



**Lessons Learned Globally:  
Secondhand Smoke  
Mass Media Campaigns**



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STOP SMOKING  
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# Lessons Learned Globally: Secondhand Smoke Mass Media Campaigns

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## 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 Objective found after the Table of Contents focuses only on the case studies, organizing them by the main objective of each campaign. Campaigns are grouped according to whether they sought to:

1. change individual behaviors, such as not smoking in homes or cars;
2. build support for smoke-free environments and/or future policy changes;
3. announce or prepare the population for an upcoming smoke-free policy implementation; or
4. encourage compliance with existing smoke-free laws.

The List of Campaigns by Objective may be helpful to those who are seeking insights from campaigns that have a common objective.



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# List of Campaigns by Objective

The grid below lists each case study and identifies its primary objective(s). The objectives are to:

1. change individual behaviors, such as not smoking in homes or cars
2. build support for smoke-free environments and/or future policy changes
3. announce or prepare the population for an upcoming smoke-free policy implementation
4. encourage compliance with existing smoke-free laws

In many cases, a campaign had more than one objective, and in those cases the multiple objectives are reflected in the grid.

Case Study	Objectives			
	1	2	3	4
Australia (New South Wales) – 2002-2005 <i>Car &amp; Home: Smoke-free Zone</i> Campaign	•			
Australia (Queensland) – 2004-2006 <i>Nobody Smokes Here Anymore</i> Campaign			•	•
Australia (Victoria) – 2007 <i>Smoke-free Homes &amp; Cars</i> Campaign	•			
Australia (Western Australia) – 2007 <i>Smoke-free Home &amp; Car</i> Campaign	•			
Canada – 2002-2003 <i>Secondhand Smoke Diseases</i> Campaign (Youth)	•			
Canada – 2002-2004 <i>Heather Crowe</i> Campaign		•		
Canada – 2005 <i>Secondhand Smoke in the Home and Car</i> Campaign	•			
Canada – 2006-2007 <i>Secondhand Smoke in the Home and Car</i> Campaign	•			
Canada (Ontario) – 2000 <i>Anti-Tobacco Strategy: Mass Media</i> Campaign	•	•		
Canada (Ontario) – 2000-2003 <i>Breathing Space</i> Campaign	•			
England – 2003 <i>Smoking Kids</i> Campaign	•			
England – 2006 <i>Smoke Is Poison</i> Campaign	•	•		
England – 2007 <i>Smoke-free England</i> Campaign			•	
France – 2004 'Maison' & 'Entreprise' ('House' & 'Business') Advertisements	•	•		
Hong Kong – 2005-2006 <i>Smoke-free Hong Kong</i> Campaign	•	•	•	
India – 2008-2009 <i>Phase 1 Smoke-free</i> Campaign			•	•
Ireland – 2004-2005 <i>Smoke-free Ireland</i> Campaign			•	•
Israel – 2001 <i>The Shy</i> Campaign				•
Mexico (Mexico City) – 2008 <i>Finally They Are Giving us a Breath/Breather</i> Campaign				•
New Zealand – 2003 <i>Secondhand Smoke Workplace Concept Testing</i>		•		
New Zealand – 2003-2008 <i>Secondhand Smoke in Domestic Settings</i> Campaign	•			
Norway – 2004 <i>Secondhand Smoke Hospitality</i> Campaign			•	•
Philippines – 1999-2000 <i>It's Okay to Say You Mind</i> Campaign	•			
Poland – 2002-2003 <i>Clearing the Air</i> Campaign Pilot	•	•		
Turkey – 2008 <i>Smoke-free Policy Implementation</i> Campaign			•	•
United States – 2002-2005 Campaign for Tobacco-free Kids Research		•		
United States (Maryland) – 2008 <i>air!</i> Campaign			•	•
United States (Minnesota) – 2001-2002 <i>Secondhand Smoke Awareness</i> Campaign	•			
United States (Minnesota) – 2007 <i>Fresh Air</i> Campaign			•	•
United States (New Mexico) – 2007 <i>Hold Your Breath</i> Campaign		•		
United States (New York) – 2003 <i>Clean Indoor Air Act</i> Campaign			•	•
United States (New York) – 2005-2006 <i>Secondhand Smoke</i> Campaign	•			
United States (New York City) – 2002-2003 <i>Smoke-Free Air Act (SFAA)</i> Campaign			•	•
Uruguay – 2006 <i>Un Millón de Gracias (A Million Thanks)</i> Campaign				•
Vietnam – 2006-2007 <i>Speak Up</i> Campaign	•			

# Executive Summary

Reducing exposure to secondhand smoke has become a public health priority for many countries because of the compelling facts regarding the health harms of secondhand smoke and the recent spread of smoke-free policies around the globe. The WHO Framework Convention on Tobacco Control (WHO FCTC) includes *protection from exposure to tobacco smoke* as one of the obligations that Parties (countries which have ratified the WHO FCTC) have to meet (see Article 8 of the Convention).<sup>1</sup> In addition, the MPOWER statement of evidence-based strategies developed by the World Health Organization lists “Protect people from tobacco smoke” as one of its six recommended policies for reducing tobacco’s negative impact globally.<sup>2</sup>

The WHO FCTC also includes *education, communication, training and public awareness* as one of the obligations that Parties have to meet (see Article 12 of the Convention)<sup>3</sup>, and the WHO MPOWER statement lists “Warn about the dangers of tobacco” as another one of its six recommended tobacco control policies.<sup>4</sup>

Public education campaigns designed to address secondhand smoke play a key role in ensuring that populations:

- Are knowledgeable about the dangers of exposure to secondhand smoke
- Understand the benefits of smoke-free environments for everyone
- Support smoke-free policy initiatives
- Are motivated to make changes in their own behaviors, in order to protect their children and other loved ones and/or to comply with policies that protect the broader community.

There will never be enough health department officials or enforcement officers in any country to enforce smoke-free laws on an ongoing basis; thus, public education campaigns are essential to the long-term

success of smoke-free law implementation. With adequate public education, smoke-free laws become self-enforcing, with the vast majority of individuals and businesses in compliance.

Because of the important role that public education campaigns play in the success of efforts to reduce exposure to secondhand smoke at both the individual and policy levels, 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 secondhand smoke campaigns. While the data are not complete enough to draw firm conclusions, some patterns emerged upon reviewing the diverse campaign data, providing insights regarding the processes followed and the content included in various campaigns.

It is important to note that public education 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.<sup>5</sup> Mass media campaigns can

be extremely expensive, potentially draining funding and human resources from other key tobacco control initiatives, such as policy efforts or tobacco cessation services. If funds are limited, tobacco control advocates must evaluate the costs versus benefits of various tobacco control interventions and must set priorities in terms of what can and should be implemented based on the unique environment, timing and funding. Prioritizing a public education campaign may not be appropriate in some cases versus pursuing other interventions which may have greater impact based on the situation.

The authors feel fortunate to have been able to work with knowledgeable individuals in 16 countries to compile over 30 campaign case studies, as well as with a diverse review panel representing five continents whose members provided input and direction throughout the document development process. Among the case studies is one or more from each of the following countries: Australia, Canada, England, France, India, Ireland, Israel, Mexico, New Zealand, Norway, Philippines, Poland, Turkey, United States, Uruguay and Vietnam. In addition, one campaign case study is from Hong Kong.

Finding campaigns to review was relatively easy. Numerous secondhand smoke campaigns have been conducted over the last ten years, and international contacts were more than willing to share their experiences and campaign materials. Many of these campaigns, however, 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, 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. In the authors' opinion, the process used to plan, implement, monitor and evaluate campaigns is just as important as the content (messages, vehicles, etc.) of the campaign. Thus, we have chosen to highlight key lessons learned in both categories:

1. Process lessons learned
2. Content lessons learned

[See next page for lists of these lessons learned](#)

# Lessons Learned

## Key *process* lessons learned include the following:

1. Target audience research and pre-campaign evaluation of materials improve the likelihood of campaign success.
2. Measuring campaign outcomes requires data collection before (i.e., baseline) and after the campaign.
3. Television appears to be the strongest single medium for reaching and influencing enough people to make a population-level impact (where television viewership is widespread).
4. Multiple outreach strategies broaden a campaign's penetration of one or multiple audiences.
5. Advertisements developed in one country can be adapted effectively to other countries, provinces or states, and can serve to guide other campaigns' creative development.
6. Sizeable and consistent advertising placements can contribute significantly to campaign success.
6. Focusing on protecting one segment of the population from secondhand smoke (such as wait staff or children) provides strategic specificity and clarity, but also requires trade-offs.
7. Advertisements that do not attack or demean smokers are typically better accepted by smokers (and in some cases even by non-smokers), influencing smokers to change their behaviors more effectively than messages perceived as critical or judgmental of them.
8. Successfully communicating with specific populations, such as ethnic minorities or Indigenous peoples, requires understanding how members of that population view themselves in relation to the mainstream culture and how they prefer to be portrayed.
9. Secondhand smoke campaigns may motivate some smokers to quit, so campaigns should plan accordingly.
10. The tone of secondhand smoke ads (i.e., serious, humorous, emotional, authoritative) may differ significantly based on the primary goal of the campaign.

## Key *content* lessons learned include the following:

1. Testimonials, or personal stories, can persuasively and credibly communicate the dangers of secondhand smoke and the need to protect people from it.
2. Focusing on the health impacts of secondhand smoke appears to be an effective strategy for raising awareness and building knowledge on the dangers of secondhand smoke, changing attitudes about secondhand smoke and building support for protecting people from it.
3. Ads that elicit negative emotions or discomfort from the audience typically generate high levels of persuasiveness, even when the ads are not perceived as enjoyable.
4. Portraying innocent victims exposed to secondhand smoke can motivate smokers to avoid smoking around others, particularly in personal settings such as homes and cars.
5. Showing the impact of secondhand smoke on children generally mutes smokers' arguments about individual rights to smoke.

Interestingly, several of the lessons learned mirror conclusions from international reviews of stop smoking campaigns. In those cases, the authors have referred to the similar lessons learned and have provided citations to the other campaign review documents.

In addition to the Lessons Learned, review of the individual case studies (organized alphabetically by country in a Table of Contents and organized by campaign objective in a List of Campaigns by Objective) will interest readers working in a certain region or working to achieve a specific secondhand smoke or smoke-free goal.

# Introduction

This is the first international review conducted to summarize lessons learned from secondhand smoke mass media campaigns. Several countries have many years of experience conducting such campaigns, but not until recently have there been campaigns conducted and evaluated in a sufficient range of low, middle, and high income countries to conduct a thorough review. Throughout this document, the term “campaign” will refer to “the strategic use of mass 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
- European Network of Quitlines
- 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 campaign lessons learned, a Website, campaign development tool kit, training workshops, individual campaign consultation, and a traveling advertising exhibit. For more information about Global Dialogue, please visit [www.stopsmokingcampaigns.org](http://www.stopsmokingcampaigns.org).

## Acknowledgements

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## Purpose of This Document

This document has been created to provide guidance to tobacco control advocates, as well as to the media, advertising, public relations and research professionals who work with them. Its contents can provide insights into the development of effective mass media, public education campaigns to reduce exposure to secondhand smoke, both in terms of the *process* of campaign development and the most promising *content and approaches* for campaigns. The work represented here comes from campaigns conducted across the globe from 1998 through 2008.

These collected campaigns all had a main goal of contributing to reducing exposure to secondhand smoke, but they focused on different aspects, such as influencing individual behaviors in homes and cars; gaining support for policy initiatives such as smoke-free public place laws; encouraging compliance with existing smoke-free policies; or 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 secondhand smoke 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 secondhand smoke campaigns in various countries. Likewise, this document is not a scientific or medical review of the impact of secondhand smoke on individuals or communities.

## Methods

In the first quarter of 2008, the authors (Karen Gutierrez, Director of Global Dialogue for Effective Stop Smoking Campaigns, and Michael Kosir, Project Manager) sent an e-mail request for information (materials and data) on secondhand smoke campaigns to more than 300 individuals worldwide, most representing tobacco control NGOs and ministries of health. The questionnaire requesting campaign data is attached as Appendix B. A panel of regional experts was recruited to review the document and to provide additional contacts in various countries. (See Appendix D for list of panel members.) Approximately two dozen phone calls were made directly to recognized campaign managers and experts in the tobacco control community. A list of people who supplied campaign information related to the case studies has been included in this report and is found in Appendix C.

As part of the request for information, the authors asked for published and unpublished data from campaigns (including target audience research and pre-campaign evaluation data collected as the campaign was being developed, and process and outcome evaluation data collected before and after the campaigns' implementation), as well as for specific advertisements and other campaign materials. Only campaigns conducted during 1998-2008 were considered for this review.

The campaign information received was thoroughly reviewed to determine relevance and whether the data provided warranted inclusion in the campaign review. (i.e., Were the data robust enough to draw conclusions? Did they indicate whether the campaign itself had caused changes in the population versus other efforts going on at the same time? Were there outcome data on knowledge, beliefs, attitudes and/or behaviors?) Many campaigns submitted were not included in the campaign review because they did not have sufficient or any target audience research data, pre-campaign evaluation data and/or outcome evaluation data.

Campaign data were compiled and analyzed from March 2008 through January 2009. From this analysis, key findings for each campaign and overall lessons learned were developed. Conclusions in this report are based on the following four types of data: 1) target audience research, 2) pre-campaign evaluation 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.<sup>6</sup>

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, 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 Evaluation of Draft Communications Materials

Pre-campaign evaluation (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

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 aired at the proposed times and whether the target group was exposed to the message as often as planned.

Unforeseen obstacles might be recorded during this evaluation, as well as other influencing events that could be used to interpret the findings. For example, if a large tobacco company announces its new “stop-smoking” program the same month that your stop-smoking campaign is launched, this activity might cause the general public to be confused about which effort is sponsored by which organization. On the other hand, if a well-known TV journalist dies of a smoking-related illness during the same time period, that event may increase the general public's interest in your stop-smoking campaign or increase media attention to the issue.

For a public relations effort, process evaluation could involve documenting whether targeted key journalists were reached, whether the content of the presentation made to them was appropriate, and whether certain planned events took place. For a community-based effort, process evaluation might mean counting how many tobacco control advocates got involved, how many events were conducted, and how many people new to tobacco control attended the events.

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 attitudes, beliefs, and behavior. With a community-based marketing initiative, the outcome evaluation can show changes in the community's level of involvement in, and commitment to, the tobacco control issue. An outcome evaluation can assess whether your media advocacy efforts led to a change in tobacco-related policy, assuming that controlling for other factors is possible.

Outcome evaluation helps to answer questions such as:

- What effects is the campaign having?
- What unexpected outcomes arose?
- Is the campaign making progress toward the goals?

In addition to these four main types of data collected from campaign staff for this secondhand smoke campaign review, information was also gathered through interviews with people closely involved with the campaigns and those in the tobacco control community who have extensive experience working on this topic.

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

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 and the internationally-recruited review panel. The conclusions are intended to provide campaign managers and researchers with practical guidance for planning, implementing, and evaluating future secondhand smoke campaigns rather than representing absolute truths or firm recommendations.

Drafts of each case study were sent to campaign staff to review, edit and approve. Two drafts of the full document were sent to the expert panel for their review and comments. Input from these rounds of review was incorporated into the text.

## 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 or final approval of the text by campaign contacts.
- **Lack of thorough audience research and evaluation of draft materials during campaign development and 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 evaluation 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. Among the campaigns included in this review, only about 10% benefitted from all four types of research and evaluation; and even putting process evaluation aside, only about 25% benefitted from the other three types of R&E. 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 the smoke-free laws themselves and other tobacco control activities occurring during the same time periods.

- **Stated attitudes and behaviors that may not accurately represent actual attitudes and behaviors.** Many of the campaign surveys provided relied on survey respondents to state their attitudes and beliefs and their intended or actual behaviors. Some survey respondents might provide responses that they believe are the most “socially acceptable,” regardless of whether the responses are accurate (for example, a smoking parent stating that he/she does not smoke around the children, when in reality, he/she may very well do so). Although pre- and post- campaign evaluation surveys can somewhat control for this because one would expect respondents to equally report socially acceptable attitudes and behaviors before and after a campaign, respondents might be more likely to provide socially acceptable responses *after* secondhand smoke campaigns, given that many of these campaigns highlight the negatives of secondhand smoke and the importance of not smoking around others.
- **Lack of data regarding the effectiveness of campaign elements other than television advertising.** The vast majority of the campaign outcome data compiled is related to television advertising since the great majority of the campaigns reviewed chose to focus on television as a primary communications vehicle. Where multiple media vehicles were used (i.e., print, radio, outdoor advertising), data were not provided that allowed the authors to isolate the impact of one medium versus another. Furthermore, the authors received no specific outcome data on new/emerging communications vehicles, such as Website campaigns, cell phone advertising or text messaging, chat rooms discussions, etc. In some countries, television viewership may not be widespread, so drawing conclusions about the strength of television as a medium may be irrelevant there.
- **Lack of data regarding campaigns focused on secondhand smoke from other forms of tobacco than cigarettes.** None of the campaigns reviewed in this document focused on secondhand smoke from hookah, bidis, kreteks or other non-cigarette forms of tobacco.
- **Limited campaign data from low and middle income countries.** Approximately three quarters of the campaigns for which the authors received campaign data were from high income countries, such as Australia, Canada, England, France, New Zealand, Norway and the United States.

## Additional Campaign Information

At the time this document was finalized in March 2009, numerous secondhand smoke 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 secondhand smoke 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 ([info@stopsmokingcampaigns.org](mailto:info@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 initiatives worldwide. In addition, feel free to contact Global Dialogue if you have questions about this document or need additional information.

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 document.

# 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 second-hand smoke campaigns. Most of them relate to either **process**—aspects that are involved in *how* a campaign is developed—or **content**—aspects involved with *what* a campaign is comprised of. Thus, the Key Lessons Learned section organizes its points under these two categories.

- The *how* of a campaign includes things such as whether strategic planning is conducted prior to campaign implementation, whether and how research is conducted to gain insights about the target audience, how a media placement plan is developed, whether and how campaign evaluation is conducted, how media placements are selected, etc.
- The *what* of a campaign includes things such as what topics are addressed in a campaign; the messages, imagery, tone, etc. that are used; which media vehicles are selected; whether the ads include a call to action or an offer; and what executional elements are selected as the advertisements are being produced (i.e., the setting, choice of actors, length, number of scenes, tone, colors, pace, etc.).

Despite the significant impact that both aspects can have on the effectiveness of a campaign, some campaigns focus solely on the content (*what*) of a campaign, and do not focus enough on the process (*how*). As this document will show, successful campaigns

commonly have invested in both process and content.

Note that the lessons learned apply most directly to the specific locations in which they occurred, based on the unique aspects of those locations and their tobacco control environment at the given time. Applying any one of these lessons directly to another location or situation without some research and/or evaluation to ensure compatibility may be inappropriate.

## Process Lessons

### 1. Target audience 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, research and evaluation used in the formation of a campaign contribute significantly toward success. Target audience research results in a better understanding and definition of the audience, what motivates and influences them, and obstacles to changing their behaviors. 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 & 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.

The pre-campaign research conducted for the *Smoke-Free Hong Kong* campaign led to the successful identification of key audiences, and thus to the development of advertising directly targeting those who were in greatest opposition to legislated smoke-free policy efforts. Similarly, considerable target audience research was conducted in preparation for England's *Smoking Kids* campaign. England's research showed that nonsmokers' largest concerns related to secondhand smoke had to do with aesthetic, not health, effects, such as how it made their clothes and hair smell. Based on this knowledge, messages were developed to help people understand the serious health implications of secondhand smoke.

Staff for the Australian (New South Wales) *Car & Home: Smoke-free Zone* campaign learned during pre-campaign evaluation of draft materials that smoking parents resisted ad concepts that spoke down to or belittled them, yet responded positively to concepts that showed parents modeling positive behavior (such as smoking outside). This helped the campaign staff craft the ideal messaging and imagery for their campaign.

In New Zealand, for the *Secondhand Smoke in Domestic Settings* campaign, target audience research led to some considerations as the campaign planners produced the ads, including the importance of portraying the desired behavior change (e.g., smoking outside) as a choice – a decision which the smoker himself reaches—as opposed to being told to behave in a certain way.

England's *Smoking Kids* advertisement is an example of an “innocent victims” concept that tested well with respondents in research. The fact-based, yet moving, television ad was one of England's most highly recalled smoking information ads, and was successful in positively influencing both attitudes and behavior. Its success was likely due in part to including elements that were identified in initial testing as likely to influence smoking parents, such as showing children with smoke coming out of their noses as they breathed, with a voiceover stating, “If you smoke around children, they smoke, too.”

Target audience research conducted for the *Speak Up* campaign in Vietnam showed that people had little specific understanding of the health effects of

secondhand smoke. This resulted in the development of ads that, among other things, aimed to accurately communicate the negative health consequences of secondhand smoke. Research also found that Vietnamese women (the vast majority of whom did not smoke) were generally uncomfortable asking men (the majority of whom smoked) to stop smoking near them and their children. Based on this, ads were developed to encourage confidence in women to object to smoking around them.

## 2. Measuring campaign outcomes requires data collection before (i.e., baseline) and after the campaign.

Knowing whether and how a campaign succeeded (as well as the ways in which it could be improved) requires determining the audience's awareness, knowledge, beliefs, attitudes and behavior prior to the start of the campaign and then measuring the changes in those measures after the campaign is conducted. For example, Cancer Research UK and the Department of Health in England conducted a broad spectrum of surveys over many years in conjunction with a variety of tobacco control campaigns in order to regularly measure and analyze the public's views and attitudes related to secondhand smoke and other tobacco-related issues. Tracking key measures before and after each campaign gave them data demonstrating the effectiveness of mass media campaigns as an intervention to change attitudes and behaviors related to secondhand smoke. These data helped campaign staff to secure funding for campaign development year to year. Moreover, the findings from the research were important in guiding the development of each subsequent campaign.

One of the aims of Canada's *Heather Crowe* campaign was to improve the public's understanding of the negative health consequences of secondhand smoke and motivate them to take action accordingly. Based on pre- and post-campaign data collection, campaign managers were able to measure a significant increase in the general population's understanding of the importance of employers' providing smoke-free work environments for their workers, as well as significant increases in the percentage of respondents willing to ask a smoker to put out a cigarette or not to smoke near them. Furthermore, after the campaign significantly more smokers indicated that they were likely to put out their own cigarettes if asked than prior to the campaign.

The *Smoke-free Hong Kong* campaign and the New Mexico *Hold Your Breath* campaign are two

examples of thorough post-campaign evaluation, but with no pre-campaign evaluation conducted for comparison. While secondhand smoke legislation was passed in both Hong Kong and New Mexico, the contribution of the campaigns themselves is difficult to measure without having pre- and post-data from which to measure changes in knowledge and attitudes related to secondhand smoke and support for smoke-free policies.

It is fairly common for organizations to conduct only pre-campaign evaluation or only post-campaign evaluation, due to limited time, funds or other resources to accomplish the task. When pre- and post-campaign measures are not available to compare, it is very difficult to determine the impact of the campaign itself versus other interventions. It is therefore best to conduct at least a minimum amount of pre- and post-campaign evaluation with the funds available, so that some conclusions may be drawn, even if limited. This will be helpful in informing the development of future campaigns.

### 3. Television appears to be the strongest single medium for reaching and influencing enough people to make a population-level impact (where television viewership is widespread).

When messages are communicated via a variety of media, television consistently generates the highest levels of recall, as noted throughout various case studies. For example, the *Smoke-free Hong Kong* campaign found that six times as many post-campaign survey respondents recalled the TV ads as recalled ads from the other media used in the campaign, such as print, radio, etc. England's *Smoking Kids* campaign generated significantly greater recall for TV versus for print ads. The Australia (New South Wales) *Car & Home: Smoke-free Zone* and the Australian (Queensland) campaigns showed similar results, with significantly more survey respondents seeing the TV ads, versus hearing radio or seeing posters and other collateral.

While recall is not the most important measure for determining an ad's or a campaign's effectiveness (better measures are changes in attitudes, beliefs and behavior), it provides a key initial measure of whether anyone noticed and recalled elements of the ads.

For perspective on the use of various media on *other* tobacco control topics, a few recent studies have suggested that television advertising may have greater impact on motivation to quit than any other smoking cessation interventions. One United

States (Massachusetts) study found that among recent quitters, more found TV advertising helpful than any other quitting aid, including nicotine replacement therapy, professional help, self-help, prescriptions, counseling programs, radio, print ads, Website and quitline. In addition, Department of Health England found in 2004 that TV advertising was cited by smokers as the biggest trigger to quit attempts--even more so than health professionals' advice and friends and family. The greater impact of television advertising is partially explained by its high penetration and also partially perhaps by its combination of moving visuals and sound which many other media vehicles do not have.

In 2004 and 2006 studies, Department of Health England found that smokers who recalled several campaign elements (not just TV ads but also collateral or supplemental elements, such as posters, giveaways, and news articles) were more likely to have changed desired attitudes and behaviors than those who recalled only the television ads. It is possible that synergy between campaign elements may be what drives better results, rather than the impact of collateral materials alone, since dramatically more smokers cited TV advertising as the main prompt for their quitting attempts than cited collateral materials. If collateral materials were used alone in the campaign, their impact may not be sufficient to produce significant changes in attitudes and behaviors.<sup>7</sup>

Some organizations have begun using newer types of media technology as part their comprehensive media campaigns. Types of emerging media include web banners, blogging, social networking sites, and mobile phone texting among others. These forms of media are so new there are few data regarding the efficacy for tobacco control campaigns. Some organizations using them in their comprehensive campaigns see them as more cost effective and better able to target hard-to-reach populations than traditional forms of media.

The *NCI Monograph 19: the Role of the Media in Promoting and Reducing Tobacco Use* recognizes that "Much research on tobacco control media interventions revolves around television, regarded as the most powerful medium." Unfortunately, not enough studies have been conducted on the relative impact of different media vehicles (controlling for differences in funds spent on each) to be able to draw firm conclusions regarding the effectiveness of each. Thus, television should not be considered

the default leading medium for all campaigns, as it is generally the most costly tool to use and its appropriateness and availability vary from country to country. An assessment of the available media should always be conducted, since an equal investment in other media may generate positive results as well.

#### 4. Multiple outreach strategies broaden a campaign's penetration of one or multiple audiences.

As has been found with campaigns on other tobacco control topics, the use of multiple outreach strategies in secondhand smoke campaigns can increase a campaign's overall reach to more people.<sup>8</sup> Multiple strategies can include both paid media (TV, radio, print, outdoor, Internet advertising) and earned media (public relations events, working with news outlets and reporters to get articles placed, etc.), as well as outreach activities, such as distributing brochures to community centers, manning booths at community events, coordinating with health care providers, and other local interventions.

The contact for the Australian (New South Wales) *Car & Home: Smoke-free Zone* campaign stated that a multiple outreach strategy was critical to their de-normalization objective. This campaign used numerous mass media outlets (TV, radio, print, billboard, etc.) in combination with a public relations campaign to secure articles in newspapers across the state and conduct community-based outreach to caregivers, community centers and health professionals. As a result, the topic of secondhand smoke was kept in front of smokers and the broader community wherever they turned. This multiple outreach strategy contributed to a steady climb over time in the number of homes and cars identified as smoke-free.

The *Smoke-free Ireland* campaign combined paid television, radio, and print advertising with a strong public relations effort that managed the messages communicated to news outlets. The data collected throughout the time period of Ireland's campaign on the topics covered by select print news sources showed the success of the campaign in influencing news stories up to and after the implementation of smoke-free legislation.

Canada's *Heather Crowe* campaign was considered to be successful in great part due to the activities of Heather Crowe (the waitress spokesperson who was dying from lung cancer caused by secondhand smoke) and Barb Tarbox (a smoker dying from can-

cer caused by smoking), specifically their meetings with government officials and the public during the same time period as the paid media portion of the campaign.

Other areas in which campaigns used multiple interventions included Norway, Poland, Uruguay, and the United States (New York; New York City; and Minnesota), all of which combined a variety of paid vehicles with earned media efforts, and in some cases community outreach, in order to optimize their outcomes.

Earned media or news media coverage can play an even more important role when paid mass media campaigns are infeasible due to budget constraints. Gaining broad news media coverage that educates the community on the harms of secondhand smoke and the interventions that can protect people from secondhand smoke can motivate smokers to change their behaviors and mobilize individuals to advocate for and support smoke-free laws, regardless of whether that news coverage is complimented with paid advertising regarding secondhand smoke.

Published literature corroborating the impact of news media coverage includes a 2004 Canadian article that found that print [news] media had a positive influence on municipal smoking bylaw enactment: Data analysis from various bylaw initiatives in Canada identified print news media coverage as one of two most powerful influences on bylaw enactment. The author noted that "Media is able to draw attention to public health issues that may go unrecognized or unacknowledged by policy makers, and to provide the necessary support for policy action" and "...media [assisted] in transforming knowledge of the harmful effects of SHS into a common discourse in public and political spheres."<sup>9</sup>

#### 5. Advertisements developed in one country can be adapted effectively to other countries, provinces or states, and can serve to guide other campaigns' creative development.

Numerous campaigns in this review either used advertisements from other countries, provinces or states to inform their own ad development or adapted others' ads to their own countries. Doing so can lead to materials that communicate effectively as long as the process includes adequate local target audience research, pre-testing of draft campaign materials and appropriate adaptation based on findings from the research.

For example, in the United States in 2003, New



York's Tobacco Control Program (NYTCP) provided funds for local health departments to use various ads from other U.S. states, adapted as needed. Again in 2005, they funded locals to run ads from other states and ran some ads themselves as well. This allowed New York campaign planners to reserve more of their budget for advertising placement, rather than spending time and funds on new creative development.

Vietnam's *Speak Up* campaign staff re-shot portions of a United States (Massachusetts) ad called 'Kids' with Vietnamese actors but were able to retain other portions of the ad that could be used in virtually any region. Pre-campaign evaluation with the original ad revealed that the core concept was relevant, credible and persuasive, however the language and the look of the actors needed to change to appropriately reflect the Vietnamese population. Campaign planners also adapted Australian ads from the "Every Cigarette is Doing You Damage" campaign, using key visuals from the original ads in combination with new scripts and local actors.

The Workplace Testing concept in New Zealand was a creative idea adapted from a TV advertisement called 'Restaurant' that was originally produced in United States (Massachusetts). Also, the *Smoke Is Poison* campaign conducted in England was original creative, but was based on very similar documentary-style advertisements from United States (Massachusetts).

In Turkey, campaign planners saved money and time by adapting ads from Ireland's smoke-free workplace campaign, re-shooting an ad called "Post-Implementation—Office" in Turkish with local actors. They felt that this ad clearly communicated key information that would help meet their objectives of 1) educating the population of the harms of secondhand smoke; 2) building awareness of the new smoke-free legislation; and 3) encouraging compliance with the new law.

#### 6. Sizeable and consistent advertising placements can contribute significantly to campaign success.

Insufficient advertising placements typically result in low reach (percentage of the audience potentially reached with the messages) and limited frequency (the number of potential exposures to the ads by the audience in a certain period of time), the two most common measures of a campaign's penetration or presence. Increasing the advertising's presence usually results in higher levels of awareness and

recall, and larger changes in knowledge, attitudes and behavior than could be achieved through low levels of media.<sup>10</sup> Unfortunately, there is not a universal level of reach and frequency to recommend internationally. Each organization must work with media planning professionals in their country to determine what level of media presence is typically necessary in order to significantly build awareness and contribute to changes in knowledge, attitude and behaviors.

In the United States, Minnesota's *Secondhand Smoke* Awareness campaign invested considerably in its paid media placement including, but not limited to, placement of ads on every television station in the state, print ads in two statewide newspapers as well as in small community papers, extensive radio advertising, outdoor ads and public relations over a 15-month period. The results of the campaign included extremely high campaign recall and main message recall, and significant increases in the percentages of respondents reporting that they 1) felt that secondhand smoke was harmful, 2) had recently asked a friend or relative not to smoke, and 3) had decreased their own smoking.

Also in the United States, New York's *NYTCP Secondhand Smoke* campaign began in 2005 with multiple ads running concurrently, resulting in high awareness of advertisements related to secondhand smoke. Then, in late 2005 and early 2006, a significant multi-month decrease in ad placement occurred. The result was an immediate shift downwards in ad awareness.

Interestingly, both the Minnesota and New York campaigns measured a positive correlation between the presence of secondhand smoke ads and viewers' increased awareness of the harms of secondhand smoke. The two campaigns, however, had differing results related to whether or not awareness of the harms of secondhand smoke translated into specific actions. In Minnesota, where spending was strong and consistent over 15 months, there was a strong positive correlation between smokers' understanding of secondhand smoke harms and either asking others not to smoke around them or attempting to stop smoking. In New York, although campaign staff saw a significant increase in the percentage of respondents recognizing the negative effects of secondhand smoke, that knowledge build did not cause respondents to impose home smoking bans, one of the key behavioral measures for that campaign. This could have been influenced by the

unplanned gaps in advertising in New York, or perhaps because achieving behavior change within the home is more difficult than asking smokers not to smoke in other locales.

Another example of the importance of well-placed ads with strong media presence include the Western Australia campaign which attributed significant attitude changes to the strong presence of evidence-based ads. Campaign planners' experience in India, on the other hand, illustrates the challenges of reaching and influencing the majority of the population in a large country—their significant media spending of USD 2.8 million led to lower than hoped for levels of recall. This reinforced to them the need for long-term, dedicated campaign efforts in order to make significant changes in a country as large and diverse as India.

## Content Lessons

### 1. Testimonials, or personal stories, can persuasively and credibly communicate the dangers of secondhand smoke and the need to protect people from it.

Testimonials—real stories from those negatively impacted by secondhand smoke—can significantly impact audiences' knowledge and attitudes. One example is from a 2002-2003 Canadian campaign which relied on the testimonial of a waitress, Heather Crowe, who had lung cancer—she never smoked but had been exposed to secondhand smoke for many years at work. Heather not only appeared in television, cinema, transit and print ads but also visited with many municipal, provincial and territorial leaders cross Canada, advocating for smoke-free workplaces. This campaign generated extremely high recall, was perceived by survey respondents as believable, and was believed by Health Canada to be a key catalyst for smoke-free legislation.

In some cases, testimonial-type ads are produced using *actors*, not regular people telling their own stories. One example is a United States (California) ad titled 'Victim Wife.' about a man whose wife died due to her exposure to the secondhand smoke from his cigarettes. The ad generated more calls to the smokers' helpline than any previous advertisement. Although an actor was used for this ad, he had a similar experience to the story in the ad. He, too, lost someone close to him from secondhand smoke; thus, he was able to deliver the lines of the script with emotion and conviction.<sup>11</sup>

In the United States, the state of Nebraska also had

good results from airing the 'Victim Wife' ad in 2004. A 2006 survey found that the 'Victim Wife' ad generated the second highest recall among various ads aired over the previous few years.<sup>6</sup> Furthermore, in Canada (Ontario)'s *Anti-Tobacco Strategy: Mass Media Campaign*, staff found that the 'Victim Wife' ad and another testimonial-type ad personalized the issue more than other creative approaches tested and were perceived credibly by viewers, helping to change their attitudes related to secondhand smoke and acceptability of tobacco use.

Sometimes using an actor for a testimonial-type ad is required due to the inability or unwillingness of the actual person to tell his/her story (for health or other reasons). Other times, using actors allows for better delivery of the story. To be credible and evoke emotion, campaign staff in New South Wales, Australia found that testimonials need to reflect a tangible age for the target audience (not too old or too young) and need to visibly show the effects of the disease (i.e., sores produced by mouth cancer or hair loss caused by chemotherapy).<sup>13</sup>

Some examples from *stop smoking campaigns* corroborate the strength of testimonial and testimonial-type advertisements. Campaigns in several countries had success using such testimonial ads with regular people to communicate hard-hitting "why to quit" messages and/or supportive, hopeful "how to quit" messages<sup>14</sup>. Qualitative research and anecdotal evidence suggest that one reason audiences are receptive to the ads is because they can relate to the people in the ads. In Australia (New South Wales) and United States (Minnesota), airing testimonial-type TV ads to motivate smokers to quit initially caused some negative publicity because of the ads' use of actors rather than regular people; however, in both cases, campaign outcomes were positive, in terms of motivating people to try to quit.<sup>15</sup>

These results suggest that using *actors* in testimonial-type ads did not hinder their effectiveness; however, negative publicity might have been avoided if the campaign planners had proactively communicated with the news media about the reasons for choosing to use actors rather than the actual people who had suffered from the negative consequences of tobacco use or secondhand smoke. One strategy now used by the Cancer Institute NSW to diffuse or avoid criticism is to ensure that they use a person whose real story matches the ad as a spokesperson for interactions with the news media.<sup>16</sup>

The testimonial format should be considered for cost-efficiently reaching and influencing specific populations who want to see people like themselves in ads. The documentary style of testimonials does not require the high production quality of other types of ads, allowing for production budgets to go further in order to produce ads tailored to a variety of specific populations.

## 2. Focusing on the negative health impacts of secondhand smoke appears to be an effective strategy for building knowledge of the dangers of secondhand smoke, changing attitudes about secondhand smoke and building support for protecting people from it.

One of the strongest links among the campaign case studies is the common focus on the health harms of secondhand smoke. While difficult to quantify the exact impact of focusing on health versus other topics, the number of campaigns focused on health that have successfully built knowledge, changed attitudes or impacted behaviors indicates that it can be an effective strategy. Additionally, many campaign managers interviewed for this review said they had found that the topic of health was the strongest argument that could be made in their communities to support smoke-free environments.

Because the facts about the negative health consequences of secondhand smoke are so sound and widely accepted in the medical and public health communities, those against smoke-free public place policies rarely focus on health in *their* arguments, and instead focus on topics such as economic impact and individual rights. Experience has shown that the health arguments, properly delivered, are typically more compelling than these other topics and usually convince the public of the importance of smoke-free policies for protecting everyone's health.

*Smoke-free Ireland* maintained its focus on health, even in the face of strong arguments regarding economics and individual rights that were publicized by smoke-free opponents and the news media. This approach helped to achieve strong public approval of the smoke-free workplace law and very high compliance with it. United States (New York City) also found that using compelling health data to frame the smoke-free policy debate allowed staff to thwart attempts by smoke-free opponents to distract the public and policy makers with other issues. The Campaign for Tobacco-Free Kids' research in the United States corroborated this focus, concluding that health arguments were much more persua-

sive than economic arguments in gaining support for smoke-free laws.

