Connecticut Tobacco Use Prevention and Control Program

CT Media Campaign Final Evaluation Report

2013-2014

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Connecticut Tobacco Use Prevention and Control Programs

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DPH Keeping Connecticut Healthy

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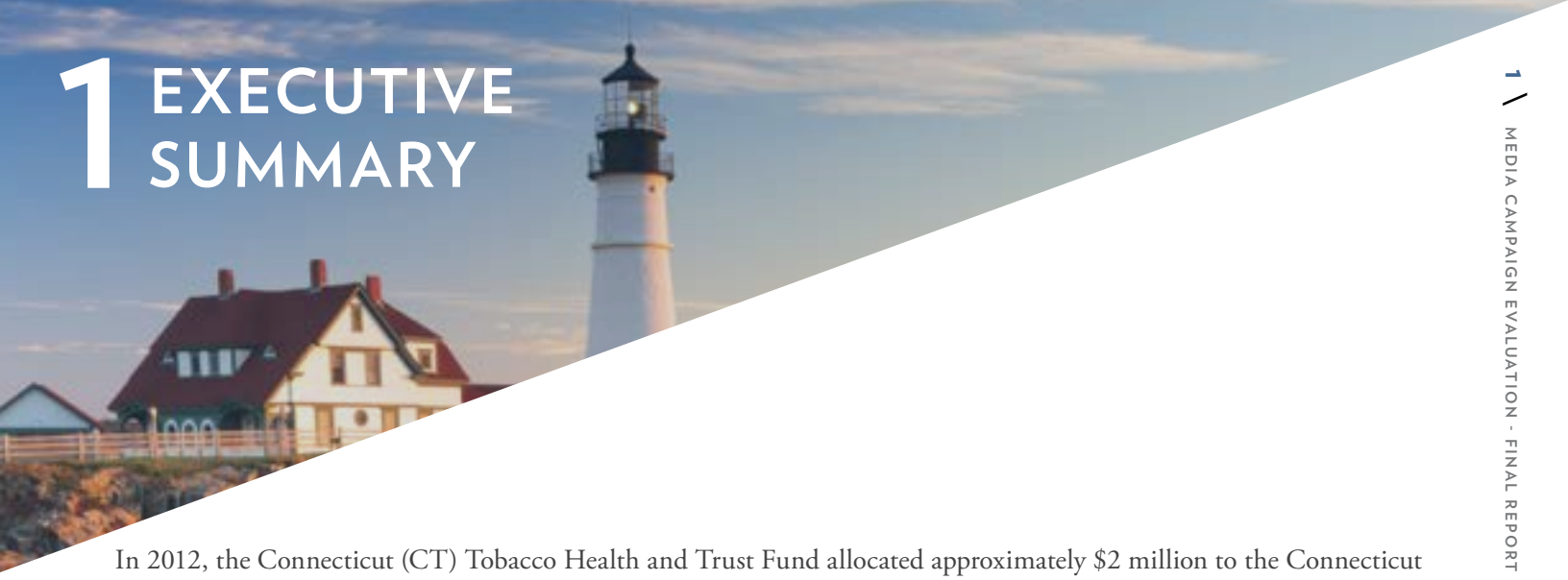


1 EXECUTIVE SUMMARY

In 2012, the Connecticut (CT) Tobacco Health and Trust Fund allocated approximately $2 million to the Connecticut Department of Public Health Tobacco Use Prevention and Control Program (CT DPH) for a tobacco control counter-marketing campaign. The campaign was intended to target adult tobacco users from groups that experience disparities in tobacco use rates and related health effects and to increase utilization of the CT Quitline. The campaign used ads from the Centers for Disease Control and Prevention (CDC) Tips from Former Smokers campaign and ran from November, 2013 to September, 2014. CT DPH worked with a media contractor to place ads on television, radio, in print, online, and in out of home venues such as bus shelters and movie theaters. Ad placement was primarily targeted to young adults (ages 18-24), a group with high tobacco use rates and low utilization of the Quitline.

The campaign met CDC Best Practices recommendations for campaign duration and exposure levels. However, the campaign did not have the anticipated impact on CT Quitline call volume, as overall call volume during fiscal year 2013-2014 was lower compared to the previous year. However, monthly call volume did increase in relation to campaign exposure, suggesting a small but meaningful impact of the campaign. Quitline callers from two campaign target populations – callers reporting African-American race and callers with low socioeconomic status – were represented at rates higher than their proportion of CT residents who smoke. It is likely that the focus of media placement on young adults, who have notoriously low Quitline utilizations, contributed to lower than expected campaign impact on Quitline call volume.

