shilton, Heart Foundation (Western Australia)
Renata Spakova, Ligaris Agency (European Union)
Marni Steinberg, RIESTER Agency (Arizona, United States)
Spencer Straub, Wisconsin Tobacco Prevention and Control Program (Wisconsin, United States)
Mareike Strunk, Federal Centre for Health Education (Germany)
Vasuki Utravathy, Health Promotion Board (Singapore)
Donna Vallone, Legacy (United States)
Alecia Wales, Cancer Institute NSW (New South Wales, Australia)
Jane Webb, Smokefree South West (England)
Sherry Zarins, Ontario Lung Association (Ontario, Canada)

Individuals Who Served on International Review Panel (in alphabetical order by surname)

Kathryn Angus, University of Stirling (Scotland)
Marietta Dreher, ClearWay Minnesota (Minnesota, United States)
Dan Metcalfe, Department of Health (England)
Krista Murray, Canadian Cancer Society (Ontario, Canada)
Iain Potter, Health Sponsorship Council (New Zealand)