Due to parents' lack of understanding of the full health implications of secondhand smoke, England's *Smoking Kids* campaign focused on health, resulting in increases in knowledge about the harms of secondhand smoke, particularly to children. Vietnam's *Speak Up* campaign also used health as the main topic in ads, showing images of smoke entering children's bodies and describing the negative health consequences of secondhand smoke.

In England's *Smoke is Poison* campaign, the ads focused on the toxic makeup of secondhand smoke, indirectly making a link to health. Results for this campaign were positive, building adult viewers' awareness of the dangers of secondhand smoke after seeing the ads. Other areas in which campaigns have effectively focused on negative health effects of secondhand smoke include New Zealand, the Philippines, and United States (New Mexico).

## 3. Ads that elicit negative emotions or discomfort from the audience typically generate high levels of persuasiveness, even when the ads are not perceived as enjoyable.

Ads that elicit negative emotions have been found to be persuasive, particularly when trying to convince people of the dangers of secondhand smoke. While these ads are sometimes defined by viewers as difficult to watch or as causing uneasiness, this aversion typically seems to enhance rather than inhibit their impact. However, it is important that ads eliciting negative emotions do so while respecting the target audience—for example, not using highly emotional content to criticize or ridicule smokers. (For more on the need to communicate respectfully with smokers, see the following Lesson Learned.)

In the *Smoke-free Hong Kong* campaign's evaluation study, respondents were asked to view each campaign ad and define it as either humorous or gruesome. The ad defined as humorous was reported to be enjoyable and resulted in higher recall than the two ads considered gruesome, however this did not translate into a higher level of persuasiveness. The ads considered gruesome generated higher levels of persuasiveness. In the New Zealand Workplace Concept Testing research, some ads that were less favorably received among viewers had a higher likelihood of influencing their secondhand smoke attitudes, knowledge, and behavior. The Hong Kong and New Zealand examples highlight the need to look beyond favorability and likeability

to determine what is likely to be most effective in achieving campaign objectives.

In the United States, the *New York Tobacco Control Program Secondhand Smoke Campaign* found that significantly more smokers strongly agreed that the messages in “high impact advertisements” “said something important” than the messages in “low impact” advertisements. Matthew Farrelly, of the research group RTI International which produced the campaign’s evaluation report, defined “high impact” ads as those that “use graphic images and/or strong negative emotional appeals.”

Furthermore, in France, the secondhand smoke campaign featuring the ‘Maison’ and ‘Enterprise’ ads not only generated very high awareness, high recall of specific ad elements (e.g., the piles of cigarettes and the child and office worker) and higher levels of concern for the health of self and others than the previous five campaigns conducted by INPES, it was also the most accepted of the previous campaigns among smokers and nonsmokers, despite its hard-hitting emotional ads.

These examples are supported by other tobacco control research on this topic. For example, research conducted in the United States (Massachusetts) found that advertisements eliciting strong negative emotions in a smoking cessation campaign were rated as being more effective by quitters or those who were planning to quit than humorous or neutral ads. Research on tobacco control advertisements that elicit negative emotions included both adult and youth audiences.<sup>17</sup>

It is important to note, however, that in order to motivate smokers to take action, in some cases it may be necessary to combine ads eliciting negative emotions with ads that are more positive in tone, for example emphasizing self-efficacy. Similar to the lesson learned from stop smoking campaigns that hard-hitting “why to quit” and hopeful, supportive “how to quit” messages are an effective combination employed in many campaigns, in secondhand smoke campaigns sometimes educating the population about the harms of secondhand smoke can be effectively combined with celebrating the positive actions that individuals can take to protect each other from those harms (see case studies from Norway, Uruguay and England (Smoke-Free)).<sup>18</sup> This is consistent with some literature about the limitations of fear messages alone.<sup>19</sup>

#### 4. Portraying innocent victims exposed to secondhand smoke can motivate smokers to avoid smoking around others, particularly in personal settings such as homes and cars.

Many successful secondhand smoke ads include images of, and messages related to, those negatively affected by secondhand smoke. In particular, many of these ads focus on innocent victims, those people who are unable to voice their disapproval of secondhand smoke or are unable to change their environments to avoid exposure to it.

The ad concept that Australia’s (Victoria) ‘Repeat’ advertisement was based on—containing the image of smoke entering the lungs of a young girl while her father smoked—tested positively against three other concepts during pre-campaign evaluation. Specifically, the evaluation found that smokers were prompted by the concept “...to reconsider their smoking behaviors...” based on this imagery.

England’s *Smoking Kids* campaign produced very positive results by portraying children as innocent victims. The TV ad showed children appearing to have smoke coming out of their noses and mouths to visualize how they breathe smoke in and out when in smoke-filled environments. Campaign staff emphasized that the use of innocent victims, especially kids, was the best way to deflect the argument that often comes from smokers—specifically that, “this is my life and I can do with it what I want.”

In the United States, California’s ‘Victim Wife’ advertisement – showing a man talking about his wife who died from exposure to his secondhand smoke –also represented an innocent victim, even though the victim herself was not present in the commercial.<sup>20</sup>

In the United States, the Campaign for Tobacco-Free Kids’ research corroborated that most people agree vulnerable populations (i.e., elderly, children, those with health problems) should be protected from secondhand smoke.

Additional campaigns that have depicted adults and/or children as innocent victims include Australia (New South Wales)’ *Car & Home: Smoke-free Zone*, France’s ‘Maison’ and ‘Entreprise’ advertisements, Western Australia’s *Smoke-free Home & Car*, India’s *Phase 1 Smokefree*, Canada’s *Heather Crowe*, Canada’s *Breathing Space* and Poland’s *Clearing the Air*.

The following Lesson Learned highlights in greater detail the use of children as subject matter in campaigns.

5. Showing the impact of secondhand smoke on children generally mutes smokers' arguments about individual rights to smoke.

Smokers often argue that they have the right to smoke if they want to, despite acknowledging the adverse health effects of smoking on themselves. However, even smokers resistant to change have difficulty making this argument when the impact on children becomes part of the discussion.

The combination of evidence that secondhand smoke is harmful and the emotive power of children combine to persuade many smokers not to smoke around children. Moreover, some research shows that the impact of their smoking on children is a significant reason for smokers to consider quitting altogether.<sup>21</sup> For example, see *Secondhand Smoke in Domestic Settings* from New Zealand; *Smoking Kids* from England; the three smoke-free home and car campaigns from Australia; and *Speak Up* from Vietnam. Each of these case studies, either through their target audience research or in their outcome results, provides some evidence that smokers changed their attitudes and beliefs when arguments against secondhand smoke involved the health of children.

Research conducted for New Zealand's *Secondhand Smoke in Domestic Settings* campaign resulted in very specific recommendations to use children over two years old, not babies, in ads to most credibly and persuasively communicate the impact of secondhand smoke on children. Specifically, respondents felt that infant portrayals were unrealistic—most smokers said they would never smoke around a child and were upset that the ad would represent smokers doing something so insensitive. Also, research data revealed that some smokers perceived older children (i.e., 10 years or older) as having the ability to make their own decision to move away from smoke.

In Canada's 2005 *Secondhand Smoke in the Home & Car* campaign and Western Australia's 2007 *Smoke-Free Home & Car* campaign, staff found it very challenging to clear up misconceptions about what constitute safe, protective behaviors—most smokers felt they could completely protect family members from secondhand smoke by smoking with doors and windows open, smoking in other rooms, using fans, etc. Inroads were made in Canada when their

2006-07 *Secondhand Smoke in the Home & Car* campaign was able to significantly reduce the level of misconceptions by addressing them directly.

Note that there are significant considerations when deciding to focus on the effects of secondhand smoke on children, which make this focus more appropriate for changing behaviors in personal settings (i.e., homes and cars) and less appropriate for building support for smoke-free public place and workplace laws (see below point for more details).

6. Focusing on protecting one segment of the population from secondhand smoke (such as wait staff or children) provides strategic specificity and clarity, but also requires trade-offs.

As mentioned above, focusing on children may influence the attitudes and behaviors of parents and other caretakers, but doing so may exempt those who do not live, or interact frequently with, children. For example, a 2000 UK report *A Breath of Fresh Air: Tackling Smoking through the Media* cited qualitative research in which some smokers without children felt exempted from advertising messages emphasizing secondhand smoke effects on children.<sup>22</sup> Focusing on children may be particularly useful when seeking to change behaviors in personal settings, such as in homes and cars, but might be less useful in campaigns with other objectives, such as those seeking to build support for smoke-free workplace legislation. A focus on protecting children excludes a broad range of public places and worksites, providing the opposition with an opportunity to argue for exempting bars and other worksites from comprehensive measures while also introducing harmful policies like restricting smoking only when children are present or only during certain times of the day or night.

Similarly, as revealed in the United States' Tobacco-Free Kids case study, focusing on workers may make audiences think the secondhand smoke issue is only relevant to workplaces and to those individuals who are exposed to secondhand smoke for long periods of time each day. Many respondents viewed intermittent exposure as more annoying than harmful, except for certain vulnerable populations such as children, the elderly and people with health conditions.

Emphasizing the impact of secondhand smoke on workers may garner support for smoke-free policies in countries where workers' rights are a priority but may not be as salient in countries where the major-

ity of the population does not sympathize with hospitality workers. Campaigns in Norway and Ireland succeeded in building support for their smoke-free laws when they employed a workers' rights message, however in New Zealand (see the Workplace Concept Testing case study) and in the United States (see the Campaign for Tobacco-Free Kids case study), audiences were not generally persuaded by the workers' rights approach alone. In the CTFK research, they also found that respondents considered bars and restaurants as sites of entertainment or leisure rather than as workplaces. In situations like this, communicating messages about the right of *all* people to breathe clean air, versus the right of workers alone, may be more effective.

On the other hand, focusing on workplaces might make the message more palatable to a broader audience because they may not conclude that the government is trying to dictate people's behaviors in personal settings, such as in homes and cars.

Bottom line, in considering the focus of a secondhand smoke campaign, planners must consider the trade-offs and ensure that stakeholders agree that the benefits of focusing on one segment outweigh the potential negatives.

**7. Advertisements that do not attack or demean smokers are typically better accepted by smokers (and in some cases also by non-smokers), influencing smokers to change their behaviors more effectively than messages perceived as critical or judgmental of them.**

As has been found in other tobacco control campaign reviews, smokers often admit to feeling under attack and judged by the broader community when it comes to the topic of smoking. Moreover, smokers often do not appreciate messages that they perceive as speaking down to them or criticizing their decisions and/or behaviors. Secondhand smoke advertisements reviewed for this study that depicted smokers positively and showed them as being concerned about the health of others and for their children (when relevant) were generally received more positively by smokers than ads that did not. This is consistent with conclusions from two international reviews of stop smoking campaigns, in which smokers wanted communications to acknowledge their struggles and speak to them respectfully.<sup>23</sup>

For example, during pre-campaign evaluation for Australia's *Car & Home: Smoke-free Zone* campaign, ad concepts that modeled positive behavior were better received by respondents than ads showing smok-

ing parents behaving in ways that were perceived as unrealistically negative (e.g., blowing smoke in a child's face). Likewise, the Workplace Concept Testing in New Zealand indicated that smokers preferred the positive tag line "Let's Clear the Air" versus "Please, Put it out or Take it out," the latter of which was perceived as confrontational and authoritarian. The testing also found that ad concepts showing workers who were distressed by secondhand smoke were perceived as diminishing the workers' professionalism, and thus negatively influenced the overall perception of those ad concepts.

Target audience research for the *Secondhand Smoke in Domestic Settings* campaigns in New Zealand indicated that smokers sought more acknowledgment for the changes they had already undergone in their smoking behaviors, such as the attempts they had already made to not smoke near their loved ones, and they desired to be portrayed positively. The research also indicated that marginalizing smokers would likely be counter-productive, causing them to reject messages about changing their behaviors to support smoke-free environments.

Staff on the Mexico *Finally, They are Giving us a Break/Breather* campaign found that the radio ads they produced and aired without time for pre-testing were perceived by some smokers, business owners and even nonsmokers as being antagonistic and aggressive toward smokers. Research respondents claimed to prefer a more positive tone that brought smokers and nonsmokers together, to motivate everyone to comply with the smoke-free law.

In Uruguay, the *Un Millón de Gracias* campaign used a positive tone to thank smokers in advance for trying to uphold the smoke-free law and refrain from smoking around others. Results indicated this approach was effective, since the vast majority of respondents (including a majority of smokers) in a post-campaign survey felt that "Secondhand smoke is dangerous to non-smokers" and that "All workers have the right to work in an environment free of other people's smoke. In addition, the majority of smokers interviewed said they supported the smoke-free law, with only a small percentage saying they had no opinion and just one quarter saying they did not support the law.

8. Successfully communicating with specific populations requires understanding how members of each sub-population view themselves in relation to the general population and how they prefer to be portrayed.

While data were limited regarding how best to communicate about secondhand smoke to specific populations (unique racial, socio-economic, cultural, gender, or ethnic sub-groups within a community), the experiences of a few countries made it clear that not all specific populations desire or appreciate ads that are targeted solely to them.

In New Zealand's *Secondhand Smoke in Domestic Settings* campaign, campaign staff found that ads showing a mix of people of various ethnicities were more accepted by Maori, the Indigenous population, than ads portraying Maori people alone. Concept testing revealed concern that focusing on a single ethnic group could potentially stigmatize that group and distract from the goal of reducing children's exposure to secondhand smoke.

Focus group research conducted among primarily urban Aboriginal youth and adults in six Canadian provinces found that respondents considered themselves to be mainstream Canadians, desiring the same messages in the same formats and languages as non-Aboriginal audiences. The Canadian research also found that when depictions of their communities were used, Aboriginal audiences desired realistic portrayals versus portrayals that they considered to be "stereotypes" (such as picturing a native person dancing at a pow-wow or other traditional celebration or event).<sup>24</sup> Note that if this research had been done in a reservation setting, respondents' preferences would likely have been different—experience in Canada suggests that more rural Aboriginal populations want to see and hear communications tailored to them, in terms of language and depictions of them.<sup>25</sup>

9. Secondhand smoke campaigns may motivate some smokers to quit, so campaigns should plan accordingly.

Some secondhand smoke campaigns, either conducted alone or in coordination with the implementation of smoke-free laws, have been shown to lead smokers to want to quit; thus, program staff should be prepared for this possible outcome by making available and publicizing resources to quit smoking. In addition, campaign staff may want to measure cessation-related attitudes and behaviors in their pre- and post-campaign evaluations to determine the campaign's impact on the percentage of smokers wanting to quit, taking action to quit or

successfully quitting.

One example is from England's *Smoking Kids* campaign which sought to motivate parents not to smoke around their children. Campaign results indicated that not only did more parents claim to not smoke around their children after the campaign but also that a significant number of smoking parents said the campaign motivated them to want to quit smoking.

In New York and Maryland in the United States, materials were designed, adapted, and/or selected based on their ability to not just educate people about the harms of secondhand smoke but also to motivate smokers to want to quit. Campaign results indicated that they were successful—both in New York and Maryland, calls to the quit line increased significantly when secondhand smoke advertisements were aired. In the United States (Minnesota), too, quitting interest and smoking cessation attempts rose following the implementation of the 2007 smoke-free law and the accompanying campaign.

An example from Ireland shows the risks of not fully preparing to support smokers who want to quit as a result of secondhand smoke campaigns. Ireland's secondhand smoke campaign contributed to an extremely successful implementation of, and very high compliance with, their smoke-free law; however smoking prevalence did not decline significantly over time. Campaign staff felt that not emphasizing quitting resources more aggressively was a missed opportunity in the campaign.<sup>26</sup>

10. The tone of secondhand smoke campaigns and ads (i.e., serious, humorous, emotional, authoritative) may differ significantly based on the primary goal of the campaign.

Numerous strategies can be taken when addressing secondhand smoke topics, as is evidenced in the wide variety of approaches reflected in the case studies. However, some commonalities were noted in terms of the tone used for various campaigns that shared a primary goal.

In campaigns that aim to educate the population about the harms of secondhand smoke in order to change individual behaviors and/or gain the general population's agreement on the need to protect people from secondhand smoke, the tone is typically serious and authoritative, and the words and visuals are quite hard-hitting, eliciting negative emotions. This tone often is used to gain and keep audiences' attention and to cause them to take the

topic seriously—to internalize the information, to ponder it and to discuss it with others. Examples of this approach include England’s *Smoking Kids*, England’s *Smoke is Poison*, Canada’s *Heather Crowe*, France’s ‘Maison’ (‘House’) and ‘Entreprise’ (‘Business’) and United States’ (California) ‘Victim Wife’ (mentioned in the Canada (Ontario) *Anti-Tobacco Strategy: Mass Media Campaign* case study).

In campaigns that aim to announce the passing of a new smoke-free law and its future implementation and/or prepare people for it, the tone is typically more neutral to positive, sometimes combining facts and visuals about the dangers of secondhand smoke with information about the new law and when it will be implemented. The clear and somewhat neutral approach often is used to ensure that everyone understands why the law is being implemented, what it covers and how to comply with it. Examples of this approach include Ireland’s *Smoke-Free Implementation*, Turkey’s *Smoke-Free Policy Implementation* and England’s *Smoke-Free England* campaign.

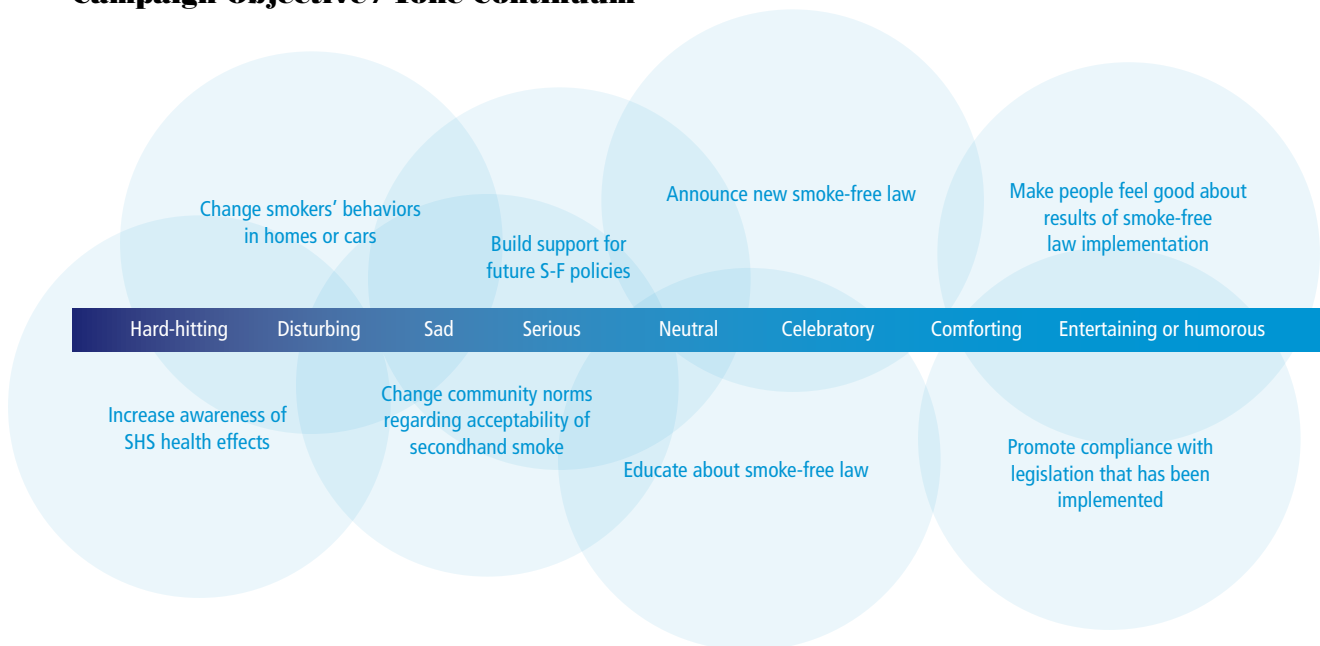
In some campaigns that announce the immediate implementation of new smoke-free laws and in

most campaigns that seek to build compliance with smoke-free laws, the tone is typically light, very positive, sometimes celebratory, and sometimes even humorous. This tone is often employed in order to make people feel good about supporting smoke-free policies and to lessen the divisions between smokers and non-smokers, emphasizing the benefits that everyone can enjoy when environments are smoke-free. Examples of this approach include Israel’s *The Shy*, Norway’s *Smoke-Free Hospitality*, Australia (Queensland)’s *Nobody Smokes Here Anymore*, United States (Maryland)’s *air!* and Uruguay’s *Un Millón de Gracias* (A Million Thanks).

In addition, in some countries and in some situations, campaigns change their tone over time as they move along this continuum. Examples of this are from Hong Kong, England, and United States (Minnesota).

Although there is not an absolute correlation between the tone of each campaign and its message, there does seem to be a *general* continuum along which certain campaign objectives and certain tones line up, as illustrated in the diagram below.

### Campaign Objective / Tone Continuum





## Case Studies

This section provides key details for each secondhand smoke mass media and public education 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 one advertisement 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 previously-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 findings, 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)

## 2002-2005 *Car & Home: Smoke-free Zone* Campaign



The Cancer Council,  
New South Wales

### Campaign Dates

Three waves: September-October 2002, September-October 2003, February-March 2005

### Objectives

1. Increase awareness among parents and caregivers of the health effects of secondhand smoke on children.
2. Increase knowledge among parents and caregivers on the strategies to reduce exposure of children to secondhand smoke in homes and cars.
3. Change behavior of parents and caregivers in relation to smoking in cars and homes when children are present.

### Target Audience

Parents and caregivers of children.

### Media

TV, radio and billboard advertising, Website, collateral materials, and news media coverage.

### Media Presence

3 media waves in 2002, 2003 and 2005 with TARPs of around 800 for the first wave and 450 for the second and third waves. Campaigns were conducted for 4 weeks over 2 months – one week on, then one week off. The reach for the first wave was 89% with an average frequency of 9, and for the last wave was 78.6% with an average frequency of 5.2.

### Media Budget

AUD 2.4 million (approximately USD 1.5 million)

### Advertising Agency

Red Partnership (general market advertising materials).

Gavin Communications (Aboriginal resources)

Zenith (media buy)

### Public Relations Firm

Palin Communications (launch of first wave)

### Research Firm

Eureka Strategic Research

### Language(s)

English, Chinese, Vietnamese, Spanish, Greek, Italian, Serbian, Bosnian, Croatian, Khmer, Assyrian. Also culturally specific resources for Aboriginal parents

### Target Audience Research

Target audience research was conducted in the form of literature review, an audit of recent campaigns, and consultation with key stakeholders. From this, it was determined that a broad-based approach was needed, one that included a media campaign and community-based initiatives.

### Pre-Campaign Evaluation of Draft Materials

No pre-campaign evaluation documentation was available. However, Wendy Oakes, Tobacco Control Manager of The Cancer Council New South Wales, referenced pre-campaign evaluation data during an



interview for this review. Specifically, evaluation of concepts showed that smokers did not approve of ads that aimed at scaring them or that spoke down to them. The ads that resonated best with audiences during testing were those that modeled positive parent behaviors, such as smoking outside.

### Campaign Description

The New South Wales Health Department funded a program to develop and implement a campaign aimed at reducing the exposure of infants and children up to age 6 to secondhand smoke in the home and car. The program was conducted under the auspices of the ETS and Children Project Task Force, the Cancer Council NSW, the National Heart Foundation, Asthma NSW, SIDS and Kids NSW, and NSW Health.

The campaign consisted of television, radio, billboard, print and collateral materials, as well as a public relations campaign that resulted in numerous articles in newspapers nationally and throughout New South Wales. A Web site was also developed containing reference and educational information. The campaign consisted of three paid media waves, dates provided above.

The television ads used in the campaign portrayed parents clearly concerned for their children's health, modeling positive behavior, such as not smoking when young children were in the car or smoking outside the house. A specific call to action at the end of the ad stated "So if you do have to smoke, do it outside."

Community-based outreach supported by a series of community grants was also conducted across New South Wales during all three waves of the campaign. This included working with health professionals, caregivers, and other community-based organizations

that had the highest likelihood of working one-on-one with the targeted audience. This was supported through collateral materials in a variety of languages, namely Assyrian, Khmer, Serbian, Bosnian, Croatian, Arabic, Chinese, Greek, Spanish, Italian, Vietnamese and Farsi.

### Process Evaluation

Process evaluation was conducted, much of it based on the measurement of delivery of Target Audience Rating Points (TARPs), but it was not available for this review.

### Outcome Evaluation

Outcome evaluation consisted of a pre-campaign survey to establish a baseline, and then surveys during and after the campaign. The surveys consisted of telephone interviews with 600 households having both a parent who was a smoker and a child age 6 or under.

[Campaign findings are located on the following page.](#)

# Findings

## A. Television was the strongest single medium for raising awareness.

Overall, awareness of the campaign went up over its duration. Of the three main mediums used, television was recalled the most, as reflected in the table below.

	TV	Radio	Collateral
After Wave 1	33%	Not measured	20%
Campaign Conclusion	40.9%	15.8%	25%

## B. Multiple outreach strategies contributed significantly to campaign success.

A significant component of the campaign included outreach to caregivers and health professionals. While not determined by campaign officials to be a major influence immediately, the cumulative impact over time (two years) was significant, combined with the other media of television, radio, etc. According to campaign officials, this component was essential to building sustainability of the activity, so that the message would continue to be delivered after funding for mass media advertising had ceased. The percentages of respondents identifying their homes as smoke-free after each wave segment were as follows: 58.3% after Wave 1, 62.2% after Wave 2, and 73% after Wave 3. The campaign staff believes this reflects the slow but growing cumulative effect of a multi-outreach strategy that exposed the whole community to the campaign messages, so they were unavoidably hearing about and discussing the same topic over a period of time. The campaign staff believes this helped smokers find support more broadly (publicly, from their physicians, from their friends) to make changes in their behavior.

## C. The campaign resulted in a significant behavioral change among parents and caregivers.

The third wave of the evaluation indicated a 26% percentage point increase in smoke-free homes (73% compared to 46.9% baseline). Over the same period, there was also an 18 percentage point increase in respondents reporting that all cars in which their children had traveled during the last month were smoke-free (60.7% compared to 42.8% baseline). This represented a 55.7% increase in the number of smoke-free homes and a 41.8% increase in the number of smoke-free cars in which children had travelled.

## Contact Information

Documentation related to this campaign can be found at [www.smokefreezone.org](http://www.smokefreezone.org).

For additional information, please contact The ETS and Children Project at [etsproject@cancer council.org.au](mailto:etsproject@cancer council.org.au).

# Australia (Queensland)

2004-2006 *Nobody Smokes Here Anymore* Campaign



Queensland Health  
(Queensland Government)

## Campaign Dates

December, 2004 through January, 2005; September through October, 2005; June through September, 2006.

## Objectives

1. Educate the general public about changes to tobacco laws and what this will mean for them
2. Increase public awareness of the new smoke-free legislation.
3. Increase public acceptance of the new smoke-free legislation.

## Target Audience

1. Primary - Queenslanders 18 years and older who smoke
2. Secondary - All Queenslanders

## Media

Television, radio, print, outdoor and poster advertising, as well as news coverage generated from public relations efforts.

## Media Presence

Media purchased against people ages 18-54. Full media weights not available, but as an example, during Phase Three of the campaign, 3,150 TARPS were delivered over 6 weeks

## Media Budget

AUD 2.5million (approximately USD 1.56 million)

## Advertising Agency or Public Relations Firm

BCM

## Research Firm

Market and Communications Research (for outcome evaluation)

## Language(s)

English (supplemented by Chinese, Vietnamese, Spanish and Serbian for select text in brochures)

## Target Audience Research

None conducted.

## Pre-Campaign Evaluation of Draft Materials

None conducted.



### Campaign Description

On July 1, 2006, Queensland expanded its smoke-free places law, making it one of Australia’s strictest at the time. Up to that point, a more limited smoke-free law was in place since 2005. Queensland Health developed this media campaign to re-introduce the existing law, as well as to educate the public about the coming expansion of the law on July 1 of 2006.

The campaign centered around an up-beat television advertisement with Dixie-land jazz background music, showing people of all ages in various commercial and public spaces enjoying their time in a smoke-free setting. A voiceover simply announced “From July 1, anywhere food or drink is provided—indoors or out—will be smoke free...for good. Welcome to a cleaner, healthier Queensland.”

Three additional ads were based on the same imagery and music as the general ad. The difference was with the voiceover messages of each, one focusing on the new law’s impact on outdoor smoking, one focusing on the law’s impact on indoor smoking, and one focusing on the reason for going smoke-free. The latter focused on the reduction in costs of smoking-related illnesses to Queensland communities.

Each ad closed with the campaign’s trademark image of balloons floating over a blue sky with the words “Smoke-free for Good.”

Supplemental communications materials were developed and fielded as well, including radio, print, outdoor and posters. For some of these materials, campaign staff employed strategies to reach culturally and linguistically diverse people, including the following:

- translated the following text on the consumer brochure into four additional languages (Chinese,

Vietnamese, Spanish and Serbian): “Queensland has made changes to Tobacco Laws. For more information in your language, visit the internet site: [www.health.qld.gov.au](http://www.health.qld.gov.au) and look for the ‘no-smoking’ symbol.”

- translated fact sheets about the laws and made them available on the Website in the same languages
- translated a radio ad and broadcast it on a multicultural radio station in the same languages
- produced a Chinese and Vietnamese language press advertisement in two specific language newspapers distributed in Queensland
- provided translated/interpreted services via the telephone information service, the Tobacco Hotline and through the Quitline service.

### Process Evaluation

None conducted.

### Outcome Evaluation

Queensland Health hired an independent company to conduct a survey after the campaign to assess the impact of the campaign on the general public’s awareness of the law. Telephone surveys were conducted using Computer Aided Telephone Interviewing. Eligible survey respondents were any Queensland resident 18 years of age or older. The sample size was 500 interviews. The survey was conducted between September 13 and 19, 2006.

Campaign findings are located on the following page.

# Findings

## A. Awareness of new laws was high after Phase Three of the campaign and soon after the laws' enactment.

Prompted awareness of the laws was at 93%, and unprompted awareness at 72%. Because the campaign began well before the new laws were enacted, it helped to build high awareness of the laws.

## B. Recognition was high for mass media advertising related to the new tobacco laws, with television being the strongest single recognized medium.

Overall, 94% of respondents saw some form of advertising announcing the new tobacco laws. Eight-seven percent of respondents, when prompted, recognized the campaign television advertisement. Sixty percent of respondents, prompted, said they heard the radio advertisement. Forty-eight percent of respondents say they saw print advertising in the form of indoor posters, outdoor bus shelters and newspapers.

## C. The campaign may have helped generate support for the new smoke-free laws.

Nine in ten respondents indicated their support for smoke-free laws, with more than 76% giving their support "wholeheartedly" and more than 13% giving their support "because there's no choice in the matter." These levels of support are in line with post-2005 law implementation which showed that 89% of respondents supported the 2005 law (73% wholeheartedly and 16% because of not choice in the matter). As no baseline survey was conducted, it is not possible to conclude whether the campaign, indeed, influenced support for the laws or whether the population would have been supportive regardless of the campaign.

## Contact Information

<http://www.health.qld.gov.au/tobaccolaws/>

Helen Taylor

Queensland Health

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# Australia (Victoria)

## 2007 *Smoke-free Homes and Cars* Campaign



### Quit Victoria

#### Campaign Dates

August 12-September 8, 2007

#### Objectives

1. Raise awareness of the dangers of secondhand smoke in homes and cars
2. Explain why secondhand smoke is harmful
3. Prompt smokers and non-smokers to make their homes and cars smoke-free

#### Target Audience

All smokers and non-smokers

#### Media

Television

#### Media Presence

Television presence of approximately 450 TARPs

#### Media Budget

AUD 537,000 (Approximately USD 340,000)

#### Advertising Agency

The Campaign Palace

#### Research Firm

No outside research firm used.

#### Language(s)

English

#### Target Audience Research

Qualitative research was conducted prior to the campaign concepts being developed. Key findings included the following:

- Both smokers and non-smokers need clearer evidence of the health effects of passive smoking.
- For non-smokers, this is important in order to raise the profile of the issue and to create an environment in which they feel empowered to advocate non-smoking environmental messages. For smokers, more evidence is required for them to accept that the passive smoking message is related to real health effects rather than simply an issue of taste.
- Given this, the communication objective of a passive smoking advertising campaign should primarily focus on increasing knowledge and awareness of the issue. Emotive elements of the communication objectives should be secondary.
- There is reasonably widespread acceptance of the concept of the home as a smoke-free zone; however this is not universal, even amongst those with young children.
- Some of those who did smoke inside the home had developed a range of strategies to minimize the amount of smoke inside and the impact of their smoking on others. These strategies included using exhaust fans, smoking with the windows open, not smoking in the areas of the house that the children were in and only smoking inside at certain time of the day or week.





- The adoption of such strategies was an indication that these smokers were not completely comfortable with what they were doing, and hence indicated an opportunity for the campaign to affect attitude and behaviours. For instance, showing images of the way that smoke permeates through a room even when the exhaust fan is on would be expected to have some impact in terms of raising a question about the efficacy of their current approaches.
- By contrast, those who reported that they did frequently smoke inside posed a much greater challenge for the desired behaviour change. The commitment of this group to maintaining their current smoking behaviours suggested that an incremental attitudinal change would be a reasonable campaign outcome.
- Evidence about the effects of passive smoking could help achieve this end, while the emotional impact of messages related to their children's exposure to smoke could create a degree of personal relevance for some.
- The elements of the tested concepts that offered potential for the development of a smoke-free or passive campaign, included:
  - Information about the concentration of these harmful contents in common environments such as home, lounge room, car, pub, nightclub (non-smokers and smokers);
  - Emotive messages of the impact of tobacco smoke exposure on young children (parents).

### Pre-Campaign Evaluation of Draft Materials

Concept testing was conducted with 4 focus groups consisting of both smokers and non smokers (partners of smokers) with children under 12 years of age, as well as smokers with no children. A total of four

concepts in storyboard form were shown by video and rated by the groups in order to select the most appropriate television ad concept to produce and air to achieve the stated objectives. The 'Repeat' concept was determined to be the strongest for meeting the objectives. According to the findings of the concept testing, "The essence of 'Repeat' was the emotive power of the visual image of smoke going down the young girl's throat associated with a message about the contents and toxicity of secondhand smoke, which demonstrated and explained how secondhand smoke was dangerous." Moreover, the concept testing found that "Those who already experienced negative feelings about these occasions were prompted by the concepts to reconsider their smoking behaviors and might be prompted to adopt smoke-free rules."

As a result of the concept testing, the television ad "Repeat" was selected and produced for airing. Some significant changes were made to the concept when it was produced as a final ad, however no research was done to determine whether the final ad communicated as clearly and persuasively as the initial concept.

### Campaign Description

In 2005 legislation was passed in Victoria containing a range of tobacco reforms. These reforms included the introduction of smokefree workplaces, broader tobacco advertising restrictions and tighter controls on cigarette sales to children that all took effect on March 1, 2006, and the introduction of smokefree pubs and clubs in Victoria from July 1, 2007.

The introduction of smokefree pubs and clubs in Victoria on July 1, 2007 provided an opportunity to highlight the importance of smokefree environments and further educate non-smokers and smokers

on the dangers of second hand smoke and encourage the adoption of smokefree arrangements in areas not covered by legislation, such as cars and homes.

In order to capitalise on the unique environment the reforms had created, Quit developed a social marketing campaign to promote smoking cessation and smokefree messages, thus providing motivation to smokers to quit, encouraging use of the Quitline and reinforcing the health benefits of smoke-free environments for all Victorians.

The *Smokefree Homes and Cars* campaign was aired in September 2007 and was designed to closely follow the implementation of smoking bans in indoor areas of all hospitality venues across Victoria in July 2007.

The main element of the campaign was a 30-second television execution. There was also a 15-second edited version to accompany and complement the 30-second version.

The television advertisement titled 'Repeat' is set in the family home and depicts a father and daughter enjoying a weekend morning together. The daughter is on the couch watching the television, with the father in the background in the kitchen having a cigarette. In the advertisement, the father is attempting to protect his daughter from the dangers of secondhand smoke by smoking near an open window and blowing the smoke away from his daughter.

The advertisement explains that no matter what attempts you make, secondhand smoke is toxic and dangerous to those around you, with the key line "When you inhale cigarette smoke, you're breathing in toxins like ammonia, cyanide and over 50 cancer-causing chemicals ....and so does she," reinforcing this message for viewers.

## Process Evaluation

None conducted

## Outcome Evaluation

A pre and post cross-sectional methodology was used to assess the impact of the 'Smokefree Homes and Cars' campaign. The pre-survey was conducted from July to August 2007, and the post-survey was conducted from November to December 2007. The sample for the baseline survey was 1500 while the post campaign survey was approximately 3000 Victorian adults.

[Campaign findings are located on the following page.](#)

# Findings

## A. Testing helped identify the best concept to produce into a television advertisement.

The process of testing ad concepts with small groups of the target audience was helpful to determine which concept most clearly and persuasively communicated the desired messages. Quit Victoria was able to eliminate three weaker ad concepts, selecting one concept that resonated optimally with the target audience.

## B. The evaluation indicated that the campaign was moderately effective in achieving its aims.

Analysis of pre- and post-samples revealed a significant decrease in the proportion of respondents who agreed with a statement that “the dangers of passive smoking have been exaggerated,” from 24% to 20%. Among respondents who were not regular smokers but whom lived with one or more smokers, there was a significant increase, from 66% to 78%, in the proportion reporting that “the regular smoker/smokers always smoke(s) outside the home.” Conversely, there was a significant decrease amongst those within smoking households reporting that the regular smoker/smokers never smokes while others are in the car, from 64% to 56%.

However, given the timing of the campaign it was difficult to isolate the impact of the *Smokefree Homes and Cars* campaign versus the implementation of smoking bans in hotels, pubs and clubs across Victoria, which significantly reduced opportunities to smoke outside of the home. In addition, baseline levels of understanding of the harms of secondhand smoke were overwhelmingly high, with 90% of Victorian adults in the pre-survey agreeing that it is not only smokers who get sick from exposure to cigarette smoke, 88% agreeing that exposure to passive smoke leads to the same diseases smokers get, and 90% agreeing that making your car/home smokefree is important to protect your family. These very high levels made it challenging for the campaign to increase them even further.

## C. Limited financial resources inhibited campaign planners from optimizing the campaign’s ads and its media presence.

The budget for production, testing and airing of the ‘Repeat’ advertisement was significantly lower than other campaigns conducted by Quit Victoria, which generally had budgets upwards of AUD 800,000. Lower funding levels likely put limits on pre-campaign evaluation, inhibited possible optimization of the ad, and did not allow for a media buy as strong as Quit Victoria usually delivered.