Focus groups designed to assess awareness and perceptions of existing tobacco cessation media campaigns and cessation resources revealed that participants (CT adult tobacco users) had high recall of tobacco cessation television ads, including Tips ads used in the CT sponsored campaign. However, awareness of the CT Quitline and its services was low. While ads depicting the serious health consequences of smoking were rated as most attention getting, participants also endorsed a desire for messages that employ a more positive, hopeful tone and offer clear information about how the Quitline can help people quit tobacco.

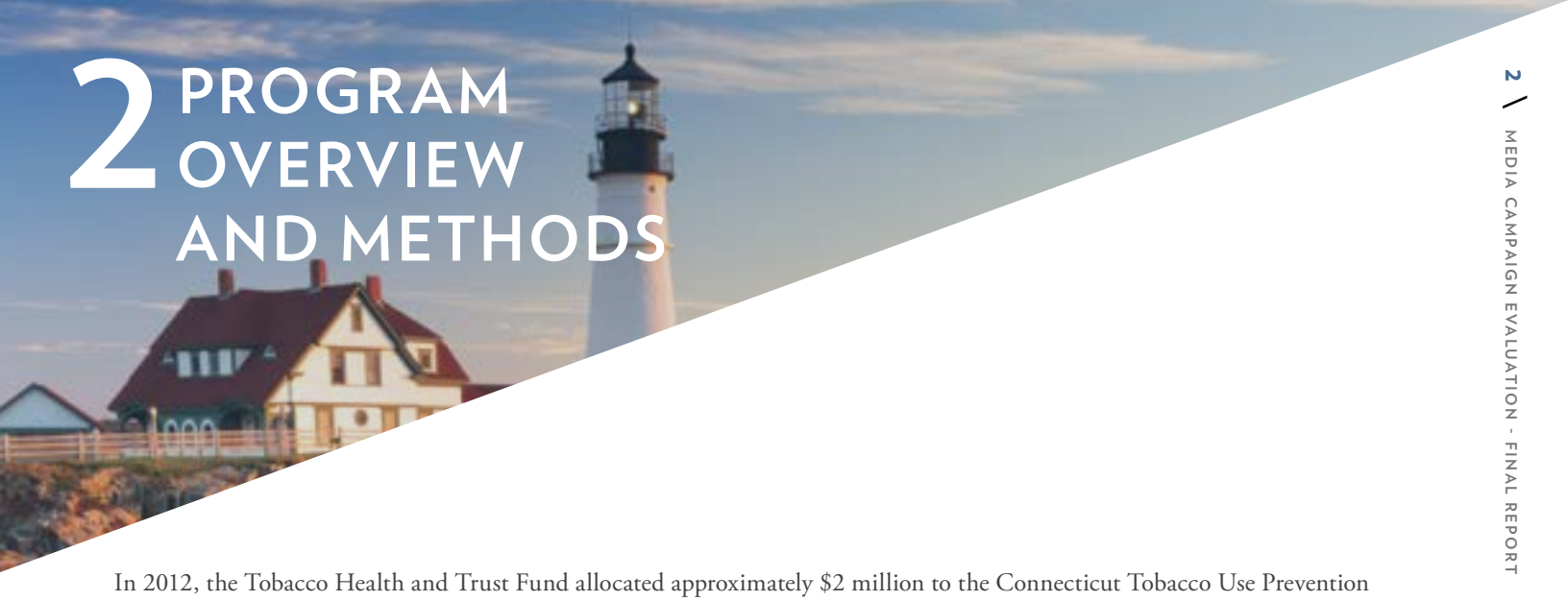
Broadcast TV and online ads reached the highest number of potential viewers at the lowest cost and should be emphasized in future campaigns. Focus group participants identified healthcare providers as one of the most commonly sought sources of information about quitting, and coordinating outreach to providers with future media campaigns may help increase awareness and utilization of the CT Quitline.

Based on these findings, planning for future statewide tobacco control counter-marketing campaigns seeking to increase CT Quitline utilization should consider the following recommendations:

1. Focus future campaign ad buys on TV and online placement, targeting ad placement appropriately to maximize reach to caller from disparate populations.

