Informing Media Strategies to Increase Connecticut Quitline Utilization

Anna McCullough, MSW, MSPH, CTTS;1 Clare Meernik, MPH;1 Leah Ranney, PhD;1 Barbara Walsh;2 Adam O. Goldstein, MD, MPH1

1. Tobacco Prevention and Evaluation Program, Department of Family Medicine, UNC School of Medicine
2. Tobacco Use Prevention and Control Program, Connecticut Department of Public Health

Background

- $2 million allocated to Connecticut (CT) Department of Public Health to execute a culturally competent, integrated statewide tobacco use cessation media campaign
  - Target adults from groups with disparate rates of tobacco use and disease
  - Use ads from CDC’s “Tips from Former Smokers” campaign
  - Incorporate referrals to CT Quitline
- Ads ran from November, 2013 – September, 2014
- Average monthly CT Quitline: lower than expected
- Participants received meal and $50 gift card incentive
- Tested five ads available through CDC Media Campaign

Methods

Recruitment and focus group composition
- Recruitment via radio ad, flyers, and in-person city centers
- Adults age 18 or older who reported current smoking
- Participants received meal and $50 gift card incentive
- Eight focus groups in two cities
  - Group size between 10 – 16
- Representative of campaign target populations: African-American (29%), Hispanic (23.5%), ≤ HS education (55.1%)

Focus group implementation
- Focus groups led by third party moderator
- Tested five ads available through CDC Media Campaign

Recruitment and focus group composition

Theme 1: Participants turn to the internet and healthcare professionals for information about quitting

- Many participants reported online searches as their preferred method for information about smoking and quitting, and described using generic search strategies rather than seeking out specific websites (e.g., the CT Quitline website shown at the end of TV ads). Healthcare providers were identified as another preferred information source.

Theme 2: Awareness of the CT Quitline is low, and knowledge of the scope of services is lower

- Fewer than 40% of participants had heard of the CT Quitline. Most with awareness saw ads on TV but did not know scope of Quitline services (e.g., did not know that free NRT is available through CT Quitline).

Theme 3: Participants experience serious barriers to quitting and have mixed perceptions about the utility of Quitline services

- Participants reported significant challenges with quitting related to strong addiction, engrained habits, and challenging social circumstances (e.g., stress, exposure to smoking at home). There was disagreement about the relative utility of services, but some consensus around the idea that programs would be helpful only if a person is ready and committed to quitting.

Theme 4: Graphic imagery plays strong role in ad recall and ratings, but overall reactions to ads are mixed

- Participants had high recall of CDC’s “Tips from Former Smokers” and the FDA’s “Real Cost of Smoking” campaigns, describing graphic images from these ads (e.g., hole in throat, ripping skin off). Responses to recalled ads were mixed: some participants described being impacted by the ads and motivated to think about quitting, others said the ads impacted them fleetingly or not at all and expressed skepticism that the health effects depicted in ads were truly caused by smoking.

Theme 5: Future media campaigns should continue using strong imagery to grab attention, but deliver a broader range of messages

- Participants’ ideas for creating more motivating, impactful ad campaigns centered on five themes:
  1. Ads must grab viewers’ attention or stand out in some way (e.g., graphic imagery, high production value)
  2. Ads should communicate more clearly and “honestly” the role of smoking in death and disease
  3. Ads should honestly depict the difficulties of quitting and also offer a hopeful message that quitting is possible
  4. Ads should include real stories of people who have quit, especially as a way to illustrate how the Quitline works
  5. Ads should focus on the effects of smoking on children and loved ones


deadline: 1-800-QUIT-NOW

Conclusions

- Information seeking strategies used by smokers from disparate populations may not facilitate information or access to the CT Quitline
- Participants face significant challenges with quitting and have low awareness and mixed opinions about Quitline services
- Ads with graphic imagery that elicit negative emotions have highest recall and were most highly rated
- Additional messages that offer hope and clearly demonstrate how Quitline can support people with quitting are also desired

Recommendaions

- Emphasize Quitline website in ad campaigns and supplement media messages with outreach to healthcare providers to better align with information sources used by this high risk audience
- Integrate information about Quitline services and processes into ads to increase awareness and decrease negative perceptions
- Consider introducing novel ads from the campaigns that tested well in these groups
- Consider developing new ads using a hopeful tone and featuring real success stories from Quitline users