## Contact Information

To view the concept and the final ad, go to <http://www.quit.org.au/article.asp?ContentID=23625>.

Alissa Wilson, Quit Victoria  
[alissa.wilson@cancervic.org.au](mailto:alissa.wilson@cancervic.org.au)

# Australia (Western Australia)

## 2007 *Smoke-free Home & Car* Campaign



The Cancer Council  
Western Australia

The *Make Smoking History* campaign, which developed the *Smoke-Free Home and Car* materials, is jointly funded by the Cancer Council Western Australia, the Western Australian Department of Health and Healthway (The Western Australian Health Promotion Foundation).

### Campaign Dates

Five weeks beginning in May 2007 and four weeks during September and October 2007

### Objectives

Encourage parents and caregivers of infants and young children to make their homes and cars smoke-free.

### Target Audience(s)

Primary: parents and caregivers of children, both non-Indigenous and Indigenous.

Secondary: All other smoking adults, health professionals

### Media

TV, radio, and outdoor advertising, as well as the distribution of literature to health professionals & parents, and news coverage generated from public relations efforts.

### Media Presence

May/June 2007 (5 weeks duration): Metro TARPs for television: 1255 (Regional TARPs: 1646). Media was bought against 25-54 age group. Media vehicles- Outdoor (Ad shells & 24-sheet Posters), Television (Free TV only — metro (3 stations) and regional (2 stations),

Satellite and Indigenous Community Stations) and Regional Radio (countrywide coverage)

September/October 2007 (4 weeks duration): Metro TARPs for television: 931 (Regional TARPs: 911).

Media was bought against 25-54 age group. Media included – Outdoor (Ad shells & 24-sheet Posters), Television (Free TV only – metro (3 stations) and regional (2 stations), Satellite and Indigenous Community Stations) and Regional Radio (countrywide coverage)

### Media Budget

AUD 177,520 for production (approximately USD 113,000) and AUD 551,970 for the media over two waves (approximately USD 350,000)

### Advertising Agency or Public Relations Firm

Gatecrasher Advertising

### Research Firm

Centre for Behavioural Research in Cancer Control

### Language(s)

English

### Target Audience Research

A literature review was conducted, as was testing of advertising concepts with smokers. Input was also received from health, research, and social marketing experts. Child health experts were also consulted on the scripts for the TV advertising. Of particular concern from the research was the ill-effect of secondhand smoke on children, as well as misconceptions held by



some parents about their children’s vulnerability (or lack thereof) to secondhand smoke.

### Pre-Campaign Evaluation of Draft Materials

Concept-testing was undertaken by the Centre for Behavioural Research in Cancer Control (CBRCC) with non-Indigenous and Indigenous participants, the latter through Indigenous research contacts. Five concepts were tested, including three new concepts and two existing advertisements (‘Car and Home: Smoke-Free Zone’ from New South Wales and ‘Make Your Home Smoke-Free’ from New Zealand).

The research demonstrated there was good acceptance amongst respondents that children should be protected from secondhand smoke, and thus a number of different approaches were seen as acceptable. While all concepts were rated well overall by respondents, some were deemed less powerful or convincing, with some respondents questioning the credibility of information or the situations featured (e.g., excessive coughing was seen as exaggerated). The existing New Zealand advertisement stood out as being particularly effective not only in highlighting the poisons in secondhand smoke but also in showing the associated harms for children exposed. This ad was also rated the most believable of the five concepts overall.

### Campaign Description

The campaign was anchored by two TV ads showing a range of typical Indigenous and non-Indigenous family situations in the home and car. The materials were similar in message and style to New Zealand’s ‘Make Your Home Smoke-Free’ ad, but took a different approach to demonstrating the harms of exposure for children. In each ad, adults were shown smoking with their children near them, and in each child’s hand was a ghost outline of a lit cigarette. The intended message was that when

adults smoke near children, it is like the children are smoking too. The ads closed with a clear call to action: “Make your car and home smoke free now.”

The campaign benefitted from good timing. Changes to legislation to ban smoking in enclosed areas of Western Australian hotels and nightclubs was implemented on July 31, 2006. Additionally, advocacy activities were taking place by leading health agencies on the issue of smoking in cars, with a number calling for bans in vehicles when children were present. There was thus heightened public awareness of the risks of secondhand smoke. In addition, research showed a groundswell of community support for legislative bans on smoking in cars carrying children, should such legislation be introduced.

There was strong media interest in the campaign with good coverage by state-wide press and television news programs, and regional press and radio. Supporting information and resources were promoted and distributed to a wide range of Indigenous and non-Indigenous health and community services that work with families.

Campaign advertising materials are available at the following Website (see Smoke-Free Home and Car 2007): <http://www.cancerwa.asn.au/prevention/tobacco/makesmokinghistory/tvcampaigns/>

### Process Evaluation

None conducted.

### Outcome Evaluation

A pre-campaign telephone survey was conducted in May 2007 in order to establish baseline measures of parents’ current smoking behaviours in home and car environments. The sample comprised 102 participants who claimed to be smokers and primary care-givers of at least one child less than 18 years living under the same roof.

Two post-campaign telephone surveys were conducted with smokers (and those who had quit during the campaign period) aged 25-54 who were primary caregivers of at least one child under the age of 18 living in the same home. The surveys were conducted immediately after each wave of the advertising finished airing and

comprised 194 and 193 respondents respectively. The surveys measured prompted and unprompted awareness of the campaign advertising, whether respondents found the advertising relevant and convincing, and changes in knowledge, attitudes, beliefs and behaviors.

## Findings

### A. There was a significant difference pre- and post-campaign in reported smoking behaviors in vehicles.

Before the campaign, 50% of respondents reported smoking in their car, regardless of whether children were present. Those levels were reduced to 38% and 41%, respectively, after campaign Waves 1 and 2.

### B. The target audience's support for bans on smoking in private vehicles carrying children was very high pre-campaign and increased slightly post-campaign.

Pre-campaign, support was 84%, and then rose to 87% and 86% after campaign Waves 1 and 2. Further gains on this measure might be difficult due to pre-existing high levels of support.

### C. Misperceptions remained after the campaign among a fairly small cohort of parents and caregivers regarding their children's vulnerability to second-hand smoke and effective strategies for minimizing exposure.

The most commonly cited strategy among those who claimed to smoke inside was opening doors and windows in the home, and opening windows in the car. In homes, the second most common strategy used was smoking in another room. Thus, the campaign team concluded that there was an ongoing need for education to address these continuing misperceptions.

### D. Effective creative materials in combination with a sufficiently strong advertising buy contributed to the positive results.

Well-placed media with strong TARPs (target audience rating points) ensured that a significant proportion of the target group was reached by the campaign. Evidence-based, well-produced creative materials also contributed to the changes in attitudes and reported behaviors post-campaign versus pre-campaign.

### E. The campaign reinforced the importance of a comprehensive approach in promoting smoke-free settings.

Advertising can increase awareness and influence

attitudes and intentions but to achieve behavioral change of any order, the support of other strategies is required, such as policy and legislation. The timing was right for this campaign given the recent changes to smoking inside hotels and nightclubs and public debates around smoking in cars. While campaign results were very positive, children nonetheless continued to be reliant on parents and caregivers to voluntarily adopt smoking restrictions. As a consequence of this and the strong levels of public support for such an initiative, the Cancer Council Western Australia joined with other leading health agencies in calling for bans on smoking in cars carrying children after completion of the campaign.

### F. The campaign appeared to be appreciated by Indigenous audiences.

Feedback from a number of Indigenous health and professional contacts indicated that the campaign was received positively by several Indigenous people with whom they had contact, including mothers of young children. Campaign organizers consulted widely with Indigenous leaders during campaign development, and they believe that this contributed to the positive feedback on the campaign. Formal evaluation of the effects of the campaign on Indigenous people proved challenging with only a limited number of responses – albeit positive ones – received.

## Contact Information

General information about this campaign, as well as campaign creative materials and evaluation results can be found at: <http://www.cancerwa.asn.au/prevention/tobacco/makesmokinghistory/tvcampaigns/> (see Smoke-Free Home and Car 2007).

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# Canada

## 2002-2003 *Secondhand Smoke Diseases* Campaign (Youth)



Health Canada,  
Tobacco Control Directorate

### Campaign Dates

November 12, 2002 through February 9, 2003.

### Objectives

1. Increase awareness of the health effects of second-hand smoke among youth ages 12 to 19, with emphasis on 14 to 19.
2. Encourage youth 12-19 to create personal and public smoke-free spaces, with emphasis on 14 to 19.

### Target audience

Youth ages 12 to 19, with emphasis on 14- to 19-year olds.

### Media

TV, advertorial (advertising that looks like news editorial), brochures, bus shelter posters, billboards, interior bus posters, and a contest for youth promoted through an internet media buy.

### Media Presence

Television GRPs: 65-90 weekly in English and 55-120 weekly in French from mid-December 2002 to mid-February 2003. Cinema full motion ads from November 29, 2002 to January 2, 2003 (over 2000 screens).

### Media Budget

CAD 4.2 million (approximately USD 3.4 million)

### Advertising Agency or Public Relations Firm

BCP (Montreal, Quebec)

### Research Firm

Various.

### Language(s)

English, French

### Target Audience Research

Small, three-person qualitative interviews were conducted with youth prior to the campaign.

### Pre-Campaign Evaluation of Draft Materials

Focus testing of creative materials was conducted with youth ages 12 to 19 prior to campaign launch.

### Campaign Description

The campaign targeted youth ages 12 to 19, informing them of the diseases that can be caused by exposure to secondhand smoke. Outdoor posters, billboards and bus posters specifically highlighted secondhand smoke diseases which include asthma and lung cancer. A brochure detailed the toxic chemicals found in secondhand smoke, listed additional diseases caused by secondhand smoke, and identified what does and does not work in protecting oneself from secondhand smoke.

A TV commercial shows a 20-year old boy with a lit cigarette attempting to introduce himself to a girl at a party, sitting at the other end of a couch. The girl notices the smoke from his cigarette. Disgusted, she turns her head to show him she's really not interested. The music suddenly stops, the image fades to black, and the sentence 'Are you a target?' appears - echoed by the



announcer’s voice. A toll-free phone number and a Web site appear under the ‘Are you a target?’ line.

All fades to black to reveal the Health Canada logo and the announcer concludes with: “A message from the Government of Canada.”

### Process Evaluation

Process evaluation not conducted.

### Outcome Evaluation

The survey was conducted one week after the conclusion of the campaign among 997 youth between the ages of 14 and 19 years old. The evaluation focused on assessing the reach and recall of the campaign among the target audience, as well as to assess the government’s performance on communication of secondhand smoke issues.

## Findings

### A. The television ad was recalled among a large portion of the youth respondents.

Seventy-one percent of all youth respondents (smokers and non-smokers), and 76% of youth smoking respondents claimed to have seen the ‘Couch’ TV ad (aided recall). 27% of youth in general recalled seeing the lung cancer print ad and 25% recalled seeing the asthma print ad.

### B. The ads were generally perceived as effective and believable.

Seventy-five percent of youth who saw the ‘Couch’ TV ad said it was either somewhat or very effective at communicating information about the dangers of secondhand smoke. Eighty-one percent of youth respondents who saw any of the print ads said that they were either somewhat or very effective.

Eighty-seven percent of youth respondents said that the ‘Couch’ ad was believable (49% very believable; 38% somewhat believable). There was no similar statistic taken of print advertising.

### C. Youth respondents considered government sponsorship of the campaign as appropriate.

During the evaluation survey, when informed that the government of Canada sponsored the ‘Couch’ ad, 91% of youth said that it was appropriate for the Government of Canada to sponsor this ad.

### Contact Information

Information about Health Canada’s Tobacco Control program and creative materials for the Secondhand Smoke Diseases campaign can be found at the following Web site: <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/index-eng.php>

By email: [TCP-PLT-questions@hc-sc.gc.ca](mailto:TCP-PLT-questions@hc-sc.gc.ca)

By mail: P.L. 3507A1  
Ottawa, Canada  
K1A 0



# Canada

## 2002-2004 Heather Crowe Campaign



Health Canada,  
Tobacco Control Directorate

### Campaign Dates

October 14 to November 10, 2002.

September 29 to October 26, 2003.

November 29, 2003, to January 1, 2004 - cinema ad entitled *Two Lives Affected by Tobacco* which featured Heather Crowe (non-smoker) and Barb Tarbox (smoker), both dying from the consequences of cigarettes.

### Objectives

1. Primary: Raise awareness of the dangers of second-hand smoke in public places.
2. Secondary: Generate support for legislation to reduce/eliminate secondhand smoke in the workplace and to increase support for smoke-free bylaws in public places.

### Target Audience(s)

Opinion leaders at the community, local, and municipal levels, self-identified by affirmative responses to a series of questions regarding their personal history of activism (writing letters to Members of Parliament or the provincial legislature; newspaper editorials; calling into a radio show; frequency of attempting to convince those outside of their family of their opinions). Special emphasis placed on employees/employers in the hospitality industry.

### Media

Television ad, set of transit shelter ads and national cinema ad. Supporting material included a toolkit for businesses encouraging support of smoke-free public spaces; a toolkit to help municipalities plan, implement and evaluate non-smoking laws; and an information resource kit to assist employees and employers in implementing non-smoking policies in the workplace.

### Media Presence

October 14-November 10, 2002: 150 GRPs per week. September 29 to October 26, 2003: 100-150 GRPs per week. November 28, 2003-January 1, 2004: cinema ad on screens.

### Media Budget

CAD 1.6 million in 2002-2003 (approximately USD 1.3 million). CAD 3.0 million in 2003-2004 (approximately USD 2.4 million)

### Advertising Agency or Public Relations Firm

BCP (Montreal, Quebec)

### Research Firm

Various

### Language(s)

English, French



### Target Audience Research

Pre-campaign target audience research was conducted in June of 2002. The purpose of the research was to measure the public's experiences, attitudes and preferences with respect to secondhand smoke generally, and specifically with respect to the workplace. The survey was conducted by telephone with 2,043 Canadians 18 years of age and older.

### Pre-Campaign Evaluation of Draft Materials

None conducted.

### Campaign Description

The campaign was anchored by a single television advertisement, cinema ad and national street-level ads, based on a testimonial from Heather Crowe, a former waitress who contracted lung cancer from being exposed to secondhand smoke in the restaurants where she worked.

Heather Crowe became a national icon for secondhand smoke issues in the workplace, and a documentary was created about her work in this area. Moreover, Heather Crowe (the campaign) garnered international attention, as evidenced by numerous requests for campaign materials and the use of the ads in several U.S. states.

Heather Crowe committed a significant portion of her time in 2002 and 2003 to a rigorous public relations schedule, visiting with municipal, provincial and territorial leaders from across Canada, pushing for smoke-free workplaces.

Two additional campaigns focusing on the danger of second-hand smoke ran around the same time as the Heather Crowe workplace initiative. These campaigns, targeting parents with young children as well as teenagers, created an overarching message that second-

hand smoke was dangerous and that many non-smokers were at risk.

Late in 2003, a second cinema ad was created which featured Heather Crowe as well as Barb Tarbox, a former model who started smoking at age 11 and was later diagnosed with terminal lung cancer. The ad was entitled 'Two lives affected by tobacco' with a message that focused on the fact that tobacco smoke kills smokers and non-smokers. The ad ran before feature presentations in movie theatres across Canada.

### Process Evaluation

None conducted.

### Outcome Evaluation

Eight hundred opinion leaders were surveyed after the campaign. Opinion leaders were defined as adults with at least some university education and a personal annual income of CAD 55,000 or more. Additionally, 801 Canadians were surveyed regarding the cinema ads that included both Heather Crowe and Barb Tarbox. For this survey, respondents had to be ages 15 to 55 years, who had seen at least one movie in a theatre or cinema during the month of December 2003.

In addition, baseline data were collected in the summer of 2002, with a follow-up survey taking place after the 2002-2003 campaign, also among opinion leaders.

[Campaign findings are located on the following page.](#)

# Findings

## A. The ad campaign had high recall and perceived effectiveness.

After the campaign, a total of 73% of the target audience said they remembered seeing the ‘Heather’ ad (aided recall). Ninety four percent of those who recalled the ad said the message about secondhand smoke was effective, and 96% said it was believable.

## B. There was high support for smoke-free public places and workplaces following the campaign.

Ninety four percent of respondents agreed that people who don’t smoke should have the right to a smoke-free environment in any public place, and 93% agreed that it is important for all employers to provide a completely smoke-free environment for their employees. However, one caveat is that because there was no baseline survey, it’s impossible to know the level of support prior to the campaign’s airing.

## C. A significant change occurred in Canadians’ attitudes about and behaviors toward secondhand smoke.

In 2002, prior to the campaign, 72% of Canadians said that it was either “critically” or “definitely” important for employers to provide a completely smoke-free environment for their employees. After the campaign, in 2004, the level of support for smoke-free environments for employees rose to 93%.

In 2002, 47% of respondents said they would be “very” or “somewhat” comfortable asking a smoker to put out a cigarette or not to smoke. In 2004, after the campaign, this had risen to 69%.

In 2002, 64% of smokers were “very” likely to put out their own cigarette if asked. In 2004, this had risen to 73%.

## D. The campaign contributed to the passing of many municipal and provincial secondhand smoke policies.

Prior to the *Heather Crowe* campaign in 2002, barely 5% of Canadians lived in jurisdictions where there was protection from secondhand smoke in the workplace and public places. In 2006, following the *Heather Crowe* campaign and Heather’s subsequent visits across Canada to municipal and provincial leaders, 80% of Canadians lived in jurisdictions where there was protection from secondhand smoke in the workplace and public places.

Campaign managers were clear to point out that the significant change noted above is not solely due to the *Heather Crowe* campaign. Health Canada can only take credit for developing the campaign that promoted the personality and message of Heather Crowe, which in turn advanced her public voice in mobilizing the nation on behalf of smoke-free laws.

## Contact Information

General information about Health Canada’s Tobacco Control program can be found at the following Web site: <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/index-eng.php>

Additional information about Heather Crowe’s personal efforts related to her work in promoting smoke-free communities is available at Physicians for a Smoke-Free Canada, the Web site provided below: <http://www.smoke-free.ca/heathercrowe/FAQ.htm>

By email: [TCP-PLT-questions@hc-sc.gc.ca](mailto:TCP-PLT-questions@hc-sc.gc.ca)

By mail:  
P.L. 3507A1  
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# Canada

## 2005 *Secondhand Smoke in the Home and Car* Campaign



What can you do?

Health Canada

*Please read this case study in conjunction with Canada's Secondhand Smoke in the Home and Car 2006-2007 Campaign provided immediately after this.*

### Campaign Dates

January 31, 2005 – March 31, 2005

### Objectives

1. Improve awareness of the dangers of secondhand smoke, especially as they impact children.
2. Reduce exposure of children to secondhand smoke.

### Target Audience

Adults aged 25-54 with children in the home

### Media

Television advertising, radio ads and direct mailings

### Media Presence

Jan 31, 2004-March 28, 2005: 100 to 250 GRPs per week.

### Media Budget

CAD 4.0 million for media buy only (approximately USD 3.2 million)

### Advertising Agency or Public Relations Firm

BCP (Montreal, Quebec)

### Research Firm

Various

### Language(s)

English and French

### Target Audience Research

Health Canada aired an initial secondhand smoke campaign in March, 2002, to educate parents about the health risks of secondhand smoke, especially on children. (The data for this campaign were not available.) A survey of over 800 smoking parents ages 20 to 54 was conducted afterwards (March of 2004) to assess the knowledge, attitudes and behaviors of parents who smoke. This research showed that almost 50% of smoking parents smoked in the home and car. Moreover, 70% of smoking parents acknowledged that, to some degree, their children were exposed to secondhand smoke in the home and/or car.

These research results were used in the development of the 2005 campaign. Most specifically, campaign planners included a very clear call to action in the advertisements, described in the Campaign Description section below.

### Pre-Campaign Evaluation of Draft Materials

The ads for the 2005 campaign were aired previously and therefore were not tested prior to being aired publicly.



### Campaign Description

Addressing the health hazards of secondhand smoke was identified as a priority for the Canadian government under the *Federal Tobacco Control Strategy* introduced in April 2001. In March of 2002 and again in the Spring of 2003, Health Canada aired a marketing campaign to inform Canadians about the dangers of secondhand smoke in the home, especially as these dangers impact children. It was aimed at parents aged 25-54 with children.

In 2004, Health Canada commissioned a survey to explore the knowledge, attitudes and behaviors of parents who smoke. The highlights of this survey are noted in the Target Audience Research section of this case study.

In January 2005, Health Canada launched another secondhand smoke campaign, again aimed at parents aged 25-54 with children at home. It was anchored by two television ads, 'Target' and 'Not Much.' The 'Target' ad showed children playing at home in front of the television as the smoke from their mother's cigarette formed a target around them. The 'Not Much' ad featured a baby in a crib being exposed to secondhand smoke. The narrator explains in this ad that the baby's parents committed to not smoking very much in the home, just half a pack a day. The narrator goes on to point out that this will amount to approximately 7,000 cigarettes by the baby's first birthday, the smoke from which the baby will be exposed to. Both ads were serious in tone, but not graphic. Each ended with the call to action "Don't let your children be a target. Make your home smoke-free."

The campaign also included two radio ads that focused specifically on second-hand smoke in the car and a direct mail piece. The direct mail piece was

sent to more than one million homes via the Canada Revenue Agencies mailing of the Child Tax Benefit information.

### Process Evaluation

No process evaluation was conducted for this campaign.

### Outcome Evaluation

Health Canada conducted a post-evaluation telephone survey in March, 2005, among approximately 1,000 people between the ages of 24 and 54 who were smokers or lived with an adult smoker. The purpose of the outcome evaluation survey was to assess recall of the campaign, as well as to measure changes in beliefs, attitudes and behaviors.

[Campaign findings are located on the following page.](#)

# Findings

## A. Recall of this campaign was higher than recall for similar categories of ads.

This campaign achieved an 83% aided recall level. Ipsos Reid, the company conducting the survey work, compared that to an aided recall norm of 50%, based on ads with similar GRP levels, but not limited to tobacco control topics.

## B. The campaign contributed to significant changes in behavior among some respondents, and planned changes in behavior among other respondents.

Among those respondents exposed to at least one of the advertisements, 25% reported that they took some action related to stopping smoking or reducing secondhand smoke in their homes as a result of seeing/hearing the ad(s). An additional twenty-one percent of respondents indicated that they planned to do so in the future.

## C. A significant number of people held misconceptions about the most effective ways of reducing secondhand smoke in the home.

When asked to determine the effectiveness of different ways of reducing secondhand smoke in the home, 60% of respondents felt that opening a window was effective, followed by use of air purifiers in the home (55%). Additionally, 30% of respondents indicated that smoking behind closed doors in another room was effective, and 30% felt that using a fan was effective.

## Contact Information

General information about Health Canada's Tobacco Control program can be found at the following Web site: <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/index-eng.php>

For more information, please contact:  
By email: [TCP-PLT-questions@hc-sc.gc.ca](mailto:TCP-PLT-questions@hc-sc.gc.ca)

By mail:  
P.L. 3507A1  
Ottawa , Canada  
K1A 0K9

# Canada

## 2006-2007 *Secondhand Smoke in the Home and Car* Campaign



Health Canada

*Please read this case study in conjunction with Canada's Secondhand Smoke in the Home and Car 2005 Campaign provided immediately prior to this.*

### Campaign Dates

December 18, 2006, to February 4, 2007

### Objectives

1. Primary: Reduce the number of children exposed to secondhand smoke in personal places, such as homes and cars
2. Secondary: Increase awareness that many of the current actions taken to reduce exposure to secondhand smoke in the home and car do not work.

### Target Audience

Parents (smokers and non-smokers living with smokers) aged 20-55 with children in the home (emphasis on parents with lower education and income)

### Media

TV advertising, radio ads, Web-based media, direct mailings, posters and information guides.

### Media Presence

December 18, 2006 to March 4, 2007: 100 GRPs per week for television. January 8, 2007 to February 4, 2007: 150 GRPs per week average.

### Media Budget

CAD 3.0 million for radio and TV media buy only (approximately USD 2.4 million)

### Advertising Agency or Public Relations Firm

BCP (Montreal, Quebec)

### Research Firm

Various

### Language(s)

English and French

### Target Audience Research

The outcome evaluation survey results from the 2005 secondhand smoke campaign indicated a key issue: Aided recall of the ads was high (83%), yet this did not translate into an understanding among respondents that certain methods of restricting secondhand smoke were ineffective (e.g., opening a window, using an air purifier, etc.). Health Canada wanted to understand more about the beliefs, attitudes and actions of people as they related to secondhand smoke.

In the fall of 2005, Health Canada conducted one-hour, in-depth interviews with 32 individuals (smokers and non-smokers) with children living at home. The intent was to explore in detail the gap between the knowledge and attitudes people held regarding secondhand smoke and their subsequent behavior. Campaign staff emphasized that the results of these interviews significantly influenced the 2006-07 campaign develop-



ment. Specifically, results from the interviews suggested that a campaign could have better results if:

- Facts were provided about how secondhand smoke operates and the damage it causes,
- The ineffectiveness of often-used behaviors (e.g., smoking near an open window) was clearly shown
- Smokers were presented in empathetic ways (e.g., smokers are not bad people)

From this research, Health Canada developed a new secondhand smoke TV ad for 2006-2007 called 'Ghost.' The ad was tested twice, as detailed in the Pre-Campaign Evaluation section (below).

### Pre-Campaign Evaluation of Draft Materials

Four TV ads were tested in storyboard format. The 'Ghost' concept tested best. Based on this, a full ad was produced from the concept. The produced 'Ghost' TV ad was then tested again through focus groups in August 2006, as well as through an online panel in September 2006.

Overall, 'Ghost' tested very well among smokers and non-smokers alike. The ad prompted a call to action by a significant number of participants, especially by non-smokers who lived with smokers. Specifically, non-smoking participants said they would go home to talk with the smoker(s) in their homes about specific measures to reduce or eliminate secondhand smoke.

### Campaign Description

The 'Ghost' ad depicts a mother smoking in the kitchen by an open window. The smoke from her cigarette moves through the house, enveloping different items around the house, including a child's toy bear. The narrator informs the audience that even with the

best of intentions, toxic chemicals from secondhand smoke linger in a home and cling to items that are used every day. The ad closes with a small child grabbing the toy bear, and the call to action "Protect your children. Make your home smoke free." A toll-free call line and a Website are promoted in the ad for people to get more information.

The 'Ghost' TV ad was aired from December 18, 2006, to March 4, 2007. Radio ads that focused specifically on second-hand smoke in the car were aired from January 8 to February 4, 2007, including one of the weeks the television ad was off-air (Jan 8). Two English and two French radio ads were rotated over the 4-week period. These radio ads were originally produced and aired during the 2004-2005 Secondhand Smoke campaign.

Full-page print ads were placed in two editions of Canadian Health magazine, each distributed to 36,000 waiting rooms in clinics throughout the country. 68,000 Make your home and car smoke-free posters were distributed via the Canadian Medical Association and subsequently displayed in physician offices. Also, information was distributed directly to new mothers.

A Make your home and care smoke-free direct mail piece was distributed to 1.8 million homes. And more than 350 Service Canada Centers across the country featured secondhand smoke as their main topic in February of 2007, with 35,000 English and 15,000 French booklets on the topic provided to these centers.

A secondhand smoke Web banner was placed on the Canadian Health magazine web site, and related content was made available on leading health portals during the campaign, including but not limited to MedBroadcast, Canoe, AOL, and MSN/Sympatico.



## Process Evaluation

Not conducted.

## Outcome Evaluation

As noted above in the Pre-Campaign Evaluation section, both pre- and post-campaign surveys were conducted.

In addition to the testing of TV concepts, a baseline survey was conducted. The pre-campaign survey included a total of 806 respondents, while the post-campaign survey included a total of 583 respondents.

Because the pre-campaign and post-campaign surveys were based on the same random sample of smoking parents, the post-campaign survey was conducted only with those original respondents who agreed to participate a second time after the campaign was conducted.

Surveys were conducted by phone in English or French and lasted approximately 15 minutes.

# Findings

### A. Recall of this campaign was higher than that of the 2005 campaign.

This campaign achieved a 93% aided recall level. The aided recall for the 2005 campaign was 83%.

### B. Just as with the 2005 campaign, the 2006-2007 campaign contributed to significant changes in reported or planned behavior.

Among those respondents who recalled at least one of the 2005 advertisements, 46% reported that they either took or planned to take action as a result of seeing/hearing the ads. For perspective, in 2007, this measure was 56%. The types of action included not allowing smoking in their homes or cars, convincing people around them not to smoke, or stopping smoking (for smokers) altogether.

### C. In addition, 56% of respondents indicated that their homes were completely smoke-free, compared to the 2005 level of 43%. This statistic does not necessarily reflect the influence of the campaign itself, but likely is based on many factors including the campaign.

After the 2006-2007 campaign, fewer respondents had misperceptions about the most effective ways of reducing secondhand smoke in the home.

When asked to determine the effectiveness of different ways of reducing secondhand smoke in the home, 43% of respondents viewed opening a window as effective, a decrease of 17 percentage points from the 2005 post-campaign survey. Fifty two percent of respondents felt that the use of an

air purifier in the home was effective, compared to 55% in 2005. Additionally, 24% of respondents indicated that smoking behind closed doors in another room was effective, compared to 30% in 2005, and only 20% indicated that using a fan was effective, compared to 30% in 2005.

## Contact Information

General information about Health Canada's Tobacco Control program can be found at the following Web site: <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/index-eng.php>

For more information, please contact:  
By email: [TCP-PLT-questions@hc-sc.gc.ca](mailto:TCP-PLT-questions@hc-sc.gc.ca)

By mail:  
P.L. 3507A1  
Ottawa , Canada  
K1A 0K9

# Canada (Ontario)

## 2000 Anti-Tobacco Strategy: Mass Media Campaign

### Ontario Heart and Stroke Foundation

No examples of advertisements or other materials available for this campaign.

#### Campaign Dates

1st flight commenced April 2000 for 16-weeks; 2nd flight commenced December 2000 for 15-weeks

#### Objectives

1. Change attitudes about the social acceptability of tobacco use.
2. Create a more accepting environment for social and legislative change related to tobacco control, such as smoke-free workplace policies, tax increases, etc.

#### Target Audience(s)

See Target Audience Research section

#### Media

Television ads

#### Media Presence

Unavailable.

#### Media Budget

CAD 3.2 million (approximately USD 2.5 million)

#### Advertising Agency or Public Relations Firm

None used.

#### Research Firm

Ipsos Reid

#### Language(s)

English, French

#### Target Audience Research

The Heart and Stroke Foundation hired a research firm, Ipsos-Reid, to examine views around tobacco use and its control among Ontarians. Four attitudinal segments emerged from qualitative research. The primary target selected for the campaign was driven by attitudes towards tobacco versus demographic profile. The attitudinal segment identified was termed “complacent libertarians” for research purposes. These Ontarians represented close to 30% of the population; 88% were currently non-smokers; yet 39% were ex-smokers. They struggled with the issue of rights of smokers versus fairness to non-smokers.

##### Complacent Libertarians (28%):

- 12% smoke (39% smoked at one time)
- 18% agree smoking needs to be made illegal
- 36% support doubling tobacco taxes
- 36% would ask a stranger to put out their cigarette
- 71% acceptable for friends to smoke next to non-smokers in a bar or restaurant
- Higher education, slightly higher income than the other segments
- Exhibit a tolerant attitude toward smoking

Other groups identified were Reformed Radicals (27%), Disenfranchised Sufferers (17%) and To the Last Puffers (28%).

## Pre-Campaign Evaluation of Draft Materials

In order to take advantage of past experiences in other countries and not “re-invent the wheel,” campaign planners and researchers reviewed hundreds of existing campaign ads from international jurisdictions. Utilizing the attitudinal evidence base, five campaigns were selected for testing. Two TV ads were deemed most likely to influence Complacent Libertarians through focus group testing with these Ontarians.

As both ads originated in California, approval to modify messaging slightly to fit Ontario’s social climate, and to run the campaign in two 16-waves, was sought and granted. Both ads were testimonial in nature – one TV ad featured a young boy talking about the loss of his father to cigarettes; the other ad featured an older man mourning the death of his wife caused the second-hand smoke from his cigarettes. These two ads personalized the harms of secondhand smoke and tobacco use, and with ‘Victim Wife,’ complacent libertarians started to see the “human” implications of SHS in public places, rather than just looking at it as an example of government over-stepping their boundaries.

## Campaign Description

In 1999, the Heart and Stroke Foundation of Ontario was asked to develop and deliver a new anti-tobacco mass media campaign on behalf of the Government of Ontario, the Canadian Cancer Society (Ontario Division) and the Lung Association.

Drawing on international experience, a de-normalization strategy was adopted whereby tobacco use would be depicted as socially unacceptable. This direction was deemed a more effective strategy than focusing mass media messages on the health hazards of tobacco and targeting them at the smoker alone. To effectively deliver a de-normalization strategy, target the campaign, and measure its performance, it became imperative to understand which Ontarians currently viewed tobacco as socially unacceptable to a degree. Over time, the intent was to sway their views to create a more accepting environment for social and legislative change.

## Process Evaluation

None conducted.

## Outcome Evaluation

A baseline telephone survey was conducted in January 2000, prior to the first wave of advertising. Follow-up telephone surveys were conducted July/August 2000 and March/April 2001 following each of the two

advertising waves. Base sizes were more than 1000 for each of the three survey waves.

Total campaign awareness was remarkably high-- 85% of all respondents (Ontarians) recalled one or both ads, as did over 80% of Complacent Libertarians. While overall respondents reacted well to the ads, Complacent Libertarians in particular reacted very positively: 94% said the ads were credible/believable, 82% said the ads made them think about secondhand smoke; 87% said the ads caught their attention more than most ads, and 31% discussed the ads with others. Perhaps most impressive was the shift in attitudes among Complacent Libertarians after the campaign, as noted in the table below.

Statistically significant attitudinal shift	% agree, pre flight	% agree, post flight
“If not allowing smoking means some bars/restaurants would go out of business, it’s a small price to pay”	26%	48%
Support smoke-free public places	30%	44%
Prohibiting any tobacco company advertising	43%	67%
Government suing the tobacco industry to recover health care costs	42%	60%
Doubling tobacco taxes	36%	48%
Prohibiting store displays of tobacco products	33%	50%

(Post test, 2nd flight, Ipsos-Reid, April 2001)

Campaign findings are located on the following page.

# Findings

- A. Targeting segments of the population attitudinally rather than demographically provided a way to significantly change attitudes among a group most likely to influence the public debate related to tobacco control policies.

With limited funding, campaign planners needed to prioritize whom to target their messages to. Selecting a segment of the population that shared certain attitudes allowed them to select messages and media vehicles more efficiently.

- B. In pre-campaign evaluation, testimonial-type ads personalized the issue more than any other creative approach (industry de-normalization, humor, etc.).

Campaign planners found that despite repeated qualitative testing on other creative directions, the testimonial approach consistently outperformed the others, in terms of the persuasiveness of the advertising.

- C. The testimonial-type ads used in the campaign were perceived by viewers as credible/believable and helped to change viewers' attitudes related to secondhand smoke and the acceptability of tobacco use.

The outcome evaluation data suggest that the testimonial ads used were, in fact, effective—the attitude changes found in the research were likely to have been influenced by the ads, given their credibility and believability, as well as respondents' response that the ads made them think about secondhand smoke.

## Contact Information

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# Canada (Ontario)

## 2000 -2003 *Breathing Space* Campaign



### Breathing Space: Community for Smoke-Free Homes

#### Organization

Breathing Space: Community for Smoke-Free Homes, a partnership of local public health departments (known as Health Units) in Ontario, Canada. Upon origination in 1999 for the original wave of the campaign, only six partners were involved representing the Greater Toronto Area. The partnership grew to 33 of the 36 Ontario Health Units as subsequent campaign waves were conducted.

#### Campaign Dates

The campaign ran in the following three waves:

- July 3 to September 30, 2000.
- February 26 to March 25, 2001.
- February 10 to March 22, 2003.

#### Objectives

1. Increase public awareness of the negative health impacts of secondhand smoke.
2. Motivate positive change in attitudes related to secondhand smoke.
3. Reduce smoking in the home.

#### Target Audience(s)

See descriptions of target audiences in Target Audience Research section below

#### Media

Four radio spots, two newspaper ads, two different transit posters, custom transit shelters, community posters, educational handouts, table-top displays, home and car decals, Web site.

#### Media Presence

Unavailable, however reach of campaign was 50% of Ontario population in 2000 and 2001 campaigns, and 80% of Ontario population in 2003 campaign.

#### Media Budget

The first campaign wave containing numerous creative elements had an overall budget of CAD 815,000 (approximately USD 660,000), of which CAD 560,500 was for media.

The second campaign wave—which was a media buy for placement of the original radio spots—had a media budget of CAD 250,000 (approximately USD 203,000).

The third wave of the campaign had a budget of CAD 750,000 (approximately USD 608,000), mainly for media placement, as well as for translation and production of certain radio and print ads (see languages below).

Additional monies were spent by local communities on their own efforts related to this campaign, including community media buys. These local community budgets were not available.

#### Advertising and Public Relations Agencies

Ellis Teichman Communications; Fingerprint Communications



## Research Firms

Ogura Inc. consulting; Lura Consulting (focus groups)

David Lang Research (evaluation)

## Language(s)

English, French, Cree, Ojibway and Ojicree.

## Target Audience Research

Target audience research done before the campaign resulted in audience stratification. Specifically, the audience was organized into the following four categories:

1. Smokers who smoke in their own homes are responsive to smoke-free home messages and have few barriers to making their homes smoke-free.
2. People who may or may not smoke in their own homes, allow visitors to smoke in their homes, are responsive to smoke-free home messages, and have few barriers to making their homes smoke-free.
3. Smokers or non-smokers who respond to a smoke-free home message but face a self-defined barrier that prevents them from having a smoke-free home. Barriers may include, but not be limited to, not having a balcony, having a small child who cannot be left unattended, living with an in-home smoker, inclement weather, etc.
4. Smokers who refuse to take their smoking outside or resist the idea of a smoke-free home.

The target audience research also identified key messages that resonated with various audiences. During the target audience research phase, campaign planners also determined that focusing on the first two audience categories was most likely to help meet the stated objectives. For this reason, the campaign team decided to concentrate its efforts in reaching these two target groups.