2. Utilize a mix of attention grabbing ads focused on the serious health consequences of tobacco use (e.g., Tips ads) with ads that provide clear and compelling information about the Quitline using a positive, hopeful tone (e.g., ads featuring people who have successfully quit using the Quitline).

3. Coordinate mass media efforts with outreach efforts to healthcare providers, who are an important source of information about tobacco use and quitting and a top source of referral to the Quitline.



2 PROGRAM OVERVIEW AND METHODS

In 2012, the Tobacco Health and Trust Fund allocated approximately $2 million to the Connecticut Tobacco Use Prevention and Control Program for a tobacco control counter-marketing campaign. The CT Tobacco Program contracted with The PITA Group to design and execute a culturally competent, integrated statewide tobacco use cessation media campaign, with goals of: a) Targeting adults from groups with disparate tobacco use rates and/or disparate rates of tobacco-related disease (i.e. ages 18-24 who are "straight to work" and did not attend college after high school, low socioeconomic status, Hispanic ethnicity, African-American race, and LGBT orientation); b) Using ads from the CDC Tips From Former Smokers campaign tagged with the Quitline number and website and developing selected other coordinating materials; and c) Developing ads and using technology that resonated with target audiences.

The campaign launched in November 2013 and ran for a total of 11 months, concluding in September 2014 with bonus TV spots running through December 2014. The campaign included a mix of English and Spanish language Tips ads on TV, radio, in print in magazines, online, and in out of home venues such as bus shelters and movie theaters. Online ads were placed via three online ad exchanges and on Pandora, an internet radio station. Additionally, the PITA group maintained active Facebook and Twitter accounts for the campaign using the previously created "CT Quits" logo. Ad placement was skewed heavily towards a young adult audience, a difficult to reach population known to be less likely to receive health professional advice to quit and less likely to use cessation counseling and/or medication.[1]

A second year of the media campaign was planned, but no additional ads were aired after the first campaign wave ended in December 2014. This report provides a final evaluation of the 2013-2014 campaign, using qualitative focus group data and quantitative registration data from Quitline fiscal year 2013-2014 to assess campaign awareness, impact, and cost and to offer recommendations for future mass media efforts.

3 KEY FINDINGS & OUTCOMES

A. Media campaign awareness and perceptions

Focus groups were designed to assess awareness and perceptions of existing tobacco cessation media campaigns and cessation resources, including the CT Quitline, and to inform strategies for the planned second year of the media campaign. Full focus group findings have been separately reported; summary findings are presented here regarding key questions about awareness and perceptions of cessation media campaigns and cessation resources.

Eight focus groups were conducted in September, 2014 over two days in New Haven and Hartford. Ninety-eight adults over age 18 who reported current smoking participated in the groups, with focus group composition including good representation from several media campaign target populations, including African-Americans (29%), Hispanics (23.5%), and people with a high school education or less (55.1%).

Awareness of the CT Quitline was low among focus group participants, with less than 40% indicating they had heard of the Quitline and many fewer reporting knowing what the Quitline offered or how to contact the Quitline. Among participants who had heard of the Quitline, most reported seeing ads on TV, but indicated that the information flashed at the end of ads was not sufficiently salient or attention grabbing.

Though Quitline awareness was low, recall of tobacco cessation ads was high. Most participants reported seeing ads on TV, with many recalling ads from the CDC Tips campaign and the FDA Real Cost campaign. Participants' evaluations of how ads impact perceptions about tobacco use and motivation to quit were mixed. Some participants described the ads as being attention getting and eliciting negative emotions, but said that even if an ad makes them feel motivated to quit, that motivation is usually fleeting and dissipates once the ad is over. Other participants described such ads as helpful in moving people towards quitting, inspiring them to work on reducing their smoking or think about trying to quit in the future.

Participants offered a number of suggestions about how tobacco cessation ads could be more motivating. Consensus formed around the idea that ads need to grab a viewer's attention or stand out in some way. Ads depicting the serious health consequences of smoking were rated as most attention getting and motivating across groups, though many participants also expressed a desire for additional messages that include a more hopeful tone and more clearly demonstrate how the Quitline can support people in becoming tobacco-free. Future media campaigns should consider integrating more information describing Quitline services into ads using a positive, hopeful tone, including ads that show real people who have had success using the Quitline. Attention grabbing ads portraying the consequences of smoking while emphasizing the availability of cessation resources may have a greater impact on promoting cessation and use of cessation services among CT tobacco users.

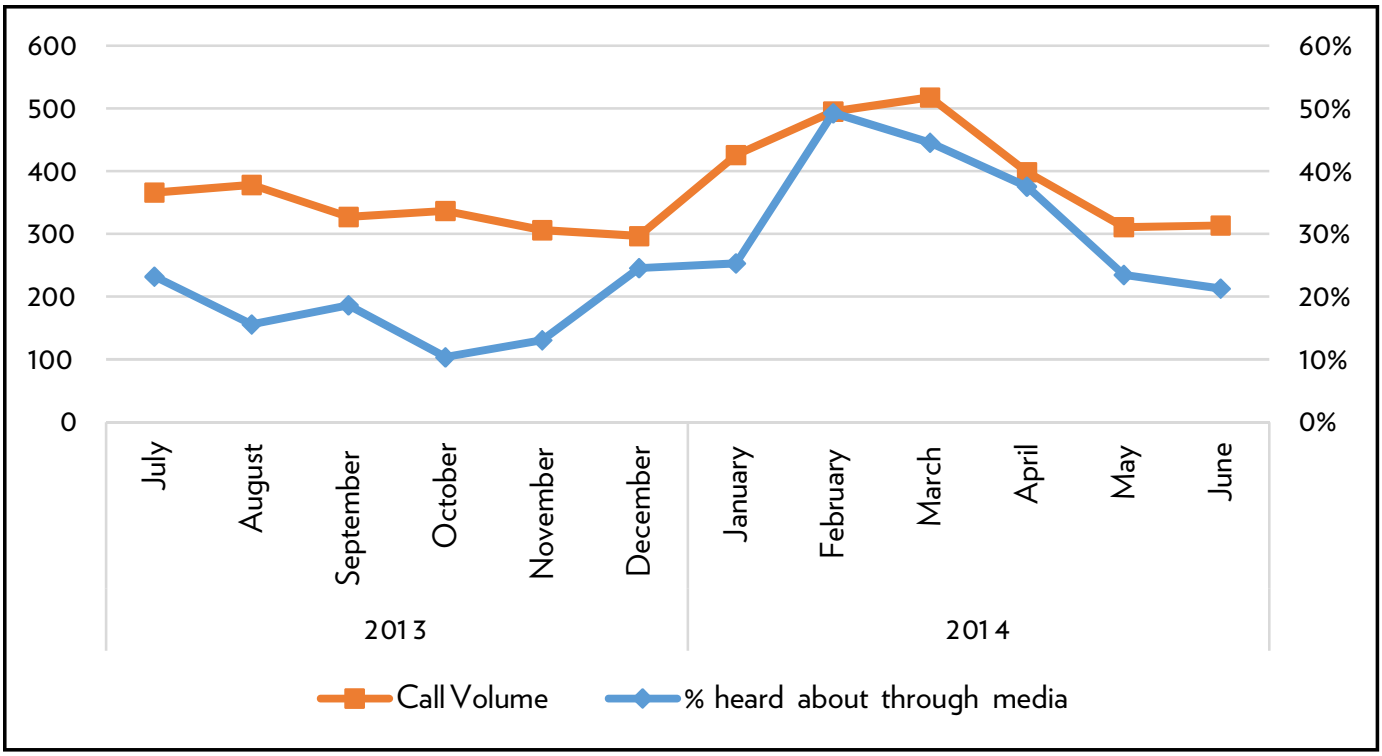
As TV ads were the most cited source of Quitline information among those who knew about the Quitline, future campaigns should focus ads on TV placement. Participants also indicated that healthcare providers and online searches were top sources of information about tobacco use and quitting. As such, future campaigns should focus on TV and online advertising and coordinate media activities with outreach and training for healthcare providers on addressing tobacco use and referring patients to the Quitline.

B. Media campaign impact on CT Quitline caller volume

The statewide media campaign, tagged with the CT Quitline number and website, was conducted through the final eight months of fiscal year (FY) 2014 (November 2013-June 2014), yet overall Quitline call volume during the FY 2014 was 38% lower than in the previous 12 months (in which both state and federal campaigns were on air in CT). Though the media campaign did not have the anticipated impact on overall Quitline call volume, reported campaign exposure was relatively high and this exposure seemed to have a small but meaningful impact on monthly caller volume.