At one point in the middle of the campaign waves, campaign staff wanted to determine if the ads that were created to appeal to audience #1 and #2 (listed above) would also be salient to audiences #3 and #4. To assess this, a separate qualitative research study was conducted. This Saliency research was conducted in March, 2001 and consisted of four focus groups of smokers and non-smokers who were ages 25 to 40, had at least one child under the age of 13 living with them, and were considered to fit the description of either the third or fourth target group described above. Key findings from the research study are referenced at the end of this case study. In addition, campaign advertising concepts were developed in 2004 to reach these target populations, but funding was insufficient to implement the follow-up campaign.

## Pre-Campaign Evaluation of Draft Materials

Prior to the first wave of the campaign, creative elements were tested among the two target audiences to assess the language and tone of the creative work. A total of 18 people were interviewed (9 smokers and 9 non-smokers) in two separate groups. Each campaign element was presented and evaluated upon its own merits.

## Campaign Description

In the late 1990s, Health Units in the Greater Toronto Area were having success in collaborating on a variety of public health topics. Informally, these partners identified the possibility of leveraging this success into work on the topic of secondhand smoke. The partnership was formalized in 1999 with a proposal to the province of Ontario for funding of a campaign aimed at reducing the incidence of smoking in the home. The partnership for this original proposal consisted of six Health Units; Toronto and the regions of Durham, York Regional,



Peel, Halton, and Hamilton-Wentworth. Together, these areas represented 5 million Ontarians, approximately 50% of Ontario’s population.

The creative for the first wave of the campaign consisted of four radio spots, two newspaper ads, transit posters, custom transit shelters, educational handouts, home and car decals, and a Web site, all in English language only. The specific elements are described below:

- **‘Bathtub’ newspaper ad** – Image of a hairy man in a bathtub smoking a cigarette, listing the chemical contents of the cigarette and the statement “Would you want to share his bath water?” The ad highlighted that while the thought of sharing the man’s bathwater may be disgusting, the greater health hazard is breathing his secondhand smoke. The ad included the call to action, “Ask a smoker to take it outside.”
- **‘Smoke alarm’ newspaper ad** – Image of a smoke detector with the statement “It would save even more lives if it responded to secondhand smoke.” Additional language referenced secondhand smoke as the third leading preventable cause of death. The ad included the call to action, “Ask a smoker to take it outside.”
- **‘Contents’ custom transit shelter ad** – Select transit shelters were converted to look like small houses. Inside each transit shelter was a large poster listing more than 30 chemicals found in secondhand smoke, along with the statement “If someone’s been smoking in here, this is what you’re breathing. Take this thought home with you.” The ad included the call to action, “Ask a smoker to take it outside.”
- **‘Boy’ standard transit shelter ad** – Image of a young boy pulling his sweater up over his nose, leaving only his eyes showing, along with the statement “Secondhand smoke is the third leading preventable

cause of death.” The ad included the call to action, “Ask a smoker to take it outside.”

- **‘Party’ radio ad** – Ad opens with background party noises and continues with the door of the home opening and closing repeatedly. Announcer identifies the sound of the door as someone stepping outside to smoke, and then returning to the party. The announcer closes with the call to action “Ask a smoker to step outside. It’s so easy.”
- **‘Passive Guy’ radio ad** – Bob introduces himself as someone who is exposed to smoke in his home, even though he does not smoke. He knows the dangers of secondhand smoke—even lists them—but does not feel comfortable telling others not to smoke around him. An announcer states that “Maybe it’s time to get active about passive smoking.”
- **‘Pool’ radio ad** – With the background of suspenseful “Jaws”-like music, an announcer compares one’s fear of urine in a pool (Who would want to swim in that?) to secondhand smoke in a house. Details are given about the chemicals within secondhand smoke and the fact that urine is essentially harmless. The ad calls into question which is worse, and ends with the call to action “Simply ask a smoker to take it outside.”
- **‘Dragon Slayer’ radio ad** – A child states that while dragons are scary and emit smoke, not all smoke breathers (smokers) are scary. Therefore, the child goes on to say that one should not be scared to ask smokers to smoke outside.

Additional funding was secured for a second campaign. This time, however, the funding was significantly reduced, to only CAD 250,000. Because ads were already available, and because radio was found to be the strongest medium for the heavy commuter-

based Greater Toronto Area, the campaign focused the limited funding on a radio-only media buy. All of the radio ads ran between February 26 and March 25, 2001. The Simcoe County District Health Unit joined the partnership for this second wave of the campaign, increasing the partnership to seven health units.

In the fall of 2002, the partnership expanded to include a total of 23 partnering Health Units, making the campaign a province-wide initiative. The partnership secured federal funding in the amount of CAD 750,000 to conduct a third campaign wave stretching across all of Ontario.

The third wave of the campaign, conducted from February 12 to March 22, 2003, leveraged the same radio and print ads generated for the first wave. Additionally, the third wave included French translations of two of the radio ads and one newspaper ad, as well as Cree, Ojibway and Ojicree translations of two of the newspaper ads. Radio was the focus of this wave of the campaign, with support provided through community posters, fact sheets and smoke-free car and home decals.

During all the waves of the campaign, health unit partners implemented community based activities using the educational materials provided and press releases were sent out about the campaign and about the dangers of secondhand smoke in the home, generating articles in various local publications such as newspapers, parenting magazines, health newsletters, etc.

### Process Evaluation

No process evaluation was conducted.

### Outcome Evaluation

During the first campaign wave a telephone survey of 1,025 residents of the partner communities was conducted. One hundred interviews were conducted during the initial five weeks of first campaign wave, and 75 interviews were conducted per week for the last seven weeks of the campaign.

A similar telephone survey was conducted among 1004 residents during the third wave of the campaign, with additional surveys conducted after the campaign ended. Respondents for both surveys were required to be between the ages of 25 and 54 years old and to be married. Forty percent of those surveyed during the first wave had children under the age of 12 living in their homes. Over half of those surveyed during and after the third wave had children under 12 living in their home.

[Campaign findings are located on the following page.](#)



# Findings

## A. There was a positive relationship between attitudinal change and behavioral intentions.

Of those who recalled the campaign, there was a 14 percentage point rise between the 2001 and 2003 campaigns of those who indicated they believed secondhand smoke was a health hazard (74% in 2001 versus 88% in 2003). Similarly, of those who recalled the campaign, there was an 11 percentage point increase in the number of people who would ask someone who smokes not to do so inside their home (63% in 2001 versus 74% in 2003). Moreover, of those who recalled the campaign, a 23 percentage point increase occurred in the number of smokers recalling the ad who indicated that they would refrain from smoking if there were non-smokers present (55% in 2001 versus 78% in 2003).

Campaign staff believe that the positive attitudinal and behavioral changes were due to both strong media weight and the overall length of the campaign. Additionally, it is believed that the general public began paying more attention to secondhand smoke messages due to the recent passage of numerous municipal public space smoke-free laws.

In short, people appeared to be growing in their awareness of the dangers of secondhand smoke and were transferring this thinking to their private spaces.

## B. There was a positive relationship between media consumption habits and campaign recall.

Not surprisingly, respondents who listened to the radio more or read the paper more were more likely to recall hearing/seeing ads via those media. For example, only 16% of those who read a newspaper once a week were able to recall a *Breathing Space* newspaper ad, however this level rose to 23% for those who read a newspaper every day. Thirty-two percent of those who listened to radio less than one hour per day recalled hearing the *Breathing Space* radio ads, compared to 61% of those who listened to the radio for two or more hours every day.

## C. The ads that contributed to attitudinal and behavioral change among easier-to-influence audiences as measured and noted in Finding A were significantly less well-received among audiences more resistant to change when tested for saliency in qualitative research.

The Saliency research conducted among the two audiences most resistant to change identified that hard-to-reach smokers perceived at least some of the Breathing Space ad messages to be portraying them negatively. Moreover, many smokers perceived some of the ads to be anti-smoking, which was not the intent of the ads.

The research also found that ads whose messages were unclear caused those smokers most resistant to change to misunderstand the content of the ads. Those who were most resistant to change also lost interest in the ads overall and dismissed them. Additionally, when narration of ads was perceived as condescending, listeners lost interest.

## D. Concepts about innocent victims worked well to engage people.

In the Saliency research, those ads that portrayed children and how secondhand smoke affects them were rated by those audiences most resistant to change as most likely to catch their attention and to cause them to limit others' exposure to secondhand smoke.

## Contact Information

General information about this campaign can be found at the following Web site:

<http://www.ptcc-cfc.on.ca/english/bpt/bpt-resource-listing/> and selecting "Breathing Space: Community Partners for Smoke-free Homes."

For more information about this campaign, please contact:

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# England

## 2003 *Smoking Kids* Campaign



Department of Health England

### Campaign Dates

July 2003

### Objectives

1. Build awareness that secondhand smoke can cause serious damage to children
2. Provide a reason for quitting (i.e., you are harming your children because you smoke).
3. Encourage smokers to consider where they smoke.

### Target Audience

Smoking parents, particularly those in the lower socio-economic groups.

### Media

TV, print, radio and billboard advertising, as well as news coverage generated from public relations efforts.

### Media Presence

Not available.

### Media Budget

GBP 5.85 million (approximately USD 8.4 million) for the media buy and GBP 500,000-600,000 (approximately USD 720,000-860,000) for production

### Advertising Agencies

AMV (BBDO) for *Smoking Kids*, *Secondhand Smoke Adults*; Farm for *Secondhand Smoke: the Invisible Killer*

### Research Agencies

Various, including BMRB (quantitative) and Cragg Ross Dawson (qualitative)

### Language(s)

English

### Target Audience Research

Target audience research included a review of successful secondhand smoke campaigns from other countries which identified how secondhand smoke campaigns could prompt a reassessment of smoking amongst smokers as well as nonsmokers. Based on these insights, a four-phase “secondhand smoke is a killer” strategy was planned.

- Phase 1 (*Smoking Kids* campaign) focused on the dangers of secondhand smoke on those most vulnerable (children).
- Phase 2 (*Secondhand Smoke Adults* campaign) focused on other innocent victims (family and friends).
- Phase 3 (*Smoke is Poison* campaign) reinforced why secondhand smoke is a killer (poisons in cigarette smoke).
- Phase 4 (*Secondhand Smoke: the Invisible Killer*) highlighted the dangers of secondhand smoke in enclosed public places.

This case study focuses primarily on the *Smoking Kids* campaign.

Target audience research showed that non-smokers’



biggest concern about secondhand smoke was that it made their hair and clothes smell (rather than truly understanding the health implications). For this reason, the target audience was all adults, not just smokers. Because of people's lack of secondhand smoke knowledge, the key focus of *Smoking Kids*, as well as England's other secondhand smoke campaigns, was on health. The campaign made a point of not addressing issues of smokers' rights or mentioning legislation.

Perhaps most importantly, research showed that the use of innocent victims, especially children, was a powerful means of deflecting many smokers' argument that "This is my life and my actions."

### Pre-Campaign Evaluation of Draft Materials

Qualitative pre-testing of ad concepts was conducted prior to each phase of the campaign.

### Campaign Description

Smoking Kids was fact-based and highly emotive. The television ad showed images of children in realistic, everyday activities (running, playing, drawing, etc.) with smoke coming out of their mouths and noses as they breathed. Messages highlighted the adverse affects of secondhand smoke on the human body, with a focus on secondhand smoke as a contributor to children's health problems. The ad ended by encouraging smokers not to smoke around children. On accompanying print materials, child-like, hand-drawn letters said, "When you smoke, I smoke."

### Process Evaluation

None conducted.

### Outcome Evaluation

Face-to-face, in-home interviews and written survey questions. The same survey questions were asked of approximately 1600 respondents before and after the campaign in order to determine whether or not a change in perceptions, awareness and behavior had occurred.

[Campaign findings are located on the following page.](#)

# Findings

## A. The television advertisement related to the *Smoking Kids* campaign was one of the most highly recalled tobacco control health ads in England in recent years.

Seventy four percent of post-campaign respondents recalled the ad, compared to an average recall rate of 40% to 50% for other TV health ads run in the previous three years.

## B. The *Smoking Kids* campaign was successful in building knowledge, changing attitudes, and influencing behavior.

Fifty percent of post-campaign respondents identified secondhand smoke as having an adverse impact on children's health, versus just 28% pre-campaign. Seventy five percent of adults post-campaign noted that they publicly encouraged people not to smoke around children, compared to just 30% pre-campaign. The ad generated feelings of guilt among 60% of smoking respondents, but without being offensive to them. This translated into a significant change in claimed smoking behaviors, with 26% of smokers saying they had cut down on the amount smoked, 19% saying they had stopped smoking around children and 15% saying that they restricted smoking in their home. Note that it is possible that as the campaign made smoking around children less acceptable, some of the respondents may have claimed these behaviors without actually doing them.

## C. The combination of the four secondhand smoke ad campaigns in England over several years resulted in significant changes in beliefs, behavior and support for people's rights to not breathe smoke.

Seventy five percent of respondents strongly agreed after the four campaigns (May 2007) that "other people's cigarette smoke harms nonsmokers," compared to 53% before the campaigns.

In addition, 82% of respondents strongly agreed that "people have a right not to breathe other people's cigarette smoke" following the four campaigns, compared to 69% before the campaigns. After the campaigns, 34% of smokers claimed they banned smoking in their homes, versus just 18% pre-campaign.

It is important to note that other types of tobacco control campaigns (i.e., smoking cessation) were going on at the same time as the secondhand smoke

campaigns. Elements of all campaigns were coordinated, so as to support one another's messages when possible. It is the belief of the campaign staff that the coordinated tobacco control messages worked synergistically to promote success of all efforts.

Related documentation about Department of Health England campaigns can be found at [http://www.dh.gov.uk/en/FreedomOfInformation/Freedomofinformationpublicationschemefeedback/Classofinformation/Campaignresearch/DH\\_073889](http://www.dh.gov.uk/en/FreedomOfInformation/Freedomofinformationpublicationschemefeedback/Classofinformation/Campaignresearch/DH_073889)

## Contact Information

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# England

## 2006 *Smoke is Poison* Campaign



**Cancer Research UK**  
(with funding from Department of Health England)

### Campaign Dates

The entire month of December 2006

### Objectives

To increase public awareness of the poisonous chemicals in secondhand tobacco smoke.

### Target Audience

Smokers and non-smokers aged 25 – 45 in social classes C2DE

### Media

TV, radio, washroom, print/press, posters, internet and PR roadshow

### Media Presence

Unavailable

### Media Budget

GBP 2.9 million (approximately USD 4.2 million) for creative development, production and media buy.

### Advertising Agency or Public Relations Firm

Ogilvy

### Public Relations Firm

No outside firm used

### Research Firm

Cragg Ross Dawson (qualitative), BMRB (quantitative)

### Language(s)

English

### Target Audience Research

None conducted.

### Pre-Campaign Evaluation of Draft Materials

When Cancer Research UK set out to conduct a campaign to inform members of the public about the contents of cigarette smoke, they identified a successful campaign with similar objectives conducted in the United States. As a creative device, the U.S. campaign used real-life interviews with people who work with dangerous chemicals, conducted by investigative journalist Michael Moore. Cancer Research UK conducted qualitative research to explore the response to the U.S. commercials among smokers and non-smokers and to inform the development of the UK campaign.

The research comprised four group discussions with smokers and non-smokers. Each group lasted 60 minutes and involved seven to eight respondents. In most cases, the U.S. campaign met its objectives to inform smokers and non-smokers about the contents of smoke in an arresting and memorable way. This same research provided specific recommendations for the development of the U.K. ads, including an emphasis on the realism achieved through the interviewee's reactions during the interview and the style of camera work.



### Campaign Description

A campaign was developed to educate viewers on the toxicity of chemicals found in cigarette smoke. To credibly convey the fact that cigarettes contain more than 60 toxic chemicals, the series was developed to look like a piece of investigative journalism in which a famous TV investigative journalist, Donal MacIntyre, interviewed people who work directly with these chemicals. In the ads, the people interviewed discussed the safety precautions necessary in working with each chemical. MacIntyre then revealed that these same chemicals were found in cigarette smoke. A total of four TV ads and two radio ads were created and aired.

Refer to the England *Smoking Kids* campaign case study description for details about how the *Smoke is Poison* campaign combined with a broader set of campaigns about secondhand smoke.

### Process Evaluation

For both process and outcome evaluation purposes, survey questions were included in an omnibus survey to approximately 1600 adults ages 16 to 74 throughout England. Both pre-campaign and post-campaign data were collected (November 2006 and January 2007, respectively). Data were also compared to survey results collected from previous campaigns, specifically from the *Smoking Kids* campaign (June and September 2003, February 2004, May and June 2005) and from the *Secondhand Smoke Adults* campaign (August and October 2005).

### Outcome Evaluation

See response to Process Evaluation provided directly above.

[Campaign findings are located on the following page.](#)

# Findings

## A. The ads caused people to think about and become concerned about secondhand smoke.

Following the campaign, 42% of respondents strongly agreed that the ads made them more aware of the dangers of secondhand smoke, and an additional 27% somewhat agreed. Furthermore, 60% of respondents strongly or slightly agreed that they were more worried about the dangers of secondhand smoke after seeing the ads.

## B. The ads communicated new information.

Forty eight percent of all respondents strongly agreed and 28% slightly agreed that the ads taught them something that they did not know before. In comparison, 17% of adults strongly agreed that the *Secondhand Smoke Adults* campaign from 2005 (which focused on innocent victims such as family members and friends) taught them something new.

The percentage of people claiming that their homes were smoke-free rose, although this change could not be attributed to only the *Smoke is Poison* campaign.

From June 2003 to January 2007, the percentage of people stating that their homes were completely smoke-free increased from 45% to 59%. This represented change over time—both before and after the *Smoke is Poison* campaign. This increase was due in part—but not in total—to the campaign.

## C. Perceptions remained steady that the dangers of secondhand smoke are exaggerated.

In the January 2007 survey, 27% of respondents agreed that the dangers of secondhand smoke were exaggerated, in line with the seven past surveys. Interestingly, the percentage of 16-24 years olds who held this view was higher, for example at 35% in January 2007.

## Contact Information

General information about this campaign, along with links to some of the creative elements, can be found at [www.smokeispoison.com](http://www.smokeispoison.com).

Media campaign research is not available online.

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# England

## 2007 *Smoke-Free England* Campaign



Department of Health England

### Campaign Dates

January through July 15, 2007 for comprehensive campaign (stakeholder and business focus began in January; consumer/general population focus began in March)

### Objectives

1. Build awareness of the date of the smoke-free law's implementation
2. Increase understanding of how the law would affect the target groups
3. Secure maximum and sustainable compliance with the law

### Target Audiences

1. The 3.7 million businesses that needed to take action to be compliant with the legislation, especially those who faced greater barriers to change and needed more time to prepare (i.e., the leisure and hospitality industry; businesses with high proportions of smokers; independent businesses; those businesses identified through research as having low levels of awareness of the legislation).
2. Key organizations including trade unions, local authorities, and health bodies
3. The 49 million members of the public who would benefit from the introduction of the legislation.

### Media

Television, print/press, Internet, outdoor, radio, ambient (e.g. airport advertising panels), direct mail, stakeholder relations, and public relations

### Media Presence

Total TV rating points during May/June 2007 were 710 (two flights of 3 weeks each). Presence for collateral materials not measured.

### Media Budget

Approximately GBP 4.9 million for media placement (approximately USD 7 million) and GBP 900,000 for production (approximately USD 1.3 million)

### Advertising Agency or Public Relations Agency

Farm; Fishburn Hedges

### Research Firm

BMRB; Continental Research

### Language(s)

English

### Target Audience Research

Research was conducted among business owners and managers as well as among general population to determine awareness about the upcoming implementation of the smoke-free legislation and understanding of its implications.

The business study was comprised of 10 group discussions with business owners and managers. The groups





were structured by industry sector and by business or site size. The industries were segmented as follows: Service, Financial and Retail; Hospitality; Transport, Care and Property; Manufacturing and Construction. They were then split into Large, Medium and Small businesses or sites. The fieldwork was conducted during November-December 2006 in three cities.

The general population study was comprised of 13 group discussions, with smokers and non-smokers in different groups and pub-goers and non-pub-goers in different groups. Fieldwork was conducted during February 2007 in six cities.

### Pre-Campaign Evaluation of Draft Materials

Creative concepts were developed with the goal of clearly communicating all of the places where smoking would not be allowed, as well as the July 1, 2007 date when the smoke-free legislation would go into effect.

Qualitative pre-testing of the creative concepts was carried out in March 2007 via 10 focus group discussions in several areas of England, with smokers and non-smokers in different groups. In each group, three advertising concepts were shared for respondents' reactions: 'Sliding,' 'Pulse' and 'Goodbye.'

- 'Sliding' showed a person moving from one sliding set to another, with each set representing a place where smoking would be prohibited with the new law: workplaces: pubs, cafes, staff rooms, garages, etc. 'Sliding' ended with a scene of outdoor smoking in a beer garden where smoking would still be allowed after the law's implementation.
- 'Pulse' used a dramatic visual device to illustrate the impact of the smokefree legislation on an enclosed public place or workplace. The concept shows a smoker in his/her work location (e.g. supermarket

staff room) with colleagues, about to stub out a cigarette. One of the non-smoking colleagues talks to the camera: "People like me who have to work in smoky places are exposed to 4,000 chemicals every time we breathe. But from July 1st..." Then, at the moment the friend stubs out the cigarette in an ashtray, a huge circular 'pulse' of energy explodes from her cigarette and travels in slow motion around the room, pushing the smoke away with it. The non-smoker continues to talk to camera: "If a place is enclosed and people work there, like this, it will be against the law to smoke." The pulse then stops as quickly as it started and the room becomes smokefree.

- 'Goodbye' featured a series of vignettes of British workers standing proudly in their workplaces (e.g., ticket inspector on a train, a waitress in a café or a driver in his van). The camera is always moving backwards from the person as he/she says "goodbye." After this series of vignettes, there is a pause, the screen goes blank and words appear saying "Hello... (pause)...fresh air." The screen goes blank again and a list of the places where smoking would be prohibited after July 1st appears on screen, followed by "England goes smokefree, July 1st. For information about the law visit xxx or call xxx."

Conclusions and recommendations from the groups include the following:

1. An *informative* rather than *judgmental* approach should be used to not antagonize the 'sensitive' smoker and undermine communication.
2. 'Sliding' showed clear potential to meet the campaign objectives in terms of communicating *places* and *date of the ban*, and benefitted greatly from being visually engaging and tonally consensual.

3. ‘Pulse’ and ‘Goodbye’ showed limited potential. Both ad concepts were dissonant to the smoker target as inherently antagonistic and were altogether less effective in communicating the core *places* message than the ‘Sliding’ ad concept.
4. As a tagline/strap line, both “England becomes smoke free” and “England goes smoke free” communicated effectively.
5. Care must be taken with casting of the presenter for ‘Sliding,’ to ensure a credible tone and a degree of smoker ‘identification’. While there are clear benefits and pointers for a ‘celebrity’ presenter, this ought not to come at the expense of the presenter’s credibility with the smoker target.
6. The open air beer garden shown at the end of Sliding ad should be maintained. It is seen as a “light at the end of the tunnel” for some smokers and it plays an important role in pacifying defiant smokers.

### Campaign Description

On July 1, 2007, England implemented a new law to make virtually all enclosed public places and workplaces in England smoke free. A public information advertising campaign was launched on May 14th to raise awareness about the law and what the legislation would mean when it came in to force. It used a television ad to show an ‘everyday’ man walking through a variety of locations—including a cafe, pub, garage, and office—all of which would have become smoke-free environments. The TV ad was complemented with outdoor, press, ambient and online advertising prior to the July 1 implementation of the new law, and the launch of advertising in high-impact locations (where lots of people could be reached).

Prior to the consumer campaign, the Department of Health targeted businesses, prioritizing those that had most to do to prepare for the law, such as licensees and businesses with fleets of work vehicles, as well as those that had not yet engaged with the issue, particularly small businesses. Direct marketing, targeted press and online advertising ran from January 2007 with the aim of raising awareness amongst businesses and encouraging them to register to receive guidance on how to comply with the law, for example, by posting signage. Reminder communications were introduced to priority businesses in May and June. Communications to businesses and stakeholders were also supported through PR activity, such as attendance at conferences and events, the distribution of factsheets and guidance to hundreds of stakeholders, and media relations.

It is important to note that the Department of Health ran a number of different secondhand smoke campaigns prior to the *Smoke-free England* campaign. For a full four years prior to this campaign, the public was exposed to significant levels of media regarding the negative health implications of secondhand smoke. The effect of this was that the general public had a high awareness of the dangers of secondhand smoke and was very supportive of smoke-free public place legislation by the time the *Smoke-free England* campaign began. For this reason, there was no need to communicate about the harms of secondhand smoke when the law was introduced on July 1st. The objectives of these ads were to build awareness of the implementation date for the smoke-free law and to secure compliance with the law.

### Process Evaluation

None conducted.

### Outcome Evaluation

The Department of Health conducted a series of surveys to gauge public awareness of the smoke-free law, levels of public support for it, its impact on public behavior, and knowledge of what the legislation encompassed.

Three waves of research were conducted prior to July 1, including research in February, April and June of 2007. Additional surveys were conducted every two months through May 2008. All research was carried out via a telephone omnibus survey (conducted amongst a representative sample of approximately 1700 adults aged 18+ across England.)

[Campaign findings are located on the following page.](#)

# Findings

## Findings

- A. **By focusing on clear, limited objectives, the campaign helped build general awareness of the smoke-free law before it went into effect and helped maintain high awareness afterwards.**

In February 2007, 33% of respondents were aware of the pending smoke-free law implementation date. This rose to 55% in February and to 83% in June. Awareness of the smoke-free legislation in England continued to steadily increase after the law's implementation (89% in February 2008, 93% in April 2008, 95% in June 2008, and 96% in May 2008).

- B. **The campaign helped build and maintain support for the smoke-free law.**

Support for the smoke-free law remained consistent at around three-quarters of the adult population (76% in May 2008, 74% in February 2007, 76% in April 2007 and 78% in June 2007).

- C. **Compliance and enforcement of the smoke-free law were high.**

In the May 2008 survey, 87% of adults believed that smoke-free legislation was being obeyed, and 91% of those who worked said that their employers were enforcing the law. This is consistent with findings prior to the introduction of the law that indicated 90% of adults thought the legislation would be enforced. In addition, Health Department inspections of businesses indicated very high levels of compliance were achieved from day one: 97.4% of businesses of the 154,550 establishments inspected in July 2007 were smoke-free, rising to 98.8% in November 2007.

## Contact Information

Examples of the campaign's advertisements can be viewed at: [www.smokefreeengland.co.uk/thefacts/campaigns.html](http://www.smokefreeengland.co.uk/thefacts/campaigns.html)

For more information, please contact:

Dan Metcalfe  
Department of Health England  
Email: [Dan.Metcalfe@dh.gsi.gov.uk](mailto:Dan.Metcalfe@dh.gsi.gov.uk)

# France

## 2004 'Maison' & 'Entreprise' ('House' & 'Business') Advertisements



Institut National de Prévention et d'Éducation pour la Santé (INPES)

### Campaign Dates

October 17 – November 14, 2004

### Objectives

1. Motivate smokers to respect nonsmokers
2. Help nonsmokers understand realities (dangers) of secondhand smoke

### Target Audience

General population (smokers and non-smokers)

### Media

Television ads, posters.

### Media Presence

Total during four-week period: 1060 GRPs

### Media Budget

Specifics unavailable, but larger than previous INPES tobacco control campaigns

### Advertising Agency or Public Relations Firm

FCB (Foot Cone & Belding)

### Research Firm

BVA (Brulé Ville Associés)

### Language(s)

French

### Target Audience Research

No target audience research was conducted.

### Pre-Campaign Evaluation of Draft Materials

No pre-campaign evaluation was conducted.

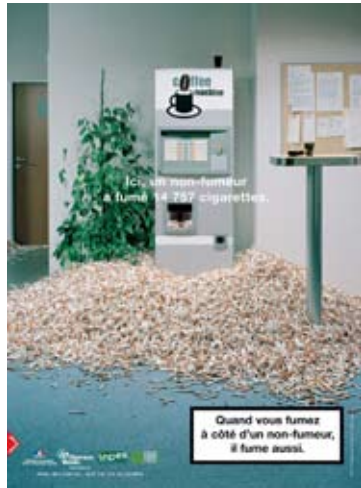
### Campaign Description

This campaign consisted of two television ads and a series of posters. One TV ad, titled 'Maison,' focused on secondhand smoke and children. The second, titled 'Entreprise,' addressed secondhand smoke in the workplace. The ads aired on the 6 hertziennes channels (original French broadcasting system prior to cable and satellite) and 14 cable channels. Each of the print ads focused on a different setting where non-smokers were exposed to secondhand smoke.

The 'Maison' television ad shows thousands of cigarette butts piled throughout a house and inside a car, with an announcer counting the number of cigarettes whose smoke a young girl, Marie, has been exposed to over time in her family's house and car.

The 'Entreprise' ad shows thousands of cigarettes and cigarette butts piled throughout an office building, in offices, in conference rooms, and in the break room, with an announcer counting the number of cigarettes whose smoke the non-smoking employees has been exposed to over time in his workplace.

The poster ads use the same visual of the piles of cigarette butts, making a similar point about the number of cigarettes whose smoke non-smokers are exposed to over time. The scenes depicted in the posters include a restaurant, a bar, an office and a home. All of the television and poster ads include the tagline, "When you smoke



near a non-smoker, he/she smokes too.” All ads include a toll phone number for more information.

### Process Evaluation

Unavailable

### Outcome Evaluation

1,000 + interviews conducted immediately after the campaign, November 15-20, 2004.

## Findings

### A. ‘Maison’ and ‘Entreprise’ achieved very high awareness of the campaign and high recall of specific ad elements.

Compared to five previous tobacco control TV campaigns designed and produced by INPES where spontaneous recall ranged from 17% to 43%, this campaign achieved 49% spontaneous recall. The campaign also achieved 91% aided campaign awareness, compared to between 44% and 78% in the previous five campaigns. In addition, 85% of smokers and 70% of non-smokers recalled both ads. Two key elements of the ads were most highly recalled: the piles of cigarettes (65%) and the people in the ads, such as the little girl and the non-smoking office worker (48%).

### B. This campaign caused higher concern for the health of one’s self and others than previous INPES tobacco control campaigns.

Compared to five previous tobacco control campaigns where concern for “self/home and those around you” was between 48% and 59%, this campaign caused concern among 64% of respondents. This campaign caused similar levels as previous campaigns of smokers being concerned about others and themselves, but significantly higher levels than previous campaigns of non-smokers being concerned about others (58%

versus between 35% and 49%) and themselves (40% versus between 7% and 11%).

### C. The campaign tied for having achieved the highest approval rate among INPES’ tobacco control campaigns.

Eighty four percent of respondents really or completely approved of the ads, compared to 76% for the next most successful of the five previous campaigns (other than *Revelation*). Respondents found the ads clear and easy to understand (97%), credible (84%) and convincing (79%). Eighty-six percent of respondents provided positive comments about the ads, versus only 39% who provided negative comments.

### Contact Information

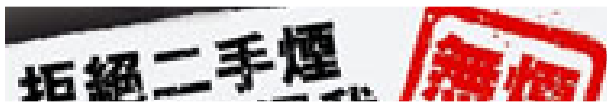
To view the advertisements, go to the following links :

- ‘Maison’ : [http://www.inpes.sante.fr/audio\\_video/0410\\_tabac/TV/maison.wmv](http://www.inpes.sante.fr/audio_video/0410_tabac/TV/maison.wmv)
- ‘Entreprise’ : [http://www.inpes.sante.fr/audio\\_video/0410\\_tabac/TV/entreprise.wmv](http://www.inpes.sante.fr/audio_video/0410_tabac/TV/entreprise.wmv)

For additional information about the campaign described in this case study, please contact :  
 Jean-Louis Wilquin  
 Email : [jean-louis.wilquin@inpes.sante.fr](mailto:jean-louis.wilquin@inpes.sante.fr)

# Hong Kong

## 2005-2006 *Smoke-free Hong Kong* Campaign



The Hong Kong Council on Smoking and Health (COSH)

### Campaign Dates

April 2005 – May 2006

### Objectives

1. Prepare the public for future smoke-free legislation.
2. Convince legislators to pass a smoke-free public places amendment.
3. De-normalize smoking.

### Target Audience

General population

### Media

TV, radio, outdoor television, print, public transportation carriers (sides of buses, etc.), public transportation stops, Internet.

### Media Presence

Unavailable

### Media Budget

Unavailable

### Advertising Agency or Public Relations Firm

Triangle Worldwide Group Ltd

### Research Firm

No outside firm used.

### Language(s)

Cantonese, Putonghua and English (only electronic materials were translated into English)

### Target Audience Research

No target audience research documentation was available. However, COSH's chairman referenced extensive research during an interview for this review. Specifically, from 2001 through 2004, a series of polls were taken, indicating that 75% to 80% of the general Hong Kong public was in favor of smoke-free indoor public places. The largest opposition to legislation came in the form of restaurants, especially small cafes attracting young people. A strategy was developed to run a series of ads addressed to the general public, with an emphasis on youth and owners of small cafes.

### Pre-Campaign Evaluation of Draft Materials

None conducted.

### Campaign Description

The *Smoke-free Hong Kong* campaign consisted of three TV ads: 'BBQ Pork Bun,' 'Gum,' and 'Toothpick.' These ads ran during a one-year period from April 2005 through May 2006. The first two ads that ran were 'Gum' and 'Toothpick,' both of which were perceived in pre-testing to be "gruesome" for their content. For this reason, the next ad run ('BBQ Pork Bun') was designed to be more light-hearted and humorous than the first two ads, to not overwhelm the Hong Kong public with highly emotive ads. The main character in 'BBQ Pork Bun' was Mr. Jim Chim,



a well-known comedian who had a history of publicly supporting smoke-free efforts.

The media plan consisted of alternating TV, outdoor TV (large televisions on the sides of buildings in metropolitan areas) and public transportation media in approximately quarterly intervals, with some overlap of ads. COSH ran the *Smoke-free Hong Kong* campaign at the same time as the Hong Kong Department of Health ran a complementary secondhand smoke campaign.

The Department of Health campaign included two advertisements, ‘Harmful Effects of Secondhand Smoke,’ and ‘Support Smoke-free Indoor Areas.’ The first ad provided information about the harmful effects of secondhand smoke not addressed by the COSH ads. The latter ad promoted compliance with the smoke-free public places law.

By the end of the COSH campaign, Hong Kong had implemented broad-ranging smoke-free public places legislation. Upon passage of the Hong Kong smoke-free legislation, a new set of up-beat and positive ads (not reviewed here) were used to notify the general public about the law, promote compliance, thank them for their support and to encourage smokers to quit smoking. No evaluation was conducted for this *Thank You* campaign, but campaign staff highlighted the positive and “feel good” nature of these advertisements, whose primary purpose was to cause people to feel positive about the new legislation. There was also no compliance data after the smoke-free law as implemented, due to limited resources.

### Process Evaluation

No process evaluation conducted.

### Outcome Evaluation

A thorough post-campaign assessment was conducted, consisting of street intercept interviews of 500 people using age-based stratification (12-65) conducted immediately after the campaign (April 2006). However, a baseline assessment was not conducted prior to the campaign to which outcome data could be compared to measure changes.

[Campaign findings are located on the following page.](#)

# Findings

## A. More respondents recalled the ad (and its message) that was considered “humorous” than the ads (and their message) that were considered “gruesome” or “frightening.”

In addition, over 60% of respondents said that they liked the humorous ad, with only 41% and 45% of respondents saying they liked the gruesome ads. The humorous ad also achieved higher unaided recall (44.8%) than the other two ads (22% and 18%). Moreover, a greater percentage of respondents recalled the messages within those ads they liked (64.7%) than the messages within the ads they did not like (19% and 29%).

## B. The level of likeability did not translate directly into a higher level of persuasiveness.

The “gruesome” and “frightening” ads, while being less likeable to viewers, were perceived as being persuasive among more respondents than the ads that were well liked. (Persuasiveness: ‘BBQ Pork Bun’ = 29.6%, ‘Toothpick’ = 35%, ‘Gum’ = 33%)

## C. The follow-up campaign thanking people for support of the legislation was positive in nature.

The advertisements used to thank the public for their support and to promote compliance were positive in nature and were intended to make people feel good, versus the “gruesome” and “frightening” ads that were successful in their objective of persuading viewers, as noted above.

## D. Television was the best-remembered medium.

Almost 86% of respondents recalled the TV ads, while 13% or fewer respondents recalled advertising in other media. Data were not available to determine the cost per impression for each of the media used, nor to determine the different spending on each medium.

## E. Pre-campaign data would have helped determine the specific contribution of this campaign.

While it was encouraging to find post-campaign data that supported smoke-free environments (e.g., 83% of non-smokers supporting smoke-free policy change, 81% of smokers and non-smokers preferring to dine in restaurants that have a non-smoking section), it is difficult to measure the impact of the campaign on the perspectives and actions of viewers due to the lack of pre-campaign baseline data.

## Contact Information

For more information about COSH, visit the following Web site:

- <http://www.smokefree.hk/cosh/ccs/index.xml?lang=en>

To view the three COSH television advertisements noted in this case study, go to the following Web site. Search for #14 (‘Toothpick’), #15 (‘Gum’) and #16 (‘BBQ Pork Bun’).

- [http://www.smokefree.hk/cosh/ccs/thumbnail\\_index.xml?lang=en&fldrid=173](http://www.smokefree.hk/cosh/ccs/thumbnail_index.xml?lang=en&fldrid=173)

Visit the following Web site to view the two Hong Kong Department of Health ads noted within this case study. Look for “Support Smoke-free Indoor Areas” and “Harmful Effects of Secondhand Smoke.”

- website [http://www.tco.gov.hk/english/health/health\\_pe.html](http://www.tco.gov.hk/english/health/health_pe.html)

For more information about this campaign, please contact:

Ms. Vienna Lai

Tel: (852) 218-56-388

Email: [info@cosh.org.hk](mailto:info@cosh.org.hk)



# India

## 2008-2009 Phase 1 Smoke-free Campaign



### World Lung Foundation (New York)

supporting the Government of India—States and Territories

#### Campaign Dates

First media pulse October 2 – November 4, 2008.  
Second media pulse January 10 – February 15, 2009.

#### Objectives

##### Overall objectives:

Build awareness and knowledge of the smoke-free public places legislation.