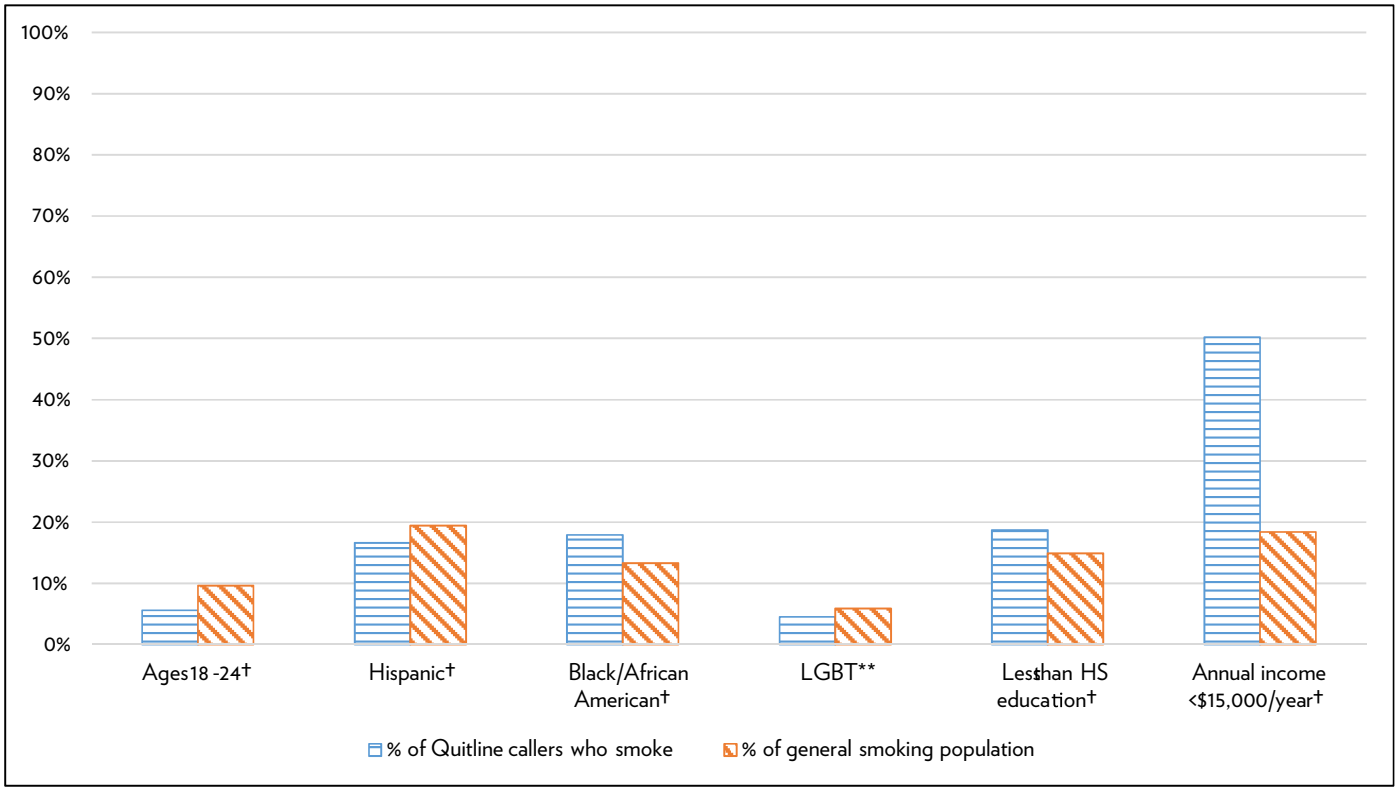
Almost one-third of callers reported hearing about the Quitline from a TV ad (21%) or from other non-TV media (6%) (i.e., radio, outdoor ad, newspaper/magazine, and online), and TV ads were the second most frequently cited source of information about the Quitline (behind healthcare providers). Additionally, a positive relationship between campaign exposure and overall monthly caller volume was observed, with the proportion of callers reporting hearing about the Quitline from TV or other media source associated with a higher number of registrations during that month (Figure 1).

FIGURE 1. HOW CALLERS HEARD ABOUT THE CT QUITLINE IN RELATION TO MONTHLY CALL VOLUME



Though the direct effect of the media campaign on reaching callers from disparate populations identified as campaign target groups is unknown, callers from two target populations – callers reporting African-American race and callers with low socioeconomic status (i.e., less than high school education and annual income less than $15,000 per year) – were represented at rates higher than their proportion of CT residents who smoke (Figure 2). However, callers from other populations targeted by the campaign – young adults ages 18-24, callers reporting Hispanic ethnicity, and callers identifying as LGBT – were represented at rates slightly lower than their proportion of CT residents who smoke.

FIGURE 2. QUITLINE CALLERS FROM TARGETED POPULATIONS*



* Program client estimates exclude missing data
† Estimates based on 2013 Connecticut Behavioral Risk Factor Surveillance Survey
** Estimate based on 2013 National Health Interview Survey
‡Estimate based on 2009-2011 National Survey on Drug Use and Health

Ad placement primarily targeted to young adults (ages 18-24), a group with higher tobacco use rates but notoriously low Quitline utilization. The emphasis of the campaign ad placement on this difficult to reach population likely contributed to lower than expected Quitline call volume. It is possible that campaign ad placement more evenly distributed to adults ages 25 and older, who are more likely to call the Quitline, may have resulted in higher overall impact.

Media exposure was also assessed at the Quitline 7-month follow-up, with most survey respondents (93%) reporting having seen an ad where people talk about how smoking harmed their health, and a majority of those (59%) reporting that the ads motivated them to call the Quitline. Many described the 2012 CDC Tips ads featuring Terrie, which were used in the CT DPH statewide campaign, as particularly poignant, suggesting the potential of emotionally salient media content to motivate tobacco users to seek cessation support.

C. Media campaign cost

Cost per reach

Cost per reach analysis provides a measure by which to assess the efficiency of the media campaign in reaching CT tobacco users. Measuring impressions, or the number of times a given ad was viewed in the targeted market, provides an estimate of media campaign reach and helps contextualize associated costs of different mediums in relation to potential viewers of the ad. The impressions reported in Table 1 reflect the total number of both the paid and added value (i.e., additional free ad placements negotiated by the media vendor) impressions for adults 18-64.

Online venues (e.g., social media such as Facebook and online advertising networks such as Batanga) and broadcast TV were the most utilized in terms of number of impressions, and achieved the lowest cost for every thousand potential viewers of the ad (Table 1). As such, broadcast TV and online venues should be emphasized in future media campaigns.

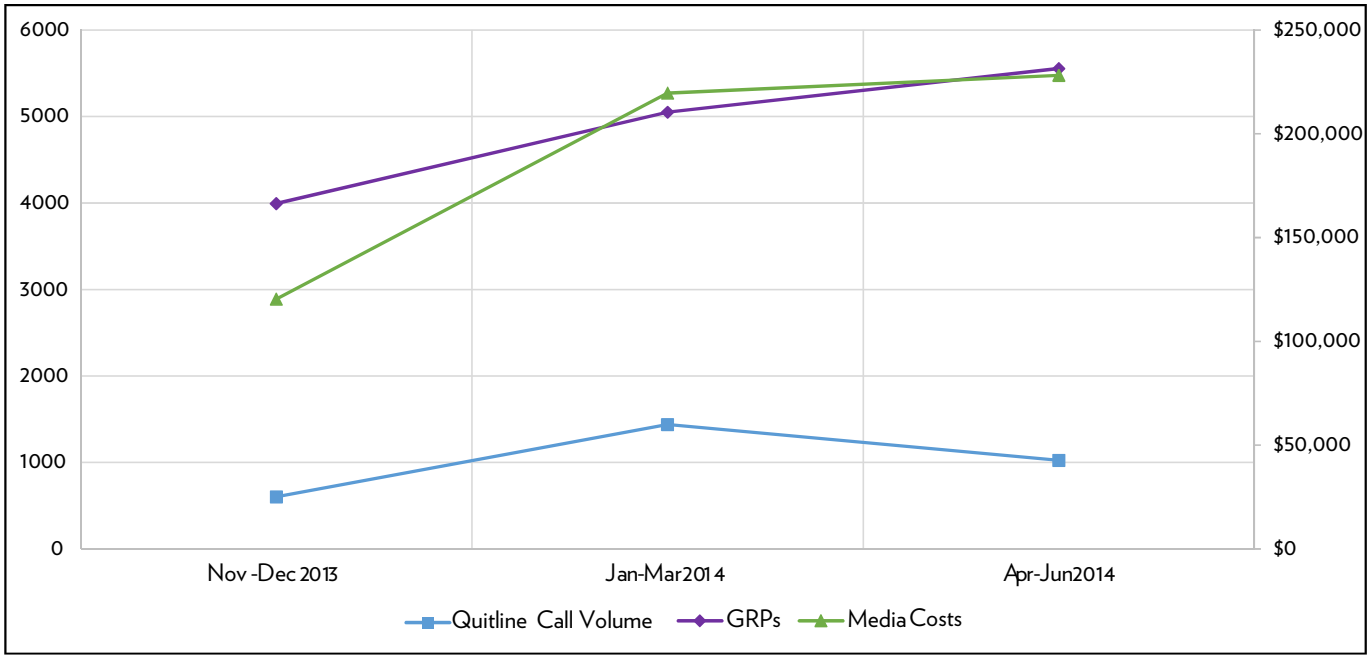
TABLE 1. MEDIA CAMPAIGN: COST PER THOUSAND