##### Specific objectives:

##### Primary Communication Objectives for Phases 1 and 2

##### Stream 1 Communication – Smoke-Free Jurisdictions Objectives

- Increase target audience awareness of the legislation on smoking in public places and point of smoking, known as POS. (POS is derived from the commercial concept of point of purchase (POP) – the place where people are contemplating making a decision to smoke.)
- *All public places are smoke-free except for open spaces.*
- Increase target audience knowledge about the GOIs commitment to enforcing the legislation – *If you smoke here, you will be fined – up to 200Rps.*
- Increase target audience (enabler groups) self-efficacy towards enforcing the smoke-free jurisdictions policy
  - *Please obey the law and put out your cigarette.*
- Increase target group habit strength to put out a cigarette, not light-up or ask others to stop smoking,

whenever they see non-smoking signage. *If I am a smoker, I will not light up – If I am a non-smoker, I will request someone smoking to put their cigarette out.*

- Increase target audience advocacy toward maintenance of smoke-free spaces and POS – *Spread the word to friends, family and others about the smoke-free jurisdictions program.*

##### Stream 2 Communication – Tobacco Health Risk Objectives

- Increase target audience awareness of the risks associated with smoking – *Smoking – both active and passive – disables, Smoking kills.*
- Increase target audience knowledge about the toxic nature of tobacco smoke and the illnesses caused by smoking – *Tobacco contains harmful chemicals which can cause heart disease, lung cancer and emphysema.*
- Increase target audience personal risk perceptions of active and passive smoking – *Think of whom you are hurting; think of who you may leave behind.*

##### Secondary Communication Objectives for Phase 1

- Empower key influencers and support agencies – NGOs, community leaders, faith based leaders, health workers, teachers and others to confidently explain the smoke-free laws in their communities, and to answer frequently asked questions.
- Dispel smokers' resistance to smoking prohibitions at POS through the following:
  - Utilise a range of communication channels and



places for dialogue.

- Produce and disseminate IEC materials at public places and POS to facilitate dialogue between policy enforcement officials, smokers and the non-smoking public.

### Target Audiences

**Primary:** 18–44 year old male and female smokers of varying socio-economic circumstances located in urban and peri-urban settings.

**Secondary:** 15–17 year old and 45+ year old male and female smokers and non-smokers of varying socio-economic circumstances located in urban and peri-urban settings.

Key Influencers:

- Politicians, municipal/corporation administrators, doctors, panchayats (local leaders) and faith leaders.
- Worksite, schools and hospitality industry management.
- Police enforcement officers, health inspectors and NGO staff involved in enforcement.
- Sports and arts administrators, film industry executives and directors.
- Celebrities, role models and other key influencers.

### Media

Television (public service advertisements), Radio (public service advertisements), Print ads, Outdoor Billboards, Website, Indoor posters, Point of Smoking (POS) Signage and Merchandise.

### Media Presence

Approximately 115-140 TRPs per week were anticipated with additional no-charge bonus spots provided. The schedule had approximately 50% prime time and 50% off peak media placement.

### Media Budget

Approximately USD 300,000 for media production and pre-testing. USD 2.8 million for media placement/delivery

### Advertising Agency or Public Relations Firm

RKO Swami – BBDO (India)

### Research Firm

Kadence Market Research

### Languages

Hindi (primarily for Northern India), Tamil (primarily for Southern India), English, and 14 other regional languages for broadcast dubs; all core materials including TV radio print posters and POS signage were available for download on [www.secondhandsmokekills.in](http://www.secondhandsmokekills.in) in English (available later in Hindi).

### Target Audience Research

Initially a literature review and stakeholder consultations were conducted to identify the problem and behavioral objectives. Following the planning stage, creative concepts and key messages were developed to address the behavioral objectives. Extensive pre-testing of creative materials was conducted following development of concepts from three advertising agencies for Stream 1 Communication (Smoke-free Jurisdictions messaging), and Stream 2 Communication (Health Effects messaging). Sixteen focus group discussions (FGDs) were conducted regarding the two sets of

concepts with target audience respondents, segregated by socio-demographic factors and geographic locations of Delhi, Mumbai and Chennai cities located in three regions of the country.

The communications pre-testing research also included a quantitative method in which respondents were asked to rank concepts and proposed campaign brands against 17 emotional, intellectual and actionable indicators which explored the key behavioral constructs including concept impact, personal threat appeal, attitude reformation, response and self efficacy perceptions, behavioral intentions, and behaviors. Diagnostic issues were also explored through storyboards and graphic stimuli for visual appeal, cultural relevance and translation from English to local language.

### Pre-Campaign Evaluation of Draft Materials

An additional four FGDs were conducted to confirm that reactions to the final communications materials were in-line with the initial results of the concept pre-test. The independent qualitative research and other criteria were used to help select the final creative agency.

### Campaign Description

In June 2008 the Ministry of Health and Family Welfare (MoHFW) requested support from the World Lung Foundation (WLF) to provide technical assistance for the development of a mass media campaign to support the revised Cigarettes and other Tobacco Products Act (COTPA) which was designed to establish 100% smoke-free areas in all public places in Indian States and Territories. The COTPA revisions were to be launched on October 2, 2008 leaving a short lead-time for an evidence-based, best practice approach to media program planning and implementation.

The final two campaign concepts selected from the communications pretest incorporated a Stream 1 Concept called 'Smoke' which was designed to raise awareness of the revised laws and empower community members to comply with the regulations. Social cognitive theory approaches were utilised to demonstrate desirable behaviors such as placement of non-smoking signage in public places and enforcement officials fining smokers who breached the Act. The Stream 2 Concept called 'Child' was designed to build risk perceptions of the dangers of secondhand smoke on vulnerable others, as well as presenting the health effects of direct smoking, as these were seen as important pre-cursors to changing target group attitudes toward smoking in public places.

In addition the distribution of signage in a number of public and private sector organisations was seen as important in establishing new social norms and provid-

ing 'point of smoking' (POS) reminders to those considering breaching the law. Almost 400,000 'mandated' non-smoking signs were produced and distributed to more than 610 districts around the country.

### Process Evaluation

At the time this document was finalized, process evaluation had not yet been conducted but plans were in place to use a number of key performance indicators including the following:

- Number of TV and Radio spots placed and confirmed – *Performance Mechanism: Media monitoring tracking survey.*
- Number of signs distributed – *Performance Mechanism: Logistics report.*
- Number of hits on the website – *Performance Mechanism: Site-meter.*
- Four-Stage Strategic Planning Model Effectiveness
  - *Performance Mechanism: Stakeholder feedback at campaign review.*
- Advertising Agency and Market Research Agency Performance – *Performance Mechanism: Feedback from Client and stakeholder review.*

### Outcome Evaluation

Each Phase of the national campaign was to be measured in terms of its impact to ultimately meet campaign outcomes related to smoking prevalence, morbidity and mortality. A national KAP (Knowledge, Attitudes and Practices) post intervention survey was developed to measure audience recall and message take-out of key communication concepts as well as achievement of behavioral objectives. More than forty indicators were explored derived from behavioral theories. The planned survey waves included one after Stream 1 of the campaign and one after Stream 2 of the campaign (however, no baseline survey was conducted due to the short lead-time for this campaign to support the Act).

At the time this document was finalized, the first tracking wave had been completed with a sample of more than 2000 respondents. Findings included the following:

- *Message Recall:* 61% recalled any tobacco messages; 56% recalled smoke-free messages when prompted.
- *Smoke-free Message Sources (Media) among those who recalled smoke-free messages:* 55% TV; 20% Radio; 65% Print; 35% Outdoor; 37% Signage; 2% Publications.
- *Key Message Take-out (Knowledge):* 33% completely agreed or agreed that smoking near others is harmful to their health; 48% completely agreed or agreed that

smoking is banned in all public places; 18% were aware of that there is a law making public places smoke-free; 31% completely agreed or agreed that if you smoke in public places you will be fined; 20% completely agreed or agreed that smoking is harmful to smokers.

- *Attitudes:* 84% completely agreed or agreed with the ban; 86% found messages trustworthy; 84% of those exposed to the messages believed that cigarette advertising should be prohibited (versus 78% of those unexposed); 75% of smokers believed it would be very difficult or somewhat difficult for them to comply with the laws; up to 80% of respondents were willing to report violations, with non-smokers being the most likely to report violations.
- *Behaviors:* In 67% of households and 69% of work-sites across the survey locations, respondents said that no smoking was the norm; 74% of smokers claimed to put out their cigarettes when asked to.

Results were to be compared to the second wave of tracking which was to take place in February 2009. Comparisons were also made between those who recalled campaign messages (exposed) and those who did not recall campaign messages (not exposed) after Phase 1 of the campaign.

[Campaign findings are located on the following page.](#)

# Findings

- A. Advertising concepts with a single-minded and unambiguous message, as well as those with strong emotional appeals, were found to be most compelling among research participants.

Findings from the initial communications pre-test generally found that concepts with a single minded message and little ambiguity, as well as concepts with strong emotional appeals, had the highest ranking scores with focus group participants. The use of a vulnerable significant other in the child-focused concept provided a strong emotional appeal as well as simple messages on the personal health effects and effects of passive smoking on others.

- B. The campaign brand Smokefree provided research participants with a strong call to action.

The communications pre-test helped to identify the campaign brand, Smokefree, which provided a strong call to action and clearly identified the campaign theme through the use of the international non-smoking roundel.

- C. Focus group discussions identified that most smokers had low risk perceptions about the harmful effects of smoking and exposure to secondhand smoke.

Feedback from the warm-up discussions identified the generally low risk perceptions by smokers of the harmful effects of tobacco smoke on themselves or on those around them. This indicated the importance of building knowledge of health effects and personal risk perceptions early in the campaign development phases.

- D. Findings from the Phase 1 campaign impact evaluation identified the challenges of reaching and influencing a large majority of a country as large and diverse as India, and reinforced the need for a long-term, dedicated and strategic approach for reaching all key areas and segments.

Lower than expected spontaneous recall of campaign messages demonstrated the difficulties in achieving message breakthrough with media campaigns in a country of 1.2 billion people of diverse cultural and socio-economic backgrounds and languages with more than 200 television stations located around the country. This reinforced the need for a long-term, strategic approach targeting specific market segments initially in urban and peri-urban locations

where media reach is highest. This could be followed by more integrated, multi-level, social marketing approaches incorporating community-based and electronic mass media for rural population groups in latter phases of the strategy.

- E. In the Phase 1 campaign impact evaluation, significant differences in a number of KAP indicators were achieved between those who recalled the media campaign and those who had no recall of the media campaign.

Significant differences included campaign personal relevance, knowledge of a number of health effects of smoking, attitudes toward tobacco advertising and promotion, attitudes toward smoking bans in workplaces, public places, workplaces and hotels; and attitudes about the rights of smokers. In addition, differences in behaviours were noted, such as willingness to report a violation by telling authorities or establishment management or by sending a photo to authorities.

## Contact Information

The public service advertisements can be viewed at: <http://www.worldlungfoundation.org/ht/d/sp/i/7218/pid/7218>

For more information, please contact either of the following at the World Lung Foundation:

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Sandra Mullin

Senior Vice President – Communications

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# Ireland

## 2004-2005 *Smoke-free Ireland* Campaign



### The Office of Tobacco Control

#### Campaign Dates

The public relations (unpaid media) efforts ran from early 2002 and continued through the March 2004 ban effectiveness date, 2004.

Paid media campaign ran in three waves, as follows:

- March-April, 2004
- October-December, 2004
- March-April, 2005

#### Objectives

1. Inform the public of the harmful effects of second-hand smoke.
2. Inform the public and workplaces affected by the new law.
3. Build compliance with the law.
4. Build confidence that the law is working.

#### Target Audience

General public

#### Media

TV, radio, and print advertising; direct mailings of a guide about the law for owners of bars and restaurants; beer mats and tent cards for restaurants, hotels and bars; posters for the workplace; and news coverage generated from public relations.

#### Media Presence

Unavailable.

#### Media Budget

EUR 750,000 for design, production and media buy (approximately USD 960,000) which does not include earned media effort

#### Advertising Agency

Phase 1: McCann Erickson; Phase 2: McConnells

#### Public Relations Firm

Montague Communications

#### Research Firm

Unavailable.

#### Language(s)

English

#### Target Audience Research

Focus groups with members of the general public as well as with relevant stakeholders (restaurant owners, bar owners, etc.) prior to the campaign.

#### Pre-Campaign Evaluation of Draft Materials

None conducted.

#### Campaign Description

In 2003, the Irish government passed smoke-free workplace legislation set to go into effect March, 2004. The *Smoke-free Ireland* campaign was comprised of both a paid advertising component and an earned media public relations component. Together, these two components provided public education and commu-



nication regarding smoke-free legislation (focused on the reasons for introducing the law). After this, the campaign transitioned from an educational campaign to a compliance-building campaign in the six months following the law's implementation. The audiences were the general public and employers, as both groups would be responsible for adhering to the law.

The public relations portion of this campaign began in early 2002. Because this was before legislation was introduced, the objective was simply to broaden support for the planned introduction of workplace legislation. Paid media was not implemented until after the Irish Health Minister Michael Martin announced the legislation (January 2003) and after publication of the detailed regulations for the ban (October 2003).

Because Ireland was the first country to introduce a nationwide smoke-free workplace law, considerable news coverage was generated both within Ireland and internationally.

### Process Evaluation

None conducted.

### Outcome Evaluation

No outcome evaluation was conducted on this media campaign. However, a study was conducted of the print news that occurred in four major Irish newspapers during the 18 months surrounding the debate over the smoke-free workplace law.<sup>1</sup>

[Campaign findings are located on the following page.](#)

# Findings

## A. When promoting compliance with the new law, campaign planners found that support-building message concepts were preferred over concepts emphasizing the legal aspect.

Participants in pre-campaign focus groups did not approve of a heavy-handed “this is the law” approach in some of the ad concepts. Rather, concepts were preferred that built support by telling the public the important reasons for the new law and how it would protect people’s health. Focus group participants recommended, however, that such support-type concepts needed to end with a more forceful statement in order to be taken seriously, such as an “It’s the law” tag line.

## B. Support for the smoke-free workplace law was best generated by communicating the effects of secondhand smoke and the health-related reasons for the ban.

The Smoke-free Ireland campaign concepts leading up to the March 2004 implementation of the law focused their messages on three key messages: 1) secondhand smoke causes heart disease, cancer and respiratory problems; 2) ventilation is ineffective; and 3) employees need to be protected.

## C. Focusing on work spaces was an important strategy in generating support for smoke-free policies.

All campaign messaging referred to “smoke-free at work,” and shied away from any reference to smoking in homes, cars or other domestic settings. This was important to prevent smokers from perceiving that the law was in any way attempting to infringe upon their personal and private spaces.

## D. Continuing to focus on health allowed campaign organizers to prepare timely and consistent responses that opponents of the smoke-free law could not persuasively counter.

In the news media, the topic of prohibiting workplace smoking maintained a strong presence, especially in Irish papers. The main stakeholders in the debate presented fundamentally different perspectives about what the legislation was about. The legislation was not covered simply as a health intervention. Rather, of 1154 newspaper items on the topic that appeared in the four major Irish newspapers (January 30, 2003, through August 30, 2004) only 16% were health related. The remainder

of the printed news items presented the topic in the following general terms: implementation (31%), politics (16%), society (14%), democracy (9%) and economics (14%).

The percentage of health-focused news items was highest (31%) at the launch of the topic, as pro-smoke-free law advocates focused squarely on the health of workers and the public. The percentage of health-focused news items declined significantly as opponents of the law countered health arguments with information about difficulties of implementation/enforcement, democracy/free society arguments and adverse economic impacts. Within each of these frames, pro- and anti-smoke-free law arguments occurred, except in the case of health, where counter arguments were almost absent.

In addition, as anti-smoke-free law arguments were made, each was countered successfully by the pro-smoke-free law advocates. For example, after the launch of the topic, there was a significant increase in economics-related news items (up to 20% during the middle of the campaign) when economic concerns were highlighted by opponents of the smoke-free law. Smoke-free law advocates quickly countered with evidence from United States (New York) that showed that little to no adverse economic impact had occurred following their smoke-free law implementation. Because of this quick counter response, economic-related articles were reduced by more than half, to 9%.

## Contact Information

General information can be found at: [http://www.otc.ie/communication\\_smokefree\\_camp.asp](http://www.otc.ie/communication_smokefree_camp.asp).

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# Israel

## 2001 *The Shy* Campaign



Israel Cancer Association &  
Israel Ministry of Health

### Campaign Dates

September 2001 (one full month)

### Objectives

1. Raise awareness of the harmful effects of exposure to secondhand smoke.
2. Promote respect for the law prohibiting smoking in public places.
3. Motivate the public to safeguard its right to clean air.

### Target Audience

Non-smoking adults

### Media

Television, newspaper and radio ads, along with stickers.

### Media Presence

Not available.

### Media Budget

ILS 1,500,000 (approximately USD 396,000)

### Advertising Agency or Public Relations Firm

GITAM

### Research Firm

None used.

### Language(s)

Hebrew

### Target Audience Research

Research conducted prior to the campaign reflected that 85% of the public supported legislation prohibiting smoking in public places. Moreover, 83% agreed that it is necessary to object to smoking in public where it is prohibited. Interestingly, only 13% claimed to actually voice their objections while in public. The main reason for this, it was found, was shyness.

The research also found that the majority of surveyed smokers, if asked not to smoke in a place where it was prohibited, would meet the request.

### Pre-Campaign Evaluation of Draft Materials

None conducted.

### Campaign Description

In August of 2001, Israeli legislators expanded upon a 1983 law that originally prohibited smoking in public places. This expansion included such places as shopping centers, malls, banks and university lecture halls. Unfortunately, due to a lack of resources, the law was not enforced by local police or businesses. Therefore, there occurred an abundance of illegal public smoking.

Based on target audience research, it was decided that the message for the campaign would be “Don’t Be Shy to Say – No Smoking Near Me.” The approach was to change the behavioral norms of non-smokers using humor in order to create a fruitful interaction between smokers and nonsmokers—one that would help reach the goal of reducing smoking in public places without creating a feeling of embarrassment among non-smokers.



## Process Evaluation

None conducted.

## Outcome Evaluation

A series of surveys was conducted, one survey before the campaign, one survey 6 months after the campaign ended and the third survey 18 months after the campaign ended. In addition, other indications of the

campaign's effectiveness were observed by campaign planners. Although the campaign ran for only one month, it was well received throughout Israel, leading to a viral effect, whereby it was discussed on the news, it was mentioned on TV game shows, Internet parodies were created, and comedy routines picked up on it. All of this caused the general theme of the campaign to spread throughout Israeli culture.

# Findings

### A. Non-smokers became more willing to take action to safeguard their right to clean air.

The percentage of non-smokers who felt comfortable telling smokers to stop smoking around them increased from 13% in June 2001 to 61% in October 2003.

### B. Support for smoke-free public places increased.

The percentage of people who agreed it was justified to prohibit smoking in public places increased from 45% to 54% for indoor open spaces, and from 58% to 65% for restaurants from June 2001 to October 2002.

### C. The campaign achieved high awareness after just one month of airing, in part due to the 'viral' effect of the campaign.

One year after the campaign ran (for just one month), nearly 60% of those surveyed associated the word "shy" with people who are non-smokers but who are too shy to tell smokers not to smoke

around them. One key contributor to the high awareness was the viral effect of the campaign — it spread like a virus through the community and through popular culture, being discussed on the news, mentioned on TV game shows, featured in Internet parodies and mentioned in comedy routines.

### D. Humor helped bring people together to support efforts to reduce exposure to secondhand smoke.

The Shy campaign built support for a previously often ignored smoke-free law by using humor to create camaraderie among smokers and nonsmokers rather than to cause confrontation.

## Contact Information

The ad for this campaign can be found at [http://www.cancer.org.il/download/files/the\\_shy.mpg](http://www.cancer.org.il/download/files/the_shy.mpg).

For more information about this campaign, please contact [info@cancer.org.il](mailto:info@cancer.org.il).

# Mexico (Mexico City)

## 2008 *Finally They Are Giving us a Breath/Breather* Campaign

InterAmerican Heart Foundation (of Mexico)

No visuals are available for this campaign because radio was the only medium used.

### Campaign Dates

March 24-April 30, 2008

### Objectives

Build support of, and compliance with, the new policy mandating 100% smoke-free enclosed public places in the Federal District (Mexico City).

### Target audience(s)

1. Public opinion leaders, citizens and owners of bars and restaurants
2. Men and women 25-60 years old of diverse socio-economic backgrounds
3. Bar and restaurant workers (male and female), 18-44 years old of low socio-economic backgrounds

### Media

Radio advertising, earned media efforts such as press conferences (also earlier print and outdoor ads that were not evaluated).

### Media Presence

Unavailable.

### Media Budget

USD 22,000 for radio placements, USD 5,000 for radio production

### Advertising Agency or Public Relations Firm

SENTY2 Multiservicios en Comunicación y Consultoría

### Research Firm

DATA Opinión Pública y Mercados

### Language(s)

Spanish

### Target Audience Research

The radio ads were created very quickly since the law was introduced without advance warning. Thus, there was no time to conduct target audience research.

### Pre-Campaign Evaluation of Draft Materials

Because of the tight timing for campaign development mentioned above, there was no time to conduct pre-campaign evaluation of the draft radio advertisements.

### Campaign Description

In Mexico City, on the February 26, 2008, a law was passed to make closed public places 100% smoke-free, including restaurants, bars and entertainment venues. Key non-governmental organizations took several immediate steps to promote the law. Specifically, the following occurred:

1. A press conference was held on February 21 that included governmental representatives from all political parties in Mexico City and representatives from 25 NGOs.
2. A short print campaign, 'Se Respira Respeto,' was run.
3. A radio campaign was developed as part of the

5-phase campaign over just a few months that included the following tag lines/themes:

- Se Respira Respeto (Breathe Respect)
- Gracias a Tí (Thanks to You)
- Ley de Protección a la Salud de los no Fumadores (Law of Protection of the Health of Non-Smokers)
- Por fin nos dieron un respiro (Finally they are giving us a breath/breather)
- Entre Colillas (Between Butts)

The radio campaign was developed on very short timing with extremely limited funding. Despite these constraints, campaign planners felt it was critical to communicate to the population the majority support for 100% smoke-free enclosed public places, in order to encourage support for, and compliance with the new smoke-free law. Results from the radio campaign are the focus of this case study.

The radio ads sought to communicate these main points:

- Please comply with the law; it benefits everyone and all can co-exist enjoyably.
- The majority of people will continue going to smoke-free places and will enjoy them more.
- Workers can keep their jobs without harming their health.
- The main NGOs support the law.

Three radio ads were produced (“Antro,” “Genérico,” and “Mole”), and a phrase thought by campaign planners to be irrefutable was selected for the campaign to avoid criticism of the law: “Finally, they are giving us a breath/breather...with spaces free of tobacco smoke.” Radio stations broadcast the ads at a discount (2 for 1) because of the social/community value of the campaign.

In addition to the paid radio placements, there were many news articles on television and radio and in print which contributed to the debate regarding the new smoke-free law.

### Process Evaluation

Focus groups were conducted to gauge awareness of the ads and whether media presence had been sufficient (see below for more information about the focus group research).

### Outcome Evaluation

In March 2008, 800 adult residents of Mexico City were surveyed regarding secondhand smoke exposure and the new legislation. Following are some of the key findings:

- 91% agreed that workers have the right to work in a smoke-free environment
- 87% agreed that people have the right to breathe smoke-free air while in public places
- 28% agreed that smokers have the right to smoke in closed places
- 62% of smokers felt that smokers do not have the right to smoke in closed places
- 89% agreed that the smoke-free law benefitted their health, and 91% agreed that it benefitted their families’ health
- 80% of smokers agreed that the smoke-free law benefitted their health
- 85% agreed that the law’s benefits justified its application/enforcement

In addition, in May 2008, focus groups were conducted to determine reactions to the radio ads among these four segments: 1) Smokers, 2) Non-smokers, 3) Owners of Bars and Restaurants, and 4) Workers in Bars and Restaurants. Most respondents had heard of the new law through various vehicles including the advertisements.

While non-smokers appreciated the smoke-free bars and restaurants, and workers found the air quality significantly better, workers also shared concerns about fewer tips because fewer clients, more work to enforce the law, etc. Owners felt that the law was difficult to enforce and challenging to make everyone happy. They also cited lower income and fewer clients. Various respondents felt that the law stigmatized smokers—most (including many non-smokers) understood why it was important to protect vulnerable populations but thought that the law was too drastic.

The radio campaign ads generated some positive reactions, especially from non-smokers and workers, but also generated numerous negative and unintended reactions.

Some respondents interpreted campaign messages incorrectly. For example, smokers interpreted the message “un espacio libre” (“a free space”) to mean free to do what one wants, rather than the intended meaning of being free of smoke.

Reactions were very negative to the radio ad ‘Genérico’

(‘General’), with quotes from various people about how dangerous and unpleasant smoke was and how much better places are without smoke. Respondents found this ad to be very antagonistic of smokers, and focused too much on portraying smokers in a negative light.

Most respondents found the radio ad ‘Antro’ (‘Disco’ or ‘Bar’) credible, about a worker not smelling of tobacco after eight hours of work. Business owners, however, found it ridiculous, perhaps because it included the fact that 200,000 workers die each year around the world from working in smoke-filled environments, which the business owners found hard to believe. Other respondents felt that this fact would not affect people because it seemed too distant and too abstract. Overall, they felt the tone of this ad was negative and pitted non-smokers against smokers.

Reactions to the radio ad ‘Mole’ (‘Mole,’ a typical Mexican food), about being able to enjoy smelling perfume and foods in a restaurant, were positive among smokers, but negative among the other groups. Some respondents found the scene confusing because it moved quickly from talking about perfume, to talking about food, then to talking about smoke. The groups without smokers in them felt that this ad was aggressive because it suggested that finally smokers are letting everyone else enjoy their food, their smells, etc. However, smokers liked this ad best because they felt it was less negative, emphasized positive aspects of a smoke-free environment (being able to enjoy other pleasures), raised consciousness and was less aggressive.

The tag line, “Finally they are giving us a breath/breather” was perceived by all, including non-smokers, as being aggressive and attacking the smokers.

Almost all respondents associated the ads with one governmental body or another, and many said that the voice-overs sounded just like other government ads. Some didn’t like the idea that the government was telling them what to do.

[Campaign findings are located on the following page.](#)

# Findings

- A. Had there been time to pre-test draft radio ads, negative audience reactions could have led to revisions to the ads prior to airing —such revisions could have made the ads more palatable, particularly to smokers and business owners.

While many non-smokers and bar and restaurant workers reacted generally positively to the radio ads, smokers and business owners criticized the messages of the ads for a variety of reasons. Their strong reactions to the radio ads may have caused them to resist the smoke-free law even more. Testing the draft ads and then revising them based on such negative reactions could have ameliorated some of the criticisms; however, it is also possible that smokers and business owners would have reacted just as negatively to almost any ads about the law, since they were angry and resentful about its implementation.

- B. Even many non-smokers and workers reacted negatively to some aspects of the radio ads, despite the fact that these populations would benefit most from the smoke-free law.

Many non-smokers and workers found the tag line, “Finally they are giving us a breath/breather,” to be antagonistic and aggressive toward smokers. They also felt that several of the ads attacked smokers and/or pitted smokers against non-smokers. When asked what could be done to make messages more accepted, their suggestions included giving a voice to smokers, owners and workers, not just non-smokers; using a more positive tone to bring smokers and non-smokers together; and alternating clever/entertaining ads with more serious ones about the dangers of secondhand smoke.

- C. Some focus group participants associated the ad campaign with the government, and for them, this association made the ads lose credibility.

Campaign planners shared that these types of public service campaigns tend to be associated with the government, and in fact, in qualitative research, some respondents thought the campaign was from the government because 1) no corporate sponsor was apparent; and 2) the Senate had recently aired an ad supporting the law. This government association made some respondents react negatively to the ads because they felt the ads reflected government actions to control their personal behaviors.

- D. Compliance with the new smoke-free law was high.

During the first month after the 100% smoke-free law was implemented, there was 95-98% compliance, measured via a study conducted by the National Institute of Public Health that showed the acceptance of and compliance with the law among the population. While the high compliance cannot be tied directly to the short radio campaign, the campaign may have contributed to the public’s general acceptance of the law.

## Contact Information

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# New Zealand

## 2003 *Secondhand Smoke Workplace* Concept Testing



Health Sponsorship Council

*This case study focuses on concept testing conducted and the resulting finalized ad for a campaign focused on secondhand smoke in the workplace. This case study does not contain an assessment of the final campaign.*

### Campaign Dates

August to December 2003

### Objectives

1. Increase public support for the protection of people from exposure to secondhand smoke
2. Encourage smokers to recognize non-smokers' rights to breathe clean air.

### Target Audience

Mid-to-low-income New Zealanders aged 25-44 years

### Media

Television

### Media Presence

Not available.

### Media Budget

Approximately NZD 800, 000 for placement (approximately USD 405,000)

### Advertising Agency or Public Relations Firm

Graham Strategic Limited

### Research Firms

Gravitas Research and Strategy Limited

### Language(s)

English

### Target Audience Research

None conducted.

### Pre-Campaign Evaluation of Draft Materials

Advertising concept testing was conducted using five individual interviews and five focus groups, including representatives from Pakeha (European) cultures as well as a focus on Maori and Pacific Island peoples.

Four TV ad concepts ('Smoking Habit', 'I Don't Smoke', 'Naughty Jack', and 'Pool Room') were pre-tested using storyboards and narratives in order to inform the campaign development. All testing was conducted to identify the ad concept most likely to be effective and to identify areas for refinement and improvement in those TV ad concepts.

The result was the selection of a single television ad concept called 'Smoking Habit.'

### Campaign Description

The 'Smoking Habit' ad was developed loosely based on an advertisement originally produced in the United States (Massachusetts). The U.S. ad depicts a smoke-filled and grungy diner filled with customers, with a focus on the dour and exhausted-looking waitress serving them.

'Smoking Habit' depicts a pub where customers are smoking, but secondhand smoke is not highly preva-



lent in the room. People in the pub are having a good time and laughing. The waitress in the ad is happy and smiling. A voiceover at the end of the ad communicates to the viewer that the worker in the ad cannot walk away from the smoke in the room.

No evaluation was conducted to determine the impact of this specific campaign in accomplishing the stated objectives.

#### Process Evaluation

None conducted.

#### Outcome Evaluation

None conducted.

## Findings

Because there was no outcome evaluation conducted on this campaign, the below findings focus on insights from the concept testing of the draft television commercial, conducted before the ad was finalized and aired.

### A. Positioning a controversial message within a context perceived positively by the target audience improved the acceptance of the message.

The smokers that took part in this research generally saw hospitality settings as different from other workplaces and rejected the notion that hospitality workers had the right to a smoke-free workplace. This raised questions as to whether setting a TV ad in a bar (or in another hospitality setting) was appropriate, since smokers strongly dismissed the argument that bar workers in have the right to a smoke-free workplace.

While smokers firmly rejected the “bar is a workplace” idea, they did understand that bar workers cannot go outside to get away from smoke and they understood the clever reference to the ‘smoking habit’ (of the worker, not the bar goers)—in other words, that the bar worker has been habitually exposed to secondhand smoke over time on the job. When these elements were included in the concepts, smokers were less resistant to the secondhand smoke messages and less likely to discount workplace rights arguments.

### B. The concept best liked was not the one that campaign staff perceived as having the highest potential for effectiveness.

‘Smoking Habit’ was chosen by campaign planners as the ad concept with the most potential for influencing secondhand smoke attitudes, knowledge and behaviors versus other concepts, some of which proved to be more preferred by audiences. For example, the ‘I Don’t Smoke’ concept was better liked by the target audience in pre-campaign evaluation, but was less effective at influencing attitudes, knowledge and behavior. ‘Smoking Habit’ provided more new information and greater understanding of the issues.

### C. Use of tag lines (strap lines) that were more general and positive in tone (i.e., “Let’s Clear the Air”) were perceived as less threatening by both non-smokers and smokers than those that were more negative or perceived as being judgmental (i.e., “Please, Put it Out or Take it Out”).

Smokers felt attacked in respect to secondhand smoke issues. Consequently, they rejected messages that seemed to further point the blame at smokers and which failed to acknowledge their experiences. They also rejected messages that implicitly or explicitly commented negatively about smoking and smokers, in particular messages that suggested smokers are bad and nonsmokers are good.



**D. Clear communication of the negative health effects of secondhand smoke was balanced with portrayal of the professionalism of workers in smoke-filled settings.**

A similar version of this ad was produced for United States (Massachusetts) that depicted a less happy waitress and more smoke-filled environment in which the wait staff had to work. It may be that the Massachusetts version better communicated the serious negative health consequences of secondhand smoke and their impact on the people exposed to secondhand smoke, however the New Zealand campaign planners sought to balance the negative depiction of the secondhand smoke harms with a positive portrayal of the wait staff. Comments from research respondents indicated that if the waitress was depicted as unskilled or unmotivated, they might have less sympathy for her, so campaign planners felt it was important to avoid depicting the worker as weak, helpless or in any other way undermining the professionalism of her work. To accomplish this, they presented a hospitality worker who carried out her duties with high professionalism (with a smile and a good word) despite the adverse nature of the working environment.

**Contact Information**

The concept testing summary documentation can be found at the following Web addresses:

<http://www.secondhandsmoke.co.nz/media/media.shtml>

‘Smoking Habit’ (also known as ‘Let’s Clear the Air’) can be found viewed at the following Web address:

<http://www.secondhandsmoke.co.nz/media/work-places.shtml>

For more information, please contact:

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# New Zealand

## 2003-2008 *Secondhand Smoke in Domestic Settings* Campaign



The Health Sponsorship Council (HSC)

### Campaign Dates

2003 - 2008

### Objectives

1. Increase parents' and caregivers' perception of the threat posted to children by secondhand smoke.
2. Increase parents' and caregivers' knowledge of how to address the threat posed to children by secondhand smoke.
3. Increase parents' and caregivers' motivation to protect children from the harm caused by secondhand smoke.
4. Reduce children's exposure to secondhand smoke
5. Increase parents and caregivers cessation attempts.

### Target Audience

Parents and caregivers of children aged 13 years and under

### Media

TV ads, radio ads, print ads, support literature, merchandise, community action, public relations

### Media Presence

Below are the media placement data available which cover only portions of the campaign:

*Homes campaign:* July 05-April 06, total of 1440 TARPs broken into two-week flights of 240 TARPs each in July, August, September, January/February, March, and April. The supporting radio and magazine

advertising during this period was unmeasured.

*Cars campaign:* September 06-June 07, total of 1890 TARPs, broken into: launched with a three week flight of 570 TARPs, gap of two weeks, then another two weeks at 360 TARPs. Two week flights of 240 TARPs in January, March, April, and May/June. The supporting four flights of radio (two weeks each in September, October/November, December/January, March) and magazine advertising (December-March) were unmeasured.

### Media Budget

Approximately NZD 4.8 million (approximately USD 2.4 million) for media placement over four years.

Approximately NZD 250,000 (approximately USD 127,000) for Smoke-free Cars ad production.

Ad production budget for Smoke-free Homes unavailable.

### Advertising Agency or Public Relations Firm

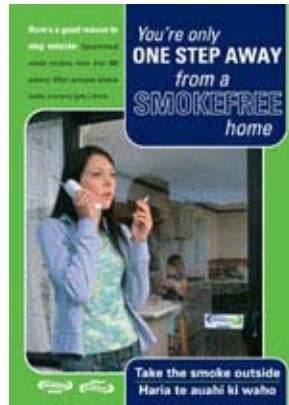
Graham Strategic Limited

### Research Firms

Gravitas Research; Strategy Limited; Kia Mia Bicultural Communications; TNS Ltd

### Language(s)

English



### Target Audience Research

The HSC, in conjunction with The Quit Group, conducted formative research for the campaign. A literature review and qualitative focus groups were conducted to evaluate public perceptions of secondhand smoke campaigns and specifically, the “smoker context” (i.e., smokers’ perspectives as they relate to secondhand smoke issues). The research revealed that smokers sought more acknowledgement and credit for behavior changes that they had already made, and they sought to be portrayed positively.

### Pre-Campaign Evaluation of Draft Materials

Seven television commercial concepts were created. Qualitative testing was conducted on these seven TV concepts to inform development of the final campaign. Concept testing was completed with storyboards and narratives.

### Campaign Description

From 2003 through 2008, The HSC developed two ad campaigns on behalf of the Ministry of Health aimed at reducing exposure to secondhand smoke in homes and cars. The campaigns are generally referred to as Smoke-free Homes and Smoke-free Cars, both of which are comprised of numerous ads.

The two campaigns and related research were conducted primarily as individual efforts. However, when considered together, the campaigns contributed to a broader secondhand smoke initiative. For this reason, this document combines numerous pieces of research results from 2003 through 2008.

### Process Evaluation

A process evaluation was conducted for Smoke-free Homes in 2004. A series of “key informant” interviews were conducted by an external evaluator to assess the two main components of community engagement in the campaign (stakeholder engagement and community action). A purposive sampling technique was used to identify research participants, and a total of 22 interviews were conducted comprising local and national representatives.

### Outcome Evaluation

Survey work was conducted using HSC Monitor, a telephone survey of more than 2,000 adults to assess changes in the number of children exposed to secondhand smoke. Survey data were adjusted to be representative of the New Zealand adult population using the 2001 Census for age, ethnicity and smoking status. The surveys were conducted every year beginning in 2003 – for four years—and ending in 2006. A combination of focus groups and phone surveys conducted over a four-year period on a variety of topics, including a pre-campaign baseline survey and post-campaign results.

[Campaign findings are located on the following page.](#)

# Findings

- A. Messages and concepts that allowed smokers to make their own choices were more accepted among smokers than concepts perceived as demanding action of them.

Smokers in the qualitative TV commercial concept testing study were keenly aware of the “smoking issue” and felt pressured to either give up smoking or change their behavior to create smoke-free environments. Therefore, messages directing smokers to go outside to smoke were determined by participants to be less effective at engaging smokers than those messages that enabled smokers to come to this choice themselves. While going outside to smoke was not the smokers’ preferred option (they would rather be able to smoke anywhere), being in control of the decision was perceived as more likely to result in sustained behavior change.

- B. When communicating to smokers with children, messages that asked smokers to make a positive choice for the sake of their children’s health were perceived as more compelling than negative messages criticizing smokers or their behavior.

Smokers in the qualitative concept testing study were clearly aware of their smoking addiction and struggled with the conflict inherent in continuing to smoke while also being aware of the health risks. Respondents said they often felt belittled and condemned. Therefore, they related better to messages that did not further condemn them or their smoking behavior.