Medium	Impressions	Cost	Cost per Thousand Impressions
Online/social media	115,535,893	$348,174.52	$3.01
Broadcast TV/Univision	52,190,800	$228,225.44	$4.37
Radio/AMP Radio	21,255,968	$115,477.90	$5.43
Out of home (e.g., bus ads)	46,409,144	$359,051.36	$7.74
Newspaper	2,170,000	$18,382.93	$8.47
Cable TV	15,657,220	$353,672.89	$22.59
Total	**253,219,025**	**$1,422,985.04**	**$5.62**

Cost per outcome

Though no direct measure of the media campaign's impact on quit rates among CT tobacco users is available, call volume to the CT Quitline can be used as a proxy measure of secondary media campaign outcomes given the campaign's intended role in driving calls to the Quitline. Figure 3 displays Quitline call volume during the media campaign in relation to media campaign costs and gross rating points (GRPs). GRPs quantify the number of impressions in relation to the proportion of the target population (adults aged 18-64) reached and the frequency of exposure. Cost data reflects expenditures from the mediums for which GRPs were available: broadcast TV, cable TV, and radio. Though the effect is slight, as the number of GRPs and associated expenditures increased, quarterly Quitline volume also increased.

FIGURE 3. QUITLINE CALL VOLUME IN RELATION TO MEDIA CAMPAIGN COSTS AND GRPS BY QUARTER



CDC Best Practices for Tobacco Control recommends that effective mass-reach media campaigns employ a range of mediums, run for 12 to 18 months in order to influence behavior, and reach the target population with at least 1,200 GRPs during campaign introduction and 800 GRPs in subsequent quarters.[2] Given that the CT media campaign met those recommendations and even exceeded them in terms of number of GRPs, the impact of the campaign on driving calls to the CT Quitline was not as strong as expected.

4 LIMITATIONS

Assessing the full impact of the media campaign is difficult due to lack of data directly measuring awareness and perceptions of media messages placed specifically for this campaign among CT adult tobacco users (e.g., data collected via a population-based survey). Focus group, Quitline registration, and campaign impression data provide a partial assessment of campaign awareness and effect and likely underestimate the full campaign impact. For example, while campaign messages were tagged with the Quitline number, it is likely that the messages influenced some CT tobacco users to make a quit attempt through other means, such as attending a community cessation program or seeking help from a healthcare provider.

Evaluation of the media campaign was also limited by availability of data from the media vendor. GRP data was provided in quarterly rather than monthly time periods, restricting the feasibility of achieving more detailed conclusions about the relationship between media campaign costs and exposure and Quitline call volume. Further, because impression data for the online campaign were provided in total across the full campaign period, rather than on a quarterly basis, the number of impressions across mediums could not be examined in relation to Quitline call volume.

5 CONCLUSIONS

The 2013-2014 CT tobacco control media campaign was targeted to adults from disparate groups and intended to increase utilization of the CT Quitline with placement of CDC Tips ads on TV, radio, magazines, online, and other venues. Though the campaign met CDC Best Practices recommendations for campaign duration and exposure levels, overall Quitline call volume during the media campaign was lower than anticipated. However, television ads were the second most frequently cited source of information about the Quitline among all callers (behind healthcare providers), and monthly call volume did increase in relation to campaign exposure, suggesting a small but meaningful impact of the campaign. Quitline callers from two campaign target populations – callers reporting African-American race and callers with low socioeconomic status – were represented at rates higher than their proportion of CT residents who smoke. It is likely that the focus of media placement on young adults, who have notoriously low Quitline utilizations, contributed to lower than expected campaign impact on Quitline call volume.

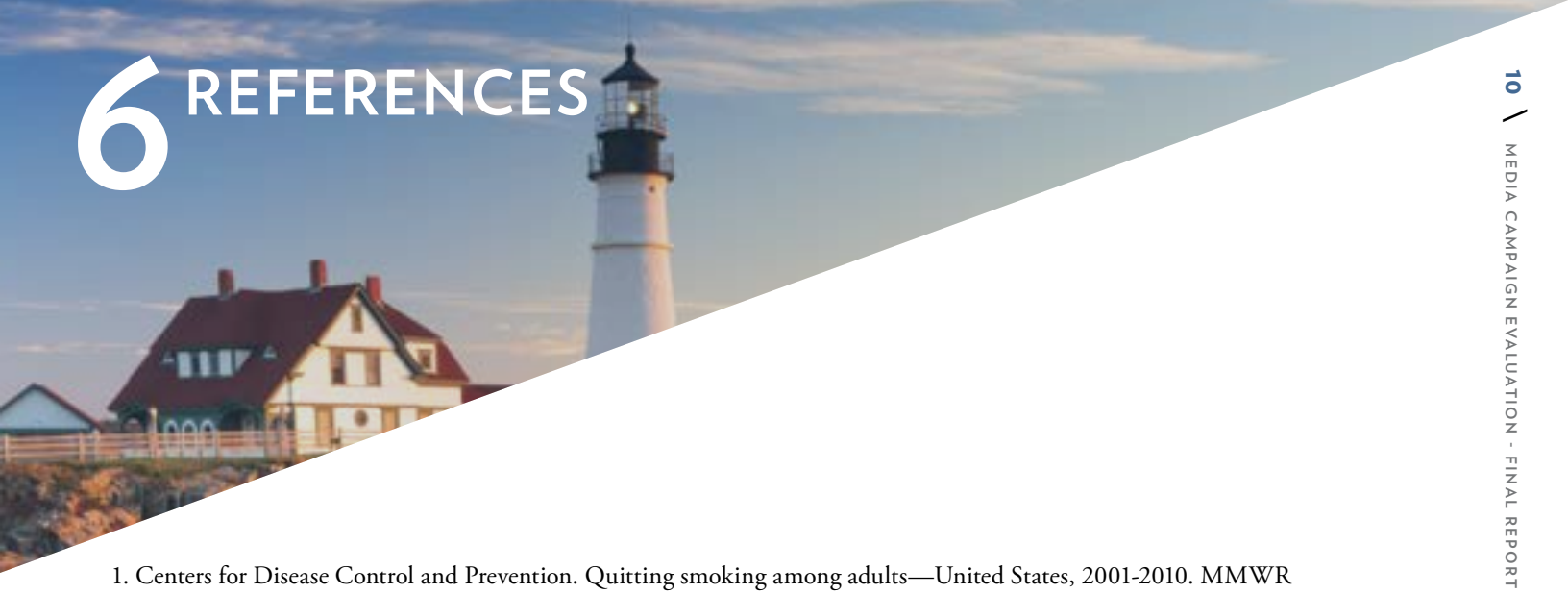
Cost analysis data and qualitative focus group data suggest that TV and online ad placement are the most cost-effective advertising venues and may be more effective in reaching target populations. Focus group participants had high recall of ads depicting the serious health consequences of smoking and rated similar ads favorably, describing them as attention getting. Many participants expressed a desire for additional media messages that offer a more hopeful message about quitting and suggested that ads should clearly communicate how the Quitline can help people quit.

The following recommendations are offered for future statewide tobacco control counter-marketing campaigns seeking to increase CT Quitline utilization:

1. Focus future campaign ad buys on TV and online placement, targeting ad placement appropriately to maximize reach to callers from disparate populations.

2. Utilize a mix of attention grabbing ads focused on the serious health consequences of tobacco use (e.g., Tips ads) with ads that provide clear and compelling information about the Quitline using a positive, hopeful tone (e.g., ads featuring people who have successfully quit using the Quitline).

3. Coordinate mass media efforts with outreach efforts to healthcare providers, who are an important source of information about tobacco use and quitting and a top source of referral to the Quitline.



6 REFERENCES

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2. Best Practices for Comprehensive Tobacco Control Programs. Atlanta: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.

Connecticut Tobacco Use Prevention and Control Program

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