- C. Concepts showing a diverse range of people were found to be most accepted among specific populations rather than ads targeted to specific ethnicities or genders.

Many smokers indicated that they often felt negatively stereotyped for their unique attributes or situations, such as being a single parent or an Indigenous person (Maori). The smokers who felt this way were already cognizant of negative perceptions of them by the broader community. In such cases, concept elements tended to be rejected if they were perceived to add further to this stereotyping. For this reason, the research indicated that it was generally better to avoid single-audience concepts. Target group identification within a TV commercial was achieved through a multi-cultural approach which acknowledged and reflected identifiable elements of many targeted audiences.

- D. Concepts showing the effects of secondhand smoke on children between the ages of 18 and 36 months old were most effective in connecting emotionally with respondents, while the use of new-born babies and older children was considered less effective.

The depiction of newborn babies in tested concepts was rejected as unrealistic and as not acknowledging behavior changes already made. These depictions were also perceived as reflecting overly negatively on the smoker, causing smokers to reject any messages within those concepts. Also, participants felt that when the children shown in ads look too old, they are perceived to have the ability to resist the negative health impacts of secondhand smoke.

- E. Smokers considered the weather when determining their likelihood to begin smoking outside only.

Consequently, campaign staff felt that initial buy-in and participation would likely to be higher if the campaign began during warm weather when new behavior could be adopted prior to colder weather.

- F. Secondhand smoke campaigns likely contributed to changing the behaviors of smokers and of those responsible for the care of children.

From 2003 through 2005, there was a significant reduction in the percentage of caregivers who said smoking occurred in their homes (21.2% in 2003, 15.5% in 2004, and 9.1% in 2005.) Of particular note is the fact that the largest decrease came between 2004 and 2005, soon after campaigns began, perhaps reflecting the influence of the media campaign. Note that it is also possible that as smoking around children became less socially acceptable, more smokers may have claimed to not smoke at home when in reality smoking in the home may have continued.

- G. Depiction of various “smoking moments” within concepts was effective in drawing smoking viewers into the concepts and enabling them to identify with them.

Smokers were able to quickly identify with smoking moments depicted in ad concepts, such as smoking in front of the TV, smoking over a morning cup of coffee, etc. For the smoker to identify, it was critical that the smoking moment be realistic.

#### H. Research indicated that marginalizing smokers was counterproductive.

Smokers reported feeling significantly marginalized already, due to an increasingly less supportive public environment of smoking. Thus, messages marginalizing them only angered or saddened them and caused them to reject not embrace messages about behavior changes

#### Contact Information

Research and outcome documentation can be found at the following Web addresses:

- <http://www.seconddhandsmoke.co.nz/reasearch/summaries.shtml>
- <http://www.seconddhandsmoke.co.nz/reasearch/reports.shtml>

Documentation on the Smoke-free Homes and Smoke-free Cars campaign (including the creative executions) can be found at the following Web address:

- <http://www.seconddhandsmoke.co.nz/media/media.shtml>

For more information, please contact:

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Health Sponsorship Council (New Zealand)  
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# Norway

## 2004 *Secondhand Smoke Hospitality Campaign*



**Norwegian Directorate for Health**  
(formerly called Directorate for Health and Social Affairs)

### Campaign Dates

April 22– June 20, 2004

### Objectives

1. Build awareness of the smoke-free bars and restaurants law.
2. Build agreement that everyone has the right to a smoke-free workplace.
3. Encourage compliance with the smoke-free bars and restaurants law.

### Target Audience

General public, enforcement officials, bar owners and others who would be affected by the new law.

### Media

Television, print, Internet, radio, cinema.

### Media Presence

Not available.

### Media Budget

Approximately NOK 10 million (approximately USD 1.4 million) for advertising development and placement, as well as public relations strategy and implementation.

### Advertising Agency or Public Relations Firm

Virtual Garden.

### Public Relations Agency

Geelmuyden Kiese

### Research Firms

The Alcohol and Drug Research Institute; Market and Media Institute; Statistics Norway

### Language(s)

Norwegian, English

### Target Audience Research

In developing the campaign, planners had to take into account the high level of public debate surrounding the impending introduction of smoke-free bars and restaurants. Key beliefs were as follows:

1. The public did not accept the risk associated with secondhand smoke.
2. The hospitality industry believed the ban would have a negative impact on their businesses.
3. The public did not accept the workers' rights issue as the main reason for the law, but rather saw the law as a measure from the authorities to reduce smoking prevalence.

These beliefs were based on analysis of media coverage, interviews with industry groups, interviews with employees in the restaurant business, and public surveys. The results were consistent with those found in other countries that had introduced smoke-free legislation. Thus, a mass media campaign was created to address or even avoid potential challenges that



might arise such as poor enforcement, violent customers and social isolation for smokers who lose their most important social arena. Most of these potential issues were addressed through public relations efforts.

### Pre-Campaign Evaluation of Draft Materials

Focus group testing of the rough cut of the television ad was conducted to determine the general population's reaction to the ad, and specifically whether they thought that the somewhat posh restaurant setting shown in the ad communicated that the smoke-free law would apply everywhere, including pubs and clubs – where indeed compliance was thought to pose the biggest problems. None of the focus groups commented on this aspect. Respondents all liked the ad and felt that the message was easy to understand and the tone of the ad was pleasant.

### Campaign Description

To accompany the introduction of smoke-free restaurants and bars in June 2004, various TV, Internet, radio and print media were used, including some hospitality-specific media such as hospitality industry trade journals. Cinema advertisements and public relations efforts were also used in this campaign.

Regarding the advertising approach taken, Norway had previously, in 2003, run two hard-hitting campaigns with serious health messages about the consequences of smoking and the devious strategies of the tobacco industry. In 2004, they wanted to strike a more positive note and communicate that this was a time for celebration, now that finally this employee group had the same protection as everyone else. Thus, advertising executions were developed that were very positive, complimenting the wait staff at Norway's restaurants and celebrating the fact that with the new

smoke-free law, they would be protected from second-hand smoke.

Public relations efforts, such as meetings with journalists and press conferences, were undertaken to address the potential challenges mentioned earlier (poor enforcement, violent customers and social isolation for smokers who might lose their most important social arena). A media debate ensued during the timeframe of the campaign, in which the Norwegian Directorate of Health (NDH) was an active participant. Other parties in the debate included trade unions and experts from countries, cities or other areas already boasting smoke-free legislation. The main focus of NDH communications was that everyone deserves a smoke-free workplace.

### Process Evaluation

None conducted.

### Outcome Evaluation

Several outcome evaluations were conducted on the effect of introducing smoke-free workplaces. Overall, the effort was considered a great success. The overviews can be found at:

- <http://www.shdir.no/vp/Ece2PortalUrl?articleId=43794>
- <http://www.sirus.no/internett/tobakk/publication/375.html>
- [http://www.shdir.no/vp/multimedia/archive/00003/Norway\\_s\\_ban\\_on\\_smoki\\_3413a.pdf](http://www.shdir.no/vp/multimedia/archive/00003/Norway_s_ban_on_smoki_3413a.pdf)
- <http://www.sirus.no/files/pub/199/SIRUSskrifter0104.pdf>

Below is an excerpt from the Executive Summary of the fourth online document listed:

*A questionnaire conducted by MMI (Market and Media Institute) less than three weeks after the Smoking Act amendments came into effect [and immediately after the campaign ended] showed that the campaign attracted a comparable level of attention as previous campaigns judged to be a success. Campaign observers had few difficulties identifying the main objectives of the Act... Only 5 per cent of the smokers said they would defy the intentions of the amendments by smoking in public bars, etc. The campaign was considered credible, informative and likely to promote wider understanding of the changes*

*to the Act. Self-reported intentions to quit smoking as a consequence of the introduction of smoke-free restaurants compared well with New Year resolutions' reported immediately prior to the turn of a year. Every fifth male smoker under 40 said that the changes to the law had given them a higher incentive to use snuff. A small majority of the population supported the legal changes, while the proportion fearing that enforcement of the Smoking Act would be difficult had fallen steeply relative to a similar survey completed six months in advance.*

## Findings

### A. The ad campaign succeeded in achieving its objectives.

The campaign helped to build awareness of the new amendments to the smoke-free law, communicated information about them, and built support for complying with the new provisions. As stated in the Outcome Evaluation section, the campaign attracted a similar level of attention as previous successful campaigns; those who recalled the campaign understood the main objectives of the act; respondents felt the campaign was credible, informative and likely to promote wider understanding of the changes to the Act; and only 5% of smoking respondents said they would defy the new law.

### B. Compliance with the new law was high.

The percentage of people who felt that the public was, to a great extent, in compliance with the old provision (dividing customers into smoking and no-smoking zones) was 51%. The percentage who felt that the public was in compliance with the new provision (a full ban on smoking) was 90%. While a number of factors are likely responsible for this increase in perceived compliance of the old ban compared to the new ban, the campaign likely played a role in helping to promote this.

Research after the campaign also showed that only 7% of bar and restaurant employees reported guests refusing to abide by the law. Prior to the campaign, 43% of bar and restaurant employees expected many guests to refuse to abide by the law.

### C. Support for smoke-free workplaces increased significantly.

From March 2004 to May 2005, the percentage of people in support of smoke-free workplaces climbed from 54% to 68%. In May 2005, 83% of nonsmokers, 55% of the occasional smokers, and 34% of those who smoked on a daily basis were supportive of the smoke-free law which represented increases in all groups.

### D. Coordination among paid and unpaid/earned media strategies proved successful.

Well-planned interactions with the news media allowed the NDH to communicate additional and more thorough, detailed messages about health, workers' protections, etc. than could be communicated solely through paid media.

### Contact Information

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# Philippines

## 1999-2000 *It's Okay to Say You Mind* Campaign

Western Pacific Region Office  
of the World Health Organization's Tobacco-Free Initiative

No examples of advertisements or other materials available for this campaign.

### Campaign Dates

Mid-October 1999 through January 2000

### Objectives

Build non-smokers' comfort in asking smokers politely not to smoke around them.

### Target Audience

Non-Smokers

### Media

Print, radio, and television advertising, plus brochures, table tents and posters

### Media Presence

Total 1452 TARPs

### Media Budget

Approximately USD 30,000

### Advertising Agency or Public Relations Firm

Jimenez/D'Arcy

### Research Firm

Taylor Nelson Sofres

### Language(s)

English

### Target Audience Research

Conclusions from some focus groups and a media brainstorming session:

- Smokers already knew risks of smoking — a campaign based on health education was likely not to be effective
- While the smoking rate was high, there was a larger, but silent, group of non-smokers.
- Most non-smokers and some smokers found second hand smoke to be bothersome and irritating.
- A survey indicated that more than 90% of smokers would agree not to smoke if asked politely, versus being challenged and embarrassed in public.

Therefore, the challenge was how to frame the issue of secondhand smoke as a disruptor of social harmony, and how to empower the mostly silent majority of non-smokers to speak up and state they mind second-hand smoke without causing smokers to “lose face” in public.

### Pre-Campaign Evaluation of Draft Materials

Several media products emerged from the initial planning period, depicting social situations where SHS caused discomfort to nonsmokers, and where non-smokers spoke up and politely asked the smokers not to smoke in their company.

The ads were meant to reinforce the message that majority of smokers will not smoke in the presence of others, if asked politely. In other words: “It’s OK to say you mind.”

Some of the tobacco control staff originally from higher socio-economic countries, more globally

exposed and less traditional than the target audience, were skeptical that such a “soft” approach would work and urged campaign planners to pursue a more hard-hitting, direct message approach. However, campaign planners decided to pursue the traditional “Asian” approach and released the ads they had developed on radio, television and print for three months. Elements of this approach included the importance of remaining polite while asking someone to stop smoking, and the avoidance of outright shaming of smokers, counting instead on their desire to maintain social harmony.

### Campaign Description

In the Pacific and in Asia, relationships are often the foundation of program success. In most of the Western Pacific, the importance of maintaining social harmony is paramount, not just in relation to policy development but also in communication of messages and program delivery. While maintaining social harmony can be seen as an obstacle to reducing tobacco consumption in cultures where tobacco use is widespread and socially acceptable, campaign staff found that social harmony can be used creatively as a frame to promote effective tobacco control messages in Asian-Pacific cultures. This is what happened in the Philippines with the It’s OK to Say You Mind campaign.

In 1999, prior to the campaign, there was no strong tobacco control movement in the Philippines.

- Strong tobacco industry connections to national leadership
- Smoking seen as a socially desirable behavior
- High smoking rates

While planning for a pilot media campaign, the Western Pacific Region Office of the World Health Organization’s Tobacco-Free Initiative made several key decisions:

- They hired a professional media/advertising outfit
- They conducted focus groups and pre and post campaign surveys
- They facilitated the establishment of a national tobacco control group

### Process Evaluation

None conducted.

### Outcome Evaluation

The post-campaign surveys indicated high levels of target population recall and demonstrated a significant increase in support for smoke-free public places when compared to the pre-test. In addition, there was

a significant increase in the percentage of smokers willing to stop smoking when in the presence of non-smokers, and an increase in nonsmokers reporting that they were more likely to speak up when smokers began smoking around them, pre- to post-campaign.

Over the next few years, the tobacco control movement in the Philippines flourished, and it adopted the “It’s OK to Say You Mind” theme and the orchid in the ashtray in their subsequent campaigns.

Campaign staff compared key measures from the 2000 and 2003 Global Youth Tobacco Surveys to determine whether the campaign had a long-term impact on youth.

The findings in this report suggested that from 2000 to 2003 tobacco use and exposure to secondhand smoke in public places declined significantly among students aged 13--15 years in the Philippines. In 2003, students were less likely to use tobacco currently, less likely to be exposed to secondhand smoke, more likely to support bans on smoking in public areas, and more likely to have learned in school and from the media about the health hazards of tobacco use.

### Global Youth Tobacco Survey in Philippines (among 13-15 year olds)

	2000	2003
Exposed to secondhand smoke in public	74.6%	59.0%
Support smoking bans	39.2%	88.7%
Exposed to tobacco control media messages	83.4%	90.3%

While the changes in youth attitudes and behavior cannot be solely attributed to the *It’s OK to Say You Mind* campaign, campaign staff emphasized that it was the first systematic attempt to publicize a message on the social unacceptability of secondhand smoke in a culturally acceptable manner. It helped to lay the groundwork for subsequent changes in policy, including smoke-free policies in several cities in the Philippines, as well as the first national tobacco control law which included provisions for smokefree public places throughout the country.

[Campaign findings are located on the following page.](#)

# Findings

- A. Targeting nonsmokers rather than smokers with the campaign sent a strong message to both youth and adults that they could stand up for their right to breathe smoke-free air.

This campaign focused on social norms changes whose impact was noted as young people changed their attitudes and behaviors, but the campaign likely influenced adult attitudes and behaviors as well.

- B. Using a communications approach that was culturally sensitive allowed campaign planners to make smokers and nonsmokers feel comfortable, even as they were being asked to change their behaviors.

The polite and non-confrontational message used in the campaign allowed non-smokers to feel confident in asking smokers to refrain from smoking near them and allowed smokers not to feel attacked.

- C. Raising the issue of the dangers of secondhand smoke in the Philippines led to more public conversation about tobacco control issues and to future tobacco control policy changes.

Those close to the campaign felt that it laid the groundwork for significant progress in tobacco control, including the establishment of smoke-free policies in several cities in the Philippines and the first national tobacco control law that included provisions for smoke-free public places throughout the country.

## Contact Information

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# Poland

## 2002-2003 *Clearing the Air* Campaign Pilot

### The Health Promotion Foundation (HPF) in Warsaw

No examples of advertisements or other materials available for this campaign.

#### Organizations

The Health Promotion Foundation (HPF) in Warsaw in conjunction with two local organizers (Foundation “Breath of Hope” in Bydgoszcz and Association “Health Consortium” in Ciechanow), the World Health Organization (WHO European Centre for Environment and Health in Rome) and the U.S. Environmental Protection Agency (EPA) in Washington.

#### Campaign Dates

Ciechanow pilot from March 2002 through May 2003. Bydgoszcz pilot from March 2002 through December 2003.

#### Objectives

1. Reduce the number of pregnant women who smoke.
2. Increase the number of schools that are smoke free.
3. Increase the number of homes with small children that are smoke free.

#### Target Audience(s)

In Ciechanow pilot campaign: Small children

In Bydgoszcz pilot campaign: Teenagers

Key influencers for target audiences:

- Pregnant women and their families
- School administrators and local politicians
- Parents and others who live with small children

#### Media

Television and radio reports, interviews and contests, press conferences, releases and articles, TV and print ads, PR, collateral materials, posters, toys for children, advisory kits for community partners (e.g., churches, hospitals, schools, community centers, etc.), public events.

#### Media Presence

Unavailable.

#### Media Budget

Approximately USD 75,000 for development of pilot project in two Polish local communities.

#### Advertising Agency or Public Relations Agency

No outside firms used.

#### Research Firm

No outside firm use

#### Language(s)

Polish

#### Target Audience Research

National surveys conducted prior to the campaign pilot showed that 65% of children at age of 13 to 15 and 30% of pregnant women were exposed to second-hand smoke. In addition, 15% to 20% of pregnant women smoked cigarettes during pregnancy. In the towns of Ciechanow and Bydgoszcz, 60% and 77% of small children were exposed to secondhand smoke in their homes.

Due to the comparatively higher secondhand smoke exposure rates in the two towns and differences in social characteristics, Ciechanow (small town in rural area) and Bydgoszcz (big industrial town) were chosen as the sites for pilot programs to achieve the above-stated objectives.

The key audiences for the campaign were identified as school children, parents and other caregivers, teachers, priests, pregnant women, young mothers, physicians, and nurses.

### Pre-Campaign Evaluation of Draft Materials

None conducted.

### Campaign Description

The Polish pilot project was conducted within the WHO/US EPA international intervention project entitled “Clearing the air from tobacco smoke pollution: creating healthy and safe environments for children.” The project employed broad-based efforts to reach the audiences described in the Target Audience Research section. A combination of the following vehicles and tactics were used: traditional mass media (TV, radio, print advertising); public relations; distribution of health education materials via schools, local authorities, community centers, cultural institutions, churches, commercial companies, supermarkets, etc.; education of children and parents by using integrative approach activities (dramas, art, song and knowledge contests, family education groups); training workshops for health professionals and teachers and consultation meetings for parents; cessation counseling, quit line service and minimal intervention program addressed to smoking parents and pregnant women; lobbying local authorities to ban smoking in public places; and sponsorship of public events.

In one community, activities were implemented using a multi-stage strategy. In the other, local coordinators continuously searched for opportunities to inform, motivate and involve those target groups.

### Process Evaluation

Process evaluation included analysis of medical records of pregnant women and women at childbearing age participating in the project and monitoring of the project activities, for example participation rate in organized public events, training workshops, etc. In May 2004, community-based pilot projects conducted simultaneously in Poland and Latvia were also evaluated by country and by WHO experts (evaluation meeting in Warsaw).

### Outcome Evaluation

In Ciechanow, baseline assessment was a questionnaire study conducted in April 2002 among 413 parents of 7-year-old children from primary schools. In Bydgoszcz, the baseline questionnaire study was conducted in May 2001 among 205 children, ages 7 to 9, from primary schools. Follow-up questionnaire studies were conducted both in Ciechanow (January 2003) and Bydgoszcz (May 2003). In Ciechanow, the study was conducted among 325 parents of 8-year-old children from primary schools (it was the same group of parents that was assessed in baseline study). In Bydgoszcz, the study was conducted among 2,254 schoolchildren aged 12-18 and 200 teachers from two primary schools and two gymnasiums.

Selected outcome evaluation findings:

- In Bydgoszcz, 93% of participating children discussed tobacco and health issues with their parents and 72% decided to request no smoking in their presence.
- In 2002, 68% of participating parents in Bydgoszcz decided not to smoke in the presence of their children and create smokefree environments in their homes.
- In Ciechanow, 38% of smoking parents and 70% of pregnant women decided to try to quit smoking to protect their children’s health.

Due to positive outcomes of the project, it was decided by the World Health Organization to expand it to other countries of Central and Eastern Europe. In December 2007, the Poland Health Promotion Foundation organized a pre-meeting for project coordinators from Czech Republic, Estonia and Romania. In May 2008, these coordinators with their country teams took part in a workshop where they learned from the Polish best practices and worked on development of country project strategies.

[Campaign findings are located on the following page.](#)

# Findings

## A. The campaign raised the issue of exposure to second-hand smoke and facilitated discussion and positive outcomes between children and parents.

In Bydgoszcz, the vast majority of participating children discussed tobacco and health issues with their parents, and in both Bydgoszcz and Ciechanow, smoking parents concluded that they would try to make changes to protect their children from exposure to secondhand smoke.

## B. Both pilot towns passed smoke-free public places policies following the campaign pilot.

Bydgoszcz achieved a total smoking ban in all participating schools, kindergartens and health care settings. Ciechanow achieved a complete ban in all participating schools and kindergartens and a total indoor ban in all participating health care settings and local authority offices. Fifty percent of schools and 40% of kindergartens became smoke-free.

## C. The campaign contributed to significant changes in smoking behaviors in homes.

The percentage of claimed smoke-free homes increased from 33% to 42% in Bydgoszcz and from 40% to 50% in Ciechanow. The percentage of children exposed to secondhand smoke in their homes decreased from 77% to 58% in Bydgoszcz and from 60% to 44% in Ciechanow, according to the children and adult survey respondents.

## D. Multiple interventions helped to achieve the campaign's objectives.

Campaign staff felt that their multi-faceted approach—involving paid and unpaid/earned media as well as community outreach—helped achieve the significant changes in individual behaviors and in developing smoke-free public environments.

## Contact Information

Details of the pilot campaign can be found at <http://www.euro.who.int/Document/CHE/CHECSSBook.pdf> (starting on page 11 of the document).

The Health Promotion Foundation website is: [www.promocjздrowia.pl](http://www.promocjздrowia.pl) (Polish only)

For more information, please contact either of the following at the Health Promotion Foundation:

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# Turkey

## 2008 *Smoke-free Policy Implementation* Campaign



### Turkey Ministry of Health

(in collaboration with World Lung Foundation)

#### Campaign Dates

Three weeks during August and September 2008

#### Objectives

1. Educate about the dangers of second hand smoke.
2. Raise awareness of the new legislation, including responding to polling and anecdotal data that suggested that Turks were confused about which public areas were to be smoke-free and which were not (Turkey's legislation delayed enforcement for some locations until July 2009).
3. Encourage compliance with, and support for, the new legislation.

#### Target Audience

Men and Women ages 18-60

#### Media

Television ads, Radio Ads, Website

#### Media Presence

Turkey had a unique provision in its tobacco control legislation which required television channels to air tobacco control ads 90 minutes per month, including 30 minutes of primetime. While compliance was checked by a state agency, RTUK, channels chose their own placements within these restrictions. Thus, without accurate placement information, TARPS were impossible to measure.

#### Media Budget

USD 150,000

#### Advertising Agency or Public Relations Firm

Excel Communications (Turkish affiliate of Hill & Knowlton)

#### Research Firm

No outside firm used.

#### Language(s)

Turkish

#### Target Audience Research

A poll conducted in February 15 – March 1, 2008, in advance of the media campaign, found very high knowledge of the risks of exposure to secondhand smoke (90%) and a high level of support for the legislation in most public places (85%). However, there was some skepticism that the law would be implemented successfully, with 66% of respondents feeling that the law would not work in Turkey.

Due to the need to get ads produced and ready to air quickly (3 weeks), there was not time to conduct rigorous message testing required for developing new concepts. Instead, campaign planners adapted ads from Ireland's smoke-free workplace campaign, re-shooting an ad called "Post-Implementation–Office" in Turkey. This ad talks about the health dangers of second-hand smoke and the new smoke-free workplace law designed to protect people from secondhand smoke.



Because of anecdotal evidence that there was a lot of resistance to the smoke-free law among taxi drivers and taxi riders in particular, campaign planners adapted the Irish “Office” concept to a taxi setting as well. While the “Office” ad mentioned that secondhand smoke leads to lung cancer, heart disease and strokes, the “Taxi” ad mentioned the 40 different kinds of cancer-causing chemicals found in secondhand smoke.

Lastly, data suggested that many Turks were confused about where the smoke-free law applied (the law has a two-tier implementation, with restaurants, bars, teahouses and some other areas coming into effect in July 2009). In response, campaign planners created an original, inexpensive animated ad to clear up these points of confusion. The “Locations” ad also reiterated the health messaging from the “Office” ad.

### Pre-Campaign Evaluation of Draft Materials

None conducted.

### Campaign Description

The World Lung Foundation funded production of three advertisements. The Turkish smoke-free legislation, enacted in May 2008, included mandatory CSR (Corporate Social Responsibility) airtime for tobacco control ads on every television channel – 90 minutes per day including 30 minutes prime-time per day on each channel. These advertisements were used by campaign partners to create complementary radio ads. Also, a campaign Website was developed to provide information to the public, business owners and journalists. Note that this television campaign was part of a series of communication efforts during 2008 that included outdoor ads (mainly billboards), additional television ads produced by the Turkish Ministry of Health, and radio ads produced by campaign partners

based on the TV concepts “Office,” “Taxi,” and “Locations.”

The three television ads described in this case study are available for viewing at:

<http://www.worldlungfoundation.org/ht/d/sp/i/7222/pid/7222>

### Process Evaluation

None conducted.

### Outcome Evaluation

After the campaign and implementation of the legislation, public approval ratings of the legislation improved to over 90% in some non-scientific polls conducted by major newspaper outlets (versus 85% in a poll conducted in March 2008, before the campaign began).

In addition, Turkey’s Tobacco & Alcohol Market Regulation Agency (TAPDK) reported in mid-February 2009 that cigarette consumption was down 1.1 percent in the second half of 2008 over the same period of 2007.

Campaign partners also looked for evidence of success through measuring an increase in the number of emails generated and Website hits, as well as call volume to an informational hotline.

Campaign findings are located on the following page.



# Findings

- A. Adapting existing successful ads allowed the campaign planners to maximize resources when time and money were extremely limited.

Adapting existing ads from Ireland increased the likelihood that the Turkish ads would communicate effectively, given the constraints of having no time nor resources for message testing to develop new advertising concepts.

- B. Using mass media advertising to communicate why the new law would benefit everyone and how to comply with it, campaign planners addressed the concern of Turkish residents that the law would not work in Turkey.

Before the law's implementation, 66% of residents polled felt that the smoke-free law in Turkey couldn't be implemented successfully. Thus, the ads focused on reminding people why it's important not to smoke around others and where exactly the law applies to (i.e., schools, offices, taxis, stores, etc.).

## Contact Information

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# United States

## 2002-2005 Campaign for Tobacco-free Kids Research



### Campaign for Tobacco-free Kids (CTFK)

*This case study is a summary of research conducted by The U.S. organization Campaign for Tobacco-free Kids. While this case study does not refer to a specific second-hand smoke campaign, the research provides findings regarding messages that motivated U.S. registered voters to express support for smoke-free public place laws.*

*The initial research was conducted in 2002. Follow-up research was conducted in 2005 and 2006. This latter research validated much of the 2002 study, and highlighted a couple of significant trends.*

#### Campaign Dates

Research conducted in 2002, with follow-up research in 2005-2006.

#### Objectives

1. Identify existing public attitudes about secondhand smoke.
2. Determine how to best frame messages in support of smoke-free public places.

#### Target Audience

Registered voters

#### Media

Not applicable.

#### Media Presence

Not applicable

#### Media Budget

Not applicable.

#### Advertising Agency or Public Relations Firm

Not applicable

#### Research Firm

Not applicable

#### Language(s)

Research conducted in English and Spanish.

#### Target Audience Research

For the initial research, twelve focus groups were conducted in January 2002 and a nationwide telephone survey of 905 registered voters (including oversamples of African Americans and Latinos) was conducted June 26 to July 1, 2002. The margin of error for the survey is plus or minus 3.3 percentage points at the 95% level of confidence.

For the follow-up research, four focus groups were conducted in November/December 2005 and a nationwide survey of 1,000 registered voters (including oversamples of African Americans and Latinos) was conducted January 23-February 1, 2006. The margin of error for the survey is plus or minus 3.3 percentage points at the 95% level of confidence.



## Pre-Campaign Evaluation of Draft Materials

Not Applicable.

## Campaign Description

Not Applicable.

## Process Evaluation

Not Applicable

## Outcome Evaluation

Not Applicable

Although this case study focuses on message testing research rather than implementation of a campaign, several ads including the above ones were developed as a result of the message research and were offered to state health departments and non-governmental organizations as prototypes for campaign ads.

# Findings

Results of the research revealed broad public support for laws prohibiting smoking in most public places. Even with strong public support, there was still a need for public education highlighting the dangers of secondhand smoke and other information underlying the right to breathe clean air in workplaces, restaurants, bars and other public areas.

The Campaign for Tobacco Free Kids' overview of research findings is provided below, with only non-material changes made to fit the format of this document. The data below represents the 2005-2006 research, unless otherwise noted.

### A. Respondents expressed strong support for smoke-free environments.

Nearly 7 in 10 respondents (69%) favored a law that would prohibit smoking in most indoor public places, including workplaces, public buildings, offices, restaurants and bars. This included a 59 percent majority who strongly favored such a law. Only 29% opposed such a law, with 19 percent expressing strong opposition.

Not surprisingly, smoking status was a key determinant of support or opposition. While non-smokers and former smokers both favored a comprehensive smoke-free law by large margins (non smokers: 85% favor, 14% oppose, former smokers: 75% favor, 22% oppose), only 28% of current smokers favored such a law, whereas 72% were opposed.

### B. Respondents understood that secondhand smoke is a health hazard.

In both surveys, a majority of respondents recognized that secondhand smoke was a health hazard rather than just an annoyance. The recognition of secondhand smoke as a health hazard did increase in the time period between the two studies. From 2002 to 2006, there was a 7 percentage point increase in the number of people who viewed secondhand smoke as a health hazard to the general public (55% in 2002 versus 62% in 2006) and a 17 percentage point increase in the number of people who viewed secondhand smoke as a health hazard to them personally (35% in 2002 vs. 52% in 2006).

### C. The need was identified for ongoing public education regarding the health effects of secondhand smoke.

Respondents associated exposure to secondhand smoke with diseases of the lung, with a majority knowing that secondhand smoke causes lung cancer and emphysema. However, just 46% of respondents felt that exposure to secondhand smoke contributes a great deal to heart disease.

The research showed that there was a risk of overstating the dangers of secondhand smoke. In the focus groups, participants had a tendency to dismiss statements that were far beyond their existing perceptions. In the survey, messages stating that "there is no safe level of exposure to secondhand smoke"

and “even people who are exposed to secondhand smoke occasionally are at increased risk of disease” were not viewed as persuasive because they weren’t considered credible.

The research identified that the primary goal should be to reaffirm the fact that secondhand smoke is a general health hazard, not to convince people that they may personally be harmed by incidental exposure to secondhand smoke. Some statements that appeared to help this case on the surface – such as “there is no safe level of exposure” or “even a little bit is hazardous” – could actually be counterproductive if the case appeared to be overstated.

#### D. The perceptions of risk from secondhand smoke varied depending on the dose.

Respondents recognized that exposure to secondhand smoke is a health hazard to those who are exposed for long periods of time, particularly for those who live or work with smokers. However, many respondents viewed intermittent exposure as more annoying than harmful, except for certain vulnerable populations such as children, the elderly and people with health conditions.

In the 2002 research, a strong majority of respondents believed that secondhand smoke is a serious health hazard for children who live in a house where people smoke or for non-smokers who live with a smoker. A majority of respondents also believed that exposure to secondhand smoke is a serious health hazard for a variety of workers, including non-smokers who work in an office where people smoke, employees who work in bars where people smoke, and employees who work in restaurants where people smoke.

Roughly 40% of respondents viewed the exposure of non-smokers in the smoking section and children in the non-smoking section as serious health hazards. Finally, a quarter of respondents felt that exposure to secondhand smoke poses a serious health hazard for those seated in the non-smoking section of a restaurant.

#### E. Support for smoke-free policies significantly greater among those who viewed secondhand smoke as an annoyance versus those who viewed it as a health hazard.

Respondents who indicated that secondhand smoke is not a health hazard, but simply an annoyance, were not likely to support smoke free laws. Conversely, 88% of those who felt that secondhand smoke was a health hazard to them personally were

supportive of smoke-free laws, and 80% of those who felt that secondhand smoke was merely an annoyance to them personally but was a health hazard to the general public supported smoke-free laws.

Therefore, in order to achieve support for smoke free laws, CTFK concluded that it was not necessary to convince people that exposure to secondhand smoke is a personal hazard, but it was beneficial to convince people that secondhand smoke is a general health hazard.

#### F. The most effective messages in support of smoke-free laws were those that emphasized that everyone has a right to breathe clean air in public places and at work.

In addition to being the most persuasive message overall, the right to breathe clean air was viewed as more important than the right of smokers to smoke in public places and more important than the right of business owners to determine their own smoking policies. The right to breathe clean air was also the most effective message among key target groups.

#### G. The research summary identified many underlying opinions that would present challenges to those working on smoke-free public place laws.

- **The rights of business owners.** Business owner rights was not a top of mind concern for many respondents, but when asked directly, they were very hesitant to have government infringe on the right of owners to make decisions affecting their own businesses. The concern centered primarily around the business owners’ right to make decisions, since respondents were not particularly swayed by the argument that smoke free policies would have a negative economic impact on businesses. Ultimately, however, most respondents indicated that the right of business owners to make their own decision did not outweigh the right of people to breathe clean air in public places.
- **Satisfaction with the status quo.** When going out to restaurants and bars, 58% of respondents indicated that they were satisfied with their separation from secondhand smoke. Just 33%, however, were “very satisfied,” with the remaining 25% only “somewhat satisfied.”
- **Desire for accommodation.** The focus groups in particular revealed that many respondents were willing to accommodate smokers and business owners rather than appearing to be unreasonable. The general satisfaction with the status quo along with the desire to accommodate may lead a

significant percentage of people to accept compromise policies that do not protect public health.

- **Lack of sympathy for restaurant and bar workers.** Respondents believed that secondhand smoke was harmful to restaurant and bar employees who were exposed to the smoke every day. But in the focus groups, few participants factored employees into their thinking about laws prohibiting smoking in workplaces such as restaurants and bars. Many viewed restaurants and bars as eating and drinking establishments – not workplaces. In the 2002 survey, respondents were given two different statements and asked which one came closer to their own view. Fifty three percent of respondents agreed with the statement that “restaurant employees have a choice to work in other restaurants or other industries where they are exposed to less smoke and they know when they apply for the job that they will be exposed to secondhand smoke.” Forty-six percent of respondents agreed with the alternate statement – that “restaurant employees have no choice as to whether they are exposed to secondhand smoke and should be given the same protections afforded to other employees.”

Although there was more understanding that restaurants and bars should be smoke-free in the subsequent research, the focus groups still made clear that many people had a hard time identifying restaurants and bars as workplaces, and therefore there was still a lack of empathy for hospitality workers. Thus, CTFK concluded that while protecting the rights of bar and restaurant employees is certainly an important part of the argument, it should not be the primary message. Rather, messages should focus more broadly on the right of everyone (including employees and customers) to breathe clean air in public places and while at work.

#### H. Respondents understood that exposure to secondhand smoke is especially detrimental to certain groups of people.

In the first round of research, the fact that smoke-free policies allowed older people and people with certain health conditions to enjoy places like restaurants without putting their health at risk was one of the most effective messages tested. Respondents also appreciated the message that smoke-free policies protected kids from exposure to the dangers of secondhand smoke, but the research summary also noted that messages focusing exclusively on kids should not be used if it can compromise effective policy. For example, a policy that seeks to

protect kids from exposure to secondhand smoke could contain a number of detrimental loopholes, including time of day restrictions and exemptions for public places where children are not allowed.

#### I. Mentioning the support for smoke-free laws by major public health groups contributed to effective communication of key messages.

The research found that respondents trusted the American Cancer Society, American Heart Association and American Lung Association to do what was best for the public health. The fact that these groups supported smoke-free policies was found to be an extremely effective message on its own.

#### J. Focusing on health in messages to the public was more persuasive and productive than focusing on economics — the economic argument would be more effective when communicating with public officials, as a rebuttal to opposition attacks.

Another finding from the research was that asserting the negligible economic impact of smoke-free laws in the context of a positive message was not particularly effective among respondents. Indeed, stating that “evidence from communities across the country shows that smoke-free laws do not have a negative impact on business. In fact, some places have seen a slight positive impact” was the third least effective argument in the 2006 research.

CTFK concluded that when opponents of smoke-free laws raise the potential of economic consequences, the message to the public should simply continue to be that everyone has the right to breathe clean air, and that we must protect the health of customers and employees. However, when speaking to public officials, the message should include evidence that smoke-free laws do not have a negative economic impact, in addition to the core rights and health messages.

#### Contact Information

General information about the work of the Campaign for Tobacco-free Kids can be found at the following Web site: [www.tobaccofreekids.org](http://www.tobaccofreekids.org).

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# United States (Maryland)

## 2008 *air!* Campaign



### Campaign Dates

January through April 2008

### Objectives

- Educate Marylanders (owners of affected business and general public) about the Clean Indoor Air Act (CIAA).
- Encourage compliance with the new law.
- Link the CIAA with supportive smoking cessation services through the free Maryland Tobacco Quit-line, 1-800-QUIT-NOW.

### Target Audience(s)

- Maryland business owners of liquor licensed establishments and hotels/motels;
- Maryland adult smokers

### Media

Direct mail of toolkits for affected businesses; window/door clings; beverage coasters, cocktail napkins, mints, and pens for wait staff; television ads; radio ads; Internet search engine marketing; transit advertising (bus shelters, taxi tops, and mobile marketing unit); Websites; direct mail kits to local health departments.

### Media Presence

Television: 305 GRPs for Adults 18-49 for four weeks from January 21-February 11, 2008

Radio: 1050 TRPs (75 per wk) for Adults 18-49 for 14 weeks from January 21-April 21, 2008

## Maryland Department of Health and Mental Hygiene (DHMH)

### Media Budget

USD \$300,000

### Advertising Agency

gkv communications

### Research Firm

Shugoll Research; gkv communications

### Language(s)

English for broadcast ads; in addition, core information pieces were translated and made available for download on [www.mdcleanair.com](http://www.mdcleanair.com) in English, Spanish, Korean, & Chinese.

### Target Audience Research

Focus groups were conducted among Maryland adult smokers in August 2007 to assess views on smoking cessation, clean indoor air, and other tobacco-related issues in order to guide programmatic efforts and media messaging. These groups were conducted after the passage of the CIAA, but prior to the law's implementation. Feedback from the groups indicated that smokers preferred messaging that appeared to come from "real" smokers who could understand them, versus from actors who looked like they never actually smoked.

### Pre-Campaign Evaluation of Draft Materials

Research of draft materials included informal testing of the "air!" logo with department staff and bar and restaurant patrons and staff. The goal of the logo design was to develop a brand that would provide a positive



message about the CIAA throughout the state that was consistent with the look and feel of the Quitline campaign and logo. Patrons and staff both preferred messaging that promoted clean air, rather than focused on a smoking ban. Clean Indoor Air materials from several other states were also reviewed.

### Campaign Description

In January 2008 the Maryland Department of Health and Mental Hygiene (DHMH) launched a multimedia campaign called “air!” to educate and excite Maryland residents and business owners about the Clean Indoor Air Act (CIAA), the statewide smoke-free law that went into effect on February 1, 2008. The campaign was anchored by statewide dissemination of toolkits to nearly 7,000 businesses with liquor licenses (all other businesses were already covered under a previous smoke-free law). The toolkits were developed by the Center for Health Promotion, Education, and Tobacco Use Prevention (CHP), in conjunction with Environmental Health who was responsible for implementation, and consisted of:

- A letter from the Secretary of Health stressing the positive attributes of the CIAA
- Fact sheets – guide for the public, guide for bars and restaurants, why clean indoor air is good for business (economic impact), overview of the harms of second-hand smoke and availability of cessation resources,
- Implementation guides – one for bars and restaurants and one for hotels and motels
- Sample required signage in English and Spanish
- Maryland Tobacco Quitline brochure
- Window clings for businesses to display on doors/windows

- Specific contact information for individuals at each local health department

DHMH also produced items for bars/restaurants – coasters, cocktail napkins, pens, and dinner mints with the “air!” logo and the Quitline # - “Need Help?” to replace tobacco industry promotional items. Several hundred were sent to each local health department in conjunction with the toolkit. There was direct distribution to bars and restaurants in highly concentrated areas in Baltimore City.

A media campaign that featured “Bea’s story” about an actual former smoker who successfully quit smoking with the help of the Quitline was developed. “Bea’s story” was the second in the campaign to feature a real smoker and is showcased in both video and animation on the Quitline’s website, [www.smokingstopshere.com](http://www.smokingstopshere.com). Media promotions included television and radio spots, transit advertising (taxi tops, bus shelters, a mobile marketing unit) and Internet search engine marketing. The ads were tagged with “Starting February 1st all Maryland bars and restaurants will be smoke-free” to promote the CIAA. The January-April campaign focused on Baltimore City where the highest numbers of smokers resided.

In mid-January 2008, a press conference was held to focus on smoking cessation services that were available to smokers interested in quitting as a result of the CIAA. The objective of the press conference was to frame everything positively, including changing the focus from the “ban” to “enjoying a smoke-free environment.”

In addition, advocates supported the campaign by furthering the reach of the “smoke-free” celebration. The Maryland Division of the American Cancer Society, with funding matched by the Campaign for Tobacco

Free Kids (\$50,000-\$60,000 total, in addition to the funding provided under Media Budget section above), utilized an existing radio advertisement developed by the Robert Wood Johnson Foundation that was re-tagged for Maryland. The radio ad aired in Maryland the first week in February to kick-off publicity of Maryland's smoke-free bars and restaurants.

### Process Evaluation

DHMH worked in conjunction with the Comptroller's office to ensure correct lists were provided of all Maryland businesses with liquor licenses that would be affected by the implementation of CIAA, so toolkits could be mailed accordingly. Additionally, follow-up was made to each local health department to ensure they received and were disseminating the materials. A hotline

was established at DHMH for businesses or consumers to ask questions and receive clarification on CIAA issues.

### Outcome Evaluation

There was over a 100% increase in call volume to the Quitline in January 2008 as compared to December 2007 with call volumes remaining nearly as high in February and March, and a 116% increase in call volume during February 2008 compared to February 2007. In 2008, February and March showed an 8% increase in volume over the two preceding months, December and January, whereas in 2007 there had been a 19% decrease in the months of February and March compared to the two preceding months, December and January.

## Findings

### A. Implementation of the Clean Indoor Air Act went very smoothly.

The majority of news stories on the issue were positive and there was not loud general public or business outcry following the implementation of the CIAA.

### B. Advocates and partners rallied together to support successful implementation of the CIAA.

The Maryland division of the American Cancer Society provided funding to air additional radio ads produced by the Robert Wood Johnson Foundation, and the Campaign for Tobacco Free Kids matched to funding to buy additional air time.

### C. Smokers and nonsmokers preferred positive messages about the new law, rather than messages using the term "ban."

During the informal testing of campaign "branding" and messaging among restaurant and bar patrons and staff, it was reinforced that smokers as well as nonsmokers preferred the ad concepts and messaging that showed bars and restaurants going smoke-free in a positive light, rather than framed as implementing a "smoking ban".

### D. Internal partnerships within the Department of Health were crucial in communicating a consistent, positive message.

Coordination between divisions proved essential in re-framing the Clean Indoor Air Act from a "smok-

ing ban" to a positive message of clean indoor air and "smoke-free" environments, as well as promoting cessation resources to support smokers interested in quitting.

### E. The air! campaign contributed to motivating significant numbers of smokers to call the Quitline for assistance in stopping smoking.

Calls to the Maryland Tobacco Quitline increased significantly after every month of the campaign (see specifics under the Outcome Evaluation section).

### Contact Information

[www.mdcleanair.com](http://www.mdcleanair.com) for the CIAA and [www.smokingstopshere.com](http://www.smokingstopshere.com) for smoking cessation resources

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# United States (Minnesota)

## 2001-2002 *Secondhand Smoke Awareness* Campaign



ClearWay Minnesota<sup>SM</sup>

### Campaign Dates

15-month campaign beginning April 2001

### Objectives

1. Increase awareness among smokers and nonsmokers of the dangers of secondhand smoke.
2. Encourage smokers to stop smoking.

### Target Audience(s)

Minnesota adults, 18-49 years of age

### Media

TV ads, radio ads, print ads, outdoor ads, indoor ads, public relations/earned media

### Media Presence

Unavailable.

### Media Budget

USD 5.5 million

### Advertising Agency or Public Relations Firm

Clarity Coverdale Fury

### Research Firm

Professional Data Analysts, Inc. (PDA)

### Language(s)

English

### Target Audience Research

Unavailable

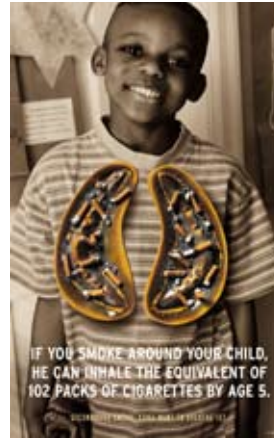
### Pre-Campaign Evaluation of Draft Materials

Interviews with approximately 60 people were conducted prior to the campaign. During these interviews, participants were shown storyboards and asked a variety of questions to determine if the ads were effectively communicating the correct messages.

### Campaign Description

As noted in the Objectives section of this case study, this campaign was both a secondhand smoke campaign and a cessation campaign. Four of the ads ('Drive', 'Car Seat', 'Keep Up', 'Infant') focused on the negative effects of secondhand smoke. Each of these ads ended with the question "Secondhand smoke. Still want to breathe it?" These four ads provide health facts related to secondhand smoke, were serious in the tone and used somber imagery. These ads are described briefly below.

- **'Drive' television ad** – Shows a man and woman driving down a country road. The male passenger begins to light up a cigarette, to which the female driver responds by driving off the road and nearly hitting a tree. When asked by the passenger why she did that, the driver responds by saying "You're endangering my life. Just returning the favor."
- **'Car Seat' television ad** – Shows a woman buckling her toddler daughter into a car seat, only to get into the driver's seat and light up a cigarette, begging the question of just how safe the child is trapped in a car full of secondhand smoke.



- **‘Keep Up’ television ad** – Shows a group of boys (approximately age 10) running in slow motion across a park. One of the boys slowly loses energy, begins to breathe heavily and falls behind the other boys. A voiceover states “It’s hard to keep up with the other kids when you’ve been smoking all your life” while the statistic is presented onscreen “Children of parents who smoke can inhale the equivalent of 102 packs of cigarettes by age 5.”
- **‘Infant’ television ad** – Shows a man smoking in front of his TV. The camera follows the smoke down the hall and into the bedroom and crib of an infant. The smoke forms a hand that grips the infant’s mouth while a voiceover states facts about the health hazards of secondhand smoke to children.

Within three months of the beginning of the campaign, two additional ads also began to be aired. These ads (‘Ghost’ and ‘Diaper’) encouraged people to quit smoking, each ending with a call to action to call the local stop smoking support line. These ads are described below:

- **‘Ghost’ television ad** – Image of a little boy (approximately 1 year old) taking some of his first steps as a ghost-like image of his grandfather watches

him, implying that the grandfather was not alive to witness this moment due to his smoking.

- **‘Diaper’ television ad** – Father enters infant’s room and pulls baby from the crib. Father turns up his nose at the smell of the baby’s dirty diaper, exits the room to take a deep breath of fresh air, and returns holding his breath. Father holds his breath during the entire time he changes the diaper. The ad closes with on-screen language that states “just three months after stopping smoking, lung function increases up to 30%” to emphasize one of the benefits of cessation.

Campaign staff explained that the first set of four ads was aired to offer viewers a reason *why* to stop smoking, while the second set of two ads was aired to offer smokers information about *how* to quit smoking.

ClearWay Minnesota placed advertisements in every designated market area in Minnesota, as well as in the two statewide newspapers, in all 27 daily newspapers in non-metropolitan settings and in newspapers that serve communities of color, ethnic groups and American Indian Nations. Bus side and bus shelter advertising was purchased in communities with those options. In addition, indoor advertising (primarily in bars and restaurants) was purchased throughout the state.

The target audience for this campaign was adults 18–49 years old. Communities of color represent about 12% of Minnesota’s total population. An estimated 12% of the total gross impressions of the campaign targeted communities of color. Media buys were weighted toward reaching communities of color by purchasing time on minority-themed television programs (e.g., WB and UPN Networks).

## Process Evaluation

Four telephone surveys/waves: Wave 1 – baseline conducted before the launch of the campaign (March 24-April 2, 2001); Wave 2 (June 8-13, 2001); Wave 3 (November 12-19, 2001); and Wave 4 (March 25-28, 2002). A random sample of approximately 1,000 adults ages 18-49 were surveyed in each of the four waves. Data from each survey wave were weighted so that the sample conformed to the Minnesota population figures from the most recent U.S. census. Variables

used in the weighting included gender, race, age and geographic area. Data was analyzed by Professional Data Analysts, Inc.

The result of this survey was a 69-page evaluation report containing both process and outcome evaluation data.

## Outcome Evaluation

See section immediately above.

# Findings

### A. The heavy media weight of this campaign, in combination with numerous types of media, led to strong recall among all audiences.

The campaign employed many different media, including television, radio, print, outdoor, etc. In addition, funding for each of these was significant. The strong media presence contributed to extremely high aided recall of the campaign, which reached 97%. Moreover, more than 80% of smokers and non-smokers recalled the main message of the campaign.

### B. Those who recalled the ads were more likely to believe that secondhand smoke is harmful.

At the end of the campaign, 68% of respondents with unaided recall of the ads believed breathing secondhand smoke was harmful, compared to 56% of respondents who didn't recall the ads.

### C. Those who recalled the ads were more likely to take action to reduce their exposure to secondhand smoke, even when no call to action was incorporated into the campaign.

Eighty nine percent of respondents with unaided recall of the ads said that they had asked to be seated in a non-smoking section of a restaurant, compared to 79% with no recall of the ads. Also, 46% of respondents with unaided ad recall said they had avoided a bar because of cigarette smoke inside, compared to 34% with no ad recall.

Before the campaign, 37% of respondents said they had recently asked a close friend or relative not to smoke. This figure increased to 53% by the mid-point of the campaign. Data were not collected on this item at the end of the campaign.

These findings were not restricted to nonsmokers. For example, before the campaign began, 12% of smokers said they had asked someone nearby to put out a cigarette as compared to 19% later in the campaign. Eleven percent of smokers reported asking a close friend or relative not to smoke before the campaign began compared to 34% after the campaign had been aired.

## Contact Information

Information about this campaign is not available online.

For more information, please contact either of the following at ClearWay Minnesota:

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# United States (Minnesota)

## 2007 *Fresh Air* Campaign



ClearWay Minnesota<sup>SM</sup>

### Campaign Dates

September 10, 2007 through mid-November 2007

### Objectives

1. Educate and excite Minnesotans about the Freedom to Breathe Act, the statewide smoke-free law that went into effect October 1, 2007.
2. Encourage compliance with the new law.

### Target Audience(s)

Minnesota adults, 25-54 years of age

### Media

Television ads, radio ads, public restroom ads, Website, direct mail kits to business owners

### Media Presence

For television, 1040 TRPs over 9 weeks; for radio: 600 TPRs over 4 weeks

### Media Budget

USD 650,000

### Advertising Agency or Public Relations Firm

Clarity Coverdale Fury

### Research Firm

Clarity Coverdale Fury (qualitative) and Decision Resources (quantitative polling)

### Language(s)

English for broadcast ads; in addition, core information pieces were made available for download on [www.freshairmn.org](http://www.freshairmn.org) in English, Hmong, Somali, Spanish, Vietnamese, Lao, and Cambodian.

### Target Audience Research

No target audience research was conducted especially for this campaign, however campaign planners knew from previous qualitative research that their challenge was to frame the new smoke-free law in a positive light, reminding Minnesotans of the good that would come from the new legislation, avoiding negative reactions, and ensuring that the law was recognized.

### Pre-Campaign Evaluation of Draft Materials

Qualitative research was conducted in the form of ten triads (groups of three people), half in an urban environment, half in a more rural environment. A cross-section of the public was included, in terms of smoking behavior and attitudes toward the smoke-free law. In each market, two triads were conducted with “supporters” (non-smokers who ‘definitely support the ban’), two triads with “fence sitters” (non-smokers who ‘understand both sides of the issue, but do not have strong feelings in support or opposition to the ban’), and one triad with “opposers” (smokers who ‘definitely oppose the ban’) Participants were women and men, ages 25-54, who voted in the most recent election, read, watched, and/or listened to local news regularly, and went to bars and/or restaurants at least twice per month.



Three creative alternatives were being considered for production of a television ad. Campaign planners conducted consumer research to understand: overall reaction to the three creative concepts; whether the main message was communicated; whether or not that message was important/interesting, why or why not, and potential impact on behaviors and attitudes toward the smoke-free law and its implementation. One ad concept, ‘Butts,’ was a straightforward approach, focusing on communicating the key information about when the smoke-free law would be implemented. Another ad concept, ‘The Great Outdoors’ focused on the benefit of being able to breathe fresh air, just like one can do outdoors, when the ban was implemented. ‘More Fun for Every Body’ conveyed the health benefits of the smoking ban on the body (for both smokers and non-smokers) and suggested that bars and restaurants would become better places to be once the ban was implemented.

‘The Great Indoors’ was the ad concept chosen to produce and air because it worked well, both in terms of conveying an important public benefit *and* positioning the ban in a very positive manner. Both smokers and non-smokers could relate to the primary benefit conveyed in the ad: fresher air in all bars and restaurants starting October 1st. Non-smokers, even those who felt that they were relatively unaffected by smoky bars and restaurants, suggested that fresh air was a top-of-mind and relevant benefit they could directly experience. This was persuasive, and some respondents said it would encourage them to go out more often or visit formerly smoky places. Even smokers/opposers felt this was a positive and persuasive way to position the ban. For smokers, it did not feel like finger-pointing. In addition, many smokers said they, too, appreciated the

qualities of fresh outdoor-like air, preferred to eat in smoke-free environments, and/or desired more smoke-free options for their families.

Overall, ‘The Great Indoors’ did the best job of setting the stage positively for all segments, giving those who would be affected a reason to appreciate the ban: fresh air.

### Campaign Description

In September, 2007 ClearWay Minnesota launched a multi-media campaign called “Fresh Air” to educate and excite Minnesotans about the Freedom to Breathe Act, the statewide smoke-free law that went into effect on October 1, 2007. The campaign was anchored by a television ad that celebrated Minnesotans’ love of the outdoors and the benefit of bringing fresh air inside, and the campaign also included ads on the radio and in public restrooms. The campaign was supported by a Website, [www.freshairmn.org](http://www.freshairmn.org), which provided information and free resources about the law for the general public and business owners. Visitors could also view the television ad and listen to the radio commercial at the Website.

In addition to the mass media campaign, thousands of *Fresh Air* informational kits were distributed to business owners prior to October 1 through a partnership with local health organizations around the state. Kits included signs and information about the new law to assist business owners in complying with the new law.

### Process Evaluation

None conducted.



## Outcome Evaluation

No outcome evaluation research was conducted specifically for this campaign. However, during the first week of October, ClearWay Minnesota's online smoking cessation program, quitplan.com, saw a 93% increase in registrants compared to the same week in 2006. In addition, several QUITPLAN® Centers saw significant increases in participants during the month of October. ClearWay Minnesota and its partners were committed to leveraging the cessation opportunities created by the implementation of the law by aggressively promoting QUITPLAN Services throughout the fall and winter.

## Findings

- A. Smokers and non-smokers alike appreciated the fresh air message and felt that the ability to breathe fresh air was the key benefit of the smoke-free law.**

The advertising concept that emphasized the benefit of being able to breathe fresh “outdoor-like” air in previously smoke-free places, such as bars and restaurants, was preferred versus advertising concepts that focused on reversal of negative health effects or the facts about the law’s implementation.

- B. Implementation of the smoke-free law led to an increase in quitting interest and smoking cessation attempts.**

It is unclear whether the campaign and its key message of the benefits of breathing fresh air played a role in encouraging people to consider quitting, given the lack of outcome evaluation of the campaign.

- C. Support increased for the state-wide law in Minnesota prohibiting smoking in most public places, including workplaces, public buildings, offices, restaurants and bars.**

In December 2006, before the law was implemented, a public opinion survey found that 69 percent of the population supported the passage of the law. By January 2008 another public opinion survey showed support for the implemented law was at 76 percent, a dramatic increase from prior to the law passing. One year after the law had been in effect, support held steady at 77 percent.

## Contact Information

Information about this campaign is not available online.

For more information, please contact either of the following at ClearWay Minnesota:

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# United States (New Mexico)

## 2007 *Hold Your Breath* Campaign



New Mexico Department of Public Health

### Campaign Dates

Mid-February, 2007 through mid-March, 2007 (six weeks).

### Objectives

1. To raise public awareness about the dangers of secondhand smoke.
2. To encourage public dialogue about the dangers of secondhand smoke in a way that would promote passage of a recently-proposed smoke-free workplace bill in New Mexico.

### Target Audience

Adults, 35 to 65 years old, urban and rural

### Media

TV, newspaper, and billboard advertising, as well as news media coverage.

### Media Presence

Total TRPs for the six-week campaign period: 1018 for adults aged 35-54, and 1214 for adults aged 55-64

### Media Budget

Approximately USD 345,000 total (USD 185,200 for campaign planning, coordination, creative development, production and media relations; and USD 159,600 for media placement).

### Advertising Agency or Public Relations Firm

McKee Wallwork Cleveland

### Research Firm

Research and Polling Inc.

### Language(s)

English

### Target Audience Research

Formal target audience research was not conducted prior to this campaign. However, the campaign team defined the target as an adult aged 35 to 65, male or female. This person was seen as an involved citizen who reads newspapers, watches the evening news, pays attention to the legislative process, votes, donates to causes s/he believes in, and writes to his/her representative when concerned about specific issues. In addition to this, the target audience was comprised of people who have strong support for the secondhand smoke bill.

### Pre-Campaign Evaluation of Draft Materials

None conducted.

### Campaign Description

In early 2007, the New Mexico Legislature proposed a law to ban smoking in all public workplaces. With a limited budget and little time for planning, the New Mexico Department of Health and the McKee Wallwork Cleveland agency developed a multi-phase campaign for generating public awareness of, and



discussion about, the dangers of secondhand smoke.

The approach of the advertising was to communicate to the public that until New Mexico eliminated secondhand smoke, people would need to continue holding their breath, referencing the often subconscious act of many people when walking through smoke-filled areas. Campaign planners used images of people with blue faces from holding their breath too long as the key campaign visual. .

The first portion of the campaign took an unconventional tact. The advertising agency hired by the Department of Health sought and received permission from billboard advertisers to turn the faces of certain billboard subjects blue. This included altering the faces on billboards for local radio talk show hosts, fitness instructors, baseball teams, sports icons, and more. These billboards ran exactly as they usually would have, except that the faces were colored blue. No additional description or explanation was added. This “teaser” portion of the campaign lasted for two weeks, generating inquiries to local radio stations and discussions on community Web sites regarding why the faces had been colored blue. This initial “silent” advertising acted as a good springboard to the second, more traditional phase of the campaign.

The revelation of why the faces on billboards had been turned blue was made on local radio shows. Concurrently, humorous TV ads were aired in which employees in a smoke-filled diner were forced to hold their breath while they worked. Newspaper ads placed at the same time showed people with blue faces holding their breath, along with facts related to the hazards of secondhand smoke. Both the TV and print ads contained the tagline “So, how long can you hold your breath?”

The third phase of the campaign involved local shop owners who turned the faces blue on their mannequins and posted facts about secondhand smoke in their store windows, along with the tagline “So, how long can you hold your breath?”

The campaign culminated with the members of a youth anti-smoking coalition—all with their faces painted blue—attending a session of the State Legislature to lobby for passage of the proposed smoke-free workplace law.

It is important to note that shop owners were not paid for their participation. The space for some of the billboards was paid for, others were not. The individual companies involved were not paid for their participation.

#### Process Evaluation

None conducted.

#### Outcome Evaluation

Telephone interviews among 902 New Mexico residents were conducted between March 26 and April 9, 2007 to measure awareness of the campaign, whether people discussed the campaign with others and whether the campaign made them think about the effects of secondhand smoke. See findings below.

[Campaign findings are located on the following page.](#)



# Findings

## Findings

### A. The campaign succeeded at raising the awareness of the dangers of secondhand smoke and generating a public dialogue about the topic.

The table below reflects the percentages of people who saw the ads, talked about the ads, and indicated that the ads made them think about the effects of secondhand smoke.

Ad Type	Saw one or more Ad(s)	Talked to others about the ad(s)	Ad(s) made them think about the effects of SHS
TV Ad	57%	25%	64%
Print Ad	20%	26%	66%

While the campaign cannot take credit for the passage of the smoke-free legislation (signed into law March 13, 2007), it did contribute to the public dialogue. Specifically, four separate radio programs conducted interviews with Department of Health officials about secondhand smoke and the campaign, and three newspaper articles were written about the campaign.

### B. Women were more engaged with the campaign than men.

Women were more likely than men to say that the ads made them think about the health effects of smoking (75% versus 55%). Moreover, women were more likely to have spoken with others about the ads than men (34% versus 15%). Awareness of the newspaper ads and awareness of the TV ads were comparable between men and women, so media exposure would probably not explain the difference in their relative engagement with the campaign. Rather, perhaps the campaign message about secondhand smoke resonated better with women than men or perhaps women are more likely to reflect on messages involving health and to engage in health-related discussions.

### C. Youth were significantly more likely to think about the health effects of secondhand smoke based on the campaign ads.

Ninety-two percent of youth, ages 18 to 24, indicated that they thought about the health effects of smoking due to the campaign, compared to other age groups. Details of this finding are provided in the table below.

Thought about health effects of SHS due to the ad campaign*	18-24	25-34	35-49	50-64
Yes	92%	56%	56%	79%
No, somewhat, unsure	8%	44%	44%	21%

\*Among those who saw the campaign.

## Contact Information

A brief video summarizing the campaign can be viewed by going to <http://www.mckeewallworkcleveland.com/>, clicking on “Work,” then “TUPAC,” then “Hold Your Breath.”

For more information, please contact:

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# United States (New York)

## 2003 *Clean Indoor Air Act* Campaign



New York State Department of Health  
Tobacco Control Program (NYTCP)

### Campaign Dates

June 2003 - August 2003

### Objectives

1. Promote public support for the clean indoor air law.
2. Educate the public about the dangers of second-hand smoke.

### Target Audience

General population

### Media

Television, print and radio advertising

### Media Presence

Unavailable

### Media Budget

The total media budget is unknown because all activities were conducted by NYTCP community contractors.

### Advertising Agency or Public Relations Firm

No outside firms used.

### Research Firm

RTI International

### Language

English

### Target Audience Research

None conducted.

### Pre-Campaign Evaluation of Draft Materials

None conducted.

### Campaign Description

The NYTCP is a comprehensive state tobacco control program that began in 2000 with funds from the Master Settlement Agreement and revenue from the state cigarette tax. The NYTCP implements three key programmatic strategies: community action, public health communications, and cessation interventions. These components are supported by surveillance, evaluation and statewide coordination.

The New York State Clean Indoor Air Act (CIAA) was enacted in July 2003. The State Health Department's TCP state-wide media campaign was off the air from March to November of 2003, so in order to ensure that ads promoting the CIAA would reach the general population, the NYTCP collaborated with its community contractors so they could place ads, hold press conferences, and conduct celebratory media events to promote the expanded CIAA. In addition, NYTCP developed a resource toolkit for community contractors. The toolkit contained a plan of action, sample press releases, sample letters to the editor, sample print ads, brochures for describing the expanded CIAA, and tips for working with restaurants, bars and other worksites on how to comply with the law.

Television ads used by community contractors in the CIAA campaign included 'Waitress 2002,' 'Bartender,' 'Outside the Bar,' and 'Silence,' all obtained through



the U.S. Centers for Disease Control and Prevention's Media Campaign Resource Center (MCRC). The print ads for this campaign were created by the contractors. The contractors created some of their own radio ads and used two ads from the MCRC as well-- 'Years' and 'Waitress.'

### Process Evaluation

None conducted.

### Outcome Evaluation

A thorough evaluation was conducted of all aspects of the NYTCP (not only the secondhand smoke/smoke-free efforts) by an independent research group, Research Triangle International (RTI). The evaluation consisted of RTI's analysis of all available data, coupled with key stakeholder interviews. The findings from the report included the following:

1. From March to November of 2003, the State Health Department's state-wide mass media campaign was off the air, thus missing an historic opportunity to support the CIAA with broad-scale mass media and to take advantage of a period of time when interest in cessation and secondhand smoke may have been higher than normal as a result of the new law.
2. NYS TCP (through use of earned media) and its contractors (through use of paid media) heavily promoted the Clean Indoor Air Act, resulting in more than 307 million media impressions between February 2004 and January 2005. Support for the Clean Indoor Air Act increased from 64% of adults in 2003 to 88% in 2006.

3. Beginning six months after the Clean Indoor Air Act went into effect, secondhand smoke related news items peaked at over 1500, resulting in over 193 million impressions.
4. The comprehensive data compiled from a range of studies on the impact of the Clean Indoor Air Act (CIAA) indicated that one year after implementation, the law was a success. Compliance with the law was rapid and built to 92%. The law also resulted in lower exposure to secondhand smoke among hospitality workers, and this lower exposure positively impacted workers' health. Self-reported patronage of bars and restaurants suggested that there may have been a slight positive benefit to businesses as a result of the law. Early data on hospitality sector employment, alcohol excise taxes, and bar licenses indicated that the CIAA overall had no adverse effects on the hospitality industry.
5. Declines in cigarette consumption and tax-paid sales accelerated in New York after 2000 compared with the rest of the United States-- This acceleration of the sales trend was due in part to excise tax increases, which prompted some smokers to cut down or quit and others to purchase untaxed cigarettes. Estimated cigarette consumption was more than 50% lower in 2003 than it would have been if New York State and New York City cigarette excise taxes remained at 1999 levels. The prevalence of smoking was 1.3 percentage points lower in 2002 than it would have been in the absence of the 2000 excise tax increase, translating to 187,791 fewer smokers.
6. Results from similar analyses focusing on cessation behaviors provide some consistent data to support the changes in tobacco use noted above, such as an increase in sustained quit attempts in New York relative to the rest of the United States. However, some of the other measures show no differences.

[Campaign findings are located on the following page.](#)

# Findings

- A. The NYTCP used its limited resources strategically by supporting paid media at the local level and seeking earned media at the state-wide level, likely contributing to very high compliance with the Clean Indoor Air Act.

While the state health department's Tobacco Control Program was not able to conduct a statewide paid mass media campaign, it did fund community contractors to run television ads supporting the CIAA and conduct aggressive public relations efforts which helped to secure high levels of positive news media stories regarding the CIAA. This collaboration between the earned and paid media efforts helped contribute to the public's support of the law and compliance with it.

- B. The NYTCP and its community contractors saved valuable funds and time by adapting existing advertisements for use in New York.

Campaign staff selected ads that met the campaign's objectives and, in some cases, had data indicating their effectiveness when used in other states. Only small changes needed to be made to the ads, such as adding the NYTCP logo and including the state health department's quit line number.

## Contact Information

To learn more about the New York State Tobacco Control Program, visit:

- [http://nyhealth.gov/prevention/tobacco\\_control/](http://nyhealth.gov/prevention/tobacco_control/)

Click on "Brochures, Fact Sheets and Reports" for a listing of the documents entitled *Annual Independent Evaluation of New York's Tobacco Control Program*.

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# United States (New York)

## 2005-2006 *Secondhand Smoke* Campaign



New York State Department of Health  
Tobacco Control Program (NYTCP)

### Campaign Dates

The second quarter of 2005 through the first quarter of 2006

### Objectives

1. Motivate smokers to want to quit
2. Promote the New York State Smokers' Quitline.

### Target Audience

Smoking adults

### Media

Television, print and radio advertising

### Media Presence

Media levels for the ads placed by community contractors are unknown. Media levels for the ads placed by the NYTCP were as follows:

- 'It's Like They're Smoking': Total of 5856 GRPs
- 'Clinical': Total of 2394 GRPs
- 'One Lung': Total of 3571 GRPs

All placements were in 10 markets between May 2 and July 31, 2005

### Media Budget

Approximately USD 1,000,000 for the NYTCP statewide secondhand smoke television advertising reviewed in this case study. Budget for local contractor advertising is in addition to the state-wide media budget and the specific figure is unknown.

### Advertising Agency or Public Relations Firm

No outside firms used

### Research Firm

RTI International

### Language(s)

English

### Target Audience Research

None conducted.

### Pre-Campaign Evaluation of Draft Materials

None conducted.

### Campaign Description

The NYTCP is a comprehensive state tobacco control program that began in 2000 with funds from the Master Settlement Agreement and revenue from the state cigarette tax. The NYTCP implements three key programmatic strategies: community action, public health communications, and cessation interventions. These components are supported by surveillance, evaluation and statewide coordination.

The NYTCP's goal for the secondhand smoke campaign was to provide a motivating reason for smokers to quit. Each ad promoted the program's Smokers' Quitline number and Web site as a resource. While the overall campaign's goal was smoking cessation, this case study focuses on the impact of the secondhand smoke advertising only. Specifically, this review looks at:



- How New York adults reacted to statewide second-hand smoke advertising messages and how the choice of ad content (i.e., messages, themes and the use of emotional appeals and intense images) influenced those reactions.
- Changes in awareness of, and reactions to, televised secondhand smoke advertising over time and the extent to which awareness of the ads affected key attitudes and behaviors.

A total of 21 television advertisements were run by NYTCP and community partnerships in 2005 and early 2006 as part of the ongoing tobacco control program. Ten of these ads focused on cessation, four on social acceptability of smoking, and seven on secondhand smoke. The secondhand smoke ads represented a variety of messages and impact levels (high emotional and graphic intensity imagery and language versus low intensity).

The contractors used the following television ads:

- ‘Careful Brian’
- ‘Careful George’
- ‘Careful Kevin’
- ‘Careful Tim’

The NYSTCP used the following television ads:

- ‘It’s Like They’re Smoking,’
- ‘Clinical,’ and ‘One Lung.’

All the ads were obtained through the U.S. Centers for Disease Control and Prevention’s Media Campaign Resource Center (MCRC). The New York Department of Health developed radio and print ads to complement the television themes and messages.

### Process Evaluation

RTI International, an independent research group, annually evaluated the process and outcomes of NYTCP’s entire tobacco control program and made recommendations for the following year’s program. The data for these evaluations came from a variety of sources, including the Adult Tobacco Survey (ATS), news media tracking, health care provider surveys, youth telephone surveys, and others.

The evaluation for 2005-2006 noted that the media plan called for continued airing of ads highlighting the dangers of secondhand smoke and other topics. Funding was not available to achieve the recommended goal of reaching 60% of New Yorkers with mass media messages. Awareness of secondhand smoke ads was low overall, at 13% of respondents.

In addition to budget limitations for the time period noted, unplanned gaps in media programming occurred during most of 2005. Specifically, six to seven different ads (on topics including secondhand smoke and others) were in rotation during the first and second quarters of 2005, however the number of messages trailed off, with limited airing of one to three ads during the remainder of 2005 through May 2006.

### Outcome Evaluation

As noted above, outcome evaluation of the entire NYTCP was conducted by RTI International.

[Campaign findings are located on the following page.](#)

# Findings

## A. Inconsistent media spending contributed to inconsistent levels of campaign awareness.

Awareness of the secondhand smoke advertisements rose and fell quarter by quarter, roughly mirroring the higher and lower media placement expenditures. For example, ad placement spending in the first quarter of 2005 was USD 2.6 million which resulted in a 41.5% awareness level. In the fourth quarter of 2005 when ad spending declined to approximately USD 1,000,000, awareness decreased to 19%.

## B. “High-impact” ads (defined as having strong negative emotional appeals and/or intense images) led to a higher percentage of survey respondents perceiving that those ads’ messages were important compared with “low-impact” ads.

Fifty two percent of New Yorkers who saw high-impact ads strongly agreed that the ads said something important compared to 44% of those who saw the low impact ads.

## C. Recognizing the effects of exposure to secondhand smoke did not necessarily translate into people imposing home smoking bans.

The NYTCP analysis did not find any evidence that the secondhand smoke ads aired during 2005 and 2006 significantly promoted home smoking bans. It is possible that this is due to the budget limitations and unplanned gaps in media programming. However, it could also be that the secondhand smoke messages aired were not focused specifically on encouraging people to make their homes smoke-free nor was that a goal of the campaign.

## D. Recall of the secondhand smoke ads aired influenced awareness of the harms of secondhand smoke.

The NYTCP analysis showed that smokers who recalled secondhand smoke ads were more likely to recognize the harmful effects of exposure to secondhand smoke. Specifically, more smokers who recalled the secondhand smoke ads believed that secondhand smoke can cause heart disease and lung cancer than smokers who did not recall the secondhand smoke ads.

## E. The secondhand smoke ads aired motivated some smokers to call the Smokers’ Quitline.

“High impact” secondhand smoke ads motivated some smokers to call the Smokers’ Quitline and others to make quit attempts on their own. Evaluation results demonstrated that advertisements focused on promoting smoking cessation and those highlighting the dangers of exposure to secondhand smoke were effective in promoting cessation via Quitline calls or individual quit attempts.

### Contact Information:

To learn more about the New York State Tobacco Control Program, visit:

- [http://nyhealth.gov/prevention/tobacco\\_control/](http://nyhealth.gov/prevention/tobacco_control/)

Click on “Brochures, Fact Sheets and Reports” for a listing of the documents entitled Annual Independent Evaluation of New York’s Tobacco Control Program.

For more information, please contact:

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# United States (New York City)

## 2002-2003 *Smoke-Free Air Act (SFAA)* Campaign



New York City Department of Health  
and Mental Hygiene

### Campaign Dates

1. June to December 2002: Paid and earned media campaign to educate public about dangers of secondhand smoke and to lay groundwork for smoke-free workplaces policy.
2. January to December 2003: Campaign to continue to educate the public, build awareness of the Smoke-Free Air Act (SFAA), and build compliance after act was passed and throughout implementation period.

### Objectives

1. Educate about the dangers of secondhand smoke.
2. Build support for new legislation intended to close loopholes in the existing smoke-free law by creating smoke-free workplaces, including restaurants and bars.
3. Encourage compliance with SFAA once it passed and was being implemented.

### Target Audience(s)

New York City opinion leaders and general public

### Media

Television, radio and print ads; more extensive earned media efforts.

### Media Presence

Unavailable

### Media Budget

USD 700,000

### Advertising Agency or Public Relations Firm

No outside agencies used.

### Research Firm

No outside firms used.

### Language(s)

English, Spanish

### Target Audience Research

A preliminary poll conducted in March 2002 indicated that 57% of NYC residents supported a law to completely eliminate smoking in all offices, restaurants and bars. The lack of strong support was due to lack of knowledge of secondhand smoke dangers, concerns that businesses would suffer, and concern about limiting individual rights.

When NYC introduced this legislation, the only other comparable place to have passed a 100% smoke-free law was the state of California. In addition to gauging the opinions of New Yorkers, campaign planners sought California data on public acceptance (found to be highly favorable) and impact on bar and restaurant sales receipts (found to be neutral or favorable), all gathered after passage of their law. California's mass media campaign focused on the harms caused to bar and restaurant workers, and NYC adopted that approach in the framing of its policy and education campaign.





### Pre-Campaign Evaluation of Draft Materials

None conducted due to time limitations. Ad message-testing was also not done; campaign planners relied instead on evidence that the ads used had previous records of effectiveness in the US.

### Campaign Description

#### Paid Media – Pre-Passage of Legislation

In the lead-up to introduction of the SFAA, the Department of Health and Mental Hygiene undertook a paid television, print and radio media campaign from June to December 2002. The campaign sought to educate the public about secondhand smoke dangers and to prepare the public and opinion leaders for introduction of the smoke-free legislation. Three television ads produced in other states and available through the U.S. Centers for Disease Control & Prevention’s Media Campaign Resource Center were secured, retagged and aired (‘Victim Wife’ from California, ‘Drive’ from Minnesota and ‘Baby Monitor’ from Massachusetts). To reach opinion leaders, ads were also taken out in the New York Times, Wall Street Journal, Crain’s and other periodicals. Once the legislation was introduced in August, they also developed and ran radio ads made in restaurants and bars, featuring workers and patrons talking about their preference for smoke-free work environments.

#### Other Tools

The following was used prior to passage of the legislation to persuade policy makers, journalists and opinion leaders on the benefits of the smoke-free legislation:

- PowerPoint briefing book on health and economics data

- Packet of fact sheets with references, including:
  - Secondhand Smoke Kills; Smokefree Work Place Laws Don’t Hurt Business; Closing the Loopholes in NYC’s Smoke-Free Law Could Save 11,000 Lives; Answers to Common Objections to Smoke-Free Workplace Laws
- Information on the website

#### Earned Media – Pre-Passage of Legislation

Campaign planners felt it was critical to continuously shape the debate in the media. The legislation was not made public until August 2002 for strategic reasons; for example, time was needed to prepare and package the evidence on secondhand smoke harms and the lack of negative impact on business. It was also important to be prepared for expected opposition from bar and restaurant owners, as well as groups supported by the tobacco industry.

To demonstrate support for the legislation by the New York City Council’s leadership, and to give legislators an opportunity to publicly lay claim to the SFAA as sponsors, a plan was developed to announce the legislation at a joint Mayor-City Council press conference.

Given the numerous meetings and discussions that occurred beforehand to line up support for the legislation, it is no surprise the story leaked out the day before the SFAA was formally introduced at the press conference. The leak led to several front-page stories on the day of announcement. The “curtain opening” stories fueled intense media attention—local, national and international. Though Mayor Michael Bloomberg was the protagonist in the effort, bartenders, waitresses and nightclub performers were placed front and center at the press conference to demonstrate the personal impact of secondhand smoke on workers.

As this was still early in the efforts to secure 100% smoke-free laws, media interest continued unabated for months, with particular focus on whether a successful smoking ban in New York City might catalyze similar bans elsewhere. The Department of Health fielded scores of calls weekly from reporters eager to advance the story. For press purposes and to convince opinion leaders, the Department of Health undertook numerous other activities: Before the ban went into effect, staff conducted air-monitoring studies that compared pollution levels in smoky bars (found to be high) with levels in areas of heavy vehicular traffic (found to be not nearly as high); surveyed tour operators to gauge opinions on whether a ban would influence tourists' desire to visit NYC (found to be a resounding no); issued opinion editorial papers and letters to the editor; met with editorial boards; participated in rallies and press conferences; and attended numerous community-group meetings to try to persuade them about the merits of a 100% smoke-free law. Wide community support was needed to embolden legislators to vote for the SFAA.

### Post-Passage Activities

After passage of the SFAA, and prior to implementation, the Department of Health sent letters, informational materials, and "No Smoking" signs in five languages to the more than 20,000 licensed food-service establishments, including bars in New York City. To build compliance with the law, we focused on business owners, providing clear guidelines (such as the need to display signage, no ashtrays, etc.) and enforcing the law rigorously (i.e., education not punishment at first; repeat offenders dealt with more severely). The news media continued to be interested in the story and consequently helped to publicize and educate the public and business owners about compliance to the SFAA. Pursued—and expected—storylines explored whether the city was sufficiently prepared to enforce the law, whether bars would lose customers, and whether smokers would flout the law.

As it was critical to demonstrate the successful impact of the law, the Department of Health made sure to gauge and publicize compliance (found to be more than 95% within the first three months), to show the effects on bar and restaurant business (found to be neutral); and to demonstrate improved air quality (proven through air quality monitoring).

### Process Evaluation

None conducted. This was not done because of the pace with which the legislation moved from introduction to passage and the campaign's primary focus on earned rather than paid media.

### Outcome Evaluation

No outcome evaluation was conducted specifically on the public education campaign. However, key measures of the success of all of the Department of Health's efforts included the following:

- Virtually every editorial page of every major NYC newspaper supported the legislation.
- A poll conducted in August 2002 found that New York City residents' approval of the SFAA had grown to 73%, from 57% in March 2002 (prior to the SFAA being introduced and prior to the campaign).
- Sufficient numbers of votes from City Council members were secured to pass the legislation. The New York City Smoke-Free Air Act was signed in December 2002 and implemented on March 30, 2003.
- Polls conducted in November 2003 and March 2004 both found that 75% of NYC residents approved of the SFAA following its implementation.
- Compliance checks conducted at more than 20,000 food service establishments from April 2003 through November 2004 found a compliance rate of 97%.

[Campaign findings are located on the following page.](#)

# Findings

- A. Adapting advertisements from other U.S. states provided the NYC Department of Health with a cost-effective and efficient way to educate the public about the harms of secondhand smoke and the need for smoke-free workplace laws.

Adapting existing ads from California, Minnesota and Massachusetts saved time and funds that would have gone to creative development and ad production, as well as reduced the risk that new ads would not communicate as effectively as previously tested and proven ads. By doing so, the NYC Department of Health freed up more of its limited staff time to devote to extensive earned media efforts, resulting in many news stories about the harms of secondhand smoke, the benefits of the SFAA, and the success of its implementation (in terms of improving workers' health, improving air quality for everyone, and maintaining or improving bar and restaurant business in NYC).

- B. Knowing the compelling health data and using it to frame the smoke-free policy debate allowed campaign staff to thwart attempts by opponents of the law to distract the public and policymakers with other issues.

When the public and policymakers understood the serious harms of secondhand smoke and the risks of workers' exposure to it, they ultimately agreed that workers' rights trumped smokers' rights and business owners' rights. Campaign staff needed to use credible data to counter opposing arguments, such as the contention that businesses would be hurt by the SFAA; however they did not let the focus of the debate move to economic or smokers' rights issues.

- C. Educating business owners and the public on how to comply with the SFAA helped build extremely high levels of compliance.

A priority of the campaign was to educate the public about the SFAA and what they needed to do to comply with it. Campaign staff accomplished this through direct mail information and compliance packets sent to more than 20,000 licensed food service establishments and through a mass media advertising campaign, supplemented by earned media efforts that resulted in frequent news articles. In addition, health messages about the risks of secondhand smoke were continued after implementation to remind the public why the SFAA was important.

- D. A combination of paid and earned media were used to effectively communicate key smoke-free messages.

Campaign planners found that a great deal of public education and opinion leader persuasion could be achieved through earned media efforts, given that smoke-free laws can be so newsworthy. They also found that communicating messages through a variety of vehicles was critical. Reporters seized on controversy and raised fears about the impact on businesses, the challenges of compliance, and the validity of the science behind secondhand smoke data. Thus, planners found it was important to continue to emphasize their key message simply and clearly: "Secondhand smoke kills; smoke-free laws save lives and don't hurt business!"

## Contact Information

<http://www.nyc.gov/html/doh/html/smoke/tc1.shtml>

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Note: Ms. Mullin was Associate Commissioner/Director of Communications at the NYC Department of Health from 1998-2006.

# Uruguay

## 2006 *Un Millón de Gracias* (A Million Thanks) Campaign



Uruguay Department of Health and Pan American Health Organization (PAHO)

### Campaign Dates

February to April 2006 (to coincide with smoke-free closed public places law implemented March 1, 2006)

### Objectives

Achieve the greatest possible compliance of the whole population with the smoke-free enclosed public places law, through the active participation and engagement of the population.

### Target Audience

The primary and ultimate audience was all smokers in Uruguay, but the audience of non-smokers was also targeted to gain their support for the smoke-free law and for the *Un Millón de Gracias* campaign to thank smokers for refraining from smoking around others.

### Media

Primarily community-based activity and public relations to gain earned media were used, due to limited funds. The main communications vehicle was a pamphlet that explained the *Un Millón de Gracias* campaign and recorded the signatures of those who were thankful to smokers for trying to adhere to the law. There were also limited mass media communications through posters, signs on taxis, t-shirts for promoters who gathered the signatures, pins presented to celebrities and authorities, sporting events where the posters were unveiled, a Website and a toll-free phone number.

### Media Presence

Unavailable

### Media Budget

Approximately USD 50,000 (for production of flyers, posters, taxi ads, Website)

### Advertising Agency or Public Relations Firm

Unavailable

### Research Firm

Equipos MORI

### Language(s)

Spanish

### Target Audience Research

None conducted

### Pre-Campaign Evaluation of Draft Materials

None conducted

### Campaign Description

In December of 2005, the president of the Republic, advised by the inter-institutional commission adviser of the Ministry of Public Health, sent a decree that established the absolute prohibition to smoke in closed places of public use and public or private closed work places. This new law was implemented the 1st of March of 2006, and when being applied correctly it would make Uruguay the first country free of smoke in the region of the Americas.

The decree was the result of significant negotiation with bar and restaurant owners, who originally organized to protest the law and to demand separate zones for



smokers. Ultimately, this constituency was convinced that the costs to make separate closed smoking areas were too high. Ongoing private and public debate, including advertising against the decree placed by the tobacco industry, an agreement was made to move forward with total prohibition.

The campaign proposed to bring together “a million thanks” through different means such as messaging, mail, telephone and in pamphlets that were circulated around the country for those people who were going to make the effort to quit smoking. This communications approach sought not to be confrontational between smokers and nonsmokers, but to recognize the smokers who would make the sacrifice of not smoking in public. The message was always positive and non-punitive, and emphasized the benefit of the new norm for everyone-- that everyone had a right to breathe smoke-free air, and that the social responsibility was for both smokers and nonsmokers.

Public messages were communicated daily from a variety of sources, including tobacco experts and local dignitaries. Using various vehicles, approximately 1.1 million “thank yous” were collected in a country with just over 3 million inhabitants. Campaign planners also worked with the news media, using expert spokespeople to explain the rationale for smoke-free public places in an empathetic way towards the smoker.

### Process Evaluation

None conducted

### Outcome Evaluation

A quantitative survey was conducted in October 2006, “Awareness and Attitudes Related to the Decree 268/005 (Regulation of the consumption of tobacco in closed private and public places,” conducted by Equipos

MORI for PAHO. The 695 respondents were 18 years or older and residents of Uruguay in towns larger than 10,000 in population, and the interviews were conducted face-to-face, in the respondents’ homes.

### Evaluation Findings:

- 92% of respondents felt that secondhand smoke is dangerous to non-smokers (57% very dangerous, 35% extremely dangerous). Smokers agreed that secondhand smoke is dangerous but with less intensity.
- 95% of respondents agreed that “All workers have the right to work in an environment free of other people’s smoke” (60% strongly agree, 35% agree).
- 92% of respondents agreed that “The rights of children are violated when adults smoke in the home in their presence” (59% strongly agree, 33% agree).
- 98% of respondents were aware of the new smoke-free law, and 80% of them supported the law (only 11% were against it). Even among smokers, 63% supported the law and 10% had no opinion.
- 58% of respondents felt that the law was being completely adhered to, while 30% felt it was being complied with, however with some exceptions.
- 70% of respondents said that their behavior of going out to bars, restaurants and other closed places had not changed since the smoke-free law was put in place. Ten percent claimed that they went out more frequently and 14% claimed that they went out less frequently. Twenty-two percent of smokers claimed they went out less frequently following implementation of the law.
- 25% of smoking respondents claimed to smoke less since the law was put in place, while 71% claimed that the law did not change their smoking behavior.

# Findings

- A. A community-based effort, implemented broadly and supported by the country's government, succeeded in actively engaging at least one third of the country's entire population in thanking smokers for adhering to the smoke-free law, despite extremely limited funding.

Uruguay was able to secure the signatures of over one million of its inhabitants, all whom came together to thank smokers for trying to refrain from smoking in enclosed workplaces and other closed public places. This was done with great leadership from Uruguay's president, but without much funding for mass media or other interventions. Campaign planners mobilized thousands of volunteers, used donated media placements, and worked with the news media to gain broad coverage of the campaign and the new smoke-free law.

- B. Although several factors were at play, the Un Millón de Gracias campaign inevitably contributed to building awareness of the law, support for it, and compliance with it.

Quantitative research shows that six months after the campaign 98% of those surveyed were aware of the new law, with 80% in support of the law.

- C. The positive tone of the campaign, thanking smokers rather than attacking them, may have contributed to the strong results and built smokers' support for the law.

The campaign planners chose to use a positive tone so as not to alienate smokers and to help smokers and non-smokers realize that both groups are part of the solution. The campaign materials still made the clear point that secondhand smoke is very dangerous. This information, however, was put within a celebratory context—that the public was coming together to protect people from these dangers. A prohibition to not smoke in closed places was turned into a common benefit. This may have contributed to the relatively high support of the law on the part of smokers (63%).

## Contact Information

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# Vietnam

## 2006-2007 *Speak Up* Campaign



Vietnam Public Health Association & HealthBridge Canada

### Campaign Dates

One wave in mid-2006 and the second wave in mid-2007.

### Objectives

At the time the campaign was conducted, a ban existed on smoking in many public places. However, enforcement and compliance remained weak, partly due to widespread public acceptance of smoking. For this reason, the main objectives of the campaign were to:

1. Encourage non-smokers to object to smoking around them.
2. Build smoker compliance with the public smoking ban.

Secondary objectives were to:

1. Increase smoker awareness of negative health consequences of smoking and secondhand smoke.
2. Increase women's confidence to object to smoking that occurs around them.
3. Increase the likelihood that smokers will respond positively to women's requests to stop smoking near them.

### Target Audience

Primary target group: Women aged 18 – 55 years

Secondary target group: Male smokers aged 20 – 60 years

### Media

TV ads, radio ads, print ads in newspapers, local loud-speakers.

### Media Presence

Unavailable

### Media Budget

USD 178,400

### Advertising Agency or Public Relations Firm

International Media and Communication Cooperation Centre

### Research Firm

Hanoi School of Public Health

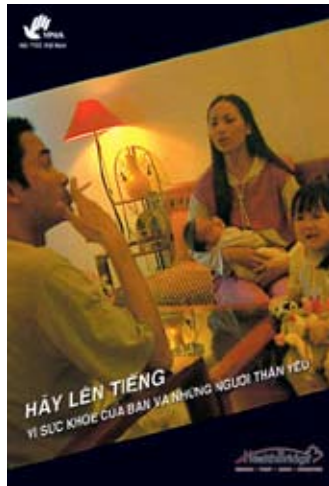
### Language(s)

Vietnamese

### Target Audience Research

A literature review and Vietnamese-specific research were conducted; also secondhand smoke campaigns conducted in other countries were reviewed. The Vietnamese-specific research revealed that:

- More than 56% of Vietnamese men smoked, while less than 2% of women smoked.
- In particular, 69% of all men aged 25-44 smoked.
- Approximately 70% of women and 50% of children were exposed to secondhand smoke in their homes.



- 95% of people knew generally that smoking and secondhand smoke were harmful, but their knowledge was not specific.
- Women felt constrained to protest smoking in public areas (i.e., 70% said they never asked smokers to stop smoking in public areas)
- 90% of male smokers said that they would stop smoking in the vicinity of others if requested to do so.

### Pre-Campaign Evaluation of Draft Materials

All television ads were extensively pre-tested with groups of women and male smokers in three regions of the country (northern, southern and central) to ensure understanding and cultural appropriateness.

This evaluation included qualitative testing of an ad adapted from a United States (Massachusetts) ad called 'Kids' (further described in the Campaign Description section, below) which focused on the negative effects of secondhand smoke on children. The ad's adaptation included re-shooting of the main character in the ad using a local actor speaking Vietnamese. The evaluation showed that the content of the ad (black and white images of children breathing in secondhand smoke while a girl speaks about the harms of secondhand smoke to children) quickly drew people's attention and was persuasive, and the information from the ad was clearly understood.

### Campaign Description

Seven TV ads were used in the campaign, as well as several print and radio ads. Three of the TV ads addressed the specific harms caused by cigarette smoke (lung cancer, stroke, and heart disease) to smokers and surrounding people, and they were adapted from Aus-

tralia's *Every Cigarette is Doing You Damage* campaign. While the original Australian ads pictured smokers smoking alone, the Vietnamese versions included numerous non-smokers in the ads and a voice-over that stated "Cigarette smoke causes COPD, lung cancer, and stroke for you and surrounding people" in order to emphasize the harms to smokers and non-smokers as well.

The fourth TV ad in the campaign was adapted from an ad produced for United States (Massachusetts) called 'Kids'. As mentioned above, this ad focused on secondhand smoke's effects on children's health. The final three ads modeled women speaking up against smoking in the home, in the workplace and in public places. The radio and print ads mirrored the general content of the television ads.

The media campaign was conducted in two waves, the first in mid-2006, and the second in mid-2007. During both waves, the ads were aired on a variety of local television stations.

### Process Evaluation

See the Outcome Evaluation section, immediately following.

### Outcome Evaluation

A baseline pre-campaign survey and a post-campaign survey were conducted to evaluate process and outcomes. The post-campaign survey was started immediately after the end of the second campaign wave. See data from outcome evaluation in Findings section directly below.



# Findings

## A. People were more persuaded by health-related messages than by economic arguments.

In quantitative research before the campaign, 87.6% of people said that they were persuaded by the stated health hazards of smoking, and 70% were persuaded by the health effects of secondhand smoke on children, wives and surrounding people. Comparatively, only 45% of respondents were persuaded by economic arguments.

## B. Advertising produced elsewhere and adapted locally proved to be relevant and persuasive.

A series of ads from the Australian Every cigarette is doing you damage campaign were identified as relevant to Vietnamese viewers. Adaptations were done to make the ads culturally appropriate, such as modifying language, settings, and messages. In addition, in qualitative research, an ad from the United States (Massachusetts) adapted with a Vietnamese actor and Vietnamese language was found to persuasively communicate the harms of secondhand smoke to children and, thus, was used in the campaign. The campaign staff stated that “International experience is invaluable and cost effective [as long as considerations are made for] local cultural settings.”

## C. The campaign contributed to improved awareness among the target population of the health consequence of smoking and passive smoking.

The proportion of male participants able to mention two or more smoking-related diseases increased from approximately 53% in 2005 to 71% in 2007; two or more passive-smoking related diseases from approximately 44% in 2005 to 66% in 2007; and two or more smoking-related consequences to pregnant women from 16% in 2005 to 47% in 2007.

In addition, in the baseline survey (2005), 75% of male participants knew that smoking causes respiratory diseases and 34% knew that it causes lung cancer, but in the 2007 survey, these proportions were 80% and 58%, respectively. Similarly, in the 2005 survey, 72% of male participants knew that passive smoking causes respiratory diseases and 34% knew that it causes lung cancer; by 2007, these rates increased to approximately 78% and 47%.

Furthermore, the proportion of female partici-

pants in three provinces able to mention two or more smoking-related diseases increased from 47% in 2005 to 59% in 2007. In the baseline survey (2005), 79% women knew that passive smoking causes respiratory diseases and 30% knew that it causes lung cancer; these proportions increased to 84% and 49%, respectively, in the 2007 post-intervention study.

## D. The campaign helped increase public support for smoke-free environments.

While the majority of smoking male respondents in both surveys agreed that everyone should be protected from exposure to tobacco smoke, the level of support significantly increased (92.8% in 2005 to 95.1% in 2007). Likewise, while the vast majority of female respondents in both surveys agreed to the same point, the level increased significantly, from 96.9% in 2005 to 98.4% in 2007.

## E. Some data indicate that in the areas where the campaign was conducted, smokers and non-smokers changed their behaviors in positive manner.

In the Thai Binh province, the proportion of men who claimed they had not smoked inside their homes within the past week increased from 1% to 11% over the project’s lifetime. Those who claimed that they did not smoke in front of their wives increased from 11% to 18%, and those who claimed that they had not smoked in front of their colleagues within the past week increased from 16% to 29%. The degree of change in other provinces was not clear.

In addition, of the women who claimed that they had interactions with smokers, the percentage of women who requested smokers to stop smoking in front of them increased from 27% (2005) to 35% (2007). The proportions in the Thai Binh province were 38.5% and 65%, respectively.

## F. In the areas where the campaign was conducted, the public’s exposure to secondhand smoke declined (particularly among women and children).

The percentage of women who lived in families with at least one smoker and with children (under the age of 16) saying that their children inhaled passive smoke in the previous three months declined from 68% in 2005 to 48% in 2007. The percent-

age of women reporting that their family members inhaled SHS everywhere and at any time decreased from 27% to 16%.

The average amount of claimed exposure to second-hand smoke also declined, at home (from 5.4 days/week in 2005 to 3.6 days/week in 2007), at work (from 2.2 days/week to 1.27 days/week in 2007), and in public places (from 1.6 days/week in 2005 to 1.26 days/week in 2007).

### Contact Information

General information about this campaign, along with reports relating to success of various other tobacco control initiatives in Vietnam, can be found at [http://www.healthbridge.ca/tobacco\\_reducing\\_e.cfm](http://www.healthbridge.ca/tobacco_reducing_e.cfm).

For more information about this campaign, please contact:

Dr. Pham Thi Hoang Anh

HealthBridge Vietnam

Email: [phanh@healthbridge.org.vn](mailto:phanh@healthbridge.org.vn)

## Appendix A

# Glossary

Many of these definitions have been taken from the Centers for Disease Control and Prevention's *Designing and Implementing an Effective Tobacco Counter-Marketing Campaign*. Others were developed by the authors.

### Aided Recall

A research measure frequently used to determine whether and what respondents remember about a campaign or an advertisement they have seen or heard. The interviewer may use a short description of the campaign or ad to prompt respondents to determine whether they remember that particular ad or campaign, versus others on similar topics. (See Unaided Recall definition for contrast between two terms).

### Appeal

A message quality that can be tailored to one's target audience(s). This term refers to the motivation within the target audience that a message strives to encourage or ignite (e.g., appeal to the love of family, appeal to the desire to be accepted by peer group).

### Attitudes

An individual's predispositions toward an issue, object, person, or group, which influence his or her response to be either positive or negative, favorable or unfavorable.

### Audience

The group of individuals that a campaign is directed toward or wants to communicate with. Or the number of people or households that are potentially exposed to an advertising or marketing tactic (such as a radio ad, grassroots event, newspaper article) or other intervention.

### Audience Profile

A formal description of the characteristics of the people who make up a target audience. Some typical characteristics useful in describing audiences include media habits (e.g., newspaper and magazine readership, television [TV] viewership, radio listenership, and Internet use), family size, residential location, education, income, lifestyle preferences, leisure activities, religious and political beliefs, level of acculturation, ethnicity, ancestral heritage, consumer purchases, and psychographics. An audience profile can help you to develop more effective media messages and interventions based on an improved understanding of the audience.

### Audience Segment(s)

A group of people who share a set of common characteristics. On the basis of these similarities, one can develop program elements and communications activities that are likely to be successful with most members of the segment.

### Baseline Study

The collection and analysis of data regarding the target audience or environment before an intervention. Generally, baseline data are collected to provide a point of comparison to the data collected during the intervention and at its conclusion.

### Bonus Weight/Time

Additional advertising space or time given free as a "bonus" by the media outlets for buying ad time.

### Channels (also called Vehicles)

The routes or methods used to reach a target audience (e.g., mass media channels include TV, radio, newspapers, and magazines; interpersonal channels include parents and health professionals; organizational channels include faith-based organizations; community channels include community events, such as health fairs and sporting events).

### Communication Check (or "Comm Check")

In advertising, a type of pretest to measure whether the messages and impressions played back by the audience after viewing the ad (the overall "take away") are as intended.

### Concept Testing

The process of 1) learning about the target audience's responses to possible concepts on which you might base your message, and 2) assessing which of the concepts is most persuasive and has the greatest likelihood of changing attitudes and behaviors. This process usually requires qualitative research such as focus groups.

### Copy

The written text in print materials (e.g., ads, newspaper articles, books) or the spoken words in radio or TV (e.g., ads). This term is also used more broadly to signify a whole ad or body of ads. For example, someone might make reference to needing to develop new copy for the following year's campaign.

### Creative

This word is typically used as a noun in the advertising industry and has two meanings: 1) the advertising agency staff (artists and writers) who create advertising ideas and concepts are called "creatives," and 2) the body of work that the creatives produce is called "the creative" and is always used in singular form.

## Demographics

Data, such as gender, age, ethnicity, income, or education, which can be collected from a target audience and which can be useful for defining the target audience and understanding how to communicate more effectively with them.

## Earned media (also called Free Media or News Making)

Coverage of your story without paying for media placements. Examples include letters to the editor, op-eds, coverage of press conferences, appearances on talk shows or local news programs, and on-air or print interviews. Such coverage is called “earned media” because you have to develop materials (e.g., news releases, press kits), work with reporters (e.g., by holding press conferences, proactively contacting reporters), and expend resources to get it; however, you do not pay for the placement of the messages in the stories.

## Environmental Tobacco Smoke (ETS)

Smoke that comes from the burning of a tobacco product and that is exhaled by smokers. Inhaling environmental tobacco smoke is called involuntary smoking, passive smoking or exposure to secondhand smoke.

## Executions (or Creative Executions)

Different creative approaches for communicating the same message strategy, usually involving variations in copy, tone, casting, setting, wardrobe, music, etc. Typically each ad campaign will develop, and perhaps use, several different executions, with each execution being a unique way to communicate the same main message.

## Flight

A concentration of advertising placements over a period of time. For example, media campaign managers often buy media in “flights” of 3 to 6 weeks. The ads may air for a flight, then go off the air for several weeks, then return for an additional flight in order to conserve a limited budget.

## Focus Groups (or Focus Group Discussions)

A qualitative research method in which a skilled moderator, using a discussion guide of open-ended questions, facilitates a 1- to 2-hour discussion among 5 to 10 participants who are encouraged to talk freely and spontaneously. The discussion guide is developed on the basis of the goals of the research and on what information about the participants is sought. As new topics related to the material emerge, the moderator asks additional questions to learn more. Focus groups are often used during the planning and development stages to identify previously unknown issues or concerns, or to explore reactions to potential actions, benefits, concepts, or communications materials.

## Formative Evaluation (also called Pre-Campaign Evaluation of Draft Materials)

Evaluation research conducted during program development. May be used to pretest concepts or rough-produced ads and other materials, and to pilot test interventions and programs.

## Formative Research

Research conducted during the development of a program to help decide on and describe the target audience, understand the factors that influence their behavior, and determine the best ways to reach them. It looks at behaviors, attitudes, and practices of target groups; involves exploring behavioral determinants; and uses primarily qualitative methods to collect and analyze data. Formative research may be used to complement existing epidemiologic and behavioral data to assist in program planning and design.

## Frequency

Used in marketing and advertising to describe the average number of times an audience is potentially exposed to a specific media message or marketing intervention over a certain period of time (usually 4 weeks).

## Goal

The overall health improvement or other significant advance that a program, organization, or agency strives to create.

## GRPs (Gross Rating Points)

See the definition for “Rating points.”

## High Impact Advertisements

The term “high impact” is frequently used to reference messages or advertising concepts that elicit strong, usually negative, emotions among viewers. Matthew C. Farrelly, PhD, Senior Director with RTI International, an international research company, defines high-impact advertisements as those that “...use graphic images and/or have strong negative emotional appeals.”

## Impact Evaluation (also called Outcome Evaluation)

The systematic collection of information to assess the impact of a program and to measure the extent to which a program has accomplished its stated goals and objectives. This information can be used to draw conclusions about the value of a program, and to make recommendations about future program direction or improvement.

## Impressions

An impression is a single instance of an advertisement being viewed by a single person. When referred to in plural (impressions) this refers to the number of times an advertisement is viewed by an entire audience.

## Indicator

A specific, observable, and measurable characteristic or change that shows the progress a program is making toward achieving a specified outcome. For example, the “number of days that you smoked during the past 30 days” is an indicator of smoking behavior. Researchers often use several indicators to represent a complex concept such as behavior.

## Language

Includes form and pattern of speech. It may be spoken or written, and it is used by residents or descendants of a particular area, region, or nation or by a large group of people. Language can be formal or informal and includes dialect, idiomatic speech, and slang.

## Marketing

The process of planning and executing the conception, promotion, and distribution of ideas, goods, and services to create exchanges that satisfy consumers.

## Media

Channels for disseminating your message and materials. Mass media include TV, radio, newspapers, magazines, billboards, public transportation, direct mailings, Web sites, and others.

## Media Buy

The purchase of advertising time or space, depending on the medium, be it television, radio, print or Web, or some combination of these. Sometimes referred to as scheduling or placement.

## Media Campaign Plan

See the definition for “Communications Plan.”

## Media Placement Plan (or Media Buy Plan or Media Plan)

The specific schedule of paid placements that have been negotiated for an ad or set of ads. The media placement plan details the times and programs during which TV and radio ads will be aired, the locations and sizes of billboards that will be placed, the magazines, issues, and specific placements into which print ads will be placed, etc. The media placement plan also contains a summary of target audience reach and frequency, typically per 4-week period.

## Medium or Media (plural)

Communications vehicles used to convey a message to the public, such as TV, radio, the Internet, billboards, newspapers, neighborhood publications, magazines, comic books, billboards, posters, music, and point-of-purchase displays.

## Objectives

Quantifiable statements describing the intended program achievements necessary to reach a program goal. Ideally, objectives should be specific, measurable, achievable, relevant, and time-bound.

## Omnibus Survey

A survey that covers a number of topics. Typically clients share the cost of conducting research, with individual subscribers receiving the portion of the information that is collected specifically for them. Also called a piggyback survey.

## Outcome Evaluation

See the definition for “impact evaluation.”

## Paid Media (also called Paid Advertising)

The placement of messages through advertising on TV, radio, print, outdoor media, the Internet, etc. Because placements are paid for, the exact placement and content of the messages can be controlled, making them very useful in targeting specific audience segments. However, paid advertising can be very expensive, making it difficult to use effectively with a small budget.

## Partners

Individuals or organizations/agencies that contribute to the efforts initiated by a leader or a head organization/agency. Partners can have a variety of roles (e.g., contribute research data, share evaluation experience, help spread the health message).

## Pilot testing

Implementing and evaluating the program in a limited area for a limited amount of time to make program adjustments based on the pilot experience.

## Pretesting

A type of formative evaluation that involves assessing the target audience's reactions to campaign messages, materials, or both before they are finalized. This will help to determine if the messages and materials are likely to achieve their intended effects.

## Primary Target Audience(s) (or Primary Audience(s))

The group(s) of individuals deemed most important to reach and influence for a communications effort. The primary audience is a portion of a larger population selected because influencing that group will contribute most to achieving the campaign's objectives. Secondary audiences may also be chosen, but the greatest emphasis will be on achieving key objectives through communication with the primary target audience.

## Process Evaluation

The systematic collection of information to document and assess how well a program is being implemented. Process evaluation includes assessments such as whether materials are being distributed to the right people and in what quantities, whether and to what extent program activities are occurring, whether and how frequently the audience is being exposed to your ads, and other measures of how and how well the program is being implemented. This information can help you determine whether the original program is being implemented as designed and can be used to improve the delivery and efficiency of the program.

## Program Evaluation

The systematic collection of information about a program's activities and outcomes for the purpose of making judgments about the program, improving program effectiveness, and informing decisions about future program development.

## Psychographics

A set of variables that describes an individual in terms of his or her overall approach to life, including personality traits, values, beliefs, preferences, habits, and behaviors. Psychographics are not usually related to health-specific issues, but more commonly to characteristics such as consumer- or purchase-specific behaviors, beliefs, and values.

## Public Relations

Using various communications channels, such as earned media, paid advertising, media relations, Web sites, speakers' bureaus, and/or brochures, to help the public understand your organization, its programs, and its products and services, as well as to build a positive image of them in the community.

## Public Service Announcement (PSA)

A form of advertising that can be delivered via TV or radio and that is aired free of charge by the media. There is limited control over when or how often PSAs are aired, making them less effective in reaching specific target audiences than paid advertisements.

## Qualitative Research

Research that focuses on in-depth audience insights and information as opposed to collecting numerical measures. Qualitative research is useful for exploring reactions; collecting information about feelings, impressions, and motivations; and uncovering additional ideas, issues, or concerns. Results from qualitative research cannot be generalized to the whole target audience because the participants don't constitute a representative random sample, samples are relatively

small, and not all participants are asked precisely the same questions. Focus groups and in-depth individual interviews are common types of qualitative research.

## Quantitative Research

Research designed to count and measure knowledge, attitudes, beliefs, and behaviors by asking a large number of people identical (and predominantly closed-ended) questions. Quantitative research yields numerical data that can be analyzed statistically. If the respondents are a representative random sample, quantitative data can be used to make statements about the intended audience as a whole. Quantitative research is useful for measuring the extent to which knowledge, attitudes, or behaviors are prevalent in an audience. Surveys are a common type of quantitative research.

## Random Sample

A sample of respondents in which every member of the target population has an equal chance of being included in the sample.

## Rating Points

Used in media buys to measure the exposure of the audience to an advertisement. Target Audience Rating Points (TARPs) and gross rating points (GRPs) are the two main types of rating points. TARPs are obtained by multiplying the percentage of the target audience potentially reached ("reach") by the number of times that this percentage will potentially see the message ("frequency"). GRPs are a similar measure of exposure, but among the whole population, rather than just the specific target audience. Often the two terms (TARPs and GRPs) are used interchangeably to mean exposure among the selected target audience. Rating points are usually, but not necessarily, expressed in 4-week figures. For example, an agency may recommend buying 1,200 rating points over 3 months, which means an average of approximately 400 points per 4-week period.

## Reach

Used in advertising to describe the percentage of the total target audience potentially exposed to a specific media message during a specific period (usually 4 weeks).

## Recall

The extent to which respondents remember seeing or hearing a message shown in a competitive media environment. Recall is often used as a survey measure, typically focusing either on the main idea of an ad or the overall awareness of an ad. (Also see Aided Recall and Unaided Recall).

## Schedule/Flow Chart

A list or graphic of the media placements that have been bought and when they are going to air or appear.

## Secondary Target Audience(s) (or Secondary Audience(s))

Group(s) of individuals in addition to the primary audience(s) that the campaign efforts seek to reach and influence. Secondary audiences may be a subset of the primary audience (e.g., lower-income female smokers, if adult smokers are the primary audience); groups that may help reach or influence the primary audience (e.g., parents or teachers, if youth aged 12-17 years old is the primary audience); or other groups that are important for reaching the campaign's objectives (e.g., policy makers, if changes in policies and individual behavior are both necessary).

## Secondhand Smoke

Also known as environmental tobacco smoke (ETS) or passive smoke. A mixture of two forms of smoke from burning tobacco products, specifically: side stream smoke that comes from the end of a lighted cigarette, pipe or cigar; and mainstream smoke that is exhaled by a smoker.

## Stakeholders

Individuals or organizations that are invested in the program and its outcomes. They include those involved in the campaign's operation (e.g., managers, staff, funders, partners), those served or affected by the program (e.g., advocacy groups, target group members), and those in a position to make decisions about program efforts.

## Storyboards

Illustrations and accompanying scripts that represent ideas for scenes for television advertisements.

## Strategy

The overall approach that a campaign takes. Effective strategies contribute toward achieving campaign goals and objectives. Strategies should be based on knowledge about effective marketing techniques; the target audience's needs and characteristics; the staff's capabilities, and the campaign's timeline, and resources.

## Surveillance

The ongoing, systematic collection, analysis, and interpretation of data essential to planning, implementation, and evaluation of public health programs. For example, this would include assessing at regular time intervals target audience beliefs, attitudes, and behaviors related to tobacco use. Surveillance efforts can also track health outcomes over time.

## Tailoring

The adaptation of campaign components to best fit the relevant needs and characteristics of the target population.

## Target Audience (Target Population)

The group of people the program intends to involve and affect in some way. The target audience shares common characteristics that help guide decisions about program development.

## (TARPs)

See the definition for "Rating Points."

## Tone

A message quality that can be tailored to one's target audience(s). This term refers to the manner in which a message is expressed (e.g., an authoritative tone, an alarming tone, a friendly tone).

## Unaided Recall

A research measure that helps determine whether respondents remember seeing or hearing an ad or campaign. The unaided recall measure does not use a description of the ad or campaign to prompt the respondent. The respondent must be able to describe the communications well enough without aid to convince the interviewer that he/she recalls the specific ad or campaign. (See Aided Recall definition for contrast between two terms).

## Unpaid Media

See the definition for "Earned Media."

## Variable

A characteristic of an object of measurement that can take on a range of values (e.g., height, test scores, gender, whether parents are smokers).

## Weight

The amount of any single advertising medium used, or used in combination. The media weight of a campaign is the combined amount of advertising time and space purchased or secured for the campaign's ads.

## Weighted

How much the campaign's placements are slanted or focused in one way (i.e., toward one medium; toward women, toward older smokers). For example, if a campaign is heavily weighted toward television, that campaign purchased large amounts of television advertising time versus time/space for radio, print or other vehicles.

## Appendix B

# Questionnaire Used to Solicit Campaign Data

The following questions were sent via email to each campaign manager or content owner upon initial contact and introduction to the project. Responses were returned to the project manager via email.

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 of the campaign?
7. What was the target audience? Why?
8. What formative research was conducted? Specifically, what was done to glean insights about the target audience and its relation to tobacco, smoking, secondhand smoke, as well as to gain reactions to potential message strategies?
9. What were the messages strategies selected? Why were they selected?
10. What were the media vehicles/channels selected? Why were they selected?
11. What other marketing interventions were used? Why were they selected?
12. What approaches, if any, were used to gain news media coverage on the campaign topic?
13. Please provide a copy or description of the media placement plan (when and through which vehicles advertisements were aired/placed).
14. Was a formative evaluation completed? If so, please describe the process and outcomes. Specifically, what sort of evaluation was conducted among the target audience(s) to get reactions to draft communications materials?
15. What advertising/communications approaches were used (e.g., fear, logic, facts, authority, hope)? Why were these approaches chosen?
16. What methods were used to evaluate this campaign? What was learned? (please address awareness builds, knowledge builds, attitude changes and behavior changes)
17. What is the overall analysis of the campaign and its results?
18. Is there any other important information or data that is 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.



## Appendix C

# Contributing Individuals and Organizations

The following people supplied information for this review of international secondhand smoke campaigns. The list includes first name, last name, the organization with which they were affiliated during the development of this document, and the country in which they work. The list is organized alphabetically by last name.

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Marietta Dreher, ClearWay Minnesota, United States

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Nigel Fox, Office of Tobacco Control, Ireland

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## Appendix D

# Review Panel

The following people provided their time and expertise in the development of this document, in terms of guidance on content as well as format. The list includes first name, last name, the organization with which they were affiliated during the development of this document, and the country in which they work. The list is organized alphabetically by last name.

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Carys Horgan, American Cancer Society, United States

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Paula Johns, ACT, Brazil

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Sandra Mullin, World Lung Foundation, United States

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Jackie Tumwine, Health & Environmental Rights Organisation (HERO), Uganda

Ami Valdemoro, American Cancer Society, United States

Nichole Veatch, Campaign for Tobacco Free Kids, United States

Domilyn Villarreiz, World Health Organization, Philippines

Jane Webb, Independent Marketing Consultant, England

Cassandra Welch, American Cancer Society, United